DATA AND CODE AVAILABILITY

All supporting data are available from data repositories. All primary data are available upon request from the corresponding author or trial sponsor.

SUPPLEMENTARY RESULTS

Safety Profile of CD14 Blockade with Anti-CD14 Antibody

No adverse events were observed following anti-CD14 treatment commencement (**Supplementary Table S1**). Left atrial thrombus was observed in one mouse in the isotype-treated group only (7-days post-STEMI cohort).

Model of Reperfused Anterior STEMI Develops Progressive LV Systolic Dysfunction, Remodeling, and Hemodynamic Decompensation following STEMI

Following 1 h of LAD coronary artery occlusion and closed chest reperfusion, hearts had an AAR comprising approximately 50 % of the total LV (see **Supplementary Figure S3B-D**), and hearts of saline-treated control mice developed an acute infarct size of 65 ± 4 (% of AAR) measured by planimetric analysis of serially sectioned and dual-stained (by Evans blue/tri-tetrazolium chloride) whole hearts excised 24 h post-STEMI (**Supplementary Figure S3C**. At 24 h post-STEMI, untreated mice exhibited depressed LV systolic function (29±2 % EF) with evidence of early adverse remodeling i.e. increased end-diastolic volume (74±3 µl EDV), observed by ultra-high frequency parasternal long axis echocardiography (**Supplementary Figure S3E-I**), partially associated with acute myocardial stunning.

At 3 days post-STEMI, untreated mice presented with similar LV systolic dysfunction (31±1 % EF) and dilatation (74±3 µl EDV, **Supplementary Figure S3J-N**).

At 7 days post-STEMI without treatment, LV dilatation remained stable (77±3 vs 74±3 µl EDV at D3 post-STEMI, p=0.549). However, systolic dysfunction progressively worsened without treatment (25±1 vs 31±1% EF at D3 post-STEMI, p<0.001) alongside reduced LV stroke volume (19±1 vs 23±1 µl at D3,

p<0.01) and cardiac output (9.9±0.4 vs 12.5±0.5 ml/min at D3, p<0.001) (**Figure 2B, text**). Invasive hemodynamics were similarly impacted at 7 days post-STEMI, including significantly reduced developed pressure (i.e. delta between end-systolic end-diastolic LV pressure; 78±2 vs 92±3 mmHg in shams, p<0.05), and approximately halved LV stroke work (1,103±63 vs 2,075±309 mmHg x µl in shams, p<0.001), assessed by LV pressure-volume (PV) catheterization (**Figure 2C, text**).

At 21 days post-STEMI, cardiac magnetic resonance (CMR) imaging provided an additional assessment of LV volumes, further validating echocardiographic observations of LV dilatation without treatment (i.e. 102±8 µl in saline controls). At 28 days, echocardiography showed that LV systolic dysfunction had remained depressed but stable compared with day 7 (24±1 vs 25±2% EF at D7 post-STEMI, p=0.560), alongside progressive LV dilatation (111±6 vs 77±3 µl EDV at D7 post-STEMI, p<0.001, **Figure 2F, text**). Global longitudinal strain (GLS) of the LV was also suppressed at this timepoint (-6.8±0.3 vs -12.6±0.7 % in shams, p<0.001). As observed at day 7 post-STEMI, LV developed pressure remained depressed at 28 days (80±2 vs 91±2 mmHg in shams, p<0.01) with the additional development of reduced +dP/dT (6,902±248 vs 9,446±497 in shams, p<0.01) and -dP/dT (-5,928±476 vs -8,737±443 in shams, p<0.01) at this timepoint (**Figure 2G, text**).

Together these changes are reflected in a shrinking and overt rightward shift of the PV loop between days 7 and 28 in this model of murine STEMI (**Figure 2**). In our extensive experience with this model, no significant additive functional decompensation or remodeling is observed beyond 28 days post-STEMI.

SUPPLEMENTARY TABLES AND FIGURES

Adverse Events	Saline (n=76)	Isotype (n=66)	Anti-CD14 (n=102)
Atrial thrombus (%)	0 (0%)	1 (1.5%)	0 (0%)
Cardiac rupture (%)	0 (0%)	0 (0%)	0 (0%)
Lung congestion (%)	0 (0%)	0 (0%)	0 (0%)
Aneurism (%)	0 (0%)	0 (0%)	0 (0%)
Evidence of infection (%)	0 (0%)	0 (0%)	0 (0%)
Death or emergency euthanasia (%)	0 (0%)	0 (0%)	0 (0%)

Supplementary Table S1. Safety and Adverse Events. Including all observations at post-mortem in animals that survived 1 h ischemia and received any treatment by intravenous injection at time of reperfusion.

Stain or Antibody	Supplier (Cat #)
Masson's trichrome	Sigma-Aldrich, Stenheim, DE (HT15)
Picrosirius red	Sigma-Aldrich, Stenheim, DE (2610-10-8)
Anti-CD68	Abcam, Waltham, Waltham, US (Ab125212)
Anti-troponin T	ThermoFisher Scientific, Grand Island, US (MA5-12960)
DAPI, hydrochloride	ThermoFisher Scientific, Grand Island, US (D1306)

Supplementary Table S2. (Immuno)histochemical approach and reagents

Cell type	Antibody signature (staining pattern)
Viable Leukocytes	CD45+
Granulocytes	CD45+, CD11b+, Ly6G+
Macrophages	CD45+, CD11b+, CD64+
CD14+ Macrophages	CD45+, CD11b+, CD64+, CD14+
CD14- Macrophages	CD45+, CD11b+, CD64+, CD14-
MHCII-hi Macrophages	CD45+, CD11b+, CD64+, MHCII+
MHCII-hi Mrc1+ Macrophages	CD45+, CD11b+, CD64+, MHCII+, MRC1+
MHCII-low; Mrc1+ Macrophages	CD45+, CD11b+, CD64+, MHCII-, MRC1+
MHCII-low Macrophages	CD45+, CD11b+, CD64+, MHCII-
Myeloids	CD45+, CD11b+, Ly6G-
Non-myeloids	CD45+, CD11b-, Ly6G-

Supplementary Table S3. Leukocyte subtype staining patterns

Flow cytometry					
Antibody Target	**Dye**	**Cat#**	**Company**	**Clone**	**Final Dilution**
CD45	APC-Cy7	561037	BD Biosciences, San Jose, US	30-F11	1:400
I-A/I-E (MHCII)	OptiBuild BUV395	743876	BD Biosciences	2G9	1:400
CD11b	Horizon BUV737	612801	BD Biosciences	M1/70	1:400
CD14	Brilliant violet	123337	Biolegend, San Diego, US	Sa14-2	1:200
Ly-6C	FITC	128005	Biolegend	HK1.4	1:400
Ly-6G	PE/dazzle	127647	Biolegend	1A8	1:200
CD64 (a & b alloantigens)	PE/cyanine7	139313	Biolegend	X54- 5/7.1	1:200
CD206 (Mrc1)	AF647	141711	Biolegend	C068C2	1:200
N/A (nucleus)	DAPI (1 mg/mL)	D9542	Sigma Aldrich	N/A	1:1000
scRNA-seq					
Antibody Target	**Dye**	**Cat#**	**Company**	**Clone**	**Final Dilution**
CD45	APC-Cy7	561037	BD Biosciences	30-F11	1:400
CD11b	Horizon BUV737	612801	BD Biosciences	M1/70	1:400
CD64	PE/cyanine7	139313	Biolegend	X54- 5/7.1	1:200
N/A (nucleus)	DAPI (1 mg/mL)	D9542	Sigma Aldrich	N/A	1:1000

Supplementary Table S4. Antibodies used in Flow Cytometry and scRNAseq experiments.

