Supplementary

Fig S1

A) Reset to query variant

B)]: 1

Chromatin state window

<table>
<thead>
<tr>
<th>Chromatin state</th>
<th>Organ</th>
<th>Dataset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active TSS</td>
<td>lung</td>
<td>ENC6880GB</td>
</tr>
<tr>
<td>Strong transcription</td>
<td>chr18:46449000..46449800</td>
<td>ENC38581X5Q</td>
</tr>
<tr>
<td>Strong transcription</td>
<td>chr18:46449400..46450400</td>
<td>ENC68121LX1</td>
</tr>
<tr>
<td>Strong transcription</td>
<td>chr18:46449600..46450200</td>
<td>ENC68930HTS</td>
</tr>
<tr>
<td>Enhancers</td>
<td>lung</td>
<td>ENC68970G6V</td>
</tr>
</tbody>
</table>
Fig S2

A

HIF1A mRNA

FA/RA

FA/MV-O_2

B

21% O_2

40% O_2

85% O_2

ID1

ß-actin

16 kDa

43 kDa

ID1 Protein

ß-actin Protein

21% O_2

40% O_2

85% O_2

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Thorax

doi: 10.1136/thoraxjnl-2021-218083

**Fig S3**

**A**

Body Weight (g)

- FA
- pCS

**B**

CYP1A1 Protein

- FA RA
- pCS RA

- β-actin

**C**

SPARK Protein

- FA RA
- pCS RA

- β-actin

**D**

Cleaved Caspase-3 Cells

- FA MV-O2
- pCS MV-O2

**E**

VE-Cadherin Protein

- FA RA
- pCS RA

- β-actin

- FA MV-O2
- pCS MV-O2
Fig S4

A

B

<table>
<thead>
<tr>
<th>RA</th>
<th>O₂</th>
<th>MV-O₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>asMA</td>
<td>asMA</td>
<td>asMA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>asMA 100 Nuclei</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
</tr>
</tbody>
</table>

* ns
Fig S5

[Image of cellular localization and statistical analysis]
**Fig S6**

**Panel A**

- BMPr2 mRNA
  - GAPDH mRNA

**Panel B**

- CD31 mRNA
  - HPRT mRNA

**Panel C**

- VEGF-R2
  - β-actin

**Legend**

- O₂
- O₂
- FK (2 ng/ml)
- RA
- PBS
- RA
- FK (2 ng/ml)
- MV-O₂
- PBS
- MV-O₂
- FK (2 ng/ml)

**Notes**

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### Table S1. Patient characteristics preterm infants.

Data are given as median and range or number and percent of total in group respective range.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GA (weeks)</strong></td>
<td>28.2</td>
<td>(25.1-30.6)</td>
</tr>
<tr>
<td><strong>Birth weight (g)</strong></td>
<td>1031</td>
<td>(650-1770)</td>
</tr>
<tr>
<td><strong>IUGR</strong></td>
<td>2</td>
<td>(8%)</td>
</tr>
<tr>
<td><strong>Gender (female/male)</strong></td>
<td>12/16</td>
<td></td>
</tr>
<tr>
<td><strong>ANCS</strong></td>
<td>25</td>
<td>(89.3%)</td>
</tr>
<tr>
<td><strong>Chorioamnionitis</strong></td>
<td>11</td>
<td>(39.3%)</td>
</tr>
<tr>
<td><strong>Early onset infection</strong></td>
<td>7</td>
<td>(25.0%)</td>
</tr>
<tr>
<td><strong>RDS≥III</strong></td>
<td>7</td>
<td>(25.0%)</td>
</tr>
<tr>
<td><strong>Days of mechanical ventilation</strong></td>
<td>34</td>
<td>(0-70)</td>
</tr>
<tr>
<td><strong>Days of oxygen supplementation</strong></td>
<td>22</td>
<td>(0-88)</td>
</tr>
<tr>
<td><strong>PDA</strong></td>
<td>18</td>
<td>(78.3%)</td>
</tr>
<tr>
<td><strong>Postnatal steroids</strong></td>
<td>10</td>
<td>(35.7%)</td>
</tr>
<tr>
<td><strong>ROP</strong></td>
<td>5</td>
<td>(17.9%)</td>
</tr>
<tr>
<td><strong>IVH</strong></td>
<td>2</td>
<td>(7.1%)</td>
</tr>
<tr>
<td><strong>ICU days</strong></td>
<td>64</td>
<td>(30-109)</td>
</tr>
<tr>
<td><strong>BPD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>None</strong></td>
<td>17</td>
<td>(60.7%)</td>
</tr>
<tr>
<td>- <strong>Mild</strong></td>
<td>7</td>
<td>(25.0%)</td>
</tr>
<tr>
<td>- <strong>Moderate</strong></td>
<td>3</td>
<td>(10.7%)</td>
</tr>
<tr>
<td>- <strong>Severe</strong></td>
<td>1</td>
<td>(3.6%)</td>
</tr>
</tbody>
</table>

**GA**, gestational age; **IUGR**, intratuerine growth retardation; **ANCS**, antenatal corticosteroids; **RDS**, respiratory distress syndrome; **PDA**, patent ductus arteriosus; **ROP**, retinopathy of prematurity; **IVH**, intraventricular hemorrhage; **ICU**, intensive care unit; **BPD**, bronchopulmonary dysplasia. **NA** (not available): IUGR n=3; PDA n=7. Intrauterine growth restriction was defined as birth weight below the 10th percentile. Postnatally, diagnosis and severity of respiratory distress syndrome (RDS) were scored on anterior-posterior (a.-p.) chest radiographs according to Couchard et al (1). Chorioamnionitis was defined as inflammatory alterations of the chorionic plate (histologic examination) or signs of maternal and fetal signs of infection (2). Systemic infections were diagnosed according to Sherman et al. (3) based on one or more clinical and laboratory signs of infection. BPD was defined according to Jobe and Bancalari (4) and graded as mild (oxygen supplementation at 28 days postnatally), moderate (oxygen supplementation < 30% and/or ventilator support at 36 weeks postmenstrual age), and severe (oxygen supplementation > 30% and/or ventilator support at 36 weeks postmenstrual age).