

## **Supplementary materials**

### **Simvastatin attenuates abdominal aortic aneurysm formation favoured by lack of Nrf2 transcriptional activity**

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## Supplementary Figure Legends:

### Fig. S1

**Confirmation of the model.** Mice of both genotypes were divided into the following groups: 1) sham (saline, n=8); 2) angiotensin II (AngII group; n=10 or 14); 3) simvastatin + saline (Sim group; n=12); 4) simvastatin + angiotensin II (Sim+AngII group; n=13). Simvastatin was administered daily for 7 consecutive days before osmotic pump placement and during Ang II infusion for another 14 or 28 days. **(A-B)** Assessment of *NFE2L2* mRNA level in the abdominal aorta. **(A)** Relative expression of *NFE2L2* verified using primers recognizing the fragment, encoding the DNA binding domain (exon 5). *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test. **(B)** Relative expression of *NFE2L2* verified using primers recognizing the fragment, encoding the N terminal fragments of Nrf2, present in tKO mice (exon 3). *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test.; **(C-D)** Verification of statin administration through assessment of HMG-CoA reductase mRNA level. **(C)** Relative expression of *HMGCR* in the abdominal aorta. *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test. **(D)** Relative expression of *NFE2L2* verified using primers recognizing the fragment, encoding the N terminal fragments of Nrf2). Relative expression of *HMGCR* in the abdominal aorta. *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test. \*\* p<0.01; \*\*\* p<0.001 vs saline; #p<0.05; ##p<0.01 vs AngII, @@@ p<0.001 vs WT.

### Fig. S2

**The scheme of simvastatin and angiotensin II dosage to WT and tKO mice** together with time points of *in vivo* measurements of blood pressure (BP) and USG.

### Fig. S3

**The schematic analysis of aortic area and diameter from the B-mode (A) and M-mode (B)** for representative mice at day 0 and day 28 after osmotic pump placement. MA- the mesenteric artery; LA- the left renal artery; RA- the right renal artery.

### Fig. S4

**Morphological and histological changes in the aorta of WT and tKO mice from control groups.** **(A)** Representative image of aortas isolated from WT and tKO mice treated with saline and simvastatin+saline (Sim). Scale bar = 4 mm **(B)** Time-dependent changes in the aortic inner diameter [mm] of control groups measured with USG. 3-way ANOVA with Tukey's post hoc test, \*\* p<0.01 vs saline.

### **Fig. S5**

**The inflammatory response is attenuated at day 28.** Mice of both genotypes were divided into the following groups: 1) sham (saline group, (n=4); 2) angiotensin II (AngII group; n=5); 3) simvastatin + saline (Sim group; n=6); 4) simvastatin + angiotensin II (Sim+AngII group; n=7). Simvastatin was administered daily for 7 consecutive days before osmotic pump placement and during Ang II infusion for another 28 days. **(B)** Relative expression of *VCAM1*, *SELE* in the aortic wall. *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test. \*p<0.05 vs saline.

### **Fig. S6**

**Supplementary information for the assessment of metalloproteinase activity.** **(A)** Relative expression of *MMP9* within the abdominal aortic wall. *eEF2* was used as a reference gene. 3-way ANOVA with Tukey's post hoc test. Rectangle – mice, which developed the aneurysm. **(B)** Negative controls for *in situ* zymography (Fig. 6A) performed on abdominal aorta in mice of both genotypes. Gelatinases activity was muted with 1 h incubation of aortic specimens with 1,10 phenanthroline (Phe, 10  $\mu$ M). Green-gelatinases activity, Blue-nuclei. L – lumen. Scale bar 0.1 mm.

### **Fig. S7**

**Negative controls for AT1R (A) and P-ERK (B) immunofluorescent stainings** (Fig. 7A-B). L – lumen. Scale bar 50  $\mu$ m.

