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Selectins impair regulatory T cell function and contribute to systemic lupus erythematosus pathogenesis

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1 **Selectins impair regulatory T cell function and contribute to systemic lupus**
2 **erythematosus pathogenesis**

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4 **Short title : Selectins impair Tregs in systemic lupus**

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6 Authors : Marc Scherlinger^{1,2,3}, Vivien Guillotin^{2,3,4}, Isabelle Douchet³, Pierre Vacher⁵,
7 Andrea Boizard³, Jean Philippe Guegan⁶, Anne Garreau³, Nathalie Merillon³, Agathe
8 Vermorel⁷, Emmanuel Ribeiro⁴, Irène Machelart^{2,8}, Estibaliz Lazaro^{2,8}, Lionel Couzi⁷,
9 Pierre Duffau⁸, Thomas Barnetche^{1,2}, Jean-Luc Pellegrin^{2,8}, Jean-François Viillard^{2,8},
10 Maya Saleh³, Thierry Schaefferbeke^{1,2}, Patrick Legembre⁹, Marie-Elise Truchetet^{1,2,3},
11 Hélène Dumortier¹⁰, Cécile Contin-Bordes^{3,10}, Vanja Sisirak³, Christophe Richez*^{1,2,3}
12 & Patrick Blanco*^{2,3,11}

13
14 Affiliations:

15 ¹ Department of Rheumatology, Pellegrin, Bordeaux University Hospital, France.

16 ² Centre national de référence maladie auto-immune et systémique rares Est/Sud-
17 Ouest (RESO).

18 ³ UMR-CNRS 5164, ImmunoConcept, University of Bordeaux, France.

19 ⁴ Department of Internal Medicine, Saint André, Bordeaux University Hospital,
20 France.

21 ⁵ INSERM U1218, Bordeaux, France.

22 ⁶ CLCC Eugène Marquis, Inserm U1242, Equipe Ligue Contre Le Cancer, 35042
23 Rennes, France.

24 ⁷ Nephrology department, Bordeaux University Hospital, France.

25 ⁸ Department of Internal Medicine, Haut-Leveque, Bordeaux University Hospital,
26 France.

27 ⁹ Explicyte SAS, 229 Cours de l'Argonne, 33000 Bordeaux

28 ¹⁰

29 ¹¹ Department of Immunology and Immunogenetics, Bordeaux University Hospital,
30 France.

31
32
33 Corresponding authors:

34 Prof Patrick Blanco, MD. PhD. ** Lead contact

35 Department of Immunology and Immunogenetics, Pellegrin, Bordeaux University
36 Hospital, place Amélie Raba Léon, 33076 Bordeaux, France.

37 Email: patrick.blanco@chu-bordeaux.fr

38 Phone: +33 556795679

39 Fax: +33 557820937

40
41 Prof Christophe Richez, MD. PhD

42 Department of Rheumatology, Pellegrin, Bordeaux University Hospital, place Amélie
43 Raba Léon, 33076 Bordeaux, France.

44 Email: christophe.richez@chu-bordeaux.fr

45 Phone: +33 556795483

46 Fax: +33 557820937

47
48 *, Participated equally.

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Summary:

Systemic lupus erythematosus (SLE) is a systemic autoimmune disease characterized by a loss of tolerance toward self-nucleic acids, autoantibody production, an interferon signature, and a defect in the T regulatory cells (Tregs) compartment. In this work, we identified that platelets from active SLE patients preferentially interacted with Tregs *via* the P-selectin/PSGL-1 axis. Selectin interaction with PSGL-1 blocked the regulatory/suppressive properties of Tregs and follicular Tregs by triggering Syk phosphorylation and an increase in intracytosolic calcium. Mechanistically, P-selectin engagement on Tregs induced a downregulation of the TGF-beta axis, altering Tregs phenotype and limiting their immunosuppressive response. In patients, we found a significant upregulation of P- and E-selectin levels both expressed by microparticles and in their soluble forms that correlated with SLE disease activity. Finally, blocking P-selectin in a mouse model of SLE improved cardinal features of the disease. Overall, our results identify a selectin-dependent pathway active in SLE patients and validate it as a potential therapeutic avenue.

Keywords: systemic lupus erythematosus; selectin; PSGL-1; T regulatory lymphocytes; platelets; autoimmune disease

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Introduction:

Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by a loss of tolerance against self-nucleic acids and type I interferon production (1). Self-reactive B cells primed by interferons are responsible for auto-antibody production, immune complex formation and deposition in tissues, leading to end-organ disease. Previously most targeted therapies were directed against B cells or interferons (2). However, the vast majority of these drugs did not reach significant efficacy endpoints in human clinical trials, indicating that alternative therapeutic strategies should be considered. Along these lines, the role of effector T cells including follicular helper T cells, known for their ability to induce germinal center responses, and regulatory T cells (Tregs), which dampen immune responses, have been highlighted and could represent therapeutic opportunities (3).

Foxp3⁺ Tregs are important for the maintenance of immunological tolerance, and their absence or deregulation results in fatal autoimmune diseases in humans and mice (3). In SLE, defects in the Treg compartment have been observed both in mouse models and patients (3). Importantly, failure of Tregs to control exaggerated T and B cell activation in SLE may depend on cell-extrinsic factors, including the interplay of Tregs with other immune cells in the inflammatory milieu. As an example, we, and others, have recently identified the ability of OX40L-expressing monocytes, activated by immune complexes (ICs), to induce the differentiation of naïve and memory T cells into B-helper cells (4, 5), while inhibiting the immunosuppressive properties of Tfr and Tregs (6). ICs also influence the function of several cells of the innate immune system, including neutrophils and platelets. Blood platelets, typically involved in primary hemostasis, are activated in several autoimmune disorders and constitute an adjuvant factor in autoimmunity through their ability to tightly interact with other cells by the formation of platelet/cell aggregates (7, 8). In SLE patients, platelets express high levels of P-selectin, are activated by circulating ICs, form aggregates with pDCs and promote the secretion of type I interferon by pDCs in a CD40/CD40L-dependent mechanism ultimately contributing to SLE pathogenesis (9).

Selectins play an important role in the migration of circulating leukocytes to the site of inflammation. During inflammation, P- and E-selectins are upregulated on platelets and endothelial cells and mediate cell adhesion under flow, therefore playing a crucial role in the immune response (10). Accordingly, selectins are elevated at both the tissue and circulating levels in many inflammatory conditions, including sepsis and atherosclerosis (11–13). Selectins bind to P-selectin glycoprotein ligand-1 (PSGL-1), which is an adhesion molecule expressed by many types of hematopoietic cells including T cells. The binding of selectins to PSGL-1 depends on its post-translational modifications such as fucosylation that inserts a sialyl-lewis X motif (sLe^x). sLe^x, designated as cluster of differentiation 15s (CD15s), is a tetrasaccharide carbohydrate usually fused to O-glycans (14). Although PSGL-1 has long been studied as an adhesion molecule involved in immune cell trafficking, it is now increasingly recognized as a regulator of many aspects of the immune response (15, 16). Strikingly, we confirmed that among lymphoid cells, Tregs and Tfr express the highest levels of PSGL-1/CD15s, potentially conferring a specific platelet/selectin interaction (17). Since SLE is characterized by platelet activation that induces P-selectin exposure and secretion, we asked whether Treg function is affected by platelets in SLE patients.

151 Here, we found that P-selectin impairs the immunosuppressive functions of
152 Tregs and Tfr cells. Mechanistically, through binding to CD15s-associated PSGL-1,
153 selectins induced a Syk-dependent calcium increase, decreased GARP expression,
154 TGF-beta release and Foxp3 expression. We show that soluble P-selectin, P-selectin-
155 associated microparticles, and platelet-Treg aggregates have the strongest
156 association with disease severity in SLE patients. In a mouse model of SLE, P-selectin
157 blockade attenuated disease severity. Collectively, our results provide clinical and
158 functional evidence of the role of P-selectin in SLE pathogenesis and point to P-
159 selectin as a valuable therapeutic target in SLE patients.

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Results:

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Tregs and Tfr express high level of fucosylated (CD15s) PSGL-1

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207 In SLE patients, platelets have an activated phenotype in relation to disease activity
208 and severity (8), and the relocation of P-selectin on the platelet membrane is a hallmark
209 of platelet activation (10). To investigate which immune cell populations interacted with
210 P-selectin-expressing platelets, we first analyzed PSGL-1 expression using flow
211 cytometry on fresh blood samples. In healthy donors (HD), PSGL-1 expression was
212 highest on plasmacytoid dendritic cells (pDCs), moderate on myeloid dendritic cells
213 (mDCs), monocytes, granulocytes and T cells, and nearly absent on B lymphocytes
214 (**figure 1A**; gating strategy see **figure S1A**). Among T lymphocyte subpopulations,
215 CD4⁺ CD25^{high} CD127^{low} T regulatory cells (Tregs) showed the highest expression of
216 PSGL-1 compared to other subpopulations ($p < 0.0001$, **figure 1B**; gating strategy see
217 **figure S1B**). Since PSGL-1 fucosylation is necessary for its interaction with its receptor
218 (e.g., selectins), we next monitored CD15s expression at the plasma membrane of
219 circulating leukocytes in HD. We observed that among T cells, Tregs (specifically
220 CD45RA⁻ FoxP3⁺) expressed higher levels of CD15s compared to Teff cells ($p < 0.001$,
221 **figures S1D and S1E**). Interestingly, the Tfr population CD3⁺ CD45RA⁻ CXCR5⁺
222 Foxp3⁺ CD25⁺ also expressed high levels of CD15s (**figures S1D and S1E**). In SLE
223 patients, both resting (CD45RA⁺) and effector (CD45RA⁻) FoxP3^{high} Tregs expressed
224 significantly higher PSGL-1 (**figure 1C**, gating shown in **figure S1C**) and CD15s
225 (**figure S1F**) levels than T effector lymphocytes. Tregs from SLE and HD expressed
226 similar levels of PSGL-1 and CD15s (**figure S1G**).

227 We next explored whether CD15s-expressing Tregs interacted with platelets in HD and
228 SLE patients. Using flow cytometry, circulatory platelet/Treg aggregates (defined as
229 CD61⁺[platelet]/CD4⁺CD127⁻CD25⁺[Treg]) were significantly higher in SLE patients,
230 notably those with active disease, than in HD (**Figures 1D and 1E**). Further, the
231 frequency of such CD61⁺ Treg aggregates significantly correlated with SLE disease
232 activity, as assessed by the SLE disease activity index (SLEDAI) (**figure 1F**). The
233 specificity of platelet-cell aggregates was confirmed using CD41 together CD61
234 (**figures S1H-I**). Moreover, we confirmed that platelet/Treg aggregates were positive
235 for P-selectin (CD62P, **figure S1J**). Of note, the frequency of platelet/T-effector
236 aggregates was not significantly different between SLE and HD (**figure 1G**) and did
237 not correlate with the SLEDAI (data not shown). Finally, platelet Tregs physical
238 interaction was further confirmed by staining freshly sorted healthy donors' CD4⁺ T
239 cells with CD41 (red) and FoxP3 (green) (**figure 1H**). Together, these results suggest
240 that in active SLE patients, activated (P-selectin-expressing) platelets are responsible
241 for a specific platelet/Treg interaction most likely *via* P-selectin/PSGL1 interaction.

