Supplementary Materials for

Helminth egg derivatives as pro-regenerative immunotherapies

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Materials and Methods

Mice

Mice were housed and maintained in the Johns Hopkins Cancer Research Building animal facility in compliance with ethical guidelines outlined by the Animal Care and Use Committee (ACUC). All procedures performed on animals were approved by Johns Hopkins ACUC. Investigators involved with the studies were blinded whenever possible. All mice used in these studies were maintained as Helicobacter negative.

Volumetric Muscle Loss (VML) Model

The VML injury was performed in female mice as a bilateral surgical removal of the quadriceps femoris as previously described. A unilateral longitudinal incision measuring approximately 1.5 cm in length was made in the epidermis, dermis, and the underlying fascia above the muscle. Using sterilized microdissection scissors, a 3 mm x 4 mm x 4 mm full thickness segment of skeletal muscle was resected from each hindlimb. The remaining defect space was filled with 50 µL to 75 µL of vehicle (1X DPBS or treatment). Immediately after treatment the epidermis and dermis were closed using a wound clipper with 7 mm sterile wound clips (Roboz, USA).

Anterior Cruciate Ligament Transection (ACLT) Model and Joint Evaluation

Post-traumatic osteoarthritis (PTOA) was induced in male mice by utilizing an anterior cruciate ACLT injury model in 10-week-old male C57BL/6j mice. SEA, rSEA, and various components were administered to the joint space of the operated knee via a 30-gauge needle or intraperitoneally. The joint cavity was opened in the sham group, but the ACL was not transected. Weight-bearing in mice was measured in the un-operated control animals and compared to ACLT animals receiving PBS control or rSEA therapy using an incapacitance tester (Columbus Instruments). The percentage if weight distributed on the ACLT limb was used as an index of joint discomfort in OA (*55*). The mice were positioned to stand on their hind paws in an angled box placed above the incapacitance tester so that each hind paw rested on a separate force plate. The force (g) exerted by each limb was measured. Three consecutive 3-sec readings were taken and averaged to obtain the mean score (*64*). To determine pain response times in postinjury and treated animals, mice were placed on an enclosed hotplate set to 55 ºC. The latency period for hind limb response (marked as jumping or paw-licking) was recorded as the response time before surgery and 4 weeks after surgery in all animal groups (*55*). At least three readings were taken per mouse and averaged to obtain the mean response time for each time point. After 4 weeks, animals were sacrificed, and mouse knees were fixed in 10 % neutral-buffered formalin, decalcified for approximately 2 weeks in 10% EDTA at 4°C, step-wise dehydrated in EtOH, cleared in xylenes, and embedded in paraffin. 7 µm sections were taken throughout the joint, dried, and stained for proteoglycans with Safranin-O and Fast Green (Applied biosciences) per manufacturer's instructions. Evaluation of the cartilage damage was performed according to the Osteoarthritis Research Society International (OARSI) scoring system and was performed by blinded histological assessment the medial plateau of the tibia (*65*). Osteophytes on the tibial plateau were scored from 0 to 3, with 0 indicating no osteophytes or an osteophyte up to 100 μm

in diameter; a score of 1 indicating an osteophyte measuring 100 μm to 200 μm in diameter; a score of 2 indicating an osteophyte of 200 μm to 300 μm in diameter; and a score of 3 indicating an osteophyte measuring more than 300 μm in diameter (*64, 65*).

