

Table S1. Subject demographics. DFU=diabetic foot ulcers, DFS=diabetic foot skin, NFS=non-diabetic foot skin; AA=African American, H=Hispanic, WH=White Hispanic, W=White; CD=controlled diabetes, n/a=not available.

Sample ID	Age	Gender (M/F)	Ethnicity	Ulcer duration	HgbA1c (%)
DFU 1	57	M	AA	2 months	8.7
DFU 2	65	M	H	4 months	5.9
DFU 3	44	M	H	2 years	<12
DFU 4	67	F	AA	6 weeks	9.8
DFU 5	63	M	AA	8 weeks	8.5
DFU 6	55	M	AA	3 years	8
DFU 7	65	M	H	3 months	5.9
DFU 8	41	M	H	3 months	8.4
DFU 9	60	M	H	2 months	6.8
DFU 10	30	M	AA	7 years	11.8
DFU 11	53	M	H	6 weeks	8.5
DFU 12	50	M	W	8 months	8.9
DFU 13	74	M	AA	8 months	6
DFU 14	69	M	W	>8 weeks	8.1
DFU 15	71	M	W	>8 weeks	7.3
DFU 16	54	M	AA	8 months	12
DFU 17	69	M	AA	8 months	8.1
DFU 18	60	M	W	1 year	n/a
DFU 19	53	M	AA	1 month	9.8
DFU 20	59	M	W	1 year	6.3
DFU 21	57	F	AA	2 months	6.7
DFU 22	70	M	HW	8 months	7.1
DFU 23	29	M	AA	1 year	10.6
DFU 24	54	F	AA	6 months	9.4
DFS 1	65	M	W	-	CD
DFS 2	75	M	WH	-	CD
DFS 3	56	M	H	-	CD
DFS 4	56	M	WH	-	CD
DFS 5	66	M	WH	-	CD
DFS 6	62	F	W	-	CD
DFS 7	59	F	WH	-	CD
NFS 1	27	F	WH	-	n/a
NFS 1	43	M	WH	-	n/a
NFS 3	43	M	AA	-	n/a
NFS 4	65	F	W	-	n/a
NFS 5	82	F	WH	-	n/a

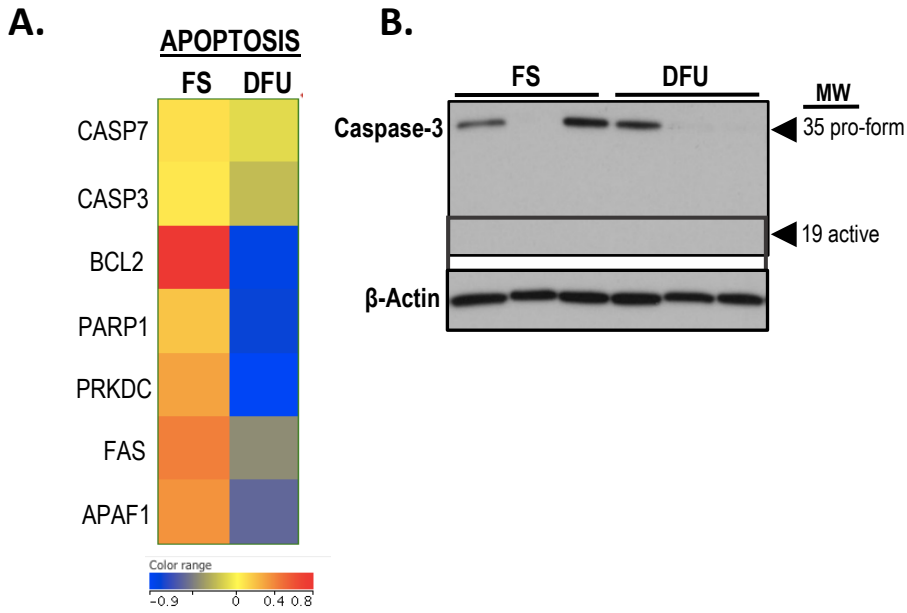
Subjects' Eligibility

Eligible participants were adults aged 21 or older with type 2 diabetes mellitus and at least 1 clinically non-infected ulcer on the plantar aspect of their foot larger than 0.5 cm², duration >4 weeks, who read, understood and signed an approved IRB informed consent and were able and willing to follow study procedures and instructions. Data were collected at the University of Miami Dermatology Research Wound Clinic (Miami, Florida).