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Platelets block Tregs and Tfr suppressive functions through P-selectin/PSGL-1 interaction

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245 To investigate the consequences of platelet-Treg interaction, we conducted Treg
246 suppressive assays in the presence or absence of autologous platelets. While the
247 platelets did not directly impact Teff cell proliferation, they prevented the suppressive
248 function of Tregs (**figure 2A and 2B**) in a dose-dependent manner (**figure 2C**), and at
249 a platelet-Treg ratio as low as 5:1. To distinguish whether platelet-mediated Treg
250 dysfunction was mediated through a soluble or membrane-bound factor, we separated

251 the supernatant (without quantifiable sP-selectin, data not shown) and membrane-
252 bound factors (pellet) from thrombin-activated platelets by ultracentrifugation and
253 added each fraction to the Treg-Teff co-culture. Only the pellet from activated platelets
254 inhibited Treg suppressive functions (**figure S2A**). Interestingly, preincubating Tregs
255 with an anti-PSGL1 blocking antibody prevented platelet-induced Treg dysfunction
256 (**figure 2D**), suggesting that the PSGL-1/P-selectin interaction mediated the platelet-
257 driven inhibition of Treg suppressive function.

258 To assess whether this effect was specific to the PSGL-1 axis, we repeated the
259 Treg suppressive assays, replacing platelets with recombinant forms of the known
260 PSGL-1 receptors, i.e. Platelet- (P-), Endothelial- (E-) or Leukocyte (L-) selectin.
261 Platelet-induced Treg dysfunction was observed following culture with each of the
262 recombinant selectins (**figure 2E**), with treatment with P-Selectin showing the
263 strongest inhibition. P-selectin inhibited the suppressive function of Tregs in a dose-
264 dependent manner (**figure 2F**), and this effect was prevented when Tregs were pre-
265 treated with anti-PSGL-1 blocking antibody (**figure 2G**). Importantly, Treg viability was
266 not affected by P-selectin (**figure S2B**). Finally, we ruled out LPS contamination of
267 recombinant P-selectin using a polymyxine assay (**data not shown**). Together, these
268 results indicate that platelet-induced Treg dysfunction was mediated by the interaction
269 between P-selectin expressed on platelets and PSGL-1 expressed on Tregs.

270 To investigate if selectins had a similar effect on Tfr cells, we cocultured
271 autologous memory B cells, Tfh and Tfr cells (or Tregs) sorted from HD, in the
272 presence of Staphylococcal Enterotoxin B (SEB). While no impact on B cells was
273 observed in the absence of regulatory cells, P-selectin inhibited Tfr and Treg
274 immunosuppressive functions with respect to B cell differentiation into CD38^{high}
275 plasmablasts (**figures 2H and I**) and IgG production (**Figure 2J**). These results
276 suggest that P-selectin is also able to block the suppressive properties of Tfr cells.
277 These data identify a novel function of selectins in disrupting the suppressive activities
278 of Tregs and Tfr cells.

279

280 **P-selectin induces Syk kinase phosphorylation and intracellular calcium release** 281 **in Tregs**

282 PSGL-1 engagement has previously been described to induce Erk phosphorylation in
283 neutrophils (18) and Syk phosphorylation in T cells (19). To address the intracellular
284 signaling pathways activated by selectins in Tregs, we used Phosflow® on freshly
285 sorted Tregs from a HD. We found that P-selectin induced Syk phosphorylation in a
286 dose-dependent manner (**figures 3A and 3B**), and this was inhibited by pre-incubation
287 of Tregs with an anti-PSGL1 blocking antibody or with a Syk-specific inhibitor used as
288 a negative control (**figure 3B**). Consistent with a role for Syk in regulating Treg
289 function, Syk inhibition prevented the P-selectin-induced Treg dysfunction in
290 immunosuppressive assays (**figure 3C**). In fresh blood samples from active SLE
291 patients, FOXP3⁺ Tregs aggregating with platelets (CD61⁺ FoxP3⁺ Tregs) had
292 increased pSYK levels compared to CD61⁻ Tregs (**figures 3D and 3E**). In contrast, we
293 did not detect differences in pSYK levels between FoxP3⁻ Teff cells alone or those that
294 aggregate with platelets (**figure 3F**), likely due to the absence of CD15s. No significant
295 difference was observed in Erk phosphorylation in Tregs in the presence of P-selectin
296 stimulation (**figure S3A**). In addition, pre-incubating Tregs with different levels of P-
297 selectin did not alter STAT5 phosphorylation in response to IL-2, suggesting that P-
298 selectin did not affect the IL-2 axis in Tregs (**figure S3B**).

299 Phosphorylation-driven Syk activation leads to its interaction with and activation
300 of phospholipase C-γ1 (PLC-γ1), triggering a cytosolic calcium ([Ca²⁺]_{cyt}) signal (20).

301 To measure $[Ca^{2+}]_{cyt}$ in Tregs, we conducted single-cell cytosolic calcium imaging on
302 freshly isolated HD Tregs. Upon P-selectin exposure, cytosolic calcium concentration
303 dramatically increased in Tregs (**figures 3G and 3H**), but not in B lymphocytes devoid
304 of PSGL1 expression, or in Teff cells expressing low levels of fucosylated PSGL-1
305 (**figures S3C and S3D**). The pre-incubation of Tregs with anti-PSGL1 blocking
306 antibody or Syk inhibitor prevented the P-selectin-mediated $[Ca^{2+}]_{cyt}$ increases
307 (**figures 3G and 3H**). Collectively, these data identified the Syk/PLC- γ 1 as key
308 downstream mediators of selectin-induced Treg dysfunction, and that this pathway is
309 activated in Tregs that aggregate with platelets in SLE patients.

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311 **Selectins trigger Treg dysfunction through inhibition of the TGF-beta pathway**

312 To investigate the pathways altered downstream of Syk/PLC- γ 1/calcium signaling in
313 Tregs upon P-selectin exposure, we cultured freshly sorted human Tregs from HD for
314 8 hours with P-selectin and then investigated the transcriptional changes in the cells
315 by microarray analysis. 3408 transcripts were significantly downregulated and 2229
316 were upregulated ($|\text{fold change}| > 1.5$ and $p\text{-value} < 0.05$) in response to P-selectin
317 exposure (**Supplementary file 4 for the list of transcripts**). Interestingly, Treg-
318 specific transcripts were downregulated including *FOXP3*, *IKZF2* (Helios), and
319 *BCL11B* (**figure 4A**), while there was a moderate increase in transcripts of pro-
320 inflammatory genes such as *IL17A*, *CCL4* and *IL18*. Gene set enrichment analysis
321 identified that the TGF-beta signaling pathway was enriched in untreated versus P-
322 selectin-treated Tregs, suggesting a selectin-dependent impairment of the TGF-beta
323 axis in Tregs (**figure 4B**). Indeed, the transcripts of TGF-beta (*TGFB1*), its chaperone
324 protein GARP (*LRRC32*) and the downstream transcription factor *SMAD3* were
325 significantly downregulated in Tregs upon exposure to P-selectin (**figure 4A**).

326 Using qRT-PCR, we confirmed the downregulation of *TGFB1* and *LRRC32*
327 mRNA in Tregs exposed to P-selectin ($p < 0.01$, **figure 4C**). Next, to evaluate the impact
328 of P-selectin treatment on Tregs at the protein level, we cultured HD Tregs for 48 hours
329 with or without P-selectin and assessed GARP surface expression on Tregs using flow
330 cytometry. We observed that P-selectin treatment was associated with decreased
331 GARP expression on Tregs in a dose-dependent manner (**figures 4D and 4E**). Pre-
332 incubation of Tregs with anti-PSGL-1 or Syk inhibitor restored GARP expression
333 (**figure 4E**). GARP is a chaperone protein essential for the processing and release of
334 active (free) TGF-beta by Tregs (21). Therefore, we measured free TGF-beta levels in
335 Tregs culture supernatants and found that P-selectin significantly decreased TGF-beta
336 secretion by Tregs (**figure 4F**), without significantly altering the levels of IL-4, IL-10 or
337 IL-17A (data not shown). To support platelet's role in P-selectin-mediated Treg
338 dysfunction, we cultured Tregs with non-activated or ADP-activated platelets. ADP-
339 activated platelets (and at a lesser extent non-activated platelets) significantly
340 decrease FoxP3, Helios and GARP expression in a PSGL-1-dependent manner
341 (**figure S4A**). Interestingly, TNF-alpha-activated endothelial cells (expressing P-
342 selectin) failed to induce the same effect on Tregs (**figure S4B**) because of platelet-
343 derived TGF-beta (data not shown).

344 In accordance with our microarray analysis, the Treg-specific transcription
345 factors FoxP3 and Helios were significantly downregulated at the mRNA (**figure 4C**)
346 and protein (**figures 4G-I**) levels after P-selectin exposure. FoxP3 and Helios
347 downregulation was blocked by treating Tregs with the either anti-PSGL1 blocking
348 antibody or Syk inhibitor (**figures 4H and 4I**). Importantly, upon P-selectin exposure,
349 supplementing Tregs with TGF-beta rescued FoxP3 and Helios expression, supporting
350 the importance of the TGF-beta pathway in Treg function and maintenance (**figure**

351 **S4C**). In contrast, Treg surface expression of CD25, CTLA4 and GITR were not
352 modified by P-selectin exposure (**figure S4D**). Moreover, P-selectin did not induce
353 Th17 gene set expression, and Tregs cultured with P-selectin for 48 hours did not
354 upregulate ROR γ t or IL17 at the protein level (**figure S4E**). Exposure to P-selectin did
355 not affect the expression of Tbet, GATA3 or ROR γ t in primary Th1, Th2 or Th17 cells
356 respectively (**figure S4F**), further demonstrating the specificity of the selectin/PSGL-1
357 axis in Tregs. Collectively, these data suggest that P-selectin leads to specific Treg
358 dysfunction by inhibiting the TGF-beta pathway and decreasing both FoxP3 and Helios
359 expression.

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361 **P- and E- selectins are upregulated in SLE patients**

362 To confirm the role of selectins in human SLE pathogenesis, we evaluated soluble
363 selectin concentrations and selectin-bound microparticles in patients with SLE.
364 Platelet-free plasma was isolated from fresh blood samples through a rigorous
365 preanalytical protocol to avoid non-specific platelet activation as described in the
366 *methods* section.

