Integrative Omics Reveals Subtle Molecular Perturbations Following Ischemic

Conditioning in a Porcine Kidney Transplant Model

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<u>Running Title:</u>

Integrative Omic Profiling of a Porcine Kidney Transplant Model

ABSTRACT

Background: Remote Ischemic Conditioning (RIC) has been proposed as a therapeutic intervention

to circumvent the ischemia/reperfusion injury (IRI) that is inherent to organ transplantation. Using a

porcine kidney transplant model, we aimed to decipher the subclinical molecular effects of a RIC

regime, compared to non-RIC controls.

Methods: Kidney pairs (n = 8+8) were extracted from brain dead donor pigs and transplanted in

juvenile recipient pigs following a period of cold ischemia. One of the two kidney recipients in each

pair was subjected to RIC prior to kidney graft reperfusion, while the other served as non-RIC

control. We designed a modern integrative Omics strategy combining transcriptomics, proteomics,

and phosphoproteomics to deduce molecular signatures in kidney tissue that could be attributed to

RIC.

Results: In kidney grafts taken out 10 h after transplantation we detected minimal molecular

perturbations following RIC compared to non-RIC at the transcriptome level, which was mirrored at

the proteome level. In particular, we noted that RIC resulted in suppression of tissue inflammatory

profiles. Furthermore, an accumulation of muscle extracellular matrix assembly proteins in kidney

tissues was detected at the protein level, which may be in response to muscle tissue damage and/or

fibrosis. However, the majority of these protein changes did not reach significance ($p<0.05$).

Conclusions: Our data identifies subtle molecular phenotypes in porcine kidneys following RIC and

this knowledge could potentially aid optimization of remote ischemic conditioning protocols in renal

transplantation.

Remote Ischemic Conditioning, Kidney Transplantation, Proteomics, Transcriptomics, Integrative

Omics, Inflammation

BACKGROUND

Organ donation and transplantation inevitably involve periods of both warm and cold ischemia, due

to diminished or restricted blood flow, which deprives the donor organ tissue of the oxygen required

to maintain cellular metabolism. Subsequent reperfusion at time of implantation of the ischemic

graft results in tissue damage including several molecular hallmarks, such as hypoxic stress and

production of reactive oxygen species, a rapid reduction of ATP levels, intracellular acidosis, and

diminished nutritional supplies [1]. Combined, these insults lead to the activation of apoptotic and

necrotic pathways, and if uncorrected, to organ dysfunction, rejection, and eventually graft fibrosis

[2]. Acute kidney injury (AKI) induced by ischemia and subsequent reperfusion is called delayed graft

function in the clinical transplant setting and leads to the need of dialysis as well as a risk of poorer

transplant outcome [3]. Remote ischemic conditioning (RIC) has been proposed as a therapeutic

modality to mitigate the effects of ischemia/reperfusion injury (IRI) in organ transplantation [4, 5].

RIC is a simple procedure which creates short and repetitive cycles of non-damaging ischemia,

usually applied to a leg or arm, which may reduce damaging effects caused by IRI in the target organ.

RIC has shown various outcomes in pre-clinical studies in both kidney and other organs such as lung,

liver, small intestine and in a variety of situations and species [6-12]. Several pre-clinical studies have

demonstrated a reduction in IRI and improved early graft function in the recipient [13-16]. Regarding

kidney transplantation and AKI, a protective effect of RIC in rodent renal models has been described,

however the transition into the human setting has been challenging [15, 17]. Our previous work in a

porcine model of kidney transplantation suggested a beneficial effect of RIC on early graft perfusion

and function evidenced by a significantly improved renal plasma perfusion and glomerular filtration

rate (GFR) [18]. However, when RIC was applied to kidney transplant patients in a clinical trial

(CONTEXT), no clinical benefit was observed, although the trial did reveal distinct subclinical effects

on kidney transplants at the molecular level [17, 19, 20]. We have therefore revisited our RIC study

carried out in pigs that had shown potential positive effects of RIC which stimulated us to design the

clinical CONTEXT study. Using samples obtained from our original porcine RIC model [18], we have

now studied whether we could detect any proteomic and transcriptomic changes in recipient tissue

using advanced quantitative mass spectrometry and RNA sequencing. In this study, we describe

changes in molecular profiles comparable to the ones observed in human kidneys subjected to RIC.

