

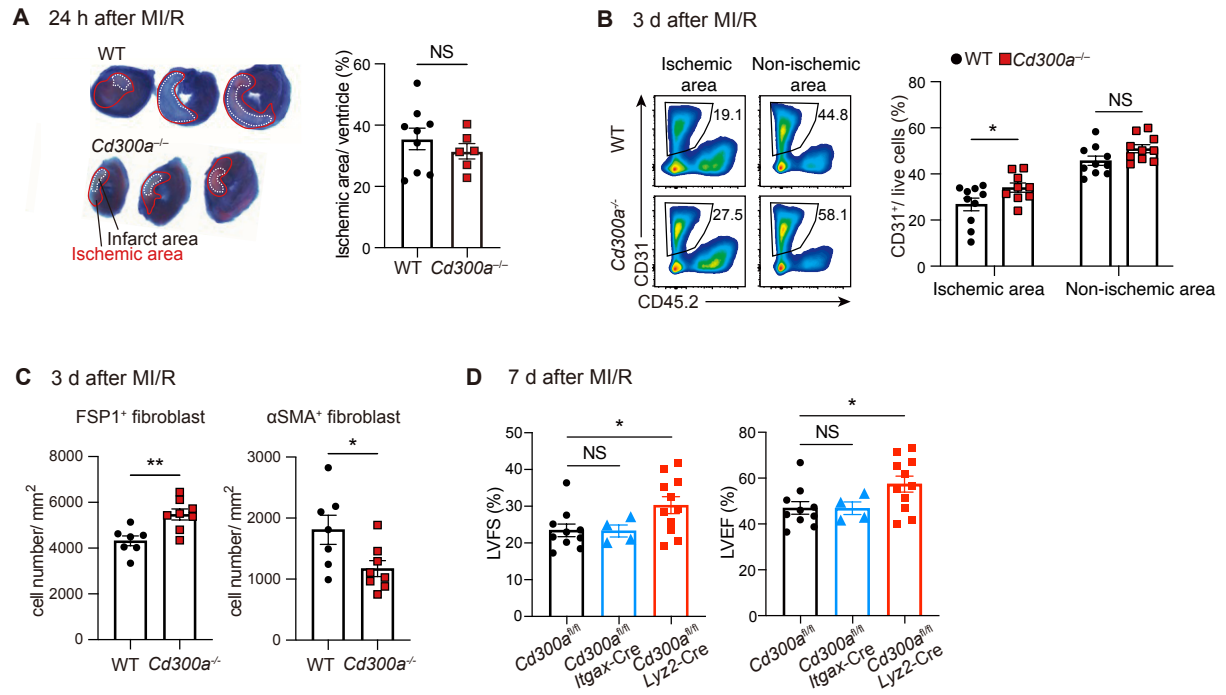


Fig. S1. CD300a deletion ameliorates myocardial ischemia and reperfusion injury and adverse remodeling.

(A) Representative images of Evans blue and TTC staining (left) and the percentage of ischemic area in *Cd300a*^{-/-} and WT mice 24 h after MI/R (right). The blue, red, and white areas indicate non-ischemic (healthy), ischemic, and infarct areas, respectively. (B) Flow cytometric analysis of CD31⁺ vascular endothelial cell in the ischemic area and non-ischemic area in *Cd300a*^{-/-} and WT mice (n = 10 in each group) 3 days after MI/R. (C) Cell numbers of vimentin⁺FSP1⁺ (left) and vimentin⁺αSMA⁺ (right) fibroblast in the infarct area 3 days after MI/R in *Cd300a*^{-/-} mice (n = 8) and WT mice (n = 7). (D) Left ventricular fractional shortening (LVFS) and ejection fraction (LVEF) analyzed by echocardiography in *Cd300a*^{fl/fl} (n = 10), *Cd300a*^{fl/fl}Itgax-Cre (n = 4) and *Cd300a*^{fl/fl}Lyz2-Cre (n = 11) mice 8 weeks after MI/R. Data are presented as means ± SEM and pooled of more than 5 (A and D) and 3 (B and C) experiments. Statistical analysis was performed using unpaired Student's *t*-test (A and C) and two-way ANOVA (B and D). *, *P* < 0.05; **, *P* < 0.01; NS, not significant.