367 We subsequently measured levels of soluble selectins by ELISA. Consistent with
368 previous findings, we found that soluble selectins (roughly the size of albumin) are lost
369 in the urine in case of proteinuria seen in active glomerulonephritis (22). Urinary P-
370 selectin levels correlated with albuminuria (**figure S5A**), while blood P-selectin
371 concentrations inversely correlated with albuminemia (reflecting urinary protein loss;
372 **figure S5B**), suggesting urinary loss of P-selectin during active glomerulonephritis. For
373 these reasons, we excluded patients with active renal disease (n = 6) from soluble
374 selectin analysis. P- and E-selectin levels were increased in patients with active SLE
375 compared to HD and quiescent SLE patients (**figure 5A**), and they significantly
376 correlated with SLE disease activity (P-selectin: r = 0.35, p = 0.005; E-selectin: r =
377 0.41, p < 0.001; **figure 5B**), while this was not observed for L-selectin.

378 Next, we studied circulating levels of platelet- (PMP), endothelial- (EMP) and
379 granulocyte-derived microparticles (GMP) in patient platelet-free plasma, as well as
380 the expression of P-, E- or L-selectin, respectively by flow cytometry (**figure S5C and**
381 **S5D**). In line with a recent study (Mobarrez et al., Sci Rep 2016), we found that patients
382 with active SLE had a moderate but significant increase in PMPs when compared to
383 HD (**figure 5C**). Interestingly, while MP counts did not correlate with disease activity
384 (**figure 5E**), selectin-positive MPs were markedly higher in active SLE patients (**figure**
385 **5D**) and correlated with disease activity as assessed by the SLEDAI (**figure 5F**).
386 Precisely, we found a significant correlation between P-selectin⁺ PMPs/E-selectin⁺
387 EMPs and the SLEDAI (Psel⁺ PMPs : r = 0.52, p < 0.0001; Esel⁺ EMPs : r = 0.42, p <
388 0.001; **figure 5F**). In contrast to soluble P-selectin levels (**figure S5E**, left panel), P-
389 selectin⁺ PMPs were significantly elevated in SLE with active renal disease compared
390 to HD (**figure S5E**, right panel). Altogether, these data establish that active SLE
391 patients are characterized by increased expression of selectins both in their soluble
392 and microparticle-bound forms.

393

394 **P-selectin blockade ameliorates SLE pathogenesis in lupus-prone mice**

395 Finally, we investigated whether blocking P-selectin in a lupus-prone mouse model
396 could alleviate cardinal features of the disease. To address this question, we first
397 confirmed whether PSGL-1 expression in mice recapitulates that found in humans. We
398 analyzed PSGL-1 expression on Tregs and Teff cells from C57BL/6 wild-type (WT)
399 mice and observed that it was higher on FoxP3⁺ Tregs compared to effector T cells.
400 (**figure 6A-B**). Then, we explored whether P-selectin induced a calcium response in

401 Tregs (CD4⁺CD25⁺ T cells) and Teff cells (CD4⁺CD25⁻ T cells) sorted from the spleen
402 of WT mice. As with human Tregs, recombinant mouse P-selectin induced a strong
403 cytosolic calcium increase in mouse Tregs but not in Teff cells (**figures 6C and 6D**).
404 Finally, we investigated whether P-selectin alters mouse Treg phenotype and function.
405 We purified naïve CD4⁺ T cells from the spleen of WT mice, labelled them with CFSE
406 and cultured them under different polarizing conditions to induce differentiation towards
407 Th1, Th2, Th17 or Treg lineages. P-selectin treatment was associated with a specific
408 decrease in FoxP3 expression in Tregs, with no impact on the lineage-specific
409 expression of Tbet, GATA3, or ROR γ t in other subpopulations or overall proliferation
410 of cells detected (**figures 6E and 6F**). Importantly, supplement of the cultures with
411 increasing levels of TGF-beta was able to rescue FoxP3 expression in Tregs exposed
412 to P-selectin (**figure S6A**). Furthermore, P-selectin induced a PSGL-1-dependent
413 intra-cellular calcium signal in Tregs (**figure S6B**), but not in Teff (**figure S6C**).
414 Together, these results confirmed that a P-selectin-binding PSGL1 is highly expressed
415 on murine Tregs but not on Teff, and that selectins negatively impact murine Tregs
416 and the TGF-beta pathway in the same manner as in humans. We further studied the
417 relevance of selectins in a murine model of SLE by using mice deficient for DNase1L3.
418 These mice develop all the major clinical features of human SLE including DNA
419 autoreactivity and glomerulonephritis (23). Furthermore, SLE pathogenesis in this
420 model was shown to depend on the aberrant accumulation of self-DNA on MPs (23).
421 Therefore, we measured the circulatory levels of PMPs and their expression of P-
422 selectin. While the total number of PMPs did not change (**figure S6D left panel**), the
423 levels of P-selectin⁺ PMPs were significantly higher in the plasma of *Dnase1l3*^{-/-}
424 knockout (KO) mice compared to WT ones (**figure S6D right panel**).

425
426 Together, these observations prompted us to test the therapeutic potential of P-selectin
427 blocking antibody in *Dnase1l3* KO, lupus-prone mice. We treated 30 week-old KO mice
428 with an anti-P-selectin monoclonal antibody (mAb), or with a control mAb during 10
429 consecutive weeks with 3 treatments/week. As expected, the anti-P-selectin antibody
430 blocked P-selectin-induced calcium signaling in *ex-vivo* treated Tregs (**Figure S6E**)
431 and reduced circulatory levels of P-selectin⁺ PMPs (**Figure S6F**). 30 week-old KO
432 mice display elevated levels of anti-dsDNA autoantibodies compared to WT animals,
433 and while these titers continued to increase over time in animals treated with control
434 antibody, anti-P-selectin antibody prevented this increase (**figure 7A**), without altering
435 total IgG levels (**figure S7A**). SLE development in KO animals is accompanied by a
436 loss of marginal zone B cells (MZB), which was also partially rescued by anti-P-selectin
437 antibody (**figures S7B and S7C**), while other B cell subpopulations were not
438 significantly modified (**figures S7D and S7E**). The accumulation of autoreactive
439 antibodies together with C3 complement causes their deposition in the kidney
440 glomeruli of KO mice (**figure 7B, lower panels**) and ultimately leads to the
441 development of glomerulonephritis manifested by enlarged glomeruli, mesangial
442 proliferation and sometimes glomerular thrombosis (**figure 7D middle panel**). Finally,
443 after 10 weeks of anti-P-selectin treatment IgG/C3 deposition in the kidney was
444 reduced (**figure 7C**), and the overall pathology was significantly improved (**figure 7D,**
445 **right panel and figure 7E**). These results show that P-selectin blockade significantly
446 ameliorates pathogenesis in a murine model of SLE.

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Discussion:

In this study we identified selectins, in particular P-selectin, as a new potential therapeutic target in SLE. Indeed, we observed that selectins produced by activated platelets (P-selectin), granulocytes (L-selectin), and endothelial cells (E-selectin) specifically block the immunosuppressive properties of Tregs, without affecting effector T cells. Selectins induced a Syk-dependent calcium increase, which inhibited TGF-beta and led to reduced expression of Foxp3. Assessment of circulating levels of selectins, selectin-bound microparticles, and platelet/Treg aggregates revealed that this P-selectin pathogenic pathway was active in SLE patients. Finally, we observed a similar effect of P-selectin on murine Tregs, and targeting P-selectin by a blocking mAb in a mouse model of SLE improved cardinal disease parameters, including anti-DNA antibody levels and kidney pathology.

Tregs are vital to the preservation of immune tolerance and prevention of exacerbated immune responses that lead to autoimmunity. Foxp3⁺ Tregs are characterized by their constitutive and high expression of CD25 (IL-2 receptor α chain) and the co-inhibitory molecule CTLA-4. Tregs quickly sense and consume IL-2 produced by effector T cells to prevent their activation (24). Foxp3⁺ Tregs use additional suppressive molecules including IL-10, TGF-beta, IL-35, TIGIT, CD39, and CD73 to mediate their inhibitory functions. In our study, platelet- (and not endothelium-) derived P-selectin was responsible for an inhibition of the TGF-beta pathway, as well as for a moderate downregulation of FoxP3 and Helios (figure S4A-B). While the downregulation of FoxP3/Helios was moderate, several other studies demonstrated impaired Treg functions with moderate FoxP3 modulation (6, 25). Additionally, although platelets may be a source of TGF-beta, we found a the net effect was a inhibition of Tregs functions (26). In the context of SLE, studies have led to contradictory results regarding Treg numbers (27) and/or function (28). Nevertheless, an impairment in Treg function is likely since treatment with low-dose IL-2, which restores the Treg compartment, improves the disease in humans (29, 30). However, the exact mechanisms involved in Treg dysfunction in SLE remained largely unknown. Our data established selectins as inhibitory factors that selectively target Tregs and Tfr cells. Binding of the selectin family on PSGL-1 depends on post-translational modifications such as fucosylation, which inserts the Sialyl Lewis X motif (sLe^x). We observed that CD15s, which is specifically expressed by Tregs and Tfr cells, was associated with the ability of PSGL-1 to induce intracellular signals in response to selectin, leading to altered Treg functions. Interestingly, CD15s^{high} Tregs have been described as terminally differentiated and mostly immunosuppressive Tregs (17).

Selectins are upregulated in a wide range of inflammatory disorders, and their function was believed to be limited to chemotaxis (10). Several SLE mouse models show elevated levels of P-selectin in the serum and affected tissues (22, 31). The role of the selectin/PSGL-1 pathway in the context of immune tolerance is poorly understood. Tinoco *et al.* demonstrated that the deletion of PSGL-1 in mice was associated with an increased virus-specific or tumor-specific CD8⁺ T cell response and induced an uncontrolled autoimmune response that quickly became fatal (16). However, as this effect was mainly driven by CD8⁺ T cells that do not express fucosylated PSGL-1 and treatment with P-, E- or L-selectin did not have an impact on the antiviral response, PSGL-1 likely mediated its effects through a selectin-

501 independent mechanism in this model. These results were recently explained by
502 Johnston et al who showed that PSGL-1 is a ligand of a checkpoint molecule, the V-
503 domain Immunoglobulin Suppressor of T cell Activation (VISTA) in acidic condition
504 such as the tumor microenvironment (15). Another work suggested that PSGL-1
505 engagement with P-selectin induced a tolerogenic phenotype in immature DCs *in vitro*
506 (32). Therefore, it appears that PSGL-1 exerts multiple functions in inflammation in a
507 cell- and environment-specific manner, beyond its initial role described in selectin-
508 mediated rolling and diapedesis. In addition to blocking Treg function, P-selectin was
509 also shown to both trigger NETosis in mouse neutrophils (33) and activate monocytes
510 (34), two important features of SLE pathogenesis. Whether these mechanisms (e.g.
511 platelet-dependent activation of monocytes and neutrophils) contribute to SLE remains
512 unclear. However, it is tempting to speculate that P-selectin-targeting therapies could
513 impact multiple immune pathways involved in SLE pathogenesis.