Corneal debridement surgery and scar quantification

All surgical procedures were performed under the guideline of the Johns Hopkins University Animal Care and Use Committee (ACUC). Male adult (8-12 weeks old) BALB/c mice, GATA1 KO mice, and IL4-IRES-eGFP (4get) mice were purchased from Jackson Labs. The corneal debridement wound was adapted with minor modifications from Stepp et al., 2014(*56*). Mice were weighed and anesthetized with 90 mg/kg ketamine HCl (VetOne) with10 mg/kg Xylazine HCl (VetOne) by injection. Proparacaine hydrochloride ophthalmic eye drops (Sandoz) were applied after the mice were sedated. The center area of the cornea was marked by a 1.5 mm biopsy punch, and the epithelium layer was removed within the area by a 1.5 mm flat blade (Fine Science Tools). After epithelium removal, a volume of 50 μ L PBS solution with or without rSEA, were injected to the subconjunctival space of the wounded eye. After injection, drops of sterile PBS solution were applied to both wounded and unwounded eyes to keep the eyes moist until the mice were recovered from anesthesia. At 14 days post-surgery, the mice were euthanized, and the eye globes were collected. The picture of each globe was taken under surgical microscope (Nikon), and the scar areas and cornea areas were determined with ImageJ. The ratio was quantified as: scar ratio = A_s (scar area)/ A_c (whole corneal area).

S. mansoni egg collection and isolation of SEA

S. mansoni (from infected NMRI mice) reagents were provided by the NIAID Schistosomiasis Resource Center of the Biomedical Research Institute (Rockville, MD) through NIH-NIAID Contract HHSN272201700014I, supplied frozen at -80°C. Standard SEA was prepared according to standard operating procedures utilized by the center and based on Boros *et. al* (*28*). After thawing on ice in the dark, eggs were re-suspended in 4°C 1X DPBS at a concentration of 100,000 eggs/mL and were homogenized on ice using a motorized pestle, or with a 2 mL dounce homogenizer (Kimble, USA). 95% to 100% of the eggs were disrupted, verified by visualization with a phase contrast microscope. The crude mixture was then centrifuged at 4° C at 200 x g for 45 minutes. The supernatant was retrieved and ultracentrifuged for 90 min at 100,000 x g at 4°C. The entirety of the final supernatant was passed through a 0.22 μ m sterile filter and stored at -80°C. Concentrations were determined using standard Bradford assays and the Qubit™ Protein Assay Kit (Invitrogen).

Isolation of rSEA formulations

S. mansoni eggs were homogenized to isolate SEA as stated above with several modifications in the extraction process to generate rSEA. Initially the eggs are homogenized to 95% to 100%, verified by phase contrast microscopy. Centrifuged at 21,000 x g for 45 minutes, then ultracentrifuged at 100,000 x g at 4°C for 90 min. After ultra-centrifugation, an insoluble mixture that forms at the top layer is harvested and stored in sterile low-protein binding 1.5 mL Eppendorf tubes. The top half of the resulting soluble antigen volume is carefully removed by pipet, and sterile filtered using a low-protein binding 0.2 μm filter into a low-protein binding 1.5 mL tube. 900 μL of the soluble fraction is then combined with 100 μL of the lipid fraction that was sterile filtered using lipid 1.2 µm medical Supor disc filters (B Braun Medical, USA). The final mixture is then stored at -80°C. Concentrations were determined using standard Coomassie Bradford assays (ThermoFisher) and the Qubit Protein Assay Kit (Invitrogen).

Lipid analysis

Protein concentration of SEA and rSEA samples were measured prior to lipid analysis using a Qubit Protein Assay Kit (Invitrogen, Q33211). SEA or rSEA solutions at 2 mg/mL protein concentration were mixed 1:1 with chloroform, vortexed, and centrifuged at 15,000 x g for 1 minute at 4 °C. The organic phase of the resulting mixture was removed, dried with nitrogen gas, and resuspended in a 2:1:1 mixture of isopropyl alcohol/acetonitrile/water for LC-MS. Reversedphase HPLC was performed with a C18 column (Phenomenex, 00D-4726-AN), MS was performed with a Bruker timsTOF Pro instrument, and post-run analysis was performed with Bruker MetaboScape software.

