Supplemental Table 1. Body and kidney weights and blood parameters in vehicle- or aldosterone-infused wild-type and GC-A knockout mice

	WT veh	WT aldo	KO veh	KO aldo	KO aldo + hyd	KO aldo +spi	KO aldo +olm	KO aldo +temp
BW at -2 wk,	28.2 ± 0.6	28.4 ± 0.6	26.8 ± 0.5	28.7 ± 1.5	29.2 ± 1.0	29.1 ± 0.7	28.7 ± 0.9	28.6 ± 0.5
BW at 4 wk, g	30.0 ± 0.6	28.9 ± 0.6	29.7 ± 0.4	27.8 ± 0.8	27.6 ± 1.0	$32.0 \pm 0.9^{\dagger\dagger}$	$30.4 \pm \\ 0.8^{\dagger}$	29.1 ± 1.2
LKW at 4 wk,	$221 \pm 2^{\dagger\dagger}$	317 ± 15 ^{##,} ††	273 ± 14 ^{††,¶}	383 ± 19**	375 ± 20	362 ± 11	389 ± 20	385 ± 10
LKW/BW at 4 wk, mg/g	$7.36 \pm 0.13^{\dagger\dagger}$	10.95 ± 0.37 ^{##} ,††	9.16 ± 0.40 ^{††,¶}	$13.60 \pm 0.32^{**}$	13.62 ± 0.32	11.32 ± 0.17 ^{††}	12.79 ± 0.72	13.33 ± 0.83
Serum aldosterone, pg/mL	$71 \pm 6^{\dagger\dagger}$	5120 ± 670##	$65 \pm 10^{\dagger\dagger}$	4540 ± 734**	4620 ± 797	5002 ± 346	5483 ± 1583	4674 ± 1167
Serum potassium, mEq/L	$4.38 \pm 0.08^{\dagger\dagger}$	3.14 ± 0.24##	5.08 ± 0.25 ^{††,¶¶}	2.64 ± 0.12**	2.45 ± 0.12	2.80 ± 0.15	2.58 ± 0.16	2.58 ± 0.10
Serum UN, mg/dL	$28.8 \pm 0.9^{\dagger}$	22.1 ±1.0##	$24.6\pm1.5^{\dagger}$	$17.5 \pm 0.9^*$	17.9 ± 2.5	19.6 ± 1.3	20.3 ± 1.3	20.8 ± 1.5
Serum Cr, mg/dL	$0.132 \pm 0.006^{\dagger}$	0.134 ± 0.008	$0.106 \pm 0.006^{\P}$	0.103 ± 0.005	0.098 ± 0.010	0.120 ± 0.011	0.116 ± 0.009	0.120 ± 0.004
Urinary sodium, mEq/day	1.99 ± 0.32	2.82 ± 0.21	2.03 ± 0.34	2.00 ± 0.28	2.26 ± 0.37	$3.30 \pm 0.28^{\dagger\dagger}$	$3.38 \pm 0.37^{\dagger\dagger}$	2.54 ± 0.15
Urinary potassium, mEq/day	0.363 ± 0.040	$0.451 \pm 0.033^{\dagger}$	0.358 ± 0.052	0.369 ± 0.040	0.329 ± 0.049	$0.544 \pm 0.038^{\dagger\dagger}$	$0.631 \pm 0.054^{\dagger\dagger}$	0.406 ± 0.023
Urinary K/Na	0.188 ± 0.009	0.165 ± 0.013	0.181 ± 0.013	0.203 ± 0.027	$0.147 \pm 0.005^{\dagger}$	0.166 ± 0.005	0.190 ± 0.008	0.160 ± 0.002

BW, body weight; LKW, left kidney weight; UN, urea nitrogen; Cr creatinine.

