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1 **Multi-omic analysis of the effects of low frequency**
2 **ventilation during cardiopulmonary bypass surgery.**

3

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15

16

17 **Short Title.**

18 Omic analysis of lungs ventilation during open heart surgery.

19 **Total Word Count: 3725**

1 **Abstract**

2 Background

3 Heart surgery with cardio-pulmonary bypass (CPB) is associated with lung ischemia
4 leading to injury and inflammation. It has been suggested this is a result of the lungs
5 being kept deflated throughout the duration of CPB. Low frequency ventilation
6 (LFV) during CPB has been proposed to reduce lung dysfunction.

7

8 Methods

9 We used a semi-biased multi-omic approach to analyse lung biopsies taken before and
10 after CPB from 37 patients undergoing coronary artery bypass surgery randomised to
11 both lungs left collapsed or using LFV for the duration of CPB. We also examined
12 inflammatory and oxidative stress markers from blood samples from the same
13 patients.

14

15 Results

16 30 genes were induced when the lungs were left collapsed and 80 by LFV. Post-
17 surgery 26 genes were significantly higher in the LFV vs. lungs left collapsed,
18 including genes associated with inflammation (e.g. *IL6* and *IL8*) and
19 hypoxia/ischemia (e.g. *HIF1A*, *IER3* and *FOS*). Relatively few changes in protein
20 levels were detected, perhaps reflecting the early time point or the importance of post-
21 translational modifications. However, pathway analysis of proteomic data indicated
22 that LFV was associated with increased “cellular component morphogenesis” and a
23 decrease in “blood circulation”. Lipidomic analysis did not identify any lipids
24 significantly altered by either intervention.

25

1 Discussion

2 Taken together these data indicate the keeping both lungs collapsed during CPB
3 significantly induces lung damage, oxidative stress and inflammation. LFV during
4 CPB increases these deleterious effects, potentially through prolonged surgery time,
5 further decreasing blood flow to the lungs and enhancing hypoxia/ischemia.

6

7

8

9 **Key Words:**

10 Cardio-pulmonary bypass

11 Ventilation

12 Inflammation

13 Transcriptomics

14 Proteomics

1 **1. Introduction**

2 Cardiopulmonary bypass (CPB), which allows operation on a motionless and
3 bloodless heart, is used in most heart surgery procedures. Recovery from cardiac
4 surgery utilising CPB is generally good with a 30 day survival rate of 98.4% [1].
5 However, CPB is still associated with severe systemic inflammation and tissue
6 damage with an accompanying mortality of 1.5% along with post-operative lung
7 dysfunction of various degrees in up to 30% of patients [2]. **The underlying**
8 **mechanisms driving inflammation following CPB are yet to be fully elucidated and**
9 **there are currently no strategies to effectively prevent it.**

10

11 Institution of CPB is associated with significant physiological changes and insults to
12 the lung. Ventilation is generally stopped, and lungs deflated to reduce mediastinal
13 motions. Venous return is directed away from the right heart thereby pulmonary
14 artery flow is dramatically reduced. Furthermore, bronchial blood flow is reduced due
15 to haemodynamic and pulsatility changes during bypass and changes in vascular
16 resistances. These atelectatic and ischemic changes may promote tissue hypoxia,
17 oxidative stress and lung cellular damage [3–6]. Towards the end of CPB, full
18 ventilation is recommenced and pulmonary blood flow is restored with potential
19 injury by reperfusion including oxidative stress [7,8], and inflammatory cell
20 infiltration [9]. Further oxidative stress could be triggered by free iron catalysed
21 reactions [10,11] from iron released by haemolysis as the blood passes through the
22 bypass circuit.

23

24 There have been various attempts made to protect the lung during CPB. Among these,
25 it has been suggested that low frequency ventilation (LFV) during CPB may alleviate

1 hypoxia and ischemia of the lungs and thereby help to reduce inflammation. In
2 contrast to previous animal trials [12], we have recently provided evidence that in
3 patients undergoing elective coronary artery bypass grafting (CABG), the use of LFV
4 during CPB when compared to both lungs left collapsed does not seem to reduce
5 inflammation in lung biopsies and blood [13,14].

6

7 The low frequency ventilation technique reported in our study has been investigated
8 previously by different groups with contrasting results. This study, for the first time,
9 uses the simultaneous of human lung biopsy and blood samples to assess the effect of
10 the technique. In order to establish a mechanistic link between the effects of both
11 interventions on the lung we used a semi-biased multi-omics approach
12 (transcriptomics, proteomics and lipidomics) to analyse lung biopsies taken at the start
13 of surgery before CPB and at the end of surgery after lung reperfusion but before
14 weaning from CPB from the above mentioned randomised study recently published
15 [14]. We also analysed serial blood plasma taken before and after surgery.

16

1 **2. Methods:**

2 **2.1 Study design**

3 37 patients undergoing elective or urgent CABG with CPB and cold blood
4 cardioplegic arrest at the Hammersmith Hospital, were recruited as part of a single-
5 centre, parallel group, randomised, controlled trial investigating low frequency
6 ventilation study recently published [14].

7

8 Venous blood samples were taken from the patients at induction, 10mins, 2, 6 and 24
9 hours post CPB.

10 Lung biopsies were taken both prior to and immediately after surgery. The pre-
11 surgery biopsies were taken from the left upper lobe immediately after sternotomy
12 with lungs ventilated for both groups. The post-surgery biopsy was taken from the left
13 lower lobe at the end of the operation just before weaning from CPB.

14 This study was approved by the NRES committee London- Camden and Islington
15 (Research Ethics Committee reference number 12/LO/0458) on 25/04/2012. Further
16 approval was obtained from the research and development department of the Imperial
17 College Healthcare NHS Trust. This research complied with the Helsinki Declaration.
18 The trial is registered as ISRCTN No: 34428459. All patients involved in the study
19 gave written and informed consent

20

21 **2.2 Luminex:**

22 Cytokines in human plasma samples, **taken 24 hours post-surgery**, were quantified
23 using the Luminex Screening Human Magnetic Assay kit (R&D, Abingdon, UK).

24

25 **2.3 Transcriptomics:**

1 RNA was extracted and analysed by Affymetrix GeneChip Human Gene 1.0 ST
2 Array (ThermoFisher) following the manufacturer's instructions.

3 RNA samples were also quantified using RT-qPCR. More details are available in the
4 supplemental materials.

5

6 **2.4 Proteomics:**

7 Protein was extracted as described previously [14]. More details are available in the
8 supplemental materials.

9

10 **2.5 Heme assay:**

11 Heme levels in the whole cell protein extracts were measured using the Heme
12 colorimetric assay kit (BioVision, Milpitas, CA, USA) following manufacturer's
13 instruction.

14

15 **2.6 Lipidomics:**

16 Lung tissue was processed as described previously [15,16].

17 More details are available in the supplemental materials.

18

19 **2.7 Oxidative stress/ Anti-oxidant capacity:**

20 We used the RedoxSys® to electrochemically measure the oxidant redox potential
21 (ORP) and antioxidant capacity (AOC), following manufacturer's instructions (Aytu
22 Biosciences, Englewood, CO, USA).

23

24 **2.8 Statistics and Data analysis:**

1 Gene arrays were analysed by Partek genomics Suite (Partek Inc). Gene and protein
2 classification were tested using PANTHER Overrepresentation Test analysed against
3 the Homo Sapiens reference list, using the PANTHER Go-SLIM Biological process
4 annotation dataset [17]. Analysis included Bonferroni correction for multiple data.

5

6 The remaining data were analysed using Graphpad Prism 6 (Graphpad Software Inc,
7 La Jolla, CA, USA) utilising Friedman and using Dunn's multiple comparison test
8 unless otherwise stated. A probability value of <0.05 was considered significant.

9

1 **3. Results:**

2 Patient demographics and clinical characterisation are provided in detail in Fiorentino
3 et al, 2019 [14].

4

5 **3.1 Patient serum samples:**

6 **3.1.1 Luminex of serum cytokines:**

7 Plasma IL-6, IL-8 and IL-10 levels increased significantly 24 hours post-surgery in
8 both groups compared to the pre-surgery control samples. IL-6 levels increased 17-
9 fold in lungs collapsed group and 25-fold in the LFV group (**Figure 1A**). IL-8 levels
10 (**Figure 1B**) increased approximately 1.5-fold in both study groups, whilst IL-10
11 (**Figure 1C**) increased approximately 1.3x. In contrast, there was no significant
12 change in inflammatory cytokines IL-1 β and MCP-1 in the plasma of patients before
13 CPB and 24hrs after CPB in both groups (**Figure 1D & E**).

14

15 **3.1.2 Cell-Free heme:**

16 The levels of cell free heme were measured in the blood plasma following surgery.
17 Cell free heme was significantly higher in both groups at 10 minutes and 2 hours after
18 surgery before returning to baseline. Cell-free heme levels in plasma were increased
19 but not significantly in the LFV group (51.5 μ M vs 38.1 μ M, 2-way ANOVA p=0.17)
20 (**Figure 2**).

21

22 **3.1.3 Oxidative stress in blood:**

23 Plasma ORP and AOC from all patients were measured following bypass. By 2-way
24 ANOVA time after surgery was linked to significantly increased ORP (p<0.0001) and
25 this was matched by a significant decline in AOC (p<0.0001). However, the ANOVA

1 did not identify any statistical significance related to intervention, indicating that CPB
2 induced changes in ORP and AOC were not altered by LFV (p=0.44, p=0.16
3 respectively) (**Figure 2**).

4

5 Since LFV intervention did not effect plasma ORP or AOC we examined the
6 combined data to increase statistical power and determine the effects of surgery. The
7 combined data showed a significant increase in ORP within 10 minutes following
8 surgery, which increased at all timepoints measured but appeared to plateau at 6
9 hours. Similarly, the decrease in AOC following surgery reached a nadir at 6 hours
10 which was maintained (**Figure 2**).

11

12 **3.2 Biopsy RNA gene expression data:**

13 Full data set is available at https://figshare.com/articles/_/4772167. Principle
14 component analysis (PCA) did not identify any significant outliers; therefore, no
15 patient samples were excluded from the analysis (**Supplemental Figure 1**). There
16 were no significant differences in gene expression between the two groups at baseline.

17

18 **3.2.1 Transcriptional response to CPB with lungs collapsed:**

19 Lungs left collapsed significantly increased the expression of 30 genes in the biopsy
20 immediately after surgery (**Supplemental data: Table 1**). These genes include the
21 inflammatory genes *CCL2* (encoding MCP-1) and *IL6*, which had the highest increase
22 following surgery (6.7x and 6.6x higher than baseline respectively). Panther pathway
23 analysis identified the “cholecystokinin receptor (CCKR) signalling map” (p=2.26E-
24 08), the “Interleukin signalling pathway” (5.41E-05) and the “p53 pathway” (4.81E-

1 02) as significantly over-represented within the genes induced in the lung collapsed
2 group (**Supplemental data: Table 2**).

3

4 **3.2.2 Transcription response to CPB with LFV:**

5 LFV significantly induced 80 genes in lung tissue after surgery (**Supplemental data:**
6 **Table 3**). No genes were significantly suppressed. All CPB-induced genes were
7 enhanced in the LFV group and up-regulated genes shared the same pathways as
8 those induced by lungs collapsed CPB namely the “CCKR signalling map” ($p=$
9 $2.14E-10$), the “interleukin signaling pathway” ($p=4.34E-03$) and the “p53 pathway”
10 ($p=4.46E-02$)(**Supplemental data: Table 4**). In addition, the “Inflammation
11 mediated by chemokine and cytokine signaling pathway” and the “Gonadotropin-
12 releasing hormone receptor pathway” were also enriched. Biological process analysis
13 identified “endoderm development”, “MAPK cascade”, “cell death” and “response to
14 stress” as significantly over-represented.

15

16 The 50 genes that were upregulated in the LFV group alone (i.e. not in CPB lungs
17 collapsed group) included inflammatory genes such as *IL1B* and *CYR61*. Pathway
18 and biological process analysis did not identify any specific pathways or processes as
19 overrepresented in these 50 genes although raw, uncorrected p values indicated over-
20 representation of the ‘CCKR signalling map’ and “Inflammation mediated by
21 chemokine and cytokine signaling” pathways ($p=2.01E-03$).

22

23 **3.2.3 Effect of low frequency ventilation:**

24 Comparing gene expression biopsies from the LFV and lungs left collapsed groups
25 taken after surgery identified statistically significant changes in 26 genes in patients

1 who underwent LFV compared to patients undergoing lungs collapsed CPB
2 (**Supplemental data: Table 5**). *HLA-DRB5*, encoding the HLA class II
3 histocompatibility antigen DRB5 was reduced in the LFV group whilst the remaining
4 25 genes were increased with LFV. The expression of HLA-DRB5 was not
5 significantly altered following surgery in either groups compared to their respective
6 pre-surgical controls.

7

8 The genes significantly increased by LFV intervention compared to lungs left
9 collapsed included the inflammatory *IL6*, *CCL2* and *CCL8* (encoding IL-6, MCP1 and
10 MCP2 respectively). Pathway analysis showed that LFV significantly activated the
11 “Plasminogen activating cascade” ($p=3.17E-02$), “CCKR signaling map” ($p=6.81E-$
12 03), and “Inflammation mediated by chemokine and cytokine signaling pathway”
13 ($p=3.30E-02$)(**Supplemental data: Table 2**).

14

15 Combining both intervention groups to increase the analytical power of the effects of
16 surgery identified 51 genes with significantly altered expression following surgery
17 (**Supplemental data: Table 6**). Pathway analysis of this data identified the
18 “Oxidative stress response” ($p= 4.76E-02$), “Interleukin signaling” ($p= 5.10E-04$),
19 “CCKR signaling map” ($p=9.53E-07$) and “p53” ($p= 8.22E-03$) pathways as over-
20 represented.

21

22 ***3.2.4 Validation of transcriptomic response:***

23 We have previously examined the induction of *IL6*, *IL8* and *IL1B* gene expression in
24 the lung biopsies by Taqman qPCR. The gene expression data following CPB showed
25 the same increase in inflammatory gene expression in the LFV group compared to the

1 lungs collapsed group [14]. In addition, we demonstrated significant up-regulation of
2 hypoxia inducible factor 1A (*HIF1A*) gene expression in the biopsies after lungs
3 collapsed CBP, which was further enhanced in the biopsies from patients who
4 underwent LFV (**Figure 3A**), compared to the pre-surgery control biopsies.

5

6 **3.3 Biopsy Proteomic analysis:**

7 Full data set is available at https://figshare.com/articles/_/4772167. Whole cell protein
8 extracts from each biopsy were pooled into 4 groups: lungs left collapsed or LFV both
9 pre and post-surgery. Tandem mass tagging (TMT) identified over 3000 distinct
10 proteins in the pooled biopsy samples. There was minimal variation in the pre-surgery
11 baseline levels of proteins detected. Two proteins were significantly elevated >2-fold
12 in the lungs left collapsed group and 34 were elevated >2x in the LFV group
13 (**Supplemental data: Table 7**) before surgery. Panther pathways analysis of these
14 proteins did not identify any biological pathways or processes as overrepresented.
15 Using a 1.5-fold cut-off, there were 4 significantly different proteins in the lungs
16 collapsed group and 155 proteins more highly expressed in the LFV group.
17 PANTHER analysis of these proteins identified “immune system process” as over-
18 represented in the LFV group at baseline before surgery.

19

20 **3.3.1 Proteomic response to CPB with lungs collapsed:**

21 Lungs collapsed CBP resulted in 25 proteins having a >2-fold increase in expression
22 post-surgery and 1 protein decreased >2-fold (**Supplemental data: Table 8**) relative
23 to the same donors before surgery. The up-regulated proteins included the detoxifying
24 enzyme glutathione S-transferase P (*GSTP1*), and eosinophil peroxidase. The
25 decreased protein was identified as “cDNA FLJ50754, highly similar to voltage-

1 dependent L-type calcium channel subunit alpha-1D". Reducing the cut-off ratio to
2 1.5-fold change increased the number of differentially expressed proteins to 109 with
3 enhanced expression and 8 proteins that were decreased. These did not reflect any
4 pathways or processes although at the unadjusted p value level the "CCKR signalling
5 map" and "integrin signalling pathways" were identified as over-represented
6 ($p=4.91E-2$ and $p=1.33E-02$ respectively).

7

8 **3.3.2 Proteomic response to CPB with LFV:**

9 CBP in the presence of LFV resulted in >2-fold upregulation of 7 proteins with
10 keratin, both type I and II, making up 6 out of 7 of these proteins (**Supplemental**
11 **data: Table 8**). Keratin is a common contaminant of proteomic experiments, so these
12 changes may simply be an artefact, however keratin expression in the lungs has
13 previously been reported, including its upregulation during lung repair [18] and by
14 shear forces.[19,20] The remaining protein was "cDNA FLJ50754, highly similar to
15 Voltage-dependent L-type calcium channel subunit alpha-1D". Whilst no pathways
16 were identified as changed the keratin proteins were all linked to the process of
17 "cellular component organisation or biogenesis" ($p=2.8 \times 10^{-6}$). 15 proteins were
18 decreased >2-fold following surgery with LFV, including 5 haemoglobin subunits
19 (HBA2, HBB, HBD). Analysis of biological processes identified "blood circulation"
20 as overrepresented ($p>0.001$).

21

22 19 proteins were increased following LFV using a 1.5-fold cut off, 7 of which were
23 linked to the "cellular component morphogenesis" process ($p>0.001$). 47 proteins
24 were decreased following surgery. The analysis did not identify any pathways

1 significantly altered by LFV at the protein level, however, cellular process analysis
2 again identified “blood circulation” as overrepresented (p=0.001).

3

4 **3.3.3 Comparison of LFV with lungs left collapsed:**

5 Direct comparison of the post-bypass samples identified 4 proteins that were
6 increased in the lungs collapsed group with >2-fold change and 9 proteins that were
7 increased in the LFV group (**Supplemental data: Table 5**). Biological pathway and
8 process analysis did not identify any significantly over-represented
9 pathways/processes between these groups. 16 proteins were identified as >1.5-fold
10 higher in lungs collapsed compared to LFV, of which 3 were also higher at baseline
11 and therefore excluded from the analysis. Proteins increased in the lungs collapsed
12 group included haemoglobin alpha, beta and delta. These proteins were not associated
13 with any significant changes in biological pathways but were identified with the
14 processes of blood circulation (p=2.27E-04) and transport (p=3.14E-05).

15 11 proteins were higher in the LFV group compared to lungs collapsed post-surgery
16 but not pre-surgery. No processes or pathways were identified as significant.

17

18 **3.4 Confirmation of reduced haemoglobin in biopsies following LFV:**

19 Due to the proteomics identification of haemoglobin as downregulated in the LFV
20 group the level of heme was measured in the protein isolated from each lung biopsy
21 (**Figure 3B**). The amount of heme in the biopsies did not significantly change
22 following CPB with lungs collapsed, however, it was significantly reduced following
23 surgery with LFV.

24

25 **3.5 Lipidomics:**

1 Full data set is available at https://figshare.com/articles/_/4772167. There were no
2 significant differences in lipid class or species between groups either before or after
3 surgery regardless of intervention. (Data is shown in **Supplemental Figure 2**.)

4

1 **4 Discussion:**

2 Surgery with CPB is associated with acute systemic and pulmonary inflammation and
3 can lead to pulmonary dysfunction in a significant number of patients. We confirmed
4 previous data showing enhanced levels of inflammatory cytokines, oxidative stress,
5 cell free heme and decreased plasma anti-oxidant capacity with CPB. We also
6 provided evidence for the first time in transcriptomic analysis of lung biopsy in
7 patients undergoing CABG, that CPB triggers a significant increase in hypoxic and
8 inflammatory responses and a decrease in genes associated with blood flow. These
9 effects were amplified in patients undergoing CPB with LFV when compared with
10 CPB with lungs collapsed. These data provide a mechanistic link to the adverse
11 clinical effects seen with the addition of LFV to CPB in patients undergoing CABG
12 (14).

13

14 Analysis of the patients' plasma showed that following CPB with lungs collapsed
15 there was a significant increase in the levels of inflammatory cytokines, oxidative
16 stress, cell free heme and a decrease in plasma anti-oxidant capacity corresponding to
17 the effects of CPB surgery previously reported [21]. These systemic effects were not
18 significantly altered by CPB with LFV intervention.

19

20 LFV may increase the deleterious effects of CPB by three main mechanisms:
21 increased surgical time, direct oxygenation of the lungs or ventilator-associated
22 injury. The movement of the lungs during CPB with LFV may increase surgery time.
23 The LFV group had a higher levels of cell free heme in the blood following CPB, a
24 reflection of the longer CPB time compared to the lungs left collapsed CPB group

1 (87.5 minutes median (range 68-97) vs 69 minutes median (range 54-79)) (p=0.03)
2 [14].

3

4 The increased oxygenation of the lungs during LFV may also enhance lung injury.
5 Without the hypoxic response to reduce metabolic rates, LFV may cause a more rapid
6 use of metabolic substrates and the build-up of by-products causing increased lung
7 damage. Hyperoxia during surgery showed similar inflammation and stress following
8 CPB as normoxia, although hyperoxia led to oxygen-mediated myocardial, hepatic
9 and cerebral injury [22]. This hypothesis is unlikely as the LFV group showed
10 increased *HIF1A* gene expression in blood indicating that the lungs were less, not
11 more, oxygenated during LFV. However, intermittent hypoxia has been shown to be
12 more potent at activating HIF-1 α and FOS/AP-1 than continuous hypoxia [23].

13

14 Finally, LFV may cause biotrauma to the lung by repetitive alveolar collapse and
15 hyperinflation [24].

16

17 Our data are unique because of the use of lung biopsies taken during the surgery in the
18 on-going debate regarding relative contributions of ischaemia and reperfusion to
19 tissue injury. The data indicate that the practice of lungs left collapsed during CPB
20 prior to reperfusion, can trigger gene expression, inflammation and stress in the lungs.
21 These could be the consequence of atelectasis, direct effect of lung hypoperfusion and
22 ischemia superimposed by perfusion with activated inflammatory cells due to their
23 activation by the CPB machine and circuit. There has been considerable debate as to
24 the relative importance of these mechanisms in driving lung inflammation [3,4,25] but
25 the strong correlation between increased stress, hypoxia and inflammation in the lungs

1 support the hypothesis that ischemia alone is enough to drive inflammation.
2 Ischemia during surgery is associated with significant changes in inflammation
3 (interleukin signalling pathway) and stress (CCKR and p53 pathways) in the lung.

4

5 In addition, the principle driver of increased inflammation in the LFV group appears
6 to be increased surgery time, and hence ischemic, time, whilst reperfusion remained
7 unchanged. As our lung biopsies were collected immediately after reperfusion it is
8 unlikely that systemic inflammation or reperfusion injury would have been able to
9 influence gene expression, but rather that ischemia alone is capable of significantly
10 damaging the lungs.

11

12 Whilst the proteomic analysis of CPB identified several proteins that changed
13 expression in the pooled samples, this did not identify any specific pathways as
14 activated by routine CPB with lungs left collapsed. Proteomic analysis is hampered by
15 the short timeframes in which the surgery occurs and (to overcome resource
16 constraints) the pooling of samples from all patients in each treatment group. Whilst
17 pooling the samples loses the ability to discern individual patient variation, this
18 approach reduces biological variation and thereby increases the power to detect
19 treatment differences [26]. Nevertheless, CCKR signalling and integrin signalling
20 pathways were significantly over-represented by proteins up-regulated by CPB when
21 assessed using a raw p value <0.05 . As stated above, the CCKR signalling may be
22 induced by hypoxic conditions and up-regulated protein levels correlated well with
23 gene expression. The integrin signalling proteins consisted of collagen alpha-1 (I)
24 chain, the collagen alpha-1 (XIV) chain, the adapter molecule Crk and Crk-like
25 (CrkL) proteins. Crk and CrkL have been shown to play a key role in the activation

1 and transformation of fibroblasts, which are the principle produces of extracellular
2 matrix, including collagen in response to injury. These data indicate that fibroblast
3 activation, in response to lung injury, occurs at an early stage in CPB. **This study**
4 **provides valuable insight into the underlying mechanisms that drive lung**
5 **inflammation during CPB. This increased understanding may lead to more effective**
6 **interventions in the future.**

7
8

9 Proteomic analysis of the LFV group showed a significant decrease in proteins
10 representing blood circulation, such as haemoglobin, which was confirmed in the
11 biopsy samples. These data indicate that LFV may have increased vascular resistance
12 and further reduced pulmonary blood flow during surgery, which may increase the
13 level of ischemia and the level of pulmonary inflammation [27]. Patients undergoing
14 LFV did show an increase in requiring haemodynamic support following surgery
15 compared to those undergoing CPB with lungs left collapsed, so alternatively this
16 may reflect a reduction in blood pressure [14].

17

18 Whilst changes in lipids have been reported in response to oxidative stress, such as
19 the accumulation of pro-inflammatory isoprostanes and oxylipins in smokers and in
20 patients with cardiovascular disease, no significant changes in lipidomics were
21 detected following CPB, indicating that either the timeframe of the study was too
22 short for these changes to occur or CPB has little effect on the lipid composition of
23 the lung. The lack of change in the proteomics and lipidomic profiles detected may
24 also reflect the important role that post-translational modifications play in regulating

1 protein and lipid function. Unfortunately, examination of post-translational
2 modifications was beyond the scope of this study.

3

4 A major limitation of the study is the timing of the sample collection. The initial pilot
5 study was not designed to identify differences between ischemia and reperfusion and
6 ideally lung biopsies should have been taken immediately before and after reperfusion
7 occurred. Additionally the timing may be suboptimal for detecting changes which
8 drive lung injury following CPB. A study by Hepponstall examining the plasma
9 proteome following CPB found changes in C-reactive protein and hepatoglobin
10 peaked at 12-24 hours following surgery [28]. This is reflected in the differences in
11 results between the Luminex measure of cytokines in the plasma and the lung biopsy
12 proteomics. In the biopsies collected immediately post-surgery there was no
13 significant increases in the levels of inflammatory cytokines detected, which
14 contrasted with the significant increases in the plasma samples collected 24 hours
15 later, reflecting the several hours of transcription, translation and post-translational
16 modification required for fully mature cytokines to be produced. However, as shown
17 by our previous publication on LFV and CPB inflammatory signals, such as NF- κ B
18 were significantly higher immediately after surgery in the lung biopsies [14].
19 However, for practical reasons, later timepoints could not be directly measured in the
20 lung.

21

22 **Summary**

23 LFV increased pulmonary, but not systemic inflammation, following CPB. Semi-
24 biased transcriptomic and proteomic analysis of lung biopsies suggest that ischemia is
25 the principle driver of pulmonary inflammation following CPB and that LFV,

- 1 possibly through reduced blood flow through the bronchial artery and increased
- 2 surgery time, further enhances pulmonary ischemia and inflammation.
- 3
- 4
- 5

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12

13 **Statement of the contribution**

14 Substantial contributions to the conception or design of the work; or the acquisition,
15 analysis, or interpretation of data for the work: ALD, EAJ, RG, POB, JHB, KJH,
16 ADP, PL, EJ, BR

17 Drafting the work or revising it critically for important intellectual content: ALD,
18 EAJ, KJH, ADP, PL, FF, GDA, SM, IMA

19 Final approval of the version to be published: ALD, EAJ, FF, GDA, IMA

20 Agreement to be accountable for all aspects of the work in ensuring that questions
21 related to the accuracy or integrity of any part of the work are appropriately
22 investigated and resolved: ALD, EAJ, FF, GDA, IMA

23

24 **Conflicts of interest**

25 None declared

1

2

1 **References:**

2

3 [1] B. Bridgewater, B. Keogh, R. Kinsman, P. Walton, SCTS 6th National Adult
4 Cardiac Surgical Database Report 2008, 2008.

5 <https://doi.org/10.1016/j.healun.2014.04.010>.

6 [2] R.A. Bronicki, M. Hall, Cardiopulmonary Bypass-Induced Inflammatory
7 Response: Pathophysiology and Treatment., *Pediatr. Crit. Care Med.* 17 (2016)
8 S272-8. <https://doi.org/10.1097/PCC.0000000000000759>.

9 [3] C. Schlensak, T. Doenst, S. Preusser, M. Wunderlich, M. Kleinschmidt, F.
10 Beyersdorf, Cardiopulmonary bypass reduction of bronchial blood flow: a
11 potential mechanism for lung injury in a neonatal pig model., *J. Thorac.*
12 *Cardiovasc. Surg.* 123 (2002) 1199–1205.

13 [4] C. Schlensak, T. Doenst, S. Preusser, M. Wunderlich, M. Kleinschmidt, F.
14 Beyersdorf, Bronchial artery perfusion during cardiopulmonary bypass does
15 not prevent ischemia of the lung in piglets: assessment of bronchial artery
16 blood flow with fluorescent microspheres., *Eur. J. Cardiothorac. Surg.* 19
17 (2001) 322–326.

18 [5] P.J. Chai, J.A. Williamson, A.J. Lodge, C.W. Daggett, J.E. Scarborough, J.N.
19 Meliones, I.M. Cheifetz, J.J. Jagers, R.M. Ungerleider, Effects of ischemia on
20 pulmonary dysfunction after cardiopulmonary bypass., *Ann. Thorac. Surg.* 67
21 (1999) 731–735.

22 [6] J.M. Dodd-o, L.E. Welsh, J.D. Salazar, P.L. Walinsky, E.A. Peck, J.G. Shake,
23 D.J. Caparrelli, B.T. Bethea, S.M. Cattaneo, W.A. Baumgartner, D.B. Pearse,
24 Effect of bronchial artery blood flow on cardiopulmonary bypass-induced lung
25 injury., *Am. J. Physiol. Heart Circ. Physiol.* 286 (2004) H693-700.

- 1 <https://doi.org/10.1152/ajpheart.00888.2003>.
- 2 [7] F. Bagheri, V. Khor, A.M. Alizadeh, S. Khalighfard, S. Khodayari, H.
3 Khodayari, Reactive oxygen species-mediated cardiac-reperfusion injury:
4 Mechanisms and therapies., *Life Sci.* 165 (2016) 43–55.
5 <https://doi.org/10.1016/j.lfs.2016.09.013>.
- 6 [8] E. Pantazi, M. Bejaoui, E. Folch-Puy, R. Adam, J. Rosello-Catafau, *Advances*
7 *in treatment strategies for ischemia reperfusion injury.*, *Expert Opin.*
8 *Pharmacother.* 17 (2016) 169–179.
9 <https://doi.org/10.1517/14656566.2016.1115015>.
- 10 [9] B.P. Van Putte, J. Kesecioglu, J.M.H. Hendriks, V.P. Persy, E. van Marck,
11 P.E.Y. Van Schil, M.E. De Broe, Cellular infiltrates and injury evaluation in a
12 rat model of warm pulmonary ischemia-reperfusion., *Crit. Care.* 9 (2005) R1-8.
13 <https://doi.org/10.1186/cc2992>.
- 14 [10] P.B. Anning, Y. Chen, N.J. Lamb, S. Mumby, G.J. Quinlan, T.W. Evans, J.M.
15 Gutteridge, Iron overload upregulates haem oxygenase 1 in the lung more
16 rapidly than in other tissues., *FEBS Lett.* 447 (1999) 111–114.
- 17 [11] S. Mumby, T.W. Koh, J.R. Pepper, J.M. Gutteridge, Risk of iron overload is
18 decreased in beating heart coronary artery surgery compared to conventional
19 bypass., *Biochim. Biophys. Acta.* 1537 (2001) 204–210.
- 20 [12] H. Imura, M. Caputo, K. Lim, M. Ochi, M.S. Suleiman, K. Shimizu, G.D.
21 Angelini, Pulmonary injury after cardiopulmonary bypass: Beneficial effects of
22 low-frequency mechanical ventilation, *J. Thorac. Cardiovasc. Surg.* 137 (2009)
23 1530–1537. <https://doi.org/10.1016/j.jtcvs.2008.11.014>.
- 24 [13] A.B. Durukan, H.A. Gurbuz, N. Salman, E.U. Unal, H.I. Ucar, C.E.M.
25 Yorgancioglu, Ventilation during cardiopulmonary bypass did not attenuate

- 1 inflammatory response or affect postoperative outcomes., *Cardiovasc. J. Afr.*
2 24 (2013) 224–230. <https://doi.org/10.5830/CVJA-2013-041>.
- 3 [14] F. Fiorentino, E. Al Jaaly, A. Durham, I. Adcock, G. Lockwood, E. Jazrawi, C.
4 Rogers, R. Ascione, B. Reeves, G. Angelini, Low frequency ventilation during
5 cardiopulmonary bypass for lung protection: A randomised controlled trial, *J.*
6 *Card. Surg.* (2019). <https://doi.org/10.1111/jocs.14044>.
- 7 [15] E.G. Bligh, W.J. Dyer, A Rapid Method Of Total Lipid Extraction And
8 Purification, *Can. J. Biochem. Physiol.* 37 (1959) 911–917.
9 <https://doi.org/10.1139/o59-099>.
- 10 [16] A.D. Postle, D.C. Wilton, A.N. Hunt, G.S. Attard, Probing phospholipid
11 dynamics by electrospray ionisation mass spectrometry, *Prog. Lipid Res.* 46
12 (2007) 200—224. <https://doi.org/10.1016/j.plipres.2007.04.001>.
- 13 [17] H. Mi, S. Poudel, A. Muruganujan, J.T. Casagrande, P.D. Thomas, PANTHER
14 version 10: expanded protein families and functions, and analysis tools.,
15 *Nucleic Acids Res.* 44 (2016) D336-42. <https://doi.org/10.1093/nar/gkv1194>.
- 16 [18] M. Ficial, C. Antonaglia, M. Chilosi, M. Santagiuliana, A.-O. Tahseen, D.
17 Confalonieri, L. Zandona, R. Bussani, M. Confalonieri, Keratin-14 expression
18 in pneumocytes as a marker of lung regeneration/repair during diffuse alveolar
19 damage., *Am. J. Respir. Crit. Care Med.* 189 (2014) 1142–1145.
20 <https://doi.org/10.1164/rccm.201312-2134LE>.
- 21 [19] K.M. Ridge, L. Linz, F.W. Flitney, E.R. Kuczmarski, Y.-H. Chou, M.B.
22 Omary, J.I. Sznajder, R.D. Goldman, Keratin 8 phosphorylation by protein
23 kinase C delta regulates shear stress-mediated disassembly of keratin
24 intermediate filaments in alveolar epithelial cells., *J. Biol. Chem.* 280 (2005)
25 30400–30405. <https://doi.org/10.1074/jbc.M504239200>.

- 1 [20] S. Sivaramakrishnan, J. V DeGiulio, L. Lorand, R.D. Goldman, K.M. Ridge,
2 Micromechanical properties of keratin intermediate filament networks, Proc.
3 Natl. Acad. Sci. 105 (2008) 889–894.
4 <https://doi.org/10.1073/pnas.0710728105>.
- 5 [21] D. Paparella, T.M. Yau, E. Young, Cardiopulmonary bypass induced
6 inflammation: pathophysiology and treatment. An update., Eur. J.
7 Cardiothorac. Surg. 21 (2002) 232–244.
- 8 [22] M. Caputo, A. Mokhtari, C.A. Rogers, N. Panayiotou, Q. Chen, M.T. Ghorbel,
9 G.D. Angelini, A.J. Parry, C. M., M. A., R. C.A., P. N., C. Q., G. M.T., A.
10 G.D., P. A.J., The effects of normoxic versus hyperoxic cardiopulmonary
11 bypass on oxidative stress and inflammatory response in cyanotic pediatric
12 patients undergoing open cardiac surgery : A randomized controlled trial, J.
13 Thorac. Cardiovasc. Surg. 138 (2010) 206–214.
14 <https://doi.org/10.1016/j.jtcvs.2008.12.028>.The.
- 15 [23] J. Nanduri, G. Yuan, G.K. Kumar, G.L. Semenza, N.R. Prabhakar,
16 Transcriptional responses to intermittent hypoxia., Respir. Physiol. Neurobiol.
17 164 (2008) 277–281. <https://doi.org/10.1016/j.resp.2008.07.006>.
- 18 [24] A.S. Slutsky, R. V Marco, Ventilator-Induced Lung Injury, N. Engl. J. Med.
19 369 (2013) 2126–2136. <https://doi.org/10.1056/NEJMra1208707>.
- 20 [25] C. Schlensak, F. Beyersdorf, Lung injury during CPB: pathomechanisms and
21 clinical relevance, Interact. Cardiovasc. Thorac. Surg. . 4 (2005) 381–382.
22 <https://doi.org/10.1510/icvts.2005.117853>.
- 23 [26] A.P. Diz, M. Truebano, D.O.F. Skibinski, The consequences of sample pooling
24 in proteomics: an empirical study., Electrophoresis. 30 (2009) 2967–2975.
25 <https://doi.org/10.1002/elps.200900210>.

- 1 [27] K.A. Dora, C.P. Stanley, E. Al Jaaly, F. Fiorentino, R. Ascione, B.C. Reeves,
2 G.D. Angelini, Isolated Human Pulmonary Artery Structure and Function Pre-
3 and Post-Cardiopulmonary Bypass Surgery, *J. Am. Hear. Assoc. Cardiovasc.*
4 *Cerebrovasc. Dis.* 5 (2016) e002822.
5 <https://doi.org/10.1161/JAHA.115.002822>.
- 6 [28] M. Hepponstall, V. Ignjatovic, S. Binos, C. Attard, V. Karlaftis, Y. d’Udekem,
7 P. Monagle, I.E. Konstantinov, Cardiopulmonary bypass changes the plasma
8 proteome in children undergoing tetralogy of Fallot repair, *Perfusion.* 30 (2015)
9 556–564. <https://doi.org/10.1177/0267659114566065>.

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Figure Legends:

Figure 1. Cytokine levels following surgery.

Plasma was extracted from the blood of patients collected after anaesthetic induction but before the cardio-pulmonary bypass (CPB) procedure (pre-CPB), and at 24hrs post-operation (post-CPB). Patients who underwent CPB with lungs left collapsed shown in black (n=18). Patients shown in grey (n=18) received CPB with low frequency ventilation (LFV). Concentrations of (A) IL-6, (B) IL-8, (C) IL-10, (D) IL-1 β and (E) MCP-1 in the plasma were quantified with a multiplex assay. Data was analysed Friedman Test statistical analysis with Dunn's multiple comparison post-test; **p<0.01, ***p<0.001, ****p<0.0001.

Figure 2. Measurements in blood plasma following surgery.