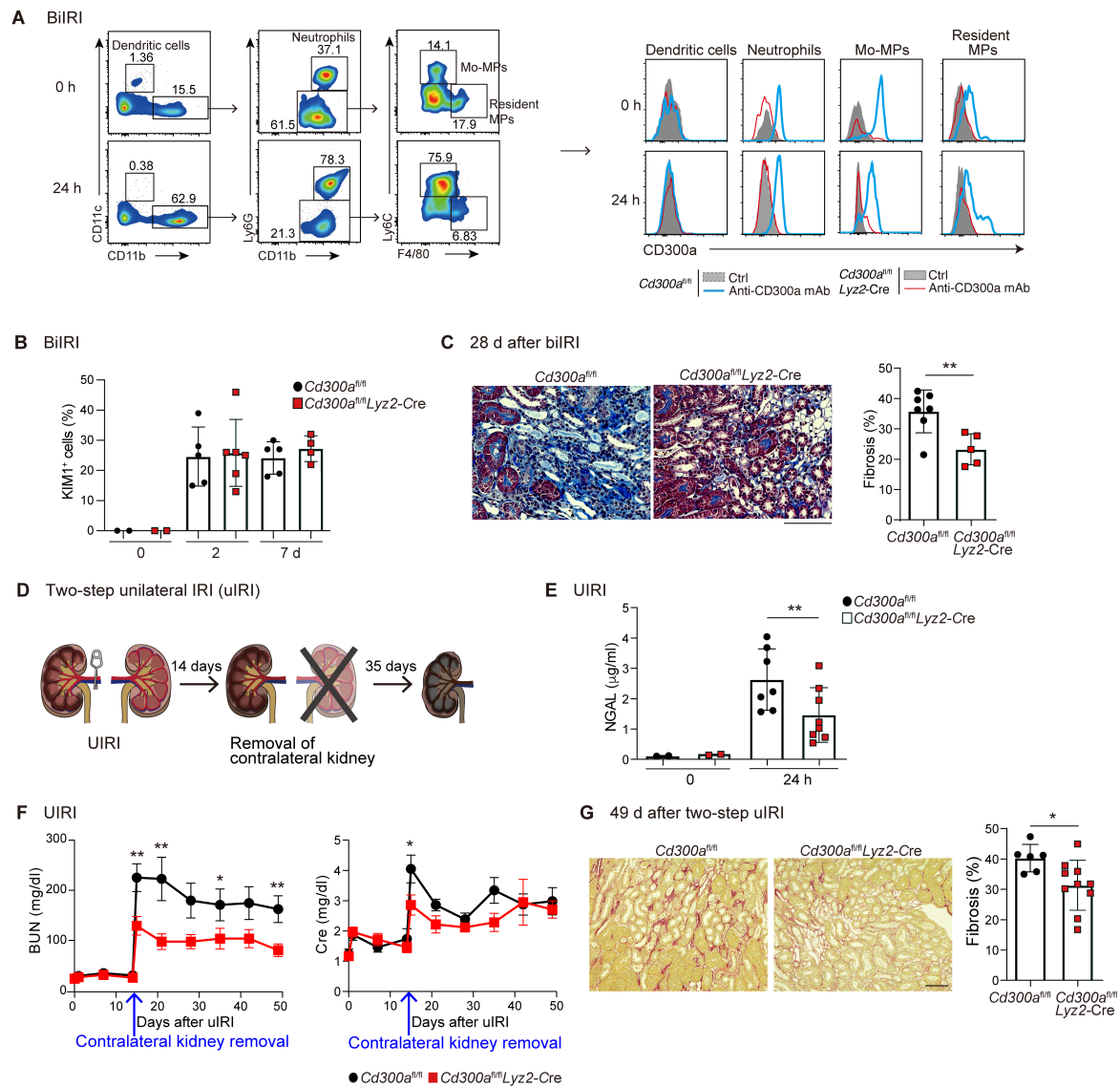


Fig. S2. CD300a deficiency ameliorates acute kidney injury and fibrosis after uIRI. (A) Gating strategy and representative flow cytometry analysis of the expression of CD300a on dendritic cells, neutrophils, monocyte-derived macrophages (Mo-MPs) and resident macrophages (resident MPs) in the kidney of $Cd300a^{fl/fl}$ and $Cd300a^{fl/fl} Lyz2-Cre$ mice before (0 h) and 24 h after BiIRI. (B) The percentage of KIM-1⁺ cells in the kidney before (0) and 2 and 7 d after BiIRI in $Cd300a^{fl/fl}$ (n = 2, 5 and 5, respectively) and $Cd300a^{fl/fl} Lyz2-Cre$ mice (n = 2, 6 and 4, respectively). (C) Representative Masson-trichrome staining of the kidney 28 d after BiIRI (left). Fibrosis in tubulointerstitial area in $Cd300a^{fl/fl}$ (n = 7) and $Cd300a^{fl/fl} Lyz2-Cre$ (n = 6) mice (right). (D) Schematic diagram of two-step unilateral ischemia-reperfusion injury model (uIRI). (E) Plasma NGAL before (0) and 24 h after uIRI in $Cd300a^{fl/fl}$ (n = 2 and 7, respectively) and $Cd300a^{fl/fl} Lyz2-Cre$ (n = 2 and 8, respectively) mice. (F) Plasma BUN and Cre before (0) and 1, 7, 14, 21, 28, 35, 42, and 49 d after uIRI in $Cd300a^{fl/fl}$ and $Cd300a^{fl/fl} Lyz2-Cre$ ($Cd300a^{fl/fl}$, n = 6, 13, 11, 11, 10, 6, 6, 6, and 6; $Cd300a^{fl/fl} Lyz2-Cre$, n = 7, 17, 13, 12, 12, 12, 11, 11 and 11, respectively). (G) Sirius-red staining of the kidney 49 d after uIRI. Fibrosis in the tubulointerstitial area in $Cd300a^{fl/fl}$ (n = 6) and $Cd300a^{fl/fl} Lyz2-Cre$ (n = 10) mice. The scale bars indicate 100 μm. Data are presented as means ± SEM, representative of 3 experiments (A) and pooled from 2 (C and E), 3 (B) and

4 (F and G) experiments. Statistical analyses were performed using two-way ANOVA (B, E) and unpaired Student's *t*-test (C, F and G). *, $P < 0.05$; **, $P < 0.01$; ***, $P < 0.001$.

