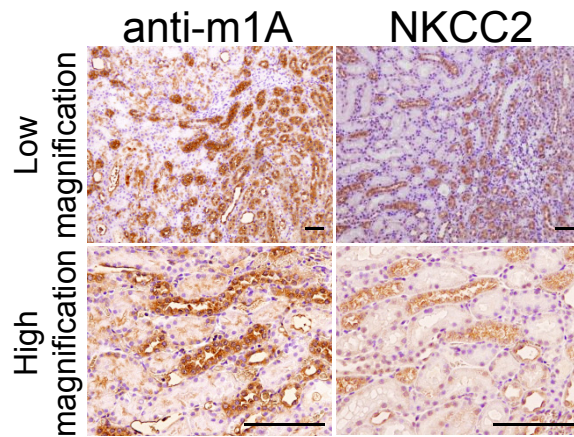


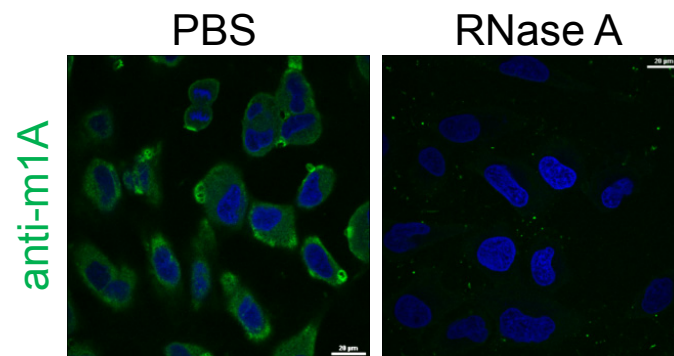
Supplemental Figure 1



Supplemental Figure 1. Anti m1A-Ab mainly stained renal medullary tubules after ischemic damage

Immunostaining of rat kidney exposed to renal ischemia-reperfusion. Anti-m1A and anti-NKCC2 antibody were used. Scale bar, 100 μm.

