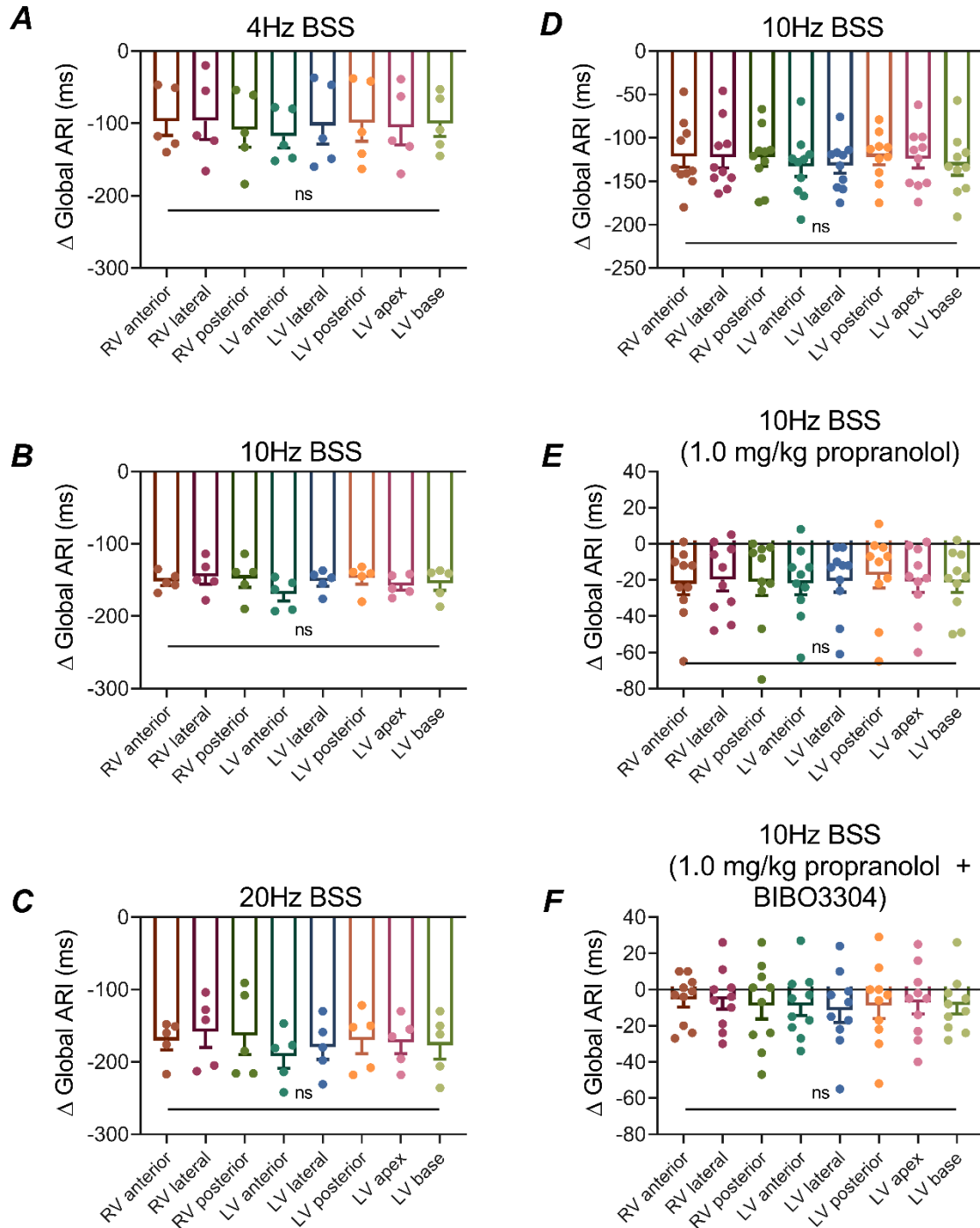


SUPPLEMENTAL FIGURES

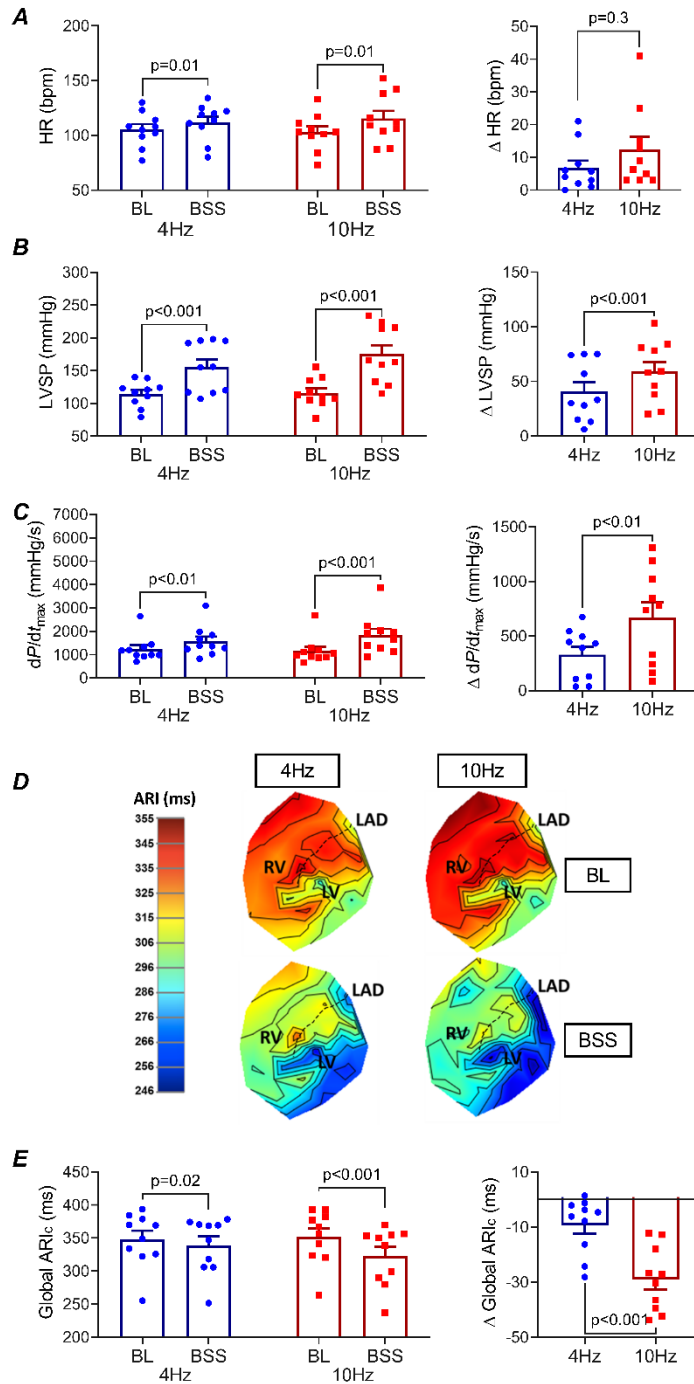
Supplemental Figure 1.



Supplemental Figure 1. Regional raw ARIs during BSS. There were no significant regional differences in the change in ARI between RV anterior, lateral, posterior

and LV anterior, lateral, posterior, apex and base with **(A)** 4 Hz, **(B)** 10 Hz, or **(C)** 20 Hz of stimulation or with 10 Hz stimulation **(D)** without drug, **(E)** with 1.0 mg/kg propranolol, or with **(F)** 1.0 mg/kg propranolol + BIBO3304. BL = baseline, BSS = bilateral stellate ganglia stimulation; RV = right ventricle, LV = left ventricle. **(A-C)** *n* = 5 animals for all comparisons, **(D-F)** *n* = 10 animals for all comparisons; comparisons of changes between different regions were performed using one-way ANOVA.

