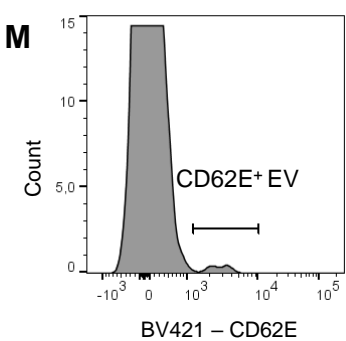
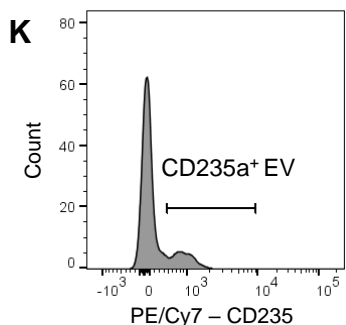
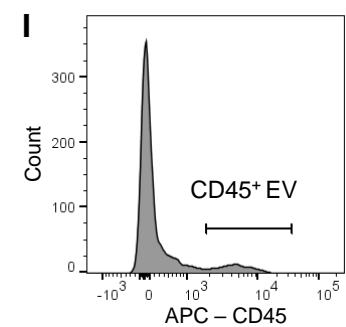
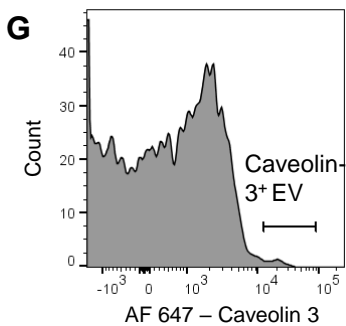
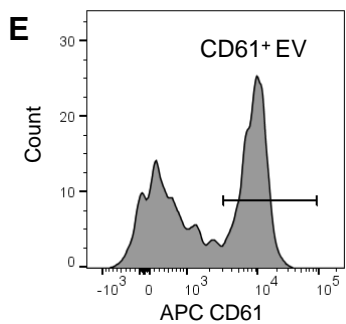
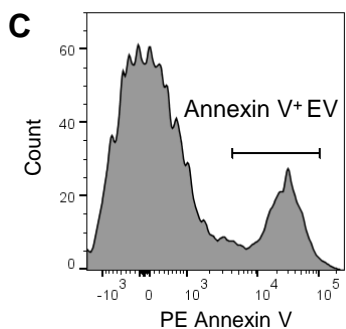
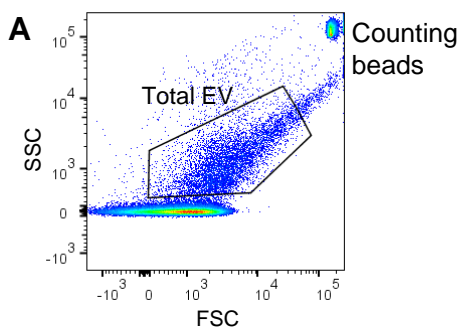


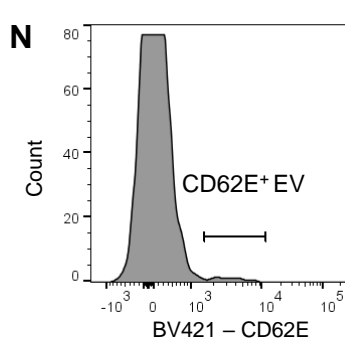
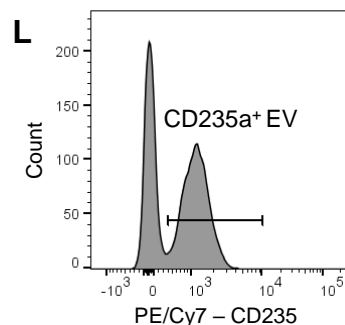
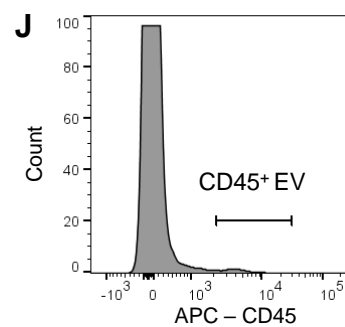
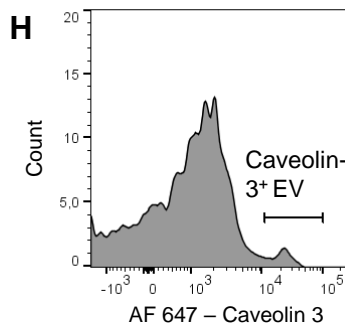
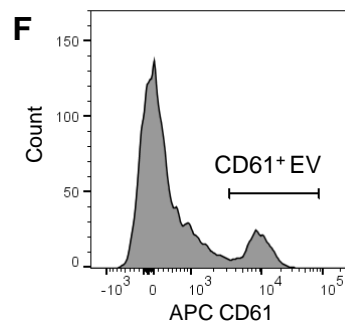
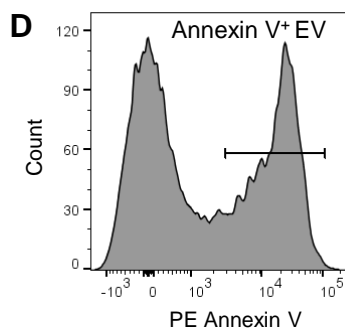
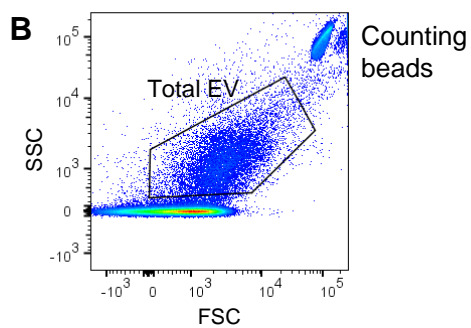
<b>Parameter</b>	<b>STEMI patients (n=19)</b>
No. of diseased vessels	
- 1	7 (37)
- 2	7 (37)
- 3	5 (26)
No. of stents implanted	
- 1	9 (47)
- 2	6 (32)
- 3	3 (16)
- 4	1 (5)
Anti-platelet agents: ASA +	
- Clopidogrel	1 (5)
- Ticagrelor	4 (21)
- Prasugrel	14 (74)
Time from reperfusion to blood sampling (h, Q1-Q3)	12 (10-15)

**Supplementary Table S1.** Specific clinical characteristics of STEMI patients. Data are presented as median (interquartile range, Q1-Q3) or number of patients (%). Denominator of the percentage is the total number of subjects in the group. ASA=acetylsalicylic acid.