METHODS

Transplant model

The effects of RIC versus non-RIC controls in porcine kidney transplants were evaluated in a paired

randomized study, the design of which was described in detail by Soendergaard et al [18]. Briefly,

eight kidney pairs were taken from eight brain-dead donor pigs (60-64 kg) and transplanted into

sixteen bilateral nephrectomized recipient pigs (14–16 kg), which were randomly given RIC or non-

RIC within each pair. Prior to organ reperfusion, RIC was performed as indicated below. Pigs were

surveyed, under anesthesia, for 10 h after transplantation, assessing renal function by GFR, renal

plasma perfusion and known renal biomarkers. The study was approved by the National Committee

on Animal Research Ethics no. 2008-561-1584 (Animal Experiments Inspectorate, Copenhagen,

Denmark) and conducted in accordance with the "Principles of Laboratory Animal Care" (NIH

publication Vol. 25, No. 28 revised 1996).

Sample retrieval and ischemia regimen

Kidney retrieval, transplantation and RIC was performed by experienced transplant surgeons as

described previously (**Figure 1**) [18]. Briefly, female Danish Landrace pigs were anaesthetized and

placed under mechanical ventilation. Ringer's acetate was infused to maintain fluid balance and

arterial pressure. Brain death was induced by increasing intracranial pressure. Kidneys were

extracted, perfused and stored in 5°C cold storage solution. Two recipients were transplanted

simultaneously after having their native kidneys removed. A RIC regimen was undertaken whereby

the abdominal aorta was clamped above the aortic bifurcation but below the renal arteries in four

cycles, with each cycle consisting of 5 min of ischemia and 5 min of reperfusion. Surgeons and

investigators were unblinded to the treatment during the experiments. Renal biopsies from kidneys

in the RIC and non-RIC groups were taken prior to termination after 10 hours reperfusion and snap

frozen in liquid nitrogen for transcriptomic and proteomic analysis.

Transcriptomics analysis

Sample preparation. Sixteen tissue samples from the kidney medulla and cortex (weighing

approximately 20 mg) were lysed using a Precellys 24 homogenizer (Bertin Instruments) in 350 μL of

RNeasy Mini kit RLT lysis buffer. RNA was then extracted using RNeasy Mini kit (Qiagen, cat number:

74104) as per manufacturer's instructions. Purified RNA was eluted in 40 μL RNase-free H_2O and the

approximate concentration evaluated using a NanoDrop ND-1000 spectrophotometer.

Approximately, 450 ng of purified RNA was converted to cDNA by using high-capacity reverse

transcription kit (Applied Biosystems, cat number: 4368814). For each reaction, a mix of 2 μL 10x RT

buffer, 0.8 μL 25x dNPT mix, 2 μL 10x RT random primers, 1 μL Multiscribe reverse transcriptase, 3.2

μL nuclease free H_2O and 11 μL of RNA (40.9 ng/μL) was prepared. This was then primed at 25°C for

10 min, incubated at 37°C for 120 min and inactivated at 85°C for 5 min in a thermal cycler (VWR

UNO 96). cDNA was then stored at -20°C until further use. Transcriptomics analysis was performed

on ~50 fmol of the sample library and sequenced on a NextSeq 500 sequencer (Illumina) achieving,

~30 million reads in total **(Supplementary Table 1)**. An overview of the transcriptomics workflow is

given in **Figure 1**.

For transcriptomics data analysis, FASTQ files were converted to Binary-sequence Alignment Format

(BAM) files using HISAT2 (v2.1.0) and Samtools (v1.3). The DESeq2 R package (Bioconductor) was

used for normalization, visualization, and differential analysis of the data. Furthermore, BAM files

were also imported into Perseus software (v1.6.0.2) for comparative analysis, and genome

annotation was performed using the *Sus scrofa* FASTA cDNA database (http://www.ensembl.org).