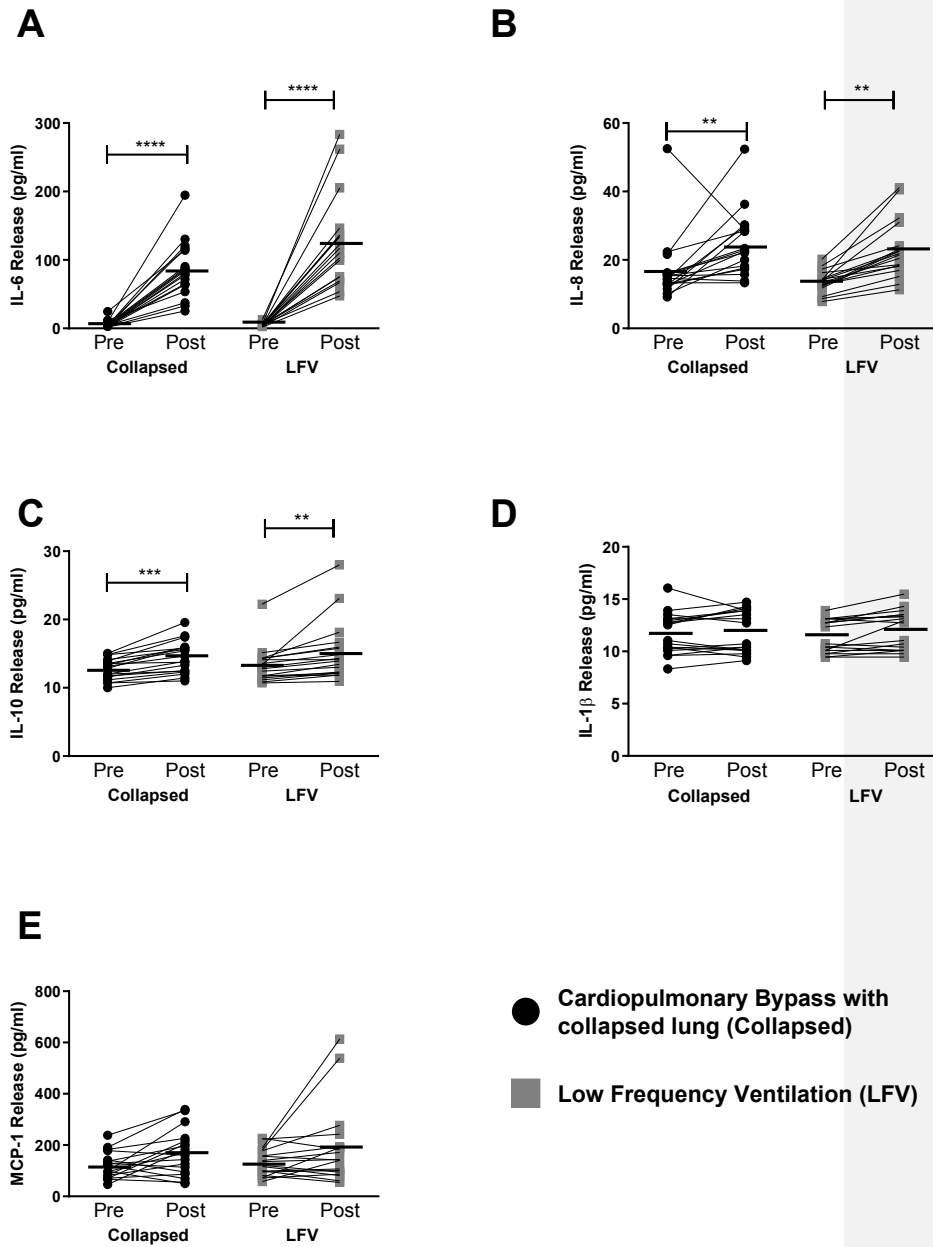
Plasma samples were measured at various timepoints following surgery, (A) cell free heme in the patients undergoing CPB with lungs left collapsed (n=18), (B) heme in patients undergoing CPB with LFV (n=18) (C) oxidation reduction potential (ORP) (D) anti-oxidant capacity (AOC). The control group is shown in black and the LFV group in grey. Data from both patient groups were combined to examine the effects of the CPB circuit on (E) ORP and (F) AOC. Data were analysed using Friedman Test statistical analysis with Dunn's multiple comparison post-test *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001.

Figure 3. Measurements in lung biopsies following surgery.

(A) Hypoxia inducible factor 1 alpha (*HIF1A*) gene expression in lung biopsies pre- and post-surgery using either CPB with lungs left collapsed or with LFV. *HIF1A* gene expression (normalised to 18S) was significantly increased (the median gene expression doubled) in lung tissue following CPB, with (n=18) or without LFV (n=18). LFV biopsies had significantly higher levels of *HIF1A* gene expression compared to biopsies from patients who underwent CPB with lungs left collapsed. Lung biopsies were taken prior to bypass (Pre) and after surgery, immediately before reperfusion (Post). n=18 in each group of patients *p<0.05, **p<0.01 comparing groups post-surgery, Wilcoxon matched-pairs signed rank test.

(B) Total Heme in lung biopsy samples from both groups, both pre- and post-surgery. Whilst heme levels were not significantly altered in the biopsies from patients undergoing CPB with lungs left collapsed they were significantly reduced in the biopsies from patients undergoing CPB with LFV following surgery. n=18 in each group of patients *p<0.05, **p<0.01 comparing groups post-surgery, Wilcoxon matched-pairs signed rank test.

Figures:
Figure 1.



Commented [1]: Figure order updated

Figure 2.

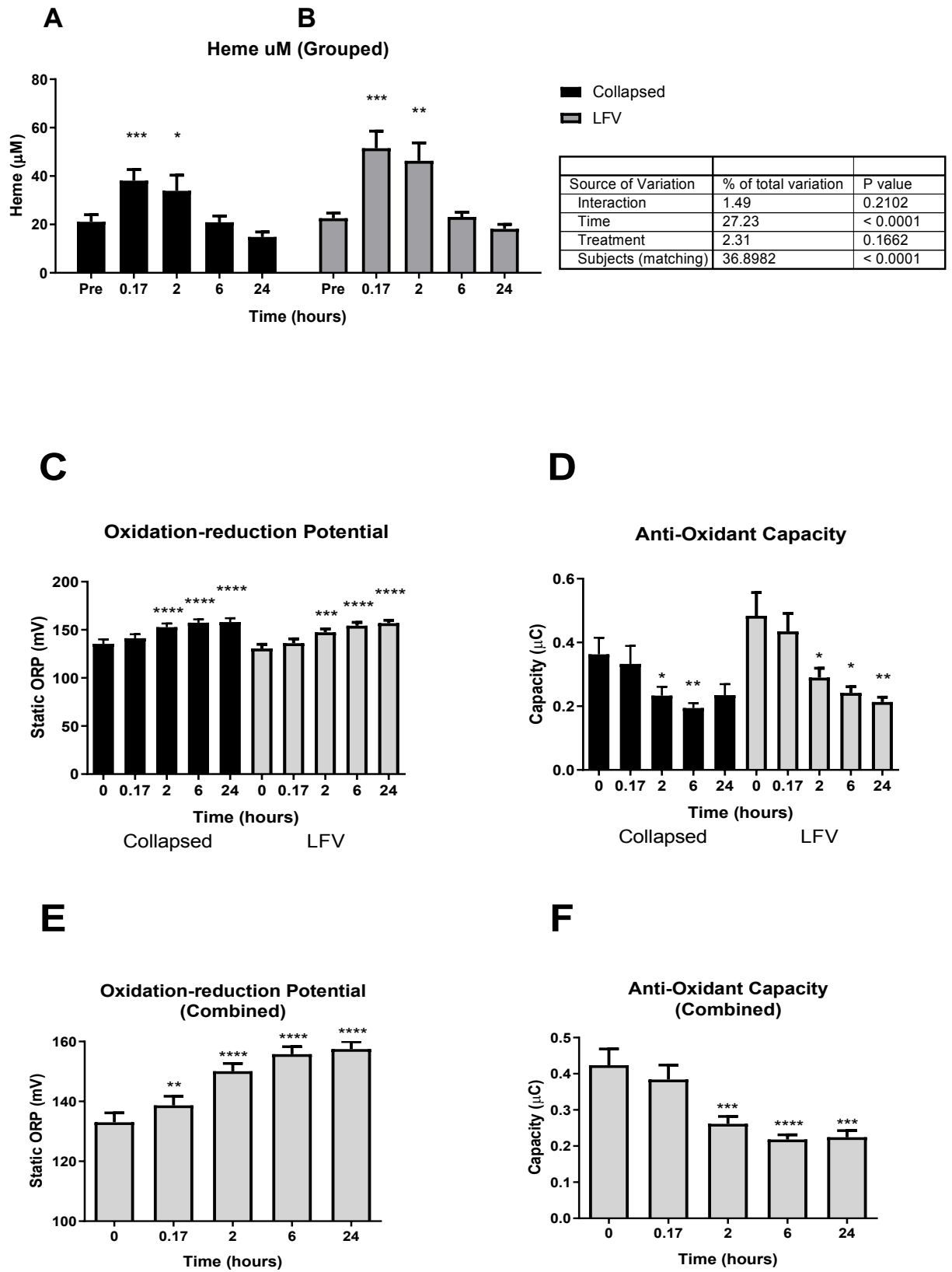
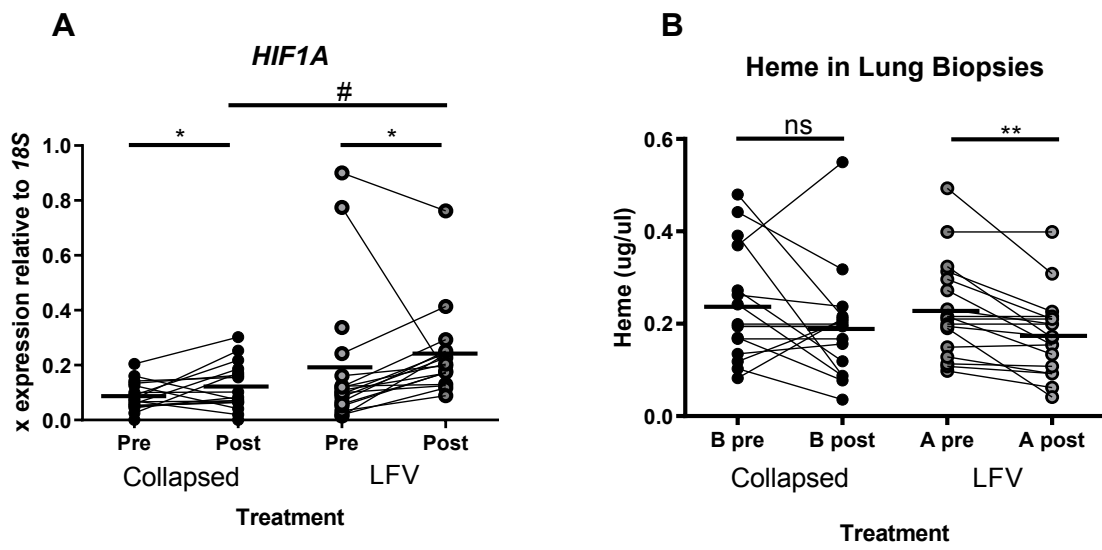


Figure 3.



1 **Supplemental Data:**

2
3 **Multi-omic analysis of the effects of low frequency ventilation during**
4 **cardiopulmonary bypass surgery.**

5
6 Durham AL PhD¹, Al Jaaly E MD², Graham R MSc¹, Brook PO MSc¹, Bae JH BSc¹,
7 Heesom KJ PhD³, Postle AD PhD⁴, Lavender P PhD⁵, Jazrawi E BSc¹, Reeves B
8 DPhil², Fiorentino F PhD², Mumby S PhD¹, Angelini GD MD^{2,6}, Adcock IM PhD¹.

9
10
11 **Supplemental methods:**

12 **Transcriptomics:**

13 For RNA extraction biopsies were placed in in RLT buffer (Qiagen) and
14 homogenized using Precellys® ceramic beads (Cayman Chemicals, Cambridge,
15 UK). Subsequently RNA was extracted using RNeasy extraction kit following
16 manufacturer's instructions (Qiagen, Manchester, UK).

17
18 RNA was quantified by NanoDrop spectrophotometer (ThermoFisher, Waltham,
19 MA, USA) and quality was checked by LabChip® spectrophotometer (Perkin
20 Elmer). Subsequently RNA was amplified, converted to cDNA using the cDNA
21 Ovation Pico WTA System (NuGen, San Carlos, CA, USA) and biotin labelled, using
22 the Encore BiotinIL Module (Nugen), following the manufacturer's instructions.
23 The cDNA was quantified and qualified, as above, and gene expression was
24 measured using the Affymetrix GeneChip Human Gene 1.0 ST Array
25 (ThermoFisher) following the manufacturer's instructions. Microarray data was

1 analysed using Partek Genomics Suite 6.6 (Partek GS, St. Louis, MI, USA)
2 software and PANTHER gene ontology.[1]

3
4 RNA samples were also quantified using RT-qPCR. In brief the RNA
5 concentration was determined using a NanoDrop 2000c spectrophotometer and
6 standardised to 50ng/μL. Reverse transcription to create single stranded cDNA
7 was performed using a high-capacity cDNA kit (Applied Biosystems, Foster City,
8 CA, USA), following the manufacturer's instructions. qPCR was performed using a
9 Rotor-Gene 3000 PCR machine (Corbett Research, Cambridge, UK) using a
10 QuantiTect SYBR Green PCR kit and normalised to *18S*rRNA.

11

12 **Proteomics:**

13 Protein was extracted as described previously. In brief samples were
14 homogenized in RIPA buffer (Sigma Aldrich, Poole, UK) containing HALT
15 protease and phosphatase inhibitors (ThermoFisher, Paisley, UK) using
16 Precellys® ceramic beads (Cayman Chemicals). After 30 minutes incubation at
17 4°C the samples were centrifuged (13,000g, 5 minutes, 4°C).

18

19 Supernatants from each group were quantified against a standard curve using
20 the bininchoninic acid (BCA) assay (Sigma Aldrich) and equal amounts from each
21 sample were pooled and changes in protein expression analysed using tandem
22 mass tagging (TMT), as described previously.[2]

23

24 **TMT Labelling and cation exchange chromatography**

1 Aliquots of 100µg of each sample were digested with trypsin (2.5µg trypsin per
2 100µg protein; 37°C, overnight) and labelled with Tandem Mass Tag (TMT)
3 sixplex reagents according to the manufacturer's protocol (Thermo Fisher
4 Scientific, Loughborough, LE11 5RG, UK). After labelling, samples were pooled
5 and a 50µg aliquot evaporated to dryness and resuspended in Buffer A (10mM
6 KH₂PO₄, 25%MeCN pH3) prior to fractionation by strong cation exchange using
7 an Ettan LC system (GE Healthcare). In brief, the sample was loaded onto a
8 PolysulphoethylA column (100 x 2.1mm, 5µm, 200A; PolyLC Inc.) in buffer A and
9 peptides eluted with an increasing gradient of buffer B (10mM KH₂PO₄,
10 25%MeCN 1M KCl pH3) from 0-100% over 30 minutes. The resulting fractions
11 were evaporated to dryness, resuspended in 5% formic acid and then desalted
12 using SepPak cartridges according to the manufacturer's instructions (Waters,
13 Milford, Massachusetts, USA)). Eluate from the SepPak cartridge was again
14 evaporated to dryness and resuspended in 1% formic acid prior to analysis by
15 nano-LC MSMS using an LTQ-Orbitrap Velos Mass Spectrometer.

16

17 **Nano-LC Mass Spectromerty**

18 Cation exchange fractions were further fractionated using an Ultimate 3000
19 nanoHPLC system in line with an LTQ-Orbitrap Velos mass spectrometer
20 (Thermo Scientific). In brief, peptides in 1% (vol/vol) formic acid were injected
21 onto an Acclaim PepMap C18 nano-trap column (Thermo Scientific). After
22 washing with 0.5% (vol/vol) acetonitrile 0.1% (vol/vol) formic acid peptides
23 were resolved on a 250 mm × 75 µm Acclaim PepMap C18 reverse phase
24 analytical column (Thermo Scientific) over a 150 min. organic gradient, using 7
25 gradient segments (1-6% solvent B over 1min., 6-15% B over 58min., 15-32%B

1 over 58min., 32-40%B over 5min., 40-90%B over 1min., held at 90%B for 6min
2 and then reduced to 1%B over 1min.) with a flow rate of 300 nl min⁻¹. Solvent A
3 was 0.1% formic acid and Solvent B was aqueous 80% acetonitrile in 0.1%
4 formic acid. Peptides were ionized by nano-electrospray ionization at 2.0kV
5 using a stainless-steel emitter with an internal diameter of 30 µm (Thermo
6 Scientific) and a capillary temperature of 250°C. Tandem mass spectra were
7 acquired using an LTQ- Orbitrap Velos mass spectrometer controlled by Xcalibur
8 2.1 software (Thermo Scientific) and operated in data-dependent acquisition
9 mode. The Orbitrap was set to analyze the survey scans at 60,000 resolution (at
10 m/z 400) in the mass range m/z 300 to 1800 and the top ten multiply charged
11 ions in each duty cycle selected for MS/MS fragmentation using higher-energy
12 collisional dissociation (HCD) with normalized collision energy of 45%,
13 activation time of 0.1 ms and at a resolution of 7500 within the Orbitrap. Charge
14 state filtering, where unassigned precursor ions were not selected for
15 fragmentation, and dynamic exclusion (repeat count, 1; repeat duration, 30s;
16 exclusion list size, 500) were used.

17

18 **Data Analysis**

19 The raw data files were processed and quantified using Proteome Discoverer
20 software v1.2 (Thermo Scientific) and searched against the UniProt Human
21 database using the SEQUEST algorithm. Peptide precursor mass tolerance was
22 set at 10ppm, and MS/MS tolerance was set at 20mmu. Search criteria included
23 oxidation of methionine (+15.9949) as a variable modification and
24 carbamidomethylation of cysteine (+57.0214) and the addition of the TMT 6Plex
25 mass tag (+229.163) to peptide N-termini and lysine as fixed modifications.

1 Searches were performed with full tryptic digestion and a maximum of 1 missed
2 cleavage was allowed. The reverse database search option was enabled and all
3 peptide data was filtered to satisfy false discovery rate (FDR) of 5%.

4

5 **Lipidomics:**

6 Lung tissue was weighed and homogenised on ice in 1.6ml of 0.9% saline
7 together with 20µl of the anti-oxidant butylated hydroxyl toluene (BHT) (20
8 mg/ml in methanol), using a Heidolph Silent Crusher S. The homogenised lung
9 samples were stored at -80°C for subsequent lipid extraction. An aliquot of lung
10 homogenate (800 µl) was lipid extracted with dichloromethane and methanol[3]
11 after addition of internal quantification standards (PC14:0/14:0 10nmol,
12 PE14:0/14:0 4nmol, TAG14:0/14:0/14:0 10nmol, PG14:0/14:0 2nmol,
13 PS14:0/14:0 2nmol, PS14:0/14:0 2nmole, CE17:0 1nmol,
14 CL14:0/14:0/14:0/14:0/14:0 1nmol) in 100µl methanol. The dichloromethane
15 fraction was dried under nitrogen gas and the resultant extract was analysed
16 using a Waters Xevo TQ mass spectrometer (Waters, Wythenshaw, UK). Samples
17 were introduced to the mass spectrometer by syringe-driven direct infusion and
18 the various lipid classes analysed by a comprehensive platform of diagnostic
19 precursor and neutral loss scans as described previously.[4] Mass spectrometry
20 results were initially processed by MassLynx software and subsequently
21 quantified by dedicated Excel macro programmes.

22

23 **Supplemental references:**

24

- 1 [1] H. Mi, S. Poudel, A. Muruganujan, J.T. Casagrande, P.D. Thomas, PANTHER
2 version 10: expanded protein families and functions, and analysis tools,
3 Nucleic Acids Res. 44 (2016) D336-42.
4 <https://doi.org/10.1093/nar/gkv1194>.
- 5 [2] S. Abdul-Ghani, K.J. Heesom, G.D. Angelini, M.-S. Suleiman, Cardiac
6 phosphoproteomics during remote ischemic preconditioning: a role for the
7 sarcomeric Z-disk proteins., Biomed Res. Int. 2014 (2014) 767812.
8 <https://doi.org/10.1155/2014/767812>.
- 9 [3] E.G. Bligh, W.J. Dyer, A Rapid Method Of Total Lipid Extraction And
10 Purification, Can. J. Biochem. Physiol. 37 (1959) 911–917.
11 <https://doi.org/10.1139/o59-099>.
- 12 [4] A.D. Postle, D.C. Wilton, A.N. Hunt, G.S. Attard, Probing phospholipid
13 dynamics by electrospray ionisation mass spectrometry, Prog. Lipid Res.
14 46 (2007) 200—224. <https://doi.org/10.1016/j.plipres.2007.04.001>.
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1 **Supplemental Tables:**

2 **Table 1. Differentially expressed genes in lung following CPB with lungs left**
3 **collapsed.**

4 Gene expression was measured in lung biopsies taken immediately following
5 induction of bypass and immediately prior to the commencement of reperfusion.

6 Data are organised by ratio of gene expression of the post: pre-surgery samples
7 from patients undergoing CPB with lungs left collapsed.

8

<i>Gene Name</i>	<i>p-value</i>	<i>Ratio (Post vs. pre surgery)</i>
CCL2	1.56E-17	6.7442
IL6	2.66E-13	6.59224
THBS1	2.69E-10	4.99284
IER3	3.45E-14	4.95907
EGR1	1.19E-11	4.85421
ADAMTS1	9.20E-13	4.52339
NAMPT	7.02E-14	4.38552
ZFP36	8.06E-13	4.24673
MT2A	9.45E-11	4.18274
AXUD1	6.87E-12	3.93191
PTGS2	1.89E-10	3.63922
GADD45B	7.16E-11	3.41388
CDKN1A	7.22E-13	3.39603
NFIL3	4.68E-14	3.38138
MYC	6.46E-13	3.37585

<i>IL8</i>	2.29E-09	3.11566
<i>PIM1</i>	1.77E-11	3.07144
<i>RGS2</i>	1.27E-09	3.05557
<i>NR4A2</i>	4.01E-10	3.03127
<i>SIK1</i>	4.11E-11	2.88863
<i>CXCL2</i>	1.13E-10	2.87649
<i>FOSB</i>	1.59E-05	2.85606
<i>RNF122</i>	3.23E-10	2.74991
<i>BHLHB2</i>	7.16E-10	2.69932
<i>DUSP5</i>	2.27E-10	2.61988
<i>EGR3</i>	6.07E-11	2.59004
<i>NR4A3</i>	4.53E-11	2.57595
<i>SLC2A3</i>	8.13E-09	2.44753
<i>MIDN</i>	7.50E-07	2.31974
<i>FOS</i>	1.52E-05	2.16802

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1 **Table 2. Altered transcriptomic pathways and processes altered by lungs left collapsed and LFV.**

2 Table showing the pathways and biological processes activated during cardio-pulmonary bypass with lungs left collapsed (collapsed) or
 3 with low-frequency ventilation (LFV) during surgery. Data shows the fold enrichment compared to the expected gene number in the
 4 sample size. P values include Bonferroni correction for multiple comparisons.

5

Pathway	Collapsed		LFV		LFV vs. Collapsed		Combined Collapsed and LFV groups post vs. pre surgery	
	Fold-change	Adj P value	Fold-change	Adj P value	Fold-change	Adj P value	Fold-change	Adj P value
CCKR signalling map	+ 31.28	2.26E-08	+ 19.66	2.14E-10	+ 20.20	6.81E-03	+ 20.20	9.53E-07
Interleukin signaling pathway	+ 34.52	5.41E-05	+ 14.46	4.34E-03			+ 22.29	5.10E-04
p53 pathway	+ 23.06	4.81E-02	+ 12.88	4.46E-02			+ 19.86	8.22E-03
Inflammation mediated by chemokine and cytokine signaling pathway			+ 8.69	6.60E-04	13.39	3.30E-02		

Gonadotropin-releasing hormone receptor pathway			+ 8.44	3.27E-03				
Plasminogen activating cascade					+ 97.09	3.17E-02		
Oxidative Stress Response							+ 23.41	4.76E-02
Process								
Endoderm development			+ >100	3.66E-02			+ >100	1.53E-02
MAPK cascade			+ 7.75	3.16E-02			+ 11.95	4.62E-04
Cell death			+ 65.40	3.30E-02	+ >100	2.53E-02		
Response to stress			+ 4.28	2.23E-03			5.08	5.05E-03
Localization							+ 14.21	4.52E-02

1

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4

1 **Table 3.** Differentially expressed genes in lung samples in the LFV group. The
 2 expression of the same genes in the lungs left collapsed (Collapsed) group is
 3 shown for comparison (where also significantly changed).

4 The data shows the genes that were significantly changed post-surgery
 5 comparing the pre- and post-surgery samples from the LFV group. Data are
 6 organised by ratio of gene expression of the post: pre-surgery samples. Also
 7 shown are the p-values and ratios for the same genes in the CPB group pre- and
 8 post-surgery.

9

<i>Gene</i>	<i>p-value (Post LFV post vs. pre LFV)</i>	<i>Ratio (Post LFV post vs. pre LFV)</i>	<i>p-value (Collapsed post vs. Collapsed pre)</i>	<i>Ratio (Collapsed post vs. Collapsed pre)</i>
EGR1	1.52E-10	4.31211	1.19E-11	4.85421
CCL2	3.14E-11	3.7367	1.56E-17	6.7442
ZFP36	2.33E-10	3.39726	8.06E-13	4.24673
IER3	5.24E-10	3.36618	3.45E-14	4.95907
FOSB	1.97E-06	3.23688	1.59E-05	2.85606
IL6	4.20E-07	3.20897	2.66E-13	6.59224
AXUD1	7.36E-09	2.97975	6.87E-12	3.93191
GADD45B	8.53E-09	2.84233	7.16E-11	3.41388
RGS2	9.57E-09	2.82692	1.27E-09	3.05557
PTGS2	2.02E-07	2.71364	1.89E-10	3.63922
NAMPT	2.76E-08	2.69011	7.02E-14	4.38552

ADAMTS1	3.20E-07	2.65546	9.20E-13	4.52339
THBS1	4.31E-05	2.58619	2.69E-10	4.99284
CDKN1A	2.66E-09	2.58471	7.22E-13	3.39603
NR4A2	4.81E-08	2.54051	4.01E-10	3.03127
MT2A	1.58E-05	2.3859	9.45E-11	4.18274
MYC	3.80E-08	2.34622	6.46E-13	3.37585
SIK1	2.79E-08	2.33506	4.11E-11	2.88863
DUSP5	1.37E-08	2.3046	2.27E-10	2.61988
CYR61	0.000139197	2.28028		
BHLHB2	1.21E-07	2.26944	7.16E-10	2.69932
MT1A	0.00023541	2.21719		
FOS	9.31E-06	2.21653	1.52E-05	2.16802
SLC2A3	1.90E-07	2.20188	8.13E-09	2.44753
NFIL3	5.29E-08	2.19547	4.68E-14	3.38138
IL8	1.23E-05	2.17884	2.29E-09	3.11566
PIM1	4.81E-07	2.172	1.77E-11	3.07144
CXCL2	7.34E-07	2.13394	1.13E-10	2.87649
DUSP1	0.000566532	2.12812		
CRISPLD2	0.000119155	2.12754		
MIDN	1.03E-05	2.087	7.50E-07	2.31974
NR4A3	1.67E-07	2.02404	4.53E-11	2.57595
EGR3	2.96E-07	2.00958	6.07E-11	2.59004
SGK	0.000488729	2.00601		
RNF122	3.46E-06	2.00402	3.23E-10	2.74991
TRIB1	0.000175232	2.0034		

MTE	0.000367452	1.91892		
CHSY1	7.99E-05	1.8969		
CEBPD	9.24E-06	1.89357		
LDLR	0.00117263	1.86047		
NR4A1	1.09E-07	1.85738		
GADD45A	9.63E-08	1.82664		
ERRFI1	0.000199363	1.82399		
RASD1	0.00262772	1.81266		
LOC441019	3.63E-05	1.80627		
ELL2	0.000212275	1.80179		
FOSL2	1.06E-06	1.79105		
MIR21	0.000263131	1.76523		
JUNB	9.80E-08	1.7545		
ATP1B3	0.000288746	1.74548		
MAT2A	0.0012663	1.73094		
SLC20A1	8.56E-05	1.72167		
MT1E	3.74E-05	1.71535		
B4GALT1	0.00558024	1.69002		
NFKBIZ	1.00E-05	1.68699		
ALDH1A3	0.00342271	1.68698		
OBFC2A	0.000204148	1.65775		
SPSB1	0.0011272	1.65691		
LOC387763	1.66E-05	1.64433		
NFKBIA	0.00184104	1.63908		
IL1B	4.37E-05	1.62737		

<i>CXCR7</i>	0.00129761	1.62714		
<i>RHOU</i>	6.78E-05	1.62591		
<i>CCL8</i>	0.000337713	1.62543		
<i>APOLD1</i>	0.000140595	1.61926		
<i>SYT4</i>	0.0240593	1.58715		
<i>PLAU</i>	9.09E-05	1.56036		
<i>UAP1</i>	3.77E-05	1.55889		
<i>SOD2</i>	0.00203168	1.51347		
<i>MT1X</i>	0.00693741	1.50511		
<i>C2CD4B</i>	0.000338994	1.49971		
<i>NNMT</i>	0.00555558	1.49559		
<i>SERPINB2</i>	0.00229441	1.45598		
<i>TIMP1</i>	0.0251605	1.42749		
<i>RDH10</i>	0.000361211	1.42187		
<i>C13orf33</i>	0.000883785	1.3788		
<i>TRK1</i>	0.0259384	1.32595		
<i>TRQ1</i>	0.00924457	1.3179		
<i>PTX3</i>	0.0140338	1.29593		

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1 **Table 4.** Differentially expressed proteins identified by TMT, comparing CPB
 2 with lungs left collapsed and LFV.

3 The proteins highlighted in bold were not changed at baseline between the two
 4 groups.

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Accession	# AAs	MW [kDa]	calc. pI	Collapsed /LFV	Description
Q15423	64	7.1	8.18	3.700	Serum amyloid A protein (Fragment)
B4DIF5	345	39.2	8.92	2.478	cDNA FLJ55687, highly similar to Cell cycle control protein 50A
P20851	252	28.3	5.14	2.283	C4b-binding protein beta chain
Q8IUL9	105	11.5	6.05	2.251	Hemoglobin beta chain variant Hb.Sinai-Bel Air (Fragment)
Q6VFAQ6	42	4.5	8.24	1.766	Hemoglobin beta chain (Fragment)
Q92531	187	19.7	6.32	1.712	P35-related protein (Fragment)
Q3MIB5	262	28.7	5.27	1.617	INMT protein (Fragment)
P02774	474	52.9	5.54	1.608	Vitamin D-binding protein
B4DWJ7	155	17.5	8.37	1.597	cDNA FLJ54968
P11686	197	21.0	6.65	1.583	Pulmonary surfactant-associated protein C
Q5T619	568	62.3	8.62	1.573	Zinc finger protein 648
E5RGQ7	148	16.8	8.88	1.563	Dematin (Fragment)
S6BGD6	235	24.8	7.24	1.557	IgG L chain
Q6J1Z9	90	9.6	9.50	1.540	Hemoglobin alpha 1 (Fragment)

P02042	147	16.0	8.05	1.522	Hemoglobin subunit delta
Q6J1Z8	42	4.5	9.38	1.507	Hemoglobin beta (Fragment)
D3DTX7	885	84.7	6.24	0.664	Collagen, type I, alpha 1, isoform CRA_a
M0QZ50	93	9.8	4.48	0.663	Microtubule-associated protein 15
P01861	327	35.9	7.36	0.662	Ig gamma-4 chain C region
A0A087WTA8	1364	129.1	9.01	0.658	Collagen alpha-2(I) chain
O76041	1014	116.4	7.99	0.654	Nebulette
P08519	4548	501.0	5.88	0.652	Apolipoprotein(a)
C9JNE5	191	21.7	9.61	0.648	Myeloid leukemia factor 1 (Fragment)
H3BRW3	109	11.7	9.96	0.636	FAD-linked sulfhydryl oxidase ALR
P27701	267	29.6	5.24	0.636	CD82 antigen
Q9NZ09	502	55.0	5.11	0.635	Ubiquitin-associated protein 1
A4FU00	317	35.6	5.81	0.634	SYT2 protein (Fragment)
B4DMJ5	242	27.3	4.50	0.634	cDNA FLJ53012, highly similar to Tubulin beta-7 chain
P07451	260	29.5	7.34	0.633	Carbonic anhydrase 3
Q6PII6	533	58.3	4.77	0.610	TMF1 protein (Fragment)
P35908	639	65.4	8.00	0.603	Keratin, type II cytoskeletal 2 epidermal
P01880	384	42.2	7.93	0.591	Ig delta chain C region
A2J1N5	94	10.4	9.13	0.590	Rheumatoid factor RF-ET6 (Fragment)
P81605	110	11.3	6.54	0.586	Dermcidin
Q7Z616	1101	118.5	4.81	0.567	Rho GTPase-activating protein 30 SV=3

P13761	266	29.8	7.44	0.562	HLA class II histocompatibility antigen, DRB1-7 beta chain
A8K9A9	638	71.3	8.22	0.521	cDNA FLJ77744, highly similar to Homo sapiens kallikrein B, plasma (Fletcher factor) 1 (KLKB1), mRNA
Q96Q06	1357	134.3	8.73	0.519	Perilipin-4
B3KMX3	270	28.5	4.73	0.497	cDNA FLJ12857 fis, clone NT2RP2003513, highly similar to Homo sapiens paraelemmin (PALM),
Q15323	416	47.2	4.88	0.436	Keratin, type I cuticular Ha1
Q30167	266	30.0	7.75	0.373	HLA class II histocompatibility antigen, DRB1-10 beta chain
B7Z269	351	40.3	7.24	0.299	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D
A0JNT2	447	49.6	5.39	0.240	KRT83 protein
A0A087X2I6	404	46.1	4.84	0.206	Keratin, type I cuticular Ha3-II
O76013	467	52.2	4.94	0.144	Keratin, type I cuticular Ha6
Q701L7	513	56.6	6.74	0.073	Type II hair keratin 2
Q9BYT5	123	12.9	7.81	0.072	Keratin-associated protein 2-2

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1 **Table 5.** Differentially expressed genes in lung biopsies post CBP with collapsed
 2 lungs (Collapsed) versus post CBP+LFV (LFV).

3 The data shows the genes that were significantly changed post-surgery
 4 comparing the LFV and CPB with lungs collapsed groups. Data are organised by
 5 ratio of gene expression in the CPB:LFV groups. Also shown are the p-values and
 6 ratios for the same genes in the CPB and LFV groups pre- and post-surgery.

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<i>Gene</i>	<i>p-value Collapsed vs. LFV)</i>	<i>Ratio (Collapsed vs. LFV)</i>	<i>p-value (Collapsed post vs. Collapsed pre)</i>	<i>Ratio (Collapsed post vs. Collapsed pre)</i>	<i>p-value (LFV post vs. LFV pre)</i>	<i>Ratio (LFV post vs. LFV pre)</i>
HLA-DRB5	0.0311729	1.69779				
MIR21	0.00716334	0.664162	0.00026313	1.76523	3.13E-08	2.5143
PLAU	0.00027089	0.663153	9.09E-05	1.56036	3.92E-10	2.18467
NAMPT	0.00887185	0.653954	2.76E-08	2.69011	7.02E-14	4.38552
CRISPLD2	0.0245826	0.65374	0.00011915	2.12754	2.77E-08	3.19182
SPSB1	0.00543046	0.652837	0.0011272	1.65691	3.46E-08	2.51871
PIM1	0.00237397	0.643988	4.81E-07	2.172	1.77E-11	3.07144
MT2A	0.0212365	0.64331	1.58E-05	2.3859	9.45E-11	4.18274
CYR61	0.0334855	0.642119	0.00013919	2.28028	1.35E-05	2.60616
PTX3	3.35E-05	0.633302	0.0140338	1.29593	3.50E-09	2.00809
NFIL3	0.00061884	0.630321	5.29E-08	2.19547	4.68E-14	3.38138
C13ORF33	4.01E-06	0.629229	0.00088378	1.3788	9.54E-13	2.24342

<i>PTGS2</i>	0.00877579	0.627638	2.02E-07	2.71364	1.89E-10	3.63922
<i>OBFC2A</i>	0.00039958	0.619068	0.00020414	1.65775	1.34E-09	2.46718
<i>SERPINB2</i>	6.89E-05	0.604865	0.00229441	1.45598	4.19E-10	2.37424
<i>FST</i>	3.24E-07	0.604399	0.0263664	1.22358	1.07E-09	1.87432
<i>TRK1</i>	9.80E-05	0.598732	0.0259384	1.32595	3.25E-08	2.16599
<i>NNMT</i>	0.00050317	0.598371	0.00555558	1.49559	2.12E-10	2.85178
<i>IER3</i>	0.00213579	0.585514	5.24E-10	3.36618	3.45E-14	4.95907
<i>TRQ1</i>	1.05E-06	0.575413	0.00924457	1.3179	3.91E-10	2.12356
<i>ADAMTS1</i>	0.00128987	0.560691	3.20E-07	2.65546	9.20E-13	4.52339
<i>CCL2</i>	0.00088664	0.560328	3.14E-11	3.7367	1.56E-17	6.7442
<i>CCL8</i>	8.14E-06	0.537271	0.00033771	1.62543	2.39E-12	2.99664
<i>ALDH1A3</i>	0.00014072	0.498751	0.00342271	1.68698	3.40E-09	3.22296
<i>IL6</i>	0.00081229	0.481974	4.20E-07	3.20897	2.66E-13	6.59224
<i>THBS1</i>	0.00091702	0.470781	4.31E-05	2.58619	2.69E-10	4.99284

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Table 6:

Genes significantly altered in the combined CPB with collapsed lungs and LFV dataset (all patients) comparing biopsies taken before and immediately post-surgery (prior to reperfusion).

Probeset ID	p-value	Fold-Change (Post vs. Pre)	Fold-Change (Post vs. Pre)
ADAMTS1	2.29E-14	3.46579	Post up vs Pre
ALDH1A3	2.06E-08	2.33175	Post up vs Pre
AXUD1	7.62E-16	3.42288	Post up vs Pre
BHLHB2	1.27E-13	2.47507	Post up vs Pre
CCL2	5.10E-20	5.02006	Post up vs Pre
CCL8	9.21E-11	2.20699	Post up vs Pre
CDKN1A	2.13E-16	2.96273	Post up vs Pre
CEBPD	1.48E-12	2.29829	Post up vs Pre
CHSY1	2.26E-09	2.15588	Post up vs Pre
CRISPLD2	6.38E-10	2.6059	Post up vs Pre
CXCL2	3.47E-13	2.47755	Post up vs Pre
CYR61	9.06E-08	2.43778	Post up vs Pre
DUSP1	7.63E-07	2.21634	Post up vs Pre
DUSP5	1.01E-14	2.45719	Post up vs Pre
EGR1	6.78E-17	4.57514	Post up vs Pre
EGR3	1.29E-13	2.28143	Post up vs Pre
ELL2	9.39E-10	2.13515	Post up vs Pre
ERRFI1	7.92E-10	2.21222	Post up vs Pre
FOS	3.79E-09	2.19214	Post up vs Pre
FOSB	9.80E-10	3.04051	Post up vs Pre
FOSL2	1.28E-13	2.11261	Post up vs Pre

GADD45A	1.46E-14	2.10184	Post up vs Pre
GADD45B	4.21E-15	3.11502	Post up vs Pre
IER3	3.18E-17	4.08572	Post up vs Pre
IL6	1.54E-14	4.59938	Post up vs Pre
IL8	1.49E-11	2.60548	Post up vs Pre
LOC441019	4.99E-12	2.27893	Post up vs Pre
MIDN	5.01E-10	2.20029	Post up vs Pre
MIR21	2.24E-09	2.10673	Post up vs Pre
MT1A	4.47E-10	2.90963	Post up vs Pre
MT2A	2.60E-12	3.15905	Post up vs Pre
MTE	1.97E-09	2.35834	Post up vs Pre
MYC	1.82E-15	2.81434	Post up vs Pre
NAMPT	2.56E-16	3.43475	Post up vs Pre
NFIL3	1.39E-15	2.72465	Post up vs Pre
NNMT	3.81E-09	2.06521	Post up vs Pre
NR4A2	3.74E-14	2.77506	Post up vs Pre
NR4A3	5.09E-14	2.28338	Post up vs Pre
OBFC2A	7.07E-10	2.02236	Post up vs Pre
PIM1	1.76E-13	2.58286	Post up vs Pre
PTGS2	2.79E-13	3.14254	Post up vs Pre
RASD1	5.52E-07	2.12328	Post up vs Pre
RGS2	2.93E-14	2.93902	Post up vs Pre
RNF122	3.02E-12	2.34752	Post up vs Pre
SGK	9.65E-07	2.07768	Post up vs Pre
SIK1	4.42E-15	2.59714	Post up vs Pre
SLC2A3	8.98E-13	2.32146	Post up vs Pre
SPSB1	9.27E-09	2.04286	Post up vs Pre

THBS1	4.71E-11	3.59339	Post up vs Pre
TRIB1	3.44E-08	2.15623	Post up vs Pre
ZFP36	1.56E-17	3.79832	Post up vs Pre

Table 7:

Data showing the proteins changed between the pooled control CPB with collapsed lung and LFV groups immediately prior to surgery, with a 1.5x change cutoff. Only 2 proteins had a greater than 2x increase in the CPB group and 34 were 2x higher in the LFV group (shown in bold).