Preparation of decellularized extracellular matrix from porcine small intestines

Decellularized extracellular matrix (ECM) was produced from porcine small intestinal submucosa (SIS) following procedures developed under Stephen Badylak and described in Keane, et al., with minor modifications (*66*). Fresh porcine small intestines were obtained from Wagner Meats (Maryland, USA), harvested from a five-year old animal. The tissues were thoroughly washed to remove debris and mechanically processed to remove mucosal, serosal, and muscular layers by scraping with sterile pyrogen-free plastics. The resulting tissue identified as SIS include the submucosa and basilar layers of the tunica mucosa, was treated using 0.1 % peracetic acid (Sigma Aldrich) and 4 % EtOH prepared type-1 sterile water in pyrogen-free plastics for 2 hrs while stirring. The ECM was then returned to neutral pH using serial washes of quality-1 water and sterile culture grade 1X DPBS. Upon return to neutral pH the samples were lash frozen in liquid nitrogen and lyophilized. All tissues were then cryo-milled in liquid nitrogen to particle mesh sizes approximately ≤ 400 µm and stored at -20 \degree C until use.

Preparation of vitrified extracellular matrix hydrogels (Vitrigels)

To enable delivery of rSEA, a vitrified ECM was utilized to combine the benefits of ECM biomaterials with rSEA for enhancing pro-regenerative outcomes. SIS-ECM vitrigels were verified to enable a measurable release of biological payloads while acting as an immunomodulator for immune type 2 responses. SIS-ECM is digested with 1 mg of pepsin (Sigma Aldrich) and 10 mg of ECM with 0.01 HCl in type-1 water, covered, and stirred for 48 hrs at room temperature. The working solution is then cooled on ice and neutralized with 1 mL of a 60 mM HEPES and 0.05 mM NaOH solution, and therapeutics like rSEA are added immediately after the neutralization is confirmed by a pH of 7. Gelation is then allowed to occur at 37°C for 2 hrs and then placed into a 40 °C vitrification chamber for 7 days. Just before implantation, the vitrified gels are hydrated with 100 µL to 200 µL and trimmed into 2 mm x 2mm pieces.

Gene expression tissue processing and qRT-PCR

Harvested tissues were immediately placed into RNALater for at least 24 hrs at 4°C, transferred into TRIzol reagent (Thermo Fisher Scientific), flash frozen, and stored in a -80 ̊C freezer. For mRNA isolation, samples were homogenized using a Bead Ruptor 12 (OMNI International) using the highest speed setting for 3 rounds of 15 secs with 2.8 mm ceramic beads (OMNI International). RNA was isolated from whole tissue using TRIzol reagent and chloroform extraction. RNA was purified using Qiagen's RNeasy PLUS kits (mini-kit and micro-kit), with gDNA eliminator columns. All qRT-PCR was performed using TaqMan Gene Expression Master Mix (Applied Biosystems) and TaqMan probes according to manufacturer's instructions. Briefly, 2.5 μg of mRNA was used to synthesize cDNA using Superscript IV VILO Master Mix

(ThermoFisher Scientific) utilizing manufacturer guidelines with a C1000 Touch Thermocycler (Bio-Rad). The cDNA concentration was set to 100 ng/well (in a total volume of 20 μL qRT-PCR reaction). The qRT-PCR reactions were performed on the StepOne Plus Real-Time PCR System and software (Applied Biosystems, ThermoFisher Scientific), as TaqMan single-plex FAM-MGB assays, TaqMan Gene Expression Master Mix, using manufacturer recommended settings for quantitative and relative expression. All qRT-PCR reactions were performed in 96 well MicroAmp Fast Optical Plates (Life Sciences). For tissue samples, *B2m*, *Rer1, Hprt,* and *Ppia* were used as endogenous controls (reference housekeeping genes), with samples normalized to the most stable endogenous control*.* Samples were normalized to vehicle treated (saline) controls, unless otherwise stated. All qRT-PCR data was analyzed using the Livak Method, wherein ΔΔCt values are calculated and reported as relative quantification values (RQ), established by the result of the $2^{-\Delta\Delta Ct}$ calculation (67). These results were further verified by analysis using the appliedbiosystems relative quantification online software (Thermo Fisher Scientific, ver. 2020.2.1-Q2-20-build4). RQ, same as fold-change (FC), values are represented by the geometric means with error bars representing the geometric standard deviation or by Log₂(FC) wherein the data are displayed linearly as means with the error bars representing standard deviation. All qRT-PCR assays were completed within the laboratory at Johns Hopkins by the authors involved with the study.