514
515 Platelets are one of the main sources of circulating P-selectin, and besides their
516 well-established role in hemostatic functions, they are increasingly recognized as
517 important players in inflammation (35–37). Pioneering studies from Boilard *et al.* and
518 our group have established a role for platelets in the amplification of inflammation by
519 microparticle production in rheumatoid arthritis and aggregation to plasmacytoid
520 dendritic cells in SLE (9, 38). Very recently, Han and colleagues have shown that
521 platelet interacted with monocytes through P-selectin/PSGL-1 and induced an antigen
522 presenting cell phenotype with a direct relevance on the immune response *in vivo* in
523 mice (39). Importantly, immune cells and platelets may interact through several other
524 components such as CD40-CD40L, SLAMF1 or GPIb/Mac1 (9, 40, 41). Furthermore,
525 platelets have been implicated in many inflammatory disorders including multiple
526 sclerosis, systemic sclerosis, Crohn's disease (37, 42), but also in cancer where they
527 subvert T cell immunity via the TGF-beta axis (43). While our results establish a new
528 role for platelets in SLE, it is likely that the described P-selectin-mediated pathogenic
529 pathway operates in other autoimmune diseases. In the context of SLE, epidemiologic
530 studies revealed that platelet activation correlated with disease severity, occurrence of
531 thrombosis, premature atherosclerosis, and long-term mortality (8).

532
533 Premature atherosclerosis represents the first cause of death in SLE patients,
534 and current immunosuppressive treatments fail to control its progression (44). While
535 traditional cardiovascular risk factors may partially be involved, the precise
536 mechanisms leading to this accelerated atherosclerosis in SLE patients remain poorly
537 understood (45). The protective role of Tregs in atherosclerosis was previously
538 characterized (46), and elevated P-selectin levels have been widely associated with
539 atherosclerosis progression and myocardial infarction in humans (11), with causative
540 links demonstrated in mouse models (47). Together with our study these observations
541 further indicate that P-selectin blockade could be an innovative treatment in SLE,
542 targeting both the immune system dysregulation and the accelerated atherosclerosis.
543 Notably, crizanlizumab, a human anti-P-selectin antibody has been developed and
544 tested in sickle-cell disease, a haemoglobin disease characterized by red blood
545 cell/platelet aggregation and small vessel thrombosis. This treatment has shown to be
546 efficient in terms of vaso-occlusive crisis without safety warnings, paving the way for
547 trials in other indications such as SLE (48).

548
549 In conclusion, we describe a new pathologic pathway in SLE, where activated
550 platelets and ~~endothelium~~ interact with Tregs to block their immunosuppressive

551 functions. Blocking P-selectin improved a murine model of SLE, supporting it as a
552 potential therapeutic target for future clinical trials.

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554

555 **Materials and methods:**

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557

558 *Human Samples.* Healthy donor samples were obtained from the French National
559 Blood bank (Etablissement Français du Sang). SLE patients were recruited in the
560 rheumatology, nephrology and internal medicine departments of Bordeaux University
561 Hospital. Patients were diagnosed with systemic lupus erythematosus using the 2012
562 SLICC SLE diagnosis criteria (Petri et al., arthritis, 2012). Oral and written consent
563 were obtained from patients before samples (blood and/or urine) were retrieved. Our
564 research protocol (MICROLUPS) conforms to French and European Ethics standards
565 and was reviewed and approved by an independent ethical committee (authorization
566 number 2018-A00599-46). The MICROLUPS research protocol was registered on
567 *clinicaltrials.gov* (NCT03575156).

568

569 *Phenotyping of blood cells.* 200 μ L of fresh whole blood was stained with antibodies
570 recognizing lymphocyte markers (see supplementary table 1). After 15 minutes of
571 incubation at room temperature, red blood cells were lysed using 3mL of ACK buffer
572 (150mM NH₄Cl, 10mM KHCO₃, 1mM EDTA₂Na) for 25 minutes then washed with
573 PBS. In order to study rare subpopulations (e.g., Tfr), PBMCs were isolated using
574 Ficoll-Paque, and 10⁷ PBMCs were stained for 15 minutes before washing and
575 cytometer analysis.

576

577 *Blood cell isolation.* PBMCs were retrieved from healthy donors or patients using Ficoll-
578 Paque separation medium (Eurobio, France®). To sort Tregs and Teff, PBMCs were
579 pre-sorted using CD4-microbeads with Magnetic-Activated Cell Sorting (Miltenyi©)
580 following the manufacturer's instructions. CD4-sorted cells were then stained with
581 CD4-PE-Cy7 (Beckman-Coulter©), CD25-PE-Cy5 (Beckman-Coulter©) and CD127-
582 PE (Beckman-Coulter©). The CD4⁺ Cells were subsequently sorted using FACS Aria
583 2-Blue 6-Violet 3-Red 5-YelGr, 2 UV laser configuration (BD Biosciences©) in flow
584 cabinet. T regulatory lymphocytes (Tregs) were identified as CD4⁺/CD25^{high}/CD127^{dim}
585 and T-effector (Teff) lymphocytes as CD4⁺/CD25⁻/CD127⁺. Subset purity was 95% or
586 higher. T follicular regulatory cells (Tfr) were sorted as
587 CD4⁺/CD25^{high}/CD127^{dim}/CXCR5⁺ cells and T follicular helper (Tfh) cells as
588 CD4⁺/CD25⁻/CD127⁺/CXCR5⁺.

589 Magnetically enriched CD19⁺ cells were sorted using ARIA FACS. Memory B cells
590 were sorted as CD19⁺CD27⁺IgD⁻ and naïve B cells were CD19⁺CD27⁻IgD⁺.

591 Platelets were isolated from platelet-rich plasma (PRP), which was generated from
592 freshly drawn whole blood samples by 20 minutes centrifugation 180 x g, with no brake
593 applied. Prostaglandin E1 (1 μ M). was added to the PRP to prevent excessive platelet
594 activation during sample preparation. Platelets were pelleted by centrifugation at 890
595 x g, without brake, for 10 minutes, and re-solubilized in Tyrode's buffer (NaCl 0.134M,
596 KcL 2.9mM, NaH₂PO₄ 0.34mM, NaHCO 12m, HEPES 20mM, MgCl₂ 1mM, Glucose
597 5mM, BSA 0.5%). Before use, platelets were counted using a Beckman Coulter© ACT
598 diff analyzer.

599

600 *Immunofluorescence of platelet/Treg aggregates.* Fresh healthy human PBMCs were
601 magnetically sorted (Myltenyi©) and placed on a slide. After centrifugation. (300xg, 5
602 minutes), the slides were stained with rabbit anti-FoxP3 (Abcam© clone SP97, 1/50)
603 and mouse CD41 (Abcam© clone M148, 1/400). Goat Anti-mouse-AF-568 and goat
604 anti-Rabbit-FITC polyclonal antibodies were used at 1/500 for revelation (see
605 supplementary table 3 for references). Slides were acquired with a Leica DM5000.
606

607 *Treg immunosuppressive assay.* After sorting, Teffs were stained with
608 carboxyfluorescein succinimidyl ester (CFSE) 2mM to monitor proliferation. 50,000
609 Tregs / well were plated in a 96-well plate coated with anti-CD3 (UHT1, Beckman
610 Coulter©, 1 µg/mL). When used, anti-PSGL1 antibody 1/200 (clone KPL1) or Syk
611 inhibitor 1µM (Cayman Chemicals©, Ref 622387-85-3) were added to the Tregs and
612 incubated at 37°C for 30 minutes. Platelets or selectins (200pg/mL) were subsequently
613 added and incubated at 37°C for 45 minutes. In experiments involving selectins, the
614 cells were subsequently washed and supernatant containing inhibitor and selectin
615 removed after centrifugation. After washing, Teffs were added at a 1:1 ratio with Tregs
616 and an anti-CD28 antibody was added (clone CD28.2, Beckman coulter©, 3 µg/mL).
617 As a control, Teff cells were also cultured alone with or without platelets and/or selectin
618 to assess the potential effect on proliferation. Co-cultures were incubated 4 to 6 days
619 then stained with DAPI and CD4 to assess CFSE fluorescence dilution in viable cells
620 using a BD Cantoll® cytometer.
621

622 *Tfr immunosuppressive assays.* In a 96-well plate, 30,000 freshly-sorted B memory
623 cells were cultured at a 1:1:1 ratio with autologous Tfh cells and Tfr or Treg cells. Cells
624 were cultured with SEB (1µg/mL) for 7 days at 37°C, with or without P-selectin
625 (200pg/mL). Supernatants were subsequently frozen, and the cell pellets analyzed by
626 flow cytometry (see supplementary table 1 for antibodies). Plasmablasts were defined
627 as live CD4⁻CD19⁺CD27^{high}CD38^{high} cells. IgG measurements from supernatants were
628 conducted using the ELISA Human IgG quantification kit (Bethyl laboratories©, cat.
629 E80-104) per the manufacturer's instruction.
630

631 *Calcium signaling assay.* Single-cell cytosolic calcium imaging was performed using
632 the fluorescent calcium dye cali-520 (AAT Bioquest, CA, USA). Glass coverslips were
633 mounted in a Atofluor cell chamber (Thermo Fisher Scientific, Saint Herblain, France)
634 positioned on the stage of an inverted epifluorescence microscope (IX70, Olympus)
635 equipped with an ×40 UApo/340- 1.15W objective. 5x10⁵ Tregs or Teff were loaded
636 with cali-520 (1µM) at room temperature (20–25 °C) in Hank's Balanced Salt Solution
637 (HBSS, 2mM CaCl₂, pH 7.25) for 30 minutes. Cali-520 exhibits limited
638 compartmentalization in intracellular stores and is resistant to leakage. The cells were
639 rinsed with HBSS and incubated in the absence of the Ca²⁺ probe for 15min to
640 complete de-esterification of the dye. Cali-520 was excited at 485+/- 22nm, and
641 images were captured at 530+/- 30nm at constant 10-s intervals, at 12-bit resolution,
642 by a fast-scan camera (CoolSNAP fx Monochrome, Photometrics). All images were
643 background-subtracted. Regions of interest corresponding to cells recorded were
644 drawn to analyze the fluorescence signal. Imaging was controlled by Universal Imaging
645 software, including Metafluor and Metamorph. Fluorescence intensity changes were
646 normalized to the initial fluorescence value F₀ and expressed as F/F₀ (relative
647 [Ca²⁺]_{cyt}). One field was acquired from each coverslip, and the data pooled from six
648 independent coverslips on three different days. The calcium traces were quantified by
649 determining the area under the curve (AUC) using OriginPro 7.5 software (Origin Lab).