Reads per kilo per million (RPKM) values were calculated by a normalization step dividing by the sum

(Normalization→Divide), followed by dividing normalized values by gene length, multiplying by 109,

and taking the $\log_2$ values. The transcriptomics dataset was deposited in ArrayExpress (AE) at EBI

under the accession number E-MTAB-10872 [21].

q-PCR. For q-PCR, primers for selected genes of interest were designed using Primer BLAST (see

Table 1 for sequences), parameters included spanning exon-exon junctions, a target size of 200 bp

and a maximum product size of 150. A Beta-Actin control gene was used as a reference [22]. A total

of 20 μg of cDNA was used for each 20 μL reaction, in combination with 200 nM of each forward and

reverse primer (Invitrogen) and Fast SYBR Green Master Mix (Applied Biosystems, cat number:

4385612), according to the manufacturer's instructions. The reaction plates were run on a Roche

Lightcycler 480, with an initial pre-incubation of 37°C for 30 sec, then denaturing at 95°C for 3 sec,

followed by annealing at 60°C for 30 sec. Denaturing and annealing was repeated for 40 runs before

conducting melt curve analysis. Using Roche Lightcycler analysis software, the noise band was

altered to exclude any background noise whilst staying within the lower third of the linear section of

the curve to gain initial Ct values. Average Ct values for Beta-Actin were then subtracted from

average Ct values of target genes to get dCt. RIC vs non-RIC groups and different time points were

then compared using 2^-(x-y) to obtain relative expression levels and plotted on a box-dot graph.

Proteomics analysis

Sample preparation. In accordance with the transcriptomics study, sixteen tissue samples (weighing

approximately 20 mg) were lysed using a Precellys 24 homogenizer (Bertin Instruments) in 30 μL

RIPA and 6M urea lysis buffer per 1 mg of tissue. Samples were reduced with 200 mM tris(2-

carboxyethyl)phosphine (TCEP) at 55°C for 1 hour and alkylated with 375 mM iodoacetamide (IAA)

for 30 min at room temperature. Following this, protein precipitation via methanol/chloroform

precipitation was performed. The resulting pellet was dried and resuspended in 50 μL

triethylammonium bicarbonate (TEAB) and the protein concentration determined using a BCA assay

(Pierce). In total, 100 µg of protein was digested by trypsin using the SMART method (Thermo

Scientific). In brief, each sample was loaded into a SMART digestion tube (Thermo Fisher Scientific,

Cat no 60109-103) containing 150 µL of SMART digestion buffer. These were then incubated at 70°C

at 1400 rpm for 2 hours on a heat shaker (Eppendorf) and spun at 2500 x g for 5 min, with collection

of the supernatant. Samples were de-salted using SOLAµ SPE plates (Thermo Scientific, Cat no

60109-103). Columns were equilibrated using 100% acetonitrile (ACN), then 0.1% trifluoroacetic acid

(TFA). The samples were then diluted with 1% TFA and pulled through the column using a vacuum

pump. They were then washed with 0.01% TFA and eluted in 100 µL 65% acetonitrile. Eluates were

dried using a vacuum concentrator (SpeedVac, Thermo Scientific) and resuspended in 100 µL of 100

mM TEAB for Tandem Mass Tag (TMT) labelling.

TMT labelling and high pH fractionation. TMT 10plex reaction groups were used to label the

digested peptides. Groups comprised of 8 samples (4 sets of RIC and non-RIC) and two pools; one

undiluted, and one diluted 1:5, with the pools allowing us to assess the dynamic range of the

measurement. For labelling, 41 µL of TMT label was added to each sample and incubated for 1 hour

at room temperature. To quench the reaction, 8 µL of 5% hydroxylamine was added to each sample

and incubated at room temperature for 15 minutes. Equal volumes of each RIC and non-RIC sample

were then pooled into their respective groups to generate a RIC and non-RIC "pooled" sample, and

de-salted using Sep-Pak C18 columns. The resulting eluent was dried using a vacuum concentrator

(SpeedVac, Thermo Scientific) and resuspended in 120 µL of buffer A (98% MilliQ-H2O, 2%

acetonitrile, 0.1% TFA). The two combined TMT 10plex experiments were then pre-fractionated

using high pH 10.0 reversed-phase liquid chromatography (HPLC) into a total of 100 fractions.