Tissue preparation and flow cytometry

Tissue samples were obtained by cutting the quadriceps femoris muscle from the hip to the knee. Tissues were finely diced and digested for 45 min at 37° C with 1.67 Wünsch U/mL (5 mg/mL) of Liberase TL (Roche Diagnostics, Sigma Aldrich) and 0.2 mg/mL DNase I (Roche Diagnostics, Sigma Aldrich) in RPMI-1640 medium supplemented with L-Glutamine and 15 mM HEPES (Gibco). The digested tissues were ground through 70 μm cell strainers (ThermoFisher Scientific) with excess RPMI-1640 (supplemented as before), and then washed twice with 1X DPBS. A discontinuous Percoll (GE Healthcare) density gradient centrifugation was used to enrich the leukocyte fraction (80%, 40%, and 20% layers) and to remove blood and debris from the muscle samples, centrifuged at 2,100 xg for 30 min with the lowest acceleration, no brake, at room temperature. For intracellular staining, cells were stimulated for 4 hrs with Cell Stimulation Cocktail Plus Protein Transport Inhibitors (eBioscience) diluted in complete culture media (RPMI-1640 supplemented with 10% FBS, 15 mM HEPES, and 5 mM Sodium pyruvate). Cells were washed and surface stained, followed by fixation/permeabilization (Cytofix/Cytoperm, BD), and then stained for intracellular markers. Flow cytometry was performed using Attune NxT Flow Cytometer (ThermoFisher Scientific). Gating schemes are

provided in **fig. S18**. The enriched cells were washed and stained with the antibody panels as shown below.

Fluorescence activated cell sorting (FACS)

T cells (Live CD45⁺CD11b⁻CD3⁺Singlets) and macrophages (Live CD45⁺CD11b⁺CD3⁻F4/80^{Hi} Singlets) were sorted from quadriceps femoris muscles 1-week post-injury. Tissue processing is the same as described above for flow cytometry, but without Percoll isolation. Only viability and surface staining were performed for FACS, and these experiments were performed using a BD FACSAria Fusion SORP. The cell sort gating scheme is provided in **fig. S17.** Antibody clones and dilutions utilized for the sort are listed in the table below:

Immunofluorescence staining and imaging

Dystrophin (rabbit anti-mouse monoclonal antibody, clone EPR21189, Abcam, dilution: 1:1000) was stained using tyramide signal amplification (TSA) method with Opal-650. Briefly, after blocking with bovine serum albumin, the first primary antibody was incubated at room temperature for 30 mins, followed by 30 mins of incubation with HRP polymer conjugated secondary antibody, and 10 mins of Opal-650. Slides were then counterstained with DAPI for 5 mins before being mounted using DAKO mounting medium. Imaging of the histological samples was performed on a Zeiss AxioObserver.Z2 and images were stitched on Zen Blue software.

Cornea tissue processing and flow cytometry

Wounded corneas were collected from each experimental group (Saline vs. rSEA), 4-5 corneas were pooled for one "flow cytometry sample". Cornea samples were processed similar to what is described in Ogawa, et al., with minor modification(*68*). Briefly, corneas in each group were digested in RPMI-1640 media containing 0.5 mg/mL Liberase TL (Sigma Aldrich) + 0.2 mg/mL DNase I (Roche) for 45 min while gently rocking. Digested tissues were ground through 70 μ m cell strainers and digestion stopped with FBS supplemented RPMI-1640. Cell suspensions were centrifuged, washed, and each cell pellet was resuspended in 200 µL 1X DPBS for staining and blocked with anti-mouse CD16/32 TruStain FcX (BioLegend) per manufacturer

recommendations. The antibodies used were listed below:

