SUPPLEMENTAL MATERIAL

DETAILED METHODS

Exclusion criteria and study design

 We aimed to recruit a population of obese subjects at the very early stage of the disease to dissect the independent role of obesity in endothelial function and to investigate metabolic microvascular dysfunction in its very early stage. The exclusion criteria were: age <18/> 80 years, history or clinical evidence of hypertension, clinical or biochemical evidence of diabetes or endocrine dysfunction, ethanol consumption >60 g per day, dyslipidemia, smoking habits, renal or liver impairment, menopausal status, and any documented CV disease. Patients assuming any chronic pharmacologic therapy were also excluded, as well as those taking non- steroidal anti-inflammatory drugs within the last 48 hours from surgery. Control subjects' body 14 mass index (BMI) had to be below 30 $Kg/m²$. No blinding procedures were adopted in the study design. Given the large number of hypothesis-driven experiments reported in the study and their novelty that makes preliminary data unavailable, no formal sample size calculation was performed for each assay. However, the number of subjects/samples included in each assay was defined based on our laboratory experience and previous studies. As some experiments required a substantial amount of material, for each experiment, the experimental groups' size was decided based on sample availability and quality and the experiment's feasibility. The obtained groups' sizes aligned with previous studies [8, 81-87]. In the case of exploratory or confirmatory experiments, we decided to analyze smaller groups. In particular, we adopted a small sample size (n=5 or n=6) for experiments exploring opposite phenotypes (*e.g*. Young 24 Nonobese vs Old Obese) and a minimal sample size (n=3) for confirmatory experiments (see, e.g. **Supplementary Figure 1** and **Supplementary Figure 4**).

CIRCRES/2022/320888/R3

Clinical history and visit

 We obtained complete medical history via interview or from the patient clinical records (including smoking history and current or previous use of medications). Blood pressure and heart rate were measured with an oscillometric device three times, with the participant in a seated position, after 5 minutes of rest in a quiet room. The average of the three readings was used for the analyses. High and weight were measured with the participant wearing light clothes and without shoes. The BMI was calculated as weight (kg) divided by squared height (m²). HOMA-IR was calculated as [fasting glucose (mmol/l) x fasting insulin (pmol/l)]/135.

Biochemistry

 Fasting blood samples were collected from each patient before the surgical procedure. Plasma glucose, insulin, total serum cholesterol, triglycerides and HDL-cholesterol levels were assessed by photometric analysis (Roche Modular Series, Indianapolis, IN, USA) according to standard procedures (https://wwwn.cdc.gov/nchs/data/nhanes/2019-2020/manuals/2020- MEC-Laboratory-Procedures-Manual-508.pdf); LDL-cholesterol levels were calculated according to the Friedewald formula [88].

Preparation of small arteries, structural and functional parameters

 Biopsies of subcutaneous adipose tissue were recovered during the surgical procedures and processed to isolate small resistance arteries (150-300 µm lumen diameter) as previously described [81]. After isolation, arteries were mounted in a pressurised myograph (DMT 114P, Danish Myo Technology A/S, Hinnerup-Denmark) to assess their structural and functional 48 characteristics. Vessels were then rested in a Krebs [89] solution at 37° C and perfused ad +60

 mmHg. KCl (125 mM) + norepinephrine (1 μM, Sigma Aldrich SRL, Milano-Italy) were added to the solution to assess vessel viability and vitality. The obtained maximal contractility 51 response was used to measure the minimum vessel diameter (D_m) . KCl solution was then washed out with Krebs solution, and vessels were left quiescent for at least 45 minutes before starting the functional experiments.

 Endothelium-dependent and -independent relaxations were assessed by cumulative concentrations of acetylcholine (ACh, 0.001-100 μM, Sigma Aldrich SRL, Milano-Italy) and sodium nitroprusside (0.01-100 μM, Sigma Aldrich SRL, Milano-Italy) in vessels precontracted with norepinephrine (1 μM, Sigma Aldrich SRL, Milano-Italy). Vasodilation 58 response was described as % changes to the maximal vessel diameter (D_M) . D_m was subtracted to both terms of the equation:

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$$
(d-D_m)/(D_M-D_m)^*100
$$
,

where d is the diameter measured when exposed to a specific ACh concentration.