Fractions were subsequently concatenated into a total of 20 samples and submitted for LC-MS/MS

analysis. The proteomic sample preparation strategy is summarized in **Figure 1**.

Phosphoproteomics. For phosphopeptide enrichment, 50 μg of protein was removed from each of

the 16 tissue samples and pooled into their respective RIC and non-RIC groups. Samples were

reduced, alkylated, digested with trypsin, and desalted as above. Peptides (~400 μg) were eluted

from Sep-Pak cartridges in 500 μL buffer B (65% ACN, 35% MilliQ-H2O, and 0.1% TFA).

Phosphopeptide enrichment was performed using an Immobilized Metal Affinity Chromatography

(IMAC) column with the aid of a Bravo Automated Liquid Handling Platform (Agilent) according to

manufacturer's instructions.

Mass Spectrometry analysis. Liquid chromatography tandem mass spectrometry (LC–MS/MS)

analysis was undertaken using a Dionex Ultimate 3000 nano-ultra reversed-phase HPLC system with

on-line coupling to a Q Exactive High Field (HF) mass spectrometer (Thermo Scientific). Samples were

separated on an EASY-Spray PepMap RSLC C18 column (500 mm × 75 μm, 2 μm particle size;

Thermo Fisher Scientific) over a 60 min gradient of 2–35% ACN in 5% dimethyl sulfoxide (DMSO),

0.1% FA, and the flow rate was ~250 nL/min. The mass spectrometer was operated in data-

dependent analysis mode for automated switching between MS and MS/MS acquisition. Full MS

survey scans were acquired from 400–2000 m/z at a resolution of 60,000 at 200 m/z and the top 12

most abundant precursor ions were selected for high collision energy dissociation fragmentation.

MS2 fragment ion resolution was set to 15,000.

Data analysis. MS raw data files were searched using Proteome Discoverer (v2.3; total proteome)

and MaxQuant (v1.5.14; phosphoproteome) software packages. Search parameters included the

allowance of two missed trypsin cleavages. Carbamidomethylation (C) was set as a fixed

modification, while TMT6plex (N-term, K), oxidation (M), deamidation (N, Q), and phosphorylation

(STY) were set as variable modifications where appropriate. The data was searched against porcine

protein sequences using the *UPR_Sus scrofa* fasta file (as of August 2019), along with the

corresponding decoy reverse database. Only unique and razor peptides were used for quantitation.

Statistical analysis. TMT 10plex quantitation and data analysis was performed in Perseus software

(v1.6.0.2) which filtered out contaminant and false positive identifications (decoys). The data were

log_2 transformed, and replicates were grouped into RIC and non-RIC. Missing values were imputed

from the normal distribution and all samples were normalized by median subtraction. Hierarchical

cluster analysis was performed on all the proteins identified by LC–MS/MS and visualized as heat

maps using the Pearson correlation algorithm. Volcano plots were generated by applying parametric

Student's t-tests between RIC and non-RIC controls. A Christmas tree plot was generated for the

phosphoproteomics data where only one replicate was acquired. The mass spectrometry proteomics

data have been deposited to the ProteomeXchange Consortium via the PRIDE [23] partner

repository with the dataset identifier PXD025273. Gene Ontology and biological pathway

enrichment analysis was performed using STRING protein–protein interaction networks & functional

enrichment analysis (https://string-db.org/).

