Supplementary Figure Legends

Fig.S1. Immunofluorescent co-stainings and quantitation of P-PERK and SMC marker α-SMA following targeted delivery of PERK inhibitor GSK2606414 in vivo.

Angioplastied rats were subject to targeted delivery of PERK inhibitor GSK2606414 using 2 distinct platforms as illustrated in Fig.1 and Fig.2. Carotid artery sections were then subject to immunofluorescent co-stainings of P-PERK and α-SMA in control versus targetedly treated groups.

A, D. Representative images of P-PERK and α-SMA co-stainings from animals treated with biomimetic nanocluster (A) and peri-carotid hydrogel (D) for targeted delivery of PERK inhibitor. B, E. Quantitation of α-SMA fluorescent intensity per cell to demonstrate the efficacy of targetedly delivered PERK inhibitor in restoring α-SMA expression levels in vivo.

C, F. Quantitation of P-PERK fluorescent intensity per cell to validate the efficacy of the targetedly delivered PERK inhibitor. Mean \pm SEM, n=4 rats; p < 0.05, $*$ p < 0.01, $*$ p < 0.001. Unpaired Student's t-test (E, F) and One-way ANOVA with Bonferroni post hoc test (B, C).

Fig.S2. Quantitation of PERK pathway activation in balloon-injured rat carotid arteries

Quantitation of PERK pathway proteins in injured arteries following angioplasty as described in Fig.3. Rat common carotid arteries were harvested at days 3, 7, and 14 (3d-14d) for tissue homogenate immunoblotting analysis and immunofluorescent co-stainings of P-PERK and α-SMA.

A-C. Quantitation of protein level changes for PERK pathway proteins P-eIF2α, ATF4, and CHOP. Mean \pm SEM, n=3 rats; *p<0.05, **p<0.01, ***p<0.001. One-way ANOVA with Bonferroni post hoc test.

D-F. Quantitation of P-PERK fluorescent intensity per cell and P-PERK positive cell percentage in intima and media layers. Mean \pm SEM, n=4 rats; *p<0.05, **p<0.01, ***p<0.001. One-way ANOVA with Bonferroni post hoc test.

Fig.S3. In vivo adenovirus-mediated PERK gain-of-function in balloon-injured rat carotid arteries

Rat carotid arteries were injured with balloon angioplasty, and subsequently locally infused with adenoviruses overexpressing GFP (Ad-GFP) or PERK (Ad-PERK) as described in method section.

A. Adenovirus-infected rat carotid arteries were harvested at day 3 post injury for protein extraction and immunoblot analysis. In vivo infection efficiency was manifested by increased level of P-PERK and P-eIF2α.

B. Adenovirus-infected rat carotid arteries were harvested at day 14 post injury for RNA extraction and qPCR analysis. Mean \pm SEM, n=6 rats; *p<0.05. Unpaired Student's t-test.

Fig.S4. PERK loss- and gain-of-function respectively rescues and exacerbates the reduction of SMC contractile markers at mRNA levels

To corroborate our findings on PERK's involvement in regulating SMC phenotypic switching, we evaluated the mRNA levels of additional SMC contractile markers including α-SMA, CNN1 (calponin), and MYH11 (smooth muscle myosin heavy chain). Experiments were performed as described in Fig.4.

A-C. Pharmacological blockade of PERK kinase activity. Quantitation of mRNA level changes

revealed effective restoration of PDGF-BB-induced reduction of α-SMA and CNN1 mRNA. D-G. PERK genetic silencing. Consistent with α-SMA protein level change observed in Fig.4, PERK silencing with a different siRNA recapitulated the rescuing effect in multiple SMC contractile markers.

H-J. Adenovirus-mediated PERK gain-of-function. PERK overexpression reduced the mRNA levels of SMC contractile markers α-SMA and CNN1 at basal level.

All data are presented as mean \pm SEM, n=6; *p<0.05, **p<0.01, ***p<0.001. One-way ANOVA with Bonferroni post hoc test.

Fig.S5. Effect of PERK inhibition in a murine FeCl3-induced thrombosis model

Mouse carotid arteries were locally applied with FeCl₃-soaked patches to induce thrombosis formation. Mice were pre-treated with either vehicle or PERK inhibitor GSK2606414 (150 mg/kg) 4 hours prior to experiment.

A. Representative H&E staining of FeCl₃-injured carotid arteries from mice treated with vehicle or GSK2606414.

B. Heart rate was monitored during the procedure. Initial and terminal heart rates are shown here. n=15-16 mice.

Fig.S6. PERK inhibitors were identified with differential inhibition over SMC versus EC in a high-throughput phenotype screening

Human aortic SMCs and ECs were screened for their differential phenotypes to the PKIS 2 kinase inhibitor library as previously described.

A. Scheme of the high-throughput drug screening. Cell viability was selected as the phenotype readout of the assay.

B. Overview of the drug screening result.

C. Among the identified hits with differential inhibition over SMC versus EC, we discovered 3 compounds that were previously shown with selective inhibition to PERK. These 3 compounds were derivatives of the first-in-class PERK inhibitor GSK2606414.

Supplemental table

Antigen	Manufacturer	Catalog Number	Dilution Ratio	Application
P-PERK	Abcam	ab192591	1:100	Immunofluorescence
α -SMA	Cell Signaling Technology	48938s	1:100	Immunofluorescence
P-PERK	Santa Cruz	sc-32577	1:100	Western Blot
$P-EIF2\alpha$	Cell Signaling Technology	3398	1:1000	Western Blot
P-STAT3	Cell Signaling Technology	4113	1:1000	Western Blot
P-P65	Cell Signaling Technology	3033	1:1000	Western Blot
MRTF-A	Cell Signaling Technology	14760	1:1000	Western Blot
CD142/Tiss ue Factor	Thermo Fisher	PA5-27278	1:500	Western Blot
CHOP	Santa Cruz	sc-8327	1:100	Western Blot
ATF4	Abcam	ab184909	1:1000	Western Blot
Cyclin D1	Abcam	ab134175	1:1000	Western Blot
α -SMA	Sigma-Aldrich	A2547	1:5000	Western Blot
β -actin	Sigma-Aldrich	A5441	1:5000	Western Blot

Table S1. Antibodies used in Western blotting and immunofluorescent staining

No Nanoclusters

Vehicle DAPI α -SMA **P-PERK** Merged **A** ***

With Nanoclusters

Vehicle

GSK2606414

Merged

ဖ Fluore $MS-_D$ Relative

Peri-carotid Hydrogel

D

Intima

Media

