

1 **Figure S1. Ferroptosis-related protein expression *in vivo*.** (A) 8-OHdG and 4-HNE
2 immunostaining in MPE patients. (B) Rabbit IgG isotype control immunostaining.
3 *Bar* = 100 μ m.

4 **Figure S2. Ferroptosis-related protein expression *in vivo*.** TFRC, STEAP3, and
5 DMT1 immunostaining. *Bar* = 100 μ m.

6 **Figure S3. Characterization of plasma-derived exosomes.** (A) Electron
7 micrographs. *Bar* = 100 μ m. (B) Western blotting confirmed the presence of exosome
8 marker proteins. Positive control, CD9 and TSG101: HEPG2 cell lines; positive
9 control, CD81: 293T cell lines. (C) Nano-Flow Cytometry (NanoFCM) confirmed the
10 marker proteins CD9, CD63 and CD81 in plasma-derived exosome. (D) Nanoparticle
11 tracking analysis of plasma exosome size distribution. Con Exo, plasma-derived
12 exosome from healthy individuals; EM Exo, plasma-derived exosome from patients
13 with EM; and TEN Exo, plasma-derived exosome from patients with SJS/TEN.

14 **Figure S4. Plasma-derived exosome induced ferroptosis in HaCaT cells.** (A)
15 Plasma-derived exosomes stained with DiI red membrane dye. Nuclei counterstained
16 with Hoechst (blue). *Bar* = 100 μ m. (B) The protein expression levels of FSP1,
17 ACSL4, PTGS2, TFRC, and GPX4 in exosomes were analyzed by western blotting.
18 (C) Lipid peroxidation accumulation. *Bar* = 100 μ m. **P* < 0.05, ***P* < 0.01, ****P*
19 < 0.001.

20 **Figure S5. Ferroptosis-related protein expression *in vivo*.** ALOX15, LPCAT3, and
21 ACSL4 immunostaining. *Bar* = 100 μ m.

22 **Figure S6. NCOA4-FTH1 interaction contributes to the ferroptosis of**

23 **keratinocyte stimulated by TEN Exo.** (A) NCOA4 and FTH1 protein expression
24 levels were analyzed by western blotting after treatment with Con Exo, EM Exo, and
25 TEN Exo (100 µg/mL). (B) The protein levels of FTH1 and NCOA4 in HaCaT cells
26 stimulated with TEN Exo for indicated times. (C) The intracellular iron level in
27 HaCaT cells stimulated by TEN Exo or Con Exo for indicated times. (D) The
28 intracellular iron level in HaCaT cells stimulated by TEN Exo with or without the iron
29 chelator DFO. (E) The expression levels of autophagy biomarkers were analyzed by
30 western blotting after treatment with TEN Exo (100 µg/mL) and 3-MA. The data are
31 reported as the means ± SEMs of three independent experiments. *Bar* = 100 µm. *ns*,
32 not significant. **P* < 0.05, ***P* < 0.01, ****P* < 0.001.

33 **Figure S7. NCOA4-mediated ferritinophagy contributes to the keratinocyte**
34 **ferroptosis treated by TEN Exo.** (A) NCOA4 protein expression. (B-C) The mRNA
35 and protein levels of PTGS2 and ALSC4 in human primary keratinocytes stimulated
36 with TEN Exo after *NCOA4* siRNA transfection. (D-H) The protein levels of NCOA4
37 and FTH1 (D), oxLDL levels (E), intracellular ROS (F), MDA levels (G), lipid
38 peroxidation accumulation (H) in human primary keratinocytes stimulated with TEN
39 Exo after *NCOA4* siRNA transfection. The data are reported as the means ± SEMs of
40 three independent experiments. *Bar* = 100 µm. *ns*, not significant. **P* < 0.05, ***P* <
41 0.01, ****P* < 0.001.

42 **Figure S8. Ferroptosis-related protein expression *in vivo*.** FSP1, NCOA4, and
43 FTH1 immunostaining. *Bar* = 100 µm.

44 **Figure S9. *miR-375-3p* expression in patients with SJS/TEN.** RNAscope *in situ*

45 *miR-375-3p* detection. *Bar* = 200 μ m.

46 **Figure S10. *miR-375-3p*-Exo-Fect exosome internalization and ferroptosis**
47 **promotion *in vitro*.** (A) *miR-375-3p* exosome absorbed by HaCaT cells. *Bar* = 100
48 μ m. (B-H) HaCaT cells were incubated with *miR-375-3p*-loaded TEN Exo for 48 h.
49 (B) Relative *miR-375-3p* expression was detected by qRT-PCR. (C) MDA
50 accumulation. (D) NADPH levels. (E) Lipid peroxidation accumulation. (F)
51 Intracellular ROS levels. (G) oxLDL levels. (H) Ferroptosis protein expression were
52 analyzed by western blotting. *Bar* = 100 μ m. The data are reported as the means \pm
53 SEMs of three independent experiments. **P* < 0.05, ***P* < 0.01, ****P* < 0.001.

54 **Figure S11. *miR-375-3p*-induced the ferroptosis of keratinocyte.** (A) qRT-PCR
55 confirming changes in *miR-375-3p* in HaCaT cells transfected with a negative control
56 mimic (NC mimic), an NC inhibitor, a *miR-375-3p* mimic, or a *miR-375-3p* inhibitor
57 and normalized to *miR-139* expression. (B-L) HaCaT cells transfected with an NC
58 mimic, an NC inhibitor, a *miR-375-3p* mimic, or a *miR-375-3p* inhibitor. (B) MDA
59 accumulation. (C) Fe²⁺ accumulation. (D) LIP levels. (E) Intracellular ROS levels. (F)
60 Lipid peroxidation. (G) The intracellular iron level. (H-J) NAD(P)H and CoQ10
61 levels. (K) oxLDL levels. (L) ACSL4 and PTGS2 protein expression were analyzed
62 by western blotting. The data are reported as the means \pm SEMs of three independent
63 experiments. *Bar* = 100 μ m. ***P* < 0.01, ****P* < 0.001.