RESULTS and DISCUSSION

We first performed RNA sequencing on renal cortex and medulla tissues of kidney grafts to quantify

changes at the transcriptome level (**Figure 1**). A total of 19,220 transcripts were successfully

quantified across RIC and non-RIC groups (**Supplementary Tables 1 and 2**). In total, 33 transcripts

had at least a two-fold change in abundance between groups, at a *p*-value of ≤ 0.05 (**Figure 2,**

Supplementary Table 3). The most notable of these included heat shock protein beta-1 (HSPB1),

monocarboxylate transporter 4 (SLC16A3), C-X-C motif chemokine (CXCL13), C-C motif chemokine 2

(CCL2), interleukin-1 receptor type 2 (IL1R2), interleukin-1 beta (IL1B), leukotriene B4 receptor 1

(LTB4R), Na(+)/H(+) exchange regulatory cofactor NHE-RF4 (PDZD3), and Ras-like protein family

member 10A (RASL10A), all of which were significantly down-regulated following RIC. Moreover,

biological pathway analysis revealed a reduction in the transcripts of genes associated with

regulation of inflammation following RIC as compared to their non-RIC counterparts (**Figure 2,**

Supplementary Figure 1). Transcript changes were confirmed by performing qPCR on a selected

panel of targets which were observed to be dysregulated in RIC in either our dataset, or as

previously described in literature. We measured five genes in total in a pooled sample of each group,

including IL1B, LTB4R, PDZD3, SLC16A3, and RASL10A (**Supplementary Table 4**). We observed a slight

increase in RIC induced SLC16A3 transcripts, but overall, none of the genes quantified reached

statistically significance between RIC and non-RIC, with all having a *p*-value of > 0.2 (**Figure 3**).

Following the analysis of the kidney donor biopsies at the transcriptome level, we extended the

study to measure changes between the kidney tissue proteomes of the respective RIC and non-RIC

groups. Our quantitative proteomic strategy (**Figure 1**) successfully quantified a total of 7,546

proteins across all samples (**Supplementary Table 5**). Hierarchical clustering analysis revealed no

clear discrimination between RIC and non-RIC groups at the proteome level (**Figure 2A**). Similarly,

and in agreement with the transcriptomics results, the majority of proteins were found to be

unchanged between groups. To determine if we could identify trends in the data, we took those

proteins with the largest ($\geq \log_2 0.5$), albeit non-significant, fold changes forward for further analysis.

In this context, 252 proteins were deemed to be differentially expressed between RIC and non-RIC

groups (**Supplementary Table 6**). Mirroring the transcriptomics results, a dampening of immune

response proteins was observed in RIC versus non-RIC tissue, whereby the largest fold changes were

observed in approximately 15 Ig-like domain-containing proteins (**highlighted in green in Figure 2B**).

Attenuation of proteins involved in the inflammatory response associated with IRI could be one of

the primary beneficial factors that could contribute to RIC renoprotection. This dampening may

serve as a natural defense mechanism against the destruction caused by IRI. Despite this, the

inflammatory response generally associated with renal transplantation, in the form of apoptotic cell

death, macrophage and neutrophil infiltration, and anti-inflammatory cytokine production, was

found to be unaffected by RIC in the pigs studied [24]. We performed pathway enrichment analysis

on the differentially expressed proteins. Unfortunately, the Ig-like species described above could not

be included due to lacking a mature porcine gene entry (**Supplementary Figure 2**). Mirroring the

human CONTEXT study [19], there was an accumulation of muscle-derived and extracellular matrix

assembly proteins in the renal tissue following RIC, including the collagens COL1A2, COL2A1,

COL4A2, COL4A, COL6A3, fibrillin and fibulin (**Figure 2, Supplementary Figure 2**), although no

tourniquet on a limb but rather clamping of the aorta was used in the present porcine study.

Additionally, upregulation of factors associated with innate immunity such as lysosome-associated

membrane glycoprotein 1 (LAMP1), neutrophil cytosol factor 2 (NCF2), leucine-rich alpha-2-

glycoprotein (LRG1), myeloperoxidase (MPO), and properdin (CFP) were observed, suggesting the

technique provoked the activation of tissue remodeling cascades within the organ itself.

Upregulation of these factors provide a favorable environment for wound-healing and repair, and

collagen scaffolds have been shown to enhance survival of transplanted cardiomyoblasts and

improve function in ischemic rat hearts [25]. Increased collagen production has also been associated

with a response to the hypoxic or anoxic conditions inherent to surgery, ultimately leading to

adhesion development [26]. It is, however, unclear if these proteins provide a protective mechanism

in RIC, or just the consequence of tissue damage which could lead to fibrosis. Furthermore, we

identified an up-regulation of several components of the blood coagulation cascade, including

Vitamin K-dependent protein C (PROC), Fibrinogen beta chain (FGB), and Plasminogen (PLG).