Accession	# AAs	MW [kDa]	calc. pI	Collapsed (Pre)/ LFV (Pre)	Description
Q15423	64	7.1	8.18	4.664	Serum amyloid A protein (Fragment) OS=Homo sapiens PE=2 SV=1 - [Q15423_HUMAN]
B7Z269	351	40.3	7.24	3.939	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]
Q6P4A8	553	63.2	9.06	1.677	Phospholipase B-like 1 OS=Homo sapiens GN=PLBD1 PE=1 SV=2 - [PLBL1_HUMAN]
O96009	420	45.4	6.61	1.507	Napsin-A OS=Homo sapiens GN=NAPSA PE=1 SV=1 - [NAPSA_HUMAN]
F2X0V0	23	2.8	7.78	0.666	Truncated CD61 (Fragment) OS=Homo sapiens GN=ITGB3 PE=4 SV=1 - [F2X0V0_HUMAN]
Q96T46	76	8.4	7.14	0.666	Hemoglobin alpha 2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q96T46_HUMAN]
Q96P70	1041	115.9	4.81	0.665	Importin-9 OS=Homo sapiens GN=IPO9 PE=1 SV=3 - [IPO9_HUMAN]
Q86Z07	374	41.7	9.14	0.664	Guanine nucleotide binding protein-like 1 OS=Homo sapiens GN=HSR1 PE=4 SV=1 - [Q86Z07_HUMAN]
Q9NWH4	148	16.9	11.09	0.664	cDNA FLJ10024 fis, clone HEMBA1000636 OS=Homo sapiens PE=2 SV=1 - [Q9NWH4_HUMAN]
Q7Z379	478	51.6	6.52	0.664	Putative uncharacterized protein DKFZp686K04218 (Fragment) OS=Homo sapiens GN=DKFZp686K04218 PE=1 SV=1 - [Q7Z379_HUMAN]
B4E0V3	947	107.2	6.11	0.663	cDNA FLJ61519, highly similar to Leukocyte common antigen (EC 3.1.3.48) OS=Homo sapiens PE=2 SV=1 - [B4E0V3_HUMAN]
P32456	591	67.2	5.71	0.661	Interferon-induced guanylate-binding protein 2 OS=Homo sapiens GN=GBP2 PE=1 SV=3 - [GBP2_HUMAN]
Q0PNF2	2570	275.3	6.49	0.661	FEX1 OS=Homo sapiens PE=2 SV=1 - [Q0PNF2_HUMAN]

Q5VW33	215	24.2	7.09	0.660	BRO1 domain-containing protein BROX (Fragment) OS=Homo sapiens GN=BROX PE=1 SV=1 - [Q5VW33_HUMAN]
A2MYC8	104	11.0	7.28	0.659	V5-2 protein (Fragment) OS=Homo sapiens GN=V5-2 PE=1 SV=1 - [A2MYC8_HUMAN]
F8WD82	762	88.1	6.95	0.659	Sodium channel protein type 7 subunit alpha OS=Homo sapiens GN=SCN7A PE=4 SV=1 - [F8WD82_HUMAN]
B2R4C9	102	11.2	9.52	0.659	cDNA, FLJ92044, highly similar to Homo sapiens death-associated protein (DAP), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R4C9_HUMAN]
A8K6V3	1217	135.5	5.21	0.659	cDNA FLJ78677, highly similar to Homo sapiens splicing factor 3b, subunit 3, 130kDa (SF3B3), mRNA OS=Homo sapiens PE=2 SV=1 - [A8K6V3_HUMAN]
S6B2A1	184	20.4	5.52	0.658	IgG L chain OS=Homo sapiens PE=2 SV=1 - [S6B2A1_HUMAN]
Q9H3P7	528	60.6	5.06	0.658	Golgi resident protein GCP60 OS=Homo sapiens GN=ACBD3 PE=1 SV=4 - [GCP60_HUMAN]
C9JIN6	264	29.8	7.84	0.657	Transporter (Fragment) OS=Homo sapiens GN=SLC6A20 PE=3 SV=1 - [C9JIN6_HUMAN]
E5RHW5	125	13.1	5.39	0.657	Pulmonary surfactant-associated protein C (Fragment) OS=Homo sapiens GN=SFTPC PE=4 SV=3 - [E5RHW5_HUMAN]
F8WAW4	140	15.6	9.13	0.656	Enoyl-CoA delta isomerase 2, mitochondrial OS=Homo sapiens GN=ECI2 PE=1 SV=1 - [F8WAW4_HUMAN]
B8ZZ75	194	21.5	6.93	0.655	Aldose 1-epimerase OS=Homo sapiens GN=GALM PE=1 SV=1 - [B8ZZ75_HUMAN]
H3BML9	118	13.1	5.68	0.655	Myosin regulatory light chain 2, skeletal muscle isoform (Fragment) OS=Homo sapiens GN=MYLPF PE=4 SV=1 - [H3BML9_HUMAN]
P16157	1881	206.1	6.01	0.655	Ankyrin-1 OS=Homo sapiens GN=ANK1 PE=1 SV=3 - [ANK1_HUMAN]
A0A087WXZ6	250	28.9	9.00	0.655	High affinity immunoglobulin gamma Fc receptor IB (Fragment) OS=Homo sapiens GN=FCGR1B PE=4 SV=1 - [A0A087WXZ6_HUMAN]
P31942	346	36.9	6.87	0.654	Heterogeneous nuclear ribonucleoprotein H3 OS=Homo sapiens GN=HNRNPH3 PE=1 SV=2 - [HNRH3_HUMAN]
P40261	264	29.6	5.74	0.654	Nicotinamide N-methyltransferase OS=Homo sapiens GN=NNMT PE=1 SV=1 - [NNMT_HUMAN]
P15529	392	43.7	6.74	0.654	Membrane cofactor protein OS=Homo sapiens GN=CD46 PE=1 SV=3 - [MCP_HUMAN]
G3XAJ6	542	58.7	5.34	0.653	Raft-linking protein, isoform CRA_c OS=Homo sapiens GN=RFTN1 PE=1 SV=1 - [G3XAJ6_HUMAN]
H7BZW6	143	16.0	9.13	0.652	Histone deacetylase complex subunit SAP18 (Fragment) OS=Homo sapiens

					GN=SAP18 PE=1 SV=2 - [H7BZW6_HUMAN]
P19397	219	24.3	7.52	0.652	Leukocyte surface antigen CD53 OS=Homo sapiens GN=CD53 PE=1 SV=1 - [CD53_HUMAN]
Q9C055	306	35.6	7.50	0.652	Inositol polyphosphate-5-phosphatase (Fragment) OS=Homo sapiens GN=INPP5A PE=4 SV=1 - [Q9C055_HUMAN]
P16402	221	22.3	11.02	0.651	Histone H1.3 OS=Homo sapiens GN=HIST1H1D PE=1 SV=2 - [H13_HUMAN]
P01023	1474	163.2	6.46	0.650	Alpha-2-macroglobulin OS=Homo sapiens GN=A2M PE=1 SV=3 - [A2MG_HUMAN]
Q19UK3	33	3.7	8.09	0.648	Truncated coagulation factor IX (Fragment) OS=Homo sapiens GN=F9 PE=4 SV=1 - [Q19UK3_HUMAN]
Q59FC4	687	75.9	6.51	0.648	Presynaptic protein SAP97 variant (Fragment) OS=Homo sapiens PE=4 SV=1 - [Q59FC4_HUMAN]
Q15661	275	30.5	7.11	0.647	Tryptase alpha/beta-1 OS=Homo sapiens GN=TPSAB1 PE=1 SV=1 - [TRYB1_HUMAN]
D3JV43	68	7.4	8.78	0.646	C-X-C motif chemokine (Fragment) OS=Homo sapiens PE=3 SV=1 - [D3JV43_HUMAN]
H0YH87	916	98.1	9.41	0.639	Ataxin-2 (Fragment) OS=Homo sapiens GN=ATXN2 PE=1 SV=1 - [H0YH87_HUMAN]
B7Z7P4	547	59.9	5.59	0.639	cDNA FLJ53627, highly similar to Antigen peptide transporter 1 OS=Homo sapiens PE=2 SV=1 - [B7Z7P4_HUMAN]
P13761	266	29.8	7.44	0.638	HLA class II histocompatibility antigen, DRB1-7 beta chain OS=Homo sapiens GN=HLA-DRB1 PE=1 SV=1 - [2B17_HUMAN]
B7Z539	645	72.1	7.68	0.637	cDNA FLJ56954, highly similar to Inter-alpha-trypsin inhibitor heavy chain H1 OS=Homo sapiens PE=2 SV=1 - [B7Z539_HUMAN]
H7C034	173	19.3	4.88	0.636	AP-1 complex subunit beta-1 (Fragment) OS=Homo sapiens GN=AP1B1 PE=1 SV=1 - [H7C034_HUMAN]
A8K2T4	843	93.3	6.51	0.636	cDNA FLJ78207, highly similar to Human complement protein component C7 mRNA OS=Homo sapiens PE=2 SV=1 - [A8K2T4_HUMAN]
Q9UL88	131	14.1	9.63	0.636	Myosin-reactive immunoglobulin heavy chain variable region (Fragment) OS=Homo sapiens PE=2 SV=1 - [Q9UL88_HUMAN]
P23381	471	53.1	6.23	0.636	Tryptophan--tRNA ligase, cytoplasmic OS=Homo sapiens GN=WARS PE=1 SV=2 - [SYWC_HUMAN]
E9PC44	393	43.9	6.15	0.635	Protein transport protein Sec24D OS=Homo sapiens GN=SEC24D PE=1 SV=2 - [E9PC44_HUMAN]
O76013	467	52.2	4.94	0.634	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 -

					[KRT36_HUMAN]
B4DM28	634	72.1	9.67	0.633	cDNA FLJ50575, highly similar to U4/U6 small nuclear ribonucleoprotein Prp3 OS=Homo sapiens PE=2 SV=1 - [B4DM28_HUMAN]
M0R088	681	78.1	12.06	0.633	Serine/arginine repetitive matrix protein 1 (Fragment) OS=Homo sapiens GN=SRRM1 PE=1 SV=1 - [M0R088_HUMAN]
E3Q1J2	273	31.6	5.97	0.633	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-B PE=3 SV=1 - [E3Q1J2_HUMAN]
Q5JTB5	87	9.3	7.09	0.631	Placenta-specific protein 9 OS=Homo sapiens GN=PLAC9 PE=4 SV=1 - [Q5JTB5_HUMAN]
Q5CZ93	159	19.2	9.88	0.630	Putative uncharacterized protein DKFZp686A0568 OS=Homo sapiens GN=DKFZp686A0568 PE=2 SV=1 - [Q5CZ93_HUMAN]
P33764	101	11.7	4.78	0.628	Protein S100-A3 OS=Homo sapiens GN=S100A3 PE=1 SV=1 - [S10A3_HUMAN]
Q6GMX6	465	51.1	8.69	0.628	IGH@ protein OS=Homo sapiens GN=IGH@ PE=1 SV=1 - [Q6GMX6_HUMAN]
Q9P2B2	879	98.5	6.61	0.628	Prostaglandin F2 receptor negative regulator OS=Homo sapiens GN=PTGFRN PE=1 SV=2 - [FPRP_HUMAN]
Q15323	416	47.2	4.88	0.627	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 - [K1H1_HUMAN]
H0YA93	1400	158.1	5.82	0.625	NEDD4-binding protein 2 (Fragment) OS=Homo sapiens GN=N4BP2 PE=1 SV=1 - [H0YA93_HUMAN]
A5Z217	470	53.6	5.27	0.623	Mutant desmin OS=Homo sapiens PE=2 SV=1 - [A5Z217_HUMAN]
K7EMQ9	140	16.3	6.89	0.622	Eukaryotic translation initiation factor 3 subunit K (Fragment) OS=Homo sapiens GN=EIF3K PE=1 SV=1 - [K7EMQ9_HUMAN]
A0A024RAL1	2409	264.9	4.54	0.620	Chondroitin sulfate proteoglycan 2 (Versican), isoform CRA_c OS=Homo sapiens GN=CSPG2 PE=4 SV=1 - [A0A024RAL1_HUMAN]
H3BPF7	236	25.5	8.46	0.618	Lon protease homolog 2, peroxisomal (Fragment) OS=Homo sapiens GN=LONP2 PE=4 SV=3 - [H3BPF7_HUMAN]
A0A087WUP0	265	30.0	5.34	0.617	Annexin A8-like protein 1 OS=Homo sapiens GN=ANXA8L1 PE=4 SV=1 - [A0A087WUP0_HUMAN]
A0A068LKQ0	120	13.3	5.99	0.617	Ig heavy chain variable region (Fragment) OS=Homo sapiens PE=4 SV=1 - [A0A068LKQ0_HUMAN]
Q86YQ1	91	9.7	9.25	0.614	Hemoglobin alpha-2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q86YQ1_HUMAN]
B5MBZ8	274	31.3	4.63	0.610	Protein phosphatase 1 regulatory subunit 7 OS=Homo sapiens GN=PPP1R7 PE=1 SV=1 - [B5MBZ8_HUMAN]

Q8N1G4	583	63.4	8.28	0.609	Leucine-rich repeat-containing protein 47 OS=Homo sapiens GN=LRRC47 PE=1 SV=1 - [LRC47_HUMAN]
O15078	2479	290.2	5.95	0.609	Centrosomal protein of 290 kDa OS=Homo sapiens GN=CEP290 PE=1 SV=2 - [CE290_HUMAN]
Q9BXN1	380	43.4	7.08	0.608	Asporin OS=Homo sapiens GN=ASPN PE=1 SV=2 - [ASPN_HUMAN]
C0IMJ3	781	87.2	7.94	0.604	Periostin isoform thy6 OS=Homo sapiens PE=2 SV=1 - [C0IMJ3_HUMAN]
B7ZMG8	83	9.1	4.59	0.602	Uncharacterized protein OS=Homo sapiens PE=2 SV=1 - [B7ZMG8_HUMAN]
E9PQ22	191	22.9	9.45	0.602	Uncharacterized protein C11orf65 (Fragment) OS=Homo sapiens GN=C11orf65 PE=4 SV=3 - [E9PQ22_HUMAN]
Q5CZB5	1157	125.0	4.49	0.601	Putative uncharacterized protein DKFZp686M0430 OS=Homo sapiens GN=DKFZp686M0430 PE=2 SV=1 - [Q5CZB5_HUMAN]
E9PQI8	164	17.5	11.17	0.600	U4/U6.U5 tri-snRNP-associated protein 1 OS=Homo sapiens GN=SART1 PE=1 SV=1 - [E9PQI8_HUMAN]
P19075	237	26.0	5.60	0.600	Tetraspanin-8 OS=Homo sapiens GN=TSPAN8 PE=1 SV=1 - [TSN8_HUMAN]
B4DSW4	157	16.4	12.25	0.598	cDNA FLJ51541, moderately similar to Transcription factor Sp8 OS=Homo sapiens PE=2 SV=1 - [B4DSW4_HUMAN]
P31146	461	51.0	6.68	0.597	Coronin-1A OS=Homo sapiens GN=CORO1A PE=1 SV=4 - [COR1A_HUMAN]
Q0KKI6	219	24.0	8.06	0.593	Immunoglobulin light chain (Fragment) OS=Homo sapiens PE=1 SV=1 - [Q0KKI6_HUMAN]
P01623	109	11.7	8.91	0.593	Ig kappa chain V-III region WOL OS=Homo sapiens PE=1 SV=1 - [KV305_HUMAN]
P08311	255	28.8	11.19	0.593	Cathepsin G OS=Homo sapiens GN=CTSG PE=1 SV=2 - [CATG_HUMAN]
P01598	108	11.8	8.44	0.592	Ig kappa chain V-I region EU OS=Homo sapiens PE=1 SV=1 - [KV106_HUMAN]
Q6P3R8	708	81.4	8.87	0.592	Serine/threonine-protein kinase Nek5 OS=Homo sapiens GN=NEK5 PE=1 SV=1 - [NEK5_HUMAN]
Q4QZC0	273	31.8	6.09	0.592	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-A PE=3 SV=1 - [Q4QZC0_HUMAN]
C9JW69	372	39.6	8.37	0.591	Regulator of chromosome condensation (Fragment) OS=Homo sapiens GN=RCC1 PE=1 SV=1 - [C9JW69_HUMAN]
P10109	184	19.4	5.83	0.591	Adrenodoxin, mitochondrial OS=Homo sapiens GN=FDX1 PE=1 SV=1 - [ADX_HUMAN]
A0A075B785	1018	112.7	5.49	0.591	LisH domain and HEAT repeat-containing protein KIAA1468 OS=Homo sapiens GN=KIAA1468 PE=1 SV=2 - [A0A075B785_HUMAN]
K7ERI9	77	8.6	6.71	0.590	Truncated apolipoprotein C-I (Fragment) OS=Homo sapiens GN=APOC1 PE=4

					SV=1 - [K7ERI9_HUMAN]
P01833	764	83.2	5.74	0.589	Polymeric immunoglobulin receptor OS=Homo sapiens GN=PIGR PE=1 SV=4 - [PIGR_HUMAN]
P62854	115	13.0	11.00	0.587	40S ribosomal protein S26 OS=Homo sapiens GN=RPS26 PE=1 SV=3 - [RS26_HUMAN]
B4E1L5	555	63.8	6.37	0.585	cDNA FLJ51601, highly similar to Interferon-induced guanylate-binding protein 1 OS=Homo sapiens PE=2 SV=1 - [B4E1L5_HUMAN]
Q9HCM7	1045	110.8	9.67	0.585	Fibrosin-1-like protein OS=Homo sapiens GN=FBRSL1 PE=1 SV=4 - [FBSL_HUMAN]
P01611	108	11.6	7.28	0.581	Ig kappa chain V-I region Wes OS=Homo sapiens PE=1 SV=1 - [KV119_HUMAN]
B4DRW1	474	51.7	6.81	0.576	cDNA FLJ55805, highly similar to Keratin, type II cytoskeletal 4 OS=Homo sapiens PE=2 SV=1 - [B4DRW1_HUMAN]
J3KPM9	714	83.3	6.42	0.574	Signal transducer and activator of transcription OS=Homo sapiens GN=STAT1 PE=1 SV=1 - [J3KPM9_HUMAN]
Q8N1W1	1705	191.8	6.04	0.573	Rho guanine nucleotide exchange factor 28 OS=Homo sapiens GN=ARGHEF28 PE=1 SV=3 - [ARG28_HUMAN]
P23946	247	27.3	9.29	0.573	Chymase OS=Homo sapiens GN=CMA1 PE=1 SV=1 - [CMA1_HUMAN]
Q7L0Q8	258	28.2	8.06	0.572	Rho-related GTP-binding protein RhoU OS=Homo sapiens GN=RHOU PE=1 SV=1 - [RHOU_HUMAN]
O75443	2155	239.4	5.40	0.569	Alpha-tectorin OS=Homo sapiens GN=TECTA PE=1 SV=3 - [TECTA_HUMAN]
A0A087WZW8	233	25.6	6.01	0.569	Protein IGKV3-11 OS=Homo sapiens GN=IGKV3-11 PE=4 SV=1 - [A0A087WZW8_HUMAN]
A0A087WX11	918	103.3	5.12	0.565	Folliculin-interacting protein 1 OS=Homo sapiens GN=FNIP1 PE=4 SV=1 - [A0A087WX11_HUMAN]
Q9H029	130	14.8	5.30	0.564	GTP-binding protein SAR1b OS=Homo sapiens GN=DKFZp434B2017 PE=1 SV=1 - [Q9H029_HUMAN]
H0YD72	237	26.1	9.39	0.563	Liprin-alpha-1 (Fragment) OS=Homo sapiens GN=PPF1A1 PE=1 SV=1 - [H0YD72_HUMAN]
Q5NV82	104	11.1	7.97	0.562	V4-2 protein (Fragment) OS=Homo sapiens GN=V4-2 PE=1 SV=1 - [Q5NV82_HUMAN]
H3BRW3	109	11.7	9.96	0.562	FAD-linked sulfhydryl oxidase ALR OS=Homo sapiens GN=GFER PE=1 SV=1 - [H3BRW3_HUMAN]
P02452	1464	138.9	5.80	0.555	Collagen alpha-1(I) chain OS=Homo sapiens GN=COL1A1 PE=1 SV=5 - [CO1A1_HUMAN]

B2R9B9	120	13.0	6.37	0.551	cDNA, FLJ94321, highly similar to Homo sapiens eukaryotic translation initiation factor 4E binding protein 2 (EIF4EBP2), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R9B9_HUMAN]
Q9UK54	128	14.0	6.95	0.547	Hemoglobin beta subunit variant (Fragment) OS=Homo sapiens GN=HBB PE=2 SV=1 - [Q9UK54_HUMAN]
P81605	110	11.3	6.54	0.547	Dermcidin OS=Homo sapiens GN=DCD PE=1 SV=2 - [DCD_HUMAN]
Q05707	1796	193.4	5.30	0.547	Collagen alpha-1(XIV) chain OS=Homo sapiens GN=COL14A1 PE=1 SV=3 - [COEA1_HUMAN]
C9JA05	70	8.2	8.56	0.547	Immunoglobulin J chain (Fragment) OS=Homo sapiens GN=IGJ PE=1 SV=1 - [C9JA05_HUMAN]
S6C4R7	212	22.5	8.24	0.546	IgG L chain OS=Homo sapiens PE=2 SV=1 - [S6C4R7_HUMAN]
P01861	327	35.9	7.36	0.541	Ig gamma-4 chain C region OS=Homo sapiens GN=IGHG4 PE=1 SV=1 - [IGHG4_HUMAN]
B2R7Z6	484	52.5	7.55	0.539	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]
Q9NZ09	502	55.0	5.11	0.532	Ubiquitin-associated protein 1 OS=Homo sapiens GN=UBAP1 PE=1 SV=1 - [UBAP1_HUMAN]
Q64FY1	1364	146.2	6.60	0.530	AKNA transcript B1 (Fragment) OS=Homo sapiens GN=AKNA PE=2 SV=1 - [Q64FY1_HUMAN]
M0QZ50	93	9.8	4.48	0.526	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
B4DQY2	711	78.9	7.06	0.525	cDNA FLJ59388, highly similar to Mitochondrial inner membrane protein OS=Homo sapiens PE=2 SV=1 - [B4DQY2_HUMAN]
B4DEH8	168	19.0	9.23	0.516	Polyadenylate-binding protein 2 OS=Homo sapiens GN=PABPN1 PE=1 SV=1 - [B4DEH8_HUMAN]
D6RC64	136	15.6	10.14	0.513	SH3 domain-binding protein 2 (Fragment) OS=Homo sapiens GN=SH3BP2 PE=4 SV=1 - [D6RC64_HUMAN]
Q6N095	475	52.3	8.57	0.511	Putative uncharacterized protein DKFZp686K03196 OS=Homo sapiens GN=DKFZp686K03196 PE=1 SV=1 - [Q6N095_HUMAN]
B4DLF9	342	39.4	8.68	0.510	cDNA FLJ56988, highly similar to cGMP-dependent protein kinase 2 (EC 2.7.11.12) OS=Homo sapiens PE=2 SV=1 - [B4DLF9_HUMAN]
H0Y892	688	79.3	9.14	0.508	Zinc finger protein 782 (Fragment) OS=Homo sapiens GN=ZNF782 PE=4 SV=1 - [H0Y892_HUMAN]
Q4ZGM8	100	10.8	9.04	0.502	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]
Q6N093	417	46.0	7.59	0.497	Putative uncharacterized protein DKFZp686I04196 (Fragment) OS=Homo

					sapiens GN=DKFZp686I04196 PE=1 SV=1 - [Q6N093_HUMAN]
A0A075B6L1	106	11.3	8.29	0.496	Ig lambda-7 chain C region (Fragment) OS=Homo sapiens GN=IGLC7 PE=4 SV=2 - [A0A075B6L1_HUMAN]
B2R941	417	48.7	9.00	0.495	cDNA, FLJ94198, highly similar to Homo sapiens carboxypeptidase A3 (mast cell) (CPA3), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R941_HUMAN]
P14555	144	16.1	9.23	0.492	Phospholipase A2, membrane associated OS=Homo sapiens GN=PLA2G2A PE=1 SV=2 - [PA2GA_HUMAN]
C9JNE5	191	21.7	9.61	0.481	Myeloid leukemia factor 1 (Fragment) OS=Homo sapiens GN=MLF1 PE=4 SV=1 - [C9JNE5_HUMAN]
Q7Z3E2	898	103.6	6.27	0.478	Coiled-coil domain-containing protein 186 OS=Homo sapiens GN=CCDC186 PE=1 SV=2 - [CC186_HUMAN]
P08519	4548	501.0	5.88	0.474	Apolipoprotein(a) OS=Homo sapiens GN=LPA PE=1 SV=1 - [APOA_HUMAN]
Q7L7X3	1001	116.0	7.65	0.468	Serine/threonine-protein kinase TAO1 OS=Homo sapiens GN=TAOK1 PE=1 SV=1 - [TAOK1_HUMAN]
B2R8C8	140	15.1	5.26	0.461	Ubiquitin-like protein ATG12 OS=Homo sapiens PE=2 SV=1 - [B2R8C8_HUMAN]
B7Z962	190	19.9	10.84	0.461	cDNA FLJ52231 OS=Homo sapiens PE=2 SV=1 - [B7Z962_HUMAN]
F8W9J4	7461	847.4	5.25	0.457	Dystonin OS=Homo sapiens GN=DST PE=1 SV=1 - [F8W9J4_HUMAN]
Q5T4S7	5183	573.5	6.04	0.450	E3 ubiquitin-protein ligase UBR4 OS=Homo sapiens GN=UBR4 PE=1 SV=1 - [UBR4_HUMAN]
B0QYR0	100	11.1	5.36	0.447	BTB/POZ domain-containing protein 3 (Fragment) OS=Homo sapiens GN=BTBD3 PE=4 SV=3 - [B0QYR0_HUMAN]
Q3MI39	167	16.7	9.70	0.447	HNRPA1 protein (Fragment) OS=Homo sapiens GN=HNRPA1 PE=2 SV=1 - [Q3MI39_HUMAN]
Q701L7	513	56.6	6.74	0.430	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
P01880	384	42.2	7.93	0.404	Ig delta chain C region OS=Homo sapiens GN=IGHD PE=1 SV=2 - [IGHD_HUMAN]
B3KMX3	270	28.5	4.73	0.398	cDNA FLJ12857 fis, clone NT2RP2003513, highly similar to Homo sapiens paralemmin (PALM), transcript variant 2, mRNA OS=Homo sapiens PE=2 SV=1 - [B3KMX3_HUMAN]
Q9BYT5	123	12.9	7.81	0.397	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
P46109	303	33.8	6.74	0.388	Crk-like protein OS=Homo sapiens GN=CRKL PE=1 SV=1 - [CRKL_HUMAN]
H7BZ55	2252	248.2	5.83	0.386	Putative ciliary rootlet coiled-coil protein-like 3 protein OS=Homo sapiens PE=5

					SV=2 - [CROL3_HUMAN]
Q5RHS7	95	11.0	9.28	0.379	Protein S100-A2 OS=Homo sapiens GN=S100A2 PE=1 SV=2 - [Q5RHS7_HUMAN]
Q05D28	370	41.8	5.44	0.377	CCDC91 protein (Fragment) OS=Homo sapiens GN=CCDC91 PE=2 SV=1 - [Q05D28_HUMAN]
B3KS56	594	68.5	5.45	0.376	cDNA FLJ35559 fis, clone SPLEN2005009, highly similar to GRIP and coiled-coil domain-containing protein 1 OS=Homo sapiens PE=2 SV=1 - [B3KS56_HUMAN]
H0UI60	536	60.7	5.17	0.369	Taxilin beta, isoform CRA_a OS=Homo sapiens GN=TXLNB PE=4 SV=1 - [H0UI60_HUMAN]
Q30167	266	30.0	7.75	0.357	HLA class II histocompatibility antigen, DRB1-10 beta chain OS=Homo sapiens GN=HLA-DRB1 PE=1 SV=2 - [2B1A_HUMAN]
A4FU00	317	35.6	5.81	0.351	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]
B4E1L4	668	71.6	5.63	0.347	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
Q69YL0	99	10.9	12.00	0.337	Uncharacterized protein NCBP2-AS2 OS=Homo sapiens GN=NCBP2-AS2 PE=4 SV=1 - [NCAS2_HUMAN]
A8K9A9	638	71.3	8.22	0.334	cDNA FLJ77744, highly similar to Homo sapiens kallikrein B, plasma (Fletcher factor) 1 (KLKB1), mRNA OS=Homo sapiens PE=2 SV=1 - [A8K9A9_HUMAN]
A2J1N5	94	10.4	9.13	0.306	Rheumatoid factor RF-ET6 (Fragment) OS=Homo sapiens PE=2 SV=1 - [A2J1N5_HUMAN]
Q6PII6	533	58.3	4.77	0.288	TMF1 protein (Fragment) OS=Homo sapiens GN=TMF1 PE=2 SV=1 - [Q6PII6_HUMAN]
A0A087X243	69	7.4	7.08	0.286	Glutathione S-transferase P (Fragment) OS=Homo sapiens GN=GSTP1 PE=4 SV=1 - [A0A087X243_HUMAN]
O76041	1014	116.4	7.99	0.275	Nebulette OS=Homo sapiens GN=NEBL PE=1 SV=1 - [NEBL_HUMAN]
B4DMJ5	242	27.3	4.50	0.118	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]

Table 8:

Proteins changed post surgery in the control CPB with collapsed lung group, with a 1.5x cutoff. Proteins with a >2x change following surgery are in bold.

Accession	# AAs	MW [kDa]	calc. pI	Collapsed (Post)/ Collapsed (Pre)	Description
B4DMJ5	242	27.3	4.50	8.276	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]
A0A087X243	69	7.4	7.08	3.627	Glutathione S-transferase P (Fragment) OS=Homo sapiens GN=GSTP1 PE=4 SV=1 - [A0A087X243_HUMAN]
Q69YL0	99	10.9	12.00	3.266	Uncharacterized protein NCBP2-AS2 OS=Homo sapiens GN=NCBP2-AS2 PE=4 SV=1 - [NCAS2_HUMAN]
A4FU00	317	35.6	5.81	2.985	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]
B4DIF5	345	39.2	8.92	2.960	cDNA FLJ55687, highly similar to Cell cycle control protein 50A OS=Homo sapiens PE=2 SV=1 - [B4DIF5_HUMAN]
H0UI60	536	60.7	5.17	2.740	Taxilin beta, isoform CRA_a OS=Homo sapiens GN=TXLNB PE=4 SV=1 - [H0UI60_HUMAN]
Q9BYT5	123	12.9	7.81	2.683	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
O76041	1014	116.4	7.99	2.555	Nebulette OS=Homo sapiens GN=NEBL PE=1 SV=1 - [NEBL_HUMAN]
F8W9J4	7461	847.4	5.25	2.521	Dystonin OS=Homo sapiens GN=DST PE=1 SV=1 - [F8W9J4_HUMAN]
Q701L7	513	56.6	6.74	2.519	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
Q6PII6	533	58.3	4.77	2.512	TMF1 protein (Fragment) OS=Homo sapiens GN=TMF1 PE=2 SV=1 - [Q6PII6_HUMAN]
A2J1N5	94	10.4	9.13	2.497	Rheumatoid factor RF-ET6 (Fragment) OS=Homo sapiens PE=2 SV=1 - [A2J1N5_HUMAN]
B7Z962	190	19.9	10.84	2.430	cDNA FLJ52231 OS=Homo sapiens PE=2 SV=1 - [B7Z962_HUMAN]
Q05D28	370	41.8	5.44	2.342	CCDC91 protein (Fragment) OS=Homo sapiens GN=CCDC91 PE=2 SV=1 - [Q05D28_HUMAN]
B3KS56	594	68.5	5.45	2.327	cDNA FLJ35559 fis, clone SPLEN2005009, highly similar to GRIP and coiled-

					coil domain-containing protein 1 OS=Homo sapiens PE=2 SV=1 - [B3KS56_HUMAN]
Q92531	187	19.7	6.32	2.313	P35-related protein (Fragment) OS=Homo sapiens GN=FCN1 PE=4 SV=1 - [Q92531_HUMAN]
H0Y892	688	79.3	9.14	2.291	Zinc finger protein 782 (Fragment) OS=Homo sapiens GN=ZNF782 PE=4 SV=1 - [H0Y892_HUMAN]
Q3MI39	167	16.7	9.70	2.287	HNRPA1 protein (Fragment) OS=Homo sapiens GN=HNRPA1 PE=2 SV=1 - [Q3MI39_HUMAN]
B2R8C8	140	15.1	5.26	2.263	Ubiquitin-like protein ATG12 OS=Homo sapiens PE=2 SV=1 - [B2R8C8_HUMAN]
Q7L7X3	1001	116.0	7.65	2.241	Serine/threonine-protein kinase TAO1 OS=Homo sapiens GN=TAOK1 PE=1 SV=1 - [TAOK1_HUMAN]
B3KMU4	481	54.5	5.08	2.107	cDNA FLJ12640 fis, clone NT2RM4001940, highly similar to Timeless homolog OS=Homo sapiens PE=2 SV=1 - [B3KMU4_HUMAN]
P14555	144	16.1	9.23	2.101	Phospholipase A2, membrane associated OS=Homo sapiens GN=PLA2G2A PE=1 SV=2 - [PA2GA_HUMAN]
B0QYR0	100	11.1	5.36	2.088	BTB/POZ domain-containing protein 3 (Fragment) OS=Homo sapiens GN=BTBD3 PE=4 SV=3 - [B0QYR0_HUMAN]
P11678	715	81.0	10.29	2.012	Eosinophil peroxidase OS=Homo sapiens GN=EPX PE=1 SV=2 - [PERE_HUMAN]
P46109	303	33.8	6.74	2.003	Crk-like protein OS=Homo sapiens GN=CRKL PE=1 SV=1 - [CRKL_HUMAN]
Q8NEY1	1877	202.3	8.07	1.998	Neuron navigator 1 OS=Homo sapiens GN=NAV1 PE=1 SV=2 - [NAV1_HUMAN]
Q0PNF2	2570	275.3	6.49	1.979	FEX1 OS=Homo sapiens PE=2 SV=1 - [Q0PNF2_HUMAN]
H0YF46	255	28.3	5.82	1.977	SPOC domain-containing protein 1 (Fragment) OS=Homo sapiens GN=SPOCD1 PE=4 SV=1 - [H0YF46_HUMAN]
Q8TBP3	101	11.8	9.92	1.941	TOP1MT protein (Fragment) OS=Homo sapiens GN=TOP1MT PE=2 SV=1 - [Q8TBP3_HUMAN]
Q05707	1796	193.4	5.30	1.917	Collagen alpha-1(XIV) chain OS=Homo sapiens GN=COL14A1 PE=1 SV=3 - [COEA1_HUMAN]
M0QZ50	93	9.8	4.48	1.907	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
H7BZ55	2252	248.2	5.83	1.883	Putative ciliary rootlet coiled-coil protein-like 3 protein OS=Homo sapiens PE=5 SV=2 - [CROL3_HUMAN]
Q8N1W1	1705	191.8	6.04	1.874	Rho guanine nucleotide exchange factor 28 OS=Homo sapiens

					GN=ARHGEF28 PE=1 SV=3 - [ARG28_HUMAN]
P20851	252	28.3	5.14	1.835	C4b-binding protein beta chain OS=Homo sapiens GN=C4BPB PE=1 SV=1 - [C4BPB_HUMAN]
Q8N1G4	583	63.4	8.28	1.830	Leucine-rich repeat-containing protein 47 OS=Homo sapiens GN=LRRC47 PE=1 SV=1 - [LRC47_HUMAN]
D6RC64	136	15.6	10.14	1.819	SH3 domain-binding protein 2 (Fragment) OS=Homo sapiens GN=SH3BP2 PE=4 SV=1 - [D6RC64_HUMAN]
Q7L0Q8	258	28.2	8.06	1.811	Rho-related GTP-binding protein RhoU OS=Homo sapiens GN=RHO PE=1 SV=1 - [RHO_HUMAN]
H0YCG2	258	28.2	6.52	1.809	Lysosome-associated membrane glycoprotein 2 (Fragment) OS=Homo sapiens GN=LAMP2 PE=1 SV=1 - [H0YCG2_HUMAN]
Q05315	142	16.4	7.37	1.809	Galectin-10 OS=Homo sapiens GN=CLC PE=1 SV=3 - [LEG10_HUMAN]
Q6P3R8	708	81.4	8.87	1.805	Serine/threonine-protein kinase Nek5 OS=Homo sapiens GN=NEK5 PE=1 SV=1 - [NEK5_HUMAN]
Q5T4S7	5183	573.5	6.04	1.799	E3 ubiquitin-protein ligase UBR4 OS=Homo sapiens GN=UBR4 PE=1 SV=1 - [UBR4_HUMAN]
Q7Z3E2	898	103.6	6.27	1.778	Coiled-coil domain-containing protein 186 OS=Homo sapiens GN=CCDC186 PE=1 SV=2 - [CC186_HUMAN]
B4DLF9	342	39.4	8.68	1.768	cDNA FLJ56988, highly similar to cGMP-dependent protein kinase 2 (EC 2.7.11.12) OS=Homo sapiens PE=2 SV=1 - [B4DLF9_HUMAN]
P62854	115	13.0	11.00	1.742	40S ribosomal protein S26 OS=Homo sapiens GN=RPS26 PE=1 SV=3 - [RS26_HUMAN]
A0A024R637	1298	146.5	7.01	1.737	TBC1 domain family, member 4, isoform CRA_b OS=Homo sapiens GN=TBC1D4 PE=4 SV=1 - [A0A024R637_HUMAN]
Q9H029	130	14.8	5.30	1.735	GTP-binding protein SAR1b OS=Homo sapiens GN=DKFZp434B2017 PE=1 SV=1 - [Q9H029_HUMAN]
S6BGD6	235	24.8	7.24	1.733	IgG L chain OS=Homo sapiens PE=1 SV=1 - [S6BGD6_HUMAN]
Q30058	257	29.1	6.54	1.728	HLA-DP protein OS=Homo sapiens GN=HLA-DP PE=2 SV=1 - [Q30058_HUMAN]
H3BMN5	158	18.5	4.82	1.727	Calretinin (Fragment) OS=Homo sapiens GN=CALB2 PE=4 SV=2 - [H3BMN5_HUMAN]
P02452	1464	138.9	5.80	1.710	Collagen alpha-1(I) chain OS=Homo sapiens GN=COL1A1 PE=1 SV=5 - [CO1A1_HUMAN]
B2R9B9	120	13.0	6.37	1.705	cDNA, FLJ94321, highly similar to Homo sapiens eukaryotic translation initiation factor 4E binding protein 2 (EIF4EBP2), mRNA OS=Homo sapiens