64 **Figure S12. Analysis of *miR-375-3p* binding sites in the *GCH1* and *DHODH***
65 **3'-UTR or GPX4 5'-UTR.** (A) Schematic diagram showing putative *miR-375-3p*
66 binding sites in the 5'-UTR of human *GPX4* and HaCaT cells transfected with

67 wild-type or mutant *GPX4* 5' -UTR luciferase and negative control mimic or
68 *miR-375-3p* mimic. **(B-C)** Schematic diagram showing putative *miR-375-3p* binding
69 sites in the 3'-UTR of human *GCHI* or *DHODH* and HaCaT cells transfected with
70 wild-type or mutant *GCHI* or *DHODH* 3'-UTR luciferase and negative control mimic
71 or *miR-375-3p* mimic. *ns*, not significant, ****P* < 0.001.

72 **Figure S13. *FSP1* knockdown promoted ferroptosis of human primary**
73 **keratinocytes.** **(A-B)** *FSP1* mRNA and protein expression in human primary
74 keratinocytes. **(C-H)** Human primary keratinocytes transfected with *FSP1*-siRNA for
75 48 h. **(C)** Cell viability. **(D)** MDA level. **(E-F)** NAD(P)H levels. **(G)** CoQ10 levels.
76 **(H)** Lipid peroxidation accumulation. **(I)** Intracellular ROS levels. *Bar* = 100 μ m. The
77 data are reported as the means \pm SEMs of three independent experiments. *ns*, not
78 significant. **P* < 0.05, ***P* < 0.01, ****P* < 0.001.

79 **Figure S14. *FTH1* knockdown promoted ferroptosis of human primary**
80 **keratinocytes.** **(A-B)** *FTH1* mRNA and protein expression in human primary
81 keratinocytes. **(C-K)** Human primary keratinocytes transfected with *FTH1*-siRNA for
82 48 h. **(C)** The intracellular iron level. **(D)** MDA level. **(E)** Cell viability. **(F)** LIP
83 levels. **(G)** Intracellular ROS. **(H)** oxLDL levels. **(I)** Lipid peroxidation accumulation.
84 *Bar* = 100 μ m, **(J-K)** NCOA4, TFRC, and LC3B mRNA and protein expression. The
85 data are reported as the means \pm SEMs of three independent experiments. *ns*, not
86 significant. **P* < 0.05, ***P* < 0.01, ****P* < 0.001.

87 **Figure S15. TNF- α could not mediate the ferroptosis of human primary**
88 **keratinocytes.** **(A-E)** Human primary keratinocytes were treated with TNF- α for 48 h.

89 (A) The expression levels of ferroptosis biomarkers in human primary keratinocytes
90 were analyzed by western blotting. (B) Intracellular ROS level. (C) MDA level. (D)
91 The intracellular iron level. (E) Lipid peroxidation accumulation. *Bar* = 100 μ m. The
92 data are reported as the means \pm SEMs of three independent experiments. *ns*, not
93 significant.

94 **Figure S16. XIAP could not mediate the ferroptosis of human primary**
95 **keratinocytes.** (A-E) Human primary keratinocytes were transfected with
96 *XIAP*-siRNA for 48 h. (A) The expression levels of ferroptosis biomarkers in human
97 primary keratinocytes were analyzed by western blotting. (B) Intracellular ROS level.
98 (C) MDA level. (D) The intracellular iron level. (E) Lipid peroxidation accumulation.
99 *Bar* = 100 μ m. The data are reported as the means \pm SEMs of three independent
100 experiments. *ns*, not significant.

101 **Figure S17. Exosomal *miR-375-3p* levels in SJS/TEN patients are positively**
102 **correlated with biomarkers of ferroptosis.** Exosomal *miR-375-3p* levels were
103 positively correlated with Fe^{2+} and MDA accumulation and negatively correlated with
104 CoQ10 levels in SJS/TEN patients.

Table 1. Clinical characteristics for SJS/TEN.

Num.	Age	C-P(n g/ml)	Cause	Glucose(m mol/l)	SCORTEN	BSA(%)	CRP(m g/l)	DBIL(u/l)	Agender
1	13	2.744	carbamazepine	6.8	2	70	37.7	19.3	Male
2	55	0.398	lamotrigine	13.13	1	6	95.2	11.9	Female
3	14	0.358	carbamazepine	6.7	1	45	30.15	8.7	Female
4	26	2.427	amoxicillin	5.0	1	60	30.40	9.0	Male
5	29	1.627	unknown	6.1	0	5	10.5	7.0	Female
6	43	3.142	carbamazepine	4.76	2	75	34.3	4.6	Male
7	63	2.167	penicillin	5.50	1	1	24.5	9.0	Female
8	66	0.298	unknown	10.23	2	1	7.96	9.0	Female
9	16	3.444	sulfonamides	5.69	1	9	31	6.8	Male
10	24	3.713	lincomycin	3.30	1	2	33.6	5.4	Female
11	16	2.799	antondine	3.76	1	38	17.6	3.1	Female
12	58	3.825	unknown	4.44	1	5	9.8	4.4	Female
13	7	3.799	lamotrigine	3.53	0	6	67.15	7.3	Male
14	47	0.195	unknown	21.80	4	85	153	39.0	Female
15	35	0.305	lamotrigine	4.00	2	76	5.14	13.4	Male
16	50	3.969	carbamazepine	6.60	2	34	85.45	15.4	Female
17	77	2.275	lamotrigine	4.21	1	2	87.3	3.5	Male
18	52	3.836	sulfonamides	5.74	1	9	37.1	11.6	Female
19	26	0.215	acetaminophen	6.40	2	41	35.5	11.2	Male
20	50	2.111	carbamazepine	8.20	2	70	85.6	2.7	Female
21	34	2.298	amoxicillin	5.50	0	7	12.1	5.2	Female
22	30	4.057	amoxicillin	7.70	1	60	12.0	3.0	Male
23	67	0.291	brinzolamide	9.10	2	28	116	12.0	Female
24	6	2.937	unknown	2.90	0	30	7.8	10.0	Female
25	16	2.618	lincomycin	7.50	0	5	10.7	4.5	Female
26	15	0.421	lincomycin	5.20	1	35	47.7	3.9	Male
27	44	0.311	unknown	8.60	2	19	9.85	13.4	Female
28	53	3.877	carbamazepine	8.20	2	30	148	6.2	Female
29	19	2.368	carbamazepine	4.60	0	2	11.6	5.1	Female
30	34	3.141	sulfonamides	5.50	0	6	1.29	7.5	Male
31	36	1.726	carbamazepine	7.69	2	70	72.9	10.2	Female
32	55	0.338	roxithromycin	13.60	4	90	265	29.0	Female
33	12	3.125	unknown	5.40	0	3	6.6	6.8	Male
34	16	1.173	carbamazepine	5.10	1	40	15.5	8.4	Female
35	63	1.284	penicillin	11.60	2	60	116	28.0	Male