650
651 *Microarray analysis and RT-qPCR.* 5x10⁵ Tregs were incubated at 37°C on a CD3-
652 coated plate (1µg/mL) during 8 hours with or without recombinant human P-selectine
653 (R&D systems) at 200pg/mL. After incubation, cells were washed with PBS and lysed
654 using QIAGEN RNeasy micro kit plus®. RNA was subsequently extracted using the
655 manufacturer's instructions. RNA purity was assessed by Agilent Total RNA nano
656 Series II assay with RIN > 8.0. Transcriptomic assay was performed using a Nugen
657 Chip at the GENOM'IC platform, Institut Cochin, Paris. Analysis was conducted using
658 R software (R project®). Differential expression of transcripts was computed on paired
659 samples (each donors' Tregs), untreated or treated with P-selectin, using limma paired
660 sample analysis. Reverse transcriptase reactions were conducted on 200ng of RNA
661 using Promega® GOSCRIPT RT protocol®. qPCR reaction (Promega® SYBR
662 GoTaq®) was conducted using a CFX384 C1000Touch® thermal cycler (Bio-Rad®)
663 on 3ng of complementary DNA using specific primers from Sigma-Aldrich® (suppl table
664 XX). Stable housekeeping genes was selected (EEF1A1). Differential expressions
665 were calculated using the threshold cycle (Ct) and the comparative Ct method ($\Delta\Delta Ct$)
666 for relative quantification.

667
668 *Study of phosphorylated proteins.* 10⁵ purified Tregs were plated on a non-coated 96-
669 well plate. After 4 hours of culture, 37°C pre-warmed medium containing the stimulus
670 (P-selectin or IL-2) or control medium was added to the selected wells, and the plate
671 was incubated at 37°C for 5 to 30 minutes. After incubation, BD Cytfix® was added
672 for fixation. The BD Perm III buffer® was used for permeabilization following the
673 manufacturer's instructions (BD phosflow®). Staining was conducted on ice for 1 hour
674 (see supplementary table for antibodies and dilution).

675
676 *Culture of Tregs and FoxP3 phenotyping.* 10⁵ freshly purified Tregs were plated on a
677 CD3-coated 96-well plate. Tregs were incubated with anti-PSGL1 antibody (1/200) or
678 Syk inhibitor (1 µM) during 30 minutes before adding the P-selectin. After 48 hours of
679 incubation, the cells were fixed and permeabilized using EBioscience® FoxP3 staining
680 kit following the manufacturer's instructions.

681
682 *Platelet-free plasma isolation.* Preanalytics was standardized for all samples to prevent
683 non-specific platelet activation and microparticle production after blood puncture.
684 Venipuncture was performed on resting patients, without tourniquet, using a 21- or 19-
685 gauge needle. Samples were collected in 7mL EDTA-coated tubes (BD Vacutainer®)
686 after a 3mL blood purge. Immediately after collection the tube was inverted once to
687 prevent coagulation. The samples were kept vertical on a tube holder and were
688 transferred to the lab for processing in less than 2 hours after blood puncture. Platelet-
689 free plasma (PFP) was produced by two sequential 15-minute centrifugations at 3500
690 x g without brake. After each centrifugation, two-thirds of the supernatant was retrieved
691 and placed in a new tube. PFP samples were subsequently aliquoted and stored at -
692 80°C until further analysis.

693
694 *ELISA and cytokine measurement.* Human P-, E- and L-selectins were measured
695 using ELISA (R&D systems, DuoSet ELISA) on PFP samples following the
696 manufacturer's instructions. Free active TGF-beta was measured from Treg culture
697 supernatants using cytometric bead assay (CustomPlex, Biolegends®) according to
698 the manufacturer's protocol.

699

700 *Microparticle analysis by flow cytometry.* Absolute counts of subset-specific, circulating
701 MPs were characterized by flow cytometry using the BD LSRFortessa™ X-20 cell
702 analyzer. PFP aliquots were thawed at room temperature and 10 µl of PFP was used
703 for MP staining. MPs were stained in a total volume of 100µL of 0.22µm filtered PBS-
704 BSA 0.5%, in BD Falcon Polystyrene round Bottom tubes for 2 hours in the dark at room
705 temperature with titrated antibodies specific for different MP subsets (see supplementary
706 table 1 for clones and dilutions). MPs derived from platelets (PMPs) were identified using
707 anti-CD61-viogreen, MPs from endothelial cells (EMPs) by anti-CD31-APC and MPs
708 from granulocytes (GMPs) by anti-CD66b-PE-Cy7. Selectin expression status on PMPs,
709 EMPs and GMPs were identified by using respectively anti-CD62P-PE, anti-CD62E-
710 PEvio770 and anti-CD62L-PE (see supplementary table 1 for dilution). After staining,
711 MPs were diluted by adding 400 µL of staining buffer. 50 µl of labeled and diluted MP
712 suspensions were transferred into BD Trucount™ Tubes (BD Bioscience®) for absolute
713 quantification (MP counts/mL) of PMPs, EMPs and GMPs. The overall number of MPs
714 was defined as the result of the sum of the absolute count of each MP subset (PMPs
715 and EMPs). Forward scatter (FSC) and side scatter (SSC) were adjusted to logarithmic
716 gain. A standardized method for determining the MP gate was established using
717 fluorescent beads of different sizes (Megamix-Plus SSC: 0.16, 0.20, 0,24 and 0,5 µm
718 (BioCytex, Marseille®)). To reduce background noise, we adopted a fluorescent-
719 triggering strategy as described by Arraud et al (49). Briefly, fluorescence signal from
720 Viogreen, APC or PC-7 were used to trigger detection of MPs labeled with anti-CD61-
721 viogreen (PMPs), anti-CD31-APC (EMPs) or anti-CD66b-PE-Cy7, respectively. As a
722 negative control for labeled-MPs, PFP samples were prepared as above and then
723 treated with 0.5% Triton X-100 solution in order to disrupt vesicles (**figure S5D**). PMPs
724 were considered as CD61⁺ events in the MP gate, which were removed by Triton
725 treatment. Similar gates were used for EMPs and GMPs using CD31 and CD66b,
726 respectively.
727 For measurement of mouse PMPs, the PFP was isolated following the same
728 centrifugation protocol as in human. Before staining, 100µL of PFP diluted with 400µL
729 of filtered PBS-BSA 0.5% was concentrated by centrifugation for 45 minutes at
730 21,000xg. After discarding 450µL of supernatant, 30µL of concentrated PFP was stained
731 with CD61-FITC and CD62P-PE (see supplementary table 1). Staining was conducted
732 in the dark for 2 hours before analysis. We used the same acquisition and gating strategy
733 for mouse MPs as for human MPs. MPs were quantified using BD Trucount™ Tubes
734 following the manufacturer's instructions.

735
736 *Mice.* CD57/BL6 mice WT and *Dnase1/3*-KO were generously provided by V. Sisirak.
737 30 week-old mice were treated with anti-P-selectin antibody (clone RMP-1,
738 Biolegend©) or its isotype control (MOPC-173, Biolegend©), 0.1mg intraperitoneally,
739 3 times per week for 10 weeks. The treatment protocol was reviewed and approved by
740 an external animal ethics committee (authorization number APAFiS #19915). At the
741 end of treatment, mice were euthanized and peripheral blood, kidneys and spleen were
742 harvested. PFP was made from a terminal blood sample in an Eppendorf containing
743 50µL of EDTA 0.5M. Sections from frozen or paraffin-embedded kidneys were
744 analyzed by immunofluorescence or light microscopy, respectively. Kidney sections
745 were stained with hematoxylin-eosin for morphological study by a blinded kidney
746 pathologist (AV). A glomerular injury score was calculated based on glomerular
747 enlargement (0-1), interstitial infiltration (0-1 scale), mesangial proliferation (0-4 scale),
748 glomerular thrombosis (0-2) and fibrosis (0-2 scale). Immunofluorescence staining was
749 conducted on 10µm kidney section using Goat F(ab') anti-mouse IgG-PE (e-

750 Bioscience©, ref 12-4010-82, 1/250) and a rat monoclonal anti-C3 IgG (clone 11H9,
751 Abcam© ref 11862, 1/200) with a secondary Goat anti-rat IgG-AF488 (Invitrogen©, ref
752 A11006, 1/1000). The mean fluorescence intensity of each fluorochrome was
753 evaluated in 40 glomeruli for each mouse using ImageJ software.

754
755 *Anti-dsDNA ELISA.* Anti-dsDNA antibodies were measured using ELISA as previously
756 described (23). Briefly, 96-wells plates were pre-coated with poly-L-lysine (0.05
757 mg/mL) for 2 hours at room temperature and then coated with 0.1 mg/mL of calf thymus
758 DNA (Sigma-Aldrich) overnight. Coated plates were then incubated with sera samples
759 for 2 hours. After washing, the amount of bound IgG was measured with an alkaline
760 phosphatase-conjugated goat anti-mouse IgG antibody (1/5000, Jackson
761 Immunoresearch). Anti-dsDNA IgG titers were determined using serial dilution of the
762 serum from a positive animal as a standard, and expressed as units per volume.

763
764 *Spleen phenotyping.* Mouse spleens were mechanically crushed through a filter, and
765 red blood cells were removed using ACK buffer (23). The absolute count of live cells
766 was obtained using BD Accuri® flow cytometer, and 10^7 cells were subjected to FcR-
767 blocking followed by staining for phenotypic analysis (see supplementary table 1).

768
769 *Mouse T lymphocyte differentiation.* Naïve CD62L⁺ CD4⁺ T lymphocytes were purified
770 using MACS (Miltenyi Biotec©; 130-104-453) from PBMCs isolated from spleens of
771 CD57BL/6 wild type mice. 10^5 cells were plated in 96-well plate coated with anti-CD3
772 antibody (1µg/mL) with sCD28 (3 µg/mL) under polarizing conditions. For Tregs: TGF-
773 beta (5ng/mL) and IL2 (20ng/mL); Th1: IL12 (10ng/mL) and IL2 (10ng/mL); Th2: IL4
774 (20ng/mL); Th17: IL6 (40ng/mL) and TGF-b (0.5ng/mL). After 6 days of culture, viable
775 cells were stained with CD4 and their respective differentiation markers: CD25 and
776 FoxP3 for Tregs, Tbet for Th1, GATA3 for Th2 and RORgt for Th17.

777
778 *Statistics.* Data are shown as individual values with the mean and standard deviation
779 (except when specified otherwise). Quantitative data were compared using non-
780 parametric Mann-Whitney test or non-parametric Kruskal-Wallis test with Dunn's
781 correction for multiple testing of more than 2 groups (except when specified otherwise).
782 Correlations were assessed using the non-parametric Spearman's correlation.
783 Statistical significance was defined as p-value < 0.05. All statistical tests were
784 conducted using GraphPad Prism® V7.

