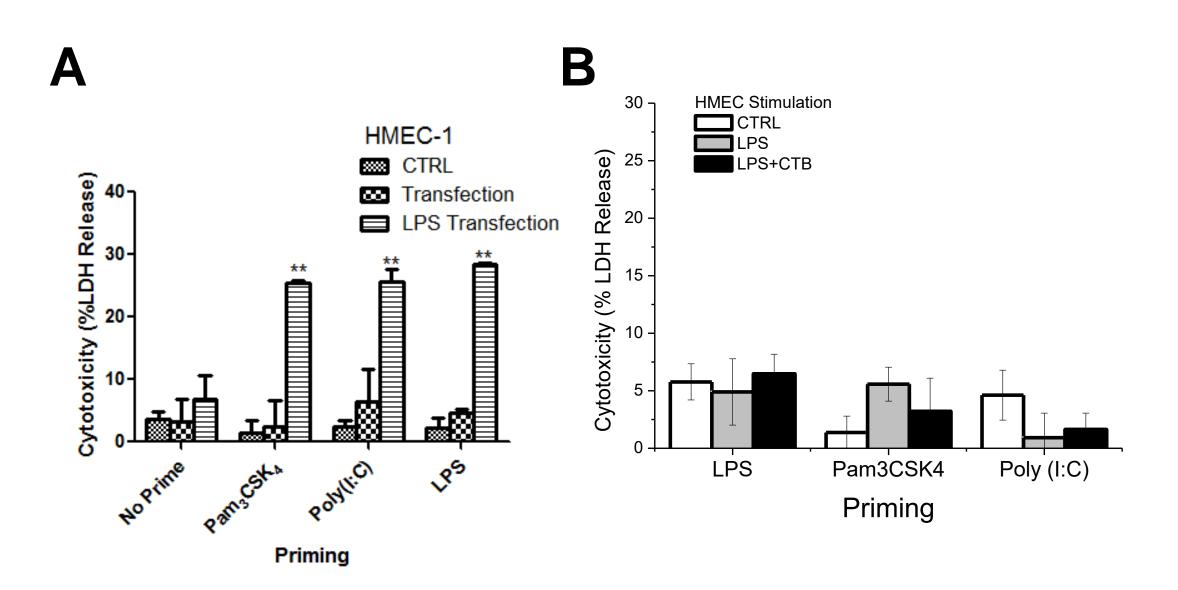


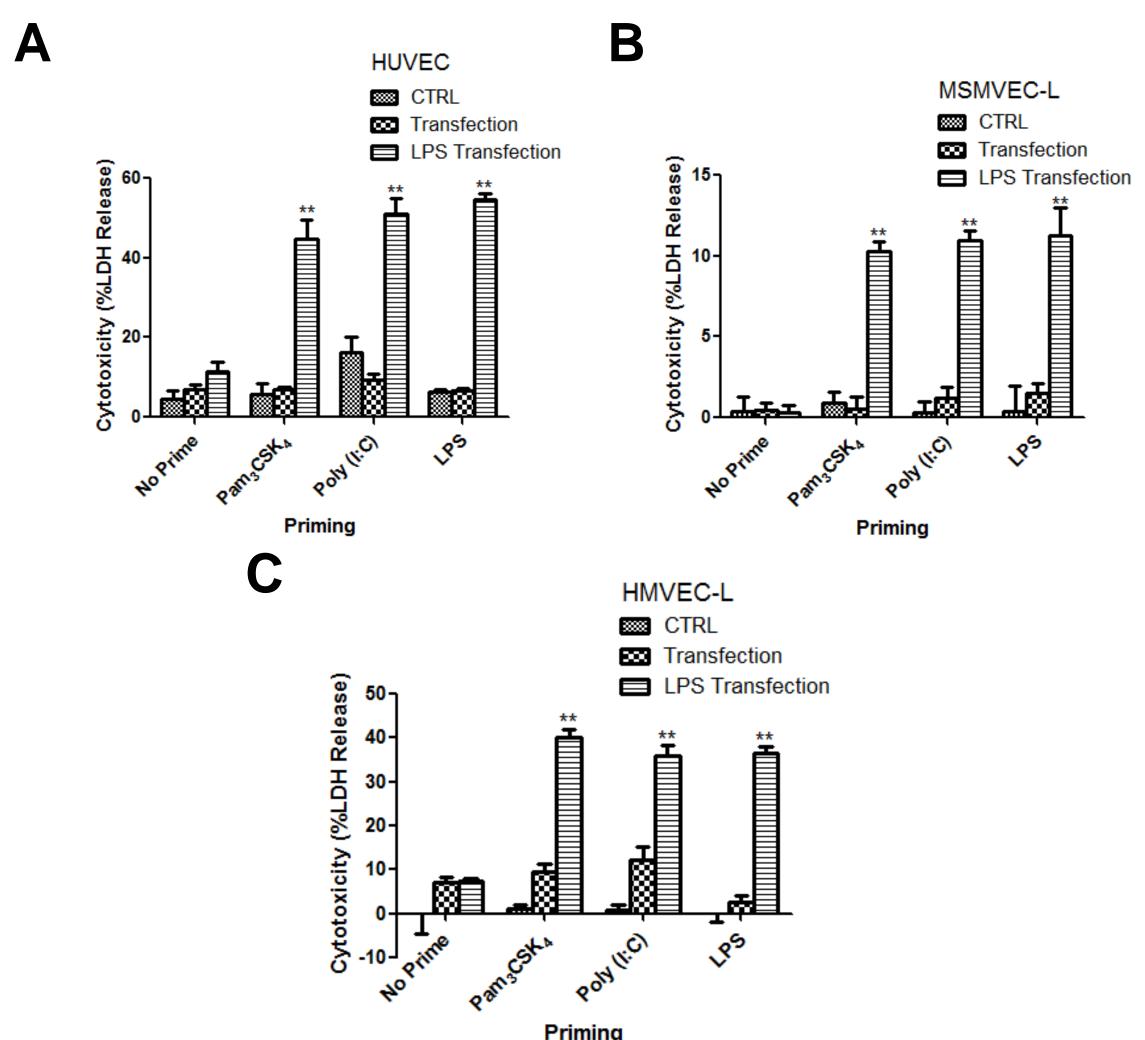
DAPI



Supplemental Figure 1. Internalization of LPS *in vivo*. C57BL/6 mice were injected i.p. with 10 mg/kg FITC-LPS (Green) for 16 hours. Lungs were harvested post a cardiac perfusion with PBS. OCT-embedded cryosections were immunostained with anti-CD31 antibodies (Red). Nuclear DNA was labeled by DAPI (Blue). Confocal image results show LPS internalization in lung microvascular endothelial cells following LPS treatment. Scale bar, 10 µm. Please also see the Supplemental video.