Cornea Model Immune profile in draining lymph nodes

Draining lymph nodes (submandibular lymph nodes) were collected and grinded through a 70 µm filter. Cells were collected after centrifugation and washing with 1X DPBS. Lymphocytes were stimulated for 4 hrs with Cell Stimulation Cocktail, plus protein transport inhibitors (eBioscience), followed by staining of surface markers. After permeabilization and fixation of cells, cytokines IL-17A, and IFN-γ were stained for 4get mice and IL-17A, IL-4, and IFN-γ were stained for wild-type (WT) and GATA1 KO mice.

Cornea Immunostaining

Dissected corneas were fixed in 100% methanol at -20ºC for 30 min, and permeabilized with PBS containing 0.25% Triton-X (PBST). The cornea samples were blocked with 1% goat serum $+ 1\%$ BSA in PBST for 30 mins and stained with rabbit anti-mouse α SMA (Abcam) overnight at 4 ºC. Following washing with PBST, corneas were stained with goat anti-rabbit 633 for 2 hrs at

room temperature, and mounted flat in SlowFade Diamond Antifade Mountant (Thermo Fisher Scientific). Zeiss Apotome microscope was used for fluorescent imaging.

Statistics

Data points for all in vivo experiments are biological replicates and were not randomly assigned. Investigators were not formally blinded to separation during experiments and outcome assessment, except for histological assessment for scoring. All experiments were independently replicated with similar results and trends at least twice, except sorted T cell and macrophages NanoString results in Fig. 1h and 1m as previously noted, which were each performed once. No data were excluded from the study. No formal statistical methods were used to determine sample size and differences of intra-group variances; however, sample sizes were determined by previous experiences with injury models and immunotherapy treatments and their respective previous power analyses in previous publications within the laboratory (*4, 57, 69*). All statistical differences were determined using GraphPad Prism (version 9.2.0 for Windows, GraphPad Software), excluding NanoString Codeset results, which were analyzed using nSolver Advanced Analysis Software. All other data was analyzed using two-way ANOVA with Sidak's multiple comparisons for experiments with two or more independent factors (KO mouse models vs. WT, and gene expression of multiple genes) wherein experimental group conditions were arranged by column and mouse strain or gene of interest were listed as row factors. Ordinary one-way ANOVA with Tukey's multiple comparisons was used for experiments with three or more experimental groups, comparing one factor each. In all other cases, unpaired, two-tailed Student's t-tests were used for single factor conditions wherein saline treatment controls were compared only to rSEA treated groups. NanoString differential expression results for sorted $CD3^+$ T cells and F4/80^{Hi+} macrophages were analyzed using the manufacturer supplied nSolver Advanced Analysis Software (version 4.0.70, NanoString Technologies, inc.) according to manufacturer guidelines and recommendations. NanoString differential gene expression analysis was performed using the Advanced Analysis with an analysis threshold of 20 counts (minimum) per gene probe was used and the automated software selected the top 16 reference genes for analysis of the sorted macrophages and the top 10 reference genes were selected by the software for the sorted T cell analysis. For NanoString analysis, False Discovery rate-adjusted P-values were determined for each gene by applying the Benjamini-Yekutieli method.

Flow Cytometry Analysis

All flow cytometry data was visualized, analyzed, and gated using FlowJo (version 10.7.1 for Windows, BD Life Sciences). Gating for positive populations utilized fluorescence-minus-one controls, and all reported populations for these studies are from events on-scale, singlets (using the diagonal gating of FSC-Height vs. FSC-Area cells, live (negative for amine-reactive dye stain), CD45-positive events, with negative/positive gating as shown in **fig. S17.** To ensure the integrity of the reported results, populations were backgated and screened and quality controlled for unusual characteristics (e.g., CD3⁺ sub-populations expressing CD19 were omitted from evaluation).