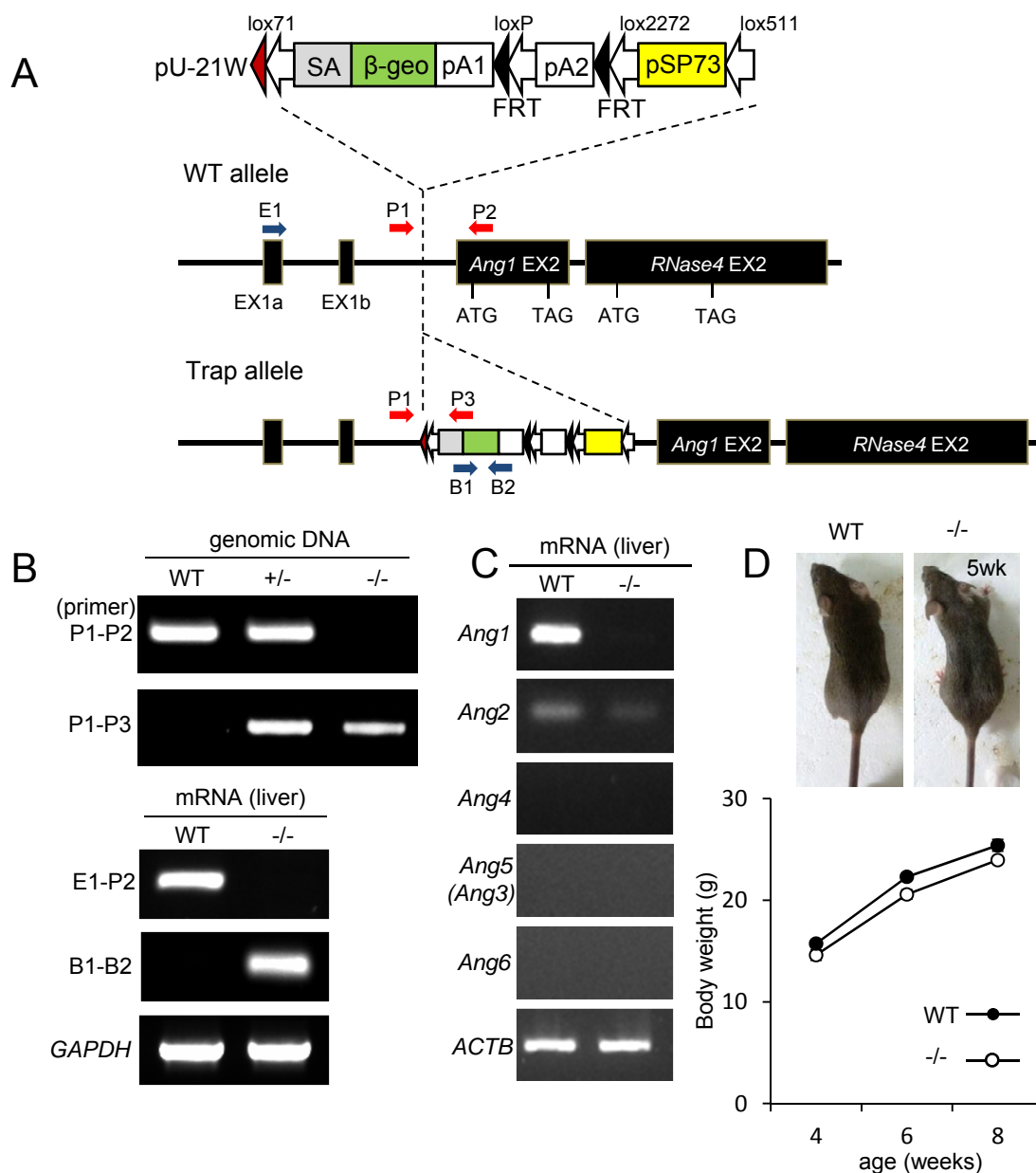
Supplemental Figure 2



Supplemental Figure 2. Immunocytochemistry using m1A-Ab

Human osteosarcoma U2OS cells were treated with RNase A or PBS (control) after fixation. DAPI nuclear staining is shown in blue. Scale bar, 20 μm.

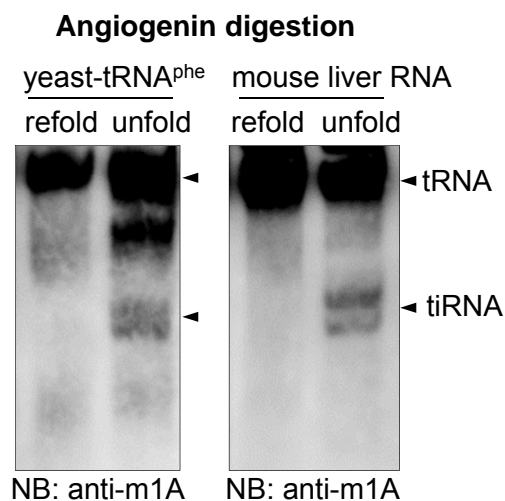
Supplemental Figure 3



Supplemental Figure 3. Generation of *angiogenin1*-deficient mice and characterization of phenotype

- (A) The trap vector, pU-21W, was inserted into the upstream of *Ang1* exon2. P1-P2 and P1-P3 primer sets were used for genotyping. E1-P2 and B1-B2 primer sets were used for RT-PCR.
- (B) PCR genotyping and RT-PCR. Genomic DNA and total RNA were extracted from mouse tail and liver tissue, respectively.
- (C) RT-PCR analysis with each *Ang* family (*Ang1*-*Ang6*) specific primer sets. Primer sets of *Ang5* were designed to also amplify *Ang3*. Primers using for genotyping and RT-PCR was described in Table S2.
- (D) Phenotype of WT (*Ang1*^{+/+}) and *Ang1*^{-/-} mice. The sizes of 5-wk-old WT and *Ang1*^{-/-} littermates are shown. The data of body weight represent the means \pm SEM (n=4-5 per group).