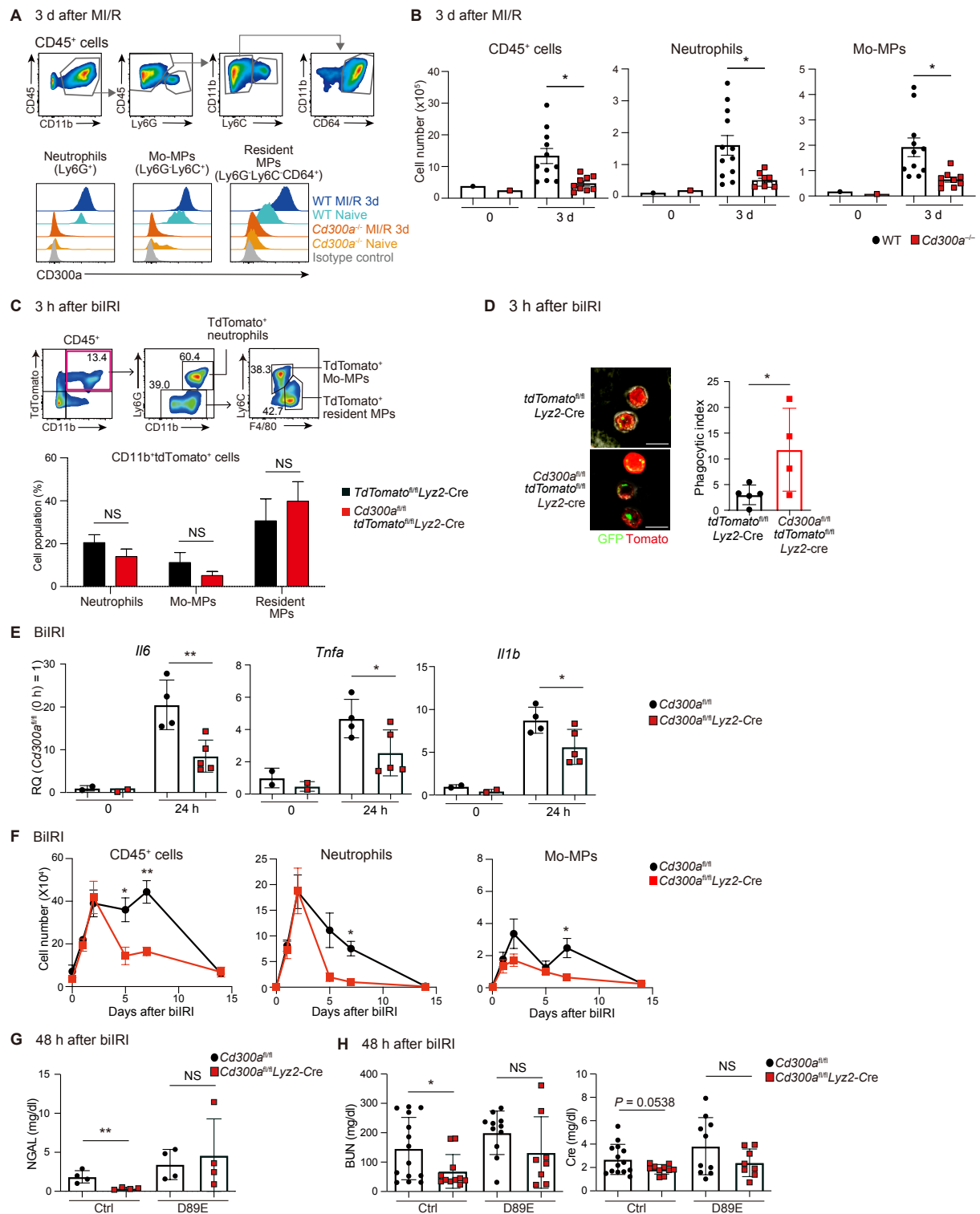


Fig. S3. CD300a expression on cardiac myeloid cells and enhanced efferocytosis by CD300a-deficient macrophages reduces tissue damages and fibrosis and preserves organ function after AKI.

(A) Flow cytometric analysis for CD300a expression on myeloid cells of neutrophils, monocyte-derived macrophages (Mo-MPs) and resident macrophages (resident MPs) in the cardiac tissue before (naive) or 3 days after MI/R. Representative of 3 experiments. (B) Flow cytometric analysis of immune cell populations (total CD45⁺ cells, CD11b⁺Ly6G⁺ neutrophils and CD11b⁺Ly6C⁺ Mo-MPs) in the cardiac tissue 3 days after MI/R in *Cd300a*^{-/-} mice (n =

11) and WT mice (n = 12). (C) Gating strategy (top) and the percentage (bottom) of each myeloid cell subpopulations of neutrophils, Mo-MPs and resident MPs of CD11b⁺tdTomato⁺ cells in the kidney 3 h after biIRI. (D) Representative confocal laser scanning microscopy analysis of donor-derived tdTomato⁺CD11b⁺ myeloid cells engulfing host-derived GFP⁺ dead cells in the kidney in the chimeric mice as shown in Figure 3D, 3 h after biIRI (left). Quantitative data of the percentage of GFP⁺ dead cells-containing myeloid cells (*tdTomato*^{fl/fl} *Lyz2*-Cre, n = 5; *Cd300a*^{fl/fl}*tdTomato*^{fl/fl}*Lyz2*-Cre, n = 4 in each group) (right). (E) Il6, Tnfa and Il1b expressions in CD11b⁺ cells of kidneys before (0) and 24 h after biIRI in *Cd300a*^{fl/fl} (n = 2 and 4, respectively) and *Cd300a*^{fl/fl} *Lyz2*-Cre (n = 2 and 5, respectively) mice. (F) Cell numbers of CD45⁺ cells, neutrophils and Mo-MPs in the kidneys of *Cd300a*^{fl/fl} and *Cd300a*^{fl/fl}*Lyz2*-Cre mice before (0) and 1, 2, 5, 7, and 14 d (n = 2, 5, 6, 3, 5 and 5 in both genotypes, respectively) after biIRI. (G and H) Plasma levels of NGAL (G) and BUN and Cre (H) (Ctrl, n = 4; D89E, n = 4 for (G) and Ctrl, n = 14; D89E, n = 11; D89E, n = 8 for (H)) in control (Ctrl) or D89E-MFGE8 (D89E)-administered *Cd300a*^{fl/fl} and *Cd300a*^{fl/fl}*Lyz2*-Cre mice 48 h after biIRI. Data are presented as means ± SEM and pooled of 2 (C and E), 3 (B and F) and 5 (G and H) experiments. Statistical analyses were performed using two-way ANOVA (B, C and E–H) and unpaired Student's *t*-test (D). *, *P* < 0.05; **, *P* < 0.01; NS, not significant.