Fig. S1. SEA Isolation Process from *S. mansoni* **eggs**

a, Graphical images of *S. mansoni* adult worms and eggs, and brightfield images of the egg disruption process. **b,** Images of the *S. mansoni* parasite eggs at various stages of disruption. **c**, a graphical schematic of SEA isolation and removal of eggshell debris.

a, Representative flow cytometry plots of the IL-4 expression obtained in 4get splenocyte cultures. **b**, Flow cytometry populations for IL4⁺CD4⁺ cells as percentages of CD4 and CD45 live with SEA treatment versus controls. **c,** Flow cytometry population counts from treatment with IL-4 and SEA. Statistical tests represent all *in vitro* replicates, and all experiments were replicated at least twice. Graphs show mean \pm s.d. (b), n = 3. $*P < 0.05$, $*P < 0.01$, $**P <$ 0.001, *****P* < 0.0001 by one-way ANOVA with Tukey's multiple comparisons (b).

a, Representative flow cytometry plots of the CD4⁺ and CD8⁺ populations in day 5 splenocyte cultures. **b**, Flow cytometry populations for CD4⁺ and CD8⁺ cells of different dosage schemes of SEA. c, Flow cytometry populations for CD8⁺ cells in day 5 splenocyte cultures from an independent experiment comparing rSEA and SEA. **d,** Flow cytometry population counts from treatment with standard SEA and an alternative SEA formulation. Statistical tests represent all *in vitro* replicates, and all experiments were replicated at least twice. Graphs show mean \pm s.d. (b, c), $n = 3$. **P* < 0.05, ***P* < 0.01, ****P* < 0.001, ****P* < 0.0001 by one-way ANOVA with Tukey's multiple comparisons (b, d) or unpaired, two-tailed T-test (c)

Fig. S4. Treatment with SEA increases *Il4* **gene expression with a small rise in proinflammatory genes in local muscle injury tissue**

a, Gene expression of *Il4* and *Gata3* in muscles treated with SEA, assessed 1-week post-injury. **b,** Gene expression of *Il1b*, *Tnfa*, and *Ifng* in muscles treated with SEA, assessed 1-week post injury. Statistical tests represent all biological replicates, and all experiments were replicated at least twice. Graphs show mean \pm s.d. (a, b), n = 4. $*P < 0.05$, $***P < 0.0001$ by two-way ANOVA with Sidak's multiple comparisons.

Fig. S5. SEA vs rSEA compositional comparison and impact on cell proliferation

a, SDS-PAGE gel to visualize changes to the SEA proteins when alternate isolation techniques are performed, using 5µg of protein/lane. Columns 1 and 2 represent SEA and rSEA before (1) and after (2) sterile filtration. **b,** Mass chromatogram from LC-MS run showing increased lipid levels in rSEA versus SEA. **c,** List of the 50 most highly upregulated lipid compounds in rSEA vs SEA. **d,** Comparison of lipid class levels; black bars indicate classes that are significantly upregulated in rSEA vs SEA. **e,** Primary 4get splenocyte culture day 5 results on total live CD45⁺ cell number increases with SEA and rSEA at the same dosage of 20 µg in 200 µL of complete culture media. Statistical tests (b) represent all *in vitro* replicates ($n = 2$), and all experiments were replicated at least twice. Graphs show mean \pm s.d. (b). **P* < 0.05, by one-way ANOVA with Tukey's multiple comparisons. Abbreviations: PI: phosphatidylinositol; PE-O: akylphosphatidylethanolamine; PE: phosphatidylethanolamine; HexCer: hexosylceramide; PG: phosphatidylglycerol; PS: phosphatidylserine; PC-O: alkylphosphatidylcholine; PS-O: alkylphosphatidylserine; LNAPE: lyso-*N*-acyl-phosphatidylethanolamine; LPC: lysophosphatidylcholine; Cer: ceramide; LPE: lysophosphatidylethanolamine.