Table 2. Institutional Review Board approval used in the studies

Approval Form of IEC, First Affiliated Hospital of Fourth Military Medical University

Ethics Committee Approval No.: No. KY20172030-1

Project	Clinical Study of the Establishment of a Biological Sample Bank				
Department	Dermatology	Principal Investigator	Wang Gang	Title	Chief physician/professor
		Director of Department	Wang Gang	Title	Chief physician/professor
Purpose	To establish a biological sample bank for inflammatory skin diseases such as psoriasis and vitiligo, autoimmune bullous diseases, skin tumors such as melanoma, allergic skin diseases, and hereditary skin diseases that meets international standards				
Forms to be handed	1. Submission letter; 2. Reply to ethics review opinions; 3. Clinical study protocol (version number: V2.0, version date: June 16, 2017); 4. Informed consent form (version number: V2.0, version date: June 16, 2017); 5. Case report form V2.0, version date: June 16, 2017; 6. Application form for review work				
Category	Initial Review <input type="checkbox"/> Re-review <input checked="" type="checkbox"/> Follow-up Review <input type="checkbox"/>				
Date	June 29, 2017	Locus	Conference Room, 20th Floor, Digestive Disease Hospital, First Affiliated Hospital of Fourth Military Medical University		
Way	Meeting Review <input type="checkbox"/> Emergency Meeting Review <input type="checkbox"/> Fast Review <input checked="" type="checkbox"/>				
Determination	Approved <input checked="" type="checkbox"/> ; To be approved after necessary amendments <input type="checkbox"/> ; To be re-reviewed after necessary amendments <input type="checkbox"/> ; Disapproved <input type="checkbox"/> ; Suspension or termination of the approved trial <input type="checkbox"/>				
Annual/Periodic Continuing Review	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Follow-up review frequency (from the date of approval of the trial)	3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input checked="" type="checkbox"/> None <input type="checkbox"/>				
Comments: After review by this ethics committee, it is approved to carry out this study according to the approved clinical study protocol and informed consent form. The investigator and sponsor are required to strictly conform to GCP principles, abide by relevant national laws and regulations, follow the protocol approved by the ethics committee in conducting the clinical study, fully implement the informed consent form, and effectively protect the rights and safety of study subjects. Before the study starts, the investigator should complete the clinical trial registration. Matters requiring attention in the study process: 1. If the principal investigator changes during the study process, any amendment to the clinical study protocol, informed consent form, and recruitment materials, etc. may only be implemented after review and approval by the ethics committee. 2. The annual/periodic review frequency specified by the ethics committee should be followed, and the investigator should submit a study progress report one month before the deadline. A summary report on the research progress of each study site should be submitted to the ethics committee of the leading site; in the event that there is any situation that may significantly affect the implementation of the trial or increase the risk to the subjects, the investigator should submit a written report to the ethics committee in a timely manner.					

3. The following situations should be reported in time during the trial: (1) Any serious adverse events should be reported within 24 hours; (2) In the event that the study is not carried out in compliance with the protocol, e.g., enrolling subjects who do not meet the inclusion criteria or meet the exclusion criteria, not withdrawing subjects who meet the requirements for discontinuation of the trial, giving wrong treatment or dosage, and giving concomitant medications prohibited by the protocol; or is in violation of GCP principles, e.g., potentially having adverse effects on the rights/health of the subjects and the scientificity of the research, etc., the investigator should submit a protocol violation report; and (3) In the event that the investigator discontinues or terminates the clinical study in advance, the investigator should submit the discontinuation/termination report in time.

4. Upon completion of the clinical study, the investigator should submit the study summary report.

Ethical Committee for Clinical Trials of Drugs in the First
Affiliated Hospital of the Fourth Military Medical University
Signature of Chairman of Ethics Committee: TianWen Gao

June 29, 2017

[Seal] Ethics Committee of Drug Clinical Trials in First
Affiliated Hospital of Fourth Military Medical University

Statement: The responsibilities, personnel composition, operating procedures, and records of this ethics committee follow ICH-GCP/China GCP and applicable Chinese laws and regulations. All present members of the ethics committee are in their effective term of office and will keep confidential the clinical study materials reviewed and the results of the ethics committee meeting and related contents, and they have no conflict of interest in this study project. This approval document is valid for three years and will be invalidated automatically upon expiration.

Address: 127 Changle West Road, Xi'an

Post code: 710032

Tel: 029-84771794

Table 3. Sequence information for siRNA used in the studies Gene

<i>hFTH1</i>	Sense-1: CCUGUCCAUGUCUUACUACUUTT Antisense-1: AAGUAGUAAGACAUGGACAGGTT Sense-2: CCUUCAGGAUAUCAAGAAATT Antisense-2: UUUCUUGAUAUCCUGAAGGTT Sense-3: AGAUCAACCUUGGAGCUCUATT Antisense-3: UAGAGCUCCAGGUUGAUCUTT
<i>hFSP1</i>	Sense-1: CCAAUUCAGUGGCUUCUAUdTdT Antisense-1: AUAGAAGCCACUGAUUUGGdTdT Sense-2: GCACCGGCAUCAAGAUAAdTdT Antisense-2: UUGAUCUUGAUGCCGGUGCdTdT Sense-3: GCUGCCUCUCA AUGAGUAUdTdT Antisense-3: AUACUCAUUGAGAGGCAGCdTdT
<i>hNCOA4</i>	Sense-1: UCAGCAGCUCUACUCGUUAUUdTdT Antisense-1: AAUAACGAGUAGAGCUGCUGAdTdT Sense-2: UGAACAGGUGGACCUUAUUUAdTdT Antisense-2: UAAAUAAAGGUCCACCUGUUCAdTdT Sense-3: CUCUUAUUCAGUCCUAUAAUdTdT Antisense-3: AUUAUAGGACUGGAAUAAGAGdTdT