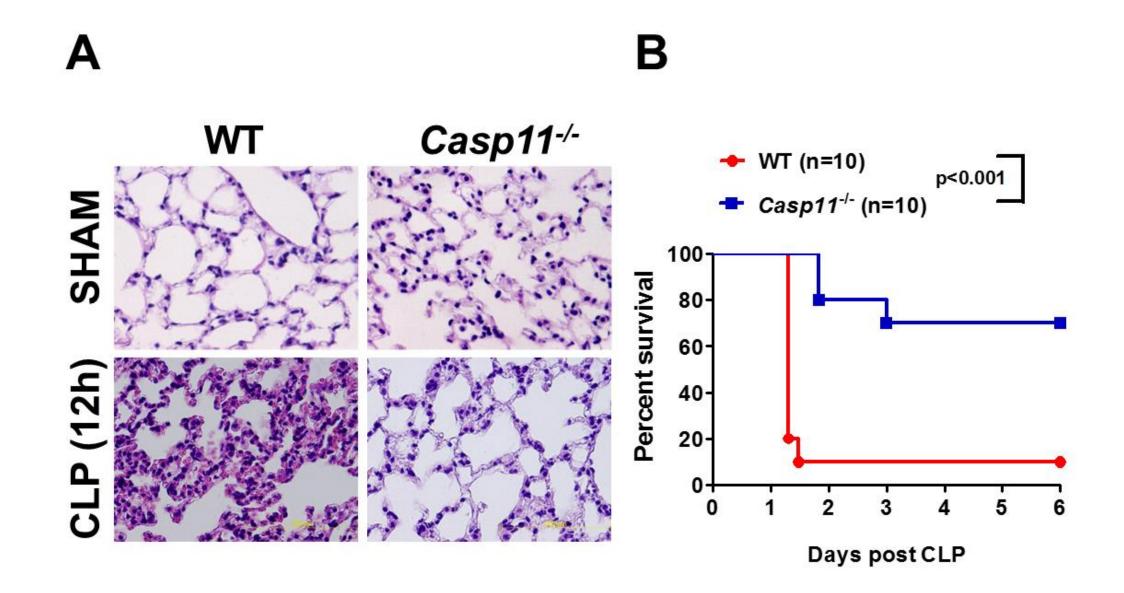


**Supplemental Figure 2. Evaluation of LDH release in HMEC-1.** (A) LDH release by human dermal microvascular endothelial cell (HMEC-1). Cells were primed for 6 h with 1 µg/ml LPS, Pam3CSK4, or 5 µg/ml poly(I:C). Primed cells were either untreated (CTRL); Mock transfection (transfection); or transfected with 2 µg/ml LPS for 16 h (LPS transfection). (B) LDH release in primed HMEC-1 after culture in medium alone (CTRL), 2 µg/ml LPS or 2 µg/ml LPS together with 20 µg/ml cholera toxin B (CTB) for 16 h.



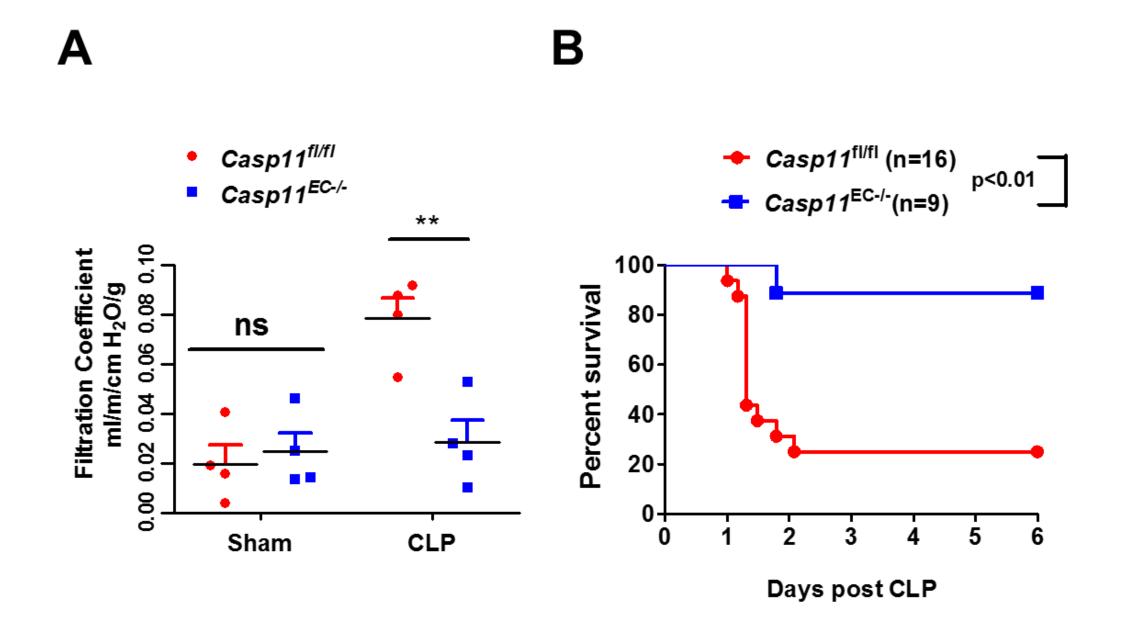
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Supplemental Figure 3. Measurement of LDH release. LDH release by Human Umbilical Vein Endothelial Cells (HUVEC) (A); Mouse lung microvascular endothelial cell (MsMVEC-L) (B); and human lung microvascular endothelial cell (hMVEC) (C). Cells were primed for 6 h with 1  $\mu$ g/ml LPS, Pam3CSK4, or 5  $\mu$ g/ml poly(I:C). Primed cells were transfected with 2  $\mu$ g/ml LPS (LPS transfection) or without LPS (transfection) for 16 h.



