

## **Noble NMED A26868**

### **Supplementary Methods**

**Preparation of human HA fragments.** Human HA fragments ( $M_w$  200 kDa) were prepared as following. Serum was obtained from patients that met clinical criteria for the Adult Respiratory Distress Syndrome (~ 5-7 ml/patient) and was lyophilized and then fractionated on a Sepharose CL-4B column. Column fractions were analyzed for HA, protein and uronic acid content by HA ELISA as previously reported, absorbancy at 280 nm and carbozole reaction, respectively<sup>1,2</sup>. Low molecular weight (200 kDa) HA peaks were pooled, dialyzed and lyophilized. The low molecular weight HA was dissolved and precipitated in ethanol. This procedure was repeated 6 times. The HA was dialyzed, lyophilized, and then size fractioned on Sepharose CL-4B size exclusion chromatography as described previously<sup>1</sup>. The molecular weight of HA fragments used in the study had a peak ~ 200 kDa.

**HA digestions and electrophoresis.** HA fragments ( $M_w = 135$  kDa, 1 mg/ml) were digested with hyaluronidase (from bovine testes, 100 Units/ml, Sigma) at 37 °C for overnight, Pronase (from *Streptomyces griseus*, 10 Units/ml, Calbiochem) at 55 °C for 1 hour, Deoxyribonuclease I (from bovine pancreas, 100 g/ml, Roche Applied Science) at 37 °C for 1 hour, and all samples were then boiled for 10 minutes. Digested HA samples along with known mw HA standards were electrophoresed on a 0.5% Agarose gel, stained, and photographed. The captured images were analyzed with ImageJ (National Institutes of Health) to determine HA size.

**Exogenous KC treatment.** Wild type and TLR2<sup>-/-</sup>4<sup>-/-</sup> mice received bleomycin at 5 U/kg intratracheally, and one group of TLR2<sup>-/-</sup>4<sup>-/-</sup> also received exogenous KC at a

dose of 1 g/mouse intramuscularly 1 hours post bleomycin and repeated daily. Five days after bleomycin induced lung injury, lungs were harvested, and total lung leukocytes and BAL leukocytes were analyzed.

**Flow cytometric analysis.** Mouse lungs were harvested after perfusion to remove blood and the lung cells were isolated by digestion in digestion buffer (150 U/ml Collagenase IV, 50 U/ml DNase I, 5% FCS in PBS) 37 °C for 30 min and minced against a filter. The lung cells or BAL cells were resuspended in PBS containing 1% BSA and 0.02% sodium azide. Non-specific binding was blocked by incubating with 25 g/ml Fc Block™ (BD Pharmingen) for 15 min at 4 °C. Samples were incubated with antibodies to neutrophil marker Gr-1, macrophage marker Mac-3, and lymphocyte marker CD3e (BD Pharmingen). Samples were washed twice with PBS and then fixed in 2% paraformaldehyde. Flow cytometry was performed after gating on the leukocyte population utilizing a FACSCalibur analytical flow cytometer (Becton-Dickinson) and analyzed using CellQuest Pro software.

**Hyperoxia exposure.** Adult 8-10-week-old TLR2<sup>-/-</sup>4<sup>-/-</sup> and wild type mice were exposed continuously to 100% O<sub>2</sub> in a Plexiglas chamber as previously described<sup>3,4</sup>. Survival was monitored and evaluated.

## References

1. Mascarenhas, M.M. et al. Low molecular weight hyaluronan from stretched lung enhances interleukin-8 expression. *Am J Respir Cell Mol Biol* **30**, 51-60 (2004).
2. Bitter, T. & Muir, H.M. A modified uronic acid carbazole reaction. *Anal Biochem* **4**, 330-4 (1962).

3. Otterbein, L.E. et al. Exogenous administration of heme oxygenase-1 by gene transfer provides protection against hyperoxia-induced lung injury. *J Clin Invest* **103**, 1047-54 (1999).
4. van Asbeck, B.S. et al. Protection against lethal hyperoxia by tracheal insufflation of erythrocytes: role of red cell glutathione. *Science* **227**, 756-9 (1985).