Supplementary materials for

Neonatal heart responds to pressure overload with differential alterations in various cardiomyocyte maturation programs that accommodate simultaneous hypertrophy and hyperplasia

Xiaoning Ding^{1, *}, Shoubao Wang^{2, 3, *}, Ye Wang¹, Junjie Yang¹, Nan Bao^{4, #}, Jinfen Liu^{2, #}, Zhen Zhang^{1, #}

¹Pediatric Translational Medicine Institute and Shanghai Pediatric Congenital Heart Disease Institute, Shanghai Children's Medical Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200127, China.

²Department of Thoracic and Cardiovascular Surgery, Shanghai Children's Medical Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200127, China.

³Present address: Department of Plastic and Reconstructive Surgery, Shanghai Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai 200011, China.
⁴Department of Pediatric Surgery, Shanghai Children's Medical Center, Shanghai Jiao Tong

University School of Medicine, Shanghai 200127, China.

*These authors contributed equally.

#Correspondence to: Nan Bao, <u>bnscmc@shsmu.edu.cn</u>; Jinfen Liu, <u>liujinfen2002@126.com</u>; Zhen Zhang, <u>zhenzhang@sjtu.edu.cn</u>.

Supplementary Figure

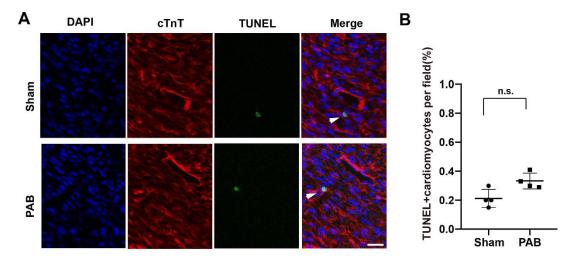


Figure S1. Cardiomyocyte apoptosis in P7 PAB hearts. (A) Representative confocal images for TUNEL (green), cTnT (red) and DAPI (blue) staining. Arrowheads, apoptotic cardiomyocyte. (B) Quantification of TUNEL⁺ cardiomyocytes (n=4). Data are presented as Mean \pm SEM. Two-tailed Student's t test. n.s, non-significant. Scale bar: 25µm.