 NO availability and the contributions of SIRT1, mtROS and NADPH oxidase to the endothelial dysfunction were investigated by repeating the dose-response curves to acetylcholine after incubation with the NO synthase inhibitor L-NAME (100 µM, 30 min-incubation, Sigma Aldrich SRL, Milano-Italy), the SIRT1 agonist SRT1720 (1 µM, 4-hour incubation; Sigma Aldrich SRL, Milano-Italy), the SIRT1 siRNA sc-40986 (overnight transfection, Santa Cruz Biotechnology, Inc., Dallas-Texas USA), the mitochondrial ROS scavenger MitoTEMPO (1 µM, 30 min-incubation, Sigma Aldrich SRL, Milano-Italy), the whole-cell ROS scavenger tempol (1 µM, 30 min-incubation, Sigma Aldrich SRL, Milano-Italy), the electron transport chain complex I inhibitor rotenone [27] (1 µM, 1-hour incubation, Sigma Aldrich SRL, Milano- Italy) and the NADPH oxidase inhibitor gp91ds-tat (1 µM; DBA, Milano-Italy). Concentration and timing were based on our previous protocols and preliminary data [8, 81, 90]. SIRT1 silencing through sc-40986 was performed by overnight transfecting human small vessels through Lipofectamine RNAiMAX according to the manufacturer's instructions (13778075, Invitrogen, Waltham, MA 02451, USA).

 To confirm that a possible recovery of endothelial function after the addition of SRT1720 was due to improved function of the eNOS, SRT1720 and L-NAME were incubated simultaneously. In turn, to verify that the selective inhibition of SIRT1 impairs endothelial function through eNOS, L-NAME was incubated after sc-40986 transfection. L-NAME maximal vasoconstrictor response was calculated as the difference between the maximal vasodilation to ACh and the maximal vasodilation to L-NAME. L-NAME maximal vasoconstrictor response improvement after incubation with SRT1720 was calculated as the difference between L-NAME maximal vasoconstrictor response after and before the incubation with SRT1720.

 Similarly, to explore the potential additive effect between restored SIRT1 activity and reduced mtROS production or inhibition of the NADPH oxidase, acetylcholine was repeated after incubation of the vessel with both SRT1720 and MitoTEMPO or SRT1720 and gp91ds-tat.

 To eliminate the contribution of the myogenic tone, structural parameters were assessed after 89 placing the vessels in a physiological salt solution without CaCl₂ plus 10 mmol/L EGTA [89]. Media thickness and lumen diameter were measured in 3 different points from each small artery to obtain the media-lumen ratio (M/L). Media cross-sectional area (MCSA) was obtained by subtracting the internal from the external cross-sectional areas using outer plus lumen diameters, as previously described [91].

qPCR assay for SIRT1 and mitochondria proteins involved in the mtROS production

 Total RNA was extracted using TRIzol Reagent (Invitrogen, Carlsbad, CA) according to the manufacturer's recommendations. Before extraction, vascular samples were lysed by using a Precellys homogenizer. Conversion of total cellular RNA to cDNA was carried out with Moloney murine leukaemia virus reverse transcriptase and random hexamers (Amersham Bioscience, Piscataway, USA) in a final volume of 33 μl, using 1 μg of cDNA. Real-time PCR was performed using the SYBR Select Master Mix (Applied Biosystems, Thermo Fischer Scientific, Zug, Switzerland) on a Quant Studio 5 and 7 cyclers (Life Technologies, Thermo Fischer Scientific, Zug, Switzerland) according to the manufacturer's instructions. Primers are available in the Major resources table. TBP was used as an endogenous control for normalizing 105 RNA concentration. The amplification program consisted of 1 cycle at 95 °C for 10 min, followed by 40 cycles with a denaturing phase at 95˚C for 30 s and an annealing and elongation phase of 1 min at 60˚C. A melting curve analysis was performed after amplification to verify the accuracy of the amplicon. Differences in Ct values between test genes and endogenous controls (TBP, ΔCt) were calculated and used for statistical analysis.

Vascular mtROS and NO production assays

 The *in situ* production of mtROS and NO was measured using the fluorescent dyes MitoSOX Red (ThermoFischer Scientific, Milano, Italy) and 4-Amino-5-Methylamino-2',7'- Difluorofluorescein (DAF-FM; Sigma Aldrich SRL, Milano, Italy), respectively. Isolated segment vessels from each patient were cut into 30-μm-thick sections and placed on a glass slide. Three slides per segment were analyzed simultaneously after incubation with Krebs solution at 37°C for 30 min. Krebs-HEPES buffer containing 2 μM MitoSOX Red or 5 μM DAF-FM was then applied to each section and evaluated under fluorescence microscopy. The percentage of arterial wall area stained with the red signal was evaluated using imaging software (McBiophotonics Image J, version 1.53; National Institutes of Health, Bethesda, MD). To assess the impact of a restored SIRT1 activity on the vascular mtROS and NO production in vessels obtained from Old Obese patients, the MitoSOX Red staining and the DAF-FM staining were repeated after pre-incubation with the SRT1720. To assess the NO impairment and mtROS production induced by selective inhibition of SIRT1, the colourations were repeated on small resistance arteries obtained from the Young Nonobese group after an overnight transfection with sc-40986. The staining was also performed on vessels from the same Young Nonobese at baseline and after an overnight transfection with scrambled siRNA (Santa Cruz Biotechnology, Switzerland), respectively, as control groups.

