

# **Distinct histopathological phenotypes of severe alcoholic hepatitis suggest different mechanisms driving liver injury and failure**

## **Supporting Tables and Figures**

**Supplementary Table S1: Baseline demographic and laboratory data of SAH patients**

Variables	Severe alcoholic hepatitis (N=40)
Age (Yrs)	44.4±9.9
Gender (Male)	25
Creatinine (mg/dl)	2.3±1.4
Total bilirubin (mg/dl)	24.1±12.1
AST (U/L)	110.0±97.3
ALT (U/L)	48.2±28.8
Albumin (g/dl)	3.1±0.7
Blood neu (K/cu mm)	13.8±9.4
MELD Score	33.5±6.9

**Supplementary Table S2: Baseline demographic and laboratory data of SAH patients**

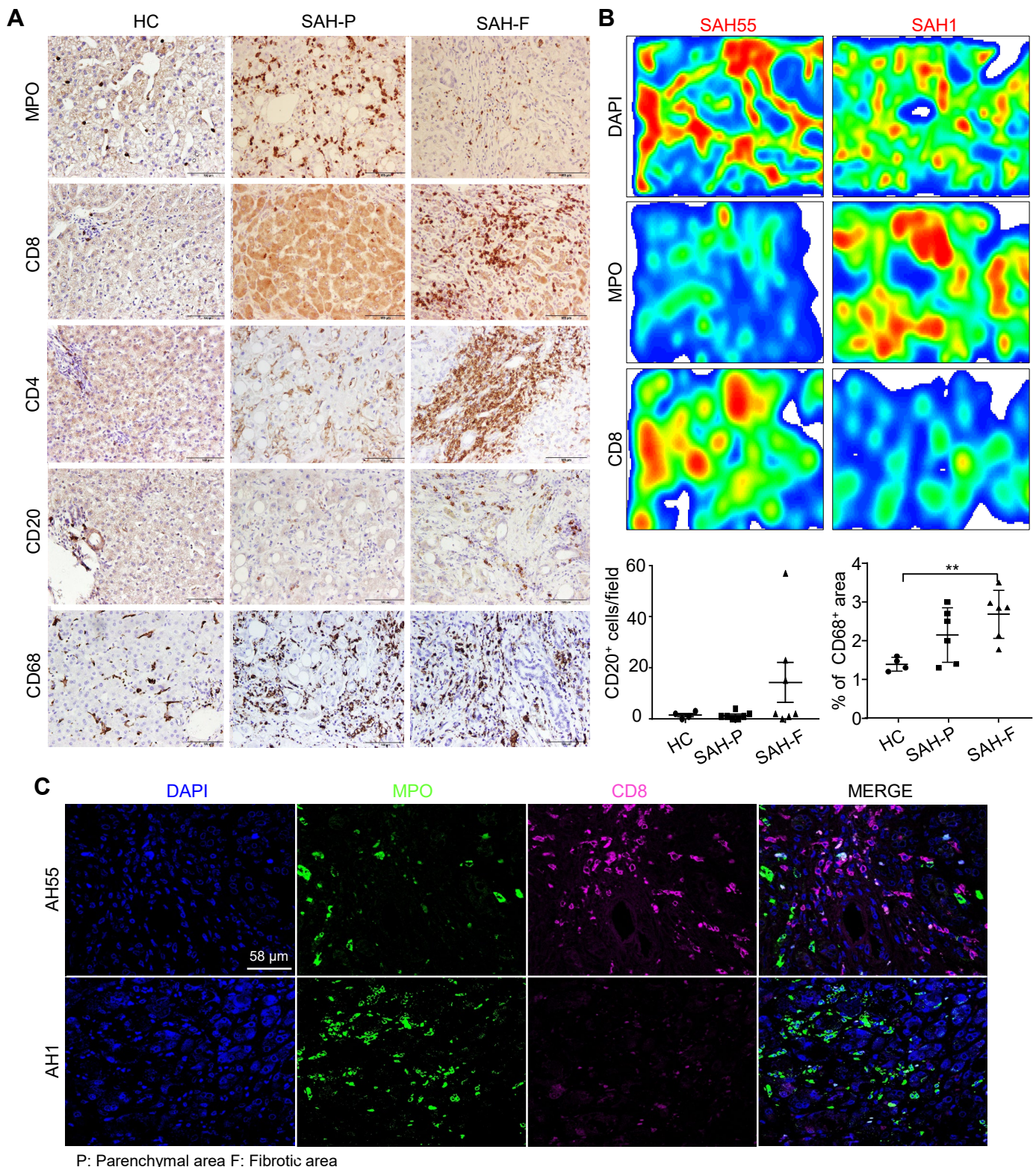
Variables	Severe alcoholic hepatitis (F, N=15)	Severe alcoholic hepatitis (M, N=25)	
Age (Yrs)	41.5±7.5	45.7±10.9	<i>P</i> =0.19
Creatinine (mg/dl)	2.14±1.1	2.3±1.5	<i>P</i> =0.73
Total bilirubin (mg/dl)	23.12±11.8	25.3±12.3	<i>P</i> =0.58
AST (U/L)	141.6±150.1	93.4±40.3	<i>P</i> =0.14
ALT (U/L)	42.9±27.5	52.4±29.6	<i>P</i> =0.32
Albumin (g/dl)	3.6±0.6	2.7±0.5	<i>P</i> =0.009
Blood neu (K/ cu mm)	9.4±6.8	16.5±9.9	<i>P</i> =0.07
MELD Score	33.3±4.4	33.7±8.3	<i>P</i> =0.87

**Supplementary Table 3: Baseline demographic and laboratory data of patients with mild to moderate alcoholic hepatitis**