785 *Data and code availability.* Microarray results are available in the ArrayExpress
786 repository (<https://www.ebi.ac.uk/arrayexpress/>).

787

788

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801 work was not supported by any pharmaceutical companies.] → The authors declare
802 no competing financial interests.

803

804 **Ethical statement:** All patients included in this study gave oral and written consent to
805 participate. The study's protocol is in accordance with French and European Ethics
806 standards and was approved by an independent ethical committee (number 2018-
807 A00599-46). Healthy donors consented to take part in the study and were recruited
808 through the French National Blood bank (Etablissement Français du Sang). All animal
809 experiments were approved by an external animal ethics committee (authorisation
810 number APAFiS #19915

811

812 **Author contributions:**

813 MSc performed most of the experiments, conducted the statistics analysis and
814 designed the figures. V.G performed microparticle measurements from patients and
815 HD. ID, IR and EM performed immunosuppressive assay experiments. PV conducted
816 calcium measurement assays. JPG conducted the microarray analysis. NM and MSc
817 conducted the mouse experiments with help from AG and AB. AV is a trained kidney
818 pathologist who evaluated kidney histology. EL, LC, PD, JLP, JFV, TS, MET and CR
819 were involved in the active recruitment of SLE patients. TB helped for the writing of the
820 study protocol and submission to the ethics committee. VS provided mice and
821 assistance with the related experiments and analysis of results. MSa, CCB and PL
822 helped to design the experiments. PB and CR designed the study, oversaw all
823 experiments and analysis of results. All authors critically reviewed and approved the
824 manuscript before submission.

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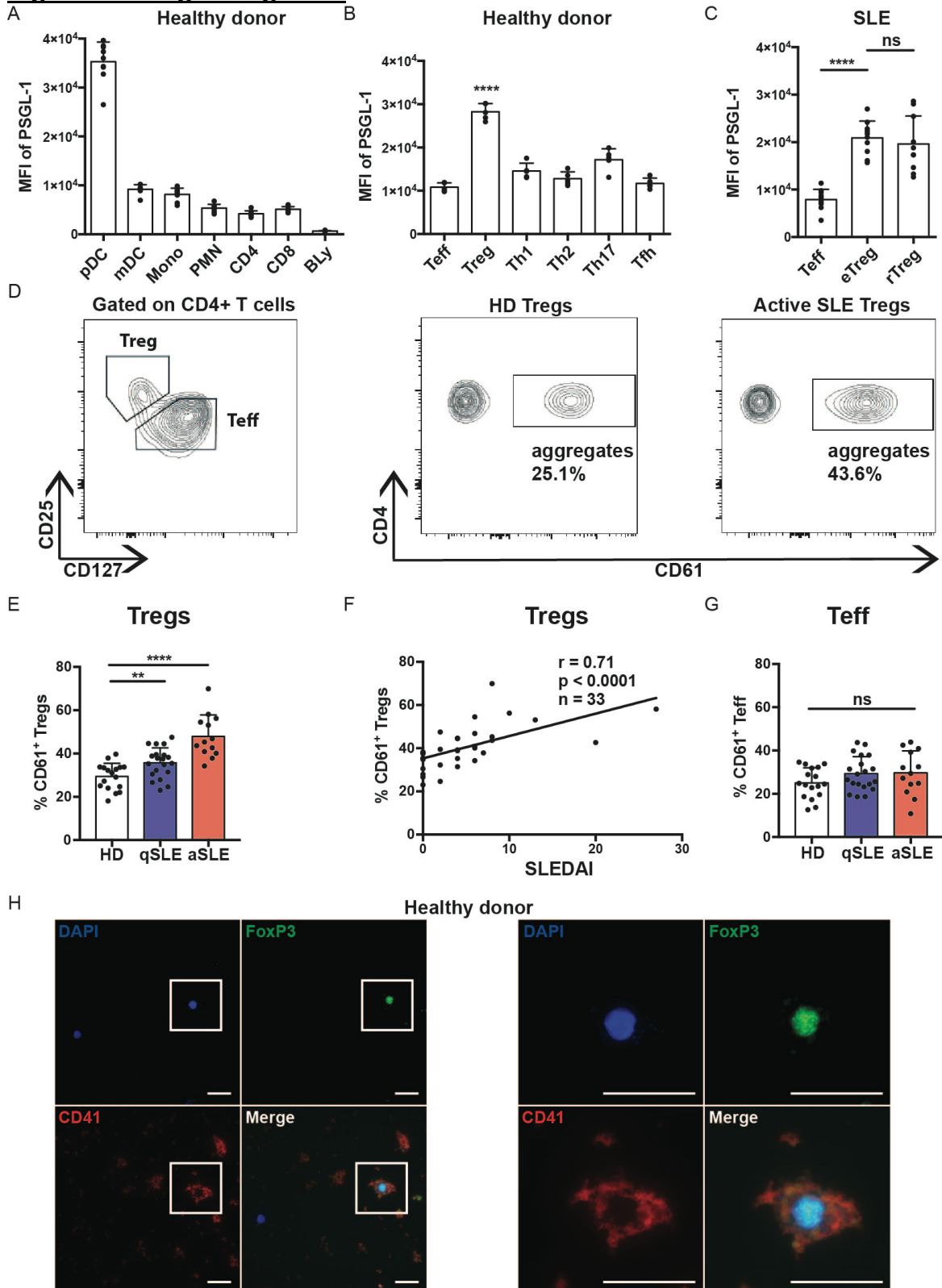
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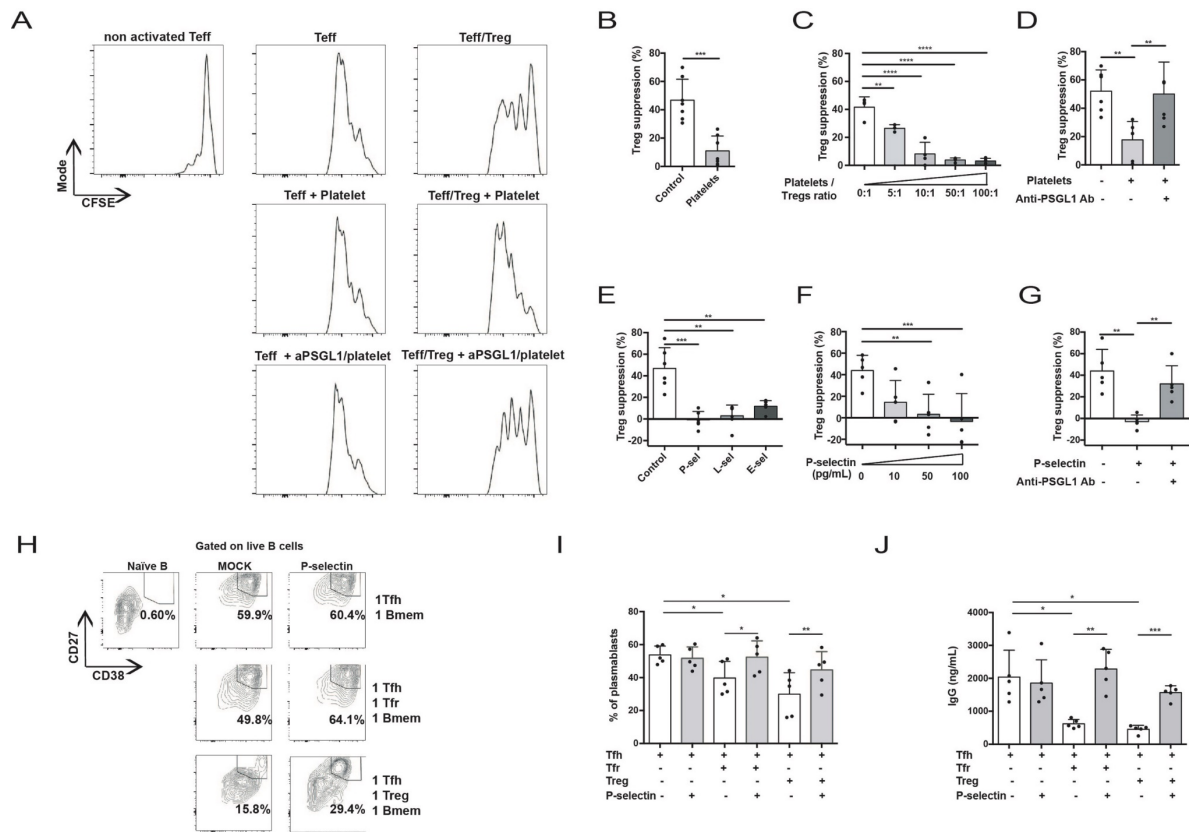
Figures and figure legends:



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Figure 1: Tregs express high levels of PSGL-1 and interact with platelets in SLE patients

857 (A) Mean Fluorescence intensity (MFI) of PSGL-1 on circulating immune cells from
858 healthy donors (n = 10).
859 (B) PSGL-1 MFI on T cell subsets from healthy donors (n = 5). ****, p < 0.0001 vs all
860 other subpopulations using one-sided ANOVA with Holm-Sidak's correction for
861 multiple tests.
862 (C) PSGL-1 MFI of CD4⁺CD25⁻FoxP3⁻ T effector cells, resting (CD45RA⁺) or effector
863 (CD45RA⁻) CD4⁺CD25⁺FoxP3⁺ Tregs in patients with SLE (n=10).
864 (D) Representative gating of Treg-Teff/platelet aggregates from healthy donors and SLE
865 patients.
866 (E) Cumulative results of Treg/platelets from HD and patients with quiescent SLE (qSLE,
867 SLE disease activity index (SLEDAI) < 6, n = 20) or active SLE (aSLE, SLEDAI ≥6, n
868 = 13) patients as shown in (D).
869 (F) Spearman's correlation between the percentage of Treg/platelet aggregates and the
870 SLEDAI.
871 (G) Cumulative results of Teff/platelets in HD and qSLE and aSLE patients as show in (D).
872 (H) CD4⁺ T cells were magnetically sorted from an healthy donors and stained with DAPI,
873 CD41 (red [secondary AF568], clone M148 Abcam©, 1/400) and FoxP3 (green
874 [secondary FITC], clone SP97 Abcam©, 1/50). Scale bars indicate 20µm.
875 Dots represent the value of individual donors, columns represent the mean and error bars
876 indicate S.D. **, p < 0.01; ****, p < 0.0001 using non-parametric Kruskal-Wallis test with
877 Dunn's correction.
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Figure 2: Platelets block Tregs suppressive capacities through the P-selectin/PSGL-1 axis

- (A) Representative results of CFSE dilution in a Treg/Teff suppression assay with or without platelet (ratio Treg/platelet 1:100).
- (B) Cumulative results of Treg/Teff suppression assay with or without platelets (ratio Treg/platelets 1:100; n = 7 independent experiments).
- (C) Dose-response effect of platelets in the Treg/Teff suppression assays (n = 4).
- (D) Effect of PSGL-1 blockade (clone KPL-1, dilution 1/200) on platelet-induced Treg dysfunction in suppression assay (n = 6).
- (E) Effect of P- E- and L-selectin (200pg/mL) on Treg suppressive capacities in suppression assays (n = 6).
- (F) Dose-response effect of P-selectin in the Treg/Teff suppression assay (n = 5).
- (G) Effect of PSGL-1 blockade on P-selectin-induced Treg dysfunction in suppression assays (n = 5).
- (H) Representative results of a B response suppression assay showing plasmablast (CD27^{hi}CD38^{hi} B cells) differentiation with or without Tregs/Tfr and P-selectin (200pg/mL).
- (I) Cumulative results of B response suppressions assays with or without P-selectin 200pg/mL (n = 5).
- (J) IgG production measured by ELISA from the supernatant of the B response suppression assays (n = 5).