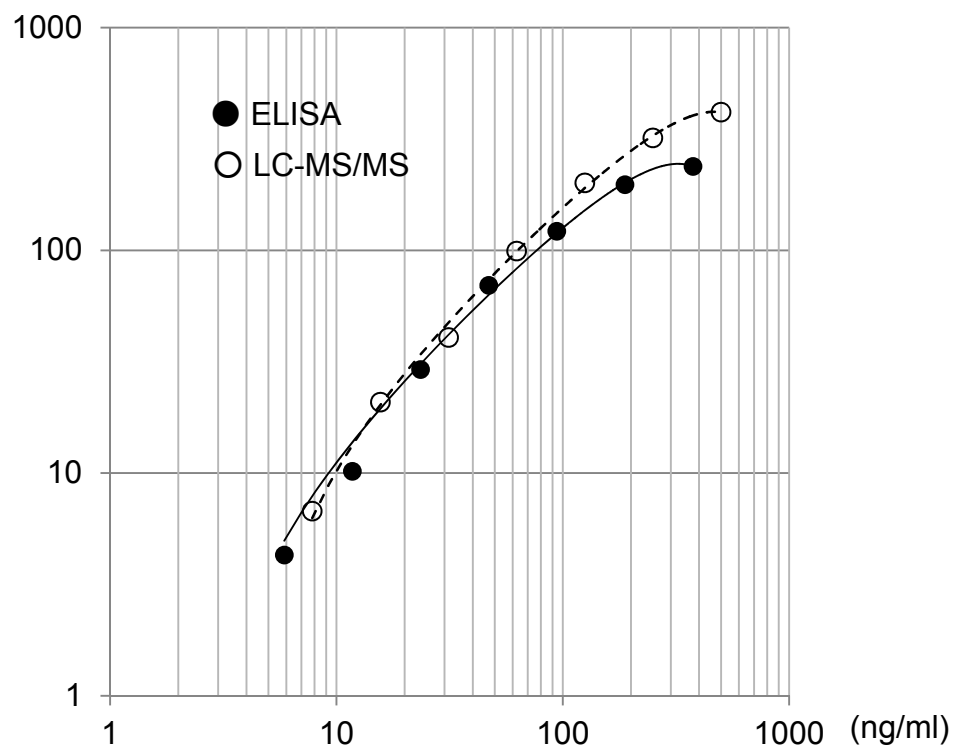
Supplemental Figure 4



Supplemental Figure 4. Unfolded tRNA is more likely to be cleaved by Angiogenin

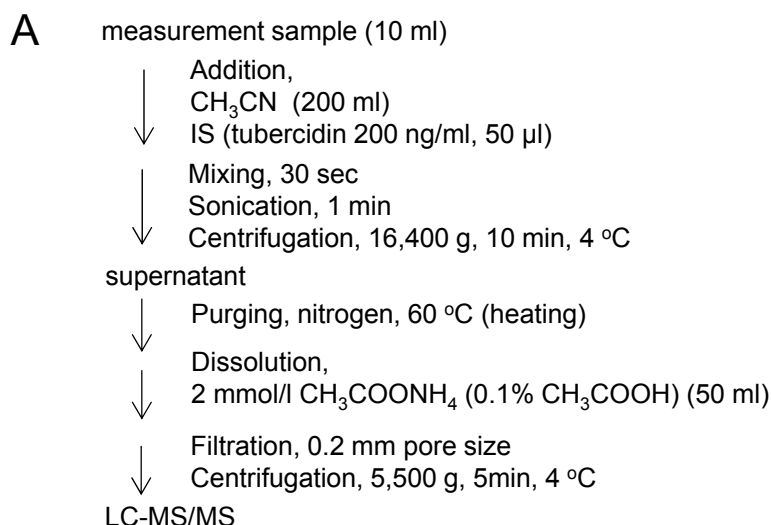
In vitro digestion of refolded or unfolded tRNA (yeast tRNA^{phe} or mouse liver RNA) by angiogenin. RNAs were incubated with recombinant angiogenin (0.3 $\mu\text{g/ml}$) and analyzed by Northern blot using the anti-m1A antibody. Unfolded tRNA was prepared without the addition of Mg^{2+} in the tRNA refolding process.