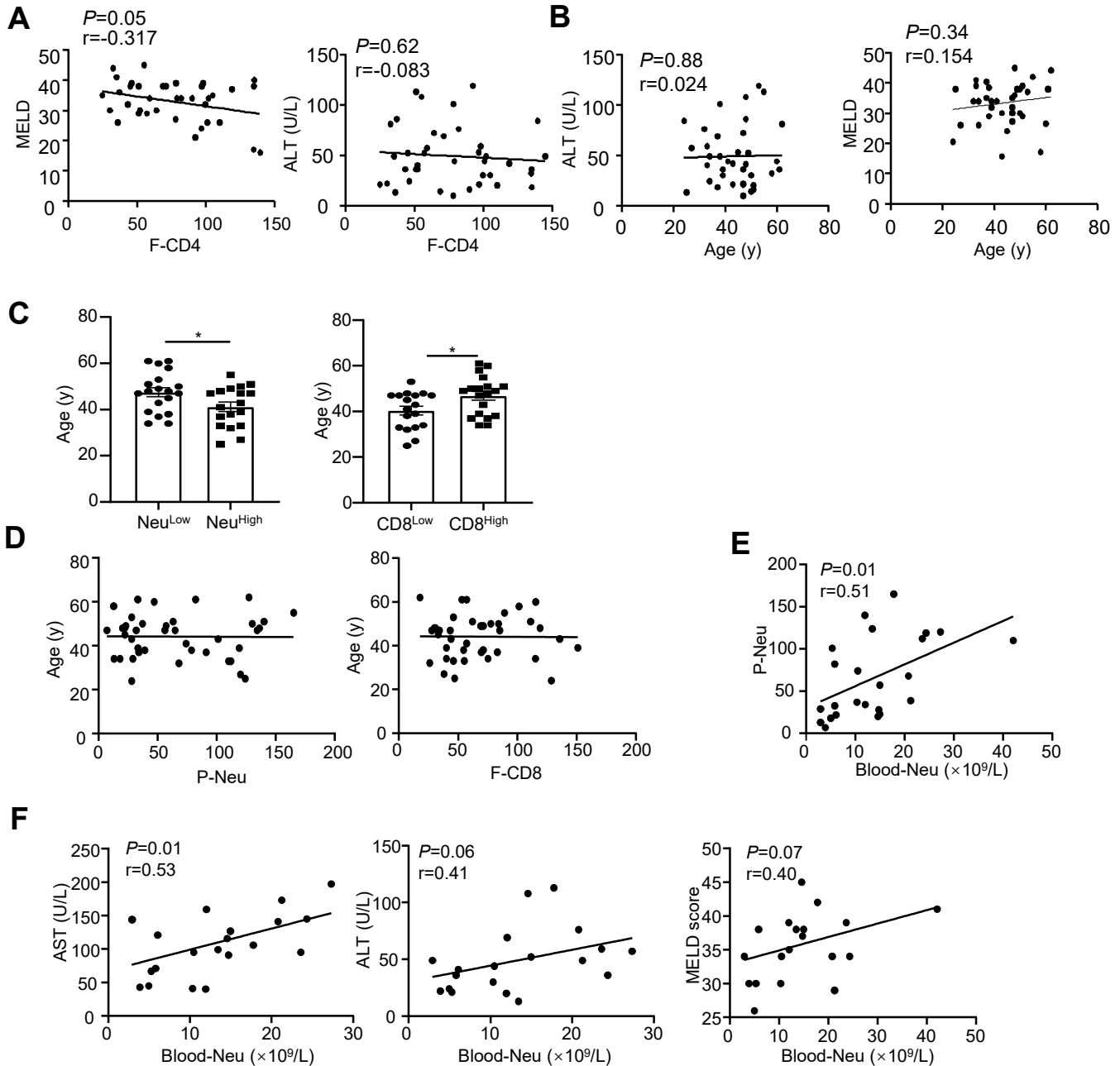
Variables	Controls (N=6)	Patients with alcoholic steatohepatitis (N=12)
Age	41.8±13.5	48.6±10.7
Sex	2M/4F	9M/3F
WBC	6.6±2.2	10.3±6.8
Hemoglobin (g/dl)	13.8±1.2	10.8±2.3
Hematocrit (%)	41.4±3.1	32.2±6.3
Platelets (x10 <sup>6</sup> /ml)	320.1±94.4	236±191.3
Total bilirubin (mg/dl)	0.56±0.35	10.5±10.0
AST (U/L)	31.2±8.7	137.7±118.8
ALT (U/L)	33.8±19.4	53.2±58.4
Albumin (g/dl)	4.3±0.3	2.8±0.6
INR	1.0±0.08	1.4±0.3
MELD score	N/A	19.7±6.2

## Supplementary Table 4: Primer sequence for real-time PCR

Genes	Forward primer (5'-3')	Reverse primer (5'-3')
<i>18s</i>	ACGGAAGGGCACCACCAGGA	CACCACCACCCACGGAATCG
<i>a-Sma</i>	TCCTGACGCTGAAGTATCCGATA	GGTGCCAGATCTTTTCCATGTC
<i>Col1a1</i>	TAGGCCATTGTGTATGCAGC	ACATGTTTCTGCTTTGTGGACC
<i>Col1a2</i>	GGTGAGCCTGGTCAAACGG	ACTGTGTCCTTTTACGCCTTT
<i>Col3a1</i>	TAGGACTGACCAAGGTGGCT	GGAACCTGGTTTCTTCTCACC
<i>Col4a1</i>	CTGGCACAAAAGGGACGAG	ACGTGGCCGAGAATTTCCACC
<i>F4/80</i>	CTTTGGCTATGGGCTTCCAGTC	GCAAGGAGGACAGAGTTTATCGTG
<i>Icam-1</i>	CAATTTCTCATGCCGCACAG	AGCTGGAAGATCGAAAGTCCG
<i>Igf1r</i>	GTGGGGGCTCGTGTCTTCTC	GTGGGGGCTCGTGTCTTCTC
<i>Il1b</i>	TCGCTCAGGGTCACAAGAAA	CATCAGAGGCAAGGAGGAAAAC
<i>Il6</i>	TCCATCCAGTTGCCTTCTTG	TTCCACGATTTCCCAGAGAAC
<i>Ly6g</i>	TGCGTTGCTCTGGAGATAGA	CAGAGTAGTGGGGCAGATGG
<i>Mcp1</i>	ATTGGGATCATCTTGCTGGT	CCTGCTGTTTACAGTTGCC
<i>Mef2c</i>	ATCCCGATGCAGACGATTCAG	CGGTCTCTAGGAGGAGAAAACA
<i>Mip1b</i>	GAAACAGCAGGAAGTGGGAG	CATGAAGCTCTGCGTGTCTG
<i>Mip1α</i>	GTGGAATCTTCCGGCTGTAG	ACCATGACACTCTGCAACCA
<i>Mip2</i>	CCAACCACCAGGCTACAGG	GCGTCACACTCAAGCTCTG
<i>Mmp13</i>	CTTTGGCTTAGAGGTGACTGG	AGGCACTCCACATCTTGGTTT
<i>Mt1</i>	AAGAGTGAGTTGGGACACCTT	CGAGACAATAACAATGGCCTCC
<i>Mt2</i>	GCCTGCAAATGCAAACAATGC	AGCTGCACTTGTCCGAAGC
<i>Nlrp3</i>	AAGTAAGGCCGGAATTCACC	AAAATGCCTTGGGAGACTCA
<i>p40phox(Ncf4)</i>	ATCGTCTGGAAGCTGCTCAA	CCCATCCATCTGCTTTTCTG
<i>p47phox (Ncf1)</i>	TCCTCTTCAACAGCAGCGTA	CTATCTGGAGCCCCTTGACA
<i>p67phox(Ncf2)</i>	TCTATCAGCTGGTTCCACG	CTATCTGGAGCCCCTTGACA
<i>Slc1a4</i>	GGCATCGCTGTTGCTTACTTC	CGAGGAAAGAGTCCACTGTCT
<i>Slc1a6</i>	AGCAGCCACGGCAATAGTC	ATGCCAAGCTGACACCAATGA
<i>Taz</i>	CCCCCGCTTTGGACAGAAAAT	AGGCTGGAATGATTGTGGAG
<i>Tgfb</i>	CTCCCGTGGCTTCTAGTGC	GCCTTAGTTTGGACAGGATCTG
<i>Tnf-α</i>	AGGCTGCCCCGACTACGT	GACTTTCTCCTGGTATGAGATAGCAA
<i>Vcam-1</i>	TGAACCCAAACAGAGGCAGAGT	GGTATCCCATCACTTGAGCAGG
<i>Vimentin</i>	TCCACTTTCGGTTCAAGGTC	AGAGAGAGGAAGCCGAAAAGC