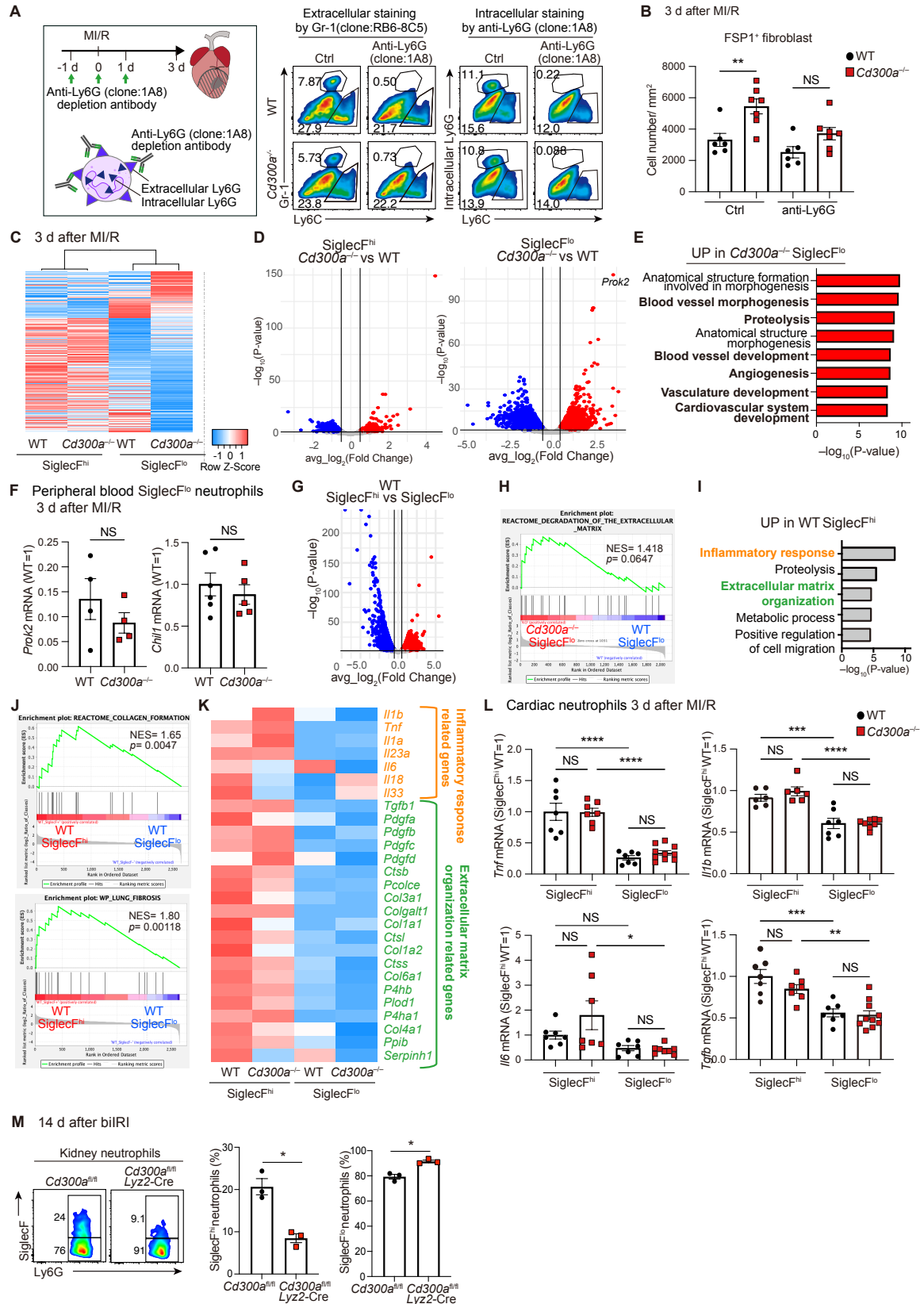


Fig. S4. No involvement of CD300a in pro-inflammatory SiglecF^{hi} neutrophils in cardiac tissue after MI/R.