Values are expressed as the mean \pm SEM for vehicle-infused wild-type mice (WT veh; n = 5), aldosterone-infused wild-type mice (WT aldo; n = 8), vehicle-infused GC-A knockout mice (KO veh: n = 5), aldosterone-infused GC-A knockout mice (KO aldo; n = 8), aldosterone-infused GC-A knockout mice with hydralazine (KO aldo+hyd; n = 6), aldosterone-infused GC-A knockout mice with spironolactone (KO aldo+spi; n = 5), aldosterone-infused GC-A knockout mice with olmesartan (KO aldo+olm; n = 5), and aldosterone-infused GC-A knockout mice with tempol (KO aldo+temp; n = 5).

[#]p < 0.05, ##p < 0.01, WT veh vs. WT aldo

p < 0.05, p < 0.01, KO yeh vs. KO aldo

[†]p < 0.05, ††p < 0.01, vs. KO aldo

p < 0.05, p < 0.01, WT veh vs. KO veh

Supplemental Methods

Cell culture transfected with siRNA for GC-A

For GC-A knockdown experiment, differentiated podocytes were transfected with 10 nM siRNA for mouse GC-A (SI02668127; Qiagen, Germantown, MD) or 10 nM control (Qiagen) by Nucleofector (Lonza, Basel, Switzerland) and then cells were incubated with charcoal-treated 10% FBS for 48 hours. Cells were preincubated with 10 µM tempol, 100 nM olmesartan, 10 µM spironolactone or 10 µM 8-bromo-cGMP for 30 min and stimulated by 1 µM of aldosterone or vehicle. Cells were harvested with AllPrep DNA/RNA/protein Mini kit (Qiagen) at 15 minutes or 3 hours for ERK and p38 MAPK analysis, respectively. GC-A (Npr1) mRNA expression was evaluated by quantitative real-time RT-PCR. Npr1 forward primer, 5'-acagtaaatcaccaggagttcgtc-3'; Npr1 reverse primer, 5'-agggccaaaagcatcagattcc-3'; and NPR1 probe, 5'-FAMcggaccactacaccaagctactgcgg-TAMRA-3'.

Supplemental Figure 1. The profiles of systolic blood pressure (SBP). (A) Time-dependent SBP profiles are shown in vehicle-infused wild-type mice (WT veh, open triangles), aldosterone-infused wild-type mice (WT aldo, filled triangles), vehicle-infused GC-A knockout mice (KO veh, open squares), and aldosterone-infused GC-A knockout mice (KO aldo, filled squares). Uninephrectomy was performed at -2 weeks. Administration of aldosterone and high sodium diet (6%) began at 0 week. GC-A knockout mice showed elevated SBP compared with wild-type mice at 0 week. Aldosterone-infused wild-type mice showed marginally higher SBP. Aldosterone infused-GC-A knockout mice exhibited accelerated hypertension. (B) SBP profiles in aldosterone-infused GC-A knockout mice (KO aldo, filled squares), aldosterone-infused GC-A knockout mice treated with hydralazine (KO aldo+hyd, open diamonds), those treated with spironolactone (KO aldo+spi, open circles), those treated with olmesartan (KO aldo+olm, filled circles), and those treated with tempol (KO aldo+temp, filled diamonds) are shown. Administration of hydralazine, spironolactone or olmesartan in aldosterone-infused GC-A knockout mice resulted in effective reduction in SBP throughout the course, to a comparable level. There was no significant SBP change after the administration of tempol. WT veh, n = 5; WT aldo, n = 8; KO veh, n = 5; KO aldo, n = 8; KO aldo + byd, n = 6; KO aldo + spi, n = 5; KO aldo + olm, n = 5; and KO aldo + temp, n = 5. Mean \pm SEM. $\pm p < 0.05$, WT aldo vs. WT veh; $\pm p < 0.01$, KO aldo vs. KO veh; $\pm p < 0.05$, KO veh, vs. WT veh.