Table 4. Sequence information for RT-PCR primers used in the studies

<i>Gene</i>	Primers (5'→3')
<i>GPX4</i>	F: GCACATGGTTAACCTGGACA R: CTGCTTCCCGAACTGGTTAC
<i>PTGS2</i>	F: CTGCGCCTTTTCAAGGATGG R: GGGGATACACCTCTCCACCA
<i>ACSL4</i>	F: CCCACCCACTCCCATCT R: GAATTAGCAGCACCCAACCTTA
<i>FSP1</i>	F: GGGTTCGCCAAAAAGACATTCATTT R: CCAACTTGCTCATTCTACCCTTTTCTG
<i>TFRC</i>	F: CTCCAGAGCTGCTGCAGAAAAGC R: CTCCTGAATAGTCCAAGTAGC
<i>ALOX15</i>	F: TGGCTGCCCCGCTGGTCATG R: CTCCTGAATAGTCCAAGTAGC
<i>LPCAT3</i>	F: ACCCCTTTGCTTTGTTTTATCG R: TAAGCAATTGAGAGGCCTGTAA

FTH1 F: TGTGGCGGAGCTGCTGGGTAA
R: CGAGAGGTGGATACGGCTGCT

FASN F: TACGTACTGGCCTACACCCAGA
R: TGAACTGCTGCACGAAGAAGCATAT

FADS2 F: TTACAACATCACCAAATGGTCCAT
R: GAAGGCATCCGTTGCATCTT

SCD1 F: CATAATTCCCGACGTGGCTTT
R: AGGTTTGTAGTACCTCCTCTGGAACA

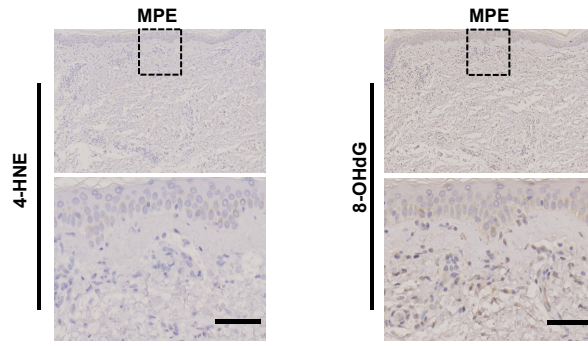
SREBP1 F: CGCAAGGCCATCGACTACAT
R: GACTTAGGTTCTCCTGCTTGAGTTTC

LC3B F: TGTCCGACTTATTCGAGAGCAGCA
R: TTCACCAACAGGAAGAAGGCCTGA

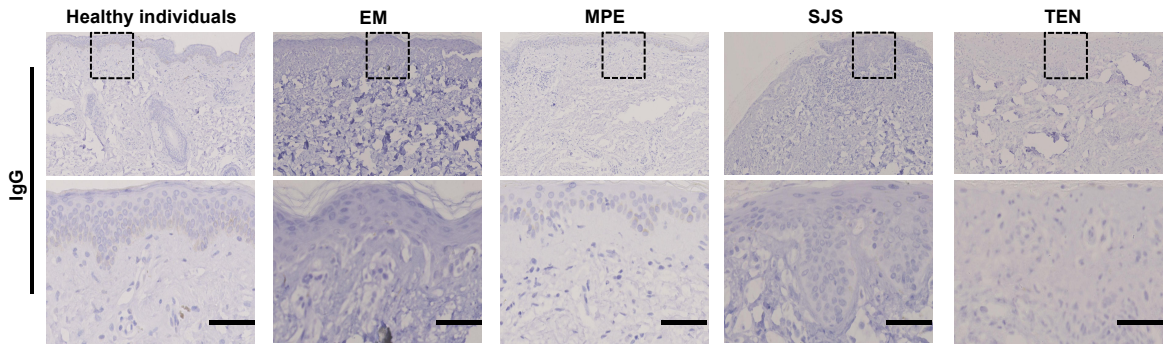
NCOA4 F: GAGGTGTAGTGTGCACGGAG