(A) Schematic diagram of neutrophil depletion by i.v. injection of an anti-Ly6G mAb or isotype-control (Ctrl) on day-1, 0, and 1 post-MI/R (left). Flow cytometric analysis of neutrophil depletion (right). Since an anti-Ly6G mAb (clone 1A8) was used for the depletion of neutrophils, depletion of neutrophils were confirmed by detection of both cell surface Ly6G using different epitope binding Ly6G antibody (anti-Gr-1 antibody, clone RB6-8C5) and intracellular Ly6G using the same clone (1A8). (B) The cell number of FSP1⁺vimentin⁺ fibroblasts 3 d after MI/R in ctrl or anti-Ly6G mAb-administered *Cd300a*^{-/-} mice (Ctrl, n = 7; Anti-Ly6G, n = 8) and WT mice (Ctrl, n = 7; Anti-Ly6G, n = 7). (C) Heat map of RNA expressions of SiglecF^{hi} and SiglecF^{lo} neutrophils in cardiac tissue 3 d after MI/R from WT and *Cd300a*^{-/-} mice (n = 8 in both genotypes), standardized by Z-score. (D) Volcano plots showing the amount of change in gene expression in *Cd300a*^{-/-} compared to WT in SiglecF^{hi} (left) and SiglecF^{lo} (right) neutrophils. (E) Enrichment gene ontology terms (DAVID (v2022q4)) of the up-regulated genes in *Cd300a*^{-/-} SiglecF^{lo} neutrophils compared to WT SiglecF^{lo} neutrophils ranked by their adjusted *P*-values. (F) *Prok2*, *Chill* mRNA expressions in peripheral blood neutrophils from *Cd300a*^{-/-} mice (n = 5) and WT mice (n = 6) 3 d after MI/R, quantified by qRT-PCR. (G) Volcano plots showing the amount of change in gene expression in WT SiglecF^{hi} neutrophils compared to WT SiglecF^{lo}. (H) GSEA profiles showing a significant enrichment of gene sets associated with degradation of the extracellular matrix (Reactome) in *Cd300a*^{-/-} SiglecF^{lo} neutrophils compared to WT SiglecF^{lo} neutrophils. (I) Enrichment Gene Ontology terms (DAVID (v2022q4)) of the up-regulated genes in WT SiglecF^{hi} neutrophils compared to WT SiglecF^{lo} neutrophils. GO terms were ranked by their adjusted *P*-values. (J) GSEA profiles showing a significant enrichment of gene sets associated with collagen formation (upper panel) and lung fibrosis (WikiPathways) (lower panel) in WT SiglecF^{hi} neutrophils compared to WT SiglecF^{lo} neutrophils. (K) Heat map of selected enriched genes encoding pro-inflammatory cytokines (orange characters) and pro-fibrotic factors (green characters). (L) mRNA expression of inflammatory cytokines (*Tnf*, *Il1b*, *Il6*) and pro-fibrotic factor (*Tgfb*) in SiglecF^{hi} and SiglecF^{lo} neutrophils migrated to cardiac tissue in *Cd300a*^{-/-} mice (n = 10) and WT mice (n = 7) 3 d after MI/R, quantified by qRT-PCR. (M) Flow cytometric analysis of SiglecF expression on neutrophils in the kidney (left) and the percentage of SiglecF^{hi} and SiglecF^{lo} neutrophils (right) in the renal tissue in *Cd300a*^{fl/fl} (n = 3) and *Cd300a*^{fl/fl}*Lyz2*-Cre (n = 3) mice 14 d after biIRI. Data are presented as means ± SEM and pooled of 3 (B), 2 (F) and 5 (L) experiments. Statistical analyses were performed using two-way ANOVA (B and L) and unpaired Student's *t*-test (F and M). *, *P* < 0.05; **, *P* < 0.01; ***, *P* < 0.001; ****, *P* < 0.0001; NS, not significant.