Cytokine	**Day 1 post-STEMI**				**Day 3 post-STEMI**				**Day 1 vs Day 3**		
	Saline (n=10)	Isotype (n=12)	Anti-CD14 (n=11)	p-value	Saline (n=20)	Isotype (n=20)	Anti-CD14 (n=20)	p-value	Saline p-value	Isotype p-value	Anti-CD14 p-value
Eotaxin	441.86 (417.87-585.74)	472.42 (412.23-548.58)	464.41 (432.69-543.11)	0.9521	561.11 (465.12-623.31)	584.26 (494.99-649.69)	534.07 (478.73-600.95)	0.5730	0.4671	0.0630	0.2828
G-CSF	785.92 (623.33-1099.86)	768.05 (560.61-996.63)	711.39 (594.12-945.79)	0.9574	319.96 (280.25-424.99)	315.3 (258.52-408.36)	307.32 (247.85-402.96)	0.6456	**<0.0001**	**<0.0001**	**0.0030**
GM-CSF	31.42 (26.34-39.88)	40.78 (27.77-46.95)	31.37 (24.21-43.22)	0.2321	53.07 (50.56-54.98)	53.07 (51.16-54.33)	52.03 (50.02-54.02)	0.7098	**<0.0001**	**<0.0001**	**<0.0001**
IFNγ	4.3 (3.86-7.26)	6.63 (3.96-8.59)	4.89 (3.51-7.08)	0.4033	10.99 (9.72-11.38)	10.8 (10.07-12.18)	10.57 (9.77-11.56)	0.8542	**<0.0001**	**<0.0001**	**<0.0001**
IL-1α	312.12 (271.34-404.27)	375.78 (301.31-396.96)	328.44 (262.47-395.71)	0.6992	436.39 (415.04-455.32)	451.43 (433.48-471.39)	434 (414.34-461.21)	0.2138	**0.0001**	**0.0008**	**<0.0001**
IL-1β	21.46 (19.07-32.89)	32.2 (20.85-40.71)	25.48 (18.15-33.24)	0.4256	47.85 (45.98-51.22)	49.21 (47.17-52.25)	46.99 (45.05-49.36)	0.1614	**<0.0001**	**<0.0001**	**<0.0001**

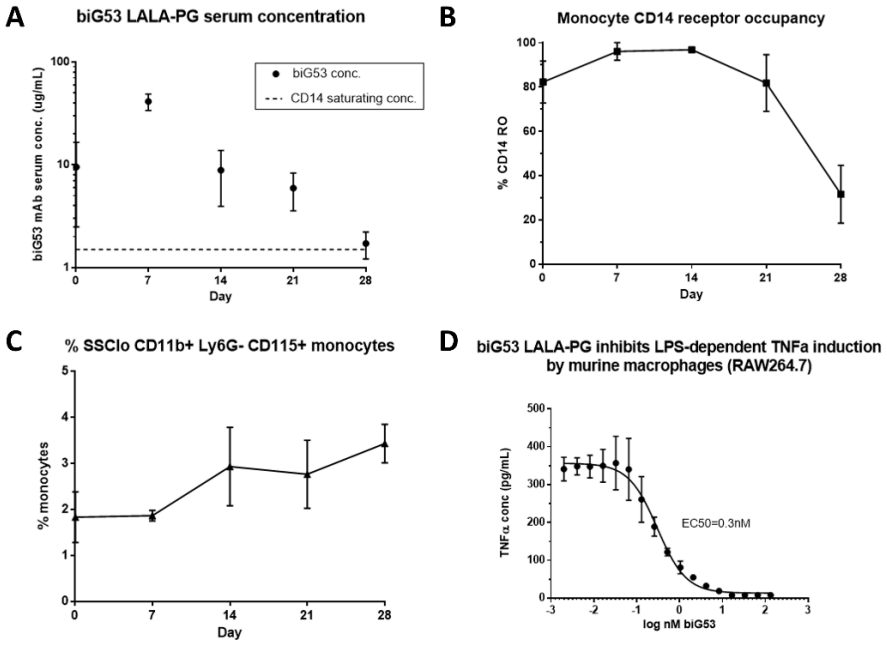
IL-2	56.53 (51.54-74.45)	69.29 (53.09-77.67)	64.62 (51.15-73.23)	0.7123	88.74 (85.62-90.71)	88.68 (86.93-91.43)	87.25 (86.11-90.52)	0.5832	**<0.0001**	**<0.0001**	**<0.0001**
IL-3	4.44 (3.81-6.74)	6.8 (3.79-7.9)	4.47 (3.6-6.79)	0.2894	10.09 (9.49-10.51)	10.11 (9.19-10.51)	10.12 (9.45-10.36)	0.9708	**<0.0001**	**<0.0001**	**<0.0001**
IL-4	2.11 (1.65-3.05)	3.24 (1.91-3.61)	2.28 (1.63-3.18)	0.1614	3.94 (3.88-4.09)	4 (3.82-4.17)	3.9 (3.79-4.15)	0.7824	**0.0012**	**0.0004**	**<0.0001**
IL-5	9.8 (7.2-13.47)	12.24 (10.13-15.95)	8.92 (8.09-11.44)	0.0590	24.01 (17.61-32.65)	21.72 (14.45-34.23)	27.94 (21.07-42.28)	0.3681	**<0.0001**	**0.0100**	**<0.0001**
IL-6	37.72 (18.42-81.49)	42.02 (32.59-49.45)	39.02 (18.79-114.57)	0.9844	40.53 (22.97-56)	30.29 (19.98-56.05)	32.31 (24.26-66)	0.6089	>0.9999	0.9109	0.9708
IL-7	12.31 (7.78-17.95)	15.88 (8.13-20.13)	15.14 (9.93-17.3)	0.6637	26.41 (23.83-28.65)	26.67 (25.71-28.21)	26.54 (25.47-30.09)	0.7574	**<0.0001**	**<0.0001**	**<0.0001**
IL-9	78.47 (73.4-105.07)	117.48 (65.89-123.11)	106.01 (68.54-122.23)	0.8153	142.86 (137.88-149.36)	144.59 (138.02-151.28)	141.79 (136.45-148.89)	0.7194	**<0.0001**	**<0.0001**	**<0.0001**
IL-10	21.35 (16.35-31.2)	29.56 (17.4-41.26)	23.95 (15.29-33.27)	0.4477	44.37 (42.01-48.09)	45.49 (42.85-47.69)	44.81 (41.51-47.2)	0.4331	**<0.0001**	**0.0002**	**<0.0001**

IL-12p40	39.36 (35.78-63.87)	56.73 (34.78-75.92)	47.68 (33.48-60.34)	0.4315	84.82 (81-90.38)	86.61 (81.62-92.58)	81.35 (77.6-90.66)	0.5304	**<0.0001**	**0.0001**	**<0.0001**
IL-12p70	123.92 (104.03-170.74)	158.22 (121.12-186.97)	126.27 (104.71-170.51)	0.4441	220.91 (210.49-232.8)	219.22 (213.52-227.31)	214.07 (205.49-221.9)	0.3504	**<0.0001**	**<0.0001**	**<0.0001**
IL-13	58.13 (48.14-77.92)	71.79 (51.44-84.16)	62.85 (51.56-75.16)	0.5241	102.34 (97.66-105.96)	100.06 (96.16-104.69)	98.86 (94.25-100.48)	0.2844	**<0.0001**	**<0.0001**	**<0.0001**
IL-15	150.97 (122.38-182.35)	172.4 (115.34-207.99)	185.66 (149.7-237.05)	0.2452	247.56 (238.01-261.26)	258.07 (245.49-280.4)	271.79 (251.38-281.36)	0.0882	**<0.0001**	**<0.0001**	**0.0016**
IL-17	2.37 (2-3.59)	3.45 (2.07-4.1)	2.64 (1.87-3.72)	0.4766	5.04 (4.57-5.19)	5.02 (4.73-5.1)	4.71 (4.53-4.98)	0.0854	**<0.0001**	**<0.0001**	**<0.0001**
IP-10	26.53 (21.75-31.34)	29.29 (25.15-35.02)	27.81 (22.23-34.52)	0.4335	27.16 (25.52-31.09)	28.55 (24.67-32.78)	29.37 (27.26-33.13)	0.5719	0.8151	0.9109	0.9708
KC	150.22 (121.55-302.35)	168.09 (117.51-210.73)	120.22 (102.27-181.92)	0.6917	185.48 (132.38-306.53)	149.81 (121.72-190.76)	178.51 (115.63-264.11)	0.3501	0.8549	0.9542	0.8516
LIF	4.21 (3.31-5.66)	4.9 (2.99-6.46)	5.05 (3.87-5.98)	0.7914	7.65 (7.22-7.8)	7.99 (7.52-8.47)	7.76 (7.41-8.12)	0.2807	**0.0008**	**<0.0001**	**<0.0001**