					PE=2 SV=1 - [B2R9B9_HUMAN]
B4DVF1	785	87.3	6.96	1.702	cDNA FLJ51111, highly similar to Aldehyde oxidase (EC 1.2.3.1) (Fragment) OS=Homo sapiens PE=2 SV=1 - [B4DVF1_HUMAN]
P12724	160	18.4	10.02	1.692	Eosinophil cationic protein OS=Homo sapiens GN=RNASE3 PE=1 SV=2 - [ECP_HUMAN]
Q9BXN1	380	43.4	7.08	1.691	Asporin OS=Homo sapiens GN=ASPN PE=1 SV=2 - [ASPN_HUMAN]
Q9HCM7	1045	110.8	9.67	1.667	Fibrosin-1-like protein OS=Homo sapiens GN=FBRSL1 PE=1 SV=4 - [FBSL_HUMAN]
Q86UX7	667	75.9	6.98	1.660	Fermitin family homolog 3 OS=Homo sapiens GN=FERMT3 PE=1 SV=1 - [URP2_HUMAN]
Q4QZC0	273	31.8	6.09	1.654	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-A PE=3 SV=1 - [Q4QZC0_HUMAN]
B2R6V9	732	83.2	6.00	1.638	cDNA, FLJ93141, highly similar to Homo sapiens coagulation factor XIII, A1 polypeptide (F13A1), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R6V9_HUMAN]
P15529	392	43.7	6.74	1.634	Membrane cofactor protein OS=Homo sapiens GN=CD46 PE=1 SV=3 - [MCP_HUMAN]
H0YH87	916	98.1	9.41	1.633	Ataxin-2 (Fragment) OS=Homo sapiens GN=ATXN2 PE=1 SV=1 - [H0YH87_HUMAN]
P27487	766	88.2	6.04	1.628	Dipeptidyl peptidase 4 OS=Homo sapiens GN=DPP4 PE=1 SV=2 - [DPP4_HUMAN]
P08311	255	28.8	11.19	1.624	Cathepsin G OS=Homo sapiens GN=CTSG PE=1 SV=2 - [CATG_HUMAN]
O76013	467	52.2	4.94	1.624	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 - [KRT36_HUMAN]
A0A075B785	1018	112.7	5.49	1.610	LisH domain and HEAT repeat-containing protein KIAA1468 OS=Homo sapiens GN=KIAA1468 PE=1 SV=2 - [A0A075B785_HUMAN]
P31146	461	51.0	6.68	1.607	Coronin-1A OS=Homo sapiens GN=CORO1A PE=1 SV=4 - [COR1A_HUMAN]
P10109	184	19.4	5.83	1.604	Adrenodoxin, mitochondrial OS=Homo sapiens GN=FDX1 PE=1 SV=1 - [ADX_HUMAN]
O15078	2479	290.2	5.95	1.604	Centrosomal protein of 290 kDa OS=Homo sapiens GN=CEP290 PE=1 SV=2 - [CE290_HUMAN]
B2R4M6	114	13.2	6.13	1.604	Protein S100 OS=Homo sapiens PE=2 SV=1 - [B2R4M6_HUMAN]
A0A024RDI4	1851	203.3	6.23	1.600	Ankyrin 2, neuronal, isoform CRA_a OS=Homo sapiens GN=ANK2 PE=4 SV=1 - [A0A024RDI4_HUMAN]
Q6EVJ6	105	10.9	8.81	1.597	Peptidyl arginine deiminase type IV (Fragment) OS=Homo sapiens

					GN=PADI4 PE=4 SV=1 - [Q6EVJ6_HUMAN]
P46108	304	33.8	5.55	1.592	Adapter molecule crk OS=Homo sapiens GN=CRK PE=1 SV=2 - [CRK_HUMAN]
C9JW69	372	39.6	8.37	1.588	Regulator of chromosome condensation (Fragment) OS=Homo sapiens GN=RCC1 PE=1 SV=1 - [C9JW69_HUMAN]
P98095	1184	126.5	4.82	1.586	Fibulin-2 OS=Homo sapiens GN=FBLN2 PE=1 SV=2 - [FBLN2_HUMAN]
Q19UK3	33	3.7	8.09	1.582	Truncated coagulation factor IX (Fragment) OS=Homo sapiens GN=F9 PE=4 SV=1 - [Q19UK3_HUMAN]
F5H4Z6	171	20.0	7.84	1.581	Folate receptor beta (Fragment) OS=Homo sapiens GN=FOLR2 PE=4 SV=1 - [F5H4Z6_HUMAN]
P49913	170	19.3	9.41	1.578	Cathelicidin antimicrobial peptide OS=Homo sapiens GN=CAMP PE=1 SV=1 - [CAMP_HUMAN]
B4DSW4	157	16.4	12.25	1.578	cDNA FLJ51541, moderately similar to Transcription factor Sp8 OS=Homo sapiens PE=2 SV=1 - [B4DSW4_HUMAN]
E9PQ22	191	22.9	9.45	1.578	Uncharacterized protein C11orf65 (Fragment) OS=Homo sapiens GN=C11orf65 PE=4 SV=3 - [E9PQ22_HUMAN]
E9PC44	393	43.9	6.15	1.577	Protein transport protein Sec24D OS=Homo sapiens GN=SEC24D PE=1 SV=2 - [E9PC44_HUMAN]
B4DLX8	617	69.4	6.61	1.575	cDNA FLJ57031, highly similar to Midline-1 (EC 6.3.2.-) OS=Homo sapiens PE=2 SV=1 - [B4DLX8_HUMAN]
E9PQI8	164	17.5	11.17	1.575	U4/U6.U5 tri-snRNP-associated protein 1 OS=Homo sapiens GN=SART1 PE=1 SV=1 - [E9PQI8_HUMAN]
B4DI03	156	17.4	8.91	1.573	SEC11-like 3 (S. cerevisiae), isoform CRA_a OS=Homo sapiens GN=SEC11L3 PE=2 SV=1 - [B4DI03_HUMAN]
Q9Y281	166	18.7	7.88	1.571	Cofilin-2 OS=Homo sapiens GN=CFL2 PE=1 SV=1 - [COF2_HUMAN]
A0A087WX11	918	103.3	5.12	1.570	Folliculin-interacting protein 1 OS=Homo sapiens GN=FNIP1 PE=4 SV=1 - [A0A087WX11_HUMAN]
G3V2R9	217	23.4	6.19	1.560	Prostaglandin reductase 2 OS=Homo sapiens GN=PTGR2 PE=1 SV=1 - [G3V2R9_HUMAN]
Q9UK54	128	14.0	6.95	1.560	Hemoglobin beta subunit variant (Fragment) OS=Homo sapiens GN=HBB PE=2 SV=1 - [Q9UK54_HUMAN]
P59665	94	10.2	6.99	1.557	Neutrophil defensin 1 OS=Homo sapiens GN=DEFA1 PE=1 SV=1 - [DEF1_HUMAN]
Q4ZGM8	100	10.8	9.04	1.549	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]

B4DJ12	1253	139.2	6.57	1.546	cDNA FLJ58355, highly similar to Tyrosine-protein phosphatase non-receptor type 23 (EC 3.1.3.48) OS=Homo sapiens PE=2 SV=1 - [B4DJ12_HUMAN]
A0A087WUP0	265	30.0	5.34	1.541	Annexin A8-like protein 1 OS=Homo sapiens GN=ANXA8L1 PE=4 SV=1 - [A0A087WUP0_HUMAN]
E9PAR0	99	11.2	10.36	1.540	Peptidyl-prolyl cis-trans isomerase OS=Homo sapiens GN=FKBP11 PE=1 SV=1 - [E9PAR0_HUMAN]
B2R4C9	102	11.2	9.52	1.537	cDNA, FLJ92044, highly similar to Homo sapiens death-associated protein (DAP), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R4C9_HUMAN]
Q9NWH4	148	16.9	11.09	1.534	cDNA FLJ10024 fis, clone HEMBA1000636 OS=Homo sapiens PE=2 SV=1 - [Q9NWH4_HUMAN]
E3Q1J2	273	31.6	5.97	1.531	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-B PE=3 SV=1 - [E3Q1J2_HUMAN]
Q67AK3	233	26.9	7.42	1.531	MHC class II antigen (Fragment) OS=Homo sapiens GN=HLA-DQB1 PE=4 SV=1 - [Q67AK3_HUMAN]
B4DLR0	579	61.1	5.26	1.529	cDNA FLJ55719, highly similar to Mus musculus armadillo repeat containing 5 (Armc5), mRNA OS=Homo sapiens PE=2 SV=1 - [B4DLR0_HUMAN]
Q86UY0	360	40.3	5.83	1.526	Protein BLOC1S5-TXND5 OS=Homo sapiens GN=TXND5 PE=2 SV=1 - [Q86UY0_HUMAN]
E7EQB2	696	76.6	8.02	1.526	Lactotransferrin (Fragment) OS=Homo sapiens GN=LTF PE=1 SV=1 - [E7EQB2_HUMAN]
Q9P2B2	879	98.5	6.61	1.520	Prostaglandin F2 receptor negative regulator OS=Homo sapiens GN=PTGFRN PE=1 SV=2 - [FPRP_HUMAN]
Q96P70	1041	115.9	4.81	1.517	Importin-9 OS=Homo sapiens GN=IPO9 PE=1 SV=3 - [IPO9_HUMAN]
Q5CZ93	159	19.2	9.88	1.517	Putative uncharacterized protein DKFZp686A0568 OS=Homo sapiens GN=DKFZp686A0568 PE=2 SV=1 - [Q5CZ93_HUMAN]
Q5VX52	437	50.3	8.43	1.514	Spermatogenesis-associated protein 1 OS=Homo sapiens GN=SPATA1 PE=2 SV=3 - [SPAT1_HUMAN]
P80511	92	10.6	6.25	1.513	Protein S100-A12 OS=Homo sapiens GN=S100A12 PE=1 SV=2 - [S10AC_HUMAN]
A8MVU1	366	41.8	8.84	1.512	Putative neutrophil cytosol factor 1C OS=Homo sapiens GN=NCF1C PE=5 SV=1 - [NCF1C_HUMAN]
B5BTZ6	769	87.9	6.20	1.502	Signal transducer and activator of transcription OS=Homo sapiens GN=STAT3 PE=2 SV=1 - [B5BTZ6_HUMAN]
Q15323	416	47.2	4.88	1.502	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 -

					[K1H1_HUMAN]
P07585	359	39.7	8.54	1.501	Decorin OS=Homo sapiens GN=DCN PE=1 SV=1 - [PGS2_HUMAN]
C9JKG1	238	26.7	6.79	1.501	Biglycan (Fragment) OS=Homo sapiens GN=BGN PE=4 SV=1 - [C9JKG1_HUMAN]
H0YA93	1400	158.1	5.82	1.501	NEDD4-binding protein 2 (Fragment) OS=Homo sapiens GN=N4BP2 PE=1 SV=1 - [H0YA93_HUMAN]
G3V295	203	22.8	8.32	0.660	Proteasome subunit alpha type OS=Homo sapiens GN=PSMA6 PE=1 SV=1 - [G3V295_HUMAN]
O96009	420	45.4	6.61	0.658	Napsin-A OS=Homo sapiens GN=NAPSA PE=1 SV=1 - [NAPSA_HUMAN]
E9PN95	56	6.3	4.96	0.626	Uteroglobulin OS=Homo sapiens GN=SCGB1A1 PE=4 SV=1 - [E9PN95_HUMAN]
P07339	412	44.5	6.54	0.615	Cathepsin D OS=Homo sapiens GN=CTSD PE=1 SV=1 - [CATD_HUMAN]
A8K987	222	25.7	9.00	0.603	Glutathione S-transferase OS=Homo sapiens PE=2 SV=1 - [A8K987_HUMAN]
B2R7Z6	484	52.5	7.55	0.591	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]
B4E1L4	668	71.6	5.63	0.531	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
B7Z269	351	40.3	7.24	0.181	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]

Table 9:

Changes in proteins (with 1.5x cutoff) following surgery with LFV. Proteins with >2x change are in bold.

Accession	# AAs	MW [kDa]	calc. pI	LFV (Post)/ LFV (Pre)	Description
Q701L7	513	56.6	6.74	14.876	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
Q9BYT5	123	12.9	7.81	14.741	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
O76013	467	52.2	4.94	7.140	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 - [KRT36_HUMAN]
A0A087X2I6	404	46.1	4.84	4.627	Keratin, type I cuticular Ha3-II OS=Homo sapiens GN=KRT33B PE=4 SV=1 - [A0A087X2I6_HUMAN]
A0JNT2	447	49.6	5.39	3.857	KRT83 protein OS=Homo sapiens GN=KRT83 PE=2 SV=1 - [A0JNT2_HUMAN]
B7Z269	351	40.3	7.24	2.379	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]
Q15323	416	47.2	4.88	2.158	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 - [K1H1_HUMAN]
Q96Q06	1357	134.3	8.73	1.840	Perilipin-4 OS=Homo sapiens GN=PLIN4 PE=2 SV=2 - [PLIN4_HUMAN]
Q05315	142	16.4	7.37	1.823	Galectin-10 OS=Homo sapiens GN=CLC PE=1 SV=3 - [LEG10_HUMAN]
H0YF46	255	28.3	5.82	1.698	SPOC domain-containing protein 1 (Fragment) OS=Homo sapiens GN=SPOCD1 PE=4 SV=1 - [H0YF46_HUMAN]
Q7Z6I6	1101	118.5	4.81	1.687	Rho GTPase-activating protein 30 OS=Homo sapiens GN=ARHGAP30 PE=1 SV=3 - [RHG30_HUMAN]
P11678	715	81.0	10.29	1.663	Eosinophil peroxidase OS=Homo sapiens GN=EPX PE=1 SV=2 - [PERE_HUMAN]
A4FU00	317	35.6	5.81	1.651	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]

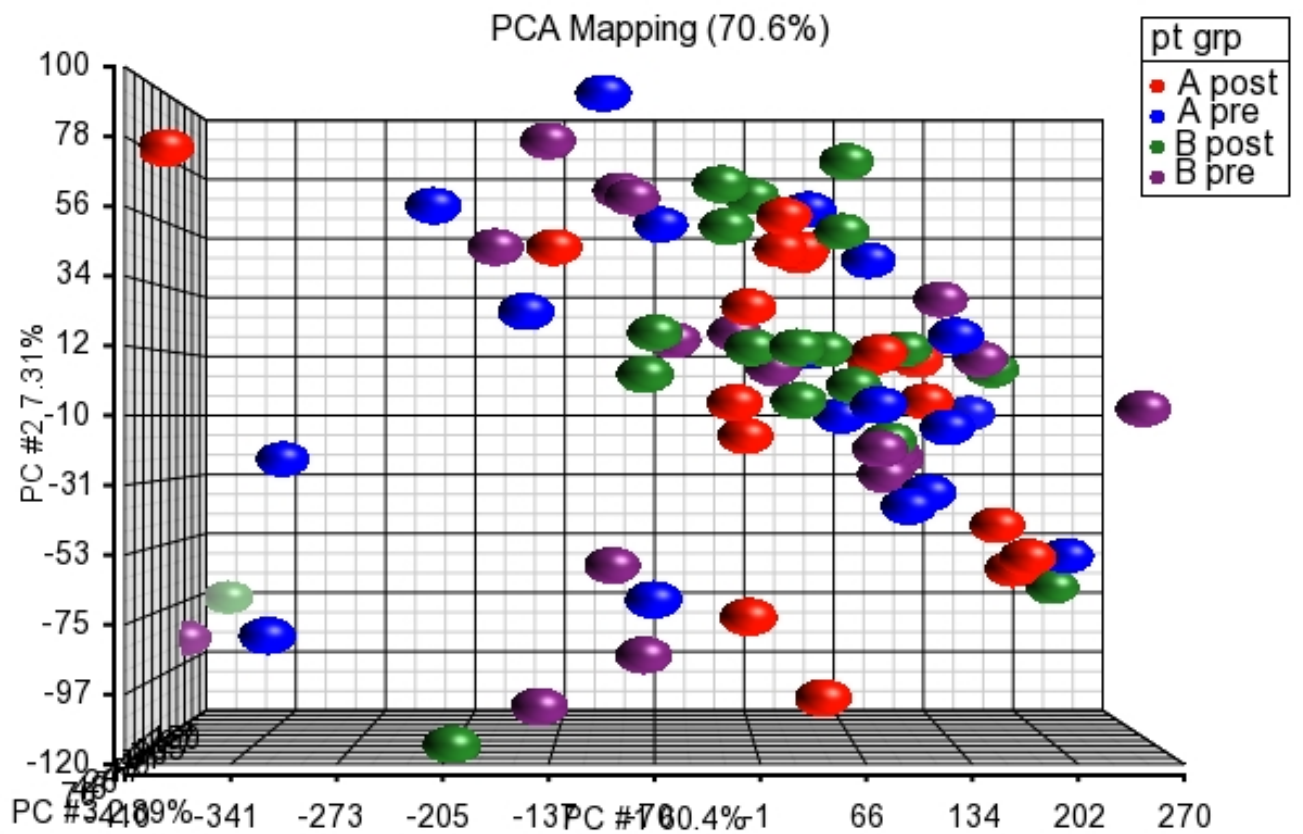
P27701	267	29.6	5.24	1.574	CD82 antigen OS=Homo sapiens GN=CD82 PE=1 SV=1 - [CD82_HUMAN]
B4DMJ5	242	27.3	4.50	1.547	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]
Q6P4A8	553	63.2	9.06	1.524	Phospholipase B-like 1 OS=Homo sapiens GN=PLBD1 PE=1 SV=2 - [PLBL1_HUMAN]
A0A024R637	1298	146.5	7.01	1.514	TBC1 domain family, member 4, isoform CRA_b OS=Homo sapiens GN=TBC1D4 PE=4 SV=1 - [A0A024R637_HUMAN]
M0QZ50	93	9.8	4.48	1.512	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
B3KQ72	130	14.3	5.52	1.500	cDNA FLJ32987 fis, clone THYMU1000032 OS=Homo sapiens PE=2 SV=1 - [B3KQ72_HUMAN]
H6VRF8	644	66.0	8.12	0.665	Keratin 1 OS=Homo sapiens GN=KRT1 PE=3 SV=1 - [H6VRF8_HUMAN]
P35237	376	42.6	5.27	0.658	Serpin B6 OS=Homo sapiens GN=SERPINB6 PE=1 SV=3 - [SPB6_HUMAN]
D6RF35	476	53.0	5.52	0.658	Vitamin D-binding protein OS=Homo sapiens GN=GC PE=1 SV=1 - [D6RF35_HUMAN]
B7Z445	386	43.3	6.83	0.656	cDNA FLJ51492, highly similar to Arachidonate 15-lipoxygenase (EC 1.13.11.33) OS=Homo sapiens PE=2 SV=1 - [B7Z445_HUMAN]
P62851	125	13.7	10.11	0.650	40S ribosomal protein S25 OS=Homo sapiens GN=RPS25 PE=1 SV=1 - [RS25_HUMAN]
Q99549	860	97.1	6.06	0.644	M-phase phosphoprotein 8 OS=Homo sapiens GN=MPHOSPH8 PE=1 SV=2 - [MPP8_HUMAN]
Q7Z6G4	31	3.2	5.78	0.634	HBA2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q7Z6G4_HUMAN]
K7EPK9	51	5.5	5.11	0.626	Mucin-like protein 1 (Fragment) OS=Homo sapiens GN=MUCL1 PE=4 SV=3 - [K7EPK9_HUMAN]
Q86TT1	375	41.2	6.79	0.616	Full-length cDNA clone CS0DD006YL02 of Neuroblastoma of Homo sapiens (human) OS=Homo sapiens PE=2 SV=1 - [Q86TT1_HUMAN]
B2R6F5	350	39.6	5.12	0.607	cDNA, FLJ92928, highly similar to Homo sapiens retinitis pigmentosa 2 (X-linked recessive) (RP2), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R6F5_HUMAN]
P23527	126	13.9	10.32	0.605	Histone H2B type 1-O OS=Homo sapiens GN=HIST1H2BO PE=1 SV=3 - [H2B1O_HUMAN]

B3KUR3	242	28.0	5.85	0.604	cDNA FLJ40459 fis, clone TESTI2041800, highly similar to BISPHOSPHOGLYCERATE MUTASE (EC 5.4.2.4) OS=Homo sapiens PE=2 SV=1 - [B3KUR3_HUMAN]
P11277	2137	246.3	5.27	0.591	Spectrin beta chain, erythrocytic OS=Homo sapiens GN=SPTB PE=1 SV=5 - [SPTB1_HUMAN]
P02656	99	10.8	5.41	0.591	Apolipoprotein C-III OS=Homo sapiens GN=APOC3 PE=1 SV=1 - [APOC3_HUMAN]
Q9NZD4	102	11.8	5.00	0.584	Alpha-hemoglobin-stabilizing protein OS=Homo sapiens GN=AHSP PE=1 SV=1 - [AHSP_HUMAN]
G4V2I8	911	101.7	5.21	0.574	Anion exchanger-1 variant OS=Homo sapiens PE=2 SV=1 - [G4V2I8_HUMAN]
B7Z4Q8	613	68.2	7.85	0.574	cDNA FLJ52333, highly similar to Erythrocyte membrane protein band 4.2 OS=Homo sapiens PE=2 SV=1 - [B7Z4Q8_HUMAN]
P03973	132	14.3	8.75	0.570	Antileukoproteinase OS=Homo sapiens GN=SLPI PE=1 SV=2 - [SLPI_HUMAN]
P02549	2419	279.8	5.05	0.569	Spectrin alpha chain, erythrocytic 1 OS=Homo sapiens GN=SPTA1 PE=1 SV=5 - [SPTA1_HUMAN]
Q14587	947	108.3	8.87	0.566	Zinc finger protein 268 OS=Homo sapiens GN=ZNF268 PE=1 SV=2 - [ZN268_HUMAN]
P69892	147	16.1	7.20	0.553	Hemoglobin subunit gamma-2 OS=Homo sapiens GN=HBG2 PE=1 SV=2 - [HBG2_HUMAN]
P01833	764	83.2	5.74	0.549	Polymeric immunoglobulin receptor OS=Homo sapiens GN=PIGR PE=1 SV=4 - [PIGR_HUMAN]
P16157	1881	206.1	6.01	0.548	Ankyrin-1 OS=Homo sapiens GN=ANK1 PE=1 SV=3 - [ANK1_HUMAN]
Q4ZGM8	100	10.8	9.04	0.543	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]
B3KVN0	416	45.8	8.60	0.534	cDNA FLJ16785 fis, clone NT2RI2015342, highly similar to Solute carrier family 2, facilitated glucose transporter member 1 OS=Homo sapiens PE=2 SV=1 - [B3KVN0_HUMAN]
Q4VB87	615	68.4	5.91	0.532	EPB41 protein (Fragment) OS=Homo sapiens GN=EPB41 PE=2 SV=1 - [Q4VB87_HUMAN]
B4DF70	183	20.1	8.78	0.527	cDNA FLJ60461, highly similar to Peroxiredoxin-2 (EC 1.11.1.15) OS=Homo sapiens PE=2 SV=1 - [B4DF70_HUMAN]
Q4TZM4	101	11.0	6.52	0.518	Hemoglobin beta chain (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q4TZM4_HUMAN]

P00918	260	29.2	7.40	0.507	Carbonic anhydrase 2 OS=Homo sapiens GN=CA2 PE=1 SV=2 - [CAH2_HUMAN]
O75602	509	55.4	6.83	0.504	Sperm-associated antigen 6 OS=Homo sapiens GN=SPAG6 PE=2 SV=1 - [SPAG6_HUMAN]
Q6J1Z9	90	9.6	9.50	0.501	Hemoglobin alpha 1 (Fragment) OS=Homo sapiens GN=HBA1 PE=3 SV=1 - [Q6J1Z9_HUMAN]
Q86YQ1	91	9.7	9.25	0.497	Hemoglobin alpha-2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q86YQ1_HUMAN]
Q13938	189	21.0	4.89	0.495	Calcyphosin OS=Homo sapiens GN=CAPS PE=1 SV=1 - [CAYP1_HUMAN]
E9PN95	56	6.3	4.96	0.450	Uteroglobin OS=Homo sapiens GN=SCGB1A1 PE=4 SV=1 - [E9PN95_HUMAN]
A8K987	222	25.7	9.00	0.448	Glutathione S-transferase OS=Homo sapiens PE=2 SV=1 - [A8K987_HUMAN]
P00915	261	28.9	7.12	0.442	Carbonic anhydrase 1 OS=Homo sapiens GN=CA1 PE=1 SV=2 - [CAH1_HUMAN]
Q6J1Z8	42	4.5	9.38	0.429	Hemoglobin beta (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q6J1Z8_HUMAN]
H3BML9	118	13.1	5.68	0.397	Myosin regulatory light chain 2, skeletal muscle isoform (Fragment) OS=Homo sapiens GN=MYLPF PE=4 SV=1 - [H3BML9_HUMAN]
E5RGQ7	148	16.8	8.88	0.388	Dematin (Fragment) OS=Homo sapiens GN=DMTN PE=1 SV=1 - [E5RGQ7_HUMAN]
Q6Vfq6	42	4.5	8.24	0.384	Hemoglobin beta chain (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q6Vfq6_HUMAN]
P02042	147	16.0	8.05	0.383	Hemoglobin subunit delta OS=Homo sapiens GN=HBD PE=1 SV=2 - [HBD_HUMAN]
Q5T619	568	62.3	8.62	0.380	Zinc finger protein 648 OS=Homo sapiens GN=ZNF648 PE=2 SV=1 - [ZN648_HUMAN]
Q5RHS7	95	11.0	9.28	0.346	Protein S100-A2 OS=Homo sapiens GN=S100A2 PE=1 SV=2 - [Q5RHS7_HUMAN]
Q8IUL9	105	11.5	6.05	0.270	Hemoglobin beta chain variant Hb.Sinai-Bel Air (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q8IUL9_HUMAN]
B4E1L4	668	71.6	5.63	0.257	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
B2R7Z6	484	52.5	7.55	0.248	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]

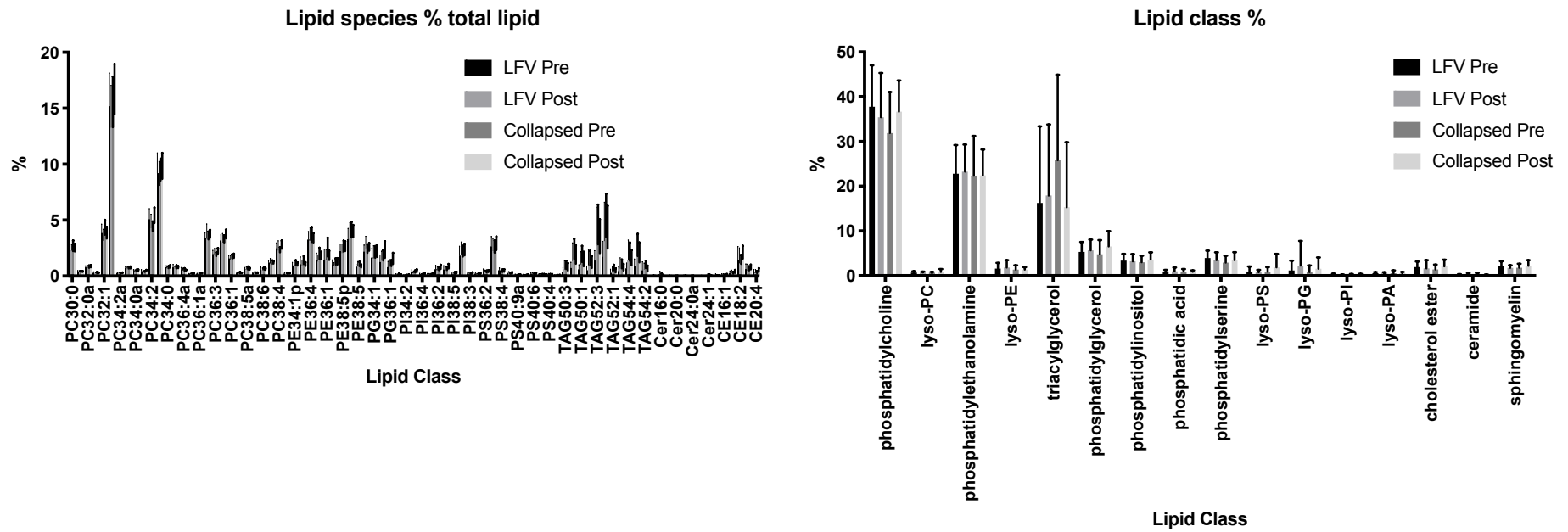
Supplemental Figure 1:

Principle component analysis (by Partek) of gene expression data, showing no significant outliers within the data.



Supplemental Figure 2:

There were no significant changes in **(A)** lipid species or **(B)** lipid class (as a percentage of the total) following surgery either with standard CPB with collapsed lung or with LFV.



Highlights:

- Cardiopulmonary bypass surgery causes systemic and pulmonary inflammation
- Surgery increases oxidative stress and hypoxia in the lungs and free iron in the blood
- Omics suggest ischemia is the principle driver of inflammation
- Unlike animal models lung ventilation during surgery increases inflammation
- Ventilation increased ischemia, potentially through increased surgical time

Abstract

Background

Heart surgery with cardio-pulmonary bypass (CPB) is associated with lung ischemia leading to injury and inflammation. It has been suggested this is a result of the lungs being kept deflated throughout the duration of CPB. Low frequency ventilation (LFV) during CPB has been proposed to reduce lung dysfunction.

Methods

We used a semi-biased multi-omic approach to analyse lung biopsies taken before and after CPB from 37 patients undergoing coronary artery bypass surgery randomised to both lungs left collapsed or using LFV for the duration of CPB. We also examined inflammatory and oxidative stress markers from blood samples from the same patients.

Results

30 genes were induced when the lungs were left collapsed and 80 by LFV. Post-surgery 26 genes were significantly higher in the LFV vs. lungs left collapsed, including genes associated with inflammation (e.g. *IL6* and *IL8*) and hypoxia/ischemia (e.g. *HIF1A*, *IER3* and *FOS*). Relatively few changes in protein levels were detected, perhaps reflecting the early time point or the importance of post-translational modifications. However, pathway analysis of proteomic data indicated that LFV was associated with increased “cellular component morphogenesis” and a decrease in “blood circulation”. Lipidomic analysis did not identify any lipids significantly altered by either intervention.

Discussion

Taken together these data indicate the keeping both lungs collapsed during CPB significantly induces lung damage, oxidative stress and inflammation. LFV during CPB increases these deleterious effects, potentially through prolonged surgery time, further decreasing blood flow to the lungs and enhancing hypoxia/ischemia.

Multi-omic analysis of the effects of low frequency ventilation during cardiopulmonary bypass surgery.

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Short Title.

Omic analysis of lungs ventilation during open heart surgery.

Total Word Count: 3436

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4 1 **Multi-omic analysis of the effects of low frequency**
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6 2 **ventilation during cardiopulmonary bypass surgery.**
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11 4 Durham AL PhD¹, Al Jaaly E MD², Graham R MSc¹, Brook PO MSc¹, Bae JH BSc¹,
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- 14 Dentistry, Queen Mary University of London, 4 Newark St, London, UK
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- 16
- 17 **Short Title.**
- 18 Omic analysis of lungs ventilation during open heart surgery.
- 19 **Total Word Count: 3725**

121
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123 **1 Abstract**
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125 **2 Background**
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127
128 **3** Heart surgery with cardio-pulmonary bypass (CPB) is associated with lung ischemia
129
130 **4** leading to injury and inflammation. It has been suggested this is a result of the lungs
131
132 **5** being kept deflated throughout the duration of CPB. Low frequency ventilation
133
134 **6** (LFV) during CPB has been proposed to reduce lung dysfunction.
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136 **7**
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138 **8 Methods**
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140 **9** We used a semi-biased multi-omic approach to analyse lung biopsies taken before and
141
142 **10** after CPB from 37 patients undergoing coronary artery bypass surgery randomised to
143
144 **11** both lungs left collapsed or using LFV for the duration of CPB. We also examined
145
146 **12** inflammatory and oxidative stress markers from blood samples from the same
147
148 **13** patients.
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150 **14**
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152 **15 Results**
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154
155 **16** 30 genes were induced when the lungs were left collapsed and 80 by LFV. Post-
156
157 **17** surgery 26 genes were significantly higher in the LFV vs. lungs left collapsed,
158
159 **18** including genes associated with inflammation (e.g. *IL6* and *IL8*) and
160
161 **19** hypoxia/ischemia (e.g. *HIF1A*, *IER3* and *FOS*). Relatively few changes in protein
162
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167 **22** that LFV was associated with increased “cellular component morphogenesis” and a
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169 **23** decrease in “blood circulation”. Lipidomic analysis did not identify any lipids
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171 **24** significantly altered by either intervention.
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183 1 Discussion
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185 2 Taken together these data indicate the keeping both lungs collapsed during CPB
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187 3 significantly induces lung damage, oxidative stress and inflammation. LFV during
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194 6
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200 9 **Key Words:**
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202 10 Cardio-pulmonary bypass
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204 11 Ventilation
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206 12 Inflammation
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208 13 Transcriptomics
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210 14 Proteomics
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243 **1 1. Introduction**
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245 2 Cardiopulmonary bypass (CPB), which allows operation on a motionless and
246
247 3 bloodless heart, is used in most heart surgery procedures. Recovery from cardiac
248
249 4 surgery utilising CPB is generally good with a 30 day survival rate of 98.4% [1].
250
251 5 However, CPB is still associated with severe systemic inflammation and tissue
252
253 6 damage with an accompanying mortality of 1.5% along with post-operative lung
254
255 7 dysfunction of various degrees in up to 30% of patients [2]. The underlying
256
257 8 mechanisms driving inflammation following CPB are yet to be fully elucidated and
258
259 9 there are currently no strategies to effectively prevent it.
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11 Institution of CPB is associated with significant physiological changes and insults to
12 the lung. Ventilation is generally stopped, and lungs deflated to reduce mediastinal
13 motions. Venous return is directed away from the right heart thereby pulmonary
14 artery flow is dramatically reduced. Furthermore, bronchial blood flow is reduced due
15 to haemodynamic and pulsatility changes during bypass and changes in vascular
16 resistances. These atelectatic and ischemic changes may promote tissue hypoxia,
17 oxidative stress and lung cellular damage [3–6]. Towards the end of CPB, full
18 ventilation is recommenced and pulmonary blood flow is restored with potential
19 injury by reperfusion including oxidative stress [7,8], and inflammatory cell
20 infiltration [9]. Further oxidative stress could be triggered by free iron catalysed
21 reactions [10,11] from iron released by haemolysis as the blood passes through the
22 bypass circuit.

23

24 There have been various attempts made to protect the lung during CPB. Among these,
25 it has been suggested that low frequency ventilation (LFV) during CPB may alleviate

301
302
303 1 hypoxia and ischemia of the lungs and thereby help to reduce inflammation. In
304
305 2 contrast to previous animal trials [12], we have recently provided evidence that in
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307 3 patients undergoing elective coronary artery bypass grafting (CABG), the use of LFV
308
309 4 during CPB when compared to both lungs left collapsed does not seem to reduce
310
311 5 inflammation in lung biopsies and blood [13,14].
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314 6

315
316 7 The low frequency ventilation technique reported in our study has been investigated
317
318 8 previously by different groups with contrasting results. This study, for the first time,
319
320 9 uses the simultaneous of human lung biopsy and blood samples to assess the effect of
321
322 10 the technique. In order to establish a mechanistic link between the effects of both
323
324 11 interventions on the lung we used a semi-biased multi-omics approach
325
326 12 (transcriptomics, proteomics and lipidomics) to analyse lung biopsies taken at the start
327
328 13 of surgery before CPB and at the end of surgery after lung reperfusion but before
329
330 14 weaning from CPB from the above mentioned randomised study recently published
331
332 15 [14]. We also analysed serial blood plasma taken before and after surgery.
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363 **1 2. Methods:**
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365 **2 2.1 Study design**
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367 37 patients undergoing elective or urgent CABG with CPB and cold blood
368 4 cardioplegic arrest at the Hammersmith Hospital, were recruited as part of a single-
369 4 centre, parallel group, randomised, controlled trial investigating low frequency
370 5 ventilation study recently published [14].
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378 Venous blood samples were taken from the patients at induction, 10mins, 2, 6 and 24
379 hours post CPB.
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381

382 Lung biopsies were taken both prior to and immediately after surgery. The pre-
383 surgery biopsies were taken from the left upper lobe immediately after sternotomy
384 with lungs ventilated for both groups. The post-surgery biopsy was taken from the left
385 lower lobe at the end of the operation just before weaning from CPB.
386
387
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389
390

391 This study was approved by the NRES committee London- Camden and Islington
392 (Research Ethics Committee reference number 12/LO/0458) on 25/04/2012. Further
393 approval was obtained from the research and development department of the Imperial
394 College Healthcare NHS Trust. This research complied with the Helsinki Declaration.
395 The trial is registered as ISRCTN No: 34428459. All patients involved in the study
396 gave written and informed consent
397
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406 **21 2.2 Luminex:**
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408 Cytokines in human plasma samples, taken 24 hours post-surgery, were quantified
409 using the Luminex Screening Human Magnetic Assay kit (R&D, Abingdon, UK).
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414 **25 2.3 Transcriptomics:**

421
422
423 1 RNA was extracted and analysed by Affymetrix GeneChip Human Gene 1.0 ST
424
425 2 Array (ThermoFisher) following the manufacturer's instructions.
426
427 3 RNA samples were also quantified using RT-qPCR. More details are available in the
428
429 4 supplemental materials.
430

431
432 5

433 6 **2.4 Proteomics:**

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436 7 Protein was extracted as described previously [14]. More details are available in the
437
438 8 supplemental materials.
439

440 9

441 442 10 **2.5 Heme assay:**

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444 11 Heme levels in the whole cell protein extracts were measured using the Heme
445
446 12 colorimetric assay kit (BioVision, Milpitas, CA, USA) following manufacturer's
447
448 13 instruction.
449

450
451 14

452 453 15 **2.6 Lipidomics:**

454
455 16 Lung tissue was processed as described previously [15,16].
456
457 17 More details are available in the supplemental materials.
458

459 18

460 461 462 19 **2.7 Oxidative stress/ Anti-oxidant capacity:**

463
464 20 We used the RedoxSys® to electrochemically measure the oxidant redox potential
465
466 21 (ORP) and antioxidant capacity (AOC), following manufacturer's instructions (Aytu
467
468 22 Biosciences, Englewood, CO, USA).
469

470
471 23

472 473 24 **2.8 Statistics and Data analysis:**

481
482
483 1 Gene arrays were analysed by Partek genomics Suite (Partek Inc). Gene and protein
484
485 2 classification were tested using PANTHER Overrepresentation Test analysed against
486
487 3 the Homo Sapiens reference list, using the PANTHER Go-SLIM Biological process
488
489 4 annotation dataset [17]. Analysis included Bonferroni correction for multiple data.
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491
492 5

493
494 6 The remaining data were analysed using Graphpad Prism 6 (Graphpad Software Inc,
495
496 7 La Jolla, CA, USA) utilising Friedman and using Dunn's multiple comparison test
497
498 8 unless otherwise stated. A probability value of <0.05 was considered significant.
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543 **1 3. Results:**
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545 2 Patient demographics and clinical characterisation are provided in detail in Fiorentino
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547 3 et al, 2019 [14].
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549 4

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552 **5 3.1 Patient serum samples:**
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554 **6 3.1.1 Luminex of serum cytokines:**
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556 7 Plasma IL-6, IL-8 and IL-10 levels increased significantly 24 hours post-surgery in
557
558 8 both groups compared to the pre-surgery control samples. IL-6 levels increased 17-
559
560 9 fold in lungs collapsed group and 25-fold in the LFV group (**Figure 1A**). IL-8 levels
561
562 10 (**Figure 1B**) increased approximately 1.5-fold in both study groups, whilst IL-10
563
564 11 (**Figure 1C**) increased approximately 1.3x. In contrast, there was no significant
565
566 12 change in inflammatory cytokines IL-1 β and MCP-1 in the plasma of patients before
567
568 13 CPB and 24hrs after CPB in both groups (**Figure 1D & E**).
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573 **15 3.1.2 Cell-Free heme:**
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575 16 The levels of cell free heme were measured in the blood plasma following surgery.
576
577 17 Cell free heme was significantly higher in both groups at 10 minutes and 2 hours after
578
579 18 surgery before returning to baseline. Cell-free heme levels in plasma were increased
580
581 19 but not significantly in the LFV group (51.5 μ M vs 38.1 μ M, 2-way ANOVA p=0.17)
582
583 20 (**Figure 2**).
584
585 21

586
587
588 **22 3.1.3 Oxidative stress in blood:**
589

590 23 Plasma ORP and AOC from all patients were measured following bypass. By 2-way
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592 24 ANOVA time after surgery was linked to significantly increased ORP (p<0.0001) and
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594 25 this was matched by a significant decline in AOC (p<0.0001). However, the ANOVA
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600

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603 1 did not identify any statistical significance related to intervention, indicating that CPB
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605 2 induced changes in ORP and AOC were not altered by LFV (p=0.44, p=0.16
606
607 3 respectively) (**Figure 2**).