## VA-ECMO



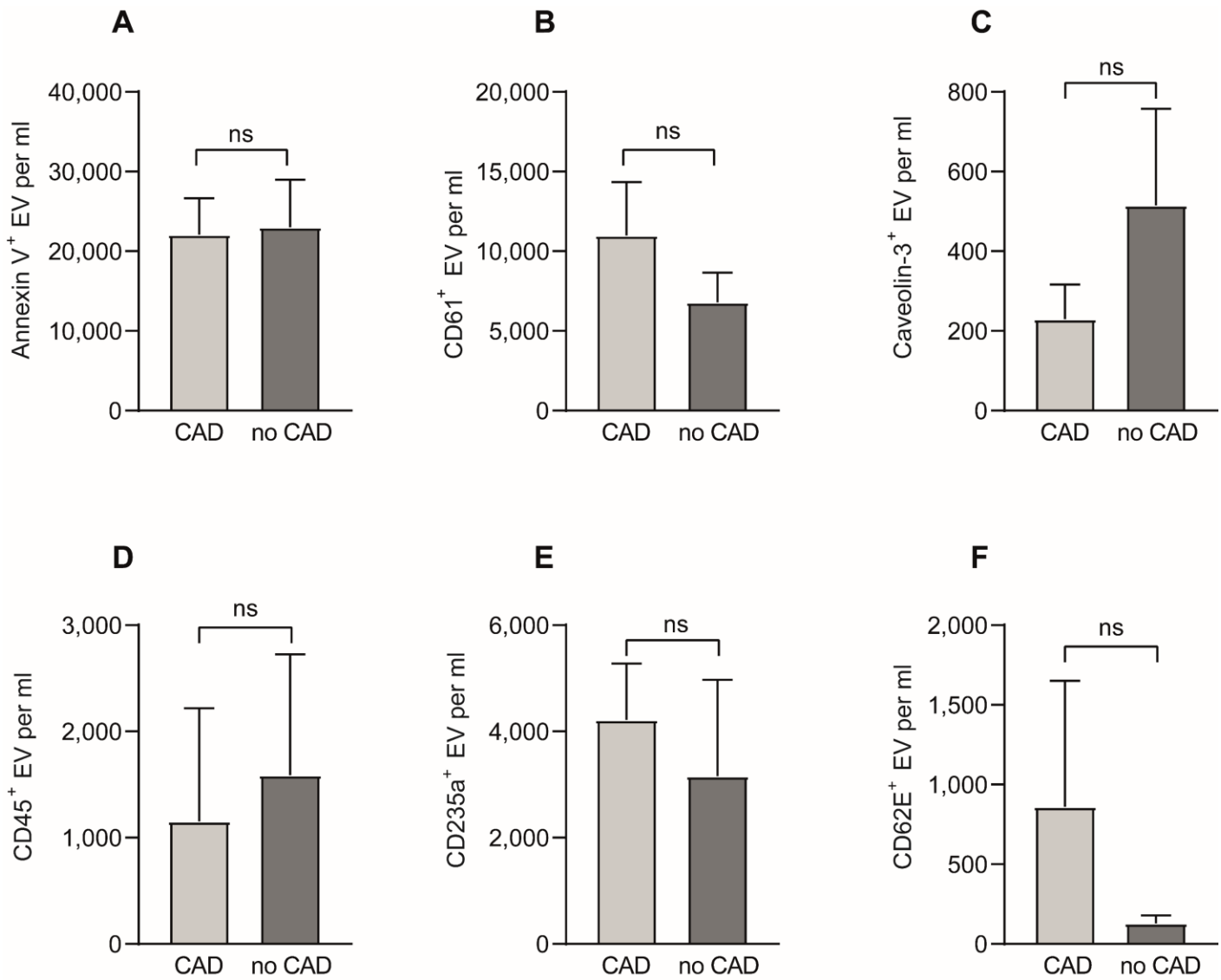
## STEMI



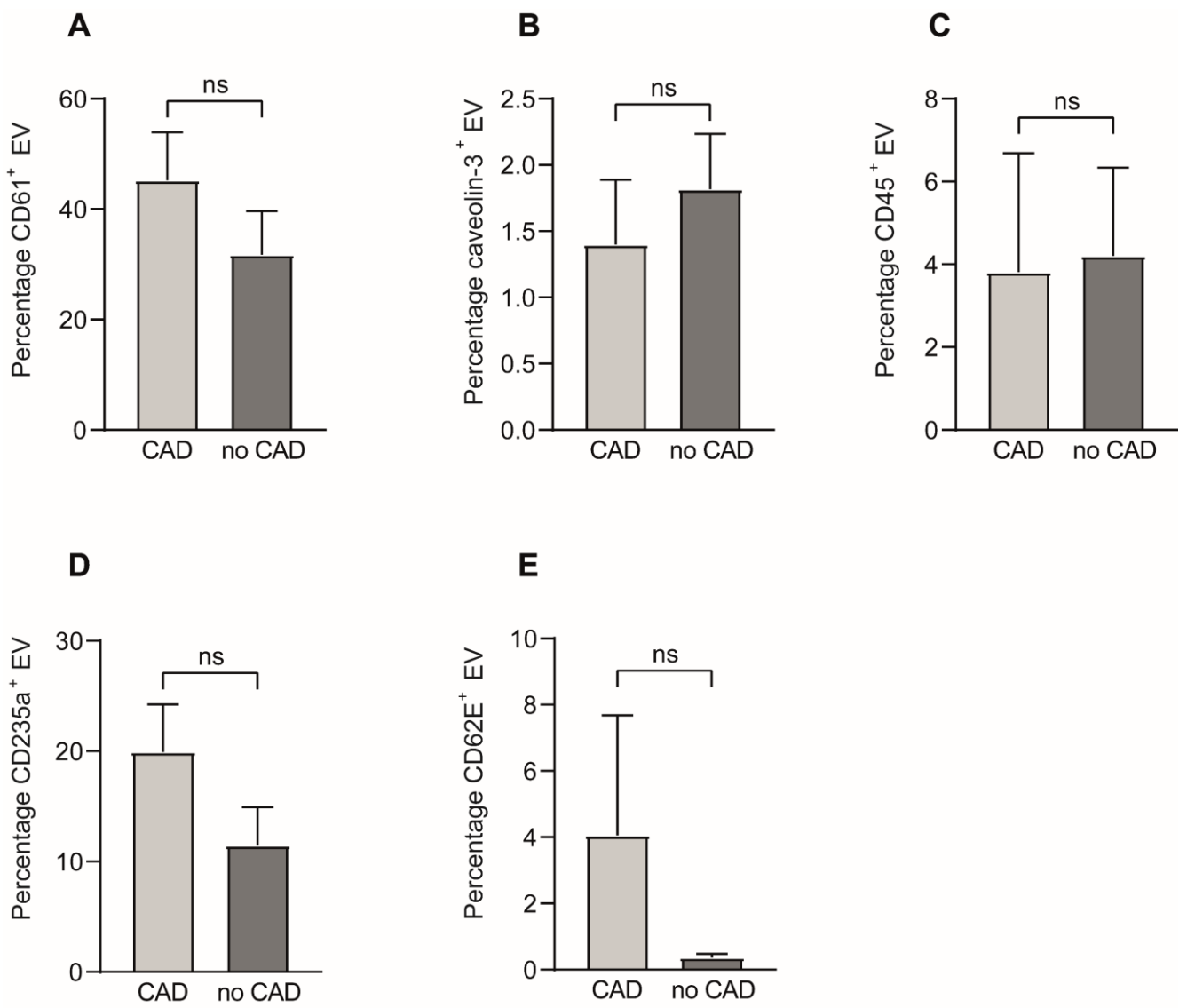
**Supplementary Figure S1.** Representative dot plots and histograms of extracellular vesicle (EV) populations in VA-ECMO and STEMI patients identified by flow cytometry. Sample preparation, staining and data acquisition were performed as described in the Materials and Methods section. **A, B** Total EV were identified by size reference beads similar to Jayachandran et al (1). Counting beads (BD Trucount™) shown in the upper right hand corner of the dot plot were used to calculate absolute EV counts. **C, D** From Total EV, Annexin V<sup>+</sup> EV were identified by PE Annexin V<sup>+</sup>. A clear Annexin V<sup>+</sup> population was gated. This Annexin V<sup>+</sup> population is also referred to as ‘total Annexin V<sup>+</sup> EV’ in the manuscript. **E-N** CD61<sup>+</sup> (platelet), caveolin-3<sup>+</sup> (cardiomyocyte), CD45<sup>+</sup> (leukocyte), CD235a<sup>+</sup> (erythrocyte) and CD62E<sup>+</sup> (endothelial) EV were identified with the help of specific antibodies. These populations were subpopulations of the Annexin V<sup>+</sup> population. Samples stained with corresponding isotype controls were used to set the gate. Populations of CD45<sup>+</sup> and CD62E<sup>+</sup> were relatively small, particularly in the STEMI group.