Interestingly, SLC16A3, IL1B, LTB4R, RASL10A, and CXCL13, which were found to have some of the

largest changes at the transcript level, were not detected at the proteome level, while HSPB1,

LTB4R, and PDZD3 transcripts were differentially abundant, but found to be unchanged between

non-RIC and RIC groups at the protein level.

To gain more insight into the signaling dynamics underlying these molecular changes in kidney

tissue, we performed phosphoproteomics to compare a global pool of all 8 RIC samples to that of

the 8 non-RIC controls. We identified 3,524 phosphosites across both groups, from a total of 3,626

proteins (**Supplementary Table 7**). No substantial differences were identified in the

phosphoproteome between RIC and non-RIC groups, indicating little steady-state effects of RIC on

kidney tissue at the indicated time point (**Supplementary Figure 3**).

To determine if a joint analysis could reveal useful insights that could not be deciphered from

individual analysis alone, we integrated the transcriptomic and proteomic datasets (**Figure 4A**). Once

again, the Ig-like proteins that were found to be down-regulated in RIC in the proteomics dataset

alone (**Figure 2B**) could not be included in this type of analysis due to a lack of matching cognate

sequences at the transcriptome level. A low correlation was observed between the two datasets,

with a Pearson correlation coefficient of 0.017. We subsequently performed 2D Annotation

Enrichment Analysis in an effort to identify pathways which were simultaneously up- or down-

regulated in both datasets [27]. Up-regulated biochemical pathways in RIC versus non-RIC and

common to both datasets included muscle tissue development/remodeling, extracellular matrix

disassembly, ubiquitin-specific protease activity, and steroid hormone receptor activity (**Figure 4**).

Conversely, down-regulated pathways in RIC versus non-RIC and common to both included kidney

development, vasodilation, epidermal growth factor receptor signaling and the regulation of

myoblast differentiation.

A possible explanation for the absence of substantial and significant proteomic and transcriptomic

changes may be attributed to the condition of kidney tissue used in this study. The tissue had been

exposed to multiple insults, including brain death, periods of cold and warm ischemia and

reperfusion. This makes it increasingly difficult to fully dissect the (perhaps comparatively minor)

effects of RIC, despite a more aggressive RIC regimen than that used in the human setting. A limiting

factor of this study concerning -Omics profiling is the number of available samples, and the

timepoint at which the analyzed biopsies were taken after a 10-hour observation phase. This may be

too early of a time point to measure a significant change in protein expression, which is possibly

reflected in the lack of change identified at the proteomic depth achieved in this study, although the

transcriptome profile would not support this notion. Ideally, there would be an observation phase of

several days with multiple biopsies. Finally, with the disappointing clinical effects of RIC, the positive

effects of RIC regarding GFR and graft reperfusion in the related pig study could reflect a type 1 error

or generally reflect a subtle phenomenon observed in this animal model [18].

CONCLUSIONS

In summary, RIC of the pig recipient before kidney graft transplantation with reperfusion, similar to

what was observed in human counterparts, did not result in substantial molecular

changes/perturbations in the graft compared to non-RIC controls. The data did suggest, however,

that the administered RIC caused a potentially detrimental accumulation of muscle proteins in the

kidney graft tissue, and also triggered a subtle interplay between the innate and adaptive immune

response, with a dampening of the latter. Ultimately, however, our discovery studies showed no

major differences in the transcriptomes and proteomes of porcine kidney transplant tissue following

RIC, despite excellent depth of coverage in each. Our results, therefore, support the conclusion that

the RIC protocol used does not substantially protect against ischemia/reperfusion injury.

LIST OF ABBREVIATIONS

AKI – Acute Kidney Injury

ATP – adenosine triphosphate

GFR – Glomerular Filtration Rate

IRI – Ischemic/Reperfusion Injury

RIC – Remote Ischemic Preconditioning

TMT – Tandem Mass Tag

DECLARATIONS

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Kidney graft tissue samples were taken from the porcine RIC study [18].