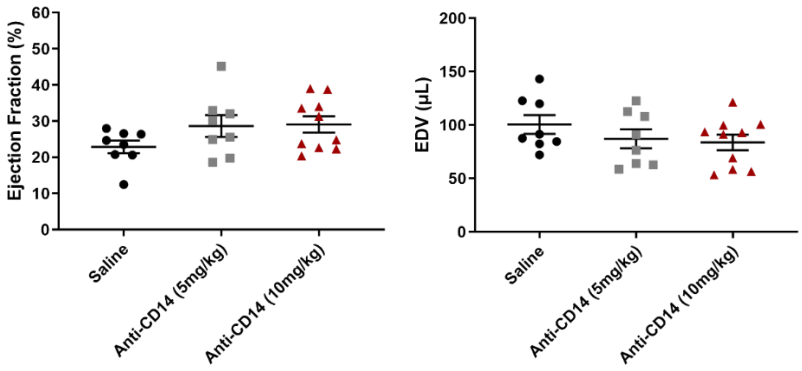
LIX	348.07 (230.2-924.41)	582.33 (169.94-1102.93)	398.24 (207.68-1047.17)	0.9800	278.43 (226.66-377.98)	323 (214.93-590.62)	319.71 (233.55-447.98)	0.7398	0.8151	0.9109	0.8733
MCP-1	131.7 (115.11-147.56)	150.22 (117.9-171.54)	126.99 (116.19-161.91)	0.3818	183.06 (175.08-187.48)	182.42 (172.95-192.35)	183.38 (172.37-195.57)	0.8488	**<0.0001**	**0.0018**	**<0.0001**
M-CSF	48.63 (40.01-75.08)	64.62 (43.18-87.57)	52.72 (40.71-70.71)	0.4752	96.87 (92.66-101.55)	96.74 (92.45-101.09)	93.67 (89.89-100.51)	0.4850	**<0.0001**	**0.0046**	**<0.0001**
MIG	150.19 (42.4-308.31)	148.77 (47.77-416.27)	128.46 (41.81-240.62)	0.8543	62.76 (50.41-138.07)	82.44 (62.6-129.66)	94.67 (60.64-151.14)	0.3475	0.8549	0.8610	0.9708
MIP-1α	105.63 (89.16-123.91)	115.44 (104.59-124.32)	97.76 (89.66-119.51)	0.2167	128.52 (122.73-134.21)	129.5 (126.16-132.69)	129.68 (124.78-132.38)	0.8816	**0.0184**	**0.0046**	**<0.0001**
MIP-1β	107.29 (96.8-116.2)	120.44 (109.01-140.75)	102.56 (91.24-124.49)	0.1280	132.67 (127.16-137.48)	133.28 (129.28-143.74)	139.43 (127.83-143.89)	0.4032	**<0.0001**	0.2846	**0.0014**
MIP-2	315.87 (292.56-400.26)	398.1 (298.77-431.24)	342.46 (291.89-399.89)	0.4428	469.91 (459.66-485.63)	469.27 (453.82-482.34)	469.29 (450.64-479.18)	0.6822	**<0.0001**	**<0.0001**	**<0.0001**
RANTES	21.24 (18.3-26.54)	26.44 (20.57-30.92)	25.59 (19.86-29.89)	0.4891	35.91 (34.83-38.51)	36.37 (34.34-37.99)	36.27 (35.11-38)	0.9473	**<0.0001**	**<0.0001**	**<0.0001**

TNFα	19.81 (17.83-26.87)	26.44 (19.23-31.13)	20.73 (18.89-28.8)	0.2128	33.5 (31.96-35.34)	34.17 (32.89-35.28)	33.02 (31.79-34.23)	0.1627	**<0.0001**	**<0.0001**	**<0.0001**
VEGF	1.41 (1.17-1.92)	1.83 (1.27-2.13)	1.36 (1.14-1.86)	0.2408	2.41 (2.28-2.53)	2.46 (2.37-2.53)	2.44 (2.31-2.56)	0.7974	**<0.0001**	**<0.0001**	**<0.0001**

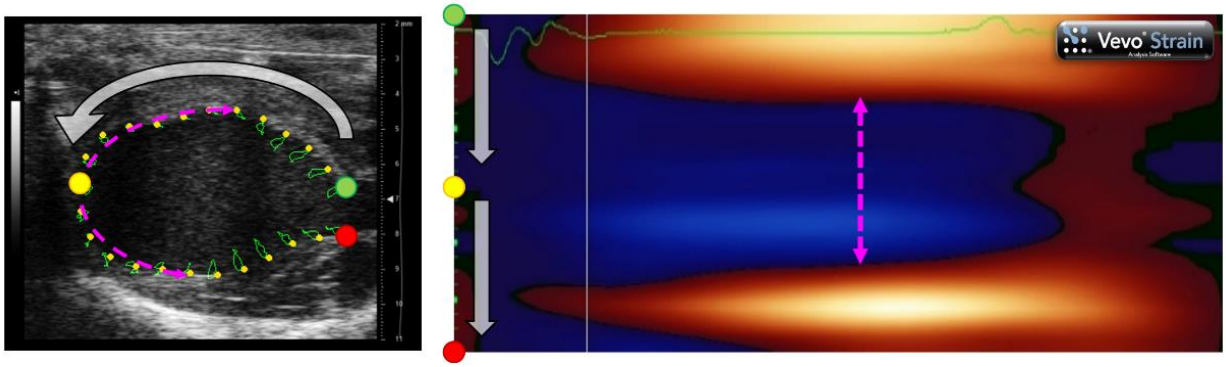
Supplementary Table S5. Circulating growth factor and cytokine levels following CD14 Blockade at D1 and D3 post-STEMI. Biomarker concentrations in pg/ml. Data presented as median (Q1-Q3), with Mann-Whitney U-test conducted between D1 and D3 and Kruskal Wallis test to compare between the three groups at each timepoint.