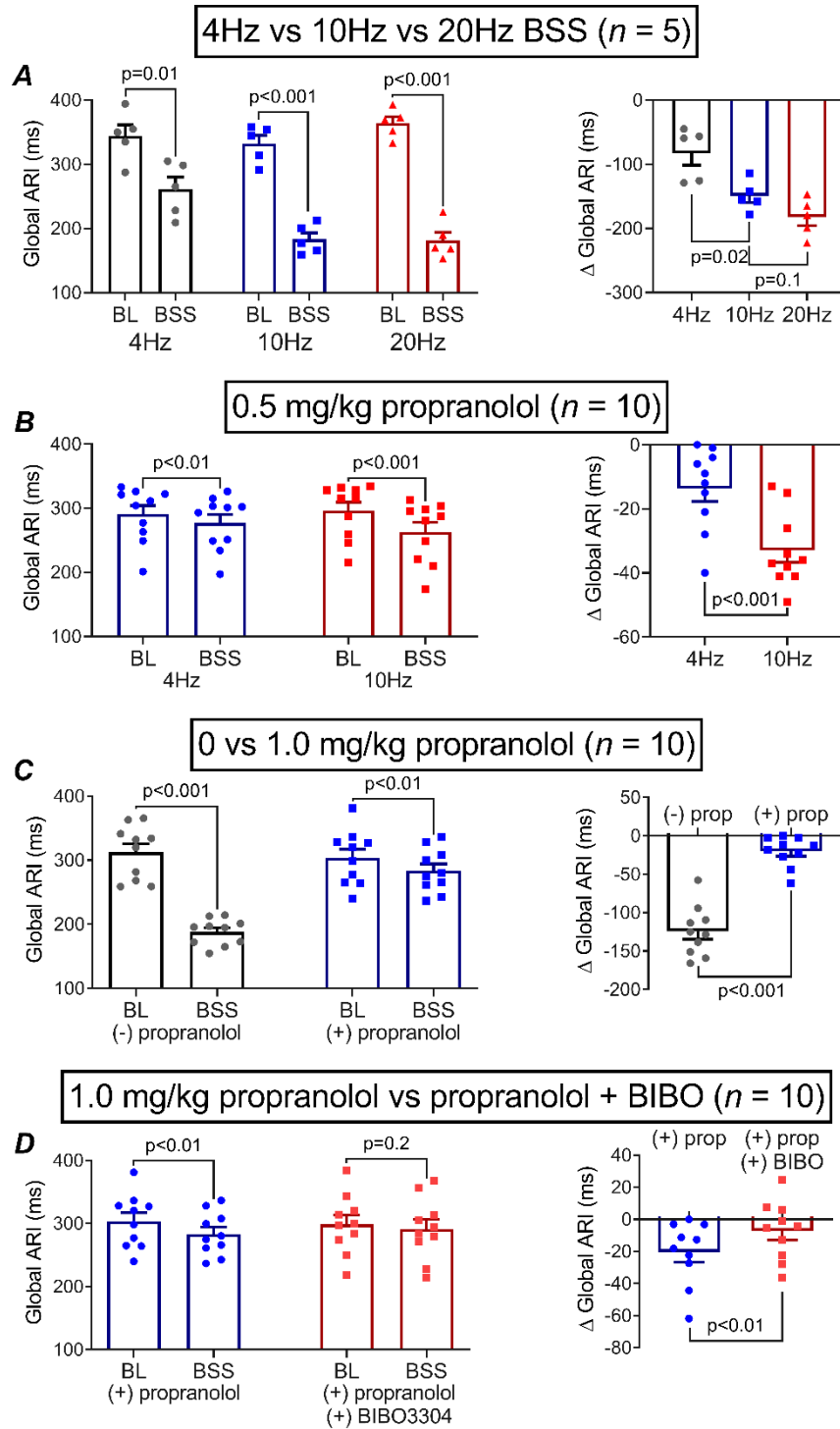
Supplemental Figure 2.



Supplemental Figure 2. Effects of BSS after 0.5 mg/kg propranolol. Both BSS at 4 Hz and 10 Hz significantly increased **(A)** HR, **(B)** LVSP, and **(C)** dP/dt_{max} despite administration of 0.5 mg/kg propranolol. BSS at 10 Hz caused significantly greater

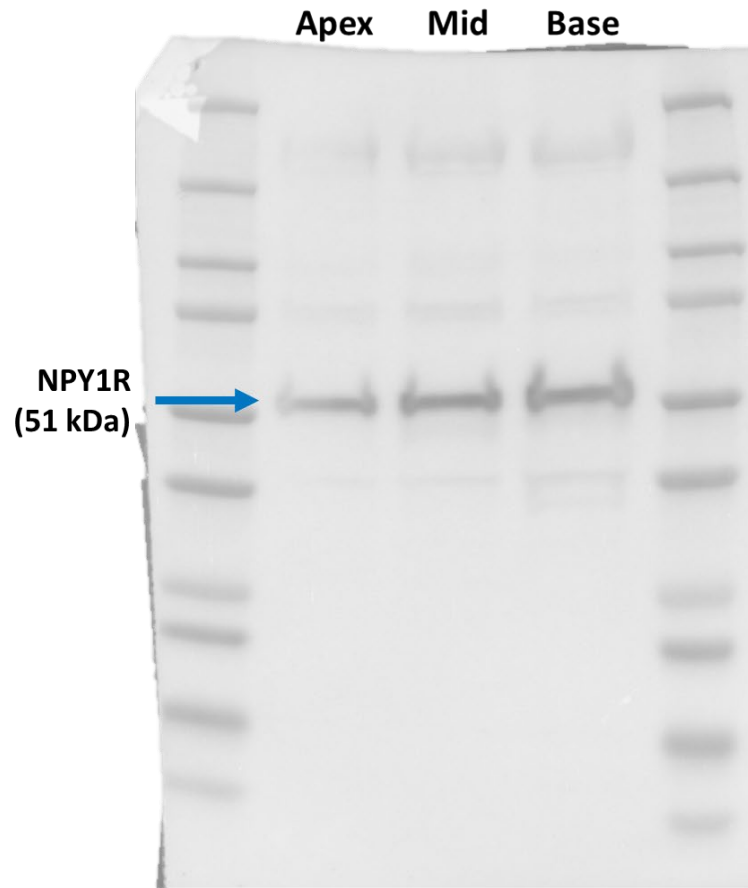
increases in LVSP and dP/dt_{\max} vs. 4 Hz. BL = baseline. **(D)** Representative polar maps depicting the effects of BSS at 4 Hz and 10 Hz on raw ARIs after 0.5 mg/kg propranolol. **(E)** Both frequencies caused significant shortening in raw and corrected ARIs despite propranolol with greater effects at 10 Hz vs. 4 Hz. BL = baseline, Δ = change from BL. $n = 10$ animals for all comparisons, comparisons were performed using the two-sided paired Student's t -test. $P \leq 0.05$ was considered significant.