Dots represent the result of an independent experiment, the histograms represent the mean and the bars the S.D. *, p < 0.05; **, p < 0.01; ***, p < 0.001; ****, p < 0.0001 using one-sided ANOVA with Holm-Sidak's correction.

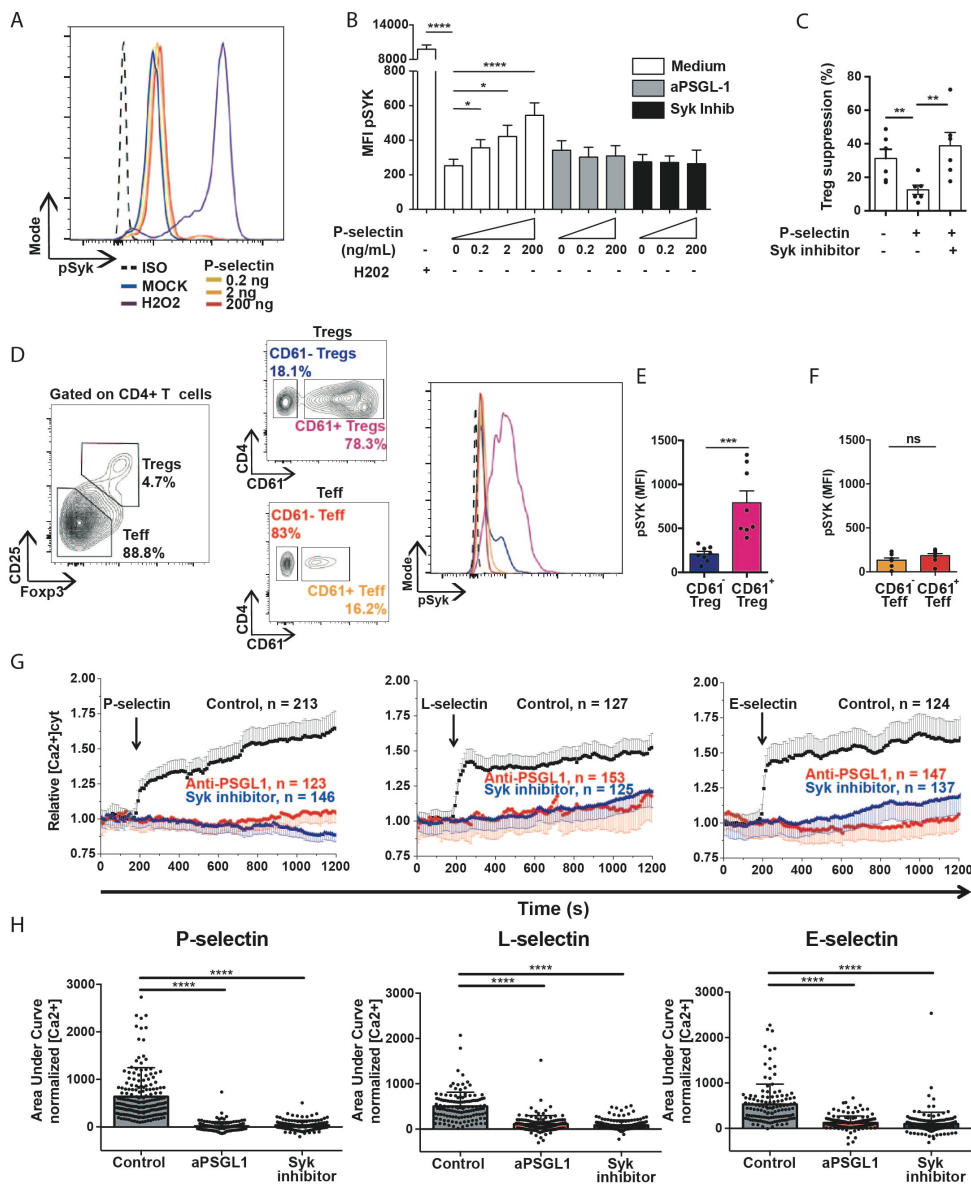


Figure 3: Selectins induce Syk/calcium signaling in Tregs *in vitro* and *ex vivo*

- 929 (A) Syk phosphorylation in Tregs exposed to P-selectin for 5 minutes using cytometry
930 (Phosflow®) protocol: representative results.
- 931 (B) Cumulative data of Syk phosphorylation in Tregs exposed to P-selectin for 5 minutes
932 (n = 13 independent experiments, with or without 30 minutes preincubation with anti-
933 PSGL1 antibody (1/200, n = 10) or a Syk inhibitor (1 μM, n = 4).
- 934 (C) Effect of Syk inhibitor (1 μM, 30 minutes) preincubation on Treg immunosuppressive
935 functions by suppression assays (n = 6).
- 936 (D) Gating and representative pSYK expression of CD25⁺FoxP3⁺ Tregs and CD25⁻FoxP3⁻
937 Teff aggregating or not with platelets (CD61 expression) in fresh blood samples of
938 active SLE patients (n = 6).
- 939 (E) Cumulative results of pSYK mean fluorescence intensity of CD61⁺ and CD61⁻ Tregs (n
940 = 6). ***, p < 0.001 using bilateral unpaired Student t-test.
- 941 (F) Cumulative results of pSYK mean fluorescence intensity of CD61⁺ and CD61⁻ Teff (n
942 = 6). NS, non-significant using bilateral unpaired Student t-test.

943 (G) Effects of P-selectin (left panel), L-selectin (middle panel), E-selectin (right panel)
944 200ng/mL on the intracytosolic calcium concentration ($[Ca^{2+}]_{cyt}$ using cal-520 as
945 fluorescent calcium probe) of HD Tregs in control conditions (black), anti-PSGL1
946 antibody (1/200)-treated cells (red) and syk inhibitor (1 μ M)-treated cells (blue). Shown
947 are representative results of 3 independent experiments from different HD, lines
948 represent the mean value, bars the S.D. and n corresponds to the number of studied cells.
949 (H) Quantification of calcium responses using the determination of the area under curves
950 (AUC) of the recordings shown in G. Each dots show the AUC of an individual cell.
951 Dots represent the result of an independent experiment; the histograms represent the mean
952 and the bars the S.D. **, $p < 0.01$; ****, $p < 0.0001$ using Kruskal-Wallis test with Dunn's
953 correction.
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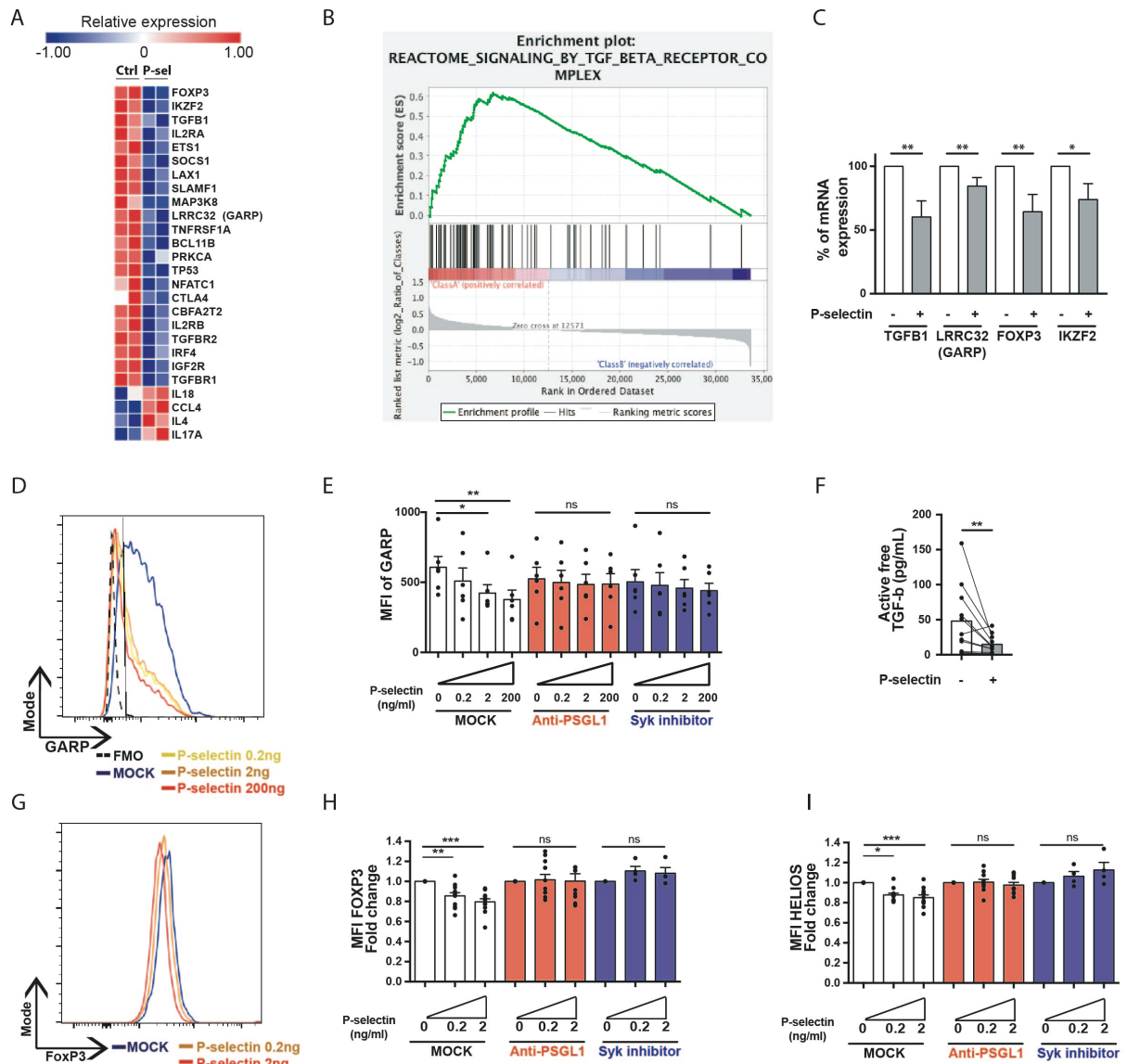


Figure 4: Selectins alter Treg phenotype through TGF-beta pathway modulation

- (A) Heat map of selected gene showing a downregulation of Treg specific gene and upregulation of pro-inflammatory genes. Transcriptomics was conducted on a Affymetrix Nugen microarray using Tregs from 2 healthy donors treated for 8 hours with P-selectin 200pg/mL.
- (B) GSEA analysis showing enrichment for TGF-beta signaling pathway in control Tregs compared with P-selectin treated Tregs.
- (C) RT-qPCR of genes involved in the TGF-beta axis and FoxP3 signature. Tregs from 5 individual donors were cultured with or without P-selectin in the same conditions than transcriptomics. The results are given as a percentage of expression ($\Delta\Delta CT$ using a housekeeping gene) compared to the control. *, $p < 0.05$ and **, $p < 0.01$ using non parametric Mann-Whitney test.
- (D) Tregs from HD were cultured during 48 hours with different dose of P-selectin with or without anti-PSGL1 (1/200) or Syk inhibitor (1 μM). Representative staining of GARP on viable Tregs.
- (E) Cumulative data showing GARP MFI in Tregs cultured with P-selectin (n = 6 experiments).

