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| **Supplemental Table 1:** Participants’ clinical conditions and medications |
| **Age****(years)a** | **Gender** | **Primary Cardiac diagnoses** | **Other medical conditions** | **Regular medications** |
|
| 0.01 | Male | Transposition of great arteries | none | none |
| 0.01 | Male | Truncus arteriosus, pulmonary atresia  | none | prostaglandin |
| 0.01 | Female | Hypoplastic left heart syndrome | none | prostaglandin E2 dobutamine |
| 0.02 | Male | Hypoplastic left heart syndrome | none | Dobutamine |
| 0.03 | Female | Hypoplastic aortic arch | none | Prostaglandin, frusemide, digoxin |
| 0.03 | Female | Transposition of great arteries | none | Frusemide, spironolactone, prostaglandin |
| 0.03 | Male | Transposition of great arteries | none | Prostaglandin |
| 0.05 | Male | Transposition of great arteries, ventricular septal defect, atrial septal defect | Prematurity | Frusemide, spironolactone |
| 0.07 | Male | Truncus arteriosus | Chromosome 8 anomaly | Frusemide, propranolol |
| 0.08 | Male | Hypoplastic left heart syndrome | none | none |
| 0.11 | Male | Truncus arteriosus, Tetralogy of Fallot | none | none |
| 0.12 | Male | Ventricular septal defect | none | Frusemide, spironolactone |
| 0.15 | Male | Ventricular septal defect, aorto-pulmonary valve dysplasia | Tracheo-oesophageal fistula | Frusemide, captopril, ranitidine, domperidone |
| 0.25 | Male | Total anomalous pulmonary venous connections | none | Frusemide, propranolol |
| 0.27 | Female | Corrected transposition of great arteries | Atrio-ventricular block | Frusemide, spironolactone |
| 0.31 | Male | Tetralogy of Fallot | Prematurity | Propranolol |
| 0.34 | Male | Tetralogy of Fallot | none | none |
| 0.41 | Male | Tetralogy of Fallot | none | Propranolol |
| 0.41 | Male | Ventricular septal defect | none | none |
| 0.46 | Male | Ventricular septal defect, right ventricular outflow tract obstruction | none | Frusemide, spironolactone |
| 0.46 | Male | Tetralogy of Fallot | none | Frusemide, spironolactone |
| 0.47 | Female | Ventricular septal defectAtrial septal defect | none | Frusemide, spironolactone |
| 0.47 | Male | Atrioventricular septal defect | Trisomy 21 | Frusemide, digoxin, captopril, domperidone |
| 0.48 | Male | Tetralogy of Fallot | none | Propranolol |
| 0.50 | Female | Atrial septal defect | none | none |
| 0.58 | Female | Tetralogy of FallotLeft pulmonary artery stenosis | none | none |
| 0.59 |  | Pulmonary atresia , Ventricular septal defectMajor aorto-pulmonary collateral arteries | 22q deletion | none |
| 0.64 | Female | Ventricular septal defect | none | Frusemide, captopril |
| 0.67 | Female | Ventricular septal defect | none | Frusemide, captopril |
| 0.68 | Male | Ventricular septal defect | Trisomy 21 | Frusemide, spironolactone |
| 0.71 | Female | Tetralogy of Fallot | none | Propranolol |
| 0.73 | Male | Ventricular septal defect, persistent foramen ovale | Trisomy 21 | Movicol® |
| 0.80 | Female | Ventricular septal defect | 22q deletion | Frusemide, captopril |
| 0.82 | Male | Ventricular septal defect | none | Frusemide, captopril |
| 0.87 | Male | Tetralogy of Fallot | none | Aspirin |
| 0.90 | Female | Ventricular septal defect | none | Frusemide, captopril |
| 0.93 | Male | Pulmonary value stenosis | Noonan's syndrome | none |
| 0.96 | Female | Right pulmonary artery stenosis | none | none |
| 0.99 | Male | Ventricular septal defect, right ventricular outflow tract obstruction | none | Frusemide, propranolol |
| 2.18 | Male | Atrial septal defect | Prematurity | Frusemide, spironolactone, salbutamol, betamethasone |
| 3.40 | Female | Atrial septal defect | none | none |
| 3.61 | Female | Atrial septal defect | none | none |
| 4.47 | Male | Ventricular septal defect | none | Enalapril |
| 6.69 | Male | Hypertrophic cardiomyopathy | none | Propranolol |
| 7.15 | Female | Severe right ventricular outflow tract obstruction | none | none |
| 17.05 | Male | Partial anomalous pulmonary venous drainage, atrial septal defect | none | none |

aTissue samples were obtained when cardiac surgery was performed for clinical indications in clinically determined random order. Information is presented in age order to maintain anonymisation