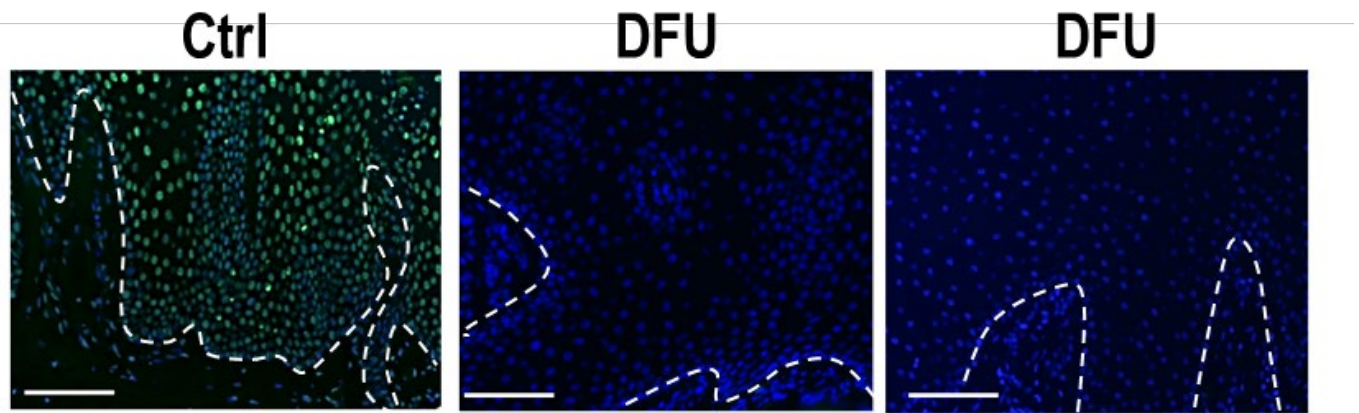
Exclusion criteria were:

- (1) failure to satisfy any of the inclusion criteria
- (2) active cellulitis
- (3) osteomyelitis
- (4) gangrene
- (5) vascular insufficiency (defined as an Ankle Brachial Index (ABI) less than 0.7 and for those with an ABI greater than 1.3
- (6) revascularization to the ipsilateral lower extremity in the last six weeks
- (7) any experimental drugs taken or applied topically to the wound for 4 weeks preceding the study.

Supplementary video 1. Confocal imaging of DFU tissue stained with keratin 17 (K17; red) and *S. aureus* specific antibody (green). DAPI (blue)=nuclei; Z stack movie clip taken at 63x magnification.