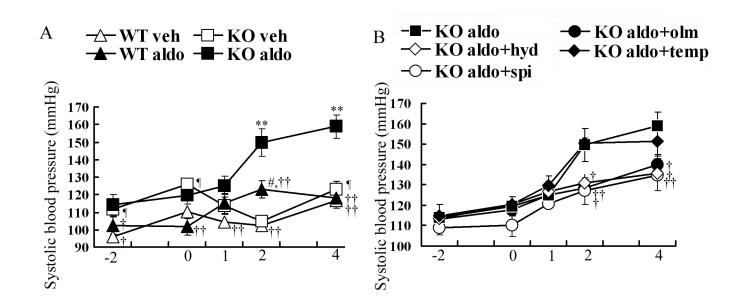
Supplemental Figure 2. Glomerular cross-sectional area in superficial (A) and juxtamedullary (B) glomeruli at 4 weeks. WT, wild-type mice; GC-A KO, GC-A knockout mice; aldo, aldosterone; hyd, hydralazine; spi, spironolactone; olm, olmesartan; and temp, tempol. WT veh, n = 5; WT aldo, n = 8; KO veh, n = 5; KO aldo, n = 8; KO aldo + hyd, n = 6; KO aldo + spi, n = 5; KO aldo + olm, n = 5; and KO aldo + temp, n = 5. Mean \pm SEM. #p < 0.05, WT veh vs. WT aldo, *p < 0.05, KO veh vs. KO aldo, ††p < 0.01, vs. KO aldo, ¶¶p < 0.01, WT veh vs. KO veh.

Supplemental Figure 3. Glomerular mRNA expression at 4 weeks after aldosterone administration. Real-time RT-PCR analyses of $\alpha 1(I)$ collagen (Col1a1), $\alpha 3(IV)$ collagen (Col4a3), p22phox (Cyba) and NADPH oxidase-4 (Nox4) are shown. GAPDH mRNA expression is used as control. WT veh, n = 5; WT aldo, n = 8; KO veh, n = 5;

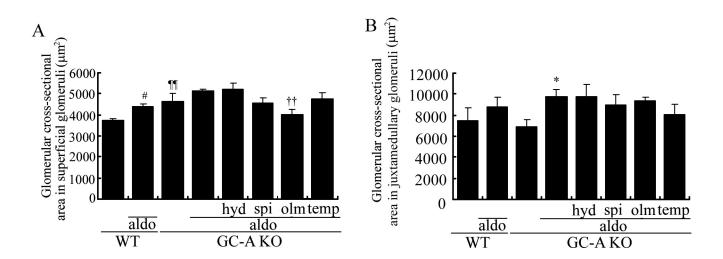
KO aldo, n = 8; KO aldo + hyd, n = 6; KO aldo + spi, n = 5; KO aldo + olm, n = 5; and KO aldo + temp, n = 5. Mean \pm SEM. ##p < 0.01 WT veh vs. WT aldo, *p < 0.05 KO veh vs. KO aldo, †p < 0.05, ††p < 0.01, vs. KO aldo.

Supplemental Figure 4. (A) Effects of knockdown of GC-A on phosphorylation of ERK and p38 MAPK in cultured podocytes. Cells transfected with siRNA for GC-A (10 nM) or control (10 nM) were incubated for 48 hours with 10% charcoal-treated FBS. Cells were pretreated with tempol (temp; $10 \mu M$), olmesartan (olm; 100 n M), spironolactone (spi; $10 \mu M$), or 8-bromo-cGMP (cGMP; $10 \mu M$) for 30 min and then were stimulated by $1 \mu M$ aldosterone or vehicle. (B) Expression of Npr1 (GC-A) in si-control or si-GC-A-transfected podocytes at 15 minutes after aldosterone stimulation. Transfection of si-GC-A reduced Npr1 mRNA by 42 percent in vehicle-treated cells. (C) Quantitative analysis for phospho-ERK and total ERK in siRNA-transfected podocytes at 15 minutes after stimulation. (D) Expression of Npr1 in si-control or si-GC-A-transfected podocytes at 3 hours after aldosterone stimulation. Transfection of si-GC-A reduced Npr1 mRNA by 41 percent in vehicle-treated cells and administration of aldosterone reduced Npr1 mRNA by 23 percent in si-control transfected cells. (E) Quantitative analysis for phospho-p38 MAPK and total p38 MAPK in podocytes at 3 hours after stimulation. #p < 0.05, ##p < 0.01, vs. siRNA for control with vehicle, †p < 0.05, ††p < 0.01, vs. siRNA for GC-A with aldosterone, mRNA levels are normalized with Gapdh. *p < 0.05. n = 3, each.

