

## **Supplementary data**

### **Immune Responses in Beta-thalassaemia: Heme Oxygenase 1 Reduces Cytokine Production and Bactericidal Activity of Human Leucocytes**

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# equal contribution

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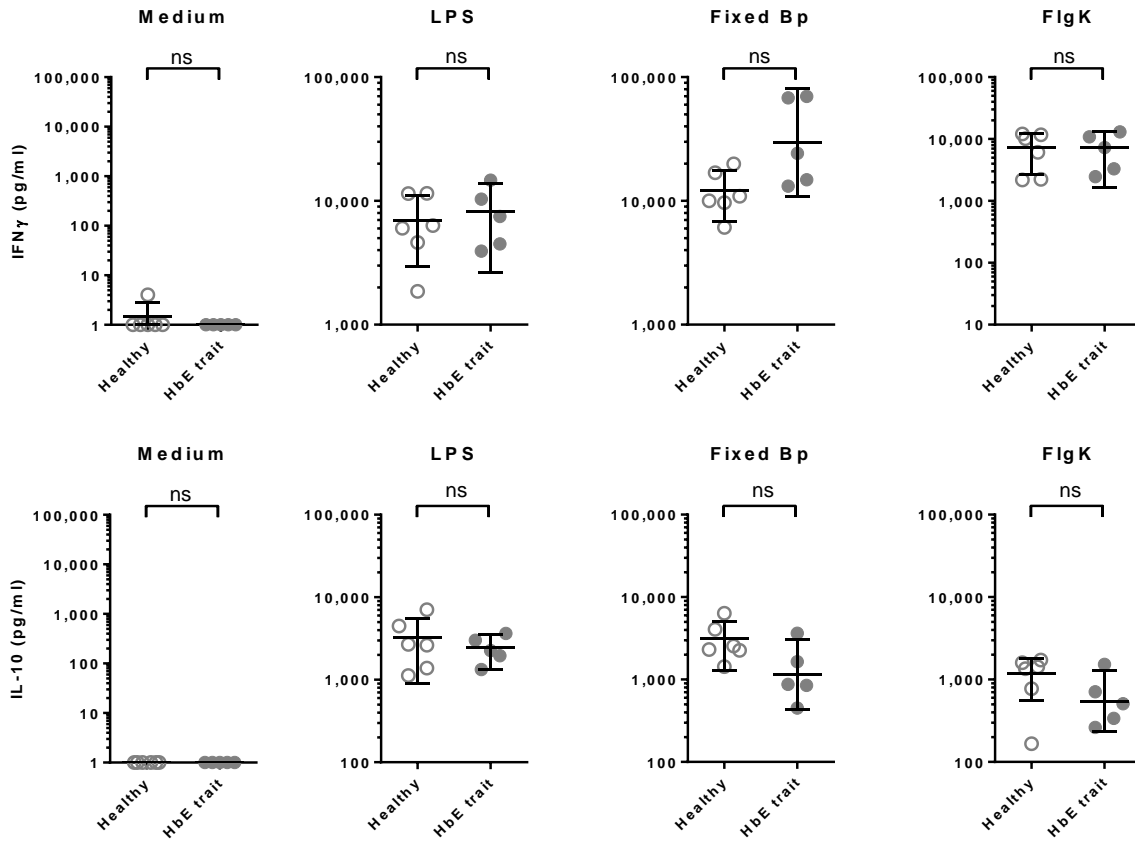
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**Table S1: Comparison of  $\beta$ -thalassaemia/HbE patients in this study by phenotypic classification**

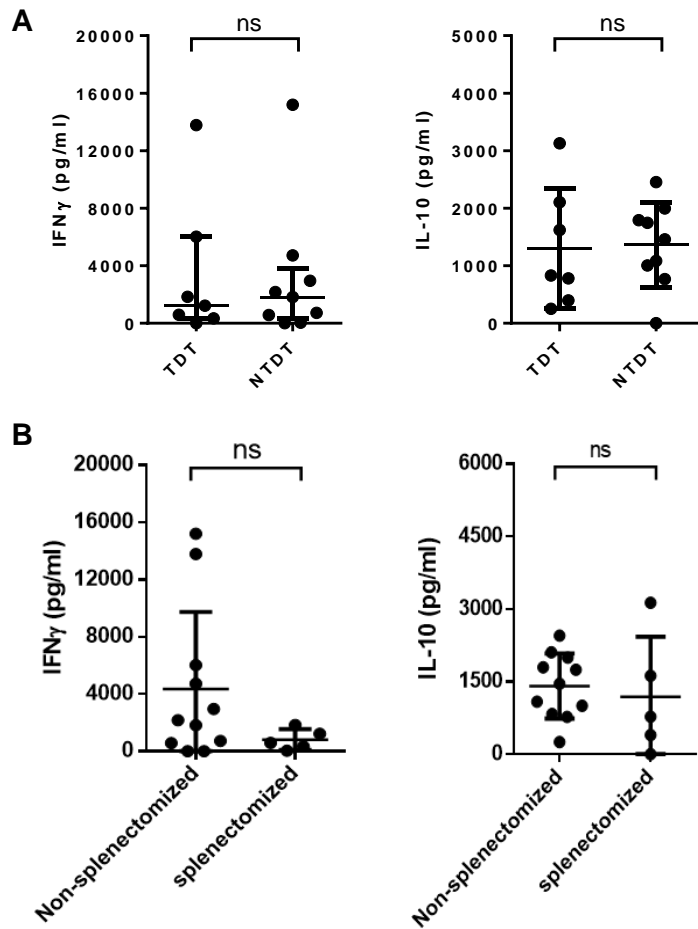
$\beta$ -thalassaemia/HbE	TDT	NTDT
(n = 16)	(n = 7)	(n = 9)
Splenoectomy, n (%)		
No	3 (43%)	7 (88%)
Yes	4 (57%)	2 (22%)
Ferritin level (ng/ml) <sup>#</sup>	1713* (1485-3024)	784 (370-1948)