Supplemental Figure 5



Supplemental Figure 5. The calibration curve of m1A by ELISA and LC-MS/MS
Diluted reagent of m1A was measured by ELISA or LC-MS/MS

Supplemental Figure 6



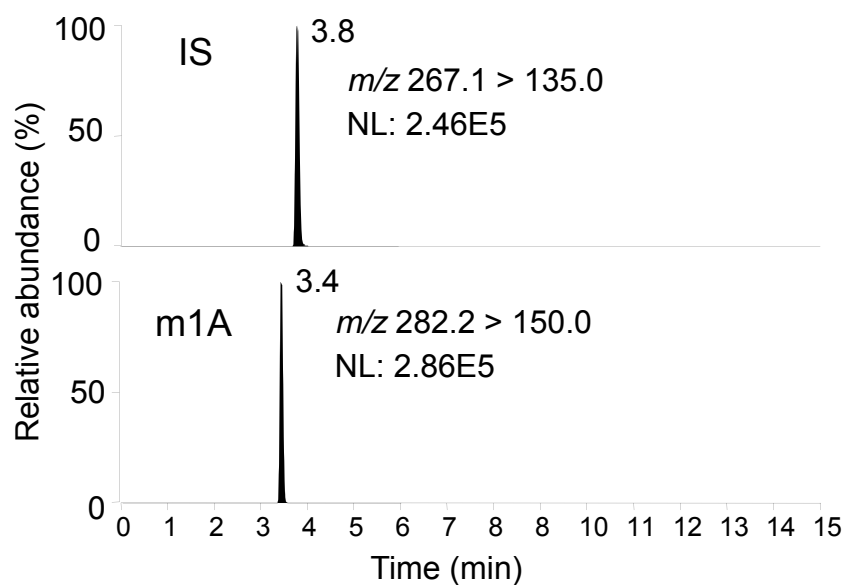
B	MS system	Spray voltage	3,000 V
		Vaporizer temperature	450°C
		Sheath gas pressure	50 psi
		Auxiliary gas pressure	20 psi
		Capillary temperature	300°C
		Collision gas pressure	1.5 mTorr
		Tube lens offset	m1A: 84 V Tubercidin (IS): 87 V
		Collision energy	m1A: 20 eV (<i>m/z</i> 282.1 > 150.0) IS: 20 eV (<i>m/z</i> 267.1 > 135.0)
	LC system	Mobile phase	A: 2 mM CH ₃ COONH ₄ - H ₂ O + 0.1% CH ₃ COOH B: 2 mM CH ₃ COONH ₄ - CH ₃ OH + 0.1% CH ₃ COOH C: 2 mM CH ₃ COONH ₄ - CH ₃ CN + 0.1% CH ₃ COOH
		Gradient	0.0 - 0.5 min: A/B/C = 100/0/0 0.5 - 4.0 min: A/B/C = 100/0/0 → 55/45/0 4.0 - 4.1 min: A/B/C = 55/45/0 → 0/100/0 4.1 - 6.0 min: A/B/C = 0/100/0 6.0 - 6.1 min: A/B/C = 0/100/0 → 0/0/100 6.1 - 9.0 min: A/B/C = 0/0/100 9.0 - 9.1 min: A/B/C = 0/0/100 → 0/100/0 9.0 - 12.0 min: A/B/C = 0/100/0 12.0 - 12.1 min: A/B/C = 0/100/0 → 100/0/0 12.1 - 15.0 min: A/B/C = 100/0/0
		Flow rate	0.0 - 5.0 min: 200 µl/min 5.0 - 11.1 min: 300 µl/min 11.1 - 15.0 min: 200 µl/min
		Oven temperature	40°C
		Injection volume	1 µl

Supplemental Figure 6. Measurement conditions of free-m1A by LC-MS/MS analysis

(A) Sample preparation procedures.

(B) MS and LC condition for analysis of m1A.