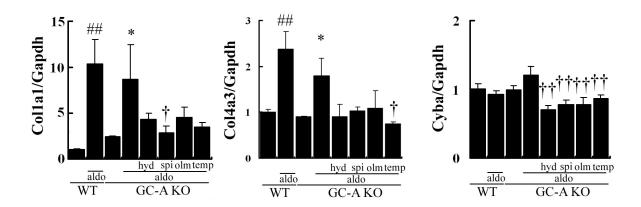
Supplemental Figure 5. Proposed mechanism of the role of GC-A in aldosterone-induced renal injury. The aldosterone (Aldo)-mineralocorticoid receptor (MR) pathway activates p38 MAPK and ERK, which can lead to podocyte injury and glomerulosclerosis. Aldo/MR possibly activates the angiotensin II type 1 receptor (AT1R), and also stimulates reactive oxygen species (ROS) production, the inhibition of which ameliorates ERK and p38 MAPK activation. GC-A signaling inhibits the phosphorylation of ERK and p38 MAPK in podocytes and counteracts the AT1R pathway.

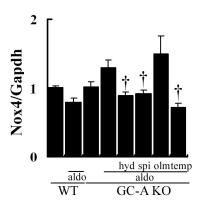


Supplemental figure 1. Ogawa et al.

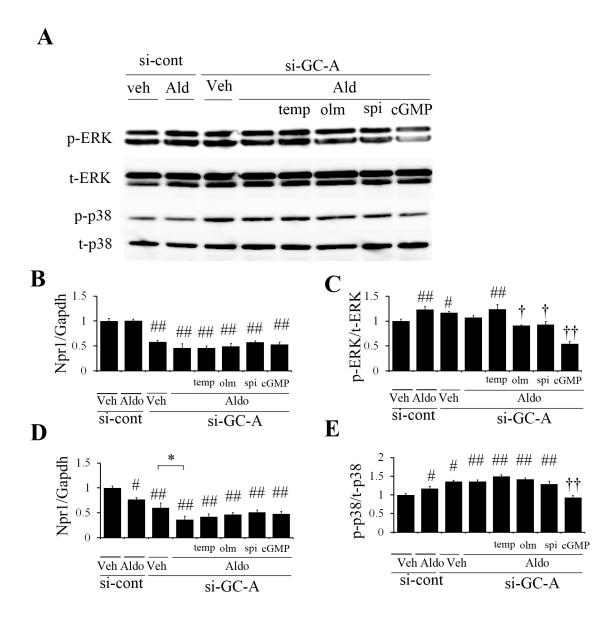


Supplemental figure 2. Ogawa et al.

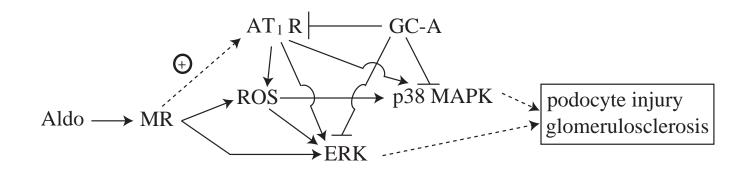




Supplemental figure 3. Ogawa et al.



Supplemental Figure 4. Ogawa et al.



Supplemental Figure 5. Ogawa et al.