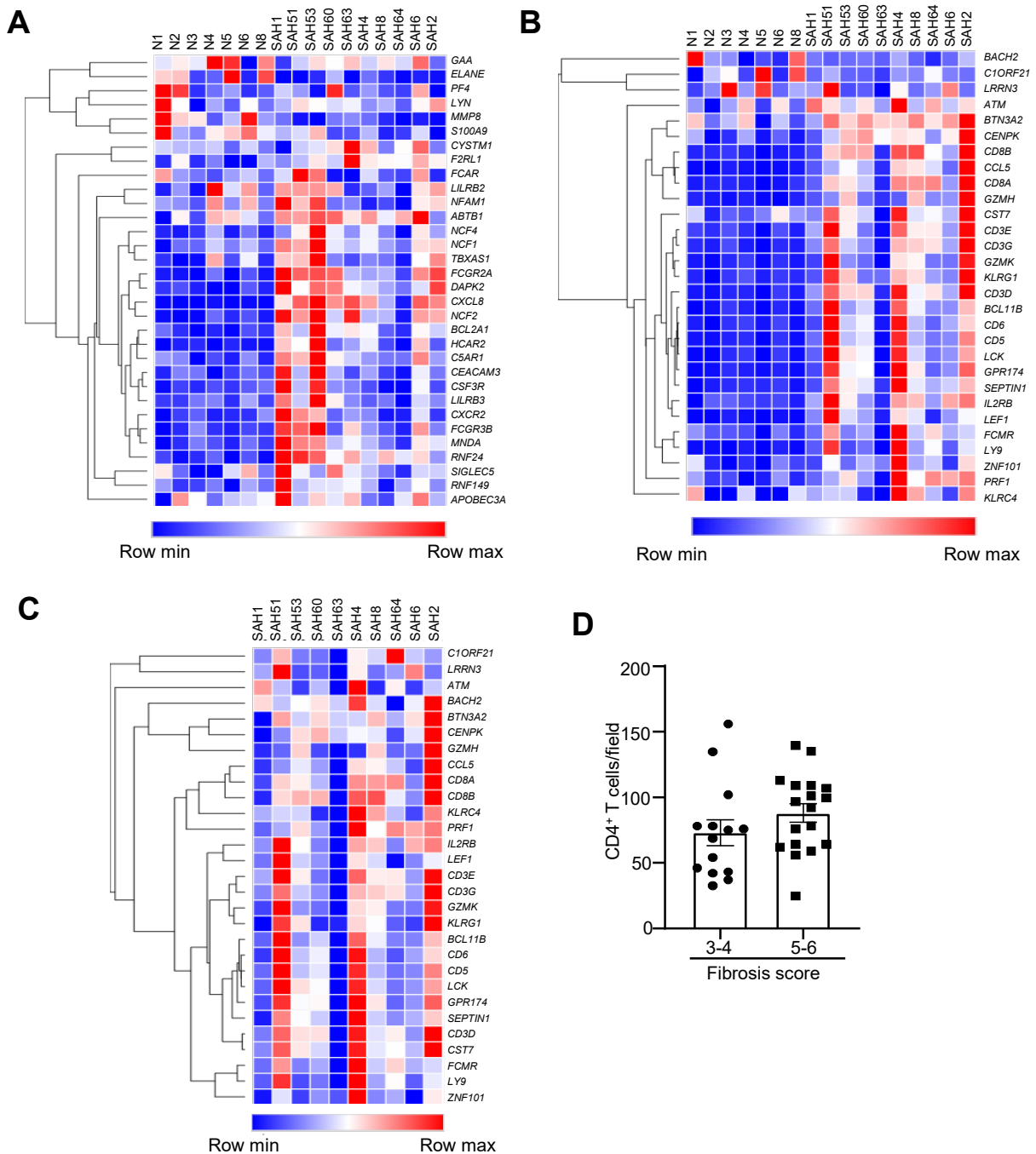


**Supporting Fig. S1. Immunostaining analysis of the distribution of immune cells in SAH livers.** (A) Liver tissues from healthy controls (HC) (n=4) and SAH patients (n=7) were subjected to IHC staining of MPO, CD4, CD8, CD20 and C68. Representative images are shown. Scale bar: 100  $\mu$ m. The number of CD20<sup>+</sup> cells and the percentage of CD68<sup>+</sup> area in parenchymal area (SAH-P) and fibrotic area (SAH-F) were quantified. (B) Liver tissues from SAH patients (n=10) were subjected to sequential multiplex immunofluorescence staining of HepPar1, MPO, CD8, CD4, CD20 and IBA1. Cell density map analysis of MPO and CD8 staining. (C) Liver tissues from SAH patients were subjected to immunofluorescence staining of MPO and CD8. Representative images are shown. Scale bar: 58  $\mu$ m. Values represent the mean  $\pm$  SEM. \*\* $P < 0.01$ .