#### References

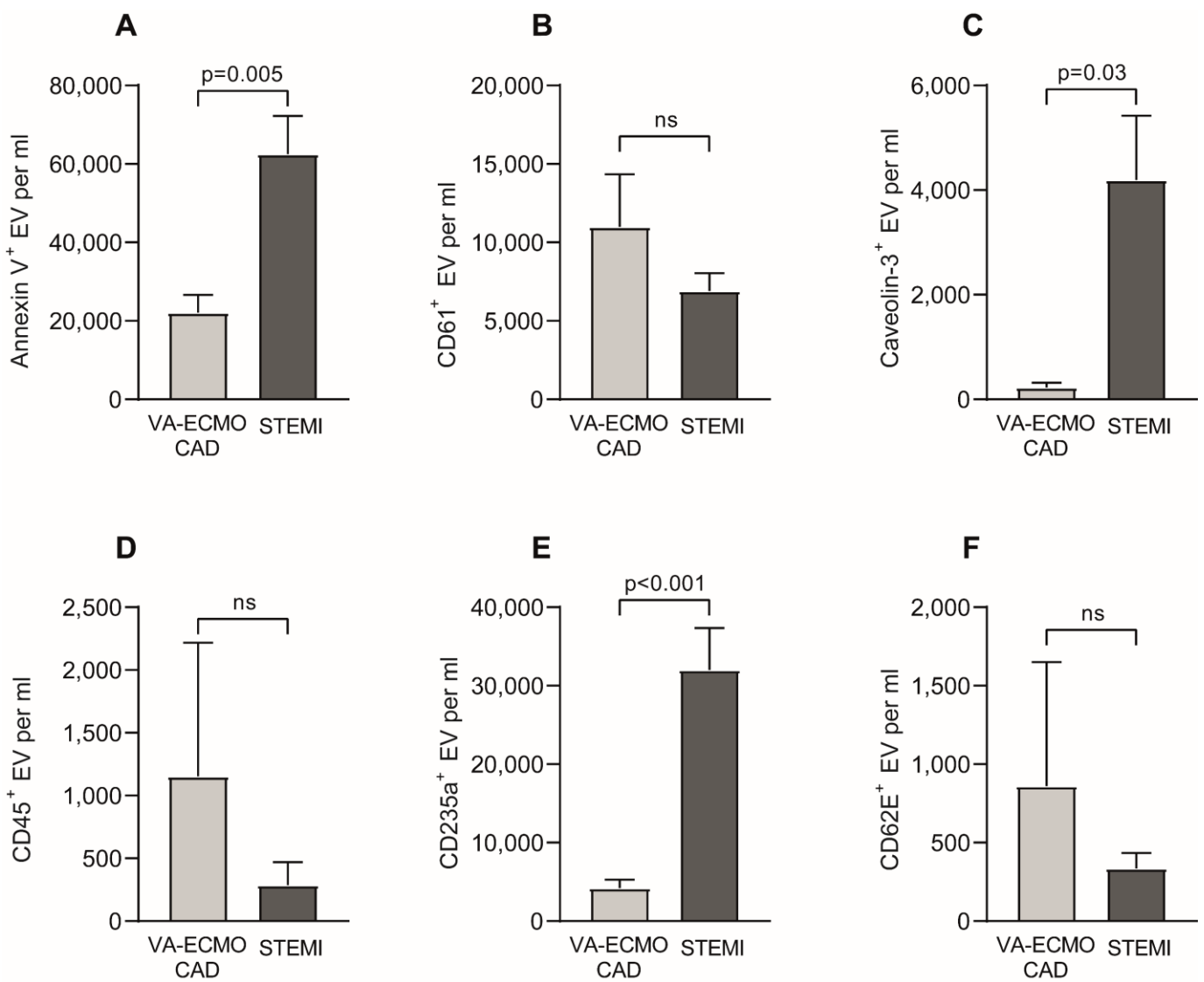
1. Jayachandran M, Miller VM, Heit JA, Owen WG. Methodology for isolation, identification and characterization of microvesicles in peripheral blood. *J Immunol Methods* (2012) 375:207-14. <https://doi.org/10.1016/j.jim.2011.10.012>



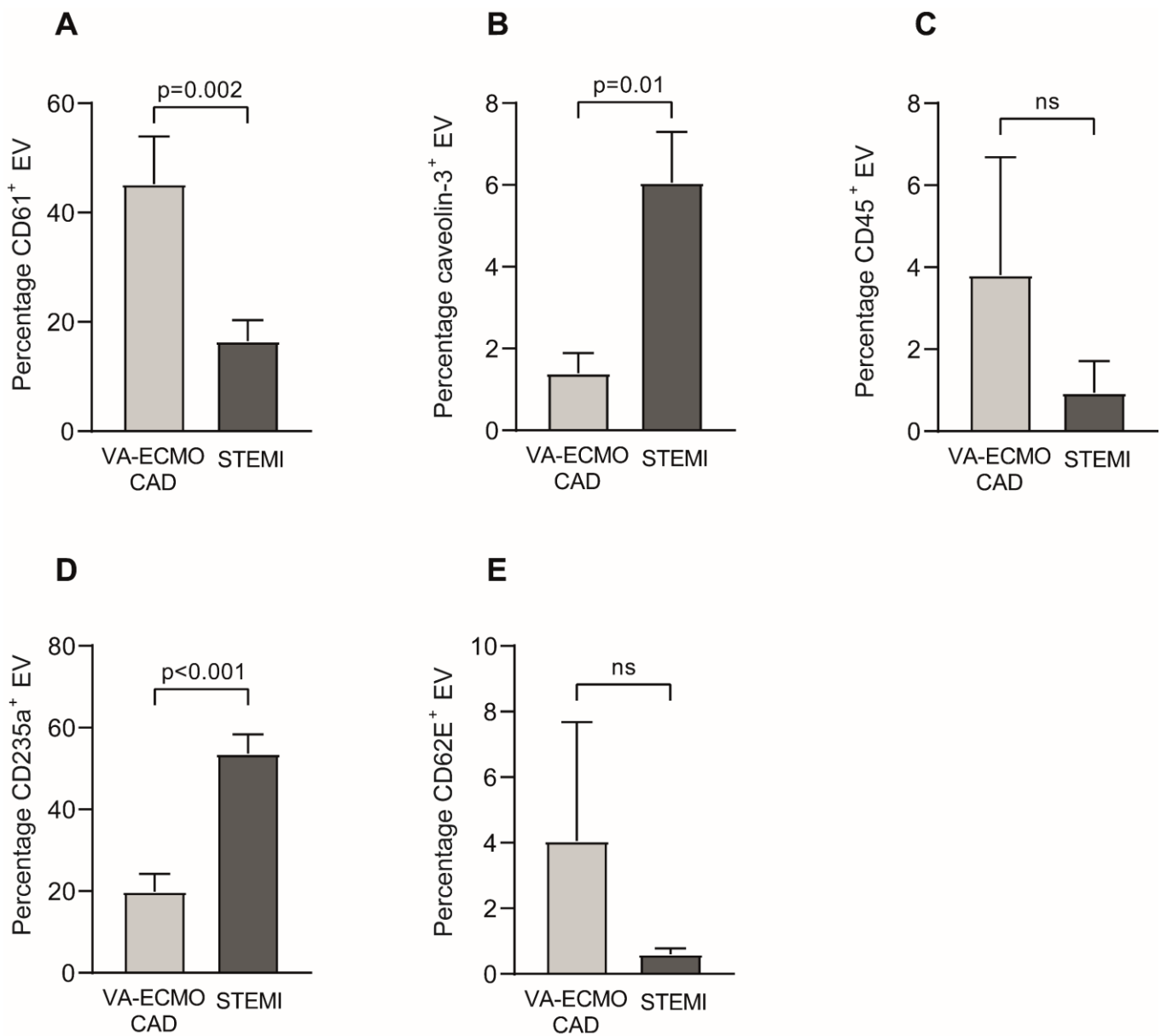
**Supplementary Figure S2.** Extracellular vesicle (EV) concentration in patients receiving veno-arterial extracorporeal membrane oxygenation with coronary artery disease (CAD) vs. without CAD (no CAD). (A) Total Annexin