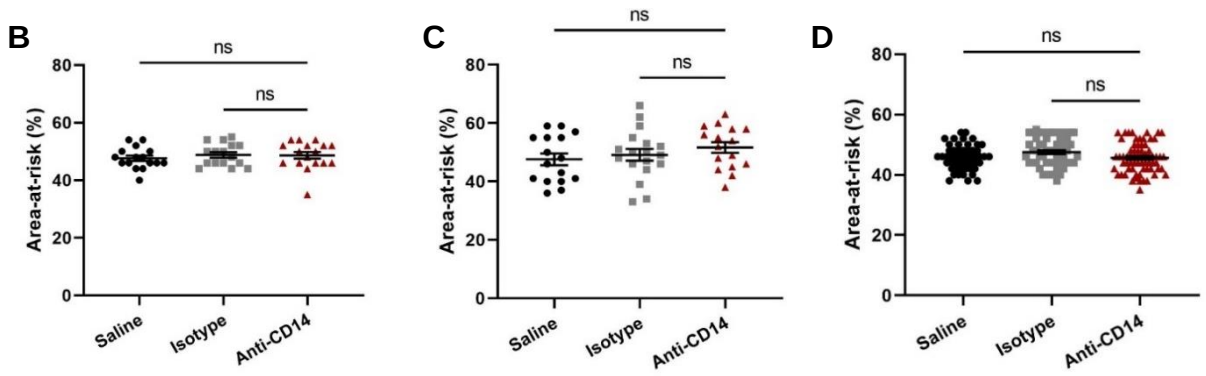


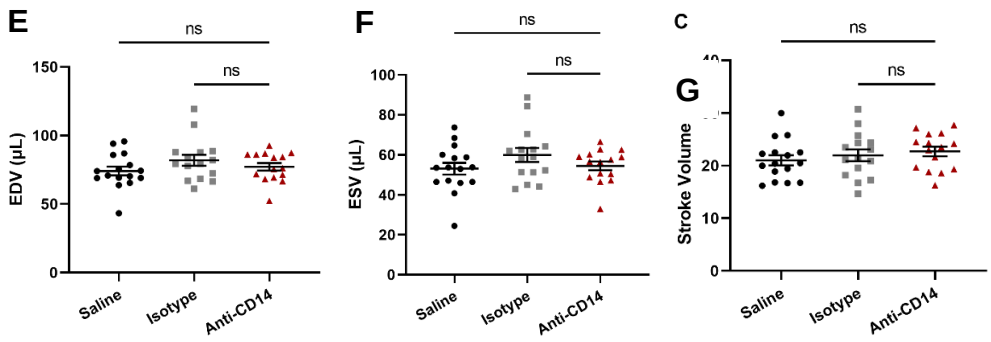
Supplementary Figure S1. Anti-CD14 serum PK, CD14 receptor occupancy, and monocyte frequency following a 5 mg/kg anci-CD14 mAb infusion. C57BL6 mice (n=3) received a 5 mg/kg infusion of biG53 LALA-PG mAb (anti-CD14) at day 0, with serum and whole blood collection at 0.5 h, 7-, 14-, 21-, and 28-days post-injection. WinNonlin analysis of anti-CD14 serum levels determined a terminal antibody half-life of 160 h. A) A single 5 mg/kg infusion of anti-CD14 achieves serum concentrations necessary for monocyte CD14 saturation (i.e. 1.5 ug/mL) for ~28 days. *In vitro* titration of anti-CD14 on C57BL6 whole blood, followed by monocyte CD14 receptor occupancy (RO) analysis by flow cytometry demonstrated monocyte CD14 saturation is reached at 1.5 ug/mL (dashed line). B) Monocyte CD14 RO as determined by flow cytometry was 96% over 14 days post-infusion. C) A 5 mg/kg infusion of anti-CD14 does not deplete the SSC lo, CD11b+, Ly6G-, CD115+ population as determined by flow cytometry. Graphed values show the mean and standard deviation. D) anti-CD14 blocks LPS-dependent TNF-α secretion in vitro by RAW264.7 cells stimulated with 10 ng/mL LPS. Complete inhibition of TNF-α secretion is achieved at anti-CD14 concentration of 1.5 ug/mL (i.e. 10 nM), the antibody concentration that saturates monocyte CD14 in whole blood. Mean ± SEM.

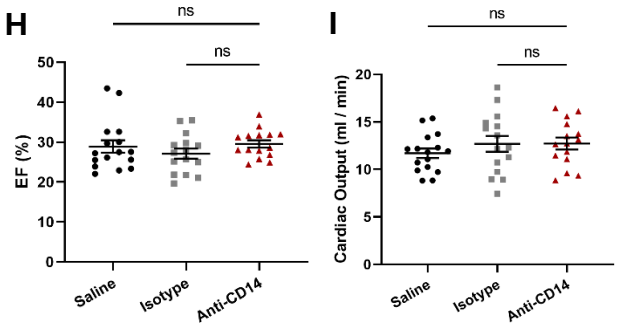


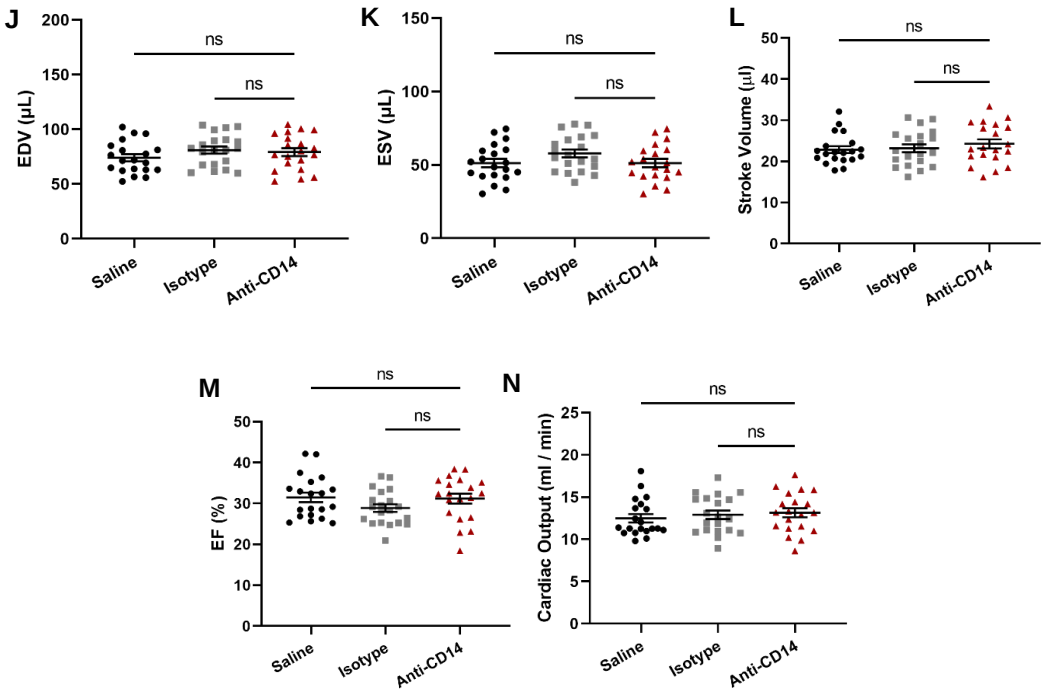
Supplementary Figure S2. Echocardiographic results of drug dose comparison pilot study measured 7 days post-STEMI. A small pilot study was designed to confirm systolic function (ejection fraction) effect signal; and determine effect size, standard deviation, and lowest effective dose of anti-CD14 antibody treatment delivered using the same protocols used in the main study i.e. administered intravenously at reperfusion, following 1 h occlusion of the left ventricular left anterior descending coronary artery. EDV – end-diastolic volume. No statistical comparisons were performed in this study.