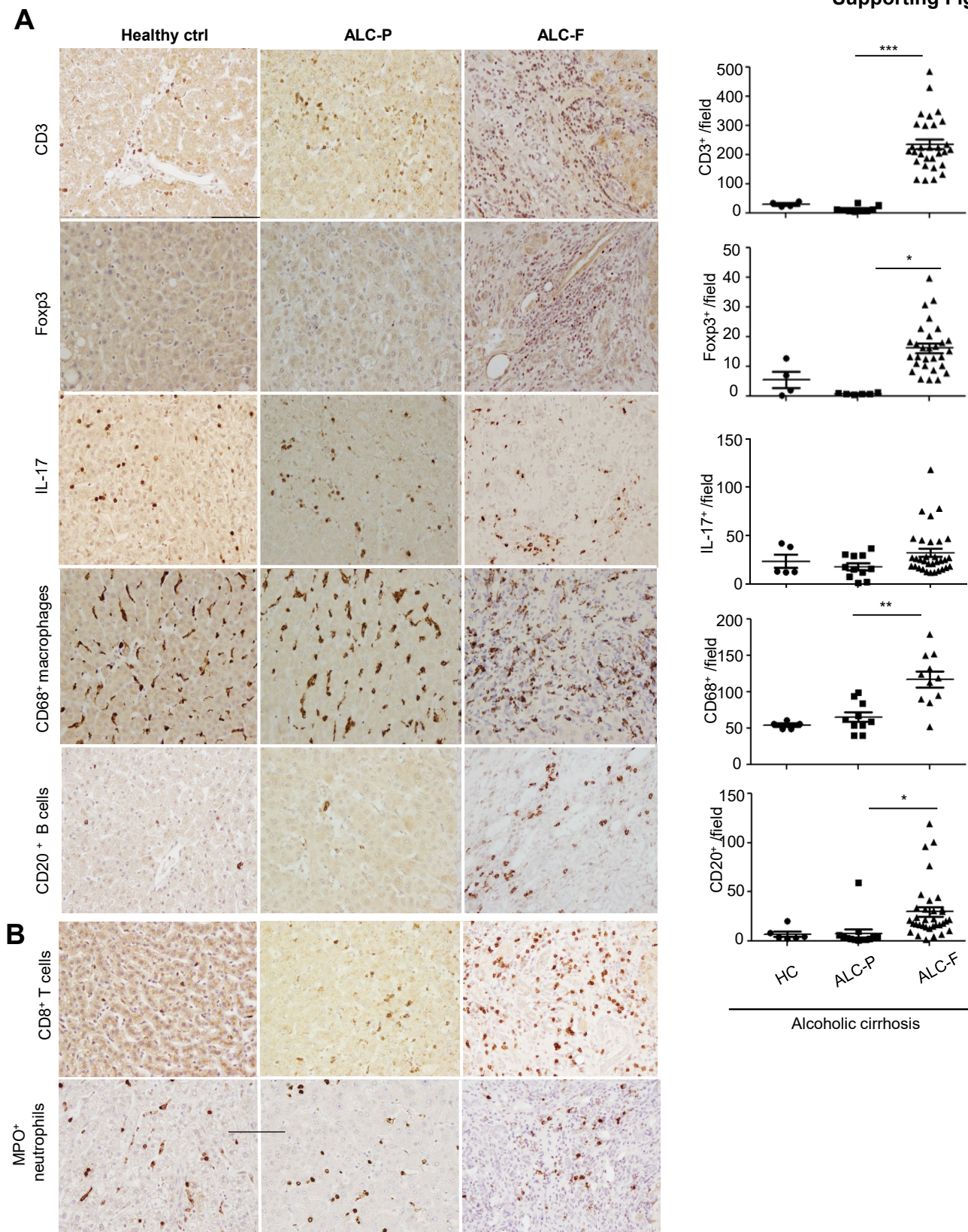
P: Parenchymal area F: Fibrotic area

**Supporting Fig. S2:** (A) Correlation analysis between F-CD4<sup>+</sup> T cells and ALT levels or MELD score. (B) Correlation analysis between age and ALT levels or MELD score. (C) Age in SAH patients with P-Neu<sup>Low</sup> and P-Neu<sup>High</sup>, or F-CD8<sup>Low</sup> and F-CD8<sup>High</sup> group. (D) Correlation analysis between P-Neu or F-CD8<sup>+</sup> T cells and age. (E) Correlation analysis between Blood-Neu and P-Neu. (F) Correlation analysis between Blood-Neu and AST, ALT levels, or MELD score. \* $P<0.05$



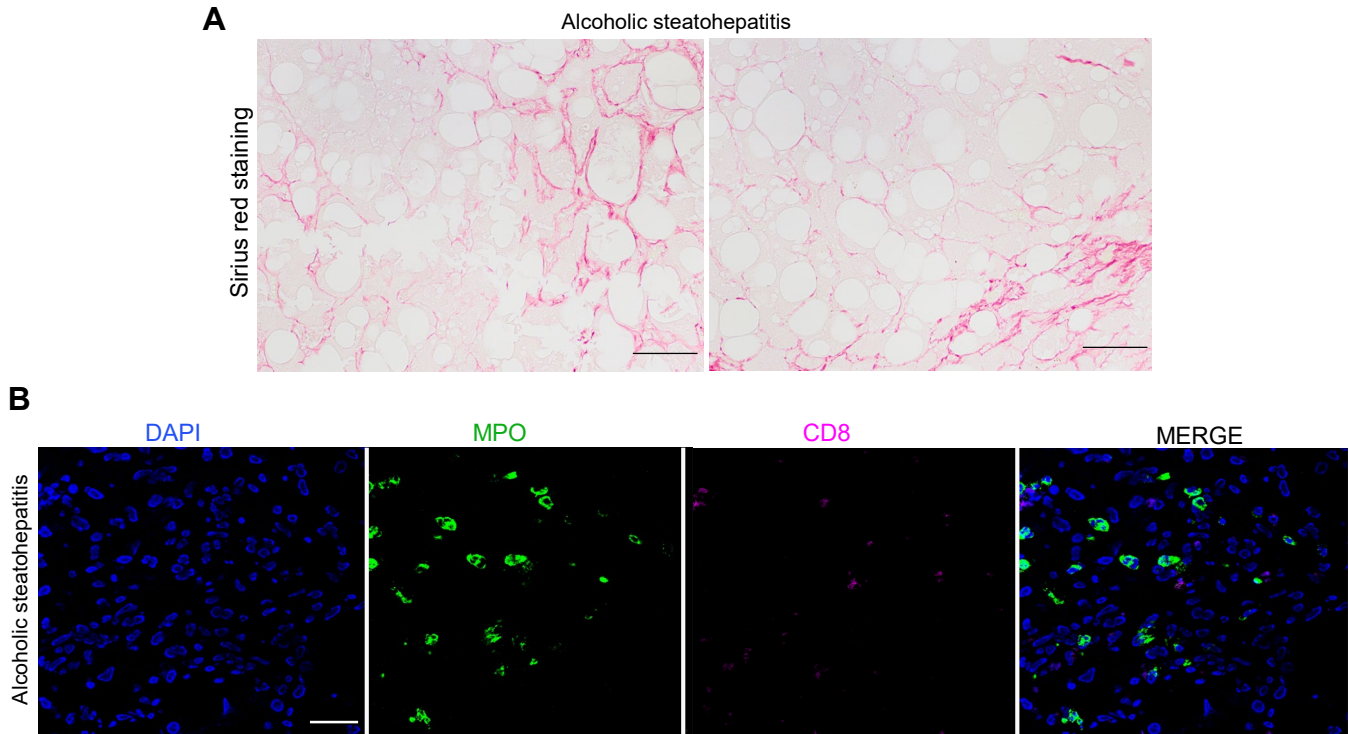
**Supporting Fig. S3: Heatmap analysis of neutrophil- or CD8<sup>+</sup>T cell-related genes.** (A, B) Heatmap analysis of neutrophil- (panel A) or CD8<sup>+</sup>T cell (panel B) -related genes in the liver of SAH patients and HC. (C) Heatmap analysis of CD8<sup>+</sup> T cell-related genes in the liver among SAH patients. (D) The number of CD4<sup>+</sup> T cells in the liver was compared between different fibrosis score groups.