V<sup>+</sup> EV/ml, (B) CD61<sup>+</sup> (platelet) EV/ml, (C) caveolin-3<sup>+</sup> (cardiomyocyte) EV/ml, (D) CD45<sup>+</sup> (leukocyte) EV/ml, (E) CD235a<sup>+</sup> (erythrocyte) EV/ml, (F) CD62E<sup>+</sup> (endothelial) EV/ml. EV isolation, analysis and quantification were performed as described in the Materials and Methods section. Data are presented as mean±SEM. CAD: n=11; no CAD: n=7. p-values were calculated by an unpaired t-test, p≤0.05 was considered significant, ns – not significant.



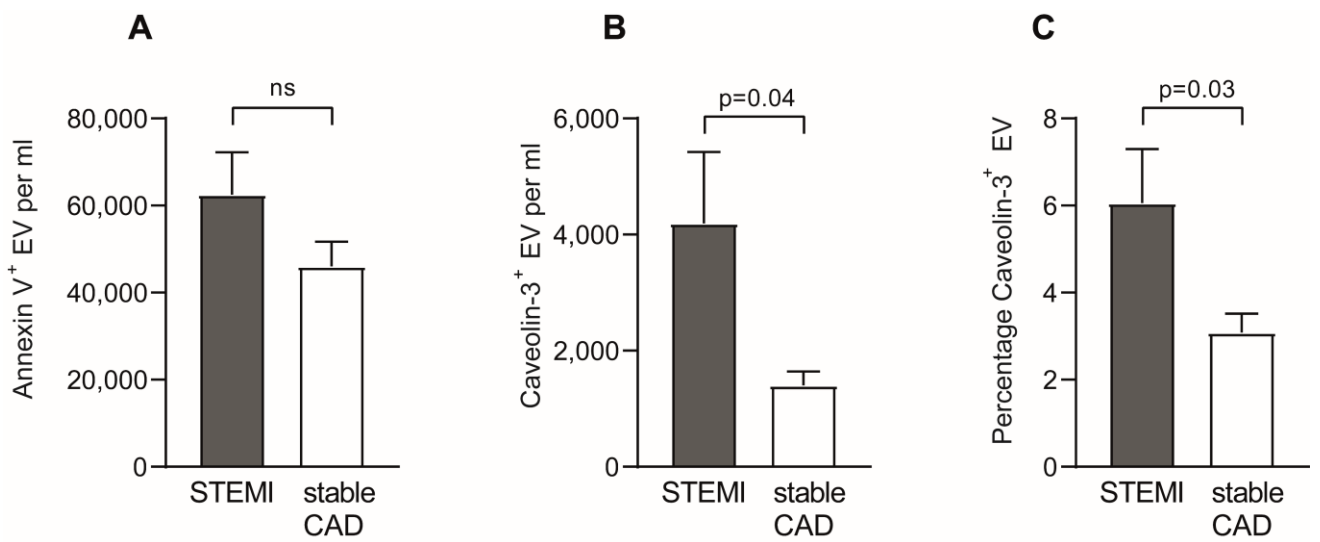
**Supplementary Figure S3.** Extracellular vesicles (EV) as percentage of Annexin V<sup>+</sup> EV from patients receiving veno-arterial extracorporeal membrane oxygenation with coronary artery disease (CAD) vs. without CAD (no CAD). **(A)** CD61<sup>+</sup> (platelet) EV, **(B)** caveolin-3<sup>+</sup> (cardiomyocyte) EV, **(C)** CD45<sup>+</sup> (leukocyte) EV, **(D)** CD235a<sup>+</sup> (erythrocyte) EV, **(E)** CD62E<sup>+</sup> (endothelial) EV. EV isolation, analysis and quantification were performed as described in the Materials and Methods section. Data are presented as mean±SEM. CAD: n=11; no CAD: n=7. p-values were calculated by an unpaired t-test, p≤0.05 was considered significant, ns – not significant.