<sup>#</sup>median with interquartile range

\*p < 0.05, Mann-Whitney test

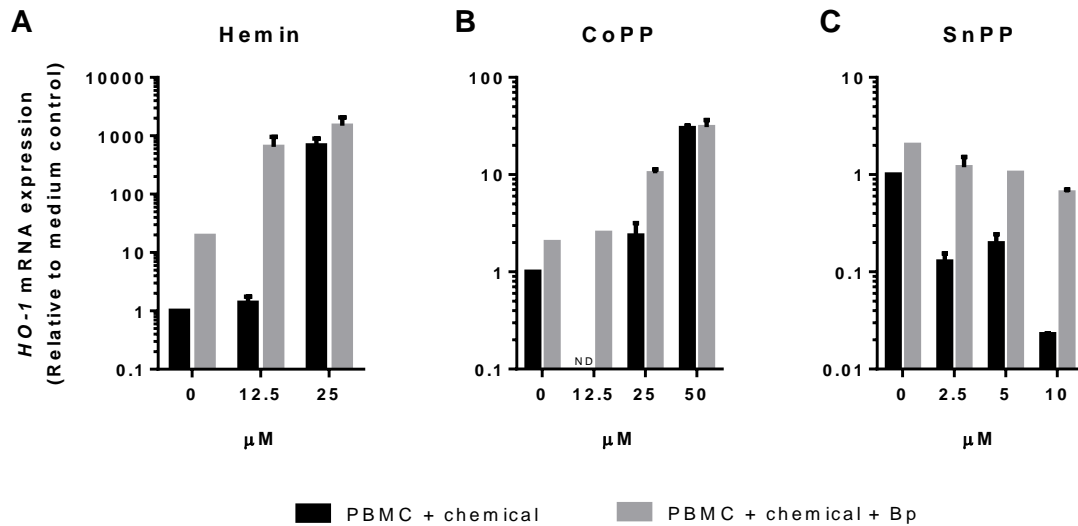


**Figure S1: Comparisons of IFN- $\gamma$  and IL-10 level from whole blood samples of healthy individuals with or without thalassaemia carrier phenotype upon stimulation.** Whole blood samples (adjusted the number of lymphocyte plus monocyte at  $1.8 \times 10^5$  cells) from healthy controls (O, n = 6) and healthy with HbE thalassaemia carrier phenotype; HbE trait (●, n = 5) were cultured with medium alone, 10  $\mu$ g/ml of LPS,  $5.4 \times 10^6$  CFUs PFA fixed Bp (ratio at 30:1) or 10  $\mu$ g/ml FlgK protein for 48 hours. IFN- $\gamma$  and IL-10 production upon stimulation in supernatant were measured by ELISA, and the results were shown as scattered dot plot and line at mean with 95% confidence interval. Statistical significance was analyzed by using student's t test; \* P < 0.05, \*\* P < 0.01, \*\*\* P < 0.001, and ns, non-significant.