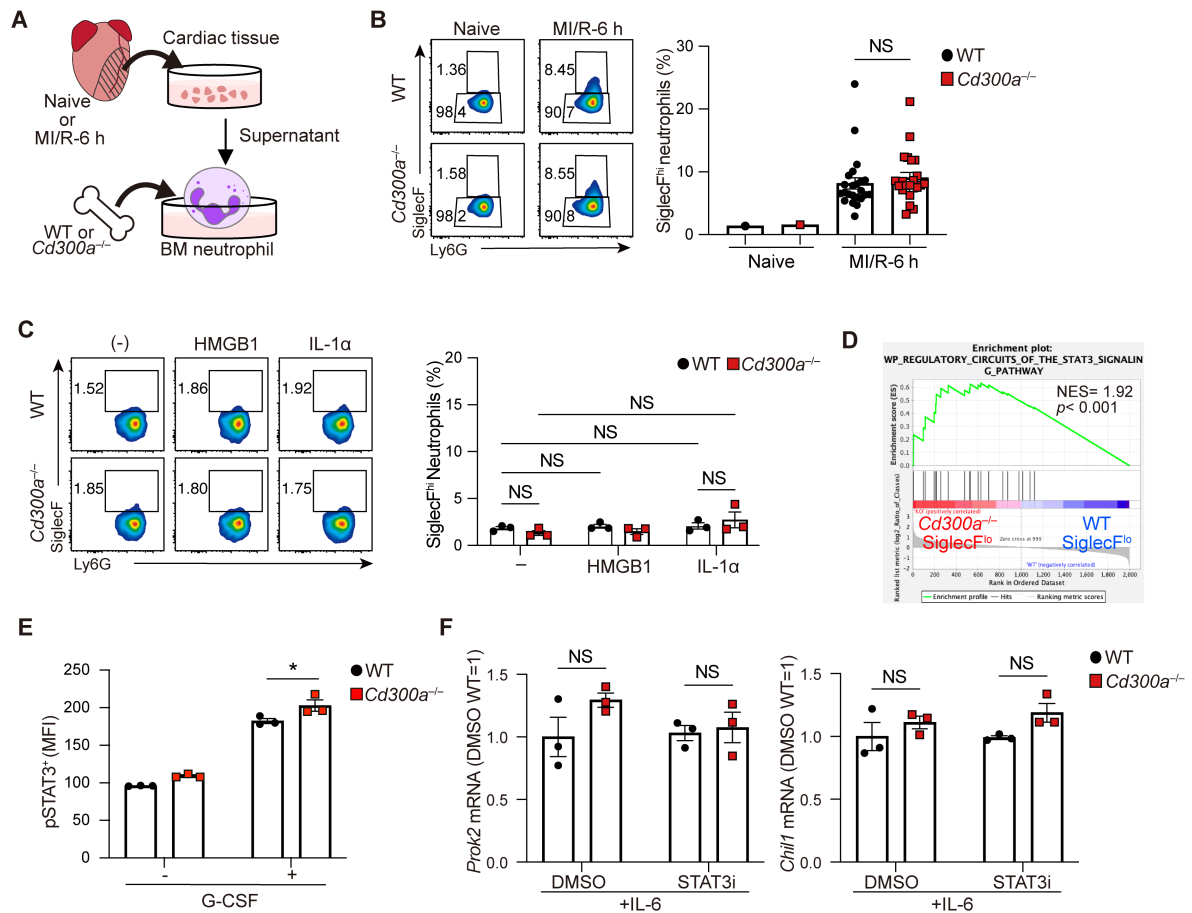


Fig. S5. SiglecF^{hi} neutrophils are induced by cardiac tissue environmental factors after MI/R.

(A–C) WT or *Cd300a*^{-/-} neutrophils were stimulated for 2 d with the culture supernatant of the cardiac tissue before (naïve) or 6 h after MI/R (A and B) or with HMGB1 or IL-1α (C) and analyzed for SiglecF expression by flow cytometry (B, C). (D) Gene set enrichment analysis (GSEA) for STAT3 signaling pathways between WT and *Cd300a*^{-/-} SiglecF^{lo} neutrophils. (E) Flow cytometric analysis of pSTAT3 levels in WT or *Cd300a*^{-/-} BM neutrophils 1h after stimulation with or without G-CSF. (F) *Prok2* and *Chil1* mRNA expressions in WT or *Cd300a*^{-/-} BM neutrophils 12 h after stimulation with IL-6 (10 ng/ml) together with STAT3 inhibitor (STAT3i) or control vehicle (Vehicle). Data are presented as means ± SEM, pooled from 2 experiments (B) and representative of 2 (C and F) and 3 experiments (E). Statistical analyses were performed using one-way ANOVA (B, C, E and F).