CONSENT FOR PUBLICATION

All authors have read the manuscript and given their consent for publication.

AVAILABILITY OF DATA AND MATERIALS

The mass spectrometry raw data files have been deposited under PRIDE Submission PXD025273. The

transcriptomics dataset was deposited in ArrayExpress (AE) at EBI under the accession number E-

MTAB-10872.

COMPETING INTERESTS

The authors have no conflicts of interest to declare

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AUTHORS CONTRIBUTIONS

DOB, AT, HH, EP, XY, PS, KR and NS performed the experiments. BJ, RJP and BMK conceptualized the

study. DOB, AT, BJ, RJP and BMK wrote the manuscript. DOB, AT, HH, EP, PS, KR and NS analyzed the

data. All authors read and approved the final manuscript.

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Figure 1. *Overview of transcriptomic and proteomic workflows*. **A**) For transcriptomics, tissue

samples were cut, weight and lysed. RNA was extracted, followed by cDNA library preparation, and

the difference in transcript level determined between non-RIC and RIC groups. For selected targets

of interest, qPCR was undertaken. **B**) In the proteomics arm, proteins were extracted, reduced,

alkylated and subjected to methanol/chloroform extraction, digested with trypsin, cleaned-up and

subjected to 10plex TMT labelling. Labelled peptides were separated by high pH-RP, prior to analysis

by LC-MS/MS. The green boxes outline our sample pooling and fractionation strategy. A total of 16

tissue samples (and 4 pools) were labelled across two TMT kits, with 8 RIC and non-RIC pairs and 2

pools per 10plex kit. Each TMT experiment was subsequently separated into 100 fractions, which

were then concatenated down into 20 fractions. This resulted in a final total of 40 samples for

injection into the mass spectrometer.

Figure 2. *Transcriptome and proteome changes by RIC* **A**) The top left-hand corner displays Box

plots of $\log_2$ normalized data. The heat map displays the regularized log-transformed data for the

top differentially expressed transcripts. The PCA plot visualizes the regularized log-transformed data

which minimizes differences between samples for rows with small counts, and which normalizes

with respect to library size. Finally, the MA plot shows the $\log_2$ fold changes attributable to a given

variable over the mean of normalized counts. Red points have adjusted p-value less than 0.05. **B**)

Volcano plot displaying differential transcriptome expression. The x-axis measures expression

difference by $\log_2$(fold change), and the y-axis indicates statistical significance by -$\log_{10}$(*p*-value).

Down-regulated species are coloured blue, while their up-regulated counterparts are coloured red.

Enriched biological processes (Gene Ontology) determined from differentially regulated transcripts

(displayed by their gene symbol) are listed underneath the plot. **C**) Hierarchical clustering analysis of

RIC and non-RIC proteomes. **D**) Volcano plot displaying differential proteome expression. Down-

regulated immunoglobulins of interest are circled in green.

Figure 3. *Minimal transcriptional alteration by RIC*. No statistically significant difference was

observed for any of the selected qPCR targets (IL1B, LTB4R, PDZD3, SLC16A3, and RASL10A) between

RIC and non-RIC groups, with all *p*-values > 0.2.

Figure 4. *Integrated Omics reveals RIC induced tissue leakage and reduced inflammation*. A)

Scatter plot of the *Log$_2$-fold-change* between RIC and non-RIC groups of the proteomics on the x-

axis, versus the transcriptomics on the y-axis. Species which are down-regulated in both datasets are

coloured blue, while their up-regulated counterparts are coloured red. A low Pearson correlation

coefficient of 0.017 was observed. B) 2D Annotation Enrichment Analysis generated using transcripts

and proteins which were commonly dysregulated across the two datasets.

Supplementary Figure S1. *Transcriptomic pathway enrichment analysis reveals subtle alteration of*

***tissue inflammation by RIC*.** All transcripts (n=33) which were found to be dysregulated in RIC versus

non-RIC controls were searched against the *Sus scrofa* database in STRING. Only interactions of the

highest confidence (scores > 0.90) were included in the analysis. Genes associated with immune

regulation are highlighted, with those linked to interleukin biology coloured red, while cytokines are

coloured purple.