 To provide consistency in our results, in a small sample of patients (n=3 for each group), we adopted highly-specific fluorescence probes [67-69]: ENZ-51013 ROS-ID® NO Detection kit (Enzo Life Sciences Inc, Milano, Italy; Detection Reagent diluted 1:400 as per manufacturer instruction) and 10 µM Mito peroxy yellow-1 (MITOPY1; Bio-Techne srl, Milano, Italy). Young Nonobese vessels stimulated with L-Arginine (as NO inducer) and Old Obese vessels 134 stimulated with high-dose $(20 \mu M)$ rotenone were used as a positive control. Old Obese vessels stimulated with c-PTIO (as NO scavenger) and Young Nonobese vessels stimulated with mitoTEMPO (as mtROS scavenger) were used as a negative control. After incubation, prepared vessels were immediately mounted on coverslips and observed under a fluorescent/confocal microscope. For each figure, representative images were chosen as a balance between the high quality of the image and the most accurate representation of the mean value for each experimental group.

Western blot

 Specimens of small visceral arteries were homogenized in radioimmunoprecipitation assay buffer (RIPA buffer, R0278, Sigma-Aldrich, St. Louis, MO 63103, USA) supplemented with

 protease inhibitor cocktails (P8340, Sigma-Aldrich, St. Louis, MO 63103, USA) with a 146 polytron homogenizer and centrifuged at $13.000 \times g$ at 4°C for 20 min. The resulting supernatants were separated from pellets and stored at -20°C. Proteins' concentration was measured using Bradford method (B6916, Sigma-Aldrich, St. Louis, MO 63103, USA).

 An equal amount of proteins (30 μg) were diluted in 4x Laemmin Sample Buffer and heated at 70°C for 10 min. Proteins were separated on 8% SDS-PAGE gel and then transferred to Amersham Protan Nitrocellulose 0.45 μm (GE10600002, GE Healthcare, Marlborough, MA, USA). After blocking the membrane using BSA 5% in TTBS (TBS-Tween-20 0.1%) for 1 h at room temperature, blots were washed three times in TTBS and incubated overnight at 4°C with anti-SIRT1 diluted 1:1000 (SIRT1(H-300): sc-15404, Santa Cruz Biotechnology, Dallas, TX 75220 USA) and anti-β-Actin diluted 1:1000 (A2066 Sigma-Aldrich, St. Louis, MO 63103, USA). Following three washes with TTBS, blots were incubated with secondary antibody Anti- Rabbit IgG (whole molecule–Peroxidase antibody produced in goat; 1:80.000, A0545, Sigma- Aldrich Louis, MO 63103, USA) for 1 h at room temperature. The bands were detected by incubating the nitrocellulose membranes with Clarity MAX Western ECL Substrate for 5 minutes and acquired using ChemiDoc Imaging System (Bio-Rad Laboratories).

Mitochondria isolation and swelling assay

 Mitochondria swelling assay was performed to characterize further the protection induced by SIRT1 function on the mitochondria functional and structural integrity. Indeed, mitochondria resistance to swelling might be considered a summary measure of mitochondria health. Thus, its results are important for accurately observing how the SIRT1 pathway modulates the mitochondria homeostasis.

 Vessels were suspended in the mitochondrial buffer containing 250 mmol/L sucrose, 10 mmol/L MOPS, 5 µmol/L EGTA, 2 mmol/L MgCl2, 5 mmol/L KH2PO4, 5 mmol/L pyruvate, 5 mmol/L malate, 10 µg/mL leupeptin, and 10 µg/mL aprotinin, and gently homogenized with a Dounce homogenizer (30 strokes). The homogenate was centrifuged at 750 g for 10 minutes 172 at 4° C to remove nuclei and unbroken cells, and the supernatant was centrifuged at 10,000 g for 15 minutes. The resultant mitochondrial pellet was resuspended in mitochondrial buffer.

174 Forty µg of isolated mitochondria in mitochondrial buffer were incubated with 150 µmol/L of 175 calcium chloride (CaCl₂) in a final volume of 200 μ L in a 96-well plate for 20 minutes. Light scattering measured through absorbance at 520 mm was read every 30 seconds at 520 nm. Calcium stimulates the permeability of the inner mitochondrial membrane, namely by opening the mitochondrial permeability transition pore. This translates into a decreased light absorbance. In healthy mitochondria, there is no substantial difference in the light absorbance because Calcium is not able to induce a significant swelling. When the mitochondrion is damaged, a relevant difference is observed [92, 93]. Absolute values of mitochondrial swelling assay do not allow for discrimination between healthy and disease, as they are generally reported compared to a healthy group [92]. Also, their absolute value in terms of absorbance decrease depends on the solution's concentration [94].