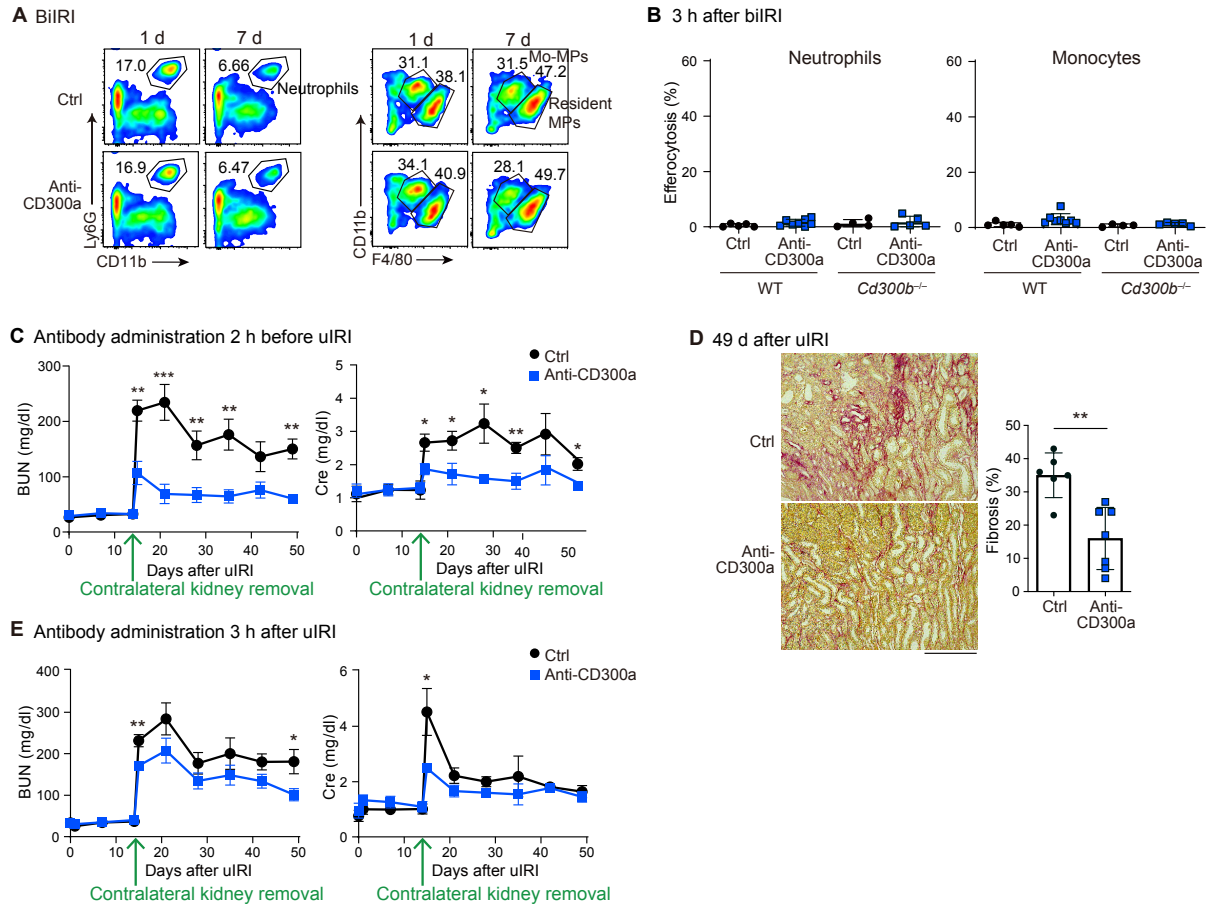


Fig. S6. A neutralizing mAb against CD300a ameliorates tissue injury and adverse remodeling after two-step uIRI.

(A) Flow cytometric analysis of CD45⁺ myeloid cell populations of neutrophils, monocyte-derived macrophages (Mo-MPs) and resident macrophages (resident MPs) in the renal tissue 1 and 7 days after biIRI that have been i.v. injected with anti-CD300a mAb or control antibody (Ctrl). Representative of 2 experiments. (B) R26GRR mice (GFP⁺ mice in Figure 3D) received total body irradiation and then i.v. transferred with bone marrow (BM) cells from WT or *Cd300b*^{-/-} mice to generate BM chimeric mice. BiIRI was subjected to these mice after four weeks with i.v. administration of an anti-CD300a mAb (WT; n = 8, *Cd300b*^{-/-}; n = 5) or Ctrl (WT; n = 5, *Cd300b*^{-/-}; n = 4) at 2 h before biIRI. Flow cytometry analysis of donor-derived neutrophils and Mo-MPs engulfing GFP⁺ dead cells in the kidney in the chimeric mice 3 h after biIRI. (C) The plasma levels of BUN and Cre before (0), 7, 14, 21, 28, 35, 42 and 49 d after two-step uIRI in mice that had been i.v. injected with anti-CD300a mAb (n = 3, 8, 8, 8, 8, 7, 