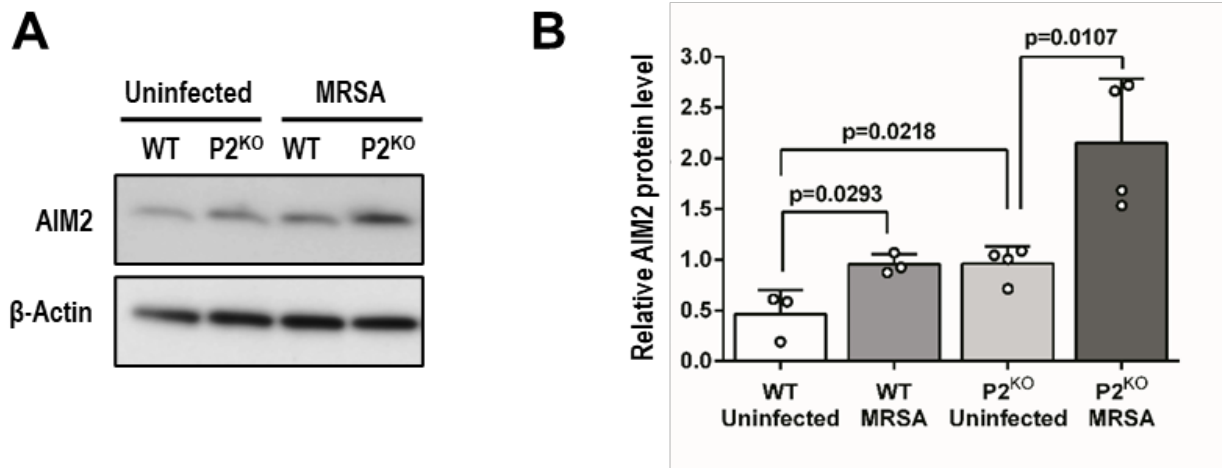


Supplementary Figure 1. Apoptosis is absent in DFU. A. Gene signature of DFU compared to control foot skin (FS) of a subset of genes involved in apoptosis indicating lack of induction of apoptosis markers. B. Western blot of caspase-3 apoptotic marker in samples from foot skin (FS) and DFU (n=3 per group). Cleavage of caspase-3 was found to be not present, confirming that apoptosis is absent in DFUs.

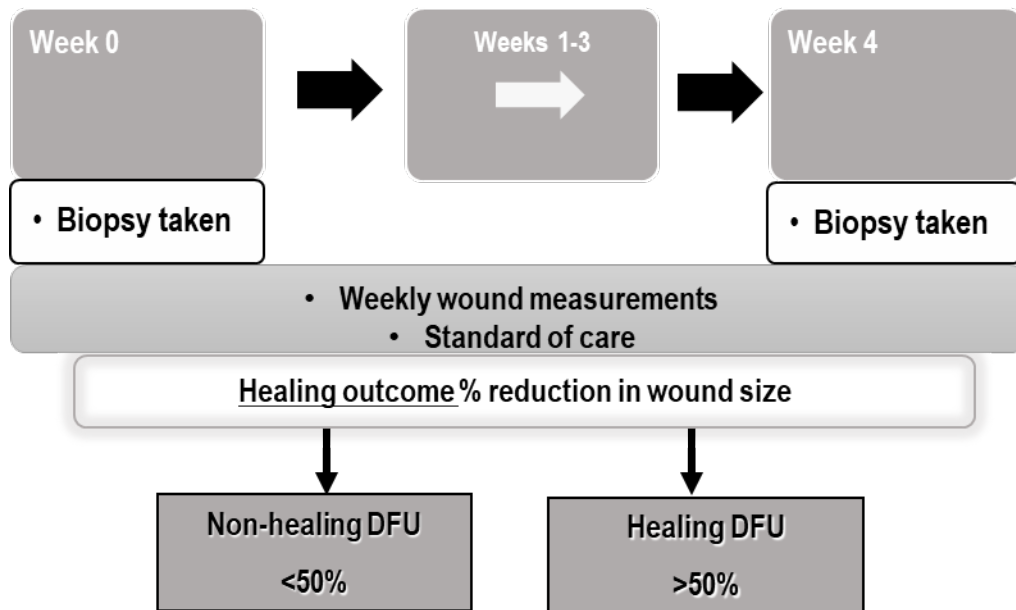


Supplementary Figure 2. DNA fragmentation is not detectable in DFU tissue in situ.

Tissue sections of foot skin and diabetic foot ulcers (DFU) were stained with TUNEL for the cell apoptosis assay. Ctrl=FS tissue treated with DNase was used as a positive control. Green staining indicates TUNEL positive cells, Hoechst=blue; white dashes demarcate epidermal/dermal boundary; scale bar=100 μm .



Supplementary Figure 3. AIM2 is induced upon MRSA infection with amplified induction in the primary skin cells from P2^{KO} mice **A.** Representative Western blot of AIM2 levels in primary murine skin cells isolated from WT and P-2^{KO} animals in the presence or absence of MRSA USA3000 infection. **B.** Quantification of AIM2 protein levels upon MRSA USA3000 infection of primary cells isolated from the WT (n=3) and P-2^{KO} (n=4) mice; *p<0.05.



Supplementary Figure 4. Schematic depicting determination of healing outcome in diabetic foot ulcers. Biopsies from patients with DFUs were obtained at week 0 and four weeks after standard of wound care. Healing outcome was determined as a percentage of reduction in wound size. Patients were grouped as either healing if greater than 50% reduction was observed or as non-healing if less than 50% reduction in wound size was observed.