Supplementary Figure S2. *Proteomic pathway enrichment analysis uncovers RIC induced tissue*

***leakage and altered inflammation*.** Proteins (n=252) which were found to have the greatest

dysregulation in RIC versus non-RIC controls were searched against the *Sus scrofa* database in

STRING. Only interactions of the highest confidence (scores > 0.90) were included in the analysis.

Proteins/genes of interest are highlighted, with proteins associated with muscle and ECM coloured

in blue, blood coagulation in green, and factors associated with innate immunity coloured red.

Supplementary Figure S3. *Kidney tissue phosphoproteomics unaffected by RIC*. A) Abundance plots

indicate no significant difference in the phosphoproteome between RIC and control groups. B) A

Christmas tree plot, with Significance B thresholds colour coded. Minor changes were observed

between groups.

Table 1: *List of gene names and primer sequences used to conduct qPCR.* A total of five genes were

selected for qPCR validation of transcriptomics results, with beta actin serving as a control.

Supplementary Table 1: *Transcriptome sequence alignments.* An average sequence alignment of

82% was achieved across all samples

Supplementary Table 2: *List of transcripts identified by transcriptomics.* A total of 19,220

transcripts were successfully identified across groups.

Supplementary Table 3: *Transcripts differentially expressed between RIC and Non-RIC groups.*

Supplementary Table 4: *qPCR validation on a panel of targets from discovery transcriptomics.* IL1B,

LTB4R, PDZD3, SLC16A3, and RASL10A were quantified by qPCR. We observed a slight increase in RIC

induced SLC16A3 transcripts, but overall, none of the genes quantified reached statistically

significance between RIC and non-RIC, with all having a *p*-value of > 0.2

Supplementary Table 5: *List of proteins identified by proteomics.* A total of 7,546 proteins were

successfully identified across groups.

Supplementary Table 6: *Proteins differentially expressed between RIC and Non-RIC groups.*

Supplementary Table 7: *List of proteins and phosphosites identified by phosphoproteomics.* A total

of 3,524 phosphosites were successfully identified across groups.

TABLES

Oligo Name	Forward Sequence (5' - 3')	Reverse Sequence (5' - 3')	Scale (µmole)
PDZD3	CCCTGTAAGTGCCCTGCTAT	CTCCAGGGATCAGAAGGATCG	0.025µmole
LTB4R	TGGTACTTCCTCTCTGGCTGA	CCATTGCAAGGACAGGCTTT	0.025µmole
RASL10A	TTGCATTTGGGGTAAACCTGGAA	GCCACTCCTCCAAGCTTAATTC	0.025µmole
SLC16A3	AGGTAACCTGAGACCTGGCT	TGGTTCCGCGTCCCTGG	0.025µmole
IL1B	CCAATTCAGGGACCCTACCC	GTTTTGGGTGCAGCACTTCAT	0.025µmole
Beta Actin	TGTCATGGACTCTGGGGATG	GGGCAGCTCGTAGCTCTTCT	0.025µmole

Table 1: List of gene names and primer sequences used to conduct qPCR. A total of five genes were
selected for qPCR validation of transcriptomics results, with beta actin serving as a control.

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RIC REGIME

TRANSCRIPTOMICS

| Tissue Cutting, Weighing and Lysis | RNA Extraction | RNA to cDNA | cDNA Amplification | qPCR Primer BLAST | DNA Amplification | Data Analysis |

PROTEOMICS

| 16 Tissue samples 4 pooled samples | 2 mixed samples | 200 samples | 40 LC-MS/MS runs |

TMT Labelling   High pH RP-LC   Concatenation

IL1B

LTB4R

PDZD3

SLC16A3

RASL10A

Gene	*p*-value (RIC v Non-RIC)
IL1B	0.942122575
LTB4R	0.414858107
PDZD3	0.842717016
SLC16A3	0.207829143
RASL10A	0.284549205