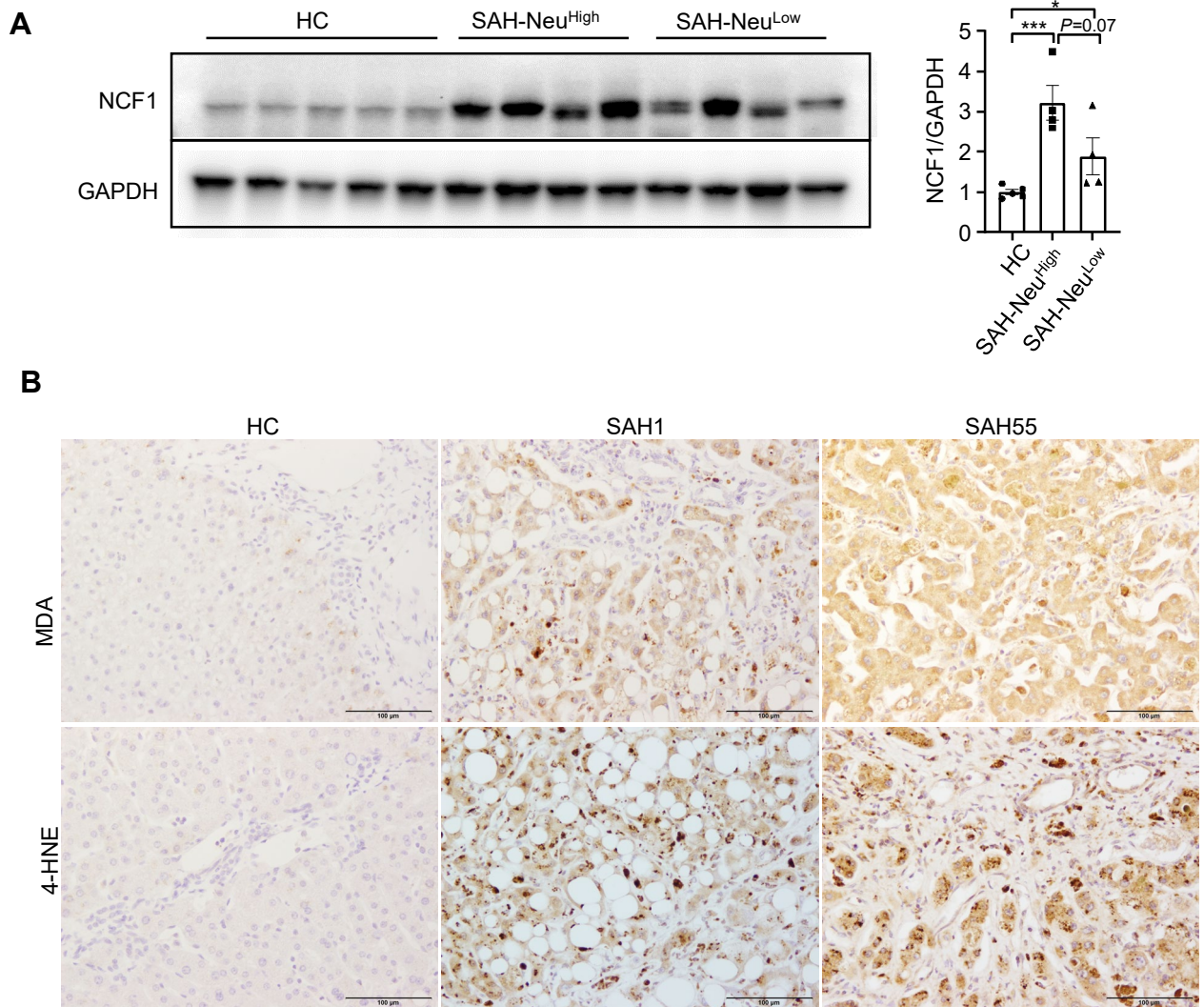


**Supporting Fig. S4: Immunostaining analysis of the distribution of immune cells in the liver of ALC patients.** Liver samples of healthy control (n=6) and alcoholic cirrhosis (n=32) obtained from transplanted patients were used for immunohistochemistry analysis of CD3<sup>+</sup> T cells, Foxp3<sup>+</sup> T cells, IL17<sup>+</sup> T cells, CD68<sup>+</sup> macrophages, CD20<sup>+</sup> B, CD8<sup>+</sup> and MPO<sup>+</sup> cells cells. Representative images are shown on the left (scale bar:100µm) and the quantification of the positive cells for each staining was shown on the right. Values represent mean ± SEM (each dot represents one sample). \**P*<0.05; \*\**P*<0.01; \*\*\* *P*<0.001. The quantification for CD8<sup>+</sup> and MPO<sup>+</sup> cells are shown in Fig. 1