a, Representative images of the IL4:GFP expression obtained from 4get splenocyte cultures at day 5 using the Celigo plate imaging system. **b,** Representative images of the IL4:GFP expression obtained from 4get splenocyte cultures at day 5 using the Cellomics HTS. **c**, Comparison of rSEA batches in a splenocyte culture system to expand CD45⁺ cells. **d**, Reproducibility between batches of rSEA to stimulate IL4:GFP⁺CD4⁺ cells *in vitro*. Statistical tests represent all *in vitro* replicates, and all experiments were replicated at least twice, excluding (a). Graphs show mean \pm s.d. (b-d), n = 3. $*P < 0.05$, $*P < 0.01$, $**P < 0.001$, $***P < 0.0001$ by one-way ANOVA with Tukey's multiple comparisons (b-d).

Fig. S7. Comparison of SEA vs rSEA treated muscles

a, Gene expression of pro-inflammatory associated genes of 1-week post-VML muscles comparing SEA or rSEA, normalized to saline treated controls. **b,** Bulk RNASeq comparing SEA and rSEA. Statistical tests represent all biological replicates. Graphs show mean \pm s.d., n = 3. **P* < 0.05, ***P* < 0.01, ****P* < 0.001, *****P* < 0.0001 by two-way ANOVA with Sidak's multiple comparisons.

Fig. S8. Local vs. systemic administration of rSEA

a, Representative flow cytometry plots of IL4:GFP⁺CD4⁺ of local vs. systemic rSEA administration in muscle 1-week post-VML and respective percentages in 4get IL4:GFP reporter mice. **b,** Flow cytometry populations for myeloid populations in the muscle post-injury and treatment. **c,** 1-week muscle injury ICS IL-4 cytokine staining in C57BL/6 mice. Statistical tests represent all biological replicates, except when otherwise noted. Graphs show mean \pm s.d.. $*P$ < 0.05, ***P* < 0.01, ****P* < 0.001, *****P* < 0.0001 by one-way ANOVA with Tukey's multiple comparisons.

a, FoxP3⁺ populations in 1-week post-VML in the draining inguinal lymph nodes. **b**, Flow cytometry intracellular staining of cytokines (ICS) in iLNs taken from C57BL/6 mice treated with rSEA, harvested 1-week after injury and treatment. Data are means \pm s.d., n = 3-4. Statistical tests represent all biological replicates, except when otherwise noted. Graphs show mean \pm s.d.. $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $***P < 0.0001$ by one-way ANOVA with Tukey's multiple comparisons (a), and unpaired two-tailed Student's t-test (b).

Fig. S10. iLN and B Cell Responses to rSEA Treatment

a, Flow cytometry counts and % population of CD19⁺ cells in the iLNs at 1-week post-injury and rSEA treatment. **b**, Flow cytometry % population of B220⁺CD19⁺ cells in 4get mouse 1-week post-injury and treatment with rSEA. Statistical tests represent all biological replicates. Graphs show mean \pm s.d., n = 3-4. $*P < 0.05$, $*P < 0.01$, $**P < 0.001$, $***P < 0.0001$ by one-way ANOVA with Tukey's multiple comparisons (a), and unpaired two-tailed Student's t-test (b).

Flow cytometry total counts and % populations of CD19⁺ cells from *in vitro* splenocyte cultures taken from live CD45⁺ cells. Statistical tests represent all technical replicates. Graphs show mean \pm s.d., n = 3. $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $***P < 0.0001$ by one-way ANOVA with Tukey's multiple comparisons.