## Supplementary Table 1

**Table. 1 The sequence of primers used in the study.**

Gene	Primer sequence
Mouse <i>Eef2</i>	Forward: 5'- GACATCACCAAGGGTGTGCA -3' Reverse: 5'- TCAGCACACTGGCATAGACC -3'
Mouse <i>NFE2L2</i> ( <i>exon 3</i> )	Forward: CAGAGACATTCCCATTTGTAG Reverse: ATTCGGGAATGGAAAATAGC
Mouse <i>NFE2L2</i> ( <i>exon 5</i> )	Forward: TCACACGAGATGAGCTTAGGGCAA Reverse: TACAGTTCTGGGCGGCGACTTTAT
Mouse <i>HMGCR</i>	Forward: GATAGCTGATCCTTCTCCTC Reverse: ATGCTGATCATCTTGGAGAG
Mouse <i>Vcam1</i>	Forward: CCGGCATATACGAGTGTGAA Reverse: GATGCCGAGTAGAGTGCAAG
Mouse <i>Sele</i>	Forward: ATGCCTCGCGCTTTCTCTC Reverse: GTAGTCCCGCTGACAGTATGC
Mouse <i>IL1<math>\beta</math></i>	Forward: 5'- CTGGTGTGTGACGTTCCCATTA-3' Reverse: 5'- CCGACAGCACGAGGCTTT -3'
Mouse <i>IL4</i>	Forward: 5'- CTGGTGTGTGACGTTCCCATTA -3' Reverse: 5'- CCGACAGCACGAGGCTTT -3'
Mouse <i>IL6</i>	Forward: 5'-AAAGAGTTGTGCAATGCAATGGCAATTCT-3' Reverse: 5'- AAGTGCATCATCGTTGTTTCATACA -3'
Mouse <i>Hmox1</i>	Forward: 5'- TTCTTCACCTTCCCCAACATTG -3' Reverse: 5'- CAGCTCCTGCAACTCCTCAAA -3'
Mouse <i>NQO1</i>	Forward: 5'-GCTCGTAGCAGGATTTTGCCT -3' Reverse: 5'-CAGGATGCCACTTCTGAATCG -3'
Mouse <i>Colla1</i>	Forward: 5'- ACTACCGGGCCGATGATGCTAACG -3' Reverse: 5'- CGATCCAGTACTCTCCGCTCTTCC -3'
Mouse <i>Colla2</i>	Forward: 5'- GCCACCATTGATAGTCTCTCC -3' Reverse: 5'- CACCCCAGCGAAGAACTCATA -3'
Mouse <i>Col3a1</i>	Forward: 5'- ATCTATGAATGGTGGTTTTTCAGTT -3' Reverse: 5'- TTTTGCAGTGGTATGTAATGTTCT -3'
Mouse <i>MMP2</i>	Forward: 5'- ACAGGACATTGTCTTTGATG -3'

	Reverse: 5' - TACACAGCGTCAATCTTTTC - 3'
Mouse <i>MMP3</i>	Forward: 5' - CTAAAAGCATTACACCCCTG - 3' Reverse: 5' - TTTCTTCTCATCAAACCTCC - 3'
Mouse <i>TGFβ1</i>	Forward: 5' - TGATAAAGTGGAGTGAAGAGAG - 3' Reverse: 5' - GGCTTTTTGTAGTTTCCTAGAG - 3'