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612 5 Since LFV intervention did not effect plasma ORP or AOC we examined the
613
614 6 combined data to increase statistical power and determine the effects of surgery. The
615
616 7 combined data showed a significant increase in ORP within 10 minutes following
617
618 8 surgery, which increased at all timepoints measured but appeared to plateau at 6
619
620 9 hours. Similarly, the decrease in AOC following surgery reached a nadir at 6 hours
621
622 10 which was maintained (**Figure 2**).

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625 11

626 627 12 **3.2 Biopsy RNA gene expression data:**

628
629 13 Full data set is available at https://figshare.com/articles/_/4772167. Principle
630
631 14 component analysis (PCA) did not identify any significant outliers; therefore, no
632
633 15 patient samples were excluded from the analysis (**Supplemental Figure 1**). There
634
635 16 were no significant differences in gene expression between the two groups at baseline.

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639 640 18 **3.2.1 Transcriptional response to CPB with lungs collapsed:**

641
642 19 Lungs left collapsed significantly increased the expression of 30 genes in the biopsy
643
644 20 immediately after surgery (**Supplemental data: Table 1**). These genes include the
645
646 21 inflammatory genes *CCL2* (encoding MCP-1) and *IL6*, which had the highest increase
647
648 22 following surgery (6.7x and 6.6x higher than baseline respectively). Panther pathway
649
650 23 analysis identified the “cholecystokinin receptor (CCKR) signalling map” (p=2.26E-
651
652 24 08), the “Interleukin signalling pathway” (5.41E-05) and the “p53 pathway” (4.81E-

661
662
663 1 02) as significantly over-represented within the genes induced in the lung collapsed
664
665 2 group (**Supplemental data: Table 2**).

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668 3
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670 4 **3.2.2 Transcription response to CPB with LFV:**

671
672 5 LFV significantly induced 80 genes in lung tissue after surgery (**Supplemental data:**
673
674 **Table 3**). No genes were significantly suppressed. All CPB-induced genes were
675
676 7 enhanced in the LFV group and up-regulated genes shared the same pathways as
677
678 8 those induced by lungs collapsed CPB namely the “CCKR signalling map” (p=
679
680 9 2.14E-10), the “interleukin signaling pathway” (p=4.34E-03) and the “p53 pathway”
681
682 10 (p=4.46E-02)(**Supplemental data: Table 4**). In addition, the “Inflammation
683
684 11 mediated by chemokine and cytokine signaling pathway” and the “Gonadotropin-
685
686 12 releasing hormone receptor pathway” were also enriched. Biological process analysis
687
688 13 identified “endoderm development”, “MAPK cascade”, “cell death” and “response to
689
690 14 stress” as significantly over-represented.

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693 15
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695 16 The 50 genes that were upregulated in the LFV group alone (i.e. not in CPB lungs
696
697 17 collapsed group) included inflammatory genes such as *IL1B* and *CYR61*. Pathway
698
699 18 and biological process analysis did not identify any specific pathways or processes as
700
701 19 overrepresented in these 50 genes although raw, uncorrected p values indicated over-
702
703 20 representation of the ‘CCKR signalling map’ and “Inflammation mediated by
704
705 21 chemokine and cytokine signaling” pathways (p=2.01E-03).

706
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708 22
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710 23 **3.2.3 Effect of low frequency ventilation:**

711
712 24 Comparing gene expression biopsies from the LFV and lungs left collapsed groups
713
714 25 taken after surgery identified statistically significant changes in 26 genes in patients

721
722
723 1 who underwent LFV compared to patients undergoing lungs collapsed CPB
724
725 2 (**Supplemental data: Table 5**). *HLA-DRB5*, encoding the HLA class II
726
727 3 histocompatibility antigen DRB5 was reduced in the LFV group whilst the remaining
728
729 4 25 genes were increased with LFV. The expression of HLA-DRB5 was not
730
731 5 significantly altered following surgery in either groups compared to their respective
732
733 6 pre-surgical controls.
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738 8 The genes significantly increased by LFV intervention compared to lungs left
739
740 9 collapsed included the inflammatory *IL6*, *CCL2* and *CCL8* (encoding IL-6, MCP1 and
741
742 10 MCP2 respectively). Pathway analysis showed that LFV significantly activated the
743
744 11 “Plasminogen activating cascade” ($p=3.17E-02$), “CCKR signaling map” ($p=6.81E-$
745
746 12 03), and “Inflammation mediated by chemokine and cytokine signaling pathway”
747
748 13 ($p=3.30E-02$)(**Supplemental data: Table 2**).
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751
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753 15 Combining both intervention groups to increase the analytical power of the effects of
754
755 16 surgery identified 51 genes with significantly altered expression following surgery
756
757 17 (**Supplemental data: Table 6**). Pathway analysis of this data identified the
758
759 18 “Oxidative stress response” ($p= 4.76E-02$), “Interleukin signaling” ($p= 5.10E-04$),
760
761 19 “CCKR signaling map” ($p=9.53E-07$) and “p53” ($p= 8.22E-03$) pathways as over-
762
763 20 represented.
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768 22 **3.2.4 Validation of transcriptomic response:**

769
770 23 We have previously examined the induction of *IL6*, *IL8* and *IL1B* gene expression in
771
772 24 the lung biopsies by Taqman qPCR. The gene expression data following CPB showed
773
774 25 the same increase in inflammatory gene expression in the LFV group compared to the
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783 1 lungs collapsed group [14]. In addition, we demonstrated significant up-regulation of
784
785 2 hypoxia inducible factor 1A (*HIF1A*) gene expression in the biopsies after lungs
786
787 3 collapsed CPB, which was further enhanced in the biopsies from patients who
788
789 4 underwent LFV (**Figure 3A**), compared to the pre-surgery control biopsies.
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792 5

794 6 **3.3 Biopsy Proteomic analysis:**

796 7 Full data set is available at https://figshare.com/articles/_/4772167. Whole cell protein
797
798 8 extracts from each biopsy were pooled into 4 groups: lungs left collapsed or LFV both
799
800 9 pre and post-surgery. Tandem mass tagging (TMT) identified over 3000 distinct
801
802 10 proteins in the pooled biopsy samples. There was minimal variation in the pre-surgery
803
804 11 baseline levels of proteins detected. Two proteins were significantly elevated >2-fold
805
806 12 in the lungs left collapsed group and 34 were elevated >2x in the LFV group
807
808 13 (**Supplemental data: Table 7**) before surgery. Panther pathways analysis of these
809
810 14 proteins did not identify any biological pathways or processes as overrepresented.
811
812 15 Using a 1.5-fold cut-off, there were 4 significantly different proteins in the lungs
813
814 16 collapsed group and 155 proteins more highly expressed in the LFV group.
815
816 17 PANTHER analysis of these proteins identified “immune system process” as over-
817
818 18 represented in the LFV group at baseline before surgery.
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821 19

823 20 **3.3.1 Proteomic response to CPB with lungs collapsed:**

825 21 Lungs collapsed CPB resulted in 25 proteins having a >2-fold increase in expression
826
827 22 post-surgery and 1 protein decreased >2-fold (**Supplemental data: Table 8**) relative
828
829 23 to the same donors before surgery. The up-regulated proteins included the detoxifying
830
831 24 enzyme glutathione S-transferase P (*GSTP1*), and eosinophil peroxidase. The
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833 25 decreased protein was identified as “cDNA FLJ50754, highly similar to voltage-
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843 1 dependent L-type calcium channel subunit alpha-1D”. Reducing the cut-off ratio to
844
845 2 1.5-fold change increased the number of differentially expressed proteins to 109 with
846
847 3 enhanced expression and 8 proteins that were decreased. These did not reflect any
848
849 4 pathways or processes although at the unadjusted p value level the “CCKR signalling
850
851 5 map” and “integrin signalling pathways” were identified as over-represented
852
853 6 (p=4.91E-2 and p=1.33E-02 respectively).
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856 7

858 8 **3.3.2 Proteomic response to CPB with LFV:**

859
860 9 CBP in the presence of LFV resulted in >2-fold upregulation of 7 proteins with
861
862 10 keratin, both type I and II, making up 6 out of 7 of these proteins (**Supplemental**
863
864 11 **data: Table 8**). Keratin is a common contaminant of proteomic experiments, so these
865
866 12 changes may simply be an artefact, however keratin expression in the lungs has
867
868 13 previously been reported, including its upregulation during lung repair [18] and by
869
870 14 shear forces.[19,20] The remaining protein was “cDNA FLJ50754, highly similar to
871
872 15 Voltage-dependent L-type calcium channel subunit alpha-1D”. Whilst no pathways
873
874 16 were identified as changed the keratin proteins were all linked to the process of
875
876 17 “cellular component organisation or biogenesis” (p=2.8x10⁻⁶). 15 proteins were
877
878 18 decreased >2-fold following surgery with LFV, including 5 haemoglobin subunits
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880 19 (HBA2, HBB, HBD). Analysis of biological processes identified “blood circulation”
881
882 20 as overrepresented (p>0.001).
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886 21

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888 22 19 proteins were increased following LFV using a 1.5-fold cut off, 7 of which were
889
890 23 linked to the “cellular component morphogenesis” process (p>0.001). 47 proteins
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892 24 were decreased following surgery. The analysis did not identify any pathways
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903 1 significantly altered by LFV at the protein level, however, cellular process analysis
904
905 2 again identified “blood circulation” as overrepresented (p=0.001).
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909 4 **3.3.3 Comparison of LFV with lungs left collapsed:**

910 5 Direct comparison of the post-bypass samples identified 4 proteins that were
911
912 6 increased in the lungs collapsed group with >2-fold change and 9 proteins that were
913
914 7 increased in the LFV group (**Supplemental data: Table 5**). Biological pathway and
915
916 8 process analysis did not identify any significantly over-represented
917
918 9 pathways/processes between these groups. 16 proteins were identified as >1.5-fold
919
920 10 higher in lungs collapsed compared to LFV, of which 3 were also higher at baseline
921
922 11 and therefore excluded from the analysis. Proteins increased in the lungs collapsed
923
924 12 group included haemoglobin alpha, beta and delta. These proteins were not associated
925
926 13 with any significant changes in biological pathways but were identified with the
927
928 14 processes of blood circulation (p=2.27E-04) and transport (p=3.14E-05).
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933 15 11 proteins were higher in the LFV group compared to lungs collapsed post-surgery
934
935 16 but not pre-surgery. No processes or pathways were identified as significant.
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938 17

939 18 **3.4 Confirmation of reduced haemoglobin in biopsies following LFV:**

940 19 Due to the proteomics identification of haemoglobin as downregulated in the LFV
941
942 20 group the level of heme was measured in the protein isolated from each lung biopsy
943
944 21 (**Figure 3B**). The amount of heme in the biopsies did not significantly change
945
946 22 following CPB with lungs collapsed, however, it was significantly reduced following
947
948 23 surgery with LFV.
949
950
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952 24

953 25 **3.5 Lipidomics:**

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962
963 1 Full data set is available at https://figshare.com/articles/_/4772167. There were no
964
965 2 significant differences in lipid class or species between groups either before or after
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967 3 surgery regardless of intervention. (Data is shown in **Supplemental Figure 2.**)
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1023 **1 4 Discussion:**
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1025 2 Surgery with CPB is associated with acute systemic and pulmonary inflammation and
1026 3 can lead to pulmonary dysfunction in a significant number of patients. We confirmed
1027 4 previous data showing enhanced levels of inflammatory cytokines, oxidative stress,
1028 5 cell free heme and decreased plasma anti-oxidant capacity with CPB. We also
1029 6 provided evidence for the first time in transcriptomic analysis of lung biopsy in
1030 7 patients undergoing CABG, that CPB triggers a significant increase in hypoxic and
1031 8 inflammatory responses and a decrease in genes associated with blood flow. These
1032 9 effects were amplified in patients undergoing CPB with LFV when compared with
1033 10 CPB with lungs collapsed. These data provide a mechanistic link to the adverse
1034 11 clinical effects seen with the addition of LFV to CPB in patients undergoing CABG
1035 12 (14).
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1051 14 Analysis of the patients' plasma showed that following CPB with lungs collapsed
1052 15 there was a significant increase in the levels of inflammatory cytokines, oxidative
1053 16 stress, cell free heme and a decrease in plasma anti-oxidant capacity corresponding to
1054 17 the effects of CPB surgery previously reported [21]. These systemic effects were not
1055 18 significantly altered by CPB with LFV intervention.
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1064 20 LFV may increase the deleterious effects of CPB by three main mechanisms:
1065 21 increased surgical time, direct oxygenation of the lungs or ventilator-associated
1066 22 injury. The movement of the lungs during CPB with LFV may increase surgery time.
1067 23 The LFV group had a higher levels of cell free heme in the blood following CPB, a
1068 24 reflection of the longer CPB time compared to the lungs left collapsed CPB group
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1083 1 (87.5 minutes median (range 68-97) vs 69 minutes median (range 54-79)) (p=0.03)
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1085 2 [14].
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1087 3

1088 4 The increased oxygenation of the lungs during LFV may also enhance lung injury.
1089 5 Without the hypoxic response to reduce metabolic rates, LFV may cause a more rapid
1090 6 use of metabolic substrates and the build-up of by-products causing increased lung
1091 7 damage. Hyperoxia during surgery showed similar inflammation and stress following
1092 8 CPB as normoxia, although hyperoxia led to oxygen-mediated myocardial, hepatic
1093 9 and cerebral injury [22]. This hypothesis is unlikely as the LFV group showed
1094 10 increased *HIF1A* gene expression in blood indicating that the lungs were less, not
1095 11 more, oxygenated during LFV. However, intermittent hypoxia has been shown to be
1096 12 more potent at activating HIF-1 α and FOS/AP-1 than continuous hypoxia [23].
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1098 13

1099 14 Finally, LFV may cause biotrauma to the lung by repetitive alveolar collapse and
1100 15 hyperinflation [24].
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1102 16

1103 17 Our data are unique because of the use of lung biopsies taken during the surgery in the
1104 18 on-going debate regarding relative contributions of ischaemia and reperfusion to
1105 19 tissue injury. The data indicate that the practice of lungs left collapsed during CPB
1106 20 prior to reperfusion, can trigger gene expression, inflammation and stress in the lungs.
1107 21 These could be the consequence of atelectasis, direct effect of lung hypoperfusion and
1108 22 ischemia superimposed by perfusion with activated inflammatory cells due to their
1109 23 activation by the CPB machine and circuit. There has been considerable debate as to
1110 24 the relative importance of these mechanisms in driving lung inflammation [3,4,25] but
1111 25 the strong correlation between increased stress, hypoxia and inflammation in the lungs
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1143 1 support the hypothesis that ischemia alone is enough to drive inflammation.
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1145 2 Ischemia during surgery is associated with significant changes in inflammation
1146 3 (interleukin signalling pathway) and stress (CCKR and p53 pathways) in the lung.
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1152 5 In addition, the principle driver of increased inflammation in the LFV group appears
1153 6 to be increased surgery time, and hence ischemic, time, whilst reperfusion remained
1154 7 unchanged. As our lung biopsies were collected immediately after reperfusion it is
1155 8 unlikely that systemic inflammation or reperfusion injury would have been able to
1156 9 influence gene expression, but rather that ischemia alone is capable of significantly
1157 10 damaging the lungs.
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1165 11
1166 12 Whilst the proteomic analysis of CPB identified several proteins that changed
1167 13 expression in the pooled samples, this did not identify any specific pathways as
1168 14 activated by routine CPB with lungs left collapsed. Proteomic analysis is hampered by
1169 15 the short timeframes in which the surgery occurs and (to overcome resource
1170 16 constraints) the pooling of samples from all patients in each treatment group. Whilst
1171 17 pooling the samples loses the ability to discern individual patient variation, this
1172 18 approach reduces biological variation and thereby increases the power to detect
1173 19 treatment differences [26]. Nevertheless, CCKR signalling and integrin signalling
1174 20 pathways were significantly over-represented by proteins up-regulated by CPB when
1175 21 assessed using a raw p value <0.05. As stated above, the CCKR signalling may be
1176 22 induced by hypoxic conditions and up-regulated protein levels correlated well with
1177 23 gene expression. The integrin signalling proteins consisted of collagen alpha-1 (I)
1178 24 chain, the collagen alpha-1 (XIV) chain, the adapter molecule Crk and Crk-like
1179 25 (CrkL) proteins. Crk and CrkL have been shown to play a key role in the activation
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1203 1 and transformation of fibroblasts, which are the principle produces of extracellular
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1205 2 matrix, including collagen in response to injury. These data indicate that fibroblast
1206
1207 3 activation, in response to lung injury, occurs at an early stage in CPB. This study
1208
1209 4 provides valuable insight into the underlying mechanisms that drive lung
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1211 5 inflammation during CPB. This increased understanding may lead to more effective
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1213 6 interventions in the future.
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1220 9 Proteomic analysis of the LFV group showed a significant decrease in proteins
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1222 10 representing blood circulation, such as haemoglobin, which was confirmed in the
1223
1224 11 biopsy samples. These data indicate that LFV may have increased vascular resistance
1225
1226 12 and further reduced pulmonary blood flow during surgery, which may increase the
1227
1228 13 level of ischemia and the level of pulmonary inflammation [27]. Patients undergoing
1229
1230 14 LFV did show an increase in requiring haemodynamic support following surgery
1231
1232 15 compared to those undergoing CPB with lungs left collapsed, so alternatively this
1233
1234 16 may reflect a reduction in blood pressure [14].
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1239 18 Whilst changes in lipids have been reported in response to oxidative stress, such as
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1241 19 the accumulation of pro-inflammatory isoprostanes and oxylipins in smokers and in
1242
1243 20 patients with cardiovascular disease, no significant changes in lipidomics were
1244
1245 21 detected following CPB, indicating that either the timeframe of the study was too
1246
1247 22 short for these changes to occur or CPB has little effect on the lipid composition of
1248
1249 23 the lung. The lack of change in the proteomics and lipidomic profiles detected may
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1251 24 also reflect the important role that post-translational modifications play in regulating
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1263 1 protein and lipid function. Unfortunately, examination of post-translational
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1265 2 modifications was beyond the scope of this study.
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1269 4 A major limitation of the study is the timing of the sample collection. The initial pilot
1270
1271 5 study was not designed to identify differences between ischemia and reperfusion and
1272
1273 6 ideally lung biopsies should have been taken immediately before and after reperfusion
1274
1275 7 occurred. Additionally the timing may be suboptimal for detecting changes which
1276
1277 8 drive lung injury following CPB. A study by Hepponstall examining the plasma
1278
1279 9 proteome following CPB found changes in C-reactive protein and hepatoglobin
1280
1281 10 peaked at 12-24 hours following surgery [28]. This is reflected in the differences in
1282
1283 11 results between the Luminex measure of cytokines in the plasma and the lung biopsy
1284
1285 12 proteomics. In the biopsies collected immediately post-surgery there was no
1286
1287 13 significant increases in the levels of inflammatory cytokines detected, which
1288
1289 14 contrasted with the significant increases in the plasma samples collected 24 hours
1290
1291 15 later, reflecting the several hours of transcription, translation and post-translational
1292
1293 16 modification required for fully mature cytokines to be produced. However, as shown
1294
1295 17 by our previous publication on LFV and CPB inflammatory signals, such as NF- κ B
1296
1297 18 were significantly higher immediately after surgery in the lung biopsies [14].
1298
1299 19 However, for practical reasons, later timepoints could not be directly measured in the
1300
1301 20 lung.
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1303 21

1304 22 **Summary**

1305
1306 23 LFV increased pulmonary, but not systemic inflammation, following CPB. Semi-
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1308 24 biased transcriptomic and proteomic analysis of lung biopsies suggest that ischemia is
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1310 25 the principle driver of pulmonary inflammation following CPB and that LFV,
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- 1 possibly through reduced blood flow through the bronchial artery and increased
- 2 surgery time, further enhances pulmonary ischemia and inflammation.
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- 4
- 5

1381
1382
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1384

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1401

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1403 11 manuscript and co-supervision of JHB.
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1409 **13 Statement of the contribution**
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1411 14 Substantial contributions to the conception or design of the work; or the acquisition,
1412 15 analysis, or interpretation of data for the work: ALD, EAJ, RG, POB, JHB, KJH,
1413 16 ADP, PL, EJ, BR
1414 17 Drafting the work or revising it critically for important intellectual content: ALD,
1415 18 EAJ, KJH, ADP, PL, FF, GDA, SM, IMA
1416 19 Final approval of the version to be published: ALD, EAJ, FF, GDA, IMA
1417 20 Agreement to be accountable for all aspects of the work in ensuring that questions
1418 21 related to the accuracy or integrity of any part of the work are appropriately
1419 22 investigated and resolved: ALD, EAJ, FF, GDA, IMA
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1432 **24 Conflicts of interest**
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1434 25 None declared
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1503 **1 References:**
1504

1505 2

1506
1507 [1] B. Bridgewater, B. Keogh, R. Kinsman, P. Walton, SCTS 6th National Adult
1508 Cardiac Surgical Database Report 2008, 2008.
1509
1510
1511 <https://doi.org/10.1016/j.healun.2014.04.010>.

1512 5
1513 [2] R.A. Bronicki, M. Hall, Cardiopulmonary Bypass-Induced Inflammatory
1514 Response: Pathophysiology and Treatment., *Pediatr. Crit. Care Med.* 17 (2016)
1515 S272-8. <https://doi.org/10.1097/PCC.0000000000000759>.

1516 7
1517 [3] C. Schlensak, T. Doenst, S. Preusser, M. Wunderlich, M. Kleinschmidt, F.
1518 Beyersdorf, Cardiopulmonary bypass reduction of bronchial blood flow: a
1519 potential mechanism for lung injury in a neonatal pig model., *J. Thorac.*
1520 *Cardiovasc. Surg.* 123 (2002) 1199–1205.

1521 9
1522 [4] C. Schlensak, T. Doenst, S. Preusser, M. Wunderlich, M. Kleinschmidt, F.
1523 Beyersdorf, Bronchial artery perfusion during cardiopulmonary bypass does
1524 not prevent ischemia of the lung in piglets: assessment of bronchial artery
1525 blood flow with fluorescent microspheres., *Eur. J. Cardiothorac. Surg.* 19
1526 (2001) 322–326.

1527 12
1528 [5] P.J. Chai, J.A. Williamson, A.J. Lodge, C.W. Daggett, J.E. Scarborough, J.N.
1529 Meliones, I.M. Cheifetz, J.J. Jagers, R.M. Ungerleider, Effects of ischemia on
1530 pulmonary dysfunction after cardiopulmonary bypass., *Ann. Thorac. Surg.* 67
1531 (1999) 731–735.

1532 15
1533 [6] J.M. Dodd-o, L.E. Welsh, J.D. Salazar, P.L. Walinsky, E.A. Peck, J.G. Shake,
1534 D.J. Caparrelli, B.T. Bethea, S.M. Cattaneo, W.A. Baumgartner, D.B. Pearse,
1535 Effect of bronchial artery blood flow on cardiopulmonary bypass-induced lung
1536 injury., *Am. J. Physiol. Heart Circ. Physiol.* 286 (2004) H693-700.

1561
1562
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1 <https://doi.org/10.1152/ajpheart.00888.2003>.

2 [7] F. Bagheri, V. Khori, A.M. Alizadeh, S. Khalighfard, S. Khodayari, H.
3 Khodayari, Reactive oxygen species-mediated cardiac-reperfusion injury:
4 Mechanisms and therapies., *Life Sci.* 165 (2016) 43–55.
5 <https://doi.org/10.1016/j.lfs.2016.09.013>.

6 [8] E. Pantazi, M. Bejaoui, E. Folch-Puy, R. Adam, J. Rosello-Catafau, Advances
7 in treatment strategies for ischemia reperfusion injury., *Expert Opin.*
8 *Pharmacother.* 17 (2016) 169–179.
9 <https://doi.org/10.1517/14656566.2016.1115015>.

10 [9] B.P. Van Putte, J. Kesecioglu, J.M.H. Hendriks, V.P. Persy, E. van Marck,
11 P.E.Y. Van Schil, M.E. De Broe, Cellular infiltrates and injury evaluation in a
12 rat model of warm pulmonary ischemia-reperfusion., *Crit. Care.* 9 (2005) R1-8.
13 <https://doi.org/10.1186/cc2992>.

14 [10] P.B. Anning, Y. Chen, N.J. Lamb, S. Mumby, G.J. Quinlan, T.W. Evans, J.M.
15 Gutteridge, Iron overload upregulates haem oxygenase 1 in the lung more
16 rapidly than in other tissues., *FEBS Lett.* 447 (1999) 111–114.

17 [11] S. Mumby, T.W. Koh, J.R. Pepper, J.M. Gutteridge, Risk of iron overload is
18 decreased in beating heart coronary artery surgery compared to conventional
19 bypass., *Biochim. Biophys. Acta.* 1537 (2001) 204–210.

20 [12] H. Imura, M. Caputo, K. Lim, M. Ochi, M.S. Suleiman, K. Shimizu, G.D.
21 Angelini, Pulmonary injury after cardiopulmonary bypass: Beneficial effects of
22 low-frequency mechanical ventilation, *J. Thorac. Cardiovasc. Surg.* 137 (2009)
23 1530–1537. <https://doi.org/10.1016/j.jtcvs.2008.11.014>.

24 [13] A.B. Durukan, H.A. Gurbuz, N. Salman, E.U. Unal, H.I. Ucar, C.E.M.
25 Yorgancioglu, Ventilation during cardiopulmonary bypass did not attenuate

- 1621
1622
1623 1 inflammatory response or affect postoperative outcomes., *Cardiovasc. J. Afr.*
1624
1625 2 24 (2013) 224–230. <https://doi.org/10.5830/CVJA-2013-041>.
1626
1627
1628 3 [14] F. Fiorentino, E. Al Jaaly, A. Durham, I. Adcock, G. Lockwood, E. Jazrawi, C.
1629
1630 4 Rogers, R. Ascione, B. Reeves, G. Angelini, Low frequency ventilation during
1631
1632 5 cardiopulmonary bypass for lung protection: A randomised controlled trial, *J.*
1633
1634 6 *Card. Surg.* (2019). <https://doi.org/10.1111/jocs.14044>.
1635
1636 7 [15] E.G. Bligh, W.J. Dyer, A Rapid Method Of Total Lipid Extraction And
1637
1638 8 Purification, *Can. J. Biochem. Physiol.* 37 (1959) 911–917.
1639
1640 9 <https://doi.org/10.1139/o59-099>.
1641
1642 10 [16] A.D. Postle, D.C. Wilton, A.N. Hunt, G.S. Attard, Probing phospholipid
1643
1644 11 dynamics by electrospray ionisation mass spectrometry, *Prog. Lipid Res.* 46
1645
1646 12 (2007) 200—224. <https://doi.org/10.1016/j.plipres.2007.04.001>.
1647
1648 13 [17] H. Mi, S. Poudel, A. Muruganujan, J.T. Casagrande, P.D. Thomas, PANTHER
1649
1650 14 version 10: expanded protein families and functions, and analysis tools.,
1651
1652 15 *Nucleic Acids Res.* 44 (2016) D336-42. <https://doi.org/10.1093/nar/gkv1194>.
1653
1654 16 [18] M. Ficial, C. Antonaglia, M. Chilosi, M. Santagiuliana, A.-O. Tahseen, D.
1655
1656 17 Confalonieri, L. Zandona, R. Bussani, M. Confalonieri, Keratin-14 expression
1657
1658 18 in pneumocytes as a marker of lung regeneration/repair during diffuse alveolar
1659
1660 19 damage., *Am. J. Respir. Crit. Care Med.* 189 (2014) 1142–1145.
1661
1662 20 <https://doi.org/10.1164/rccm.201312-2134LE>.
1663
1664 21 [19] K.M. Ridge, L. Linz, F.W. Flitney, E.R. Kuczmarski, Y.-H. Chou, M.B.
1665
1666 22 Omary, J.I. Sznajder, R.D. Goldman, Keratin 8 phosphorylation by protein
1667
1668 23 kinase C delta regulates shear stress-mediated disassembly of keratin
1669
1670 24 intermediate filaments in alveolar epithelial cells., *J. Biol. Chem.* 280 (2005)
1671
1672 25 30400–30405. <https://doi.org/10.1074/jbc.M504239200>.
1673
1674
1675
1676
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- 1 [20] S. Sivaramakrishnan, J. V DeGiulio, L. Lorand, R.D. Goldman, K.M. Ridge,
2 Micromechanical properties of keratin intermediate filament networks, Proc.
3 Natl. Acad. Sci. 105 (2008) 889–894.
4 <https://doi.org/10.1073/pnas.0710728105>.
- 5 [21] D. Paparella, T.M. Yau, E. Young, Cardiopulmonary bypass induced
6 inflammation: pathophysiology and treatment. An update., Eur. J.
7 Cardiothorac. Surg. 21 (2002) 232–244.
- 8 [22] M. Caputo, A. Mokhtari, C.A. Rogers, N. Panayiotou, Q. Chen, M.T. Ghorbel,
9 G.D. Angelini, A.J. Parry, C. M., M. A., R. C.A., P. N., C. Q., G. M.T., A.
10 G.D., P. A.J., The effects of normoxic versus hyperoxic cardiopulmonary
11 bypass on oxidative stress and inflammatory response in cyanotic pediatric
12 patients undergoing open cardiac surgery : A randomized controlled trial, J.
13 Thorac. Cardiovasc. Surg. 138 (2010) 206–214.
14 <https://doi.org/10.1016/j.jtcvs.2008.12.028>.The.
- 15 [23] J. Nanduri, G. Yuan, G.K. Kumar, G.L. Semenza, N.R. Prabhakar,
16 Transcriptional responses to intermittent hypoxia., Respir. Physiol. Neurobiol.
17 164 (2008) 277–281. <https://doi.org/10.1016/j.resp.2008.07.006>.
- 18 [24] A.S. Slutsky, R. V Marco, Ventilator-Induced Lung Injury, N. Engl. J. Med.
19 369 (2013) 2126–2136. <https://doi.org/10.1056/NEJMra1208707>.
- 20 [25] C. Schlensak, F. Beyersdorf, Lung injury during CPB: pathomechanisms and
21 clinical relevance, Interact. Cardiovasc. Thorac. Surg. . 4 (2005) 381–382.
22 <https://doi.org/10.1510/icvts.2005.117853>.
- 23 [26] A.P. Diz, M. Truebano, D.O.F. Skibinski, The consequences of sample pooling
24 in proteomics: an empirical study., Electrophoresis. 30 (2009) 2967–2975.
25 <https://doi.org/10.1002/elps.200900210>.

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1 [27] K.A. Dora, C.P. Stanley, E. Al Jaaly, F. Fiorentino, R. Ascione, B.C. Reeves,
2 G.D. Angelini, Isolated Human Pulmonary Artery Structure and Function Pre-
3 and Post-Cardiopulmonary Bypass Surgery, *J. Am. Hear. Assoc. Cardiovasc.*
4 *Cerebrovasc. Dis.* 5 (2016) e002822.
5 <https://doi.org/10.1161/JAHA.115.002822>.
6 [28] M. Hepponstall, V. Ignjatovic, S. Binos, C. Attard, V. Karlaftis, Y. d’Udekem,
7 P. Monagle, I.E. Konstantinov, Cardiopulmonary bypass changes the plasma
8 proteome in children undergoing tetralogy of Fallot repair, *Perfusion.* 30 (2015)
9 556–564. <https://doi.org/10.1177/0267659114566065>.
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1803 **Figure Legends:**
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1808 **Figure 1. Cytokine levels following surgery.**

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1810 Plasma was extracted from the blood of patients collected after anaesthetic induction
1811 but before the cardio-pulmonary bypass (CPB) procedure (pre-CPB), and at 24hrs
1812 post-operation (post-CPB). Patients who underwent CPB with lungs left collapsed
1813 shown in black (n=18). Patients shown in grey (n=18) received CPB with low
1814 frequency ventilation (LFV). Concentrations of **(A)** IL-6, **(B)** IL-8, **(C)** IL-10, **(D)** IL-
1815 1 β and **(E)** MCP-1 in the plasma were quantified with a multiplex assay. Data was
1816 analysed Freidman Test statistical analysis with Dunn's multiple comparison post-
1817 test; **p<0.01, ***p<0.001, ****p<0.0001.
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1829 **Figure 2. Measurements in blood plasma following surgery.**

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1831 Plasma samples were measured at various timepoints following surgery, **(A)** cell free
1832 heme in the patients undergoing CPB with lungs left collapsed (n=18), **(B)** heme in
1833 patients undergoing CPB with LFV (n=18) **(C)** oxidation reduction potential (ORP)
1834 **(D)** anti-oxidant capacity (AOC). The control group is shown in black and the LFV
1835 group in grey. Data from both patient groups were combined to examine the effects of
1836 the CPB circuit on **(E)** ORP and **(F)** AOC. Data were analysed using Freidman Test
1837 statistical analysis with Dunn's multiple comparison post-test *p<0.05, **p<0.01,
1838 ***p<0.001, ****p<0.0001.
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1852 **Figure 3. Measurements in lung biopsies following surgery.**
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1864 (A) Hypoxia inducible factor 1 alpha (*HIF1A*) gene expression in lung biopsies pre-
1865 and post-surgery using either CPB with lungs left collapsed or with LFV. *HIF1A* gene
1866 expression (normalised to 18S) was significantly increased (the median gene
1867 expression doubled) in lung tissue following CPB, with (n=18) or without LFV
1868 (n=18). LFV biopsies had significantly higher levels of *HIF1A* gene expression
1869 compared to biopsies from patients who underwent CPB with lungs left collapsed.
1870 Lung biopsies were taken prior to bypass (Pre) and after surgery, immediately before
1871 reperfusion (Post). n=18 in each group of patients *p<0.05, **p<0.01 comparing
1872 groups post-surgery, Wilcoxon matched-pairs signed rank test.
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1882 (B) Total Heme in lung biopsy samples from both groups, both pre- and post-surgery.
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1884 Whilst heme levels were not significantly altered in the biopsies from patients
1885 undergoing CPB with lungs left collapsed they were significantly reduced in the
1886 biopsies from patients undergoing CPB with LFV following surgery. n=18 in each
1887 group of patients *p<0.05, **p<0.01 comparing groups post-surgery, Wilcoxon
1888 matched-pairs signed rank test.
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Figures:
Figure 1.

