

Supporting Information

A novel fluorescent digitonin derivative for non-invasive skin cholesterol detection:

Potential application in atherosclerosis screening

Jingshu Ni,^{ab} Yong Liu,^{abc} Haiou Hong,^d Xiangyong Kong,^d Yongsheng Han,^d Lei Zhang,^e
Yang Zhang,^{ab} Yuanzhi Zhang,^{ac} Changyi Hua,^a Quanfu Wang,^a Xia Wang,^a Yao Huang,^{ac}
Meili Dong^{*ac} and YiKun Wang ^{*ac}

Subjects' exclusion criteria

Exclusion criteria included (a) current lipid-lowering therapy or lipid-lowering therapy within the last year; (b) age under 18 years; (c) pregnancy; (d) psoriasis or dermatitis on one or the other hand; (e) recent use (inside 24 h prior to testing) of skin drug, as a cream or moisturizer; (f) chronic liver disease or evidence of abnormal liver function. (g) conditions that might lead to an incomplete follow-up (i.e., life assumption a half year).

Clinical information collection and grouping

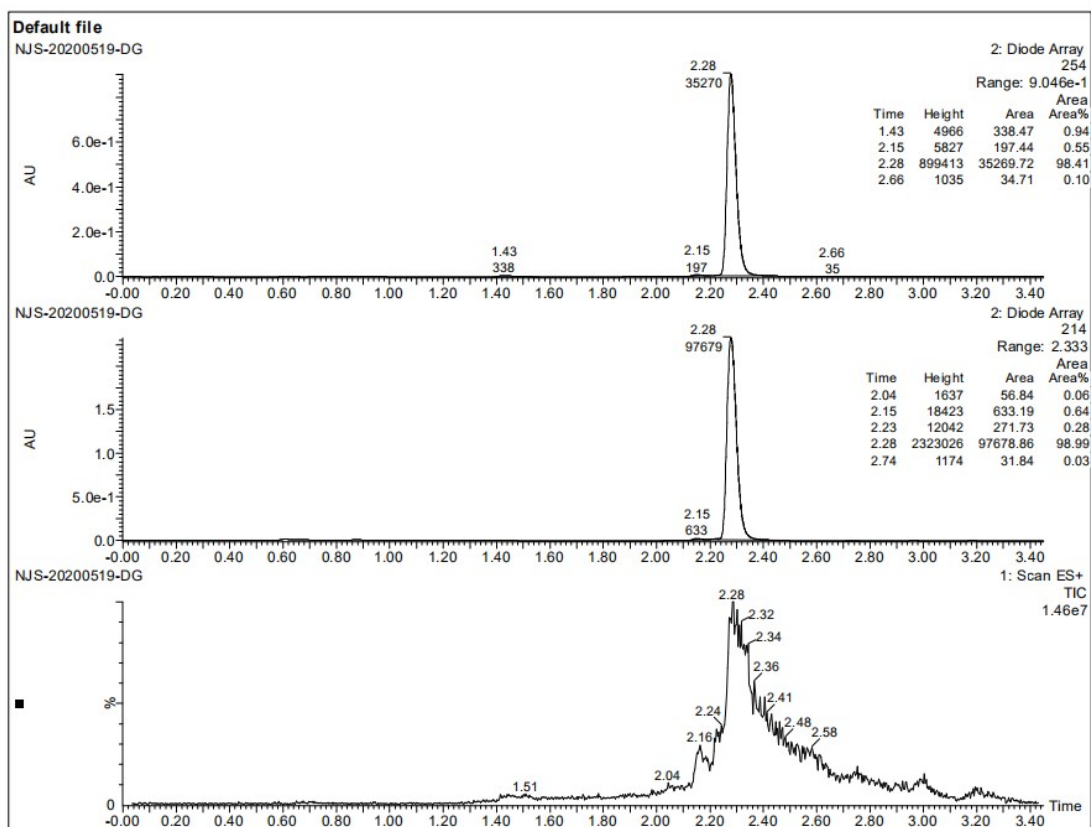
Age, sex, height, weight, smoking, history of diabetes, history of hypertension, medication and other related information of subjects were collected. Antecubital venous blood were collected for the measurement of total plasma cholesterol (TC), serum low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), triglycerides (TG), glucose levels. The Framingham risk score is a simple and commonly used routine method for evaluating coronary artery disease, and it is the most appropriate strategy for predicting the individual's chance of developing cardiovascular disease (CVD) in long term. Since this risk score gives a sign of the conceivable advantages of avoidance, it very well may be helpful for

