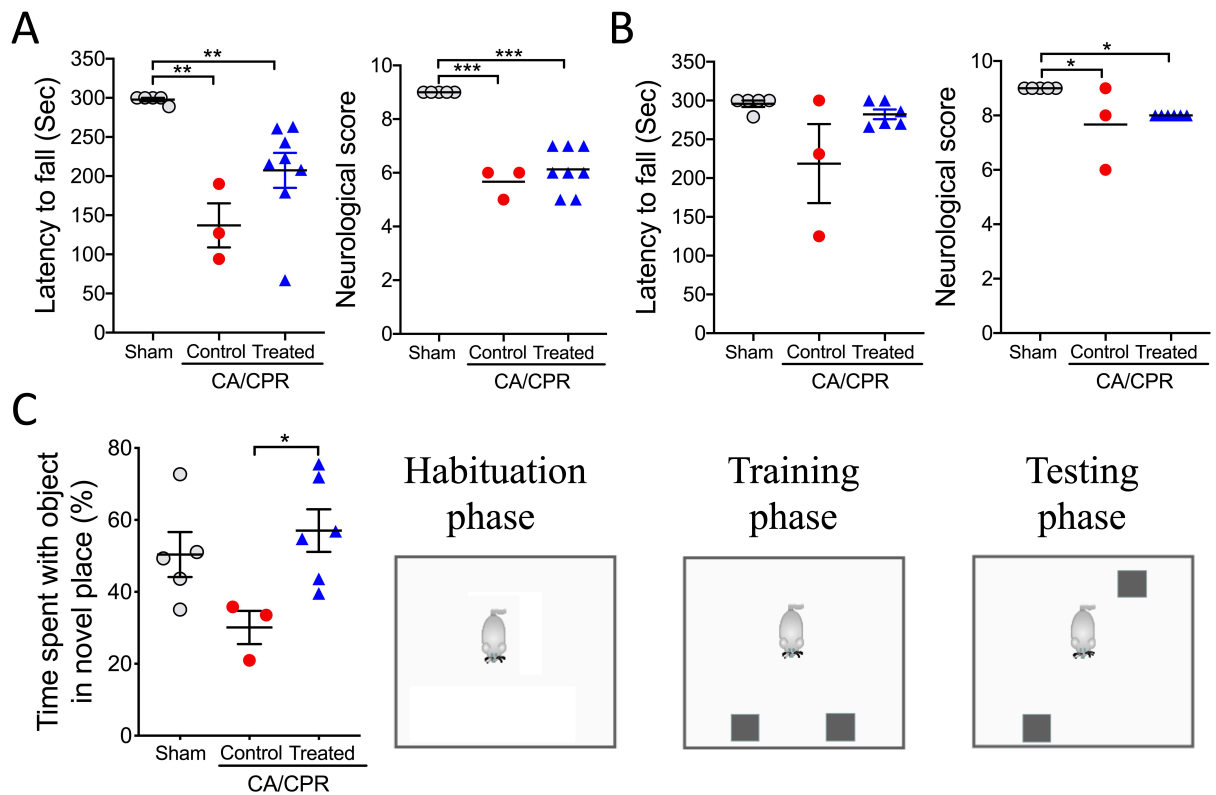


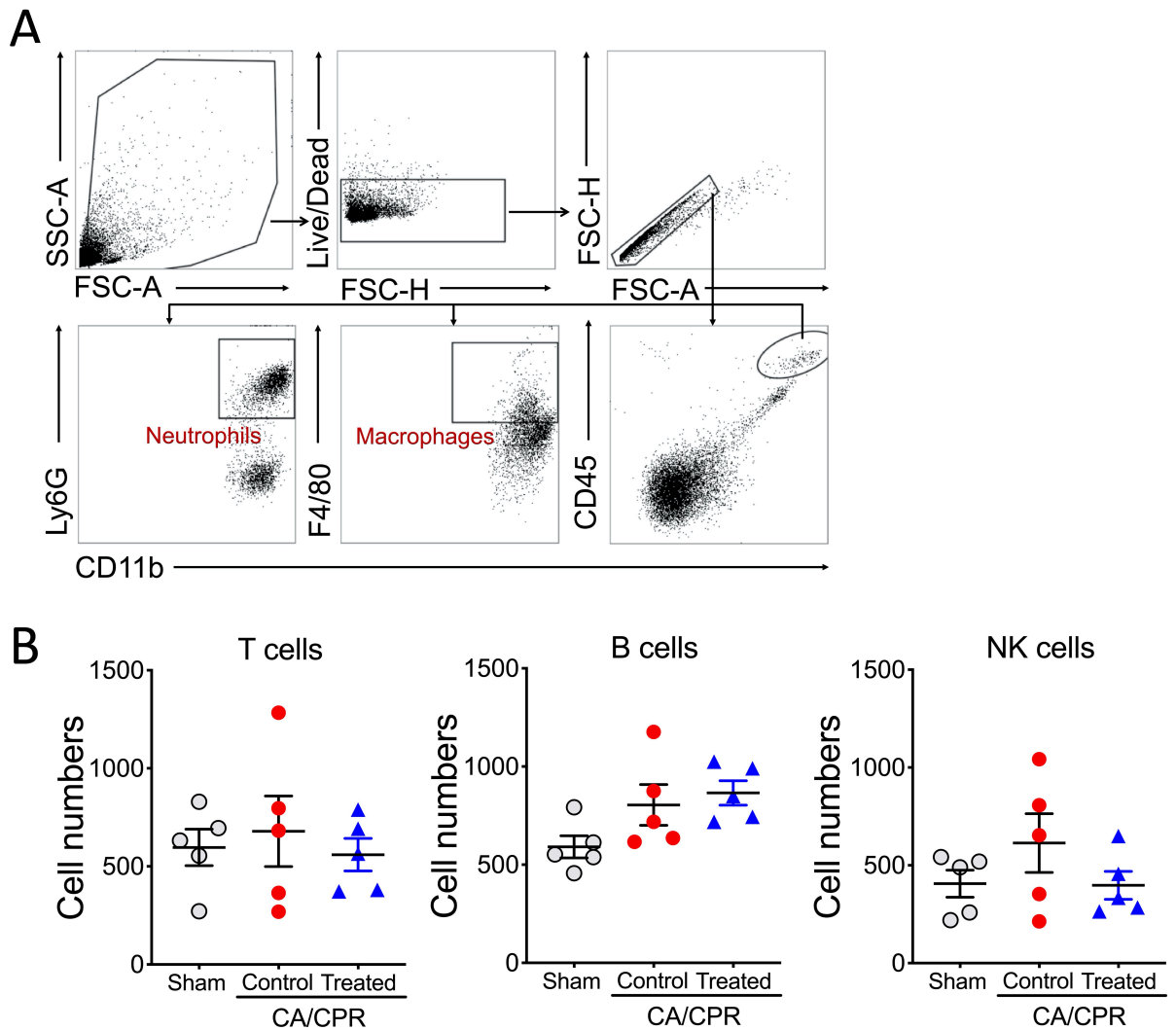
## Supplemental data

**MCC950, a selective NLPR3 inflammasome inhibitor, improves neurologic function and survival after cardiac arrest and resuscitation**

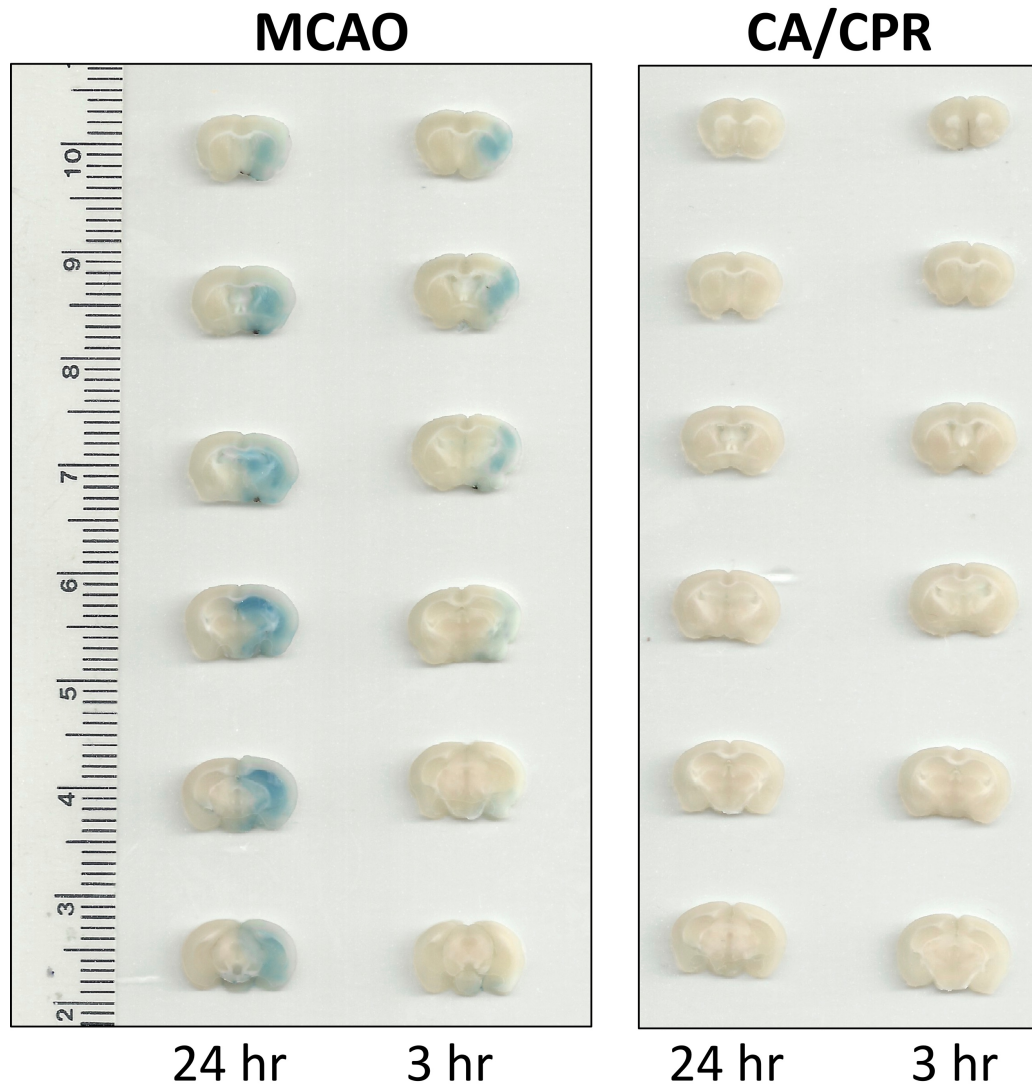
Maorong Jiang<sup>1,2,\*</sup>; Ran Li<sup>1,\*</sup>; Jingjun Lyu<sup>1,3</sup>; Xuan Li<sup>1</sup>; Wei Wang<sup>1</sup>; Zhuoran Wang<sup>1</sup>; Huaxin Sheng<sup>1</sup>; Weiguo Zhang<sup>4</sup>; Jörn Karhausen<sup>1</sup>; Wei Yang<sup>1</sup>