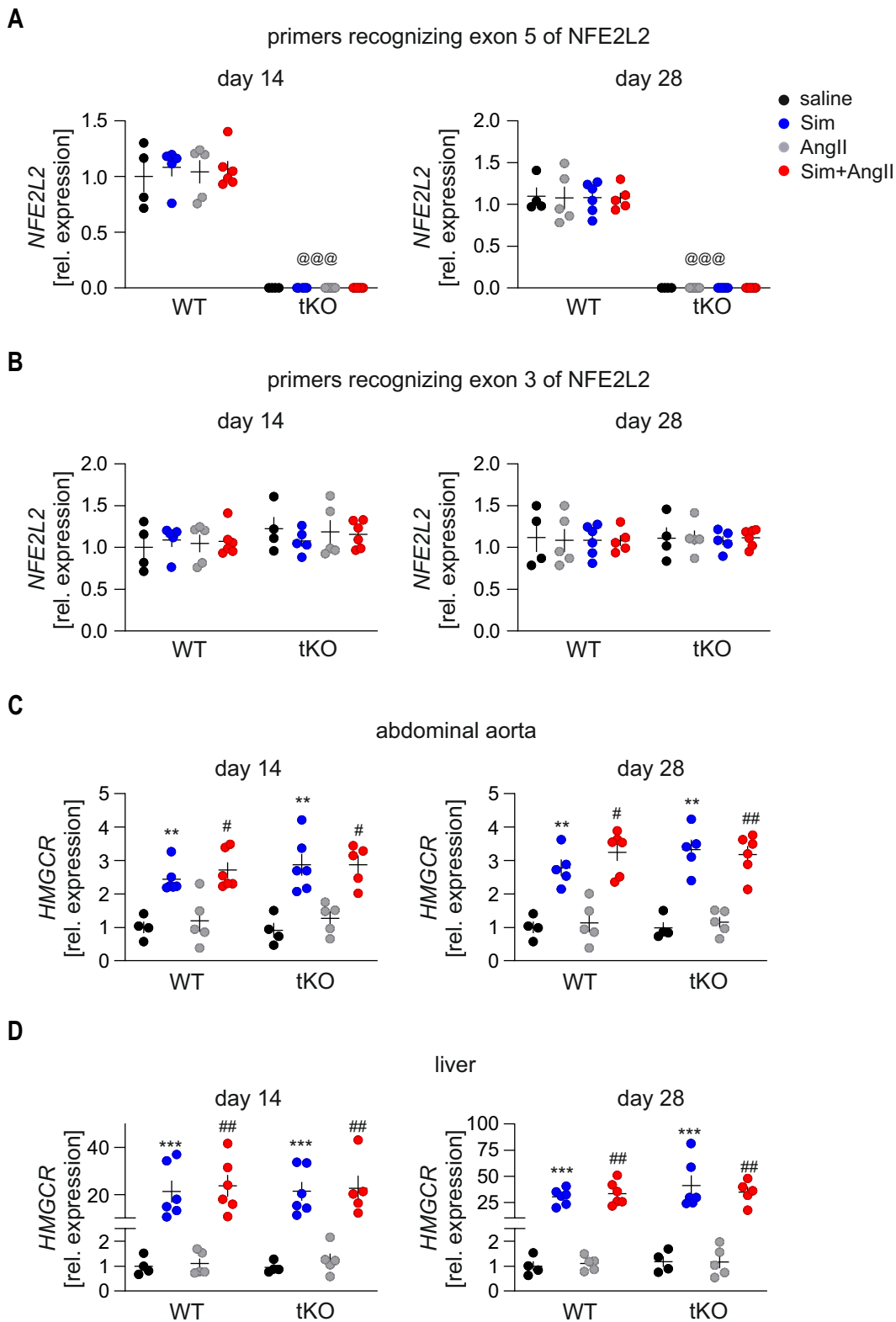
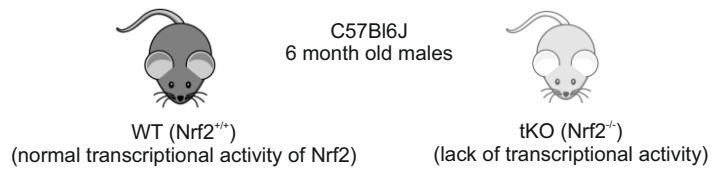


Fig. S1



fat-enriched diet, simvastatin (20 mg/kg/day b.w.) or saline (*i.g.* daily)