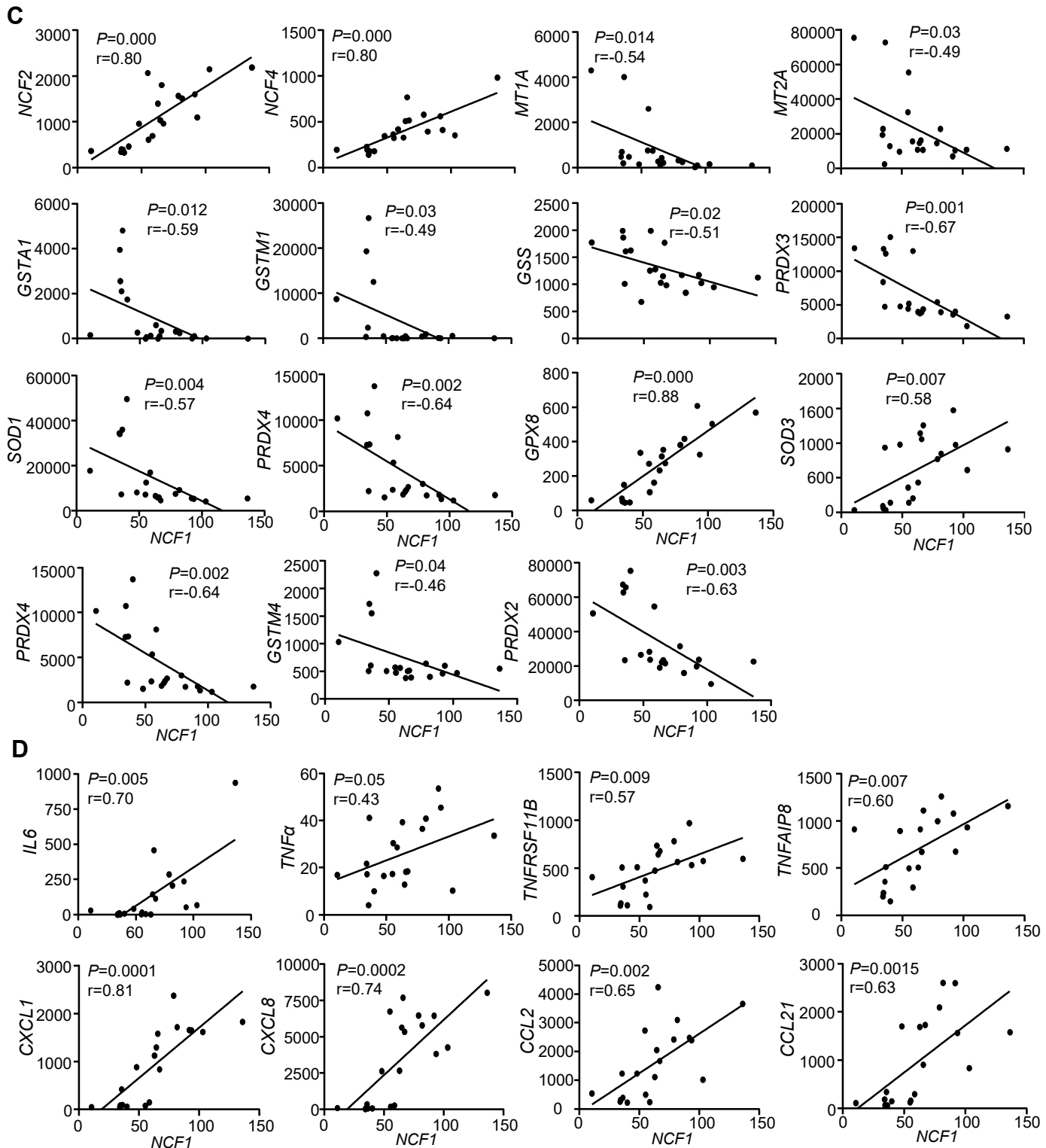




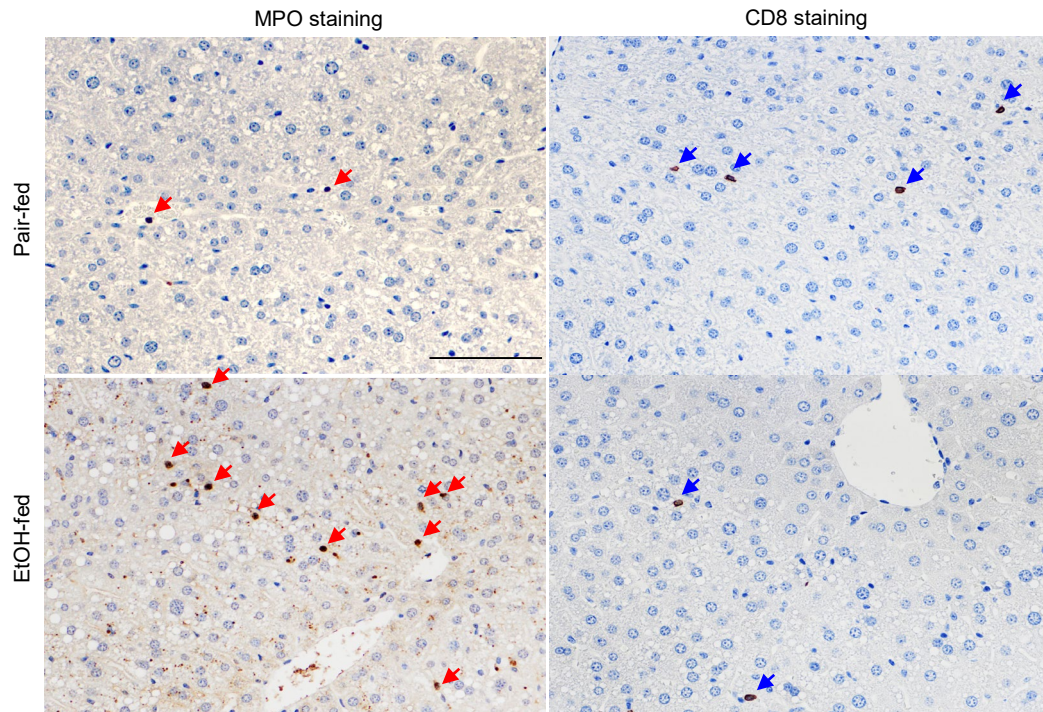
**Supporting Fig. S5: Liver samples from patients with early alcoholic steatohepatitis display low levels of fibrosis and CD8<sup>+</sup> T cell infiltration.** (A) Liver tissues from patients with alcoholic steatohepatitis were subjected to Sirius Red staining. Representative images are shown. Scale bar: 100 $\mu$ m. (B) Liver tissues from alcoholic steatohepatitis patients were subjected to immunofluorescence staining of MPO and CD8. Representative images are shown. Scale bar: 29  $\mu$ m.



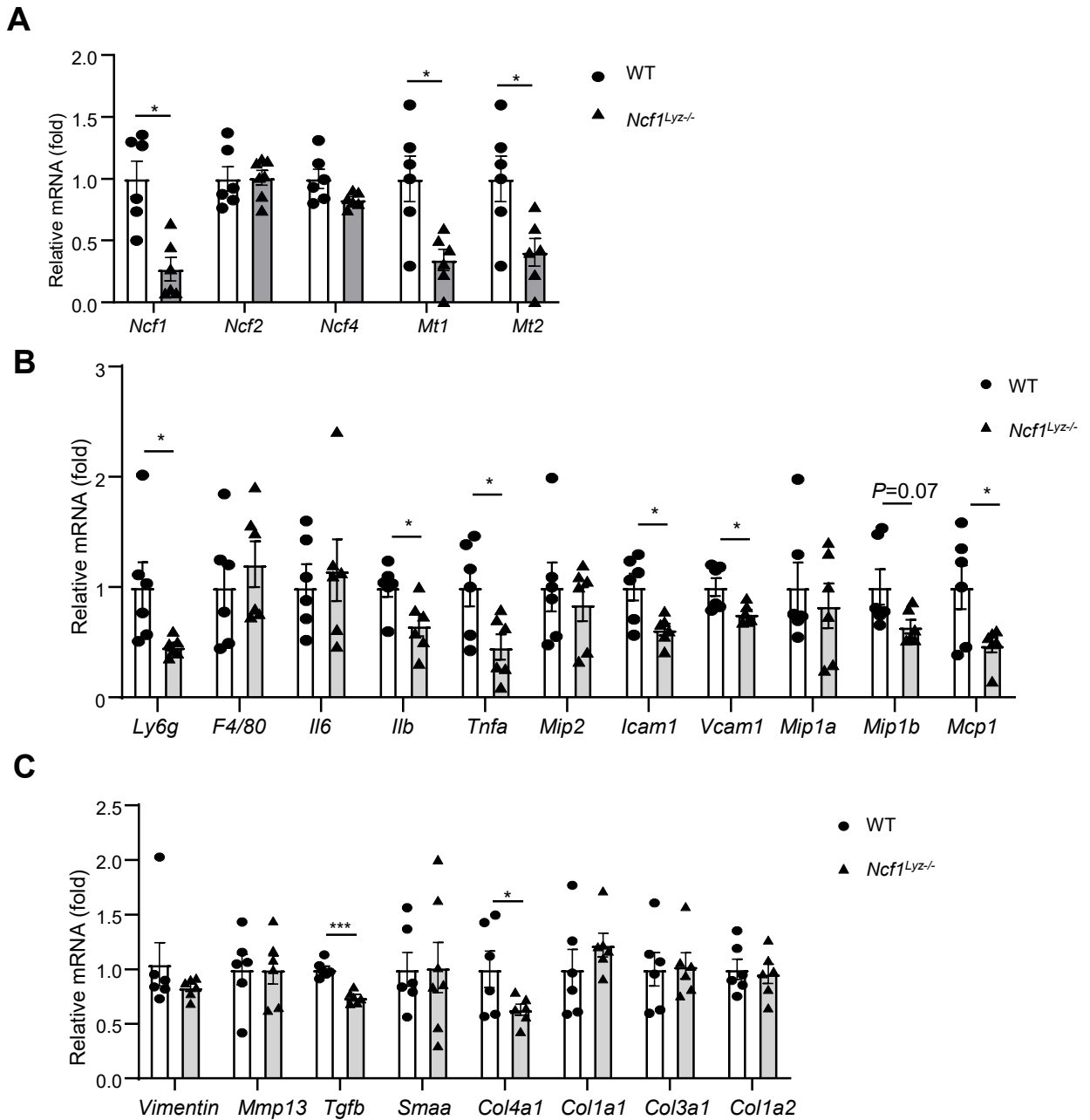
**Supporting Fig. S6A-B: Hepatic levels of *p47phox/NCF1* are elevated in SAH patients and correlated with liver inflammation and oxidative stress. (A)** Liver tissues from HC and SAH patients were subjected to immunoblot analysis of NCF1 and GAPDH. **(B)** Liver tissues from SAH patients were subjected to IHC analysis of MDA and HNE. Representative images are shown (scale bar:100 $\mu$ m).