**Supplementary Figure S4.** Extracellular vesicle (EV) concentration in patients receiving veno-arterial extracorporeal membrane oxygenation with coronary artery disease (VA-ECMO CAD) vs. STEMI patients (STEMI). **(A)** Total Annexin V<sup>+</sup> EV/ml, **(B)** CD61<sup>+</sup> (platelet) EV/ml, **(C)** caveolin-3<sup>+</sup> (cardiomyocyte) EV/ml, **(D)** CD45<sup>+</sup> (leukocyte) EV/ml, **(E)** CD235a<sup>+</sup> (erythrocyte) EV/ml, **(F)** CD62E<sup>+</sup> (endothelial) EV/ml. EV isolation, analysis and quantification were performed as described in the Materials and Methods section. Data are presented as mean±SEM. VA-ECMO CAD: n=11; STEMI: n=19. p-values were calculated by an unpaired t-test, p≤0.05 was considered significant, ns – not significant.



**Supplementary Figure S5.** Extracellular vesicles (EV) as percentage of Annexin V<sup>+</sup> EV from patients receiving veno-arterial extracorporeal membrane oxygenation with coronary artery disease (VA-ECMO CAD) vs. STEMI patients (STEMI). (A) CD61<sup>+</sup> (platelet) EV, (B) caveolin-3<sup>+</sup> (cardiomyocyte) EV, (C) CD45<sup>+</sup> (leukocyte) EV, (D) CD235a<sup>+</sup> (erythrocyte) EV, (E) CD62E<sup>+</sup> (endothelial) EV. EV isolation, analysis and quantification were performed as described in the Materials and Methods section. Data are presented as mean±SEM. VA-ECMO CAD: n=11; STEMI: n=19. p-values were calculated by an unpaired t-test, p≤0.05 was considered significant, ns – not significant.



**Supplementary Figure S6.** Extracellular vesicle (EV) concentration and percentage of Annexin V<sup>+</sup> EV in STEMI patients vs. patients with stable coronary artery disease (CAD). (A) Annexin V<sup>+</sup> EV/ml, (B) Caveolin-3<sup>+</sup> (cardiomyocyte) EV/ml, (C) Caveolin 3<sup>+</sup> EV in percentage of Annexin V<sup>+</sup> EV. 10 patients with stable coronary artery disease were recruited 2-7 h after routine coronary angiography. Coronary angiography confirmed stable coronary artery disease and no stents were placed. Exclusion criteria were: Age <18 or >80 years, hematological malignancies, hemoglobin (Hb)-values under 8 g/dl, Sepsis (as defined by positive blood cultures). Median patient age was 67 years (52-77). Of the 10 patients with CAD, 4 patients were females, 6 were males. 4 patients were smokers, 8 patients had arterial hypertension, 9 patients suffered from hypercholesterolemia, 3 patients had a family history of CAD and 5 patients had Diabetes mellitus. Annexin V<sup>+</sup> EV levels did not significantly differ between groups but caveolin-3<sup>+</sup> EV per ml and in percentage were significantly higher in the STEMI group. EV isolation, analysis and quantification of caveolin-3<sup>+</sup> EV were performed as described in the Materials and Methods section. Data are presented as mean±SEM. STEMI patients: n=19, stable CAD patients: n=10. p-values were calculated by an unpaired t-test, p≤0.05 was considered significant, ns – not significant.