A
Vevo Strain

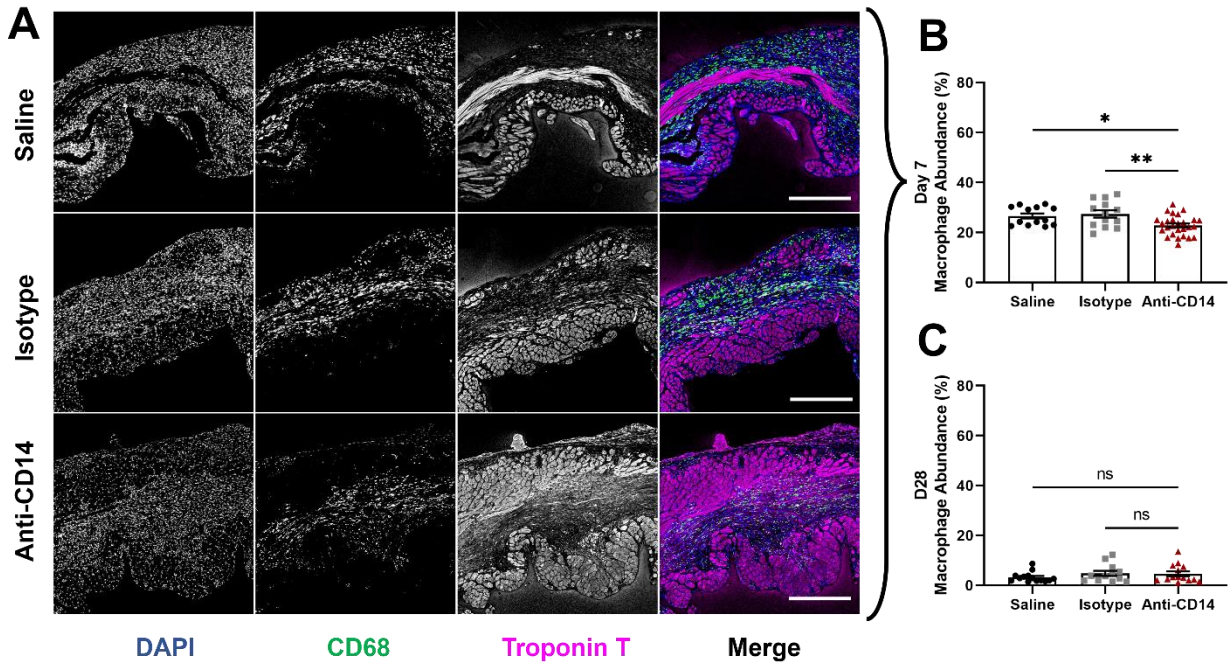

B
C
D
ns
Area-at-risk (%)
Saline
Isotype
Anti-CD14


E
F
G
ns
EDV (µL)
ESV (µL)
Stroke Volume
Saline
Isotype
Anti-CD14

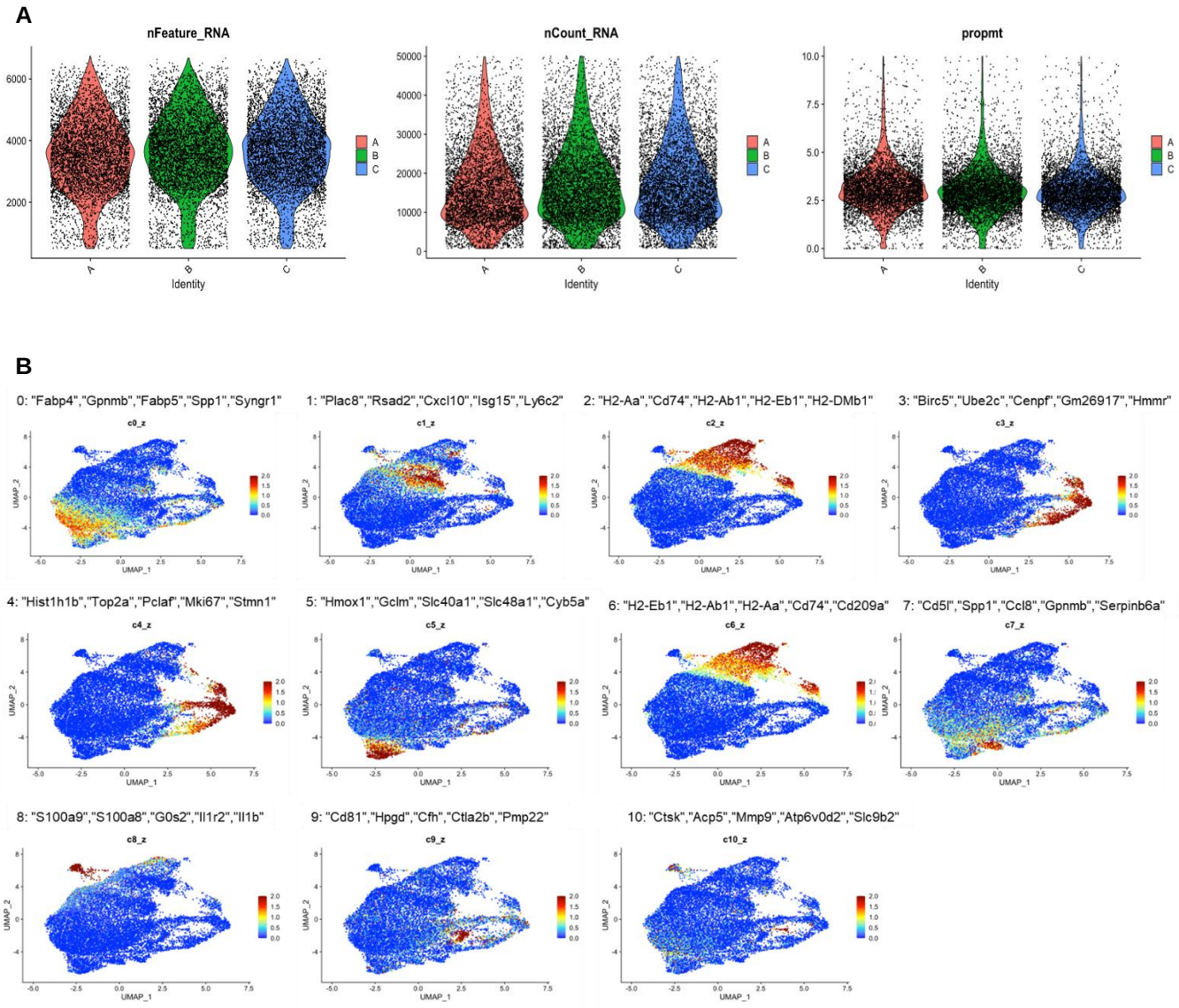

H
I
ns
EF (%)
Cardiac Output (ml / min)
Saline
Isotype
Anti-CD14



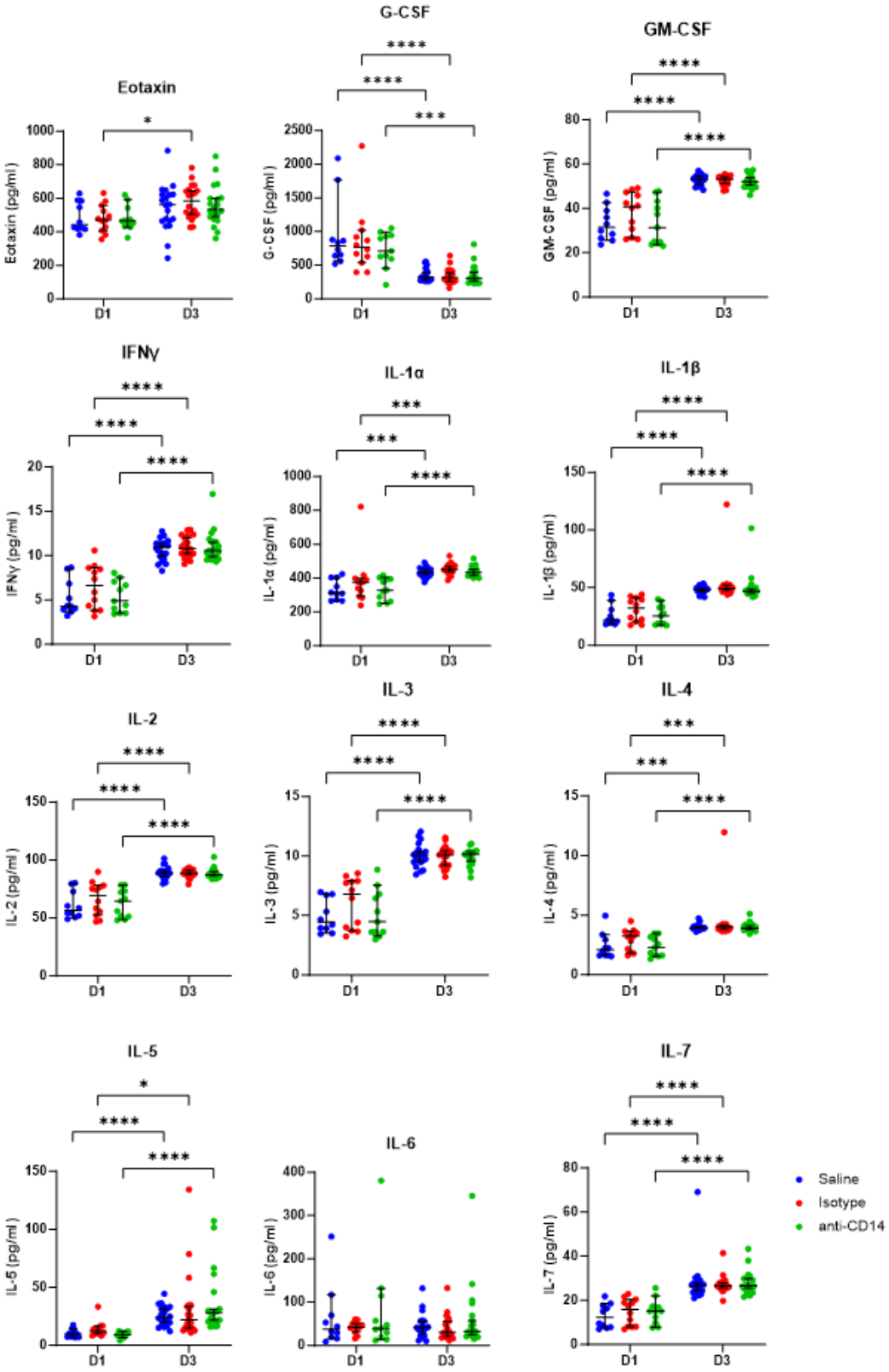
Supplementary Figure S3. Echocardiographic assessments at 24 hours and 3 days post-STEMI. A) Relative wall displacement mapping method for assessing area-at-risk. The endocardial circumference was traced to track (left) and map (right) relative tissue displacement in a single cardiac cycle (note EKG overlay, green). Colored circles at the endocardium in B-mode correlate with those fit to the y-axis on the displacement map. The pink line denotes inactive/negative endocardial wall displacement (blue area in map). Left Ventricular Area-at-risk (AAR) at 24 h post-STEMI measured by B) *in vivo* echocardiography, and C) planimetric assessment following post-mortem excision and EB/TTC dual staining of the same hearts. D) Left Ventricular Area-at-risk (AAR) at 24 h post-STEMI across all studies, measured by *in vivo* echocardiography, demonstrating consistency of AAR between groups across all studies. Further echocardiographic assessments at 24 h post-STEMI included left ventricular volumes (E-G), systolic function (H), and cardic output (I). Echocardiographic assessments at 3 days post-STEMI included left ventricular volumes (J-L), systolic function (M), and cardic output (N). EDV – end-diastolic volume, ESV – end-systolic volume, EF – ejection fraction, ns – not significant. Mean ± SEM.