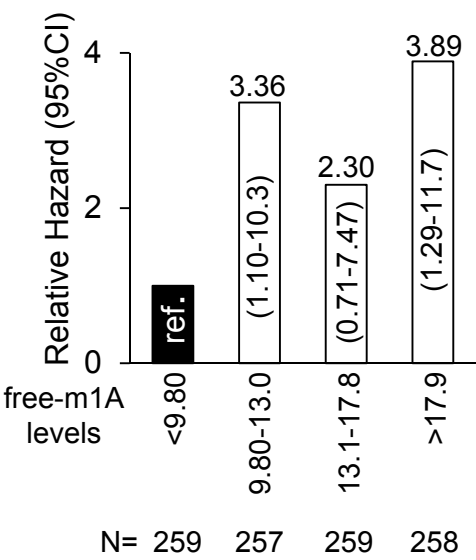
Supplemental Figure 7



Supplemental Figure 7. SRM chromatograms of m1A and internal standard

The selected reaction monitoring (SRM) transitions were m/z 282.2 > 150.0 for m1A and m/z 267.1 > 135.0 for internal standard (IS), and they were detected at 3.4 and 3.8 min, respectively. The sheath gas and collision gas were nitrogen and argon, respectively.

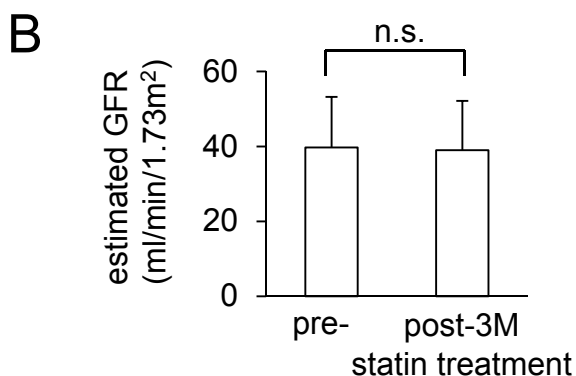
Supplemental Figure 8



Supplemental Figure 8. The univariate analysis between free-m1A levels and mortality.
Association between the circulating free-m1A level and mortality in general population (n=1,033) analyzed with univariate analysis.

Supplemental Figure 9

A	Number of participants	29	
	Men	13	(66%)
	Age (years)	64.1 + 11.8	
	Systolic BP (mmHg)	131.2 + 11.0	
	Diastolic BP (mmHg)	74.8 + 6.26	
	Serum creatinine (mg/100ml)	1.45 + 0.46	
	Estimated GFR (ml/min/1.73m ²)	39.7 + 13.5	
	Urine protein (g/gCr)	0.67 + 1.57	
	Total cholesterol (mg/100ml)	213.4 + 29.9	
	<i>Baseline disease</i>		
	Antihypertensive medications (%)	27	(93%)
	Cardiovascular disease (%)	8	(28%)
	Diabetes (%)	6	(21%)
	Current smoking (%)	1	(3%)
	Body mass index >30 kgm ²	1	(3%)
	<i>Cause of CKD</i>		
	Glomerulosclerosis	8	(28%)
	IgA nephropathy	6	(21%)
	Interstitial nephritis	3	(10%)
	Diabetic nephropathy	2	(7%)
	Lupus nephropathy	1	(3%)
	Membranoproliferative glomerulonephritis	1	(3%)
	Membranous nephropathy	1	(3%)
	Polycystic kidney	1	(3%)
	Microscopic polyangitis	1	(3%)
	Renal cell carcinoma	1	(3%)
	Unknown	4	(14%)



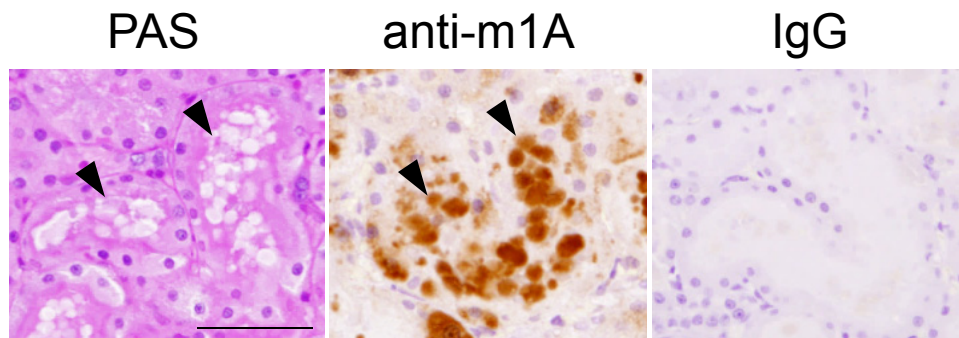
Supplemental Figure 9. Characteristics of participants of statin treatment

(A) Baseline characteristics of CKD patients.