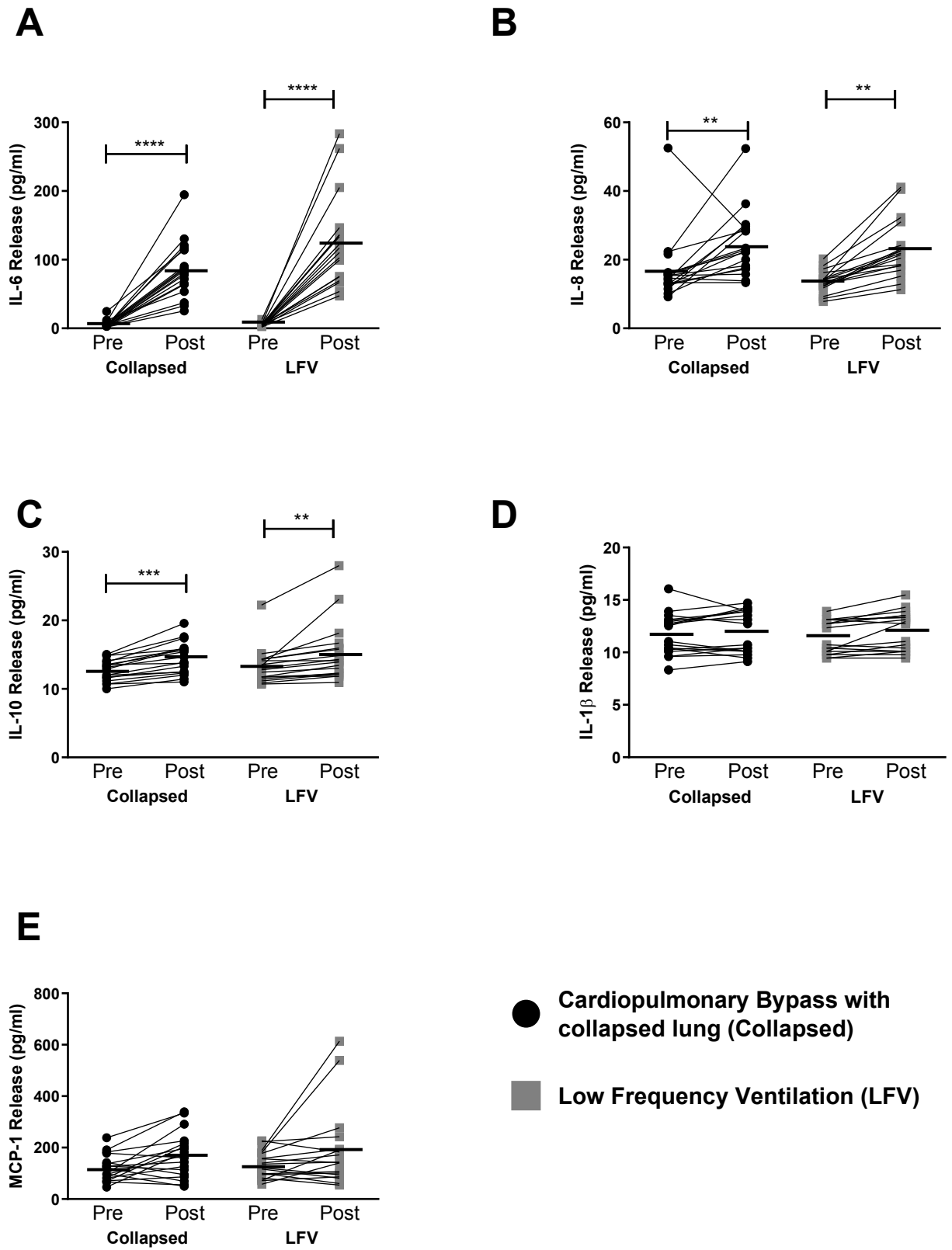
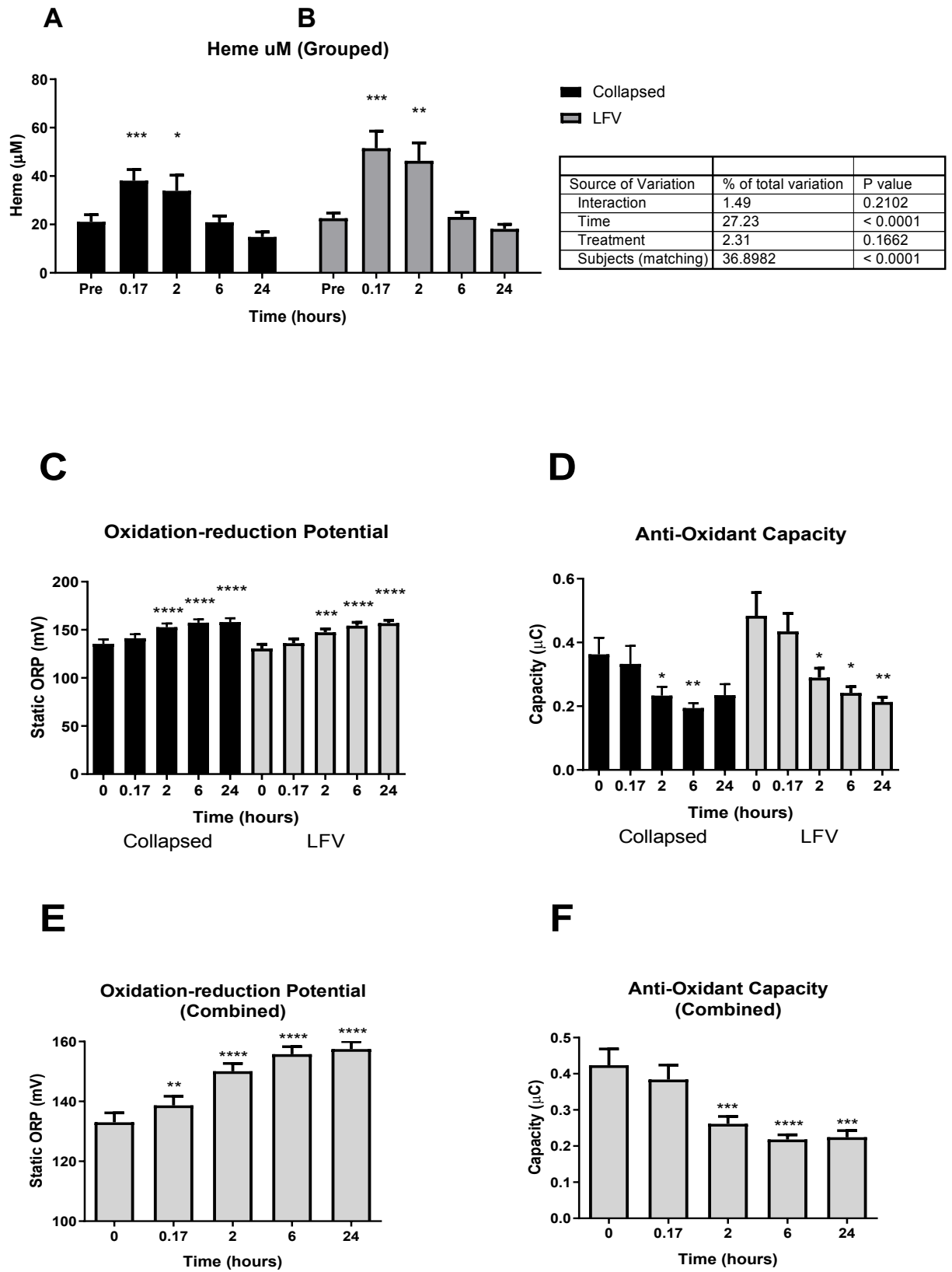
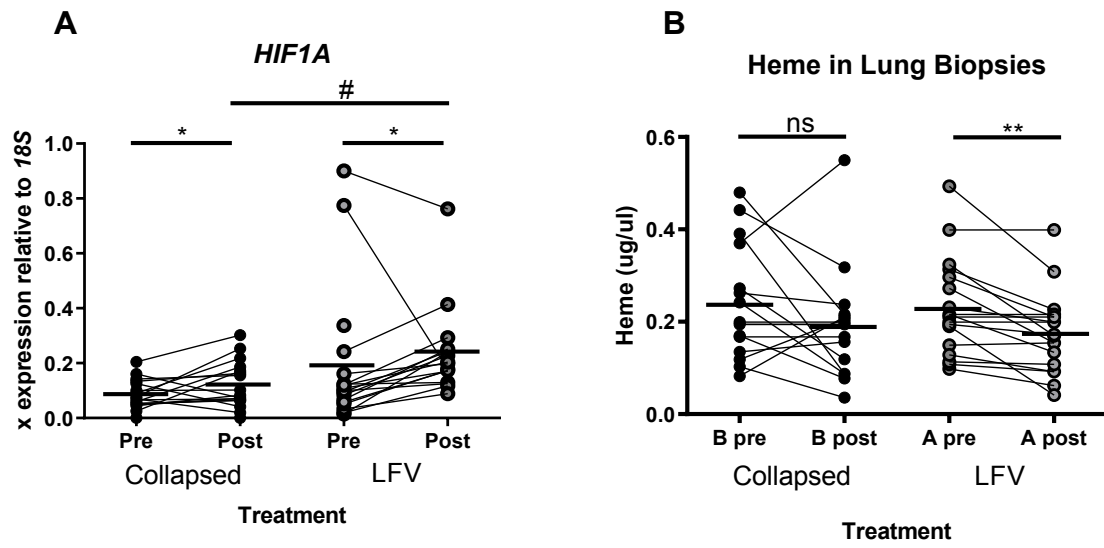
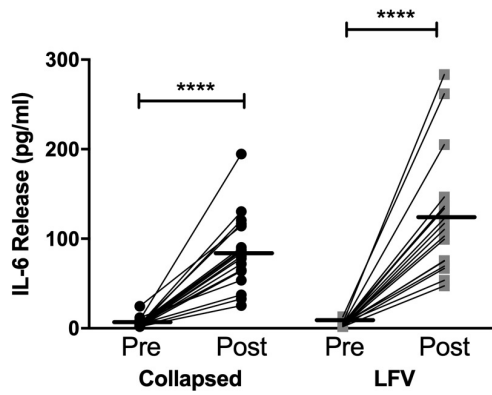
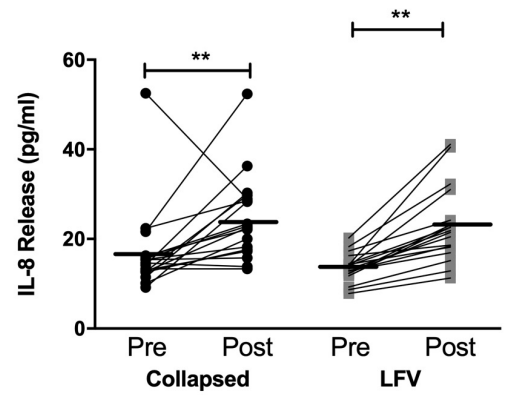
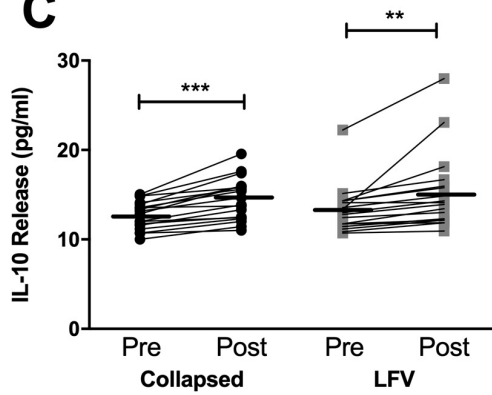
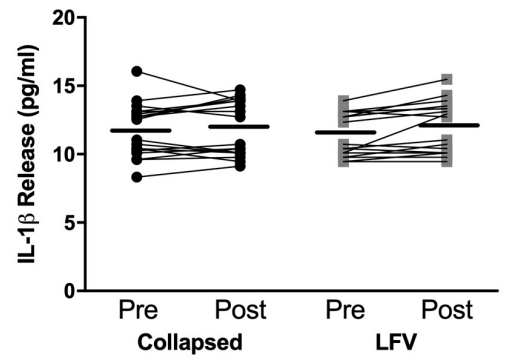
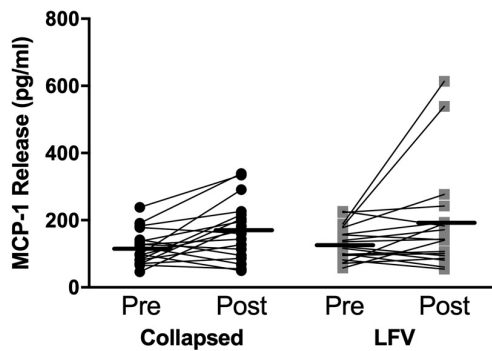


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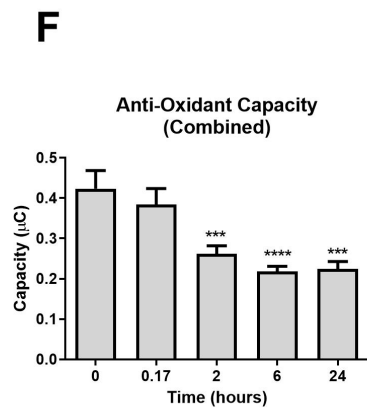
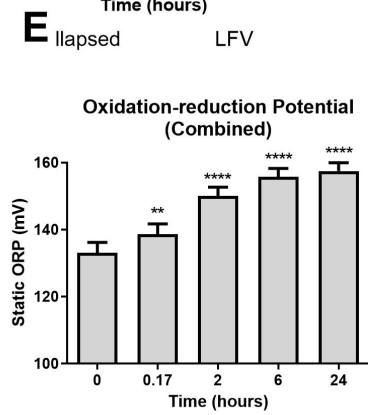
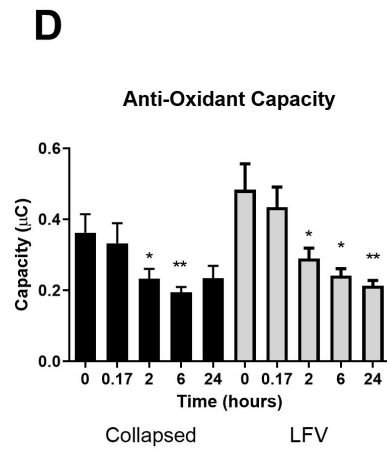
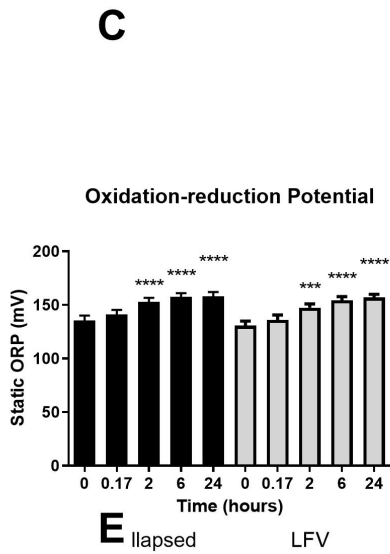
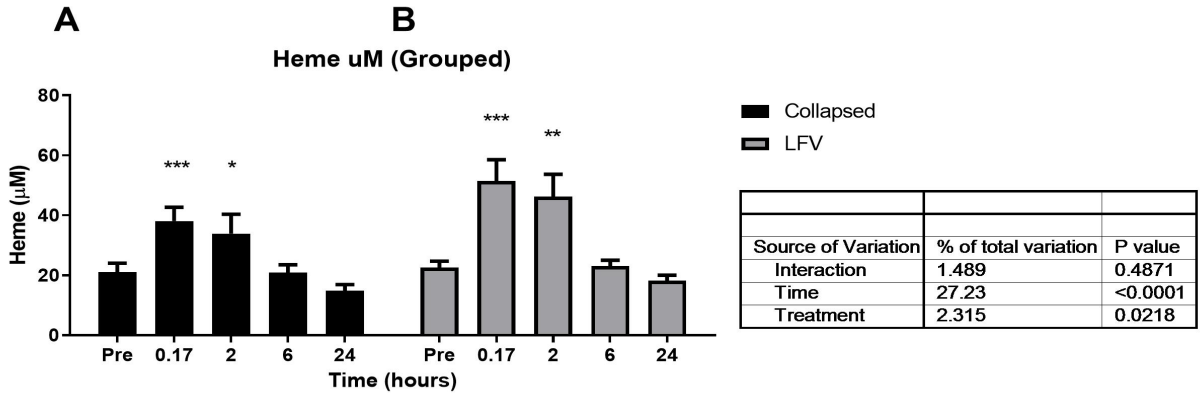


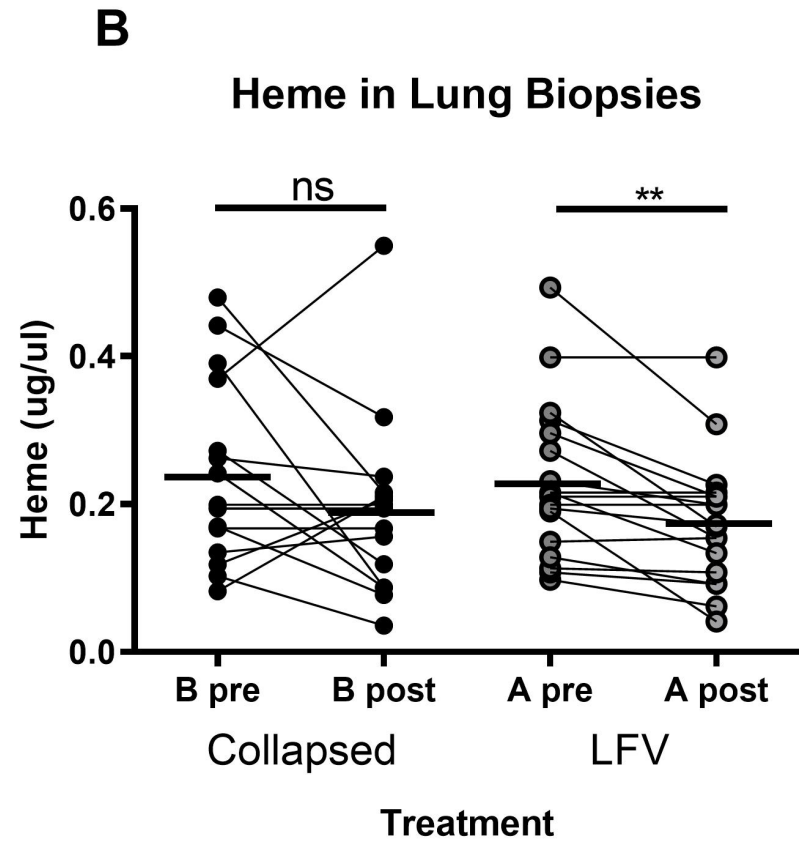
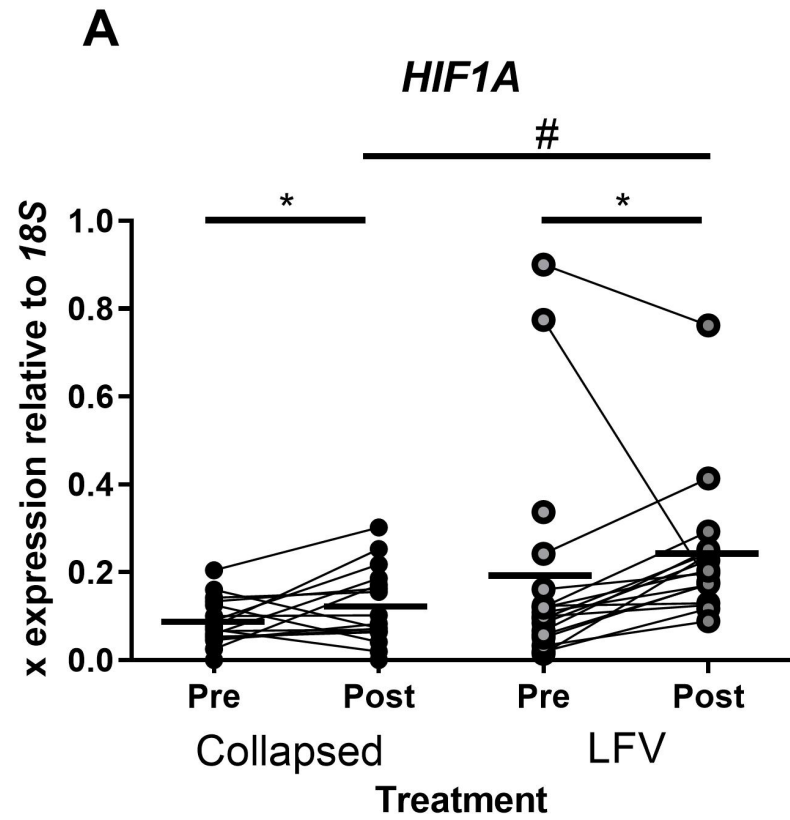
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2043 **Figure 3.**
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A**B****C****D****E**

- Cardiopulmonary Bypass with collapsed lung (Collapsed)
- Low Frequency Ventilation (LFV)





Credit Author Statement

Andrew Durham: Conception, data curation, Investigation; Formal analysis, Methodology; Project administration; Supervision; Visualization; Roles/Writing – original draft; Writing – review & editing

Emad Al Jaaly: Methodology; Project administration; Roles/Writing – original draft;

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Kate Heesom: Investigation; Formal analysis, Roles/Writing – original draft;

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Ian Adcock: Conception, Methodology; Project administration; Supervision; Visualization; Roles/Writing – original draft; Writing – review & editing

Author Agreement Form – International Journal of Cardiology

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List of all Authors: **Durham AL, Al Jaaly E, Graham R, Brook PO, Bae JH, Heesom KJ, Postle AD, Lavender P, Jazrawi E, Reeves B, Fiorentino F, Mumby S, Angelini GD, Adcock IM.**

Corresponding Author: **Angelini GD**

This statement is to certify that all authors have seen and approved the manuscript being submitted, have contributed significantly to the work, attest to the validity and legitimacy of the data and its interpretation, and agree to its submission to the *International Journal of Cardiology*.

We attest that the article is the Authors' original work, has not received prior publication and is not under consideration for publication elsewhere. We adhere to the statement of ethical publishing as appears in the International of Cardiology (citable as: Shewan LG, Rosano GMC, Henein MY, Coats AJS. A statement on ethical standards in publishing scientific articles in the International Journal of Cardiology family of journals. *Int. J. Cardiol.* 170 (2014) 253-254 DOI:10.1016/j.ijcard.2013.11).

On behalf of all Co-Authors, the corresponding Author shall bear full responsibility for the submission. Any changes to the list of authors, including changes in order, additions or removals will require the submission of a new author agreement form approved and signed by all the original and added submitting authors.

All authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work. If there are no conflicts of interest, the COI should read: “The authors report no relationships that could be construed as a conflict of interest”.

1 **Supplemental Data:**

2

3 **Multi-omic analysis of the effects of low frequency ventilation during**
4 **cardiopulmonary bypass surgery.**

5

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8 DPhil², Fiorentino F PhD², Mumby S PhD¹, Angelini GD MD^{2,6}, Adcock IM PhD¹.

9

10

11 **Supplemental methods:**

12 **Transcriptomics:**

13 For RNA extraction biopsies were placed in in RLT buffer (Qiagen) and
14 homogenized using Precellys® ceramic beads (Cayman Chemicals, Cambridge,
15 UK). Subsequently RNA was extracted using RNeasy extraction kit following
16 manufacturer's instructions (Qiagen, Manchester, UK).

17

18 RNA was quantified by NanoDrop spectrophotometer (ThermoFisher, Waltham,
19 MA, USA) and quality was checked by LabChip® spectrophotometer (Perkin
20 Elmer). Subsequently RNA was amplified, converted to cDNA using the cDNA
21 Ovation Pico WTA System (NuGen, San Carlos, CA, USA) and biotin labelled, using
22 the Encore BiotinIL Module (Nugen), following the manufacturer's instructions.
23 The cDNA was quantified and qualified, as above, and gene expression was
24 measured using the Affymetrix GeneChip Human Gene 1.0 ST Array
25 (ThermoFisher) following the manufacturer's instructions. Microarray data was

1 analysed using Partek Genomics Suite 6.6 (Partek GS, St. Louis, MI, USA)
2 software and PANTHER gene ontology.[1]

3
4 RNA samples were also quantified using RT-qPCR. In brief the RNA
5 concentration was determined using a NanoDrop 2000c spectrophotometer and
6 standardised to 50ng/μL. Reverse transcription to create single stranded cDNA
7 was performed using a high-capacity cDNA kit (Applied Biosystems, Foster City,
8 CA, USA), following the manufacturer's instructions. qPCR was performed using a
9 Rotor-Gene 3000 PCR machine (Corbett Research, Cambridge, UK) using a
10 QuantiTect SYBR Green PCR kit and normalised to *18S*rRNA.

11

12 **Proteomics:**

13 Protein was extracted as described previously. In brief samples were
14 homogenized in RIPA buffer (Sigma Aldrich, Poole, UK) containing HALT
15 protease and phosphatase inhibitors (ThermoFisher, Paisley, UK) using
16 Precellys® ceramic beads (Cayman Chemicals). After 30 minutes incubation at
17 4°C the samples were centrifuged (13,000g, 5 minutes, 4°C).

18

19 Supernatants from each group were quantified against a standard curve using
20 the bininchoninic acid (BCA) assay (Sigma Aldrich) and equal amounts from each
21 sample were pooled and changes in protein expression analysed using tandem
22 mass tagging (TMT), as described previously.[2]

23

24 **TMT Labelling and cation exchange chromatography**

1 Aliquots of 100µg of each sample were digested with trypsin (2.5µg trypsin per
2 100µg protein; 37°C, overnight) and labelled with Tandem Mass Tag (TMT)
3 sixplex reagents according to the manufacturer's protocol (Thermo Fisher
4 Scientific, Loughborough, LE11 5RG, UK). After labelling, samples were pooled
5 and a 50µg aliquot evaporated to dryness and resuspended in Buffer A (10mM
6 KH₂PO₄, 25%MeCN pH3) prior to fractionation by strong cation exchange using
7 an Ettan LC system (GE Healthcare). In brief, the sample was loaded onto a
8 PolysulphoethylA column (100 x 2.1mm, 5µm, 200A; PolyLC Inc.) in buffer A and
9 peptides eluted with an increasing gradient of buffer B (10mM KH₂PO₄,
10 25%MeCN 1M KCl pH3) from 0-100% over 30 minutes. The resulting fractions
11 were evaporated to dryness, resuspended in 5% formic acid and then desalted
12 using SepPak cartridges according to the manufacturer's instructions (Waters,
13 Milford, Massachusetts, USA)). Eluate from the SepPak cartridge was again
14 evaporated to dryness and resuspended in 1% formic acid prior to analysis by
15 nano-LC MSMS using an LTQ-Orbitrap Velos Mass Spectrometer.

16

17 **Nano-LC Mass Spectromerty**

18 Cation exchange fractions were further fractionated using an Ultimate 3000
19 nanoHPLC system in line with an LTQ-Orbitrap Velos mass spectrometer
20 (Thermo Scientific). In brief, peptides in 1% (vol/vol) formic acid were injected
21 onto an Acclaim PepMap C18 nano-trap column (Thermo Scientific). After
22 washing with 0.5% (vol/vol) acetonitrile 0.1% (vol/vol) formic acid peptides
23 were resolved on a 250 mm × 75 µm Acclaim PepMap C18 reverse phase
24 analytical column (Thermo Scientific) over a 150 min. organic gradient, using 7
25 gradient segments (1-6% solvent B over 1min., 6-15% B over 58min., 15-32%B

1 over 58min., 32-40%B over 5min., 40-90%B over 1min., held at 90%B for 6min
2 and then reduced to 1%B over 1min.) with a flow rate of 300 nl min⁻¹. Solvent A
3 was 0.1% formic acid and Solvent B was aqueous 80% acetonitrile in 0.1%
4 formic acid. Peptides were ionized by nano-electrospray ionization at 2.0kV
5 using a stainless-steel emitter with an internal diameter of 30 µm (Thermo
6 Scientific) and a capillary temperature of 250°C. Tandem mass spectra were
7 acquired using an LTQ- Orbitrap Velos mass spectrometer controlled by Xcalibur
8 2.1 software (Thermo Scientific) and operated in data-dependent acquisition
9 mode. The Orbitrap was set to analyze the survey scans at 60,000 resolution (at
10 m/z 400) in the mass range m/z 300 to 1800 and the top ten multiply charged
11 ions in each duty cycle selected for MS/MS fragmentation using higher-energy
12 collisional dissociation (HCD) with normalized collision energy of 45%,
13 activation time of 0.1 ms and at a resolution of 7500 within the Orbitrap. Charge
14 state filtering, where unassigned precursor ions were not selected for
15 fragmentation, and dynamic exclusion (repeat count, 1; repeat duration, 30s;
16 exclusion list size, 500) were used.

17

18 **Data Analysis**

19 The raw data files were processed and quantified using Proteome Discoverer
20 software v1.2 (Thermo Scientific) and searched against the UniProt Human
21 database using the SEQUEST algorithm. Peptide precursor mass tolerance was
22 set at 10ppm, and MS/MS tolerance was set at 20mmu. Search criteria included
23 oxidation of methionine (+15.9949) as a variable modification and
24 carbamidomethylation of cysteine (+57.0214) and the addition of the TMT 6Plex
25 mass tag (+229.163) to peptide N-termini and lysine as fixed modifications.

1 Searches were performed with full tryptic digestion and a maximum of 1 missed
2 cleavage was allowed. The reverse database search option was enabled and all
3 peptide data was filtered to satisfy false discovery rate (FDR) of 5%.

4

5 **Lipidomics:**

6 Lung tissue was weighed and homogenised on ice in 1.6ml of 0.9% saline
7 together with 20µl of the anti-oxidant butylated hydroxyl toluene (BHT) (20
8 mg/ml in methanol), using a Heidolph Silent Crusher S. The homogenised lung
9 samples were stored at -80°C for subsequent lipid extraction. An aliquot of lung
10 homogenate (800 µl) was lipid extracted with dichloromethane and methanol[3]
11 after addition of internal quantification standards (PC14:0/14:0 10nmol,
12 PE14:0/14:0 4nmol, TAG14:0/14:0/14:0 10nmol, PG14:0/14:0 2nmol,
13 PS14:0/14:0 2nmol, PS14:0/14:0 2nmole, CE17:0 1nmol,
14 CL14:0/14:0/14:0/14:0/14:0 1nmol) in 100µl methanol. The dichloromethane
15 fraction was dried under nitrogen gas and the resultant extract was analysed
16 using a Waters Xevo TQ mass spectrometer (Waters, Wythenshaw, UK). Samples
17 were introduced to the mass spectrometer by syringe-driven direct infusion and
18 the various lipid classes analysed by a comprehensive platform of diagnostic
19 precursor and neutral loss scans as described previously.[4] Mass spectrometry
20 results were initially processed by MassLynx software and subsequently
21 quantified by dedicated Excel macro programmes.

22

23 **Supplemental references:**

24

- 1 [1] H. Mi, S. Poudel, A. Muruganujan, J.T. Casagrande, P.D. Thomas, PANTHER
2 version 10: expanded protein families and functions, and analysis tools.,
3 Nucleic Acids Res. 44 (2016) D336-42.
4 <https://doi.org/10.1093/nar/gkv1194>.
- 5 [2] S. Abdul-Ghani, K.J. Heesom, G.D. Angelini, M.-S. Suleiman, Cardiac
6 phosphoproteomics during remote ischemic preconditioning: a role for the
7 sarcomeric Z-disk proteins., Biomed Res. Int. 2014 (2014) 767812.
8 <https://doi.org/10.1155/2014/767812>.
- 9 [3] E.G. Bligh, W.J. Dyer, A Rapid Method Of Total Lipid Extraction And
10 Purification, Can. J. Biochem. Physiol. 37 (1959) 911–917.
11 <https://doi.org/10.1139/o59-099>.
- 12 [4] A.D. Postle, D.C. Wilton, A.N. Hunt, G.S. Attard, Probing phospholipid
13 dynamics by electrospray ionisation mass spectrometry, Prog. Lipid Res.
14 46 (2007) 200—224. <https://doi.org/10.1016/j.plipres.2007.04.001>.
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1 **Supplemental Tables:**

2 **Table 1. Differentially expressed genes in lung following CPB with lungs left**
3 **collapsed.**

4 Gene expression was measured in lung biopsies taken immediately following
5 induction of bypass and immediately prior to the commencement of reperfusion.

6 Data are organised by ratio of gene expression of the post: pre-surgery samples
7 from patients undergoing CPB with lungs left collapsed.

8

<i>Gene Name</i>	<i>p-value</i>	<i>Ratio (Post vs. pre surgery)</i>
CCL2	1.56E-17	6.7442
IL6	2.66E-13	6.59224
THBS1	2.69E-10	4.99284
IER3	3.45E-14	4.95907
EGR1	1.19E-11	4.85421
ADAMTS1	9.20E-13	4.52339
NAMPT	7.02E-14	4.38552
ZFP36	8.06E-13	4.24673
MT2A	9.45E-11	4.18274
AXUD1	6.87E-12	3.93191
PTGS2	1.89E-10	3.63922
GADD45B	7.16E-11	3.41388
CDKN1A	7.22E-13	3.39603
NFIL3	4.68E-14	3.38138
MYC	6.46E-13	3.37585

<i>IL8</i>	2.29E-09	3.11566
<i>PIM1</i>	1.77E-11	3.07144
<i>RGS2</i>	1.27E-09	3.05557
<i>NR4A2</i>	4.01E-10	3.03127
<i>SIK1</i>	4.11E-11	2.88863
<i>CXCL2</i>	1.13E-10	2.87649
<i>FOSB</i>	1.59E-05	2.85606
<i>RNF122</i>	3.23E-10	2.74991
<i>BHLHB2</i>	7.16E-10	2.69932
<i>DUSP5</i>	2.27E-10	2.61988
<i>EGR3</i>	6.07E-11	2.59004
<i>NR4A3</i>	4.53E-11	2.57595
<i>SLC2A3</i>	8.13E-09	2.44753
<i>MIDN</i>	7.50E-07	2.31974
<i>FOS</i>	1.52E-05	2.16802

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1 **Table 2. Altered transcriptomic pathways and processes altered by lungs left collapsed and LFV.**

2 Table showing the pathways and biological processes activated during cardio-pulmonary bypass with lungs left collapsed (collapsed) or
 3 with low-frequency ventilation (LFV) during surgery. Data shows the fold enrichment compared to the expected gene number in the
 4 sample size. P values include Bonferroni correction for multiple comparisons.

5

Pathway	Collapsed		LFV		LFV vs. Collapsed		Combined Collapsed and LFV groups post vs. pre surgery	
	Fold-change	Adj P value	Fold-change	Adj P value	Fold-change	Adj P value	Fold-change	Adj P value
CCKR signalling map	+ 31.28	2.26E-08	+ 19.66	2.14E-10	+ 20.20	6.81E-03	+ 20.20	9.53E-07
Interleukin signaling pathway	+ 34.52	5.41E-05	+ 14.46	4.34E-03			+ 22.29	5.10E-04
p53 pathway	+ 23.06	4.81E-02	+ 12.88	4.46E-02			+ 19.86	8.22E-03
Inflammation mediated by chemokine and cytokine signaling pathway			+ 8.69	6.60E-04	13.39	3.30E-02		

Gonadotropin-releasing hormone receptor pathway			+ 8.44	3.27E-03				
Plasminogen activating cascade					+ 97.09	3.17E-02		
Oxidative Stress Response							+ 23.41	4.76E-02
Process								
Endoderm development			+ >100	3.66E-02			+ >100	1.53E-02
MAPK cascade			+ 7.75	3.16E-02			+ 11.95	4.62E-04
Cell death			+ 65.40	3.30E-02	+ >100	2.53E-02		
Response to stress			+ 4.28	2.23E-03			5.08	5.05E-03
Localization							+ 14.21	4.52E-02

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1 **Table 3. Differentially expressed genes in lung samples in the LFV group. The**
 2 **expression of the same genes in the lungs left collapsed (Collapsed) group is**
 3 **shown for comparison (where also significantly changed).**

4 The data shows the genes that were significantly changed post-surgery
 5 comparing the pre- and post-surgery samples from the LFV group. Data are
 6 organised by ratio of gene expression of the post: pre-surgery samples. Also
 7 shown are the p-values and ratios for the same genes in the CPB group pre- and
 8 post-surgery.

9

<i>Gene</i>	<i>p-value (Post LFV post vs. pre LFV)</i>	<i>Ratio (Post LFV post vs. pre LFV)</i>	<i>p-value (Collapsed post vs. Collapsed pre)</i>	<i>Ratio (Collapsed post vs. Collapsed pre)</i>
EGR1	1.52E-10	4.31211	1.19E-11	4.85421
CCL2	3.14E-11	3.7367	1.56E-17	6.7442
ZFP36	2.33E-10	3.39726	8.06E-13	4.24673
IER3	5.24E-10	3.36618	3.45E-14	4.95907
FOSB	1.97E-06	3.23688	1.59E-05	2.85606
IL6	4.20E-07	3.20897	2.66E-13	6.59224
AXUD1	7.36E-09	2.97975	6.87E-12	3.93191
GADD45B	8.53E-09	2.84233	7.16E-11	3.41388
RGS2	9.57E-09	2.82692	1.27E-09	3.05557
PTGS2	2.02E-07	2.71364	1.89E-10	3.63922
NAMPT	2.76E-08	2.69011	7.02E-14	4.38552

ADAMTS1	3.20E-07	2.65546	9.20E-13	4.52339
THBS1	4.31E-05	2.58619	2.69E-10	4.99284
CDKN1A	2.66E-09	2.58471	7.22E-13	3.39603
NR4A2	4.81E-08	2.54051	4.01E-10	3.03127
MT2A	1.58E-05	2.3859	9.45E-11	4.18274
MYC	3.80E-08	2.34622	6.46E-13	3.37585
SIK1	2.79E-08	2.33506	4.11E-11	2.88863
DUSP5	1.37E-08	2.3046	2.27E-10	2.61988
CYR61	0.000139197	2.28028		
BHLHB2	1.21E-07	2.26944	7.16E-10	2.69932
MT1A	0.00023541	2.21719		
FOS	9.31E-06	2.21653	1.52E-05	2.16802
SLC2A3	1.90E-07	2.20188	8.13E-09	2.44753
NFIL3	5.29E-08	2.19547	4.68E-14	3.38138
IL8	1.23E-05	2.17884	2.29E-09	3.11566
PIM1	4.81E-07	2.172	1.77E-11	3.07144
CXCL2	7.34E-07	2.13394	1.13E-10	2.87649
DUSP1	0.000566532	2.12812		
CRISPLD2	0.000119155	2.12754		
MIDN	1.03E-05	2.087	7.50E-07	2.31974
NR4A3	1.67E-07	2.02404	4.53E-11	2.57595
EGR3	2.96E-07	2.00958	6.07E-11	2.59004
SGK	0.000488729	2.00601		
RNF122	3.46E-06	2.00402	3.23E-10	2.74991
TRIB1	0.000175232	2.0034		

MTE	0.000367452	1.91892		
CHSY1	7.99E-05	1.8969		
CEBPD	9.24E-06	1.89357		
LDLR	0.00117263	1.86047		
NR4A1	1.09E-07	1.85738		
GADD45A	9.63E-08	1.82664		
ERRFI1	0.000199363	1.82399		
RASD1	0.00262772	1.81266		
LOC441019	3.63E-05	1.80627		
ELL2	0.000212275	1.80179		
FOSL2	1.06E-06	1.79105		
MIR21	0.000263131	1.76523		
JUNB	9.80E-08	1.7545		
ATP1B3	0.000288746	1.74548		
MAT2A	0.0012663	1.73094		
SLC20A1	8.56E-05	1.72167		
MT1E	3.74E-05	1.71535		
B4GALT1	0.00558024	1.69002		
NFKBIZ	1.00E-05	1.68699		
ALDH1A3	0.00342271	1.68698		
OBFC2A	0.000204148	1.65775		
SPSB1	0.0011272	1.65691		
LOC387763	1.66E-05	1.64433		
NFKBIA	0.00184104	1.63908		
IL1B	4.37E-05	1.62737		

<i>CXCR7</i>	0.00129761	1.62714		
<i>RHOU</i>	6.78E-05	1.62591		
<i>CCL8</i>	0.000337713	1.62543		
<i>APOLD1</i>	0.000140595	1.61926		
<i>SYT4</i>	0.0240593	1.58715		
<i>PLAU</i>	9.09E-05	1.56036		
<i>UAP1</i>	3.77E-05	1.55889		
<i>SOD2</i>	0.00203168	1.51347		
<i>MT1X</i>	0.00693741	1.50511		
<i>C2CD4B</i>	0.000338994	1.49971		
<i>NNMT</i>	0.00555558	1.49559		
<i>SERPINB2</i>	0.00229441	1.45598		
<i>TIMP1</i>	0.0251605	1.42749		
<i>RDH10</i>	0.000361211	1.42187		
<i>C13orf33</i>	0.000883785	1.3788		
<i>TRK1</i>	0.0259384	1.32595		
<i>TRQ1</i>	0.00924457	1.3179		
<i>PTX3</i>	0.0140338	1.29593		

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1 **Table 4. Differentially expressed proteins identified by TMT, comparing CPB**
 2 **with lungs left collapsed and LFV.**

3 The proteins highlighted in bold were not changed at baseline between the two
 4 groups.

5

Accession	# AAs	MW [kDa]	calc. pI	Collapsed /LFV	Description
Q15423	64	7.1	8.18	3.700	Serum amyloid A protein (Fragment)
B4DIF5	345	39.2	8.92	2.478	cDNA FLJ55687, highly similar to Cell cycle control protein 50A
P20851	252	28.3	5.14	2.283	C4b-binding protein beta chain
Q8IUL9	105	11.5	6.05	2.251	Hemoglobin beta chain variant Hb.Sinai-Bel Air (Fragment)
Q6VFAQ6	42	4.5	8.24	1.766	Hemoglobin beta chain (Fragment)
Q92531	187	19.7	6.32	1.712	P35-related protein (Fragment)
Q3MIB5	262	28.7	5.27	1.617	INMT protein (Fragment)
P02774	474	52.9	5.54	1.608	Vitamin D-binding protein
B4DWJ7	155	17.5	8.37	1.597	cDNA FLJ54968
P11686	197	21.0	6.65	1.583	Pulmonary surfactant-associated protein C
Q5T619	568	62.3	8.62	1.573	Zinc finger protein 648
E5RGQ7	148	16.8	8.88	1.563	Dematin (Fragment)
S6BGD6	235	24.8	7.24	1.557	IgG L chain
Q6J1Z9	90	9.6	9.50	1.540	Hemoglobin alpha 1 (Fragment)

P02042	147	16.0	8.05	1.522	Hemoglobin subunit delta
Q6J1Z8	42	4.5	9.38	1.507	Hemoglobin beta (Fragment)
D3DTX7	885	84.7	6.24	0.664	Collagen, type I, alpha 1, isoform CRA_a
M0QZ50	93	9.8	4.48	0.663	Microtubule-associated protein 15
P01861	327	35.9	7.36	0.662	Ig gamma-4 chain C region
A0A087WTA8	1364	129.1	9.01	0.658	Collagen alpha-2(I) chain
O76041	1014	116.4	7.99	0.654	Nebulette
P08519	4548	501.0	5.88	0.652	Apolipoprotein(a)
C9JNE5	191	21.7	9.61	0.648	Myeloid leukemia factor 1 (Fragment)
H3BRW3	109	11.7	9.96	0.636	FAD-linked sulfhydryl oxidase ALR
P27701	267	29.6	5.24	0.636	CD82 antigen
Q9NZ09	502	55.0	5.11	0.635	Ubiquitin-associated protein 1
A4FU00	317	35.6	5.81	0.634	SYT2 protein (Fragment)
B4DMJ5	242	27.3	4.50	0.634	cDNA FLJ53012, highly similar to Tubulin beta-7 chain
P07451	260	29.5	7.34	0.633	Carbonic anhydrase 3
Q6PII6	533	58.3	4.77	0.610	TMF1 protein (Fragment)
P35908	639	65.4	8.00	0.603	Keratin, type II cytoskeletal 2 epidermal
P01880	384	42.2	7.93	0.591	Ig delta chain C region
A2J1N5	94	10.4	9.13	0.590	Rheumatoid factor RF-ET6 (Fragment)
P81605	110	11.3	6.54	0.586	Dermcidin
Q7Z616	1101	118.5	4.81	0.567	Rho GTPase-activating protein 30 SV=3

P13761	266	29.8	7.44	0.562	HLA class II histocompatibility antigen, DRB1-7 beta chain
A8K9A9	638	71.3	8.22	0.521	cDNA FLJ77744, highly similar to Homo sapiens kallikrein B, plasma (Fletcher factor) 1 (KLKB1), mRNA
Q96Q06	1357	134.3	8.73	0.519	Perilipin-4
B3KMX3	270	28.5	4.73	0.497	cDNA FLJ12857 fis, clone NT2RP2003513, highly similar to Homo sapiens paralemmin (PALM),
Q15323	416	47.2	4.88	0.436	Keratin, type I cuticular Ha1
Q30167	266	30.0	7.75	0.373	HLA class II histocompatibility antigen, DRB1-10 beta chain
B7Z269	351	40.3	7.24	0.299	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D
A0JNT2	447	49.6	5.39	0.240	KRT83 protein
A0A087X2I6	404	46.1	4.84	0.206	Keratin, type I cuticular Ha3-II
O76013	467	52.2	4.94	0.144	Keratin, type I cuticular Ha6
Q701L7	513	56.6	6.74	0.073	Type II hair keratin 2
Q9BYT5	123	12.9	7.81	0.072	Keratin-associated protein 2-2

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1 **Table 5. Differentially expressed genes in lung biopsies post CBP with collapsed**
2 **lungs (Collapsed) versus post CBP+LFV (LFV).**

3 The data shows the genes that were significantly changed post-surgery
4 comparing the LFV and CPB with lungs collapsed groups. Data are organised by
5 ratio of gene expression in the CPB:LFV groups. Also shown are the p-values and
6 ratios for the same genes in the CPB and LFV groups pre- and post-surgery.