R: GACGGCTTATGCAACTGTGAA

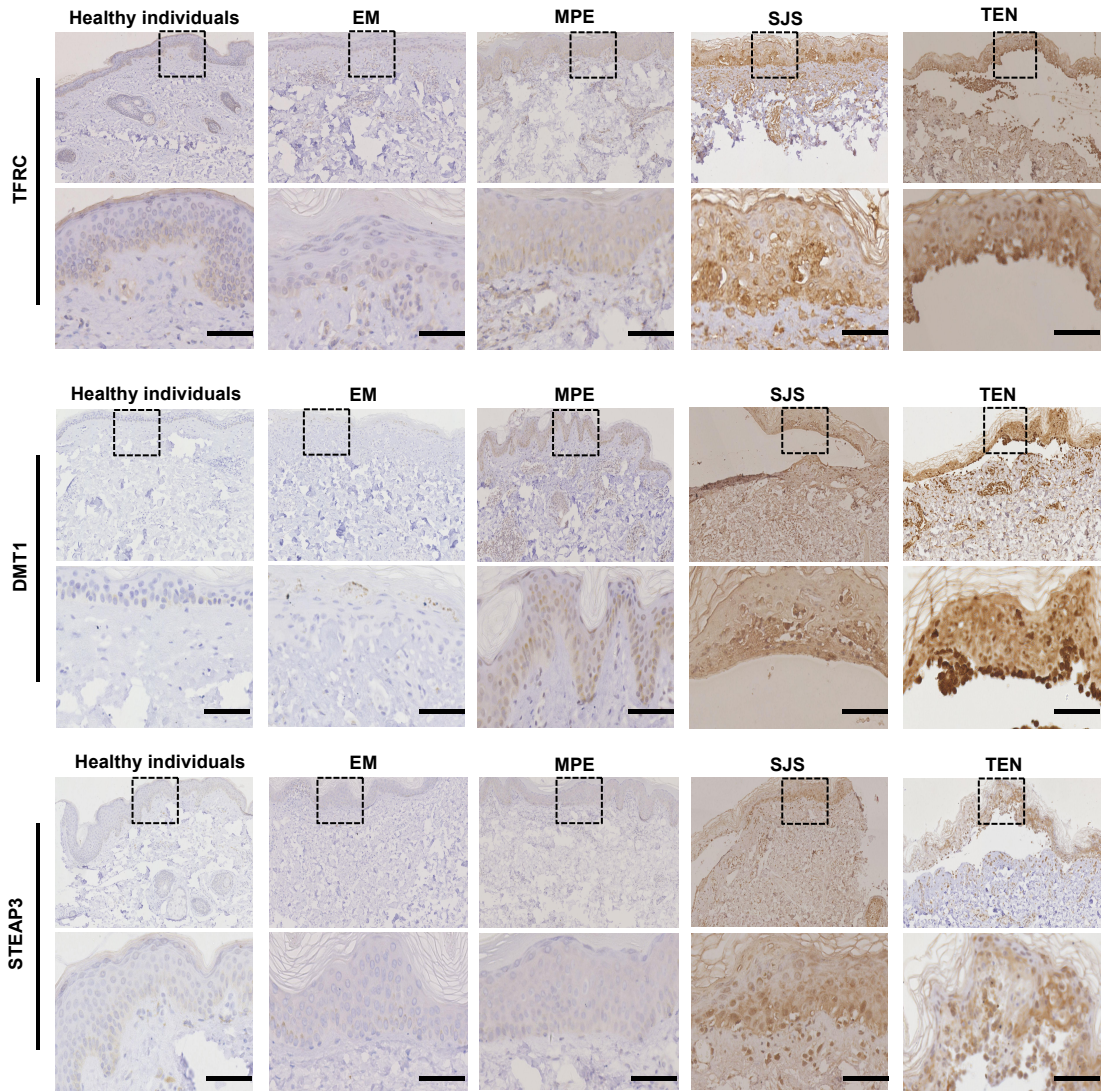
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R: GATCCGAGGGCCTCACTAAAC

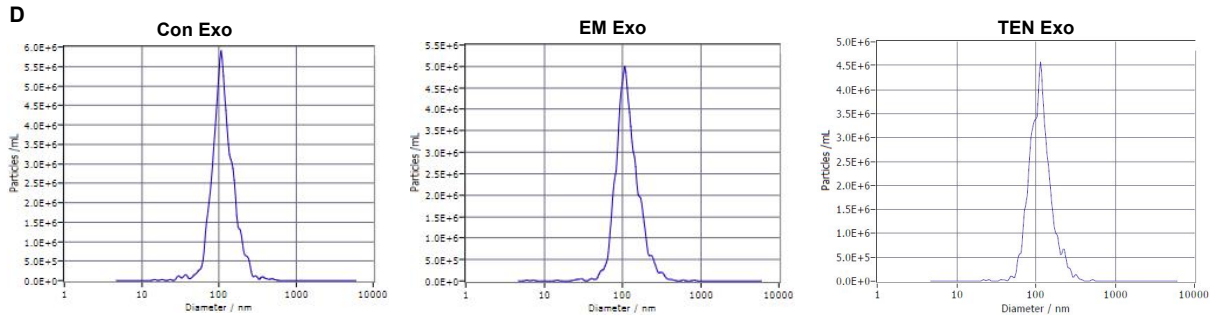
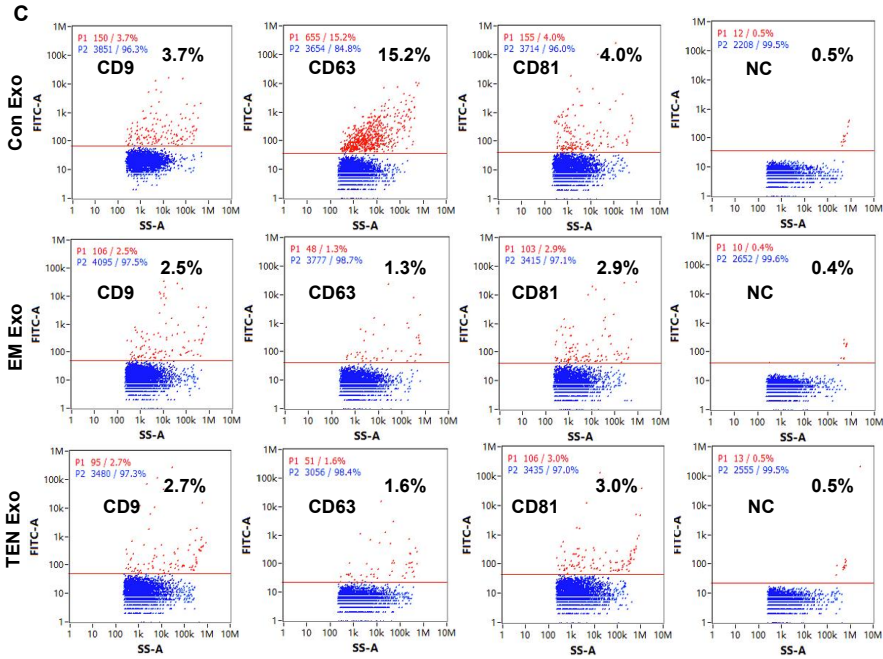
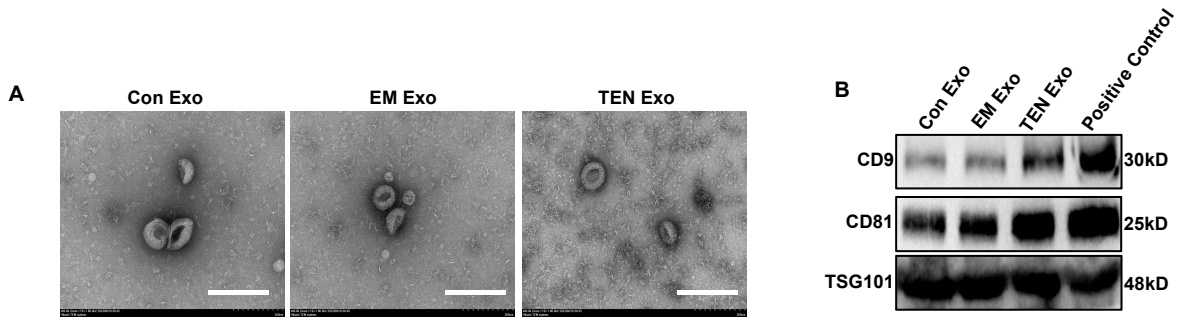
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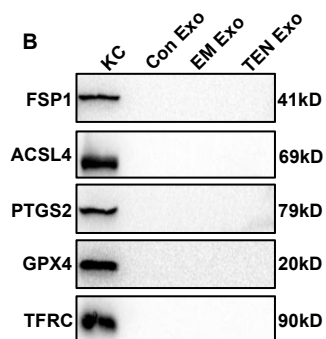
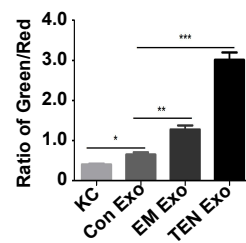
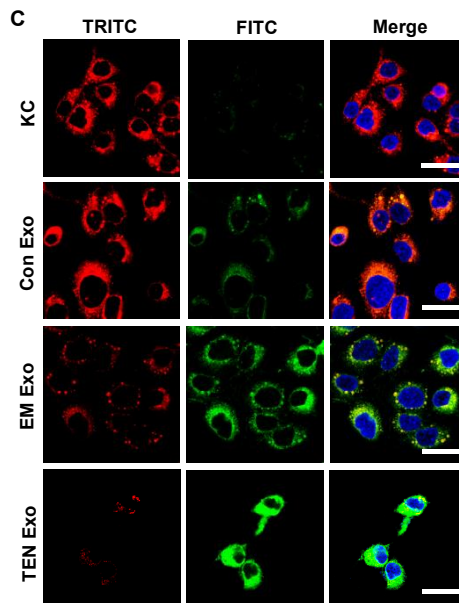
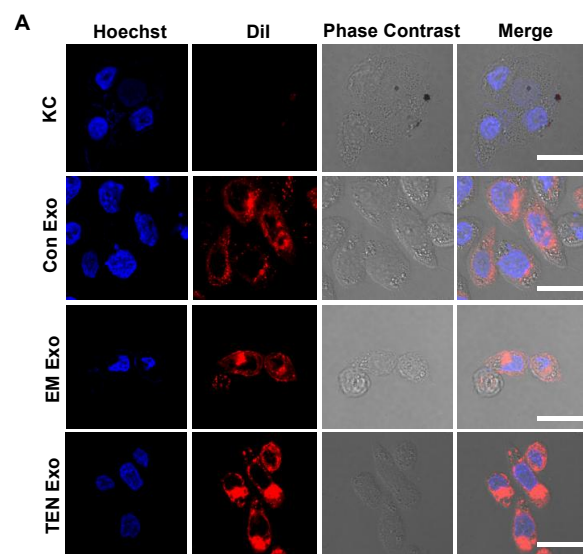