(B) Estimated GFR did not change significantly after 3-month statin treatments.

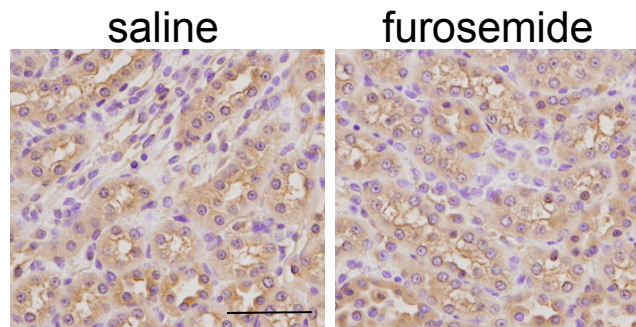
Data are shown as mean \pm SD. *GFR*, glomerular filtration rate.

Supplemental Figure 10



Supplemental Figure 10. Blebs in proximal tubules contains damaged tRNAs
Immunohistochemistry by anti-m1A antibody in S3 segments of rat kidney after I/R (60-min renal ischemia and 60-min reperfusion). Blebs (indicated by arrow heads) showed strong immunopositive signals. Isotype IgG were used to control. Tissues were fixed with 2% glutaraldehyde and 2% paraformaldehyde to maintain blebs within sections. Scale, 50 μ m.

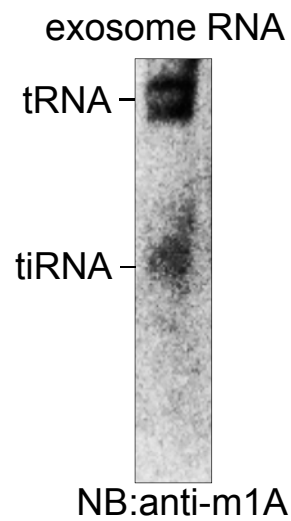
Supplemental Figure 11



Supplemental Figure 11. Furosemide does not change the immunopositive signal by anti-m1A antibody

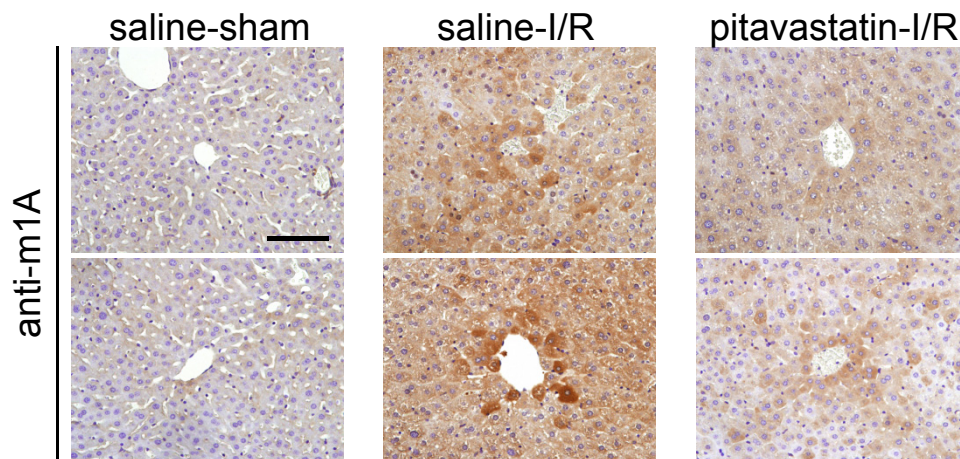
Immunohistochemistry using anti-m1A antibody. Furosemide (10mg/kg) or saline was injected intravenously to rats (n = each 3). Three hours after injection, kidneys were collected. Scale bar, 100 μ m.

