

Table S1. Quantification of co-labeled Ki67-/ α -actinin cardiomyocytes (H9c2 and NRCM)

Hypoxia (5% O ₂)					
dexmedetomidine		–	0.1 μ M	1 μ M	10 μ M
Ki67+	H9c2	49 \pm 4.3	80 \pm 5.2	83 \pm 4.3	66 \pm 5.1
Hypertrophy	H9c2	111 \pm 4.7	94 \pm 5.2	92 \pm 6.2	100 \pm 4.7
CycD2	H9c2	57 \pm 4.4	78 \pm 6.2	91 \pm 5.8	96 \pm 4.8
CycD2	NRCM	61 \pm 2.4	77 \pm 8.8	96 \pm 8.0	95 \pm 6.6
Normoxia (21% O ₂)					
dexmedetomidine		–	0.1 μ M	1 μ M	10 μ M
Ki67+	H9c2	100 \pm 10.9	117 \pm 8.1	112 \pm 11.4	99 \pm 10.4
Hypertrophy	H9c2	100 \pm 3.7	87 \pm 3.2	94 \pm 5.8	115 \pm 5.7
CycD2	H9c2	100 \pm 0.0	79 \pm 7.9	81 \pm 5.8	99 \pm 3.1
CycD2	NRCM	100 \pm 0.0	81 \pm 4.5	90 \pm 7.6	80 \pm 5.2
Hyperoxia (80% O ₂)					
dexmedetomidine		–	0.1 μ M	1 μ M	10 μ M
Ki67+	H9c2	42 \pm 8.8	60 \pm 6.1	59 \pm 7.1	48 \pm 6.1
Hypertrophy	H9c2	209 \pm 21.9	196 \pm 24.9	184 \pm 28.3	203 \pm 20.6
CycD2	H9c2	66 \pm 4.7	96 \pm 6.4	110 \pm 5.9	109 \pm 4.2
CycD2	NRCM	57 \pm 5.5	84 \pm 13.8	84 \pm 4.1	95 \pm 2.4

Data are normalized to the level of cardiomyocytes exposed to normoxia (100%) and are presented as mean (%) \pm standard error of the mean (SEM). n = 6 individual experiments/group.