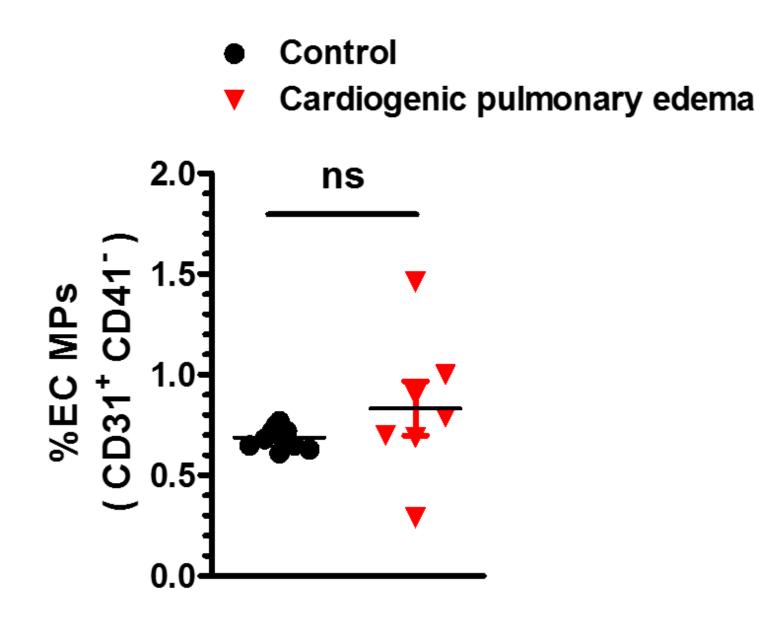
Supplemental Figure 4. Disruption of Caspase-11 protects against CLP-induced lung injury and mortality. (A) Representative H&E staining of lung sections from *Casp11<sup>-/-</sup>* and control mice post CLP surgery for 12 hours (scale bar, 100µm). (B) CLP surgery was performed and survival analyzed using Kaplan-Meier log-rank test to compare

#### Casp11<sup>-/-</sup> (n=10) and control wild type mice (n=10).



Supplemental Figure 5. Loss of endothelial Caspase-11 protects against CLP-induced lung injury and mortality. (A) The lung microvessel filtration coefficient was assessed in Casp11<sup>fl/fl</sup> and Casp11<sup>EC-/-</sup> mice following CLP surgery for 12 hours. (B) CLP surgery was performed and survival analyzed

# using Kaplan-Meier log-rank test to compare Casp11<sup>EC-/-</sup> (n=9) and control Casp11<sup>fl/fl</sup> mice (n=16).



**Supplemental Figure 6. Endothelial MPs levels in plasma of healthy volunteers and cardiogenic pulmonary patients.** Assessment of endothelial derived MPs from plasma of healthy volunteers (Control, n=10) and cardiogenic pulmonary edema patients (n=7) (described in Supplement Table). No significant difference was observed for endothelial MPs production in plasma from cardiogenic pulmonary edema patients compared with healthy control.

### **Supplemental Table 1**

	Healthy	ARDS	CPE
Demographics			
Numbers	10	7	7
Male (n, %)	(6, 66%)	(4, 57.1%)	(5, 71.4%)
Age (years)	57 ±10.7	60.7 ±19.2	60.5 ±17.6
ARDS Etiology			
Sepsis	NA	3(42.9)	NA
Trauma	NA	2(28.6)	NA
Transfusion	NA	1(14.3)	NA
Pneumonia	NA	4(57)	NA
Edema	NA	6(85.7)	7(100)
MODS	NA	3(42.9)	6(85.7)
Severity of illness			
APACHE II	NA	22.25 ±3.7	16.4 ±3.2
Outcome			
Mortality (n, %)	NA	3(42.9)	6(85.7)

**Supplemental Table 1. Clinical characteristicef patients.** Data are presented as mean ± SD or number (%), unless otherwise stated; Abbreviations: ARDS: Acute Respiratory Distress Syndrome; CPE: Cardiogenic Pulmonary Edema; MODS: Multiple Organ Dysfunction Syndrome; APACHE II: Acute Physiology and Chronic Health Evaluation II.