Supplemental Figure 12



Supplemental Figure 12. tRNA and tiRNA are present in plasma exosomes
Total RNA isolated from rat plasma exosomes was analyzed by Northern blot using the anti-m1A antibody.

Supplemental Figure 13



Supplemental Figure 13. Statin treatment reduced tRNA damage

Immunostaining of mouse liver by the anti-m1A antibody. One hour-hepatic ischemia and 1 h-reperfusion were performed after intraperitoneal administration of pitavastatin (3mg/kg) or saline for 7 days. Each n=3. Representative data are shown. Scale bar, 100 μ m.

Supplemental Table 1

	Total	Quartile1	Quartile2	Quartile3	Quartile4	
Serum m1A levels (ng/ml)		<9.80	9.80-13.0	13.1-17.8	>17.9	<i>P</i>
Number of participants	1033	259	257	259	258	
Men (%)	32.3	29.3	30.7	32.4	36.8	0.29
Age (years)	61.1 ± 10.9	59.3 ± 10.7	60.9 ± 11.3	61.4 ± 10.7	62.8 ± 10.5	<0.01
Systolic BP (mmHg)	131.0 ± 13.7	129.6 ± 14.5	130.7 ± 13.7	131.5 ± 13.2	132.1 ± 13.4	0.17
Diastolic BP (mmHg)	73.5 ± 9.0	73.0 ± 9.5	73.3 ± 8.8	73.5 ± 8.6	74.2 ± 9.2	0.50
Estimated GFR (ml/min/1.73m ²)	85.3 ± 17.5	88.1 ± 18.0	85.2 ± 17.3	84.7 ± 17.9	83.2 ± 16.7	<0.05
Diabetes (%)	8.6	7.7	9.3	7.0	10.5	0.48
Hyperlipidemia (%)	26.4	23.9	26.1	29.7	26	0.51
Cardiovascular disease (%)	8.6	6.6	8.2	8.5	11.2	0.29
Antihypertensive medications (%)	26.5	23.9	26.9	26.3	29.1	0.62
Smoker (%)	23.3	20.1	19.8	28.2	25.2	0.066

Supplemental Table 1. Baseline characteristics of participants

Value are shown as mean ± SD. BP, blood pressure; GFR, Glomerular filtration rate.

Supplemental Table 2

P1		5'-AGTTTCTGGGCCCAATAGGAC
P2		5'-CATCGAAGTGGACAGGCAAAC
P3		5'-CACATCCATGCTGAGGATGAG
E1		5'-ATTACCAGCCTGTGAGGAGC
B1		5'-CCAACTTAATCGCCTTGCAGC
B2		5'-GAAGATCGCACTCCAGCCAG
<i>ACTB</i>	Forward	5'-AGCCATGTACGTAGCCATCCA
<i>ACTB</i>	Reverse	5'-TCTCCGGAGTCCATCACAATG
<i>Ang1</i>	Forward	5'-AAGAAGCCTAACCTCACCCCT
<i>Ang1</i>	Reverse	5'-CAACATGTCTGAACCCTGCA
<i>Ang2</i>	Forward	5'-TCCTTTGTTCTTGGTCTTCCT
<i>Ang2</i>	Reverse	5'-TGTTGACATCTTTGCAGAAAG
<i>Ang4</i>	Forward	5'-GCTCAGAATGAAAGGTACGAA
<i>Ang4</i>	Reverse	5'-CTTTAAAGGCTCGGTACCCG
<i>Ang5 and 3</i>	Forward	5'-AGCCAACTGGCCGGGATTA
<i>Ang5 and 3</i>	Reverse	5'-GCTTGGGAGACCCTCCTTTG
<i>Ang6</i>	Forward	5'-TTCCTTGATGTTGGTCTTTGT
<i>Ang6</i>	Reverse	5'-TGCATTTCAAGGTTTCTTGGAT

Supplemental Table 2. Using primer sequences