Chromatin immunoprecipitation (ChIP) assay

 Chromatin immunoprecipitation was performed in human vascular samples using the Magna ChIP Assay Kit (Millipore, Billerica, USA), according to the manufacturer's instructions. Briefly, human vessels were fixed for 10 minutes with 37% paraformaldehyde. After stopping cross-linking by adding 0.1 M glycine, the tissues were sonicated and centrifuged. ChIP was performed using 10 μg of anti-SIRT1 (Millipore, Billerica, USA) and equivalent amounts of

Supplementary Figure 1. High-specific fluorescent probes assay

 A) Differences in NO levels (red staining) and mtROS (green staining) assessed by ENZ-53013 and MITOPY1 fluorescence in the Young Nonobese, Old Nonobese, Young Obese, Old Obese 203 and Old Obese after incubation with SRT1720 (n=3 for each group). Young Nonobese vessels stimulated with L-Arginine (as NO inducer) and Old Obese vessels stimulated with high-dose rotenone were used as a positive control. Old Obese vessels stimulated with c-PTIO (as NO scavenger) and Young Nonobese vessels stimulated with mitoTEMPO (as mtROS scavenger) were used as a negative control. B) Data are presented as mean±SEM and were compared by the Kruskal-Wallis test. Fluorescence is calculated as mean fluorescence intensity (MFI) and

- expressed as % of the Young Nonobese group. Original magnification is 20 x. *ON: Old*
- *Nonobese; OO: Old Obese; YN: Young Nonobese; YO: Young Obese.*

 Supplemental Figure 2. **Confirmatory Western Blot and qPCR of Young Nonobese vessels treated with sc-40986.**

A) Protein expressions (Young Nonobese: n=1, Young Nonobese scr.siRNA: n=2; Young 215 Nonobese siRNA: n=5) and **B)** qPCR expression of SIRT1 in small vessels' pools (n=5 each group) from the same Young Nonobese subjects of the functional and fluorescence staining experiments (**Figure 5A** and **5B-C**, respectively). Results are expressed as % to control. Data are presented as mean±SD and were compared by the Kruskal-Wallis test with Dwass-Steel-219 Critchlow-Flinger post-hoc test. A p-value <0.05 was considered significant. *: p<0.05.**: p<0.01. *YN: Young Nonobese.*

Supplementary Figure 3. SIRT1 binding to promoter region p66Shc (A) and Arginase II (B).

224 qPCR after ChIP assay showing binding of SIRT1 on the promoter region of $p66^{Shc}$ (A) and Arginase II (B) genes in Young Nonobese (n=12) and Old Obese (n=18) patients. Shapiro- Wilk test was adopted to assess normality. Binding to the promoter of Arginase II was natural log-transformed for the means of the analyses. Data are presented as mean±SD and were compared by independent samples Student's t-test. A p-value <0.05 was considered significant. *: p<0.05.**: p<0.01. *ArgII: Arginase II; OO: Old Obese; YN: Young Nonobese.*

 Supplementary Figure 4. Comparison of SRT1720, mitoTEMPO, rotenone and tempol rescuing microcirculatory dysfunction in the four groups.

 A-D) Relaxing response to cumulative concentration to Ach in vessels precontracted with norepinephrine in the four groups (n=3 for each group). Vasodilatory response is expressed as 235 % of the maximal diameter. The experiment was repeated five times for each patient by incubating the vessel with saline (black circle), SRT1720 (green circle), mitoTEMPO (orange triangle), rotenone (red reverse triangle), tempol (blue rhombus). Data are presented as mean±SD and were compared by the Friedman test followed by Durbin-Conover as a post-hoc 239 test. A p-value <0.05 was considered significant. *: $p \le 0.05$.**: $p \le 0.01$.

 Supplemental Figure 5. **SIRT1 regulates a plethora of genes implicated in mitochondrial and endothelial function**.

 SIRT1 is a novel central modulator of obesity and ageing vascular impairment, protecting microcirculation from endothelial dysfunction. Indeed, SIRT1 gene expression is lower during ageing and obesity in the microvessel. Due to its pleiotropic involvement in regulating NO availability and cellular and mitochondrial ROS production, its downregulation impairs endothelial function mainly by damaging mitochondrial function. These activities are primarily exerted through epigenetic mechanisms and make SIRT1 the centre of the cross-talk between substrates availability, cellular metabolism and vascular phenotype. *ArgII: Arginase II; ATP synthase 6; Cytb: Cytochrome b; FOXO3: Forkhead box protein O3; ND2: NADH dehydrogenase 2; ND5: and NADH dehydrogenase 5; SOD-2: superoxide dismutase-2*.

252 **Supplementary Table 1 – Figures and Table statistics**

253