## Al-Sadoon I, Wittmann I, Molnár GA, et al. Serum concentrations of phenylalanine and tyrosine isomers in patients with acute coronary syndrome. Pol Arch Intern Med. 2021; 131: 16107. doi:10.20452/pamw. 16107

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## Laboratory analysis

Serum $m$-Tyr, $o$-Tyr, $p$-Tyr, and Phe levels were determined using reversed-phase-high performance liquid chromatography (rp-HPLC), using a C18 silica column ( $250 \times 4 \mathrm{~mm}$ ) with isocratic sodium acetate/acetic acid as the mobile phase, on a Shimadzu LC-20 system (Shimadzu USA Manufacturing Inc., Canby, OR, USA) with fluorescence detection (Shimadzu, RF-10Axl; $\lambda_{\text {ex }}=275 \mathrm{~nm} / \lambda_{\mathrm{em}}=305 \mathrm{~nm}$ for Tyr, $\lambda_{\mathrm{ex}}=258 \mathrm{~nm} / \lambda_{\mathrm{em}}=288 \mathrm{~nm}$ for Phe), as described in more detail previously[9]. Concentrations of the compounds were calculated using an external standard, and in some cases, ratios of the individual amino acids were also used. A representative HPLC chromatogram is depicted in Figure S1.


Figure S1. Original registrate showing HPLC separation of $p-, m-, o-\mathrm{Tyr}$, and Phe


Figure S2. Serum $p-\mathrm{Tyr} /$ Phe ratios in different illnesses and in healthy controls
Note. The data for HD and CAPD patients are from Kun et al., Redox Rep, pp. 190-198, Sep, 2014 [10]. The data for septic patients are from L. Szélig et al., Redox Rep, pp. 180-189, Jul. 2016 [8]. The data for burned patients are from P. Kovacs et al., Immunobiology, p. 151917, May 2020 [7]. \# P <0.001 vs. Contr.

Abbreviations: Contr= control; $\mathrm{ACS}=$ acute coronary syndrome; $\mathrm{HD}=$ hemodialysis; $\mathrm{CAPD}=$ continuous ambulatory peritoneal dialysis.


Figure S3. Correlation of $p$-Tyr/Phe ratios with $m$-Tyr in different vessel segments
Abbreviations: $\mathrm{AR}=$ aortic root; $\mathrm{RA}=$ radial artery. $\mathrm{R}=$ Spearman's rho test, $P=0.05$.

Table S1. Baseline characteristics of study population.

| Variables | $\begin{aligned} & \text { ACS patients } \\ & \quad(\mathrm{n}=44) \end{aligned}$ | Healthy controls ( $\mathrm{n}=26$ ) | $P$ value |
| :---: | :---: | :---: | :---: |
| Age, y, mean (SD) | 68.1 (9.4) | 47.5 ( 12.7) | 0.02 |
| Male, n (\%) | 11 (25.0\%) | 11 (42.3\%) | 0.13 |
| Female, n (\%) | 33 (75.0\%) | 15 (58.0\%) |  |
| Smoking, n (\%) | 17 (38.6\%) | 6 (23.1\%) | 0.14 |
| Hypertension, n (\%) | 35 (79.5\%) | 7 (26.9\%) | <0.001 |
| Diabetes mellitus, n (\%) | 16 (36.4\%) | 0 (0.0\%) | $<0.001$ |
| Serum creatinine ( $\mu \mathrm{mol} / \mathrm{L}$ ), mean (SD) | 75.4 (25.3) | 84.00 (18.0) | 0.15 |
| eGFR, median (IQR 25-75) | 93.0 (75.7-99.7) | 97.0 (48.7-110.7) | 0.58 |
| Diagnosis of ACS |  |  |  |
| STEMI, n (\%) | 23 (52.3\%) |  | NA |
| NSTEMI, n (\%) | 21 (47.7\%) |  | NA |
| Extent of CAD |  |  |  |
| Single vessel disease, n (\%) | 37 (84.1\%) |  | NA |
| Double vessel disease, n (\%) | 6 (13.6\%) |  | NA |
| Triple vessel disease, n (\%) | 1 (2.3\%) |  | NA |

Abbreviations: ACS, acute coronary syndrome; CAD, coronary artery disease; STEMI, STsegment elevation myocardial infarction; NSTEMI, non-ST-segment elevation myocardial infarction; eGFR, estimated glomerular filtration.