Fig. S12. Macrophage populations in 1-week muscle post-rSEA treatment

a, Representative flow cytometry plots of the CD206⁺ and CD86⁺ populations in muscle 1-week post-VML and rSEA treatment. **b**, Flow cytometry population cell counts of F4/80^{Hi+}MHCII⁺ cells as percentages of CD11b⁺ cells. **c,** Flow cytometry population cell counts of F4/80^{Hi+}SiglecF^{Neg}CD206⁺ or CD86⁺ cells and their percent of CD45⁺ live. **d**, 1-week post-injury muscle gene expression of macrophage and eosinophil associated genes after rSEA treatment. **e,** 1-week gene expression of injured muscle for skeletal muscle regeneration associated genes with rSEA treatment. Statistical tests represent all biological replicates. Graphs show mean \pm s.d., n = 4. **P* < 0.05, ***P* < 0.01, ****P* < 0.001, *****P* < 0.0001 by unpaired two-tailed Student's t-test (b, c), and two-way ANOVA with Sidak's multiple comparisons (d).

Fig. S13. Gamma Delta T cell responses in muscle and iLN with rSEA treatment a, Post-injury muscle γδ T cell total cells and percentages kinetics. **b,** iLN γδ T cell counts and percentages after muscle injury and treatment. **c**, iLN IL17A⁺ γδ counts and percentages 1-week post-injury of the muscle and treatment. Statistical tests represent all biological replicates. Graphs show mean \pm s.d., n = 3-4. $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $***P < 0.0001$ by two-way ANOVA with Sidak's multiple comparisons (a, b), and unpaired two-tailed Student's ttest (c).

Fig. S14. T helper type 17 responses in the spleen with rSEA treatment a, IL17A⁺CD4⁺ total cells and % of CD4 in spleen 1-week post-injury and treatment. **b**, IL4⁺CD4⁺ total cells and % of CD4 in spleen 1-week post-injury and treatment. Statistical tests represent all biological replicates. Graphs show mean \pm s.d., n = 4. $*P < 0.05$, $*P < 0.01$, $**P$ < 0.001 , **** $P < 0.0001$ by unpaired two-tailed Student's t-test (a, b).

Fig. S15. Vitrified gel development and delivery for rSEA

a, Graphical synopsis of vitrified gel and packaging of rSEA. **b,** Representative images of SISvitrigel characterization in H&E (gross) and TEM (micro-architecture). **c,** (left) Swelling ratio comparison of various vitrified gels and hydrogel sources, the (right) assessment of storage modulus (G') in Pascals, and values for vitrified gels (SIS, vit) and hydrogels (SIS, H). **d,** Characterization of collagen content (% of dry mass) in vitrigels (left) and the sGAG content of the source material (particle form) compared to post-vitrification. **e,** Biomechanical assessment of SIS-vitrigels in comparison to hydrogel forms for storage modulus, loss modulus, and viscosity in reference to % strain and angular frequency, respectively. **f,** 1-week post-VML muscle gene expression of *Il4* with the indicated treatment and normalized to saline treated control muscles (graph represents multiple independent experiments combined). Graphs show mean \pm s.d., n = 3. $*P < 0.05$, $**P < 0.01$, $***P < 0.001$, $***P < 0.0001$ by two-way ANOVA with Sidak's multiple comparisons (c, d-right). Scale bars: 200 μ m (b, left), and 100 nm (b, right).

Fig. S16. Injured Cornea immune populations with rSEA treatment

a, Representative flow cytometry plots of immune cell populations in injured cornea 1-week post-injury and % populations of CD45⁺Live cells. Flow cytometry populations for T helper cell populations in the spleen 1-week post-injury and treatment. Flow Data generated by pooling 6 corneas to represent 1 sample $(n = 5)$. **b**, Gene expression of cornea samples 1-week post-injury and treatment with rSEA or saline ($n = 4$). Graphs show mean \pm s.d., $P < 0.05$, $P > 0.01$, ****P* < 0.001, *****P* < 0.0001 by Student's t-test (**a**), and two-way ANOVA with Sidak's multiple comparisons (**b**).

Table S1. RNA Bulk-sequencing of VML Muscle Tissues 1-week Post-Injury & rSEA

Table S2. NanoString Top Differential Expression of 1-week Muscle CD3⁺SSCLow Sorted Cells

Table S3. NanoString Top Differential Expression of 1-week Muscle CD11b⁺F4/80Hi+ Sorted Cells