7, 7 and 7, respectively) or Ctrl (n = 3, 8, 8, 8, 7, 8, 4, 4 and 4, respectively) 2 h before two-step uIRI. (D) Representative Sirius-red staining (left) and fibrosis in the kidneys 49 d after two-step uIRI in mice that had been i.v. injected with anti-CD300a mAb (n = 6) or Ctrl (n = 6) 2 h before two-step uIRI. The scale bar indicates 100 μ m. (E) The plasma levels of BUN and Cre before (0), 7, 14, 21, 28, 35, 42 and 49 d after two-step uIRI in mice that had been i.v. injected with anti-CD300a mAb (n = 3, 8, 8, 8, 8, 7, 7, 7 and 7, respectively) or Ctrl (n = 3, 8, 8, 8, 7, 8, 4, 4 and 4, respectively) 3 h after two-step uIRI. Data are presented as means $\pm$ SEM and pooled of 2 (C and E), 3 (B and F) and 5 (G and H) experiments. Statistical analyses were performed using two-way ANOVA (B, C and E-H) and unpaired Student's *t*-test (D). *, *P* < 0.05; **, *P* < 0.01; ***, *P* < 0.001.

Peripheral blood of humanized NOG mice

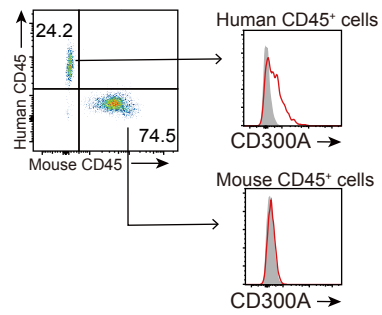


Fig. S7. CD300A expression in humanized mice.

Flow cytometric analysis of CD300A expression on human and mouse CD45⁺ peripheral blood mononuclear cells in the humanized mice 48 h after biIRI.