Supplementary Figure S4. Immunofluorescent imaging of myocardial infiltrates of monocytes and macrophages and histological assessment of fibrosis at 7- or 28-days post-STEMI. A) Representative immunofluorescent images and B) relative abundance of CD68+ cells in the infarcted myocardium 7 days post-STEMI. C) Relative abundance of CD68+ cells 28 days post-STEMI. D) Representative histological images of Masson's trichrome (upper panels) and picrosirius red (lower panels, bars 500 µm) at 7 days post-STEMI, and assessments of scar size (free wall lesion percentage of total area) and remote (non-lesion/septal) fibrosis. Mean ± SEM. *p<0.05, **p<0.01, ns - not significant.



Supplementary Figure S5. Assessments of scRNAseq data quality. A**)** Quality control assessments performed on blinded/de-identified groups (A – isotype, B – Anti-CD14, C – Saline). B) Marker gene set z-scores for myeloid cell states (Clusters).



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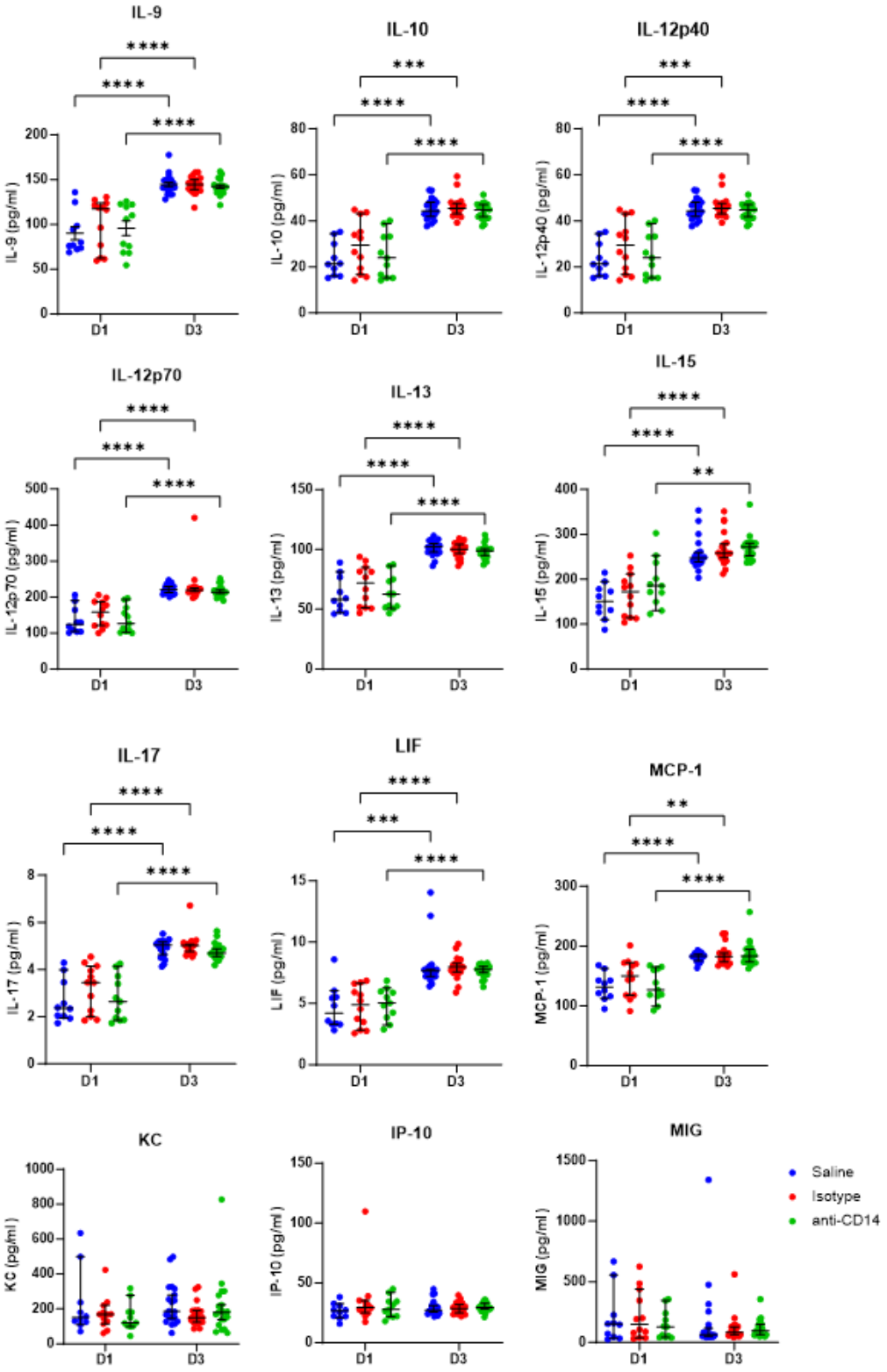
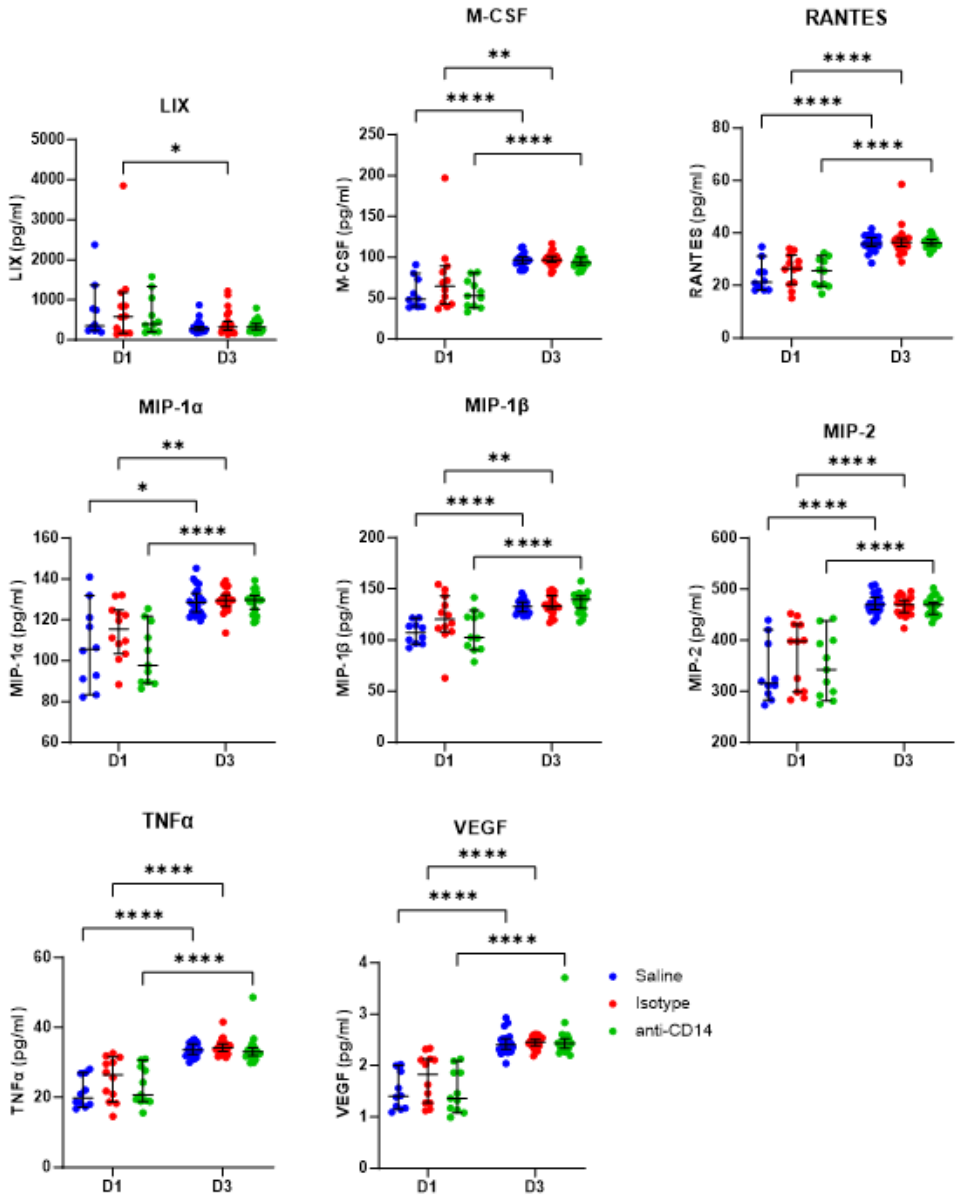
2 **Supplementary Figure S6. Circulating Growth Factor and cytokine levels following CD14 Blockade at D1 and**