7

<i>Gene</i>	<i>p-value</i> <i>(Collapsed</i> <i>vs. LFV)</i>	<i>Ratio</i> <i>(Collapsed</i> <i>vs. LFV)</i>	<i>p-value</i> <i>(Collapsed</i> <i>post vs.</i> <i>Collapsed</i> <i>pre)</i>	<i>Ratio</i> <i>(Collapsed</i> <i>post vs.</i> <i>Collapsed</i> <i>pre)</i>	<i>p-value</i> <i>(LFV post</i> <i>vs. LFV pre)</i>	<i>Ratio (LFV</i> <i>post vs. LFV</i> <i>pre)</i>
HLA-DRB5	0.0311729	1.69779				
MIR21	0.00716334	0.664162	0.00026313	1.76523	3.13E-08	2.5143
PLAU	0.00027089	0.663153	9.09E-05	1.56036	3.92E-10	2.18467
NAMPT	0.00887185	0.653954	2.76E-08	2.69011	7.02E-14	4.38552
CRISPLD2	0.0245826	0.65374	0.00011915	2.12754	2.77E-08	3.19182
SPSB1	0.00543046	0.652837	0.0011272	1.65691	3.46E-08	2.51871
PIM1	0.00237397	0.643988	4.81E-07	2.172	1.77E-11	3.07144
MT2A	0.0212365	0.64331	1.58E-05	2.3859	9.45E-11	4.18274
CYR61	0.0334855	0.642119	0.00013919	2.28028	1.35E-05	2.60616
PTX3	3.35E-05	0.633302	0.0140338	1.29593	3.50E-09	2.00809
NFIL3	0.00061884	0.630321	5.29E-08	2.19547	4.68E-14	3.38138
C13ORF33	4.01E-06	0.629229	0.00088378	1.3788	9.54E-13	2.24342

<i>PTGS2</i>	0.00877579	0.627638	2.02E-07	2.71364	1.89E-10	3.63922
<i>OBFC2A</i>	0.00039958	0.619068	0.00020414	1.65775	1.34E-09	2.46718
<i>SERPINB2</i>	6.89E-05	0.604865	0.00229441	1.45598	4.19E-10	2.37424
<i>FST</i>	3.24E-07	0.604399	0.0263664	1.22358	1.07E-09	1.87432
<i>TRK1</i>	9.80E-05	0.598732	0.0259384	1.32595	3.25E-08	2.16599
<i>NNMT</i>	0.00050317	0.598371	0.00555558	1.49559	2.12E-10	2.85178
<i>IER3</i>	0.00213579	0.585514	5.24E-10	3.36618	3.45E-14	4.95907
<i>TRQ1</i>	1.05E-06	0.575413	0.00924457	1.3179	3.91E-10	2.12356
<i>ADAMTS1</i>	0.00128987	0.560691	3.20E-07	2.65546	9.20E-13	4.52339
<i>CCL2</i>	0.00088664	0.560328	3.14E-11	3.7367	1.56E-17	6.7442
<i>CCL8</i>	8.14E-06	0.537271	0.00033771	1.62543	2.39E-12	2.99664
<i>ALDH1A3</i>	0.00014072	0.498751	0.00342271	1.68698	3.40E-09	3.22296
<i>IL6</i>	0.00081229	0.481974	4.20E-07	3.20897	2.66E-13	6.59224
<i>THBS1</i>	0.00091702	0.470781	4.31E-05	2.58619	2.69E-10	4.99284

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Table 6:

Genes significantly altered in the combined CPB with collapsed lungs and LFV dataset (all patients) comparing biopsies taken before and immediately post-surgery (prior to reperfusion).

Probeset ID	p-value	Fold-Change (Post vs. Pre)	Fold-Change (Post vs. Pre)
ADAMTS1	2.29E-14	3.46579	Post up vs Pre
ALDH1A3	2.06E-08	2.33175	Post up vs Pre
AXUD1	7.62E-16	3.42288	Post up vs Pre
BHLHB2	1.27E-13	2.47507	Post up vs Pre
CCL2	5.10E-20	5.02006	Post up vs Pre
CCL8	9.21E-11	2.20699	Post up vs Pre
CDKN1A	2.13E-16	2.96273	Post up vs Pre
CEBPD	1.48E-12	2.29829	Post up vs Pre
CHSY1	2.26E-09	2.15588	Post up vs Pre
CRISPLD2	6.38E-10	2.6059	Post up vs Pre
CXCL2	3.47E-13	2.47755	Post up vs Pre
CYR61	9.06E-08	2.43778	Post up vs Pre
DUSP1	7.63E-07	2.21634	Post up vs Pre
DUSP5	1.01E-14	2.45719	Post up vs Pre
EGR1	6.78E-17	4.57514	Post up vs Pre
EGR3	1.29E-13	2.28143	Post up vs Pre
ELL2	9.39E-10	2.13515	Post up vs Pre
ERRFI1	7.92E-10	2.21222	Post up vs Pre
FOS	3.79E-09	2.19214	Post up vs Pre
FOSB	9.80E-10	3.04051	Post up vs Pre
FOSL2	1.28E-13	2.11261	Post up vs Pre

GADD45A	1.46E-14	2.10184	Post up vs Pre
GADD45B	4.21E-15	3.11502	Post up vs Pre
IER3	3.18E-17	4.08572	Post up vs Pre
IL6	1.54E-14	4.59938	Post up vs Pre
IL8	1.49E-11	2.60548	Post up vs Pre
LOC441019	4.99E-12	2.27893	Post up vs Pre
MIDN	5.01E-10	2.20029	Post up vs Pre
MIR21	2.24E-09	2.10673	Post up vs Pre
MT1A	4.47E-10	2.90963	Post up vs Pre
MT2A	2.60E-12	3.15905	Post up vs Pre
MTE	1.97E-09	2.35834	Post up vs Pre
MYC	1.82E-15	2.81434	Post up vs Pre
NAMPT	2.56E-16	3.43475	Post up vs Pre
NFIL3	1.39E-15	2.72465	Post up vs Pre
NNMT	3.81E-09	2.06521	Post up vs Pre
NR4A2	3.74E-14	2.77506	Post up vs Pre
NR4A3	5.09E-14	2.28338	Post up vs Pre
OBFC2A	7.07E-10	2.02236	Post up vs Pre
PIM1	1.76E-13	2.58286	Post up vs Pre
PTGS2	2.79E-13	3.14254	Post up vs Pre
RASD1	5.52E-07	2.12328	Post up vs Pre
RGS2	2.93E-14	2.93902	Post up vs Pre
RNF122	3.02E-12	2.34752	Post up vs Pre
SGK	9.65E-07	2.07768	Post up vs Pre
SIK1	4.42E-15	2.59714	Post up vs Pre
SLC2A3	8.98E-13	2.32146	Post up vs Pre
SPSB1	9.27E-09	2.04286	Post up vs Pre

THBS1	4.71E-11	3.59339	Post up vs Pre
TRIB1	3.44E-08	2.15623	Post up vs Pre
ZFP36	1.56E-17	3.79832	Post up vs Pre

Table 7:

Data showing the proteins changed between the pooled control CPB with collapsed lung and LFV groups immediately prior to surgery, with a 1.5x change cutoff. Only 2 proteins had a greater than 2x increase in the CPB group and 34 were 2x higher in the LFV group (shown in bold).

Accession	# AAs	MW [kDa]	calc. pI	Collapsed (Pre)/ LFV (Pre)	Description
Q15423	64	7.1	8.18	4.664	Serum amyloid A protein (Fragment) OS=Homo sapiens PE=2 SV=1 - [Q15423_HUMAN]
B7Z269	351	40.3	7.24	3.939	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]
Q6P4A8	553	63.2	9.06	1.677	Phospholipase B-like 1 OS=Homo sapiens GN=PLBD1 PE=1 SV=2 - [PLBL1_HUMAN]
O96009	420	45.4	6.61	1.507	Napsin-A OS=Homo sapiens GN=NAPSA PE=1 SV=1 - [NAPSA_HUMAN]
F2X0V0	23	2.8	7.78	0.666	Truncated CD61 (Fragment) OS=Homo sapiens GN=ITGB3 PE=4 SV=1 - [F2X0V0_HUMAN]
Q96T46	76	8.4	7.14	0.666	Hemoglobin alpha 2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q96T46_HUMAN]
Q96P70	1041	115.9	4.81	0.665	Importin-9 OS=Homo sapiens GN=IPO9 PE=1 SV=3 - [IPO9_HUMAN]
Q86Z07	374	41.7	9.14	0.664	Guanine nucleotide binding protein-like 1 OS=Homo sapiens GN=HSR1 PE=4 SV=1 - [Q86Z07_HUMAN]
Q9NWH4	148	16.9	11.09	0.664	cDNA FLJ10024 fis, clone HEMBA1000636 OS=Homo sapiens PE=2 SV=1 - [Q9NWH4_HUMAN]
Q7Z379	478	51.6	6.52	0.664	Putative uncharacterized protein DKFZp686K04218 (Fragment) OS=Homo sapiens GN=DKFZp686K04218 PE=1 SV=1 - [Q7Z379_HUMAN]
B4E0V3	947	107.2	6.11	0.663	cDNA FLJ61519, highly similar to Leukocyte common antigen (EC 3.1.3.48) OS=Homo sapiens PE=2 SV=1 - [B4E0V3_HUMAN]
P32456	591	67.2	5.71	0.661	Interferon-induced guanylate-binding protein 2 OS=Homo sapiens GN=GBP2 PE=1 SV=3 - [GBP2_HUMAN]
Q0PNF2	2570	275.3	6.49	0.661	FEX1 OS=Homo sapiens PE=2 SV=1 - [Q0PNF2_HUMAN]

Q5VW33	215	24.2	7.09	0.660	BRO1 domain-containing protein BROX (Fragment) OS=Homo sapiens GN=BROX PE=1 SV=1 - [Q5VW33_HUMAN]
A2MYC8	104	11.0	7.28	0.659	V5-2 protein (Fragment) OS=Homo sapiens GN=V5-2 PE=1 SV=1 - [A2MYC8_HUMAN]
F8WD82	762	88.1	6.95	0.659	Sodium channel protein type 7 subunit alpha OS=Homo sapiens GN=SCN7A PE=4 SV=1 - [F8WD82_HUMAN]
B2R4C9	102	11.2	9.52	0.659	cDNA, FLJ92044, highly similar to Homo sapiens death-associated protein (DAP), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R4C9_HUMAN]
A8K6V3	1217	135.5	5.21	0.659	cDNA FLJ78677, highly similar to Homo sapiens splicing factor 3b, subunit 3, 130kDa (SF3B3), mRNA OS=Homo sapiens PE=2 SV=1 - [A8K6V3_HUMAN]
S6B2A1	184	20.4	5.52	0.658	IgG L chain OS=Homo sapiens PE=2 SV=1 - [S6B2A1_HUMAN]
Q9H3P7	528	60.6	5.06	0.658	Golgi resident protein GCP60 OS=Homo sapiens GN=ACBD3 PE=1 SV=4 - [GCP60_HUMAN]
C9JIN6	264	29.8	7.84	0.657	Transporter (Fragment) OS=Homo sapiens GN=SLC6A20 PE=3 SV=1 - [C9JIN6_HUMAN]
E5RHW5	125	13.1	5.39	0.657	Pulmonary surfactant-associated protein C (Fragment) OS=Homo sapiens GN=SFTPC PE=4 SV=3 - [E5RHW5_HUMAN]
F8WAW4	140	15.6	9.13	0.656	Enoyl-CoA delta isomerase 2, mitochondrial OS=Homo sapiens GN=ECI2 PE=1 SV=1 - [F8WAW4_HUMAN]
B8ZZ75	194	21.5	6.93	0.655	Aldose 1-epimerase OS=Homo sapiens GN=GALM PE=1 SV=1 - [B8ZZ75_HUMAN]
H3BML9	118	13.1	5.68	0.655	Myosin regulatory light chain 2, skeletal muscle isoform (Fragment) OS=Homo sapiens GN=MYLPF PE=4 SV=1 - [H3BML9_HUMAN]
P16157	1881	206.1	6.01	0.655	Ankyrin-1 OS=Homo sapiens GN=ANK1 PE=1 SV=3 - [ANK1_HUMAN]
A0A087WXZ6	250	28.9	9.00	0.655	High affinity immunoglobulin gamma Fc receptor IB (Fragment) OS=Homo sapiens GN=FCGR1B PE=4 SV=1 - [A0A087WXZ6_HUMAN]
P31942	346	36.9	6.87	0.654	Heterogeneous nuclear ribonucleoprotein H3 OS=Homo sapiens GN=HNRNPH3 PE=1 SV=2 - [HNRH3_HUMAN]
P40261	264	29.6	5.74	0.654	Nicotinamide N-methyltransferase OS=Homo sapiens GN=NNMT PE=1 SV=1 - [NNMT_HUMAN]
P15529	392	43.7	6.74	0.654	Membrane cofactor protein OS=Homo sapiens GN=CD46 PE=1 SV=3 - [MCP_HUMAN]
G3XAJ6	542	58.7	5.34	0.653	Raft-linking protein, isoform CRA_c OS=Homo sapiens GN=RFTN1 PE=1 SV=1 - [G3XAJ6_HUMAN]
H7BZW6	143	16.0	9.13	0.652	Histone deacetylase complex subunit SAP18 (Fragment) OS=Homo sapiens

					GN=SAP18 PE=1 SV=2 - [H7BZW6_HUMAN]
P19397	219	24.3	7.52	0.652	Leukocyte surface antigen CD53 OS=Homo sapiens GN=CD53 PE=1 SV=1 - [CD53_HUMAN]
Q9C055	306	35.6	7.50	0.652	Inositol polyphosphate-5-phosphatase (Fragment) OS=Homo sapiens GN=INPP5A PE=4 SV=1 - [Q9C055_HUMAN]
P16402	221	22.3	11.02	0.651	Histone H1.3 OS=Homo sapiens GN=HIST1H1D PE=1 SV=2 - [H13_HUMAN]
P01023	1474	163.2	6.46	0.650	Alpha-2-macroglobulin OS=Homo sapiens GN=A2M PE=1 SV=3 - [A2MG_HUMAN]
Q19UK3	33	3.7	8.09	0.648	Truncated coagulation factor IX (Fragment) OS=Homo sapiens GN=F9 PE=4 SV=1 - [Q19UK3_HUMAN]
Q59FC4	687	75.9	6.51	0.648	Presynaptic protein SAP97 variant (Fragment) OS=Homo sapiens PE=4 SV=1 - [Q59FC4_HUMAN]
Q15661	275	30.5	7.11	0.647	Tryptase alpha/beta-1 OS=Homo sapiens GN=TPSAB1 PE=1 SV=1 - [TRYB1_HUMAN]
D3JV43	68	7.4	8.78	0.646	C-X-C motif chemokine (Fragment) OS=Homo sapiens PE=3 SV=1 - [D3JV43_HUMAN]
H0YH87	916	98.1	9.41	0.639	Ataxin-2 (Fragment) OS=Homo sapiens GN=ATXN2 PE=1 SV=1 - [H0YH87_HUMAN]
B7Z7P4	547	59.9	5.59	0.639	cDNA FLJ53627, highly similar to Antigen peptide transporter 1 OS=Homo sapiens PE=2 SV=1 - [B7Z7P4_HUMAN]
P13761	266	29.8	7.44	0.638	HLA class II histocompatibility antigen, DRB1-7 beta chain OS=Homo sapiens GN=HLA-DRB1 PE=1 SV=1 - [2B17_HUMAN]
B7Z539	645	72.1	7.68	0.637	cDNA FLJ56954, highly similar to Inter-alpha-trypsin inhibitor heavy chain H1 OS=Homo sapiens PE=2 SV=1 - [B7Z539_HUMAN]
H7C034	173	19.3	4.88	0.636	AP-1 complex subunit beta-1 (Fragment) OS=Homo sapiens GN=AP1B1 PE=1 SV=1 - [H7C034_HUMAN]
A8K2T4	843	93.3	6.51	0.636	cDNA FLJ78207, highly similar to Human complement protein component C7 mRNA OS=Homo sapiens PE=2 SV=1 - [A8K2T4_HUMAN]
Q9UL88	131	14.1	9.63	0.636	Myosin-reactive immunoglobulin heavy chain variable region (Fragment) OS=Homo sapiens PE=2 SV=1 - [Q9UL88_HUMAN]
P23381	471	53.1	6.23	0.636	Tryptophan--tRNA ligase, cytoplasmic OS=Homo sapiens GN=WARS PE=1 SV=2 - [SYWC_HUMAN]
E9PC44	393	43.9	6.15	0.635	Protein transport protein Sec24D OS=Homo sapiens GN=SEC24D PE=1 SV=2 - [E9PC44_HUMAN]
O76013	467	52.2	4.94	0.634	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 -

					[KRT36_HUMAN]
B4DM28	634	72.1	9.67	0.633	cDNA FLJ50575, highly similar to U4/U6 small nuclear ribonucleoprotein Prp3 OS=Homo sapiens PE=2 SV=1 - [B4DM28_HUMAN]
M0R088	681	78.1	12.06	0.633	Serine/arginine repetitive matrix protein 1 (Fragment) OS=Homo sapiens GN=SRRM1 PE=1 SV=1 - [M0R088_HUMAN]
E3Q1J2	273	31.6	5.97	0.633	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-B PE=3 SV=1 - [E3Q1J2_HUMAN]
Q5JTB5	87	9.3	7.09	0.631	Placenta-specific protein 9 OS=Homo sapiens GN=PLAC9 PE=4 SV=1 - [Q5JTB5_HUMAN]
Q5CZ93	159	19.2	9.88	0.630	Putative uncharacterized protein DKFZp686A0568 OS=Homo sapiens GN=DKFZp686A0568 PE=2 SV=1 - [Q5CZ93_HUMAN]
P33764	101	11.7	4.78	0.628	Protein S100-A3 OS=Homo sapiens GN=S100A3 PE=1 SV=1 - [S10A3_HUMAN]
Q6GMX6	465	51.1	8.69	0.628	IGH@ protein OS=Homo sapiens GN=IGH@ PE=1 SV=1 - [Q6GMX6_HUMAN]
Q9P2B2	879	98.5	6.61	0.628	Prostaglandin F2 receptor negative regulator OS=Homo sapiens GN=PTGFRN PE=1 SV=2 - [FPRP_HUMAN]
Q15323	416	47.2	4.88	0.627	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 - [K1H1_HUMAN]
H0YA93	1400	158.1	5.82	0.625	NEDD4-binding protein 2 (Fragment) OS=Homo sapiens GN=N4BP2 PE=1 SV=1 - [H0YA93_HUMAN]
A5Z217	470	53.6	5.27	0.623	Mutant desmin OS=Homo sapiens PE=2 SV=1 - [A5Z217_HUMAN]
K7EMQ9	140	16.3	6.89	0.622	Eukaryotic translation initiation factor 3 subunit K (Fragment) OS=Homo sapiens GN=EIF3K PE=1 SV=1 - [K7EMQ9_HUMAN]
A0A024RAL1	2409	264.9	4.54	0.620	Chondroitin sulfate proteoglycan 2 (Versican), isoform CRA_c OS=Homo sapiens GN=CSPG2 PE=4 SV=1 - [A0A024RAL1_HUMAN]
H3BPF7	236	25.5	8.46	0.618	Lon protease homolog 2, peroxisomal (Fragment) OS=Homo sapiens GN=LONP2 PE=4 SV=3 - [H3BPF7_HUMAN]
A0A087WUP0	265	30.0	5.34	0.617	Annexin A8-like protein 1 OS=Homo sapiens GN=ANXA8L1 PE=4 SV=1 - [A0A087WUP0_HUMAN]
A0A068LKQ0	120	13.3	5.99	0.617	Ig heavy chain variable region (Fragment) OS=Homo sapiens PE=4 SV=1 - [A0A068LKQ0_HUMAN]
Q86YQ1	91	9.7	9.25	0.614	Hemoglobin alpha-2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q86YQ1_HUMAN]
B5MBZ8	274	31.3	4.63	0.610	Protein phosphatase 1 regulatory subunit 7 OS=Homo sapiens GN=PPP1R7 PE=1 SV=1 - [B5MBZ8_HUMAN]

Q8N1G4	583	63.4	8.28	0.609	Leucine-rich repeat-containing protein 47 OS=Homo sapiens GN=LRRC47 PE=1 SV=1 - [LRC47_HUMAN]
O15078	2479	290.2	5.95	0.609	Centrosomal protein of 290 kDa OS=Homo sapiens GN=CEP290 PE=1 SV=2 - [CE290_HUMAN]
Q9BXN1	380	43.4	7.08	0.608	Asporin OS=Homo sapiens GN=ASPN PE=1 SV=2 - [ASPN_HUMAN]
C0IMJ3	781	87.2	7.94	0.604	Periostin isoform thy6 OS=Homo sapiens PE=2 SV=1 - [C0IMJ3_HUMAN]
B7ZMG8	83	9.1	4.59	0.602	Uncharacterized protein OS=Homo sapiens PE=2 SV=1 - [B7ZMG8_HUMAN]
E9PQ22	191	22.9	9.45	0.602	Uncharacterized protein C11orf65 (Fragment) OS=Homo sapiens GN=C11orf65 PE=4 SV=3 - [E9PQ22_HUMAN]
Q5CZB5	1157	125.0	4.49	0.601	Putative uncharacterized protein DKFZp686M0430 OS=Homo sapiens GN=DKFZp686M0430 PE=2 SV=1 - [Q5CZB5_HUMAN]
E9PQI8	164	17.5	11.17	0.600	U4/U6.U5 tri-snRNP-associated protein 1 OS=Homo sapiens GN=SART1 PE=1 SV=1 - [E9PQI8_HUMAN]
P19075	237	26.0	5.60	0.600	Tetraspanin-8 OS=Homo sapiens GN=TSPAN8 PE=1 SV=1 - [TSN8_HUMAN]
B4DSW4	157	16.4	12.25	0.598	cDNA FLJ51541, moderately similar to Transcription factor Sp8 OS=Homo sapiens PE=2 SV=1 - [B4DSW4_HUMAN]
P31146	461	51.0	6.68	0.597	Coronin-1A OS=Homo sapiens GN=CORO1A PE=1 SV=4 - [COR1A_HUMAN]
Q0KKI6	219	24.0	8.06	0.593	Immunoglobulin light chain (Fragment) OS=Homo sapiens PE=1 SV=1 - [Q0KKI6_HUMAN]
P01623	109	11.7	8.91	0.593	Ig kappa chain V-III region WOL OS=Homo sapiens PE=1 SV=1 - [KV305_HUMAN]
P08311	255	28.8	11.19	0.593	Cathepsin G OS=Homo sapiens GN=CTSG PE=1 SV=2 - [CATG_HUMAN]
P01598	108	11.8	8.44	0.592	Ig kappa chain V-I region EU OS=Homo sapiens PE=1 SV=1 - [KV106_HUMAN]
Q6P3R8	708	81.4	8.87	0.592	Serine/threonine-protein kinase Nek5 OS=Homo sapiens GN=NEK5 PE=1 SV=1 - [NEK5_HUMAN]
Q4QZC0	273	31.8	6.09	0.592	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-A PE=3 SV=1 - [Q4QZC0_HUMAN]
C9JW69	372	39.6	8.37	0.591	Regulator of chromosome condensation (Fragment) OS=Homo sapiens GN=RCC1 PE=1 SV=1 - [C9JW69_HUMAN]
P10109	184	19.4	5.83	0.591	Adrenodoxin, mitochondrial OS=Homo sapiens GN=FDX1 PE=1 SV=1 - [ADX_HUMAN]
A0A075B785	1018	112.7	5.49	0.591	LisH domain and HEAT repeat-containing protein KIAA1468 OS=Homo sapiens GN=KIAA1468 PE=1 SV=2 - [A0A075B785_HUMAN]
K7ERI9	77	8.6	6.71	0.590	Truncated apolipoprotein C-I (Fragment) OS=Homo sapiens GN=APOC1 PE=4

					SV=1 - [K7ERI9_HUMAN]
P01833	764	83.2	5.74	0.589	Polymeric immunoglobulin receptor OS=Homo sapiens GN=PIGR PE=1 SV=4 - [PIGR_HUMAN]
P62854	115	13.0	11.00	0.587	40S ribosomal protein S26 OS=Homo sapiens GN=RPS26 PE=1 SV=3 - [RS26_HUMAN]
B4E1L5	555	63.8	6.37	0.585	cDNA FLJ51601, highly similar to Interferon-induced guanylate-binding protein 1 OS=Homo sapiens PE=2 SV=1 - [B4E1L5_HUMAN]
Q9HCM7	1045	110.8	9.67	0.585	Fibrosin-1-like protein OS=Homo sapiens GN=FBRSL1 PE=1 SV=4 - [FBSL_HUMAN]
P01611	108	11.6	7.28	0.581	Ig kappa chain V-I region Wes OS=Homo sapiens PE=1 SV=1 - [KV119_HUMAN]
B4DRW1	474	51.7	6.81	0.576	cDNA FLJ55805, highly similar to Keratin, type II cytoskeletal 4 OS=Homo sapiens PE=2 SV=1 - [B4DRW1_HUMAN]
J3KPM9	714	83.3	6.42	0.574	Signal transducer and activator of transcription OS=Homo sapiens GN=STAT1 PE=1 SV=1 - [J3KPM9_HUMAN]
Q8N1W1	1705	191.8	6.04	0.573	Rho guanine nucleotide exchange factor 28 OS=Homo sapiens GN=ARGHGF28 PE=1 SV=3 - [ARG28_HUMAN]
P23946	247	27.3	9.29	0.573	Chymase OS=Homo sapiens GN=CMA1 PE=1 SV=1 - [CMA1_HUMAN]
Q7L0Q8	258	28.2	8.06	0.572	Rho-related GTP-binding protein RhoU OS=Homo sapiens GN=RHOU PE=1 SV=1 - [RHOU_HUMAN]
O75443	2155	239.4	5.40	0.569	Alpha-tectorin OS=Homo sapiens GN=TECTA PE=1 SV=3 - [TECTA_HUMAN]
A0A087WZW8	233	25.6	6.01	0.569	Protein IGKV3-11 OS=Homo sapiens GN=IGKV3-11 PE=4 SV=1 - [A0A087WZW8_HUMAN]
A0A087WX11	918	103.3	5.12	0.565	Folliculin-interacting protein 1 OS=Homo sapiens GN=FNIP1 PE=4 SV=1 - [A0A087WX11_HUMAN]
Q9H029	130	14.8	5.30	0.564	GTP-binding protein SAR1b OS=Homo sapiens GN=DKFZp434B2017 PE=1 SV=1 - [Q9H029_HUMAN]
H0YD72	237	26.1	9.39	0.563	Liprin-alpha-1 (Fragment) OS=Homo sapiens GN=PPFIA1 PE=1 SV=1 - [H0YD72_HUMAN]
Q5NV82	104	11.1	7.97	0.562	V4-2 protein (Fragment) OS=Homo sapiens GN=V4-2 PE=1 SV=1 - [Q5NV82_HUMAN]
H3BRW3	109	11.7	9.96	0.562	FAD-linked sulfhydryl oxidase ALR OS=Homo sapiens GN=GFER PE=1 SV=1 - [H3BRW3_HUMAN]
P02452	1464	138.9	5.80	0.555	Collagen alpha-1(I) chain OS=Homo sapiens GN=COL1A1 PE=1 SV=5 - [CO1A1_HUMAN]

B2R9B9	120	13.0	6.37	0.551	cDNA, FLJ94321, highly similar to Homo sapiens eukaryotic translation initiation factor 4E binding protein 2 (EIF4EBP2), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R9B9_HUMAN]
Q9UK54	128	14.0	6.95	0.547	Hemoglobin beta subunit variant (Fragment) OS=Homo sapiens GN=HBB PE=2 SV=1 - [Q9UK54_HUMAN]
P81605	110	11.3	6.54	0.547	Dermcidin OS=Homo sapiens GN=DCD PE=1 SV=2 - [DCD_HUMAN]
Q05707	1796	193.4	5.30	0.547	Collagen alpha-1(XIV) chain OS=Homo sapiens GN=COL14A1 PE=1 SV=3 - [COEA1_HUMAN]
C9JA05	70	8.2	8.56	0.547	Immunoglobulin J chain (Fragment) OS=Homo sapiens GN=IGJ PE=1 SV=1 - [C9JA05_HUMAN]
S6C4R7	212	22.5	8.24	0.546	IgG L chain OS=Homo sapiens PE=2 SV=1 - [S6C4R7_HUMAN]
P01861	327	35.9	7.36	0.541	Ig gamma-4 chain C region OS=Homo sapiens GN=IGHG4 PE=1 SV=1 - [IGHG4_HUMAN]
B2R7Z6	484	52.5	7.55	0.539	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]
Q9NZ09	502	55.0	5.11	0.532	Ubiquitin-associated protein 1 OS=Homo sapiens GN=UBAP1 PE=1 SV=1 - [UBAP1_HUMAN]
Q64FY1	1364	146.2	6.60	0.530	AKNA transcript B1 (Fragment) OS=Homo sapiens GN=AKNA PE=2 SV=1 - [Q64FY1_HUMAN]
M0QZ50	93	9.8	4.48	0.526	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
B4DQY2	711	78.9	7.06	0.525	cDNA FLJ59388, highly similar to Mitochondrial inner membrane protein OS=Homo sapiens PE=2 SV=1 - [B4DQY2_HUMAN]
B4DEH8	168	19.0	9.23	0.516	Polyadenylate-binding protein 2 OS=Homo sapiens GN=PABPN1 PE=1 SV=1 - [B4DEH8_HUMAN]
D6RC64	136	15.6	10.14	0.513	SH3 domain-binding protein 2 (Fragment) OS=Homo sapiens GN=SH3BP2 PE=4 SV=1 - [D6RC64_HUMAN]
Q6N095	475	52.3	8.57	0.511	Putative uncharacterized protein DKFZp686K03196 OS=Homo sapiens GN=DKFZp686K03196 PE=1 SV=1 - [Q6N095_HUMAN]
B4DLF9	342	39.4	8.68	0.510	cDNA FLJ56988, highly similar to cGMP-dependent protein kinase 2 (EC 2.7.11.12) OS=Homo sapiens PE=2 SV=1 - [B4DLF9_HUMAN]
H0Y892	688	79.3	9.14	0.508	Zinc finger protein 782 (Fragment) OS=Homo sapiens GN=ZNF782 PE=4 SV=1 - [H0Y892_HUMAN]
Q4ZGM8	100	10.8	9.04	0.502	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]
Q6N093	417	46.0	7.59	0.497	Putative uncharacterized protein DKFZp686I04196 (Fragment) OS=Homo

					sapiens GN=DKFZp686I04196 PE=1 SV=1 - [Q6N093_HUMAN]
A0A075B6L1	106	11.3	8.29	0.496	Ig lambda-7 chain C region (Fragment) OS=Homo sapiens GN=IGLC7 PE=4 SV=2 - [A0A075B6L1_HUMAN]
B2R941	417	48.7	9.00	0.495	cDNA, FLJ94198, highly similar to Homo sapiens carboxypeptidase A3 (mast cell) (CPA3), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R941_HUMAN]
P14555	144	16.1	9.23	0.492	Phospholipase A2, membrane associated OS=Homo sapiens GN=PLA2G2A PE=1 SV=2 - [PA2GA_HUMAN]
C9JNE5	191	21.7	9.61	0.481	Myeloid leukemia factor 1 (Fragment) OS=Homo sapiens GN=MLF1 PE=4 SV=1 - [C9JNE5_HUMAN]
Q7Z3E2	898	103.6	6.27	0.478	Coiled-coil domain-containing protein 186 OS=Homo sapiens GN=CCDC186 PE=1 SV=2 - [CC186_HUMAN]
P08519	4548	501.0	5.88	0.474	Apolipoprotein(a) OS=Homo sapiens GN=LPA PE=1 SV=1 - [APOA_HUMAN]
Q7L7X3	1001	116.0	7.65	0.468	Serine/threonine-protein kinase TAO1 OS=Homo sapiens GN=TAOK1 PE=1 SV=1 - [TAOK1_HUMAN]
B2R8C8	140	15.1	5.26	0.461	Ubiquitin-like protein ATG12 OS=Homo sapiens PE=2 SV=1 - [B2R8C8_HUMAN]
B7Z962	190	19.9	10.84	0.461	cDNA FLJ52231 OS=Homo sapiens PE=2 SV=1 - [B7Z962_HUMAN]
F8W9J4	7461	847.4	5.25	0.457	Dystonin OS=Homo sapiens GN=DST PE=1 SV=1 - [F8W9J4_HUMAN]
Q5T4S7	5183	573.5	6.04	0.450	E3 ubiquitin-protein ligase UBR4 OS=Homo sapiens GN=UBR4 PE=1 SV=1 - [UBR4_HUMAN]
B0QYR0	100	11.1	5.36	0.447	BTB/POZ domain-containing protein 3 (Fragment) OS=Homo sapiens GN=BTBD3 PE=4 SV=3 - [B0QYR0_HUMAN]
Q3MI39	167	16.7	9.70	0.447	HNRPA1 protein (Fragment) OS=Homo sapiens GN=HNRPA1 PE=2 SV=1 - [Q3MI39_HUMAN]
Q701L7	513	56.6	6.74	0.430	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
P01880	384	42.2	7.93	0.404	Ig delta chain C region OS=Homo sapiens GN=IGHD PE=1 SV=2 - [IGHD_HUMAN]
B3KMX3	270	28.5	4.73	0.398	cDNA FLJ12857 fis, clone NT2RP2003513, highly similar to Homo sapiens paralemmin (PALM), transcript variant 2, mRNA OS=Homo sapiens PE=2 SV=1 - [B3KMX3_HUMAN]
Q9BYT5	123	12.9	7.81	0.397	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
P46109	303	33.8	6.74	0.388	Crk-like protein OS=Homo sapiens GN=CRKL PE=1 SV=1 - [CRKL_HUMAN]
H7BZ55	2252	248.2	5.83	0.386	Putative ciliary rootlet coiled-coil protein-like 3 protein OS=Homo sapiens PE=5

					SV=2 - [CROL3_HUMAN]
Q5RHS7	95	11.0	9.28	0.379	Protein S100-A2 OS=Homo sapiens GN=S100A2 PE=1 SV=2 - [Q5RHS7_HUMAN]
Q05D28	370	41.8	5.44	0.377	CCDC91 protein (Fragment) OS=Homo sapiens GN=CCDC91 PE=2 SV=1 - [Q05D28_HUMAN]
B3KS56	594	68.5	5.45	0.376	cDNA FLJ35559 fis, clone SPLEN2005009, highly similar to GRIP and coiled-coil domain-containing protein 1 OS=Homo sapiens PE=2 SV=1 - [B3KS56_HUMAN]
H0UI60	536	60.7	5.17	0.369	Taxilin beta, isoform CRA_a OS=Homo sapiens GN=TXLNB PE=4 SV=1 - [H0UI60_HUMAN]
Q30167	266	30.0	7.75	0.357	HLA class II histocompatibility antigen, DRB1-10 beta chain OS=Homo sapiens GN=HLA-DRB1 PE=1 SV=2 - [2B1A_HUMAN]
A4FU00	317	35.6	5.81	0.351	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]
B4E1L4	668	71.6	5.63	0.347	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
Q69YL0	99	10.9	12.00	0.337	Uncharacterized protein NCBP2-AS2 OS=Homo sapiens GN=NCBP2-AS2 PE=4 SV=1 - [NCAS2_HUMAN]
A8K9A9	638	71.3	8.22	0.334	cDNA FLJ77744, highly similar to Homo sapiens kallikrein B, plasma (Fletcher factor) 1 (KLKB1), mRNA OS=Homo sapiens PE=2 SV=1 - [A8K9A9_HUMAN]
A2J1N5	94	10.4	9.13	0.306	Rheumatoid factor RF-ET6 (Fragment) OS=Homo sapiens PE=2 SV=1 - [A2J1N5_HUMAN]
Q6PII6	533	58.3	4.77	0.288	TMF1 protein (Fragment) OS=Homo sapiens GN=TMF1 PE=2 SV=1 - [Q6PII6_HUMAN]
A0A087X243	69	7.4	7.08	0.286	Glutathione S-transferase P (Fragment) OS=Homo sapiens GN=GSTP1 PE=4 SV=1 - [A0A087X243_HUMAN]
O76041	1014	116.4	7.99	0.275	Nebulette OS=Homo sapiens GN=NEBL PE=1 SV=1 - [NEBL_HUMAN]
B4DMJ5	242	27.3	4.50	0.118	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]

Table 8:

Proteins changed post surgery in the control CPB with collapsed lung group, with a 1.5x cutoff. Proteins with a >2x change following surgery are in bold.