**Supporting Fig. S6C-D: Hepatic levels of *p47phox/NCF1* are elevated in SAH patients and correlated with liver inflammation and oxidative stress. (C-D) Correlation analysis were performed between *NCF1* and oxidative stress related genes or inflammation related genes from SAH patients, based on RNA-seq data. The values in X or Y axis represent read counts of RNA-seq data.**

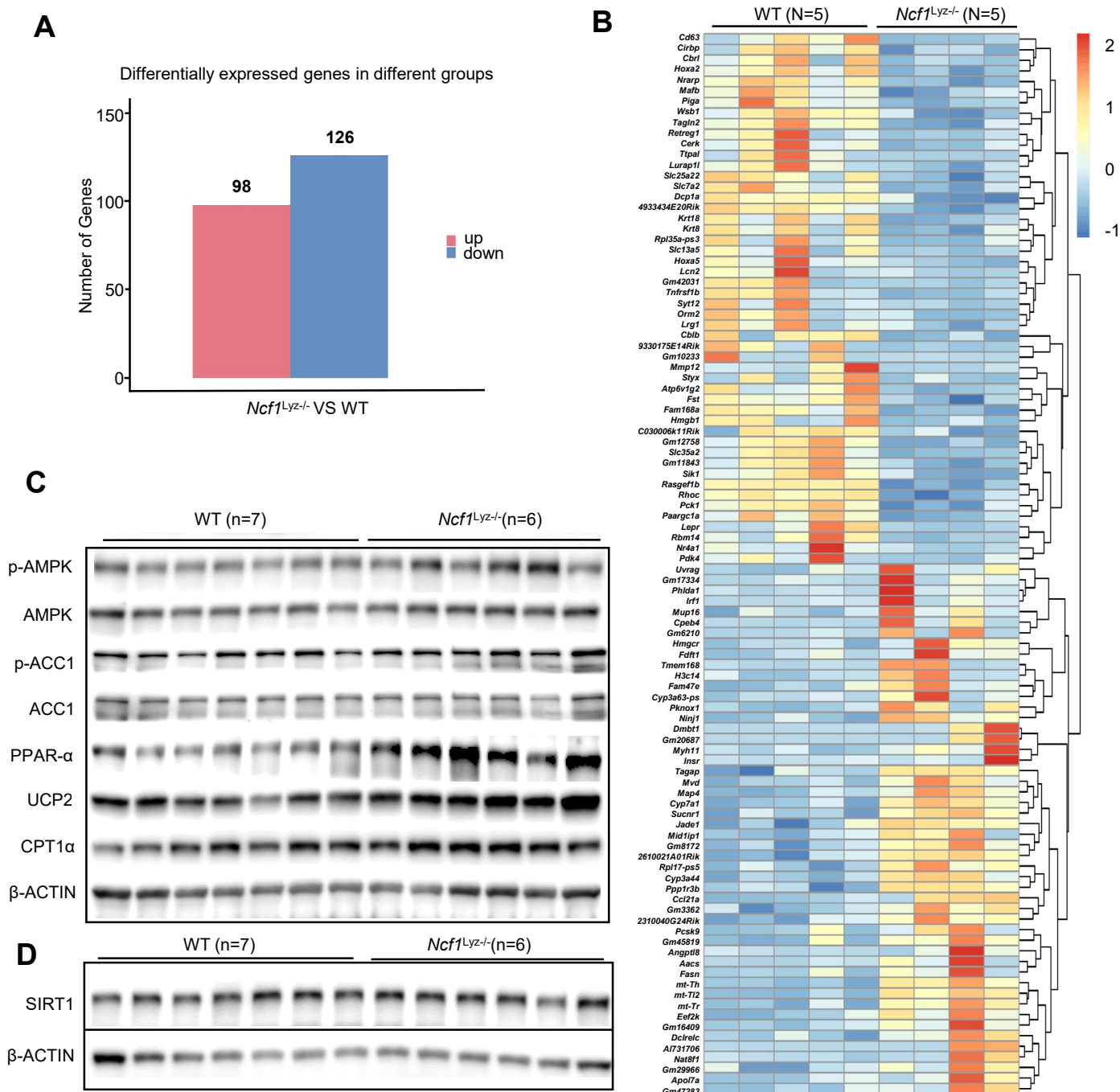


**Supporting Fig. S7:** C57BL6 J mice were pair-fed, ethanol-fed for E10d+1B and were euthanized 9h later. Liver tissues were subjected to immunostaining with anti-MPO and anti-CD8 antibodies. Representative images are shown (scale bar:100 $\mu$ m). Red arrows indicate MPO<sup>+</sup> neutrophils; Blue arrows indicate CD8<sup>+</sup> T cells.

