

**A Link Between Methylglyoxal and Heart Failure
During HIV-1 Infection**

Prasanta K Dash^{1*}, Fadhel A. Alomar^{2*}, Jesse L. Cox³, JoEllyn McMillan¹, Bryan T. Hackfort⁴, Brenda Morsey⁵, Howard S. Fox⁵, Howard E. Gendelman¹, Santhi Gorantla¹, and Keshore R. Bidasee^{1,6,7}

Departments of ¹Pharmacology and Experimental Neuroscience, ³Pathology and Microbiology, ⁴Cellular and Integrative Physiology, ⁵Neurological Sciences and ⁶Environment and Occupational Health, University of Nebraska Medical Center, Omaha, NE 68198, ²Department of Pharmacology, Clinical Pharmacology Imam Abdulrahman bin Faisal University, University of Dammam, Kingdom of Saudi Arabia and ⁷Nebraska Redox Biology Center, Lincoln NE.

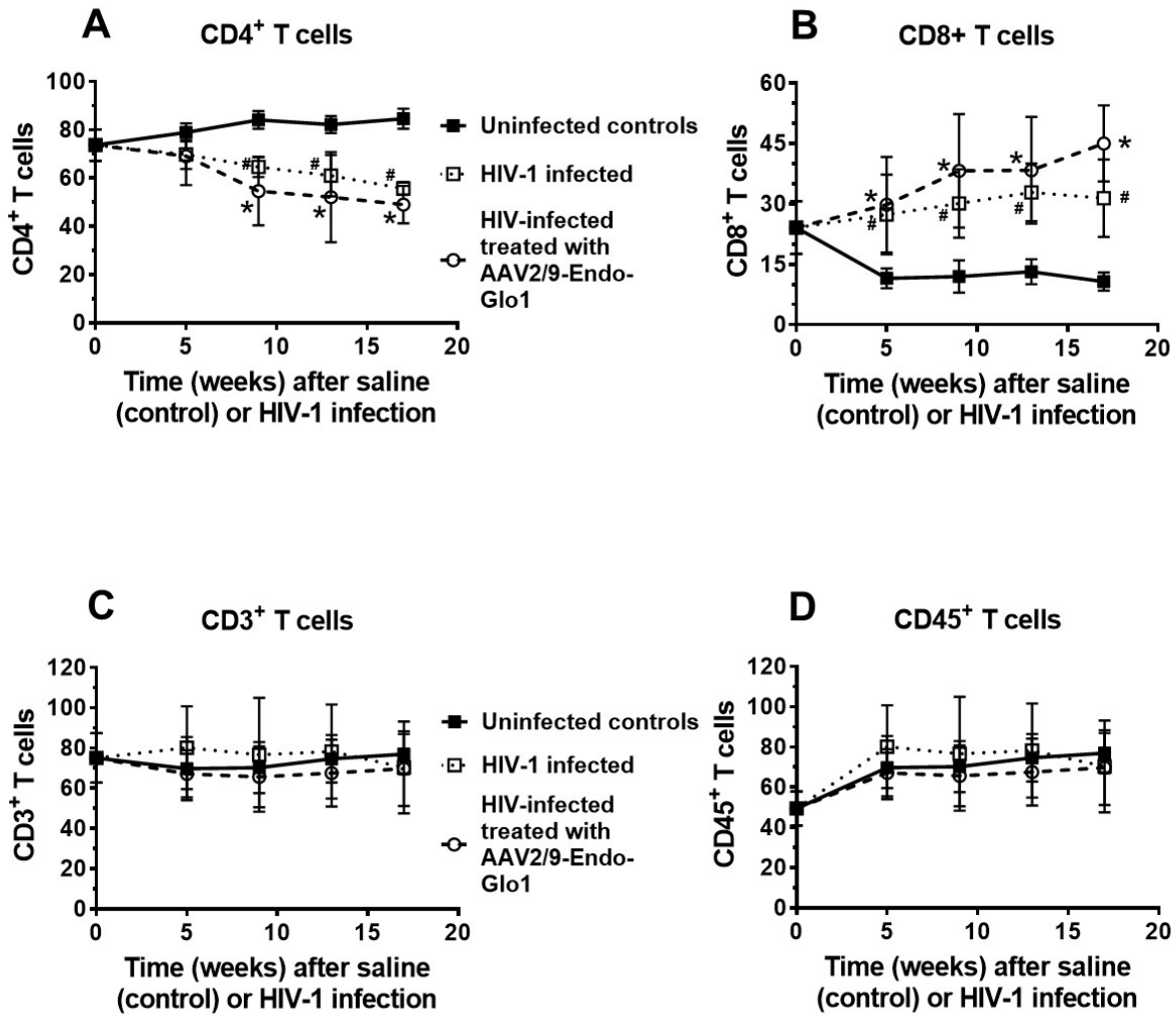
* Contributed equally

Correspondence

Keshore R. Bidasee, Ph.D.

Department of Pharmacology and Experimental Neuroscience, 985800 Nebraska Medical Center, Durham Research Center, DRC 3047, Omaha, NE, USA. Tel: (402) 559-9018; Fax: (402) 559-7495, E-mail: kbidasee@unmc.edu.

Supplemental Figure with Legend



Supplemental Fig. S1: Time frame of observation of immune status of animals used in the study. Graphs A and B show longitudinal CD4⁺ and CD8⁺ cell populations in peripheral blood from uninfected Hu-mice and HIV-1-infected Hu-mice. Graphs C and D show longitudinal CD3⁺ and CD45⁺ cell populations in peripheral blood from uninfected Hu-mice and HIV-1-infected Hu-mice. Data shown on graphs are mean \pm SEM from $n \geq 6$ mice per group. *denotes significantly different from uninfected Hu-NSG mice ($p < 0.05$). #denotes significantly different from HIV-1 infected Hu-mice ($p < 0.05$).