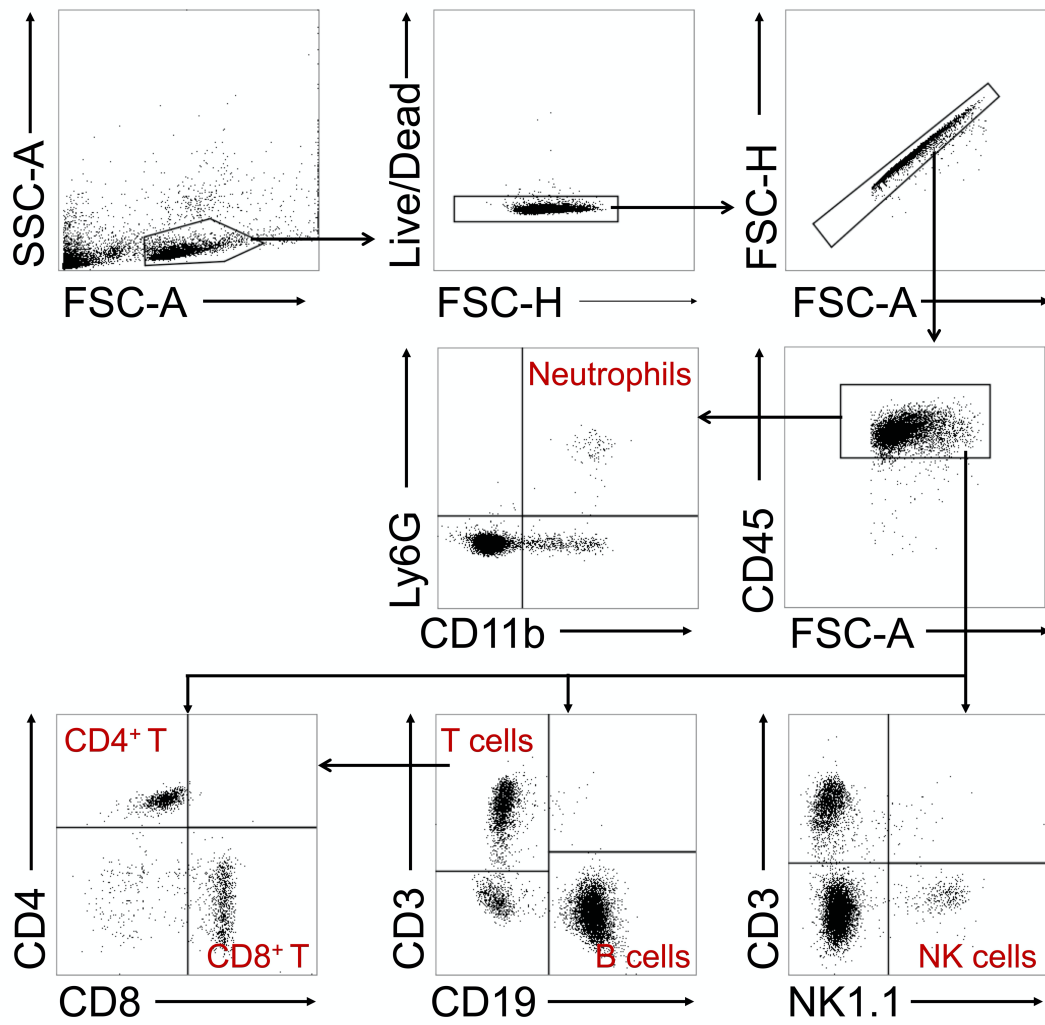
**Figure S1. Long-term outcome after CA/CPR in MCC950-treated mice.** Supplemental data to Fig. 3. Mice were subjected to sham or CA/CPR surgery. After 15 minutes reperfusion, mice received intraperitoneal injection of MCC950 (10 mg/kg) or vehicle, followed by daily injection for 2 days. Rotarod and neurologic scoring were performed (A) on day 7 and (B) on day 14. The object location memory test was performed (C) from day 10 to 13. A schematic (right) illustrates 3 trial phases in the object location memory test. Data are presented as mean  $\pm$  SEM (n = 3-8/group). \*\*,  $p < 0.05$ ; \*\*,  $p < 0.01$ ; \*\*\*,  $p < 0.001$ .