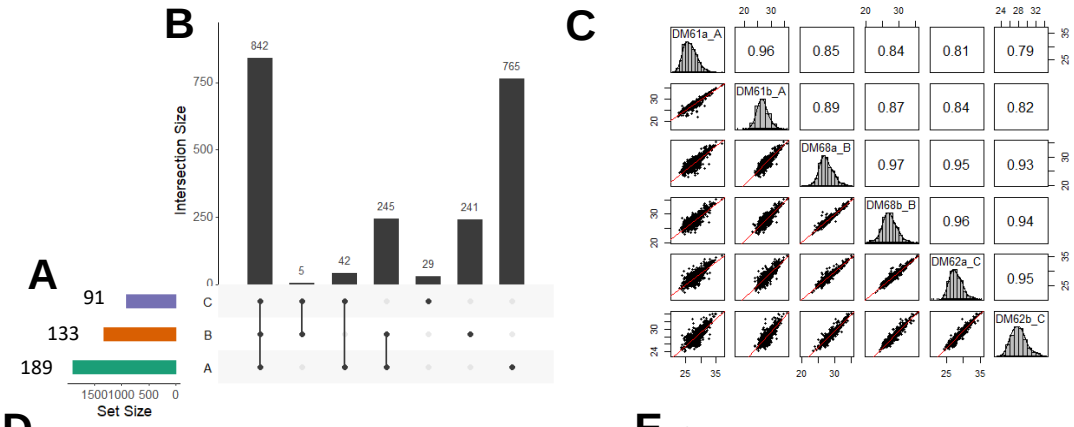
3 **D3 post-STEMI.** Mean ± SEM. p<0.05, *** p<0.001, **** p<0.0001.



Supplementary Figure S6. (continued) Circulating Growth Factors following CD14 Blockade at D1 and D3 post-STEMI. Mean ± SEM. **p<0.01, *** p<0.001, **** p<0.0001.



Supplementary Figure S6. (continued) Circulating Growth Factors following CD14 Blockade at D1 and D3 post-STEMI. Mean ± SEM.* p<0.05, **p<0.01, **** p<0.0001.


A
B
C
Intersection Size
842
5
42
245
29
241
765
91
133
189
Set Size
DM61a_A
DM61b_A
DM68a_B
DM68b_B
DM62a_C
DM62b_C
0.96
0.85
0.84
0.81
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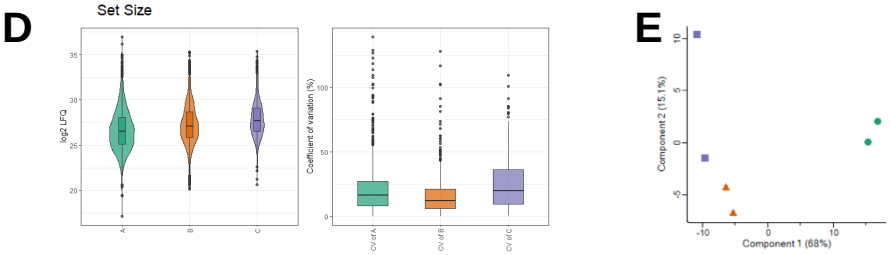
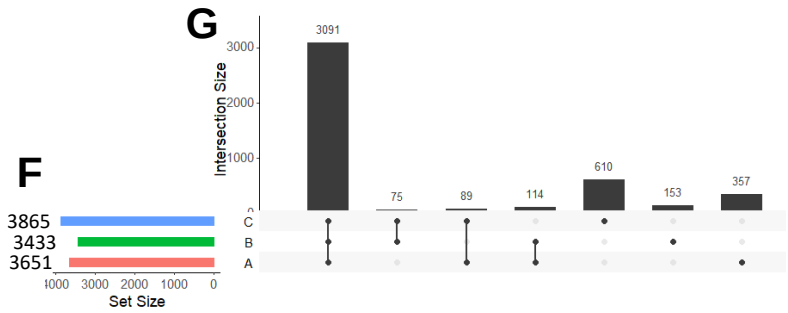

D
E
log2 LFQ
Coefficient of variation (%)
Component 2 (15.1%)
Component 1 (68%)