Model

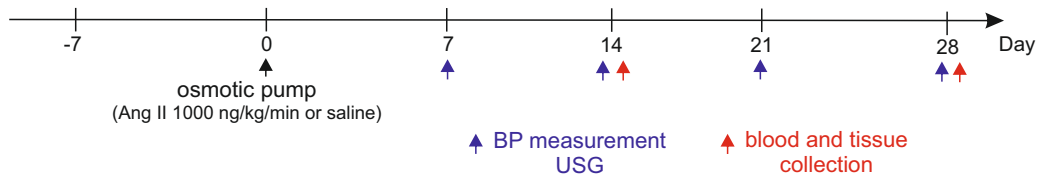
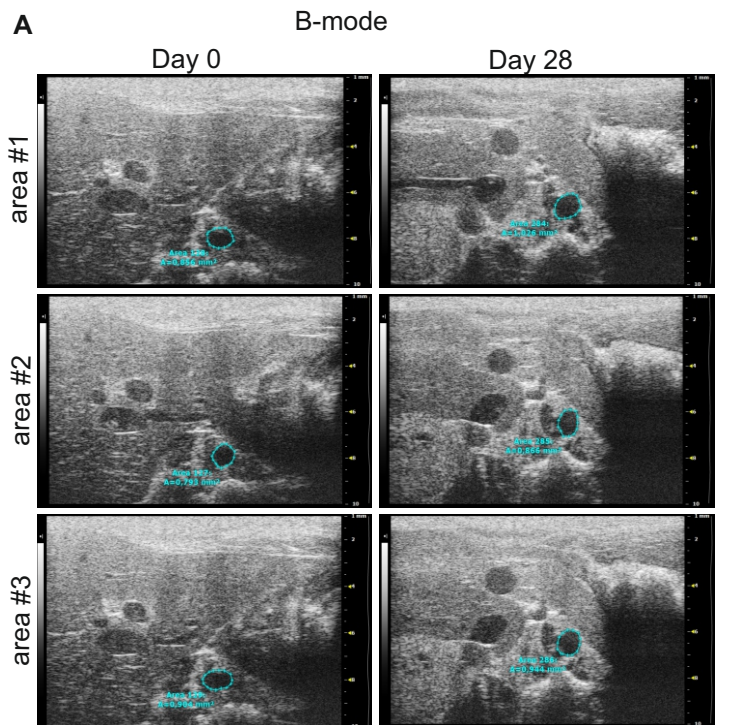
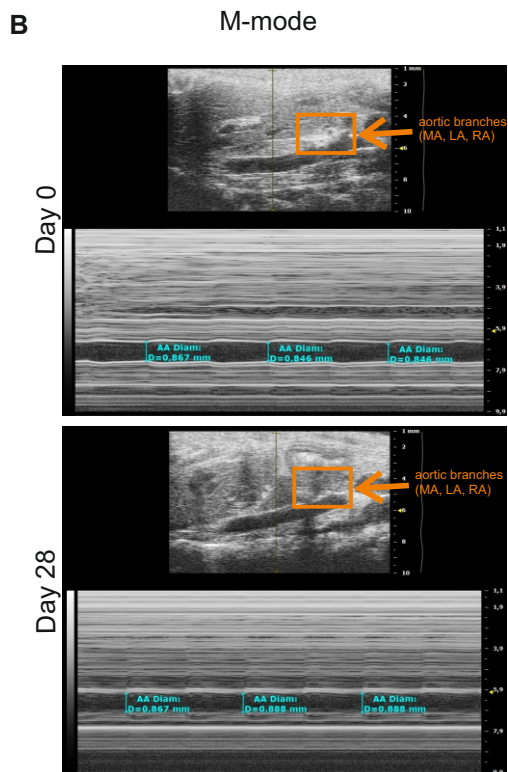


Fig. S2

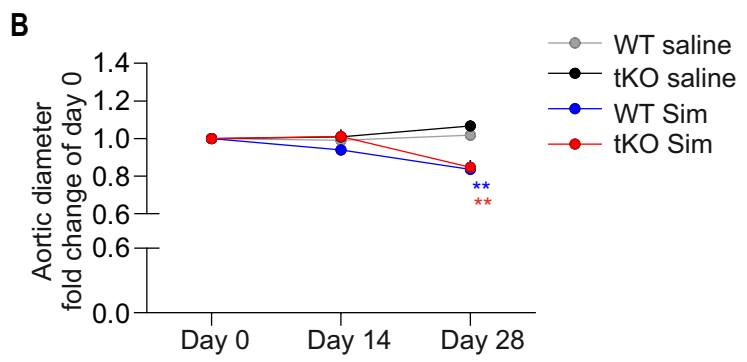
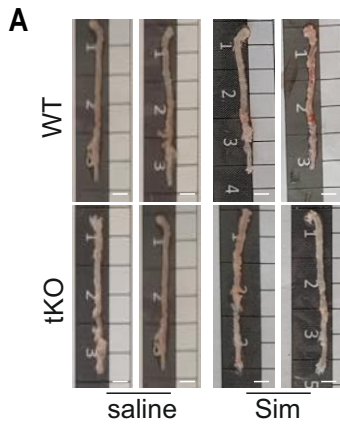


↓  
 calculation of the mean value from 3 consecutive frames  
 (aorta in diastolic phase)

