1 Supplementary figure legends

2 Figure-S1:

Plane polarized light applied LV-mid-cavity images stained with picro sirius red indicative of fibrosis.

(A) 1.25x images of the complete LV. (B) 40x images of the LV infarct zone. (C) 40X images of the LV peri-infarct zone (border) in WT and 12/15LOX^{-/-} mice during CHF (post-MI d28 and d56) displaying changes in fibrosis (scale bar = 50 μ m); n = 10 mice/group/day.

8 Figure-S2:

9 12/15LOX deletion robustly increases EP4 not EP2 in LV infract post-MI in progressive heart 10 failure with monocyte trafficking marker CCL2.

(A) Immunoblot showing robust increase EP2 and CCL2 in post-MI in WT and 12/15LOX^{-/-} mice in heart 11 failure. (B) mRNA expression of EP2 (C) Densitometric analysis of EP2 in WT and 12/15LOX^{-/-} mice in 12 no-MI and post-MI d1 till d56. (D) mRNA expression of EP2 in isolated leukocytes at post-MI d1, d5 13 and in cardiac fibroblast (CF) at post-MI d5 isolated from LV infarct. (E) mRNA expression of EP2 on 14 peritoneal MΦ (Naïve, M1 and M2 phenotype) isolated from WT and 12/15LOX^{-/-} mice. (G) mRNA 15 expression of CCL2 (H) Densitometric analysis of CCL2 in WT and 12/15LOX^{-/-} mice in no-MI and post-16 MI d1 till d56. Box plots show median and interguartile range. Minimum and maximum values are 17 represented in each group by the whiskers of the plot; n = 2 - 5 mice/group/day; * p < 0.05 vs d0 18 respective control, # p < 0.05 vs WT at respective time point. Analysis of variance (ANOVA), followed 19 by Newman-Keuls post-hoc test, was used for multiple comparisons. 20

21 Figure-S3:

Expanded representative immunofluorescence images displaying images cardiomyocyte area by WGA staining (green) and EP4 expression (red) in LV infarct and LV remote are of WT and 12/15LOX^{-/-} mice in no-MI controls and at d5 post MI (magnification= 40X, scale =20 μ m). Images are representative of 5 - 8 field/slide; n = 4 slide/group

26 Figure-S4:

Expanded representative immunofluorescence images displaying EP4 expression (red) and nuclei (blue) on peritoneal macrophages (Naïve, M1 and M2 phenotype) isolated from WT and 12/15LOX^{-/-} mice. WT peritoneal macrophages (Naïve, M1 and M2 phenotype) was treated with EP4 agonist 1 (CAY10598 - 100nM) to confirm EP4 stimulation (magnification = 40X, scale = 50 μ m; zoom = 5.72; 2 scale =10 μ m). Images are representative of 5 - 8 field/slide; n = 4 slide/group.

3 Figure-S5:

Expanded representative immunofluorescence images displaying EP4 expression (red) and nuclei(blue) on cardiac fibroblast and myofibroblast (treated with TGF- β -15 ng/mL for 18 h) isolated from WT and 12/15LOX^{-/-} mice (magnification = 40X, scale = 50 µm; zoom = 3.53; scale = 10 µm). Images are representative of 5 - 8 field/slide; n = 4 slide/group.

8 Figure S6:

9 Bar graph representing fold change of statistically significant miRNAs in $12/15LOX^{-/-}$ mice in 10 progression of AHF to CHF. (The cut off is 2 fold change); n = 4 mice/group for each time point. Student 11 t-test (unpaired) was applied comparing miRs expression at the particular day to naive control (d0).

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1 S Figure 4



M2Φ+EP4 agonist

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1 S Figure 5



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