



Supplemental Data

Temporal changes in extracellular vesicle hemostatic protein composition predict favourable left ventricular remodeling after acute myocardial infarction

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Supplemental Tables

Table S1. Baseline and follow-up LDL-EVs protein levels in patients

LDL-EVs Protein Levels [log (pg/mL)]	Post-AMI					
	Adverse LV Remodeling n = 98			Reverse LV Remodeling n = 100		
	Baseline	1 month	6 months	Baseline	1 month	6 months
Coagulation Protein						
VWF	14.32 (13.70- 14.94)	13.99 (13.33- 14.50)	13.77 (13.26- 14.18)	14.44 (13.91- 15.04)	14.09 (13.64- 14.68)	14.26 (13.63- 14.66)
SerpinC1	17.79 (17.52- 18.16)	17.67 (17.46- 18.08)	17.66 (17.38- 18.06)	17.79 (17.54- 18.23)	17.81 (17.55- 18.17)	17.85 (17.63- 18.22)
Fibrinolytic Protein						
Plasminogen	13.68 (13.32- 13.99)	13.85 (13.45- 14.19)	13.89 (13.49- 14.29)	13.56 (13.11- 14.12)	13.32 (12.89- 13.92)	13.36 (12.98- 14.10)

Data are presented as median \pm IQR. Abbreviation: LDL, low density lipoprotein; EV, extracellular vesicles; AMI, acute myocardial infarction.

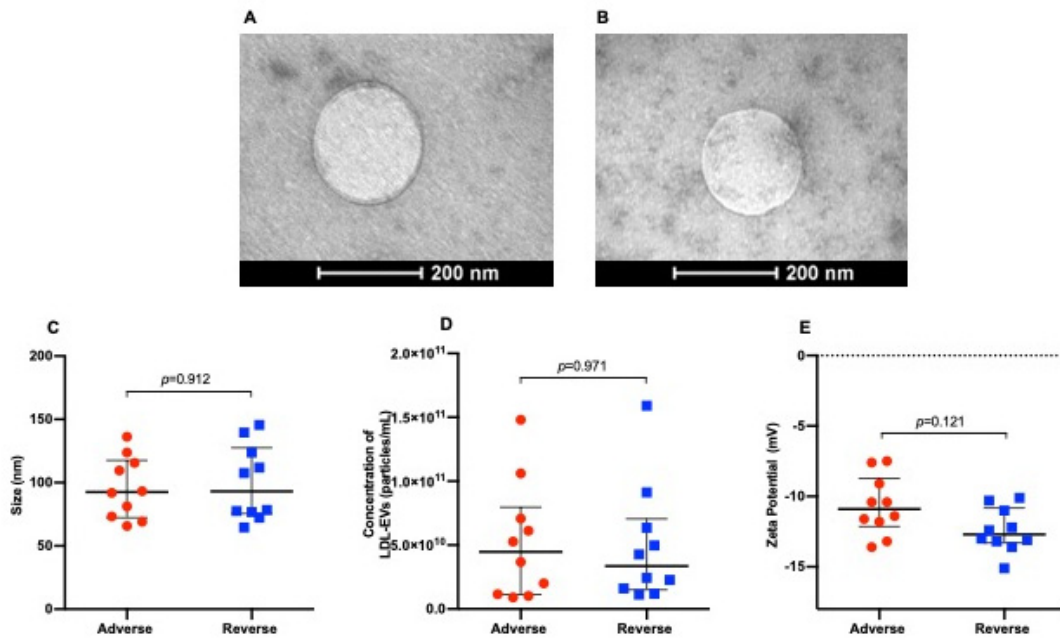


Figure S1. Characterization of LDL-EVs of post-AMI patients with adverse and reverse LV remodeling. **A:** TEM image of LDL-EV from patient with adverse LV remodeling. **B:** TEM image of LDL-EV from patient with reverse LV remodeling. **C, D, E:** Size, concentration, and zeta potential of LDL-EVs of 20 post-AMI patients (n=10 adverse LV remodeling and n=10 reverse LV remodeling) at baseline. Differences in characteristics between patients with adverse LV remodeling and reverse LV remodeling were established by Mann-Whitney U test.