Supplemental Figure 3.

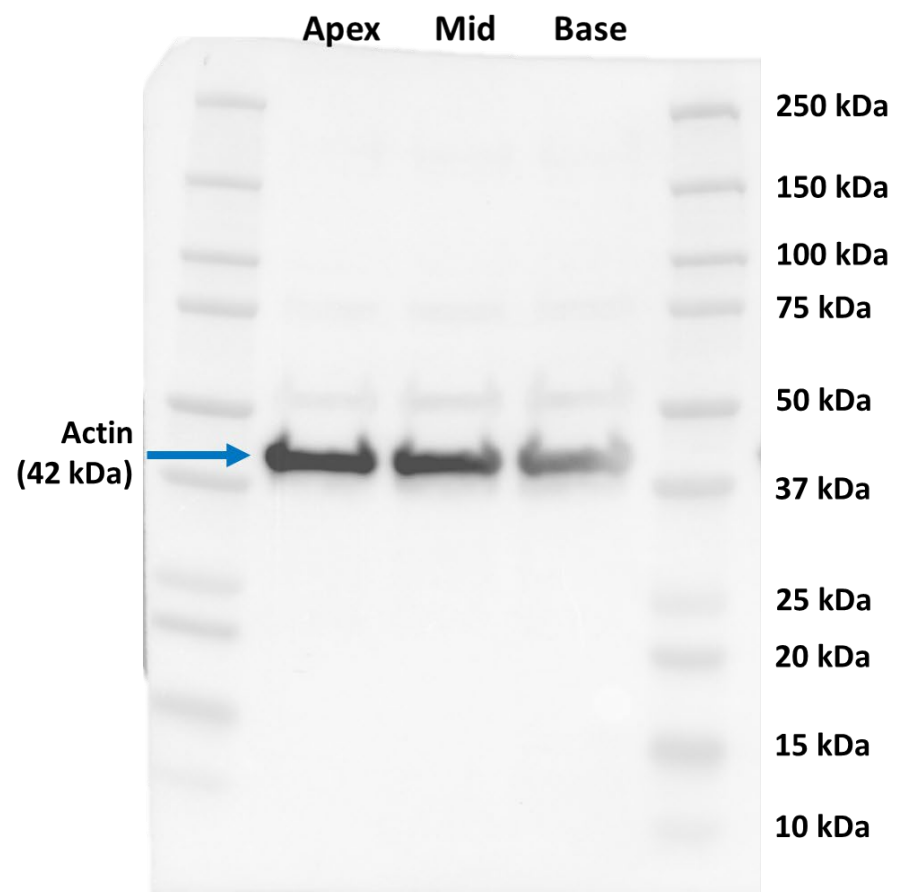


Supplemental Figure 3. *Uncorrected/raw global ventricular ARIs during each condition.* **(A)** Global ARI significantly shortened at all frequencies of stimulation with significantly more shortening at 10 and 20 Hz than 4 Hz BSS. **(B)** ARI shortening persisted at 4 and 10 Hz BSS despite treatment with 0.5 mg/kg propranolol with **(C)** residual electrophysiological effects in the setting of 1.0 mg/kg propranolol with 10 Hz BSS. **(D)** However, further administration of BIBO3304 abrogated the electrophysiological effects of 10 Hz BSS. Comparisons were performed using the two-sided paired Student's *t*-test. $P \leq 0.05$ was considered significant.

Full unedited blots for Figure 5.



**Rb anti-NPY1R
(1:1000; Abcam, ab91262)**



**Rb anti-actin
(1:2500; Sigma, A2066)**