

Hypoxia induces histone clipping and H3K4me3 loss in neutrophil progenitors resulting in long-term impairment of neutrophil immunity

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Supplementary Table 1: ARDS survivors patient cohort clinical characteristics and demographics.

Number of patients	52
Age (years) – mean \pm s.d.	55.4 \pm 11.6
Proportion of females – number (%)	20 (38)
Body mass index (kg/m ²) – mean \pm s.d.	32.2 \pm 7.8
APACHE II ^a Score ^b – mean \pm s.d.	16.3 \pm 6.7
Aetiologies of ARDS	
Pulmonary – number (%)	48 (92)
Positive viral PCR ^c – number	39
Positive bacterial culture – number	6
Positive mycology – number	1
Positive microbiology samples – number	2
Extra-pulmonary – number (%)	4 (8)
Pancreatitis ^d – number	3
Bacteraemia – number	1
Features of acute inflammation	
Reference white cell count (x10 ⁹ /L) ^e	4.0-11.0
White cell count at recruitment (x10 ⁹ /L) – mean \pm s.d.	10.46 \pm 4.53
Reference neutrophil count (x10 ⁹ /L) ^e	2.0-7.5
Neutrophil count at recruitment (x10 ⁹ /L) – mean \pm s.d.	8.48 \pm 4.32
Predictors of tissue hypoxia	
Reference partial pressure of arterial oxygen (<i>PaO</i> ₂ , KPa) ^e	11.1-14.4
Lowest <i>PaO</i> ₂ in hospitalisation before recruitment (KPa) – mean \pm s.d.	5.75 \pm 1.91
Lowest <i>PaO</i> ₂ 24 h preceding recruitment (KPa) – mean \pm s.d.	7.74 \pm 1.08
Reference fraction of inspired oxygen (<i>FiO</i> ₂) ^e – %	21
Highest <i>FiO</i> ₂ in 24 h before recruitment – mean \pm s.d.	68.9 \pm 22.8
Reference lactate (mmol/L) ^e – mean \pm s.d.	0.5-1.6
Highest lactate 24 h before recruitment (mmol/L) – mean \pm s.d.	1.53 \pm 0.75
Receipt of organ supportive therapies – number (%)	
Invasive mechanical ventilation	24 (46)
High flow nasal oxygen	25 (48)
Non-invasive ventilation	3 (6)
Vasopressors	14 (27)
Renal replacement therapy	2 (4)
Receipt of additional medications – number (%)	
Dexamethasone ^f	29 (54)
Lopinavir and ritonavir	1 (2)
Tocilizumab	12 (23)
Hydroxychloroquine	2 (4)

^aAcute Physiology and Chronic Health Evaluation Score II (APACHE II). ^bAPACHE II score only available for 24 patients. ^cThirty-nine patients were diagnosed with acute respiratory distress syndrome (ARDS) secondary to PCR-confirmed COVID-19 pneumonitis. ^dThree patients were diagnosed with ARDS secondary to pancreatitis, two of which were bacterial infections, with a single case of necrotising alcohol-induced pancreatitis. ^eReference ranges as indicated by local health board (NHS Lothian). ^fNo other corticosteroids were administered.