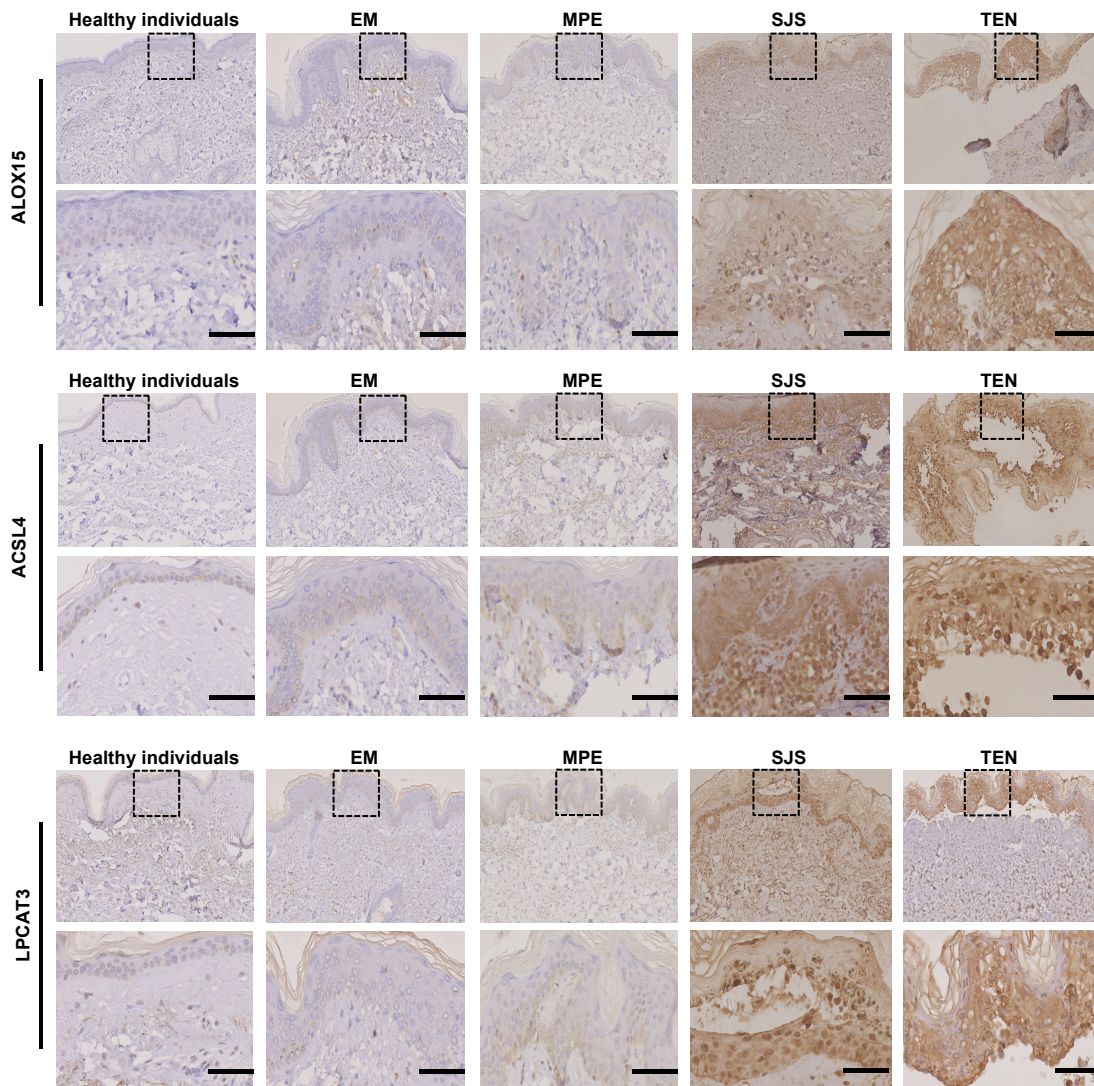
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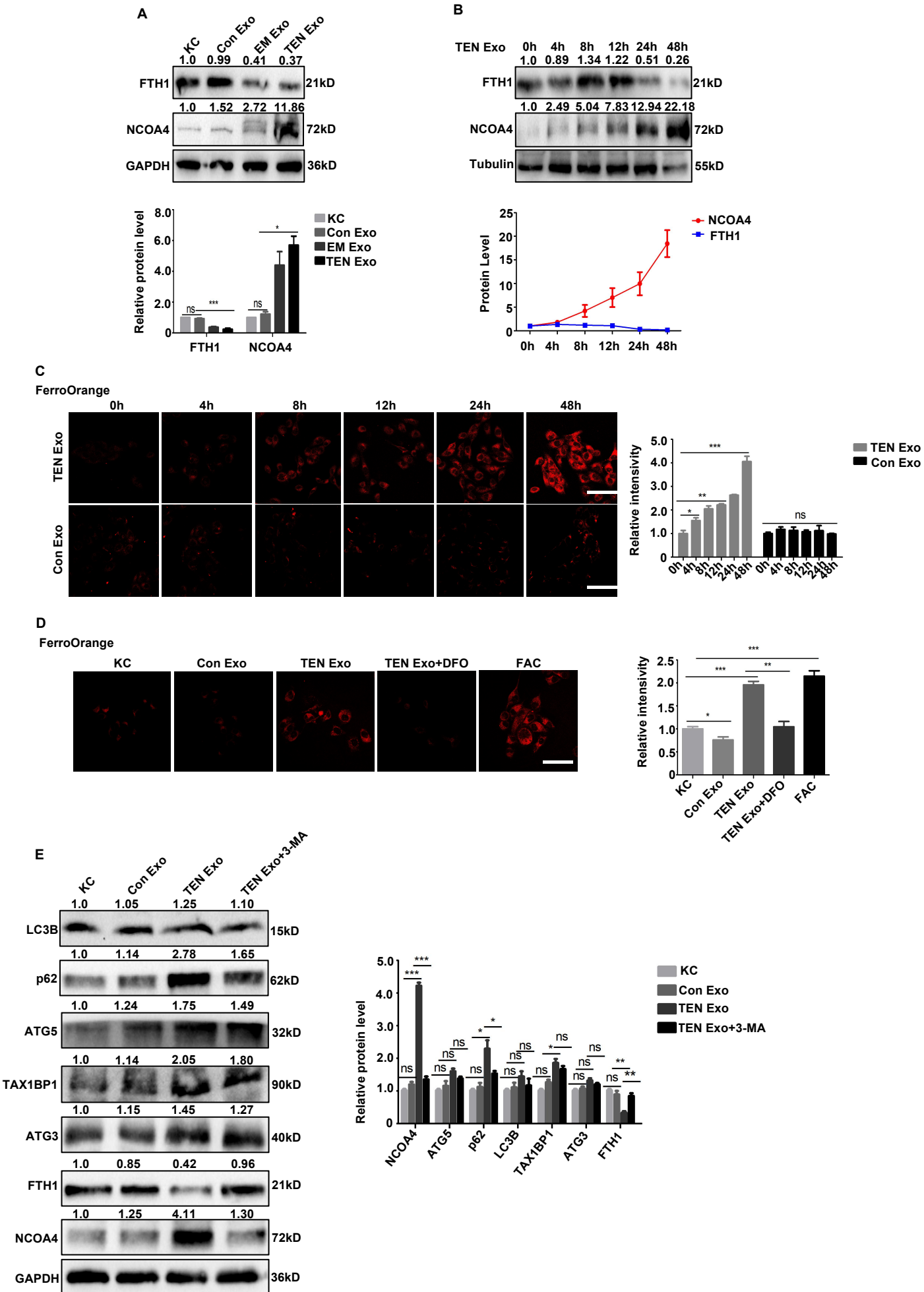