24 both the patients and clinicians choosing whether way of life changes and preventive clinical
25 treatment. Absolute CVD risk percentage over 10 years was classified as low risk ($< 10\%$),
26 intermediate risk ($10\text{--}20\%$), and high risk ($>20\%$). Of the 266 subjects selected in Health
27 Management Center, 133 people had a score $< 10\%$ and 133 subjects with no conspicuous
28 stenosis of the vessel had a score $\geq 10\%$. All 135 patients with overt vascular disease had a
29 score $> 10\%$, overt vascular disease was characterized as (a) stenosis of at least 50% in at
30 least 1 vessel(any disease) and (b) stenosis of at least 50% in ≥ 2 vessels (multivessel disease).
31 The principle motivation behind this clinical study is to investigate the distinction of skin
32 cholesterol content among low-risk group, risk group (intermediate risk and high risk) and
33 patients with cardiovascular disease. Along these lines, the participants were separated into
34 normal group, risk group and disease group, the normal group was with a FRS $< 10\%$, the risk
35 group was with a FRS $\geq 10\%$ and no vascular stenosis, and the disease group was with a
36 FRS $\geq 10\%$ and overt vascular disease.

37 **The hardware architecture of the detection system**

38 The optical system, as depicted in Figure S 3 , consists of a LED light source with a central
39 wavelength of 405 nm (LED405E, THORLABS), filter (diameter: 12 mm , Central wavelength:
40 405 nm , bandwidth: 12 nm , HB-OPTICAL), couple lens assembly(diameter: 12 mm , Gai
41 photnics Co.,ltd), a photodiode(SM05PD1A, THORLABS), a spectrometer(FX2000-RD,
42 $346\text{--}1134\text{ nm}$, $100\text{ }\mu\text{m}$ slit, Fuxiang Optics) and an computer. The LED source with a central
43 wavelength of 405 nm was chosen as the light source because the excitation efficiency is
44 highest at 405 nm according to three-dimensional fluorescence spectrum of the FDD. The
45 light from the LED is coupled into the quartz fiber bundle through the filter and coupling lens,

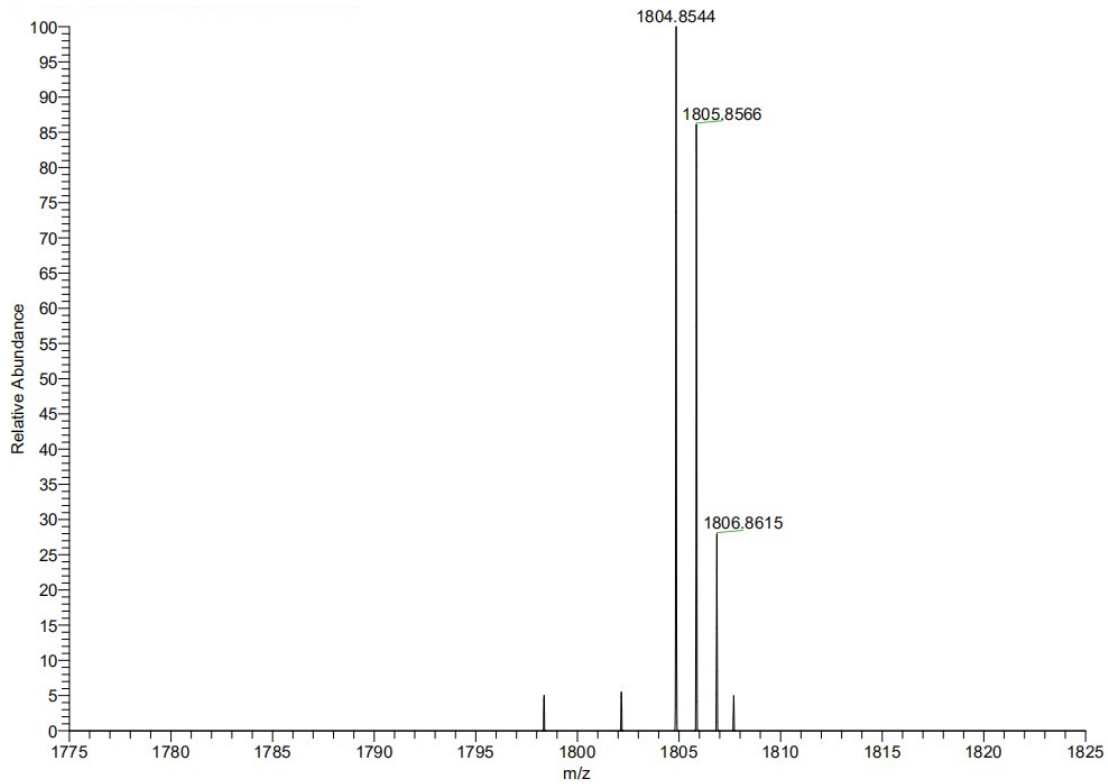
46 which is divided into two ways, one way serves as the reference light signal to reach the
47 photodiode through the fiber, the other way serves as excitation light transmitted to the optical
48 fiber probe. The emission fluorescence is collected by the optical fiber probe and transmitted
49 to the spectrometer, the spectrum of the sample to be tested can be obtained.