**Figure S2. Flow cytometric analysis of immune cells in the post-CA brain.** Supplemental data to Fig. 4. **A)** The main flow cytometric gating strategy for infiltrating monocytes/macrophages and neutrophils. **B)** Mice were subjected to sham or CA/CPR surgery. After 15 minutes reperfusion, mice received intraperitoneal injection of MCC950 or vehicle, followed by daily injection for 2 days. On day 3 after CA/CPR, brains were collected for flow cytometry. Quantification of infiltrating leukocyte subsets of T ( $CD45^{+hi}CD3^{+}$ ), B ( $CD45^{+hi}CD3^{-}CD19^{+}$ ), and NK ( $CD45^{+hi}CD3^{-}NK1.1^{+}$ ) cells is shown. Data are presented as mean  $\pm$  SEM (n = 5/group).



**Figure S3. Disruption of blood-brain barrier (BBB) is not obviously evidenced in the post-CA brain.** Mice were subjected to 45 minutes middle cerebral artery occlusion (MCAO) or 8.5 minutes CA. Extravasation of Evans blue (blue color) was evaluated at 3 hours or 24 hours after reperfusion. While BBB breakdown was clearly shown in brains after MCAO, there was no obvious BBB damage in the post-CA brains, indicating a comparably minor effect of CA/CPR on BBB permeability in our CA/CPR model. Representative images are shown from 2 independent experiments.



**Figure S4. The main gating strategy for analyzing immune cell populations in the spleen.**

**Table S1. Primer sequences.**

<b>Gene</b>		<b>Primer sequence (5'-3')</b>
TGF- $\beta$	Forward	GCAACATGTGGA ACTCTACCAG
	Reverse	GTTGGTATCCAGGGCTCTCC
TNF- $\alpha$	Forward	TGCCTATGTCTCAGCCTCTTC
	Reverse	CTCCTCCACTTGGTGGTTTG
IL-1 $\beta$	Forward	CAGGCAGGCAGTATCACTCA
	Reverse	GCCCAAGGCCACAGGTAT
NLRP3	Forward	GCCCAAGGAGGAAGAAGAAG
	Reverse	AGGGCATTGTCACTGAGGTC
IL-18	Forward	GACTCTTGCGTCAACTTCAAGG
	Reverse	GGTCACAGCCAGTCCTCTTA
IL-10	Forward	AGCCGGGAAGACAATAACTG
	Reverse	TCACTCTTCACCTGCTCCAC
GAPDH	Forward	TGGAGAAACCTGCCAAGTATG
	Reverse	ATGTAGGCCATGAGGTCCAC

**Table S2. Antibodies for Western blotting and flow cytometry analysis.**

<b>Applications</b>	<b>Antibody</b>	<b>Sources</b>
<i>Western blotting</i>	NLRP3 (D4D8T)	Cell Signaling
	ASC (D2W8U)	Cell Signaling
	Cleaved caspase-1(E2G21)	Cell Signaling
	$\beta$ -actin (A3854)	Sigma
<i>Flow cytometry</i>	CD45–FITC (30-F11)	BioLegend
	CD3–APC (145-2C11)	BioLegend
	CD4–PE/Cy7 (GK1.5)	BioLegend
	CD8–APC/Cy7 (YTS156.7.7)	BioLegend
	NK1.1–PE (PK136)	BioLegend
	CD19–PE/Cy5 (6D5)	BioLegend
	CD45–PE (30-F11)	BioLegend
	F4/80–PE/Cy5 (BM8)	BioLegend
	Ly6G–FITC (1A8)	BioLegend
	CD11b–PE/Cy7 (M1/70)	BioLegend