1


F
G
Intersection Size
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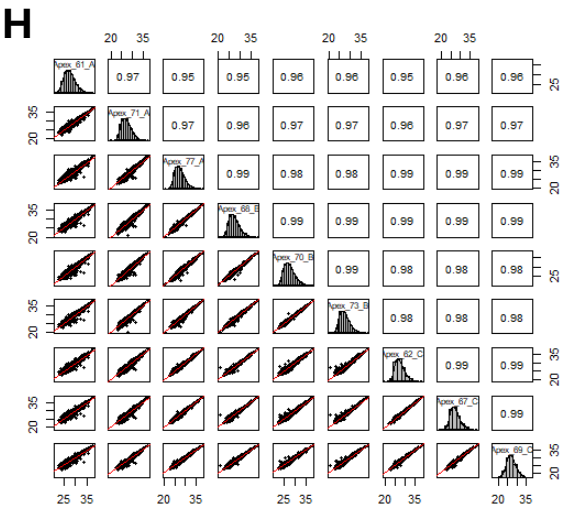
75
89
114
610
153
357
3865
3433
3651
Set Size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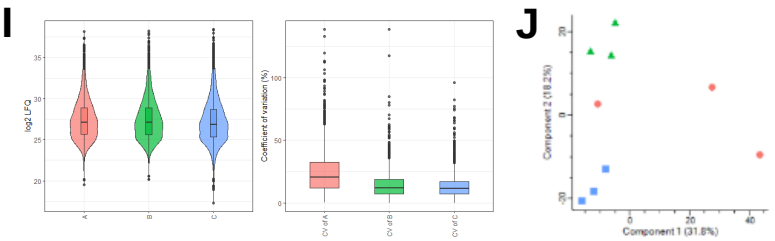
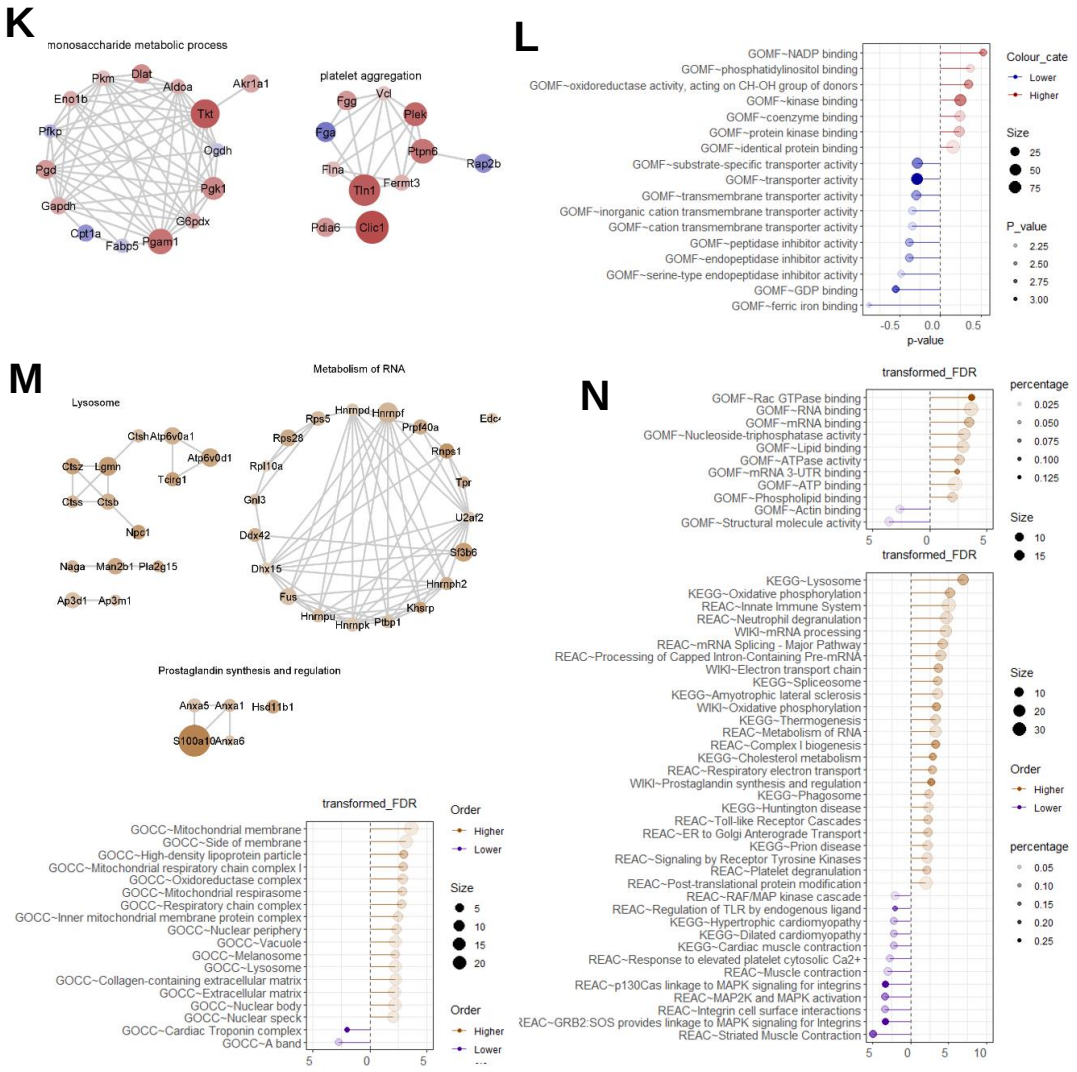
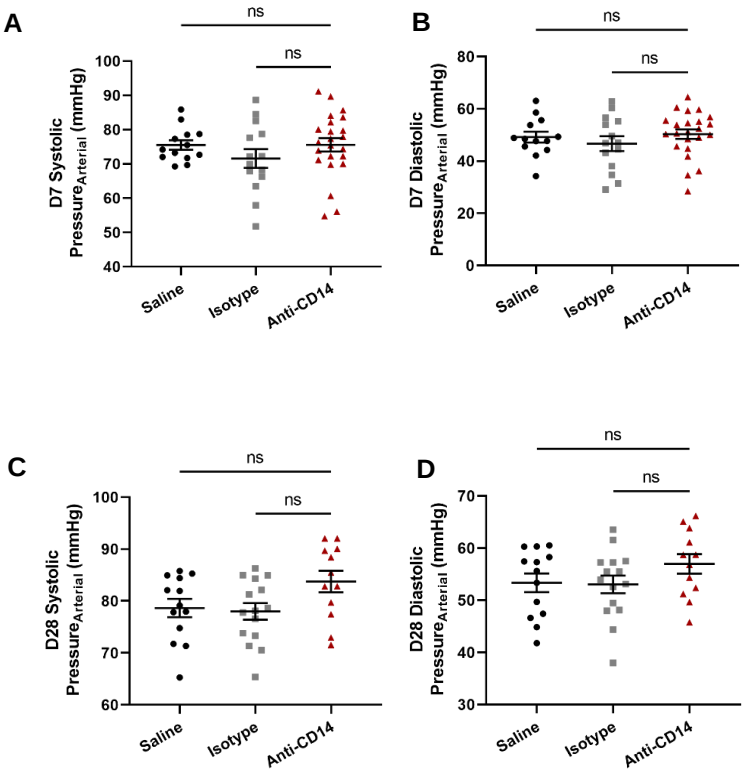
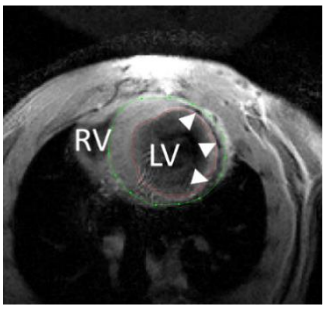

I
J
log2 LFQ
Coefficient of variation (%)
Component 2 (18.2%)
Component 1 (31.8%)



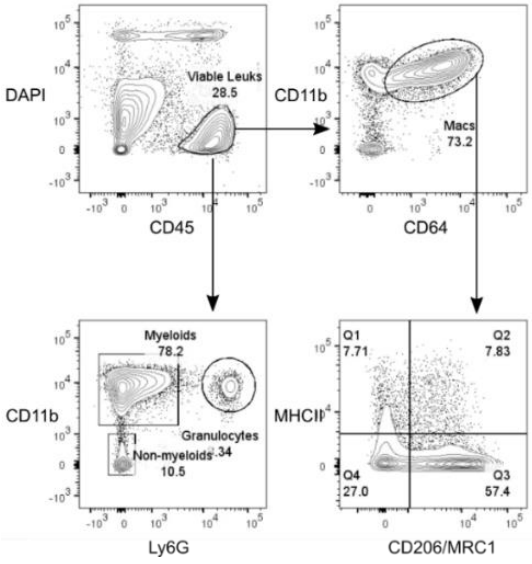
Supplementary Figure S7. Proteomics data on macrophages isolated from infarcted LV apex or whole infarcted LV apex tissue at 3 days post-STEMI. (A-B) Proteome depth (quantified proteins for each sample group) from isolated macrophages and low intragroup coefficient of variance (C-D) and high Pearson correlation (E), indicates high sample quality within group as well differences between groups at a whole proteome level. (F-G) Proteome depth (quantified proteins for each sample group) from whole LV infarcted tissue and low intragroup coefficient of variance (H-I) and high Pearson correlation (J), indicates high sample quality within group as well differences between groups at a whole proteome level. These analyses were performed in an unbiased manner while blinded to the following code: A – isotype, B – anti-CD14, C – saline. K) Cytoscape visualization of macrophage-specific key biological processes and important protein drivers. L) 1-dimensional enrichment analysis based on GO annotations of differentially expressed macrophage proteome (GOBP, GOCC, GOMF). M) Cytoscape visualisation of whole tissue key biological processes and important protein drivers. N) 1-dimensional enrichment analysis based on GO annotations of differentially expressed whole tissue proteome (GOBP, GOCC, GOMF).



Supplementary Figure S8. Invasive arterial systolic and diastolic pressures measured at either 7 days (D7, A and B) or 28 days (D28, C and D) post-STEMI during pressure-volume (PV) catheterization. Mean ± SEM. ns – not significant.



Supplementary Figure S9. Cardiac magnetic resonance (CMR) imaging analysis example. Endocardial borders of the left ventricle (LV) are traced at end-diastole and end-systole to determine fractional change (ejection fraction (EF%)). Epicardial borders are traced to define LV wall area (arrows). Note: After 21 days post-STEMI in this model, severe left ventricular free-wall thinning precludes accurate measurement of expanded infarct size.



Supplementary Figure S10. Flow cytometry approach. Antibodies for CD45, CD11b, CD64, CD14, MHCII, MRC1 and Ly6G were used for sorting macrophages in flow cytometry experiments.