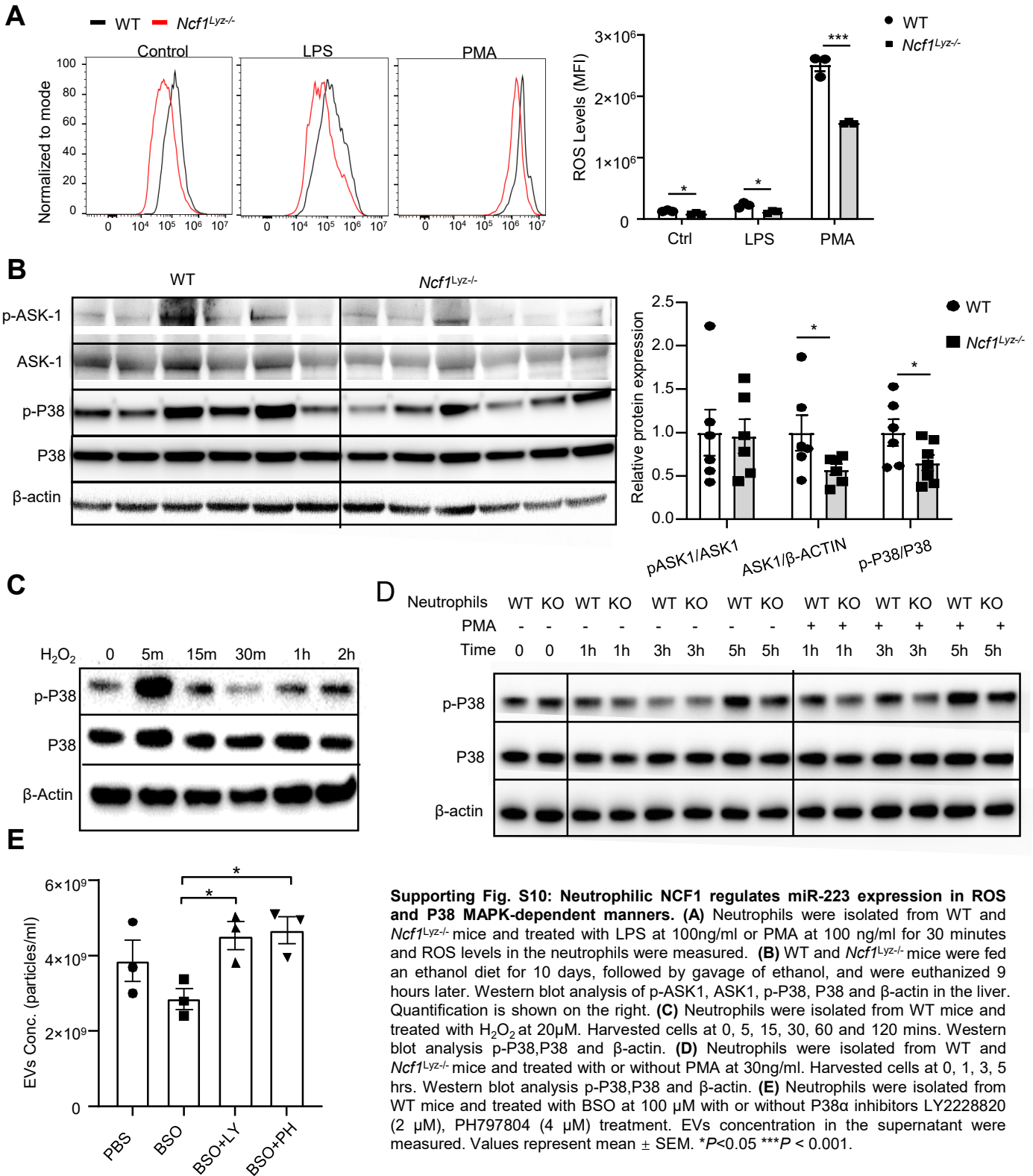


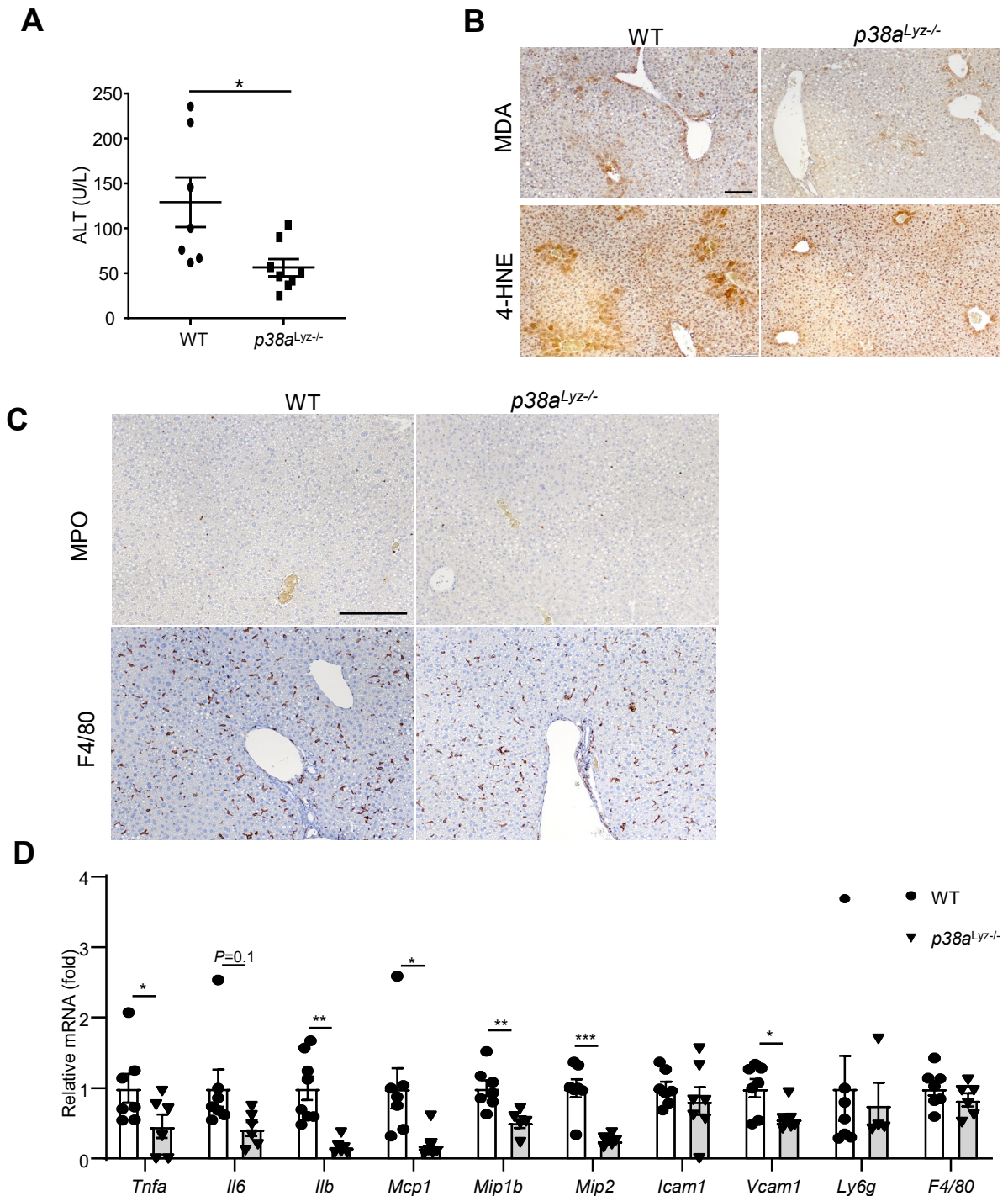
**Supporting Fig. S8: Genetic deletion of the *Ncf1* gene in neutrophils ameliorates chronic-plus-binge ethanol-induced liver ROS, inflammation and fibrosis.** WT and *Ncf1<sup>Lyz-/-</sup>* mice were fed an ethanol diet for 10 days, followed by gavage of ethanol, and were euthanized 9 hours later. RT-qPCR analysis of liver ROS related genes (A), inflammation related genes (B), and fibrosis related genes (C). Values represent mean  $\pm$  SEM. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$



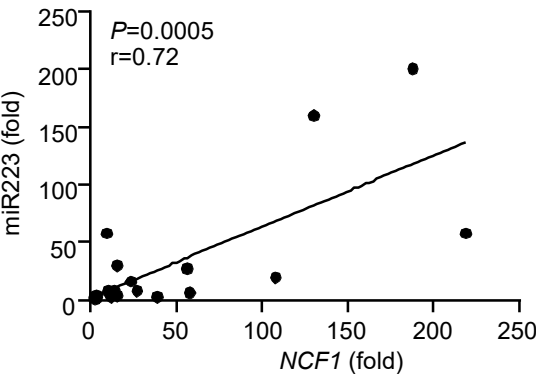


Supporting Fig. S9: A Poly(A) RNA sequencing was performed in the livers of ethanol-fed WT and *Ncf1<sup>Lyz-/-</sup>* mice using Illumina's NovaSeq 6000 sequencing system. The differentially expressed mRNAs (DEGs) were selected with  $\log_2$  (fold change) higher than 1 or lower than -1 and statistical significance ( $P < 0.05$ ). (A) Compared to WT mice, 98 and 126 DEGs which were up- and down-regulated in *Ncf1<sup>Lyz-/-</sup>* mice were identified. (B) Heatmap analysis of top 100 DEGs based on the  $P$ -value. (C-D) Western blot analyses of liver tissues from another independent experiment as in Fig. 8D and E.





**Supporting Fig. S11: Genetic deletion of the  $p38a$  gene in neutrophils ameliorates chronic-plus-binge ethanol-induced liver ROS, inflammation, and injury.** WT and  $p38a^{Lyz-/-}$  mice were fed an ethanol diet for 10 days, followed by gavage of ethanol, and were euthanized 9 hours later. **(A)** Serum ALT levels were measured. **(B)** Liver tissues were subjected to IHC with antibodies against MDA and HNE. Representative images are shown (scale bar:100µm). **(C)** Liver tissues were subjected to IHC with antibodies against MPO and F4/80. Representative images are shown (scale bar:200µm). **(D)** RT-qPCR analysis of liver inflammation related genes. Values represent mean  $\pm$  SEM.  $*P < 0.05$ ,  $**P < 0.01$ ,  $***P < 0.001$ .



**Supporting Fig. S12: Hepatic levels of *p47phox/NCF1* are positively correlated with hepatic miR223 in SAH patients.** Liver tissues from SAH patients were subjected to RT-qPCR analysis of NCF1 and miR223 levels. Correlation analysis was performed between hepatic levels of NCF1 and hepatic miR223.