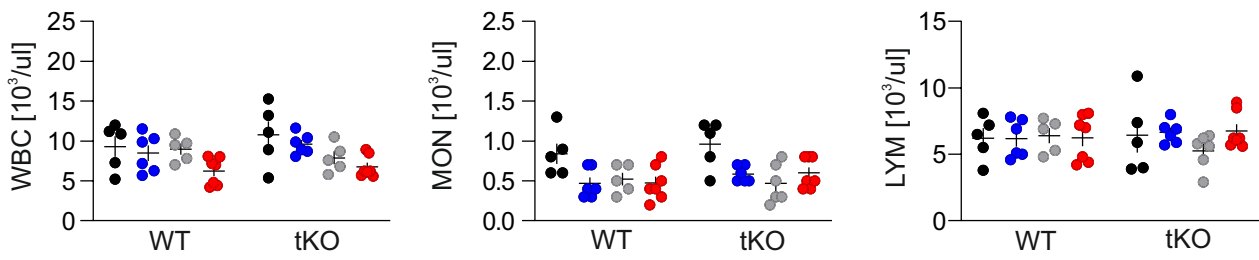
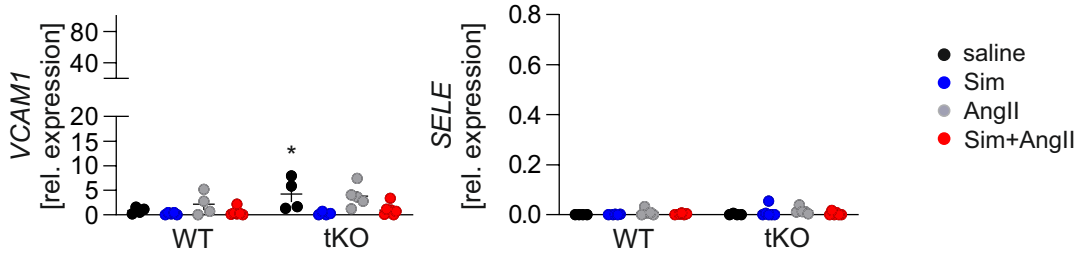


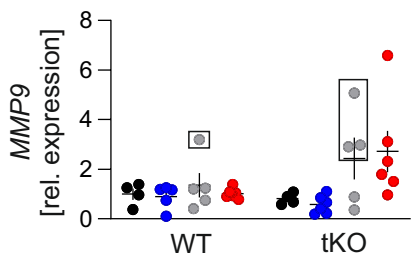
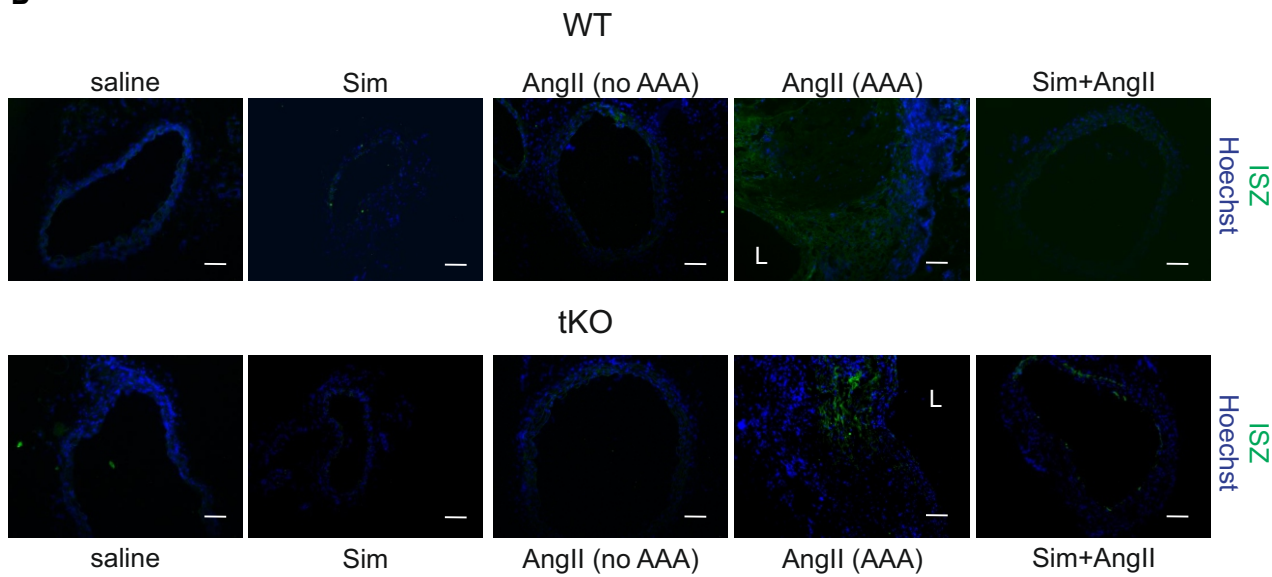
**Fig. S3**