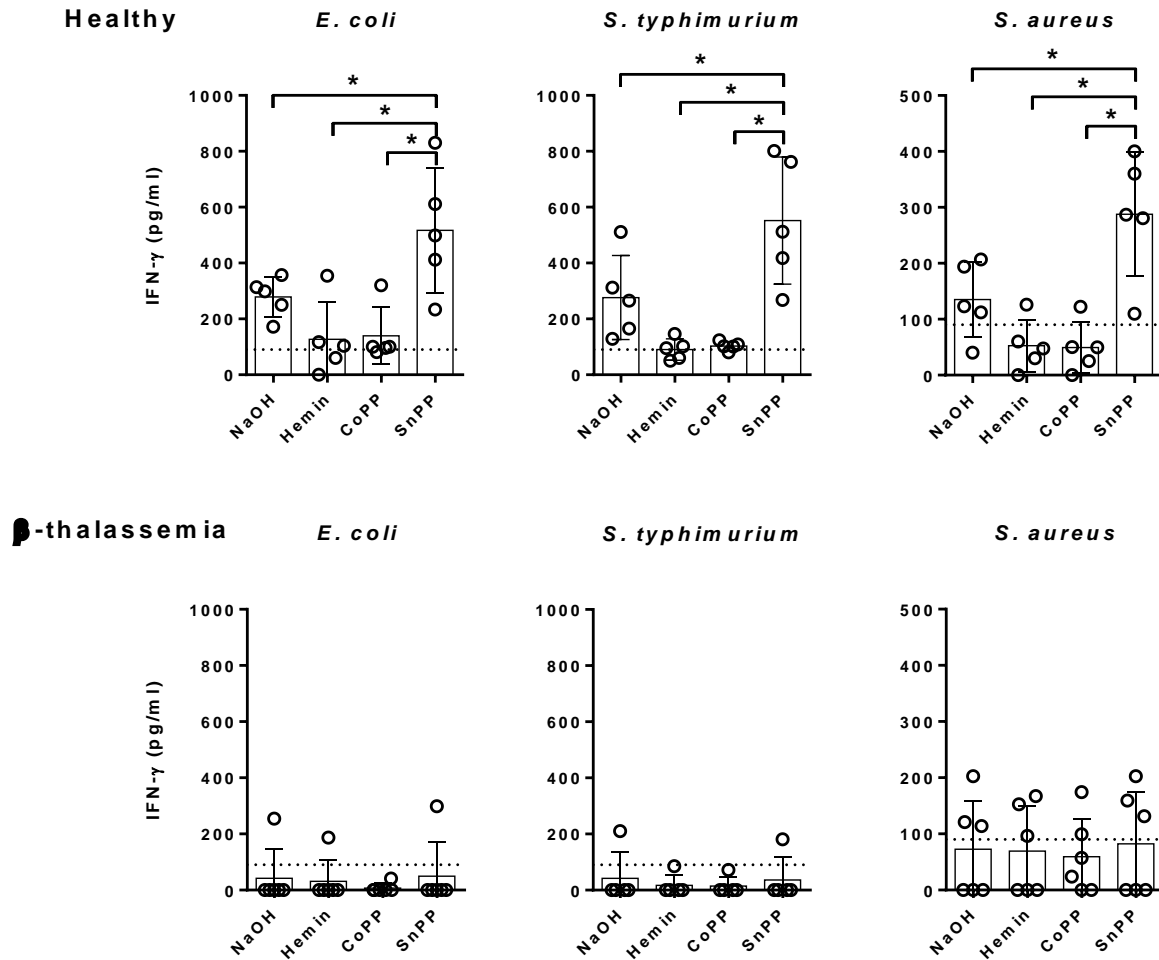


**Figure S2: Comparisons of IFN- $\gamma$  and IL-10 level from whole blood samples of  $\beta$ -thalassaemia/HbE patients with different clinical outcomes upon stimulation.**

Whole blood samples (adjusted the number of lymphocyte plus monocyte at  $1.8 \times 10^5$  cells) from  $\beta$ -thalassaemia/HbE patients ( $n = 16$ ) were cultured with  $5.4 \times 10^6$  CFUs PFA fixed Bp (ratio at 30:1) for 48 hours. IFN $\gamma$  and IL-10 production upon stimulation in supernatant were measured by ELISA. The results compared between transfusion dependent thalassaemia (TDT) versus non-transfusion dependent thalassaemia (NTDT) **(A)** or non-splenectomized thalassaemia versus splenectomized thalassaemia **(B)** were shown as scattered dot plot with line at median with 95% confidence interval. Statistical significance was analyzed by using student's t test; ns, non-significant.



**Figure S3: *HO-1* mRNA expression after pretreated human PBMCs with Hemin, CoPP and SnPP *in vitro*.** Isolated human PBMCs were pretreated with hemin (A), CoPP (B), or SnPP (C) for 3 hours at various concentrations before culture with PFA fixed Bp for another 3 hours. *HO-1* mRNA expression was analyzed by real-time PCR using *GADPH* as internal reference gene,  $\Delta Ct$  between *HO-1* and *GADPH*, then  $\Delta\Delta Ct$  comparing to vehicle control (0  $\mu M$ ) were calculated before calculated for *HO-1* mRNA expression by  $2^{-\Delta\Delta Ct}$ . Results were shown as bar graph with error bar from indicated *HO-1* mRNA expression in duplicate.



**Figure S4: Effect of HO-1 expression on IFN- $\gamma$  production in human whole blood.** Whole blood from healthy donors ( $n = 5$ ) or  $\beta$ -thalassemia ( $\beta$ -thal;  $n = 6$ ) were pre-treated 3 hours with medium control (NaOH), hemin at  $25 \mu\text{M}$ , CoPP at  $50 \mu\text{M}$  or SnPP at  $10 \mu\text{M}$  before infected with  $10^5$  CFUs of *E. coli*, *S. typhimurium* or *S. aureus*. Supernatants from 24 hours infection culture were collected for IFN- $\gamma$  quantification. Dash-lines represent the lower limit of detection by ELISA. Statistical significance was analyzed by using one-way ANOVA with Tukey's multiple comparisons test; \*  $P < 0.05$ .