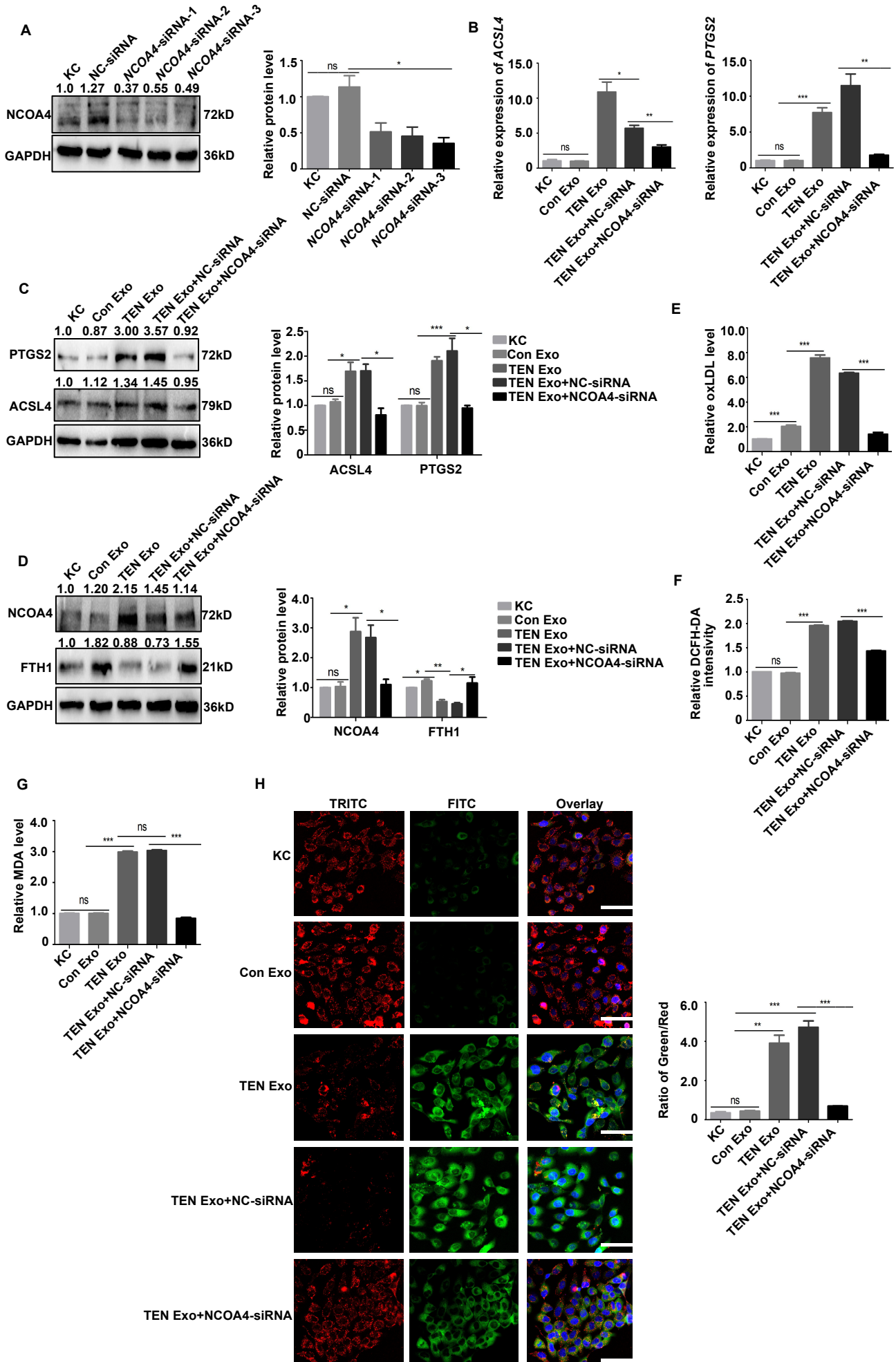


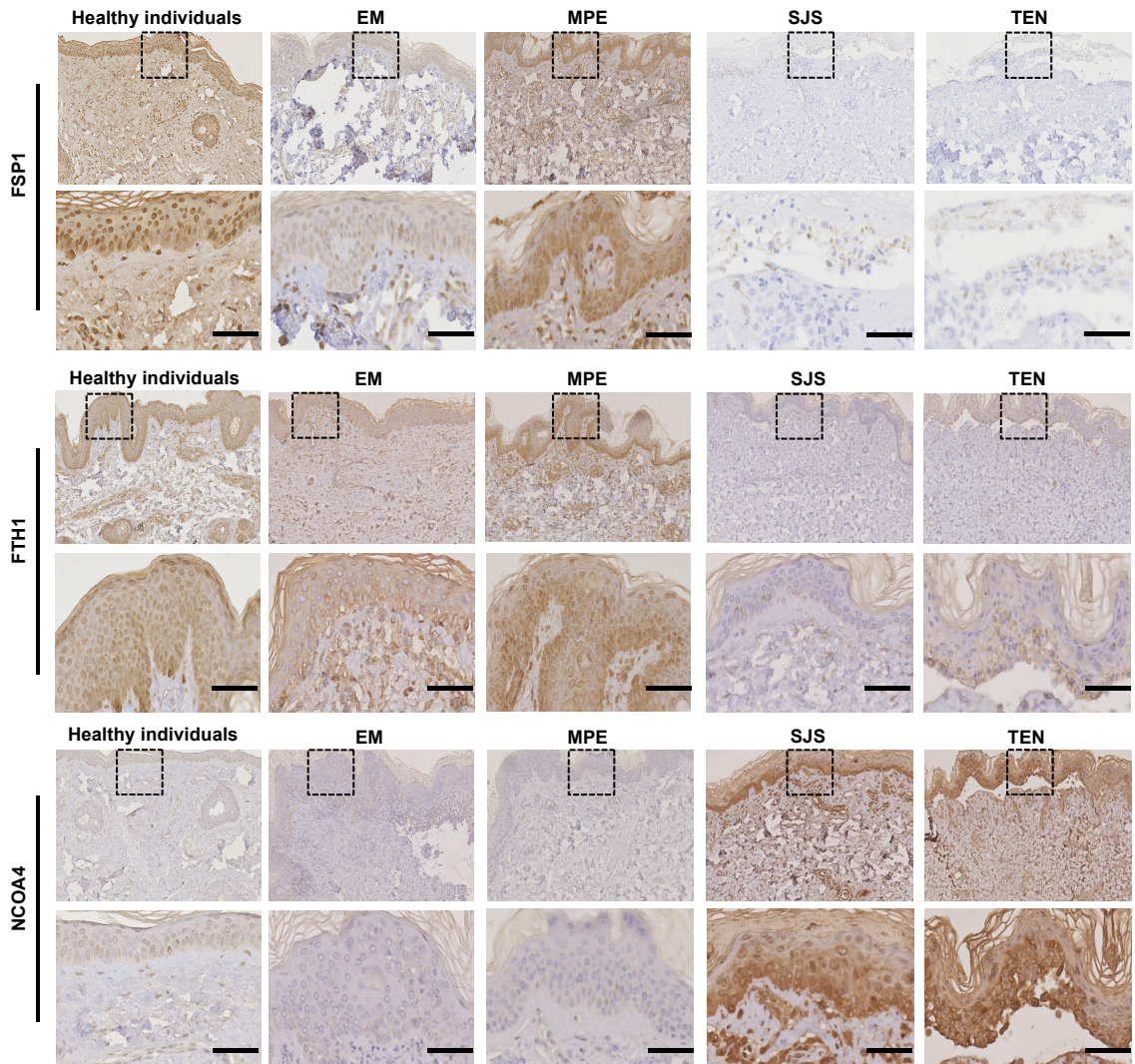












miR-375-3p