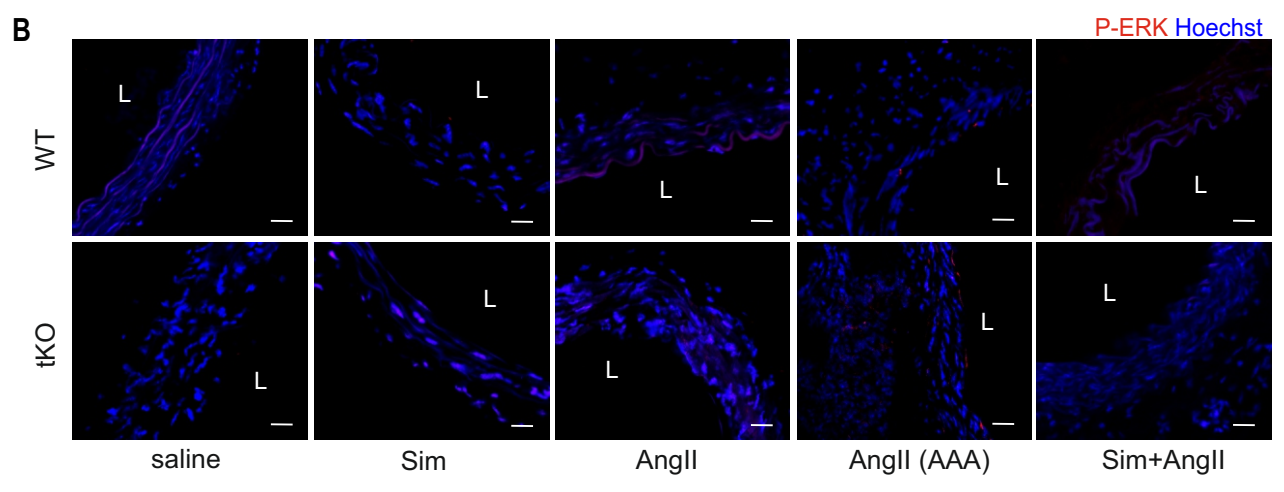
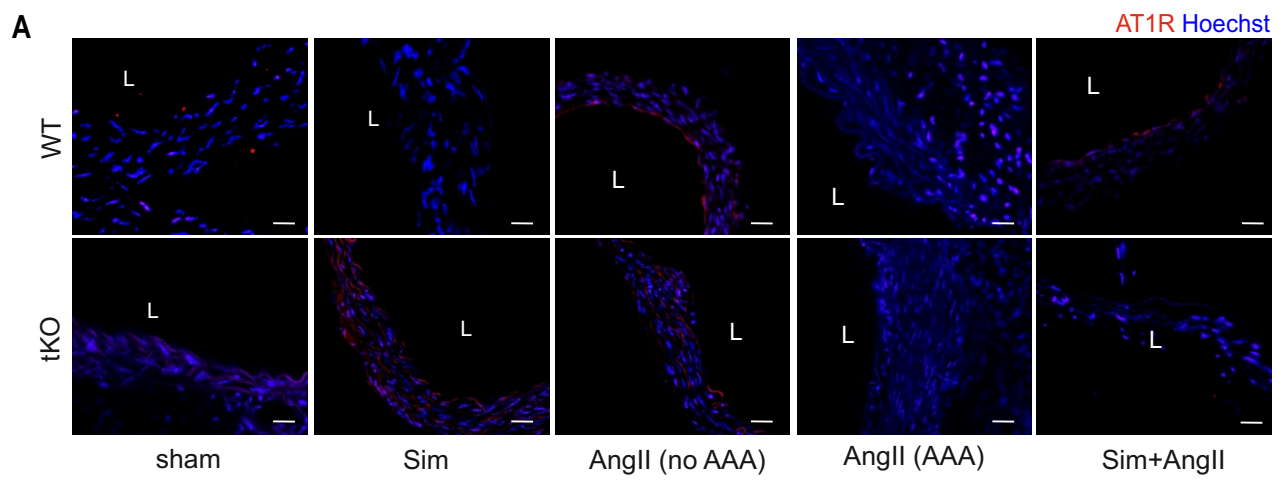




**Fig. S4**

**A****B****Fig. S5**

**A****B****Fig. S6**



**Fig. S7**