50

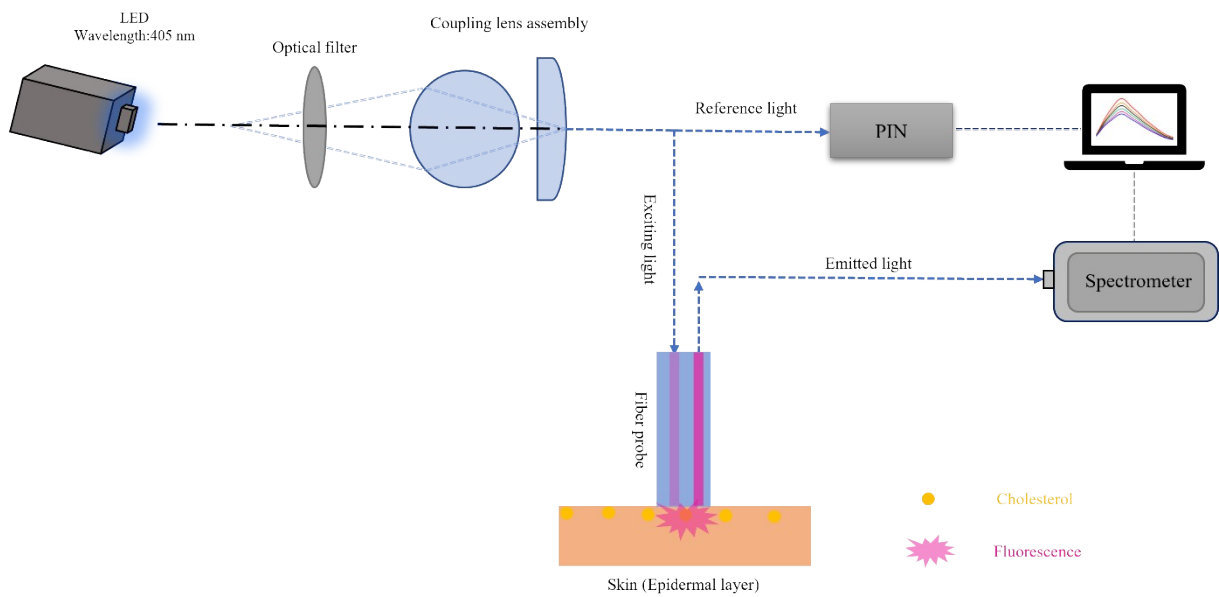
51 **Figure S1.** Purity of FDD separated by preparative liquid phase

52



53

54 **Figure S2.** High resolution mass spectrometry of purified FDD



55

56 **Figure S3.** Schematic of optical system for non-invasive detection of skin cholesterol

57 **Table S1.** Physiologic correlation of skin cholesterol measurement as assessed by univariate

58 analysis

	Correlation coefficient	P value
BMI	0.45	0.26

Blood glucose	0.41	0.32
Systolic blood pressure	0.39	0.19
TC (mmol/L)	0.51	0.05
LDL-C (mmol/L)	0.49	0.04
HDL-C (mmol/L)	0.55	0.08
TG	0.46	0.21

59

60

61