Accession	# AAs	MW [kDa]	calc. pI	Collapsed (Post)/ Collapsed (Pre)	Description
B4DMJ5	242	27.3	4.50	8.276	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]
A0A087X243	69	7.4	7.08	3.627	Glutathione S-transferase P (Fragment) OS=Homo sapiens GN=GSTP1 PE=4 SV=1 - [A0A087X243_HUMAN]
Q69YL0	99	10.9	12.00	3.266	Uncharacterized protein NCBP2-AS2 OS=Homo sapiens GN=NCBP2-AS2 PE=4 SV=1 - [NCAS2_HUMAN]
A4FU00	317	35.6	5.81	2.985	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]
B4DIF5	345	39.2	8.92	2.960	cDNA FLJ55687, highly similar to Cell cycle control protein 50A OS=Homo sapiens PE=2 SV=1 - [B4DIF5_HUMAN]
H0UI60	536	60.7	5.17	2.740	Taxilin beta, isoform CRA_a OS=Homo sapiens GN=TXLNB PE=4 SV=1 - [H0UI60_HUMAN]
Q9BYT5	123	12.9	7.81	2.683	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
O76041	1014	116.4	7.99	2.555	Nebulette OS=Homo sapiens GN=NEBL PE=1 SV=1 - [NEBL_HUMAN]
F8W9J4	7461	847.4	5.25	2.521	Dystonin OS=Homo sapiens GN=DST PE=1 SV=1 - [F8W9J4_HUMAN]
Q701L7	513	56.6	6.74	2.519	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
Q6PII6	533	58.3	4.77	2.512	TMF1 protein (Fragment) OS=Homo sapiens GN=TMF1 PE=2 SV=1 - [Q6PII6_HUMAN]
A2J1N5	94	10.4	9.13	2.497	Rheumatoid factor RF-ET6 (Fragment) OS=Homo sapiens PE=2 SV=1 - [A2J1N5_HUMAN]
B7Z962	190	19.9	10.84	2.430	cDNA FLJ52231 OS=Homo sapiens PE=2 SV=1 - [B7Z962_HUMAN]
Q05D28	370	41.8	5.44	2.342	CCDC91 protein (Fragment) OS=Homo sapiens GN=CCDC91 PE=2 SV=1 - [Q05D28_HUMAN]
B3KS56	594	68.5	5.45	2.327	cDNA FLJ35559 fis, clone SPLEN2005009, highly similar to GRIP and coiled-

					coil domain-containing protein 1 OS=Homo sapiens PE=2 SV=1 - [B3KS56_HUMAN]
Q92531	187	19.7	6.32	2.313	P35-related protein (Fragment) OS=Homo sapiens GN=FCN1 PE=4 SV=1 - [Q92531_HUMAN]
H0Y892	688	79.3	9.14	2.291	Zinc finger protein 782 (Fragment) OS=Homo sapiens GN=ZNF782 PE=4 SV=1 - [H0Y892_HUMAN]
Q3MI39	167	16.7	9.70	2.287	HNRPA1 protein (Fragment) OS=Homo sapiens GN=HNRPA1 PE=2 SV=1 - [Q3MI39_HUMAN]
B2R8C8	140	15.1	5.26	2.263	Ubiquitin-like protein ATG12 OS=Homo sapiens PE=2 SV=1 - [B2R8C8_HUMAN]
Q7L7X3	1001	116.0	7.65	2.241	Serine/threonine-protein kinase TAO1 OS=Homo sapiens GN=TAOK1 PE=1 SV=1 - [TAOK1_HUMAN]
B3KMU4	481	54.5	5.08	2.107	cDNA FLJ12640 fis, clone NT2RM4001940, highly similar to Timeless homolog OS=Homo sapiens PE=2 SV=1 - [B3KMU4_HUMAN]
P14555	144	16.1	9.23	2.101	Phospholipase A2, membrane associated OS=Homo sapiens GN=PLA2G2A PE=1 SV=2 - [PA2GA_HUMAN]
B0QYR0	100	11.1	5.36	2.088	BTB/POZ domain-containing protein 3 (Fragment) OS=Homo sapiens GN=BTBD3 PE=4 SV=3 - [B0QYR0_HUMAN]
P11678	715	81.0	10.29	2.012	Eosinophil peroxidase OS=Homo sapiens GN=EPX PE=1 SV=2 - [PERE_HUMAN]
P46109	303	33.8	6.74	2.003	Crk-like protein OS=Homo sapiens GN=CRKL PE=1 SV=1 - [CRKL_HUMAN]
Q8NEY1	1877	202.3	8.07	1.998	Neuron navigator 1 OS=Homo sapiens GN=NAV1 PE=1 SV=2 - [NAV1_HUMAN]
Q0PNF2	2570	275.3	6.49	1.979	FEX1 OS=Homo sapiens PE=2 SV=1 - [Q0PNF2_HUMAN]
H0YF46	255	28.3	5.82	1.977	SPOC domain-containing protein 1 (Fragment) OS=Homo sapiens GN=SPOCD1 PE=4 SV=1 - [H0YF46_HUMAN]
Q8TBP3	101	11.8	9.92	1.941	TOP1MT protein (Fragment) OS=Homo sapiens GN=TOP1MT PE=2 SV=1 - [Q8TBP3_HUMAN]
Q05707	1796	193.4	5.30	1.917	Collagen alpha-1(XIV) chain OS=Homo sapiens GN=COL14A1 PE=1 SV=3 - [COEA1_HUMAN]
M0QZ50	93	9.8	4.48	1.907	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
H7BZ55	2252	248.2	5.83	1.883	Putative ciliary rootlet coiled-coil protein-like 3 protein OS=Homo sapiens PE=5 SV=2 - [CROL3_HUMAN]
Q8N1W1	1705	191.8	6.04	1.874	Rho guanine nucleotide exchange factor 28 OS=Homo sapiens

					GN=ARHGEF28 PE=1 SV=3 - [ARG28_HUMAN]
P20851	252	28.3	5.14	1.835	C4b-binding protein beta chain OS=Homo sapiens GN=C4BPB PE=1 SV=1 - [C4BPB_HUMAN]
Q8N1G4	583	63.4	8.28	1.830	Leucine-rich repeat-containing protein 47 OS=Homo sapiens GN=LRRC47 PE=1 SV=1 - [LRC47_HUMAN]
D6RC64	136	15.6	10.14	1.819	SH3 domain-binding protein 2 (Fragment) OS=Homo sapiens GN=SH3BP2 PE=4 SV=1 - [D6RC64_HUMAN]
Q7L0Q8	258	28.2	8.06	1.811	Rho-related GTP-binding protein RhoU OS=Homo sapiens GN=RHO PE=1 SV=1 - [RHO_HUMAN]
H0YCG2	258	28.2	6.52	1.809	Lysosome-associated membrane glycoprotein 2 (Fragment) OS=Homo sapiens GN=LAMP2 PE=1 SV=1 - [H0YCG2_HUMAN]
Q05315	142	16.4	7.37	1.809	Galectin-10 OS=Homo sapiens GN=CLC PE=1 SV=3 - [LEG10_HUMAN]
Q6P3R8	708	81.4	8.87	1.805	Serine/threonine-protein kinase Nek5 OS=Homo sapiens GN=NEK5 PE=1 SV=1 - [NEK5_HUMAN]
Q5T4S7	5183	573.5	6.04	1.799	E3 ubiquitin-protein ligase UBR4 OS=Homo sapiens GN=UBR4 PE=1 SV=1 - [UBR4_HUMAN]
Q7Z3E2	898	103.6	6.27	1.778	Coiled-coil domain-containing protein 186 OS=Homo sapiens GN=CCDC186 PE=1 SV=2 - [CC186_HUMAN]
B4DLF9	342	39.4	8.68	1.768	cDNA FLJ56988, highly similar to cGMP-dependent protein kinase 2 (EC 2.7.11.12) OS=Homo sapiens PE=2 SV=1 - [B4DLF9_HUMAN]
P62854	115	13.0	11.00	1.742	40S ribosomal protein S26 OS=Homo sapiens GN=RPS26 PE=1 SV=3 - [RS26_HUMAN]
A0A024R637	1298	146.5	7.01	1.737	TBC1 domain family, member 4, isoform CRA_b OS=Homo sapiens GN=TBC1D4 PE=4 SV=1 - [A0A024R637_HUMAN]
Q9H029	130	14.8	5.30	1.735	GTP-binding protein SAR1b OS=Homo sapiens GN=DKFZp434B2017 PE=1 SV=1 - [Q9H029_HUMAN]
S6BGD6	235	24.8	7.24	1.733	IgG L chain OS=Homo sapiens PE=1 SV=1 - [S6BGD6_HUMAN]
Q30058	257	29.1	6.54	1.728	HLA-DP protein OS=Homo sapiens GN=HLA-DP PE=2 SV=1 - [Q30058_HUMAN]
H3BMN5	158	18.5	4.82	1.727	Calretinin (Fragment) OS=Homo sapiens GN=CALB2 PE=4 SV=2 - [H3BMN5_HUMAN]
P02452	1464	138.9	5.80	1.710	Collagen alpha-1(I) chain OS=Homo sapiens GN=COL1A1 PE=1 SV=5 - [CO1A1_HUMAN]
B2R9B9	120	13.0	6.37	1.705	cDNA, FLJ94321, highly similar to Homo sapiens eukaryotic translation initiation factor 4E binding protein 2 (EIF4EBP2), mRNA OS=Homo sapiens

					PE=2 SV=1 - [B2R9B9_HUMAN]
B4DVF1	785	87.3	6.96	1.702	cDNA FLJ51111, highly similar to Aldehyde oxidase (EC 1.2.3.1) (Fragment) OS=Homo sapiens PE=2 SV=1 - [B4DVF1_HUMAN]
P12724	160	18.4	10.02	1.692	Eosinophil cationic protein OS=Homo sapiens GN=RNASE3 PE=1 SV=2 - [ECP_HUMAN]
Q9BXN1	380	43.4	7.08	1.691	Asporin OS=Homo sapiens GN=ASPN PE=1 SV=2 - [ASPN_HUMAN]
Q9HCM7	1045	110.8	9.67	1.667	Fibrosin-1-like protein OS=Homo sapiens GN=FBRSL1 PE=1 SV=4 - [FBSL_HUMAN]
Q86UX7	667	75.9	6.98	1.660	Fermitin family homolog 3 OS=Homo sapiens GN=FERMT3 PE=1 SV=1 - [URP2_HUMAN]
Q4QZC0	273	31.8	6.09	1.654	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-A PE=3 SV=1 - [Q4QZC0_HUMAN]
B2R6V9	732	83.2	6.00	1.638	cDNA, FLJ93141, highly similar to Homo sapiens coagulation factor XIII, A1 polypeptide (F13A1), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R6V9_HUMAN]
P15529	392	43.7	6.74	1.634	Membrane cofactor protein OS=Homo sapiens GN=CD46 PE=1 SV=3 - [MCP_HUMAN]
H0YH87	916	98.1	9.41	1.633	Ataxin-2 (Fragment) OS=Homo sapiens GN=ATXN2 PE=1 SV=1 - [H0YH87_HUMAN]
P27487	766	88.2	6.04	1.628	Dipeptidyl peptidase 4 OS=Homo sapiens GN=DPP4 PE=1 SV=2 - [DPP4_HUMAN]
P08311	255	28.8	11.19	1.624	Cathepsin G OS=Homo sapiens GN=CTSG PE=1 SV=2 - [CATG_HUMAN]
O76013	467	52.2	4.94	1.624	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 - [KRT36_HUMAN]
A0A075B785	1018	112.7	5.49	1.610	LisH domain and HEAT repeat-containing protein KIAA1468 OS=Homo sapiens GN=KIAA1468 PE=1 SV=2 - [A0A075B785_HUMAN]
P31146	461	51.0	6.68	1.607	Coronin-1A OS=Homo sapiens GN=CORO1A PE=1 SV=4 - [COR1A_HUMAN]
P10109	184	19.4	5.83	1.604	Adrenodoxin, mitochondrial OS=Homo sapiens GN=FDX1 PE=1 SV=1 - [ADX_HUMAN]
O15078	2479	290.2	5.95	1.604	Centrosomal protein of 290 kDa OS=Homo sapiens GN=CEP290 PE=1 SV=2 - [CE290_HUMAN]
B2R4M6	114	13.2	6.13	1.604	Protein S100 OS=Homo sapiens PE=2 SV=1 - [B2R4M6_HUMAN]
A0A024RDI4	1851	203.3	6.23	1.600	Ankyrin 2, neuronal, isoform CRA_a OS=Homo sapiens GN=ANK2 PE=4 SV=1 - [A0A024RDI4_HUMAN]
Q6EVJ6	105	10.9	8.81	1.597	Peptidyl arginine deiminase type IV (Fragment) OS=Homo sapiens

					GN=PADI4 PE=4 SV=1 - [Q6EVJ6_HUMAN]
P46108	304	33.8	5.55	1.592	Adapter molecule crk OS=Homo sapiens GN=CRK PE=1 SV=2 - [CRK_HUMAN]
C9JW69	372	39.6	8.37	1.588	Regulator of chromosome condensation (Fragment) OS=Homo sapiens GN=RCC1 PE=1 SV=1 - [C9JW69_HUMAN]
P98095	1184	126.5	4.82	1.586	Fibulin-2 OS=Homo sapiens GN=FBLN2 PE=1 SV=2 - [FBLN2_HUMAN]
Q19UK3	33	3.7	8.09	1.582	Truncated coagulation factor IX (Fragment) OS=Homo sapiens GN=F9 PE=4 SV=1 - [Q19UK3_HUMAN]
F5H4Z6	171	20.0	7.84	1.581	Folate receptor beta (Fragment) OS=Homo sapiens GN=FOLR2 PE=4 SV=1 - [F5H4Z6_HUMAN]
P49913	170	19.3	9.41	1.578	Cathelicidin antimicrobial peptide OS=Homo sapiens GN=CAMP PE=1 SV=1 - [CAMP_HUMAN]
B4DSW4	157	16.4	12.25	1.578	cDNA FLJ51541, moderately similar to Transcription factor Sp8 OS=Homo sapiens PE=2 SV=1 - [B4DSW4_HUMAN]
E9PQ22	191	22.9	9.45	1.578	Uncharacterized protein C11orf65 (Fragment) OS=Homo sapiens GN=C11orf65 PE=4 SV=3 - [E9PQ22_HUMAN]
E9PC44	393	43.9	6.15	1.577	Protein transport protein Sec24D OS=Homo sapiens GN=SEC24D PE=1 SV=2 - [E9PC44_HUMAN]
B4DLX8	617	69.4	6.61	1.575	cDNA FLJ57031, highly similar to Midline-1 (EC 6.3.2.-) OS=Homo sapiens PE=2 SV=1 - [B4DLX8_HUMAN]
E9PQI8	164	17.5	11.17	1.575	U4/U6.U5 tri-snRNP-associated protein 1 OS=Homo sapiens GN=SART1 PE=1 SV=1 - [E9PQI8_HUMAN]
B4DI03	156	17.4	8.91	1.573	SEC11-like 3 (S. cerevisiae), isoform CRA_a OS=Homo sapiens GN=SEC11L3 PE=2 SV=1 - [B4DI03_HUMAN]
Q9Y281	166	18.7	7.88	1.571	Cofilin-2 OS=Homo sapiens GN=CFL2 PE=1 SV=1 - [COF2_HUMAN]
A0A087WX11	918	103.3	5.12	1.570	Folliculin-interacting protein 1 OS=Homo sapiens GN=FNIP1 PE=4 SV=1 - [A0A087WX11_HUMAN]
G3V2R9	217	23.4	6.19	1.560	Prostaglandin reductase 2 OS=Homo sapiens GN=PTGR2 PE=1 SV=1 - [G3V2R9_HUMAN]
Q9UK54	128	14.0	6.95	1.560	Hemoglobin beta subunit variant (Fragment) OS=Homo sapiens GN=HBB PE=2 SV=1 - [Q9UK54_HUMAN]
P59665	94	10.2	6.99	1.557	Neutrophil defensin 1 OS=Homo sapiens GN=DEFA1 PE=1 SV=1 - [DEF1_HUMAN]
Q4ZGM8	100	10.8	9.04	1.549	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]

B4DJ12	1253	139.2	6.57	1.546	cDNA FLJ58355, highly similar to Tyrosine-protein phosphatase non-receptor type 23 (EC 3.1.3.48) OS=Homo sapiens PE=2 SV=1 - [B4DJ12_HUMAN]
A0A087WUP0	265	30.0	5.34	1.541	Annexin A8-like protein 1 OS=Homo sapiens GN=ANXA8L1 PE=4 SV=1 - [A0A087WUP0_HUMAN]
E9PAR0	99	11.2	10.36	1.540	Peptidyl-prolyl cis-trans isomerase OS=Homo sapiens GN=FKBP11 PE=1 SV=1 - [E9PAR0_HUMAN]
B2R4C9	102	11.2	9.52	1.537	cDNA, FLJ92044, highly similar to Homo sapiens death-associated protein (DAP), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R4C9_HUMAN]
Q9NWH4	148	16.9	11.09	1.534	cDNA FLJ10024 fis, clone HEMBA1000636 OS=Homo sapiens PE=2 SV=1 - [Q9NWH4_HUMAN]
E3Q1J2	273	31.6	5.97	1.531	MHC class I antigen (Fragment) OS=Homo sapiens GN=HLA-B PE=3 SV=1 - [E3Q1J2_HUMAN]
Q67AK3	233	26.9	7.42	1.531	MHC class II antigen (Fragment) OS=Homo sapiens GN=HLA-DQB1 PE=4 SV=1 - [Q67AK3_HUMAN]
B4DLR0	579	61.1	5.26	1.529	cDNA FLJ55719, highly similar to Mus musculus armadillo repeat containing 5 (Armc5), mRNA OS=Homo sapiens PE=2 SV=1 - [B4DLR0_HUMAN]
Q86UY0	360	40.3	5.83	1.526	Protein BLOC1S5-TXNDC5 OS=Homo sapiens GN=TXNDC5 PE=2 SV=1 - [Q86UY0_HUMAN]
E7EQB2	696	76.6	8.02	1.526	Lactotransferrin (Fragment) OS=Homo sapiens GN=LTF PE=1 SV=1 - [E7EQB2_HUMAN]
Q9P2B2	879	98.5	6.61	1.520	Prostaglandin F2 receptor negative regulator OS=Homo sapiens GN=PTGFRN PE=1 SV=2 - [FPRP_HUMAN]
Q96P70	1041	115.9	4.81	1.517	Importin-9 OS=Homo sapiens GN=IPO9 PE=1 SV=3 - [IPO9_HUMAN]
Q5CZ93	159	19.2	9.88	1.517	Putative uncharacterized protein DKFZp686A0568 OS=Homo sapiens GN=DKFZp686A0568 PE=2 SV=1 - [Q5CZ93_HUMAN]
Q5VX52	437	50.3	8.43	1.514	Spermatogenesis-associated protein 1 OS=Homo sapiens GN=SPATA1 PE=2 SV=3 - [SPAT1_HUMAN]
P80511	92	10.6	6.25	1.513	Protein S100-A12 OS=Homo sapiens GN=S100A12 PE=1 SV=2 - [S10AC_HUMAN]
A8MVU1	366	41.8	8.84	1.512	Putative neutrophil cytosol factor 1C OS=Homo sapiens GN=NCF1C PE=5 SV=1 - [NCF1C_HUMAN]
B5BTZ6	769	87.9	6.20	1.502	Signal transducer and activator of transcription OS=Homo sapiens GN=STAT3 PE=2 SV=1 - [B5BTZ6_HUMAN]
Q15323	416	47.2	4.88	1.502	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 -

					[K1H1_HUMAN]
P07585	359	39.7	8.54	1.501	Decorin OS=Homo sapiens GN=DCN PE=1 SV=1 - [PGS2_HUMAN]
C9JKG1	238	26.7	6.79	1.501	Biglycan (Fragment) OS=Homo sapiens GN=BGN PE=4 SV=1 - [C9JKG1_HUMAN]
H0YA93	1400	158.1	5.82	1.501	NEDD4-binding protein 2 (Fragment) OS=Homo sapiens GN=N4BP2 PE=1 SV=1 - [H0YA93_HUMAN]
G3V295	203	22.8	8.32	0.660	Proteasome subunit alpha type OS=Homo sapiens GN=PSMA6 PE=1 SV=1 - [G3V295_HUMAN]
O96009	420	45.4	6.61	0.658	Napsin-A OS=Homo sapiens GN=NAPSA PE=1 SV=1 - [NAPSA_HUMAN]
E9PN95	56	6.3	4.96	0.626	Uteroglobin OS=Homo sapiens GN=SCGB1A1 PE=4 SV=1 - [E9PN95_HUMAN]
P07339	412	44.5	6.54	0.615	Cathepsin D OS=Homo sapiens GN=CTSD PE=1 SV=1 - [CATD_HUMAN]
A8K987	222	25.7	9.00	0.603	Glutathione S-transferase OS=Homo sapiens PE=2 SV=1 - [A8K987_HUMAN]
B2R7Z6	484	52.5	7.55	0.591	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]
B4E1L4	668	71.6	5.63	0.531	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
B7Z269	351	40.3	7.24	0.181	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]

Table 9:

Changes in proteins (with 1.5x cutoff) following surgery with LFV. Proteins with >2x change are in bold.

Accession	# AAs	MW [kDa]	calc. pI	LFV (Post)/ LFV (Pre)	Description
Q701L7	513	56.6	6.74	14.876	Type II hair keratin 2 OS=Homo sapiens GN=KRTHB2 PE=2 SV=1 - [Q701L7_HUMAN]
Q9BYT5	123	12.9	7.81	14.741	Keratin-associated protein 2-2 OS=Homo sapiens GN=KRTAP2-2 PE=2 SV=3 - [KRA22_HUMAN]
O76013	467	52.2	4.94	7.140	Keratin, type I cuticular Ha6 OS=Homo sapiens GN=KRT36 PE=1 SV=1 - [KRT36_HUMAN]
A0A087X2I6	404	46.1	4.84	4.627	Keratin, type I cuticular Ha3-II OS=Homo sapiens GN=KRT33B PE=4 SV=1 - [A0A087X2I6_HUMAN]
A0JNT2	447	49.6	5.39	3.857	KRT83 protein OS=Homo sapiens GN=KRT83 PE=2 SV=1 - [A0JNT2_HUMAN]
B7Z269	351	40.3	7.24	2.379	cDNA FLJ50754, highly similar to Voltage-dependent L-type calcium channel subunit alpha-1D OS=Homo sapiens PE=2 SV=1 - [B7Z269_HUMAN]
Q15323	416	47.2	4.88	2.158	Keratin, type I cuticular Ha1 OS=Homo sapiens GN=KRT31 PE=2 SV=3 - [K1H1_HUMAN]
Q96Q06	1357	134.3	8.73	1.840	Perilipin-4 OS=Homo sapiens GN=PLIN4 PE=2 SV=2 - [PLIN4_HUMAN]
Q05315	142	16.4	7.37	1.823	Galectin-10 OS=Homo sapiens GN=CLC PE=1 SV=3 - [LEG10_HUMAN]
H0YF46	255	28.3	5.82	1.698	SPOC domain-containing protein 1 (Fragment) OS=Homo sapiens GN=SPOCD1 PE=4 SV=1 - [H0YF46_HUMAN]
Q7Z6I6	1101	118.5	4.81	1.687	Rho GTPase-activating protein 30 OS=Homo sapiens GN=ARHGAP30 PE=1 SV=3 - [RHG30_HUMAN]
P11678	715	81.0	10.29	1.663	Eosinophil peroxidase OS=Homo sapiens GN=EPX PE=1 SV=2 - [PERE_HUMAN]
A4FU00	317	35.6	5.81	1.651	SYT2 protein (Fragment) OS=Homo sapiens GN=SYT2 PE=2 SV=1 - [A4FU00_HUMAN]

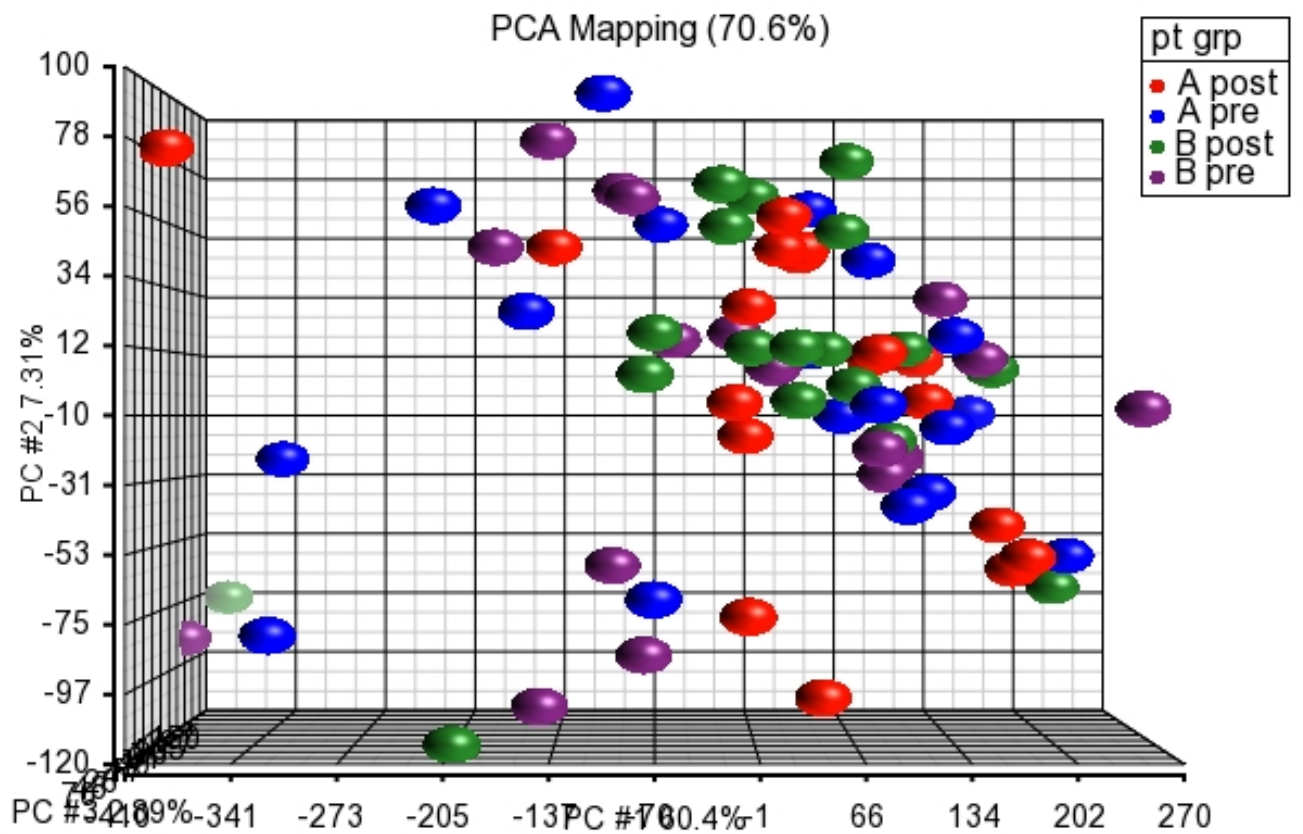
P27701	267	29.6	5.24	1.574	CD82 antigen OS=Homo sapiens GN=CD82 PE=1 SV=1 - [CD82_HUMAN]
B4DMJ5	242	27.3	4.50	1.547	cDNA FLJ53012, highly similar to Tubulin beta-7 chain OS=Homo sapiens PE=2 SV=1 - [B4DMJ5_HUMAN]
Q6P4A8	553	63.2	9.06	1.524	Phospholipase B-like 1 OS=Homo sapiens GN=PLBD1 PE=1 SV=2 - [PLBL1_HUMAN]
A0A024R637	1298	146.5	7.01	1.514	TBC1 domain family, member 4, isoform CRA_b OS=Homo sapiens GN=TBC1D4 PE=4 SV=1 - [A0A024R637_HUMAN]
M0QZ50	93	9.8	4.48	1.512	Microtubule-associated protein 1S OS=Homo sapiens GN=MAP1S PE=1 SV=1 - [M0QZ50_HUMAN]
B3KQ72	130	14.3	5.52	1.500	cDNA FLJ32987 fis, clone THYMU1000032 OS=Homo sapiens PE=2 SV=1 - [B3KQ72_HUMAN]
H6VRF8	644	66.0	8.12	0.665	Keratin 1 OS=Homo sapiens GN=KRT1 PE=3 SV=1 - [H6VRF8_HUMAN]
P35237	376	42.6	5.27	0.658	Serpin B6 OS=Homo sapiens GN=SERPINB6 PE=1 SV=3 - [SPB6_HUMAN]
D6RF35	476	53.0	5.52	0.658	Vitamin D-binding protein OS=Homo sapiens GN=GC PE=1 SV=1 - [D6RF35_HUMAN]
B7Z445	386	43.3	6.83	0.656	cDNA FLJ51492, highly similar to Arachidonate 15-lipoxygenase (EC 1.13.11.33) OS=Homo sapiens PE=2 SV=1 - [B7Z445_HUMAN]
P62851	125	13.7	10.11	0.650	40S ribosomal protein S25 OS=Homo sapiens GN=RPS25 PE=1 SV=1 - [RS25_HUMAN]
Q99549	860	97.1	6.06	0.644	M-phase phosphoprotein 8 OS=Homo sapiens GN=MPHOSPH8 PE=1 SV=2 - [MPP8_HUMAN]
Q7Z6G4	31	3.2	5.78	0.634	HBA2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q7Z6G4_HUMAN]
K7EPK9	51	5.5	5.11	0.626	Mucin-like protein 1 (Fragment) OS=Homo sapiens GN=MUCL1 PE=4 SV=3 - [K7EPK9_HUMAN]
Q86TT1	375	41.2	6.79	0.616	Full-length cDNA clone CS0DD006YL02 of Neuroblastoma of Homo sapiens (human) OS=Homo sapiens PE=2 SV=1 - [Q86TT1_HUMAN]
B2R6F5	350	39.6	5.12	0.607	cDNA, FLJ92928, highly similar to Homo sapiens retinitis pigmentosa 2 (X-linked recessive) (RP2), mRNA OS=Homo sapiens PE=2 SV=1 - [B2R6F5_HUMAN]
P23527	126	13.9	10.32	0.605	Histone H2B type 1-O OS=Homo sapiens GN=HIST1H2BO PE=1 SV=3 - [H2B1O_HUMAN]

B3KUR3	242	28.0	5.85	0.604	cDNA FLJ40459 fis, clone TESTI2041800, highly similar to BISPHOSPHOGLYCERATE MUTASE (EC 5.4.2.4) OS=Homo sapiens PE=2 SV=1 - [B3KUR3_HUMAN]
P11277	2137	246.3	5.27	0.591	Spectrin beta chain, erythrocytic OS=Homo sapiens GN=SPTB PE=1 SV=5 - [SPTB1_HUMAN]
P02656	99	10.8	5.41	0.591	Apolipoprotein C-III OS=Homo sapiens GN=APOC3 PE=1 SV=1 - [APOC3_HUMAN]
Q9NZD4	102	11.8	5.00	0.584	Alpha-hemoglobin-stabilizing protein OS=Homo sapiens GN=AHSP PE=1 SV=1 - [AHSP_HUMAN]
G4V2I8	911	101.7	5.21	0.574	Anion exchanger-1 variant OS=Homo sapiens PE=2 SV=1 - [G4V2I8_HUMAN]
B7Z4Q8	613	68.2	7.85	0.574	cDNA FLJ52333, highly similar to Erythrocyte membrane protein band 4.2 OS=Homo sapiens PE=2 SV=1 - [B7Z4Q8_HUMAN]
P03973	132	14.3	8.75	0.570	Antileukoproteinase OS=Homo sapiens GN=SLPI PE=1 SV=2 - [SLPI_HUMAN]
P02549	2419	279.8	5.05	0.569	Spectrin alpha chain, erythrocytic 1 OS=Homo sapiens GN=SPTA1 PE=1 SV=5 - [SPTA1_HUMAN]
Q14587	947	108.3	8.87	0.566	Zinc finger protein 268 OS=Homo sapiens GN=ZNF268 PE=1 SV=2 - [ZN268_HUMAN]
P69892	147	16.1	7.20	0.553	Hemoglobin subunit gamma-2 OS=Homo sapiens GN=HBG2 PE=1 SV=2 - [HBG2_HUMAN]
P01833	764	83.2	5.74	0.549	Polymeric immunoglobulin receptor OS=Homo sapiens GN=PIGR PE=1 SV=4 - [PIGR_HUMAN]
P16157	1881	206.1	6.01	0.548	Ankyrin-1 OS=Homo sapiens GN=ANK1 PE=1 SV=3 - [ANK1_HUMAN]
Q4ZGM8	100	10.8	9.04	0.543	Hemoglobin alpha-2 globin mutant (Fragment) OS=Homo sapiens PE=3 SV=1 - [Q4ZGM8_HUMAN]
B3KVN0	416	45.8	8.60	0.534	cDNA FLJ16785 fis, clone NT2RI2015342, highly similar to Solute carrier family 2, facilitated glucose transporter member 1 OS=Homo sapiens PE=2 SV=1 - [B3KVN0_HUMAN]
Q4VB87	615	68.4	5.91	0.532	EPB41 protein (Fragment) OS=Homo sapiens GN=EPB41 PE=2 SV=1 - [Q4VB87_HUMAN]
B4DF70	183	20.1	8.78	0.527	cDNA FLJ60461, highly similar to Peroxiredoxin-2 (EC 1.11.1.15) OS=Homo sapiens PE=2 SV=1 - [B4DF70_HUMAN]
Q4TZM4	101	11.0	6.52	0.518	Hemoglobin beta chain (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q4TZM4_HUMAN]

P00918	260	29.2	7.40	0.507	Carbonic anhydrase 2 OS=Homo sapiens GN=CA2 PE=1 SV=2 - [CAH2_HUMAN]
O75602	509	55.4	6.83	0.504	Sperm-associated antigen 6 OS=Homo sapiens GN=SPAG6 PE=2 SV=1 - [SPAG6_HUMAN]
Q6J1Z9	90	9.6	9.50	0.501	Hemoglobin alpha 1 (Fragment) OS=Homo sapiens GN=HBA1 PE=3 SV=1 - [Q6J1Z9_HUMAN]
Q86YQ1	91	9.7	9.25	0.497	Hemoglobin alpha-2 (Fragment) OS=Homo sapiens GN=HBA2 PE=3 SV=1 - [Q86YQ1_HUMAN]
Q13938	189	21.0	4.89	0.495	Calcyphosin OS=Homo sapiens GN=CAPS PE=1 SV=1 - [CAYP1_HUMAN]
E9PN95	56	6.3	4.96	0.450	Uteroglobin OS=Homo sapiens GN=SCGB1A1 PE=4 SV=1 - [E9PN95_HUMAN]
A8K987	222	25.7	9.00	0.448	Glutathione S-transferase OS=Homo sapiens PE=2 SV=1 - [A8K987_HUMAN]
P00915	261	28.9	7.12	0.442	Carbonic anhydrase 1 OS=Homo sapiens GN=CA1 PE=1 SV=2 - [CAH1_HUMAN]
Q6J1Z8	42	4.5	9.38	0.429	Hemoglobin beta (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q6J1Z8_HUMAN]
H3BML9	118	13.1	5.68	0.397	Myosin regulatory light chain 2, skeletal muscle isoform (Fragment) OS=Homo sapiens GN=MYLPF PE=4 SV=1 - [H3BML9_HUMAN]
E5RGQ7	148	16.8	8.88	0.388	Dematin (Fragment) OS=Homo sapiens GN=DMTN PE=1 SV=1 - [E5RGQ7_HUMAN]
Q6VFAQ6	42	4.5	8.24	0.384	Hemoglobin beta chain (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q6VFAQ6_HUMAN]
P02042	147	16.0	8.05	0.383	Hemoglobin subunit delta OS=Homo sapiens GN=HBD PE=1 SV=2 - [HBD_HUMAN]
Q5T619	568	62.3	8.62	0.380	Zinc finger protein 648 OS=Homo sapiens GN=ZNF648 PE=2 SV=1 - [ZN648_HUMAN]
Q5RHS7	95	11.0	9.28	0.346	Protein S100-A2 OS=Homo sapiens GN=S100A2 PE=1 SV=2 - [Q5RHS7_HUMAN]
Q8IUL9	105	11.5	6.05	0.270	Hemoglobin beta chain variant Hb.Sinai-Bel Air (Fragment) OS=Homo sapiens GN=HBB PE=3 SV=1 - [Q8IUL9_HUMAN]
B4E1L4	668	71.6	5.63	0.257	cDNA FLJ59081, highly similar to Mucin-5B OS=Homo sapiens PE=2 SV=1 - [B4E1L4_HUMAN]
B2R7Z6	484	52.5	7.55	0.248	cDNA, FLJ93674 OS=Homo sapiens PE=2 SV=1 - [B2R7Z6_HUMAN]

Supplemental Figure 1:

Principle component analysis (by Partek) of gene expression data, showing no significant outliers within the data.



Supplemental Figure 2:

There were no significant changes in **(A)** lipid species or **(B)** lipid class (as a percentage of the total) following surgery either with standard CPB with collapsed lung or with LFV.