985 (F) Free active TGF-beta was measured in the supernatant of Tregs culture with or without
986 P-selectin (200pg/mL) for 48 hours (n = 11 independent experiments). **, p < 0.01
987 using the paired non-parametric Wilcoxon test.

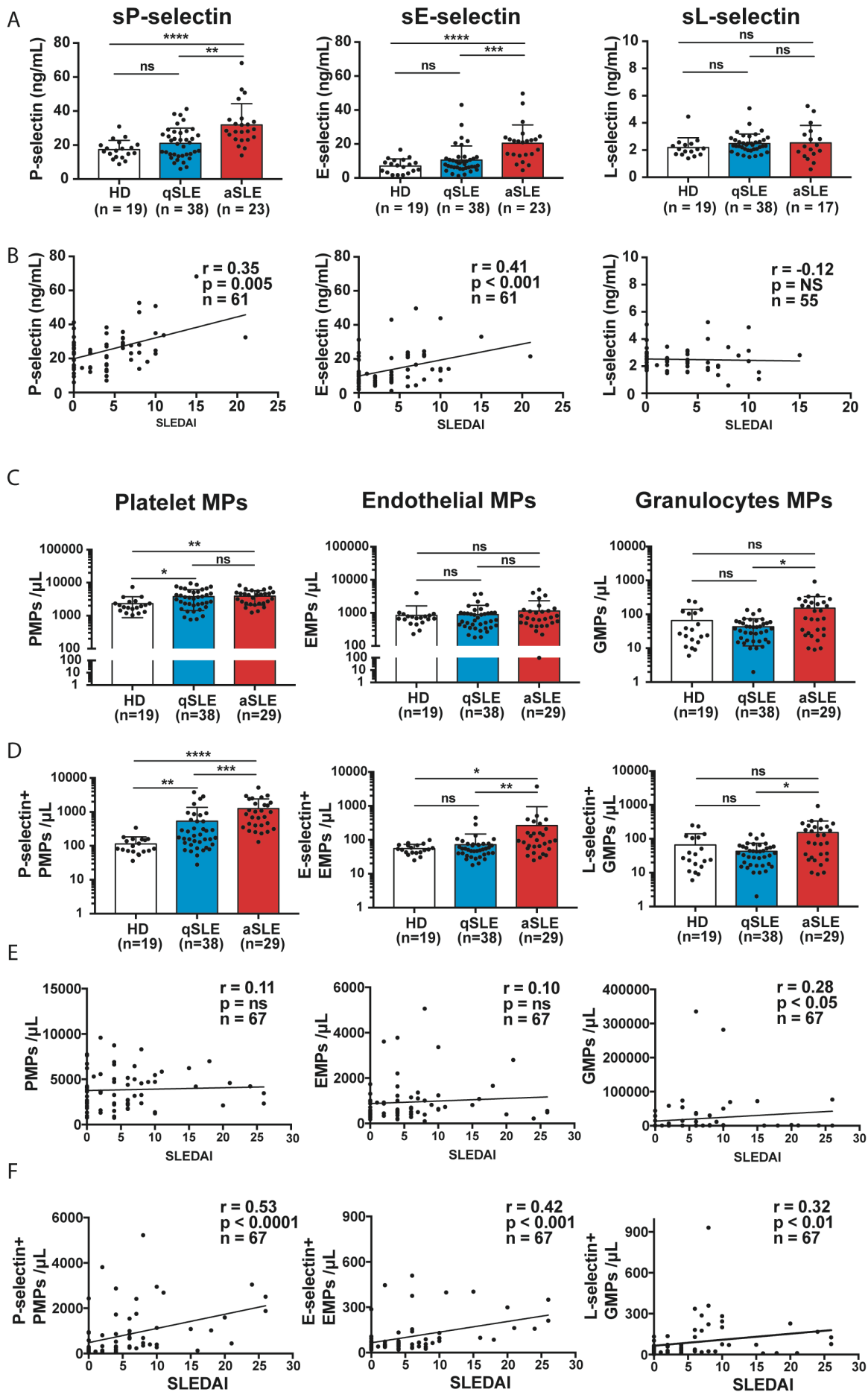
988 (G) Tregs from HD were cultured during 48 hours with different dose of P-selectin with or
989 without anti-PSGL1 (1/200) or Syk inhibitor (1 μM). Representative staining of FoxP3
990 on viable Tregs.

991 (H) Cumulative data showing FoxP3 MFI fold change in Tregs cultured with P-selectin
992 under control condition (n = 12) of with anti-PSGL-1 antibody (1/200; n = 12) or Syk
993 inhibitor (1μM, n = 4).

994 (I) Cumulative data showing Helios MFI fold change in Tregs cultured with P-selectin
995 under control condition (n = 12) of with anti-PSGL-1 antibody (1/200; n = 12) or Syk
996 inhibitor (1μM, n = 4).

997 Each dots represent the mean value of an independent experiment, histograms and bars
998 represent the mean and the s.e.m. *, p < 0.05; **, p < 0.01; ***, p < 0.001 using non-
999 parametric paired Friedman, test with Dunn's correction for multiple testing.

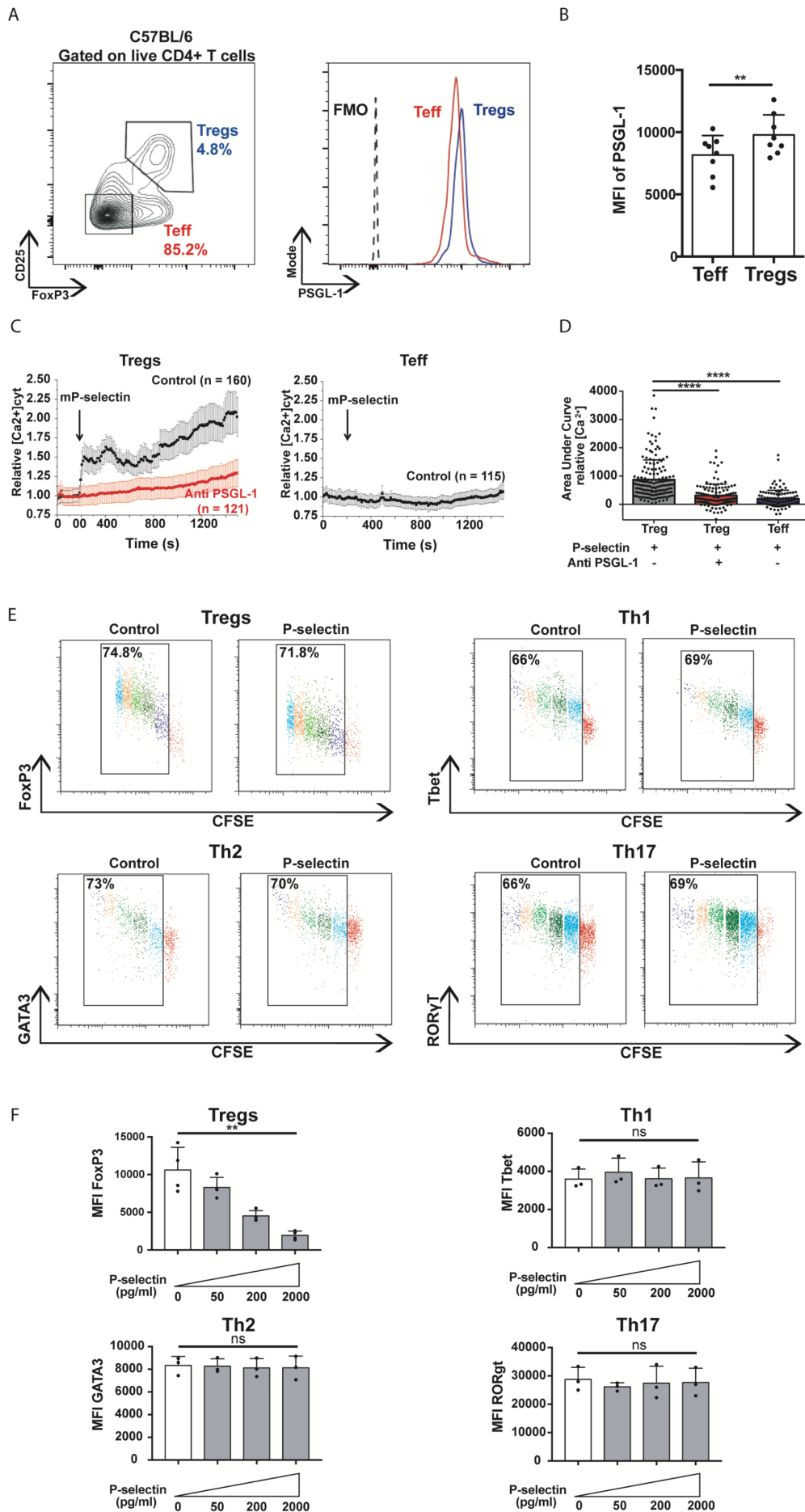
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Figure 5: Soluble and microparticle-bound selectin are upregulated in active SLE patients

- (A) Soluble selectins were measured from the platelet-free plasma of age- and sex-matched healthy donors, quiescent SLE (qSLE, SLEDAI < 6) and active SLE (aSLE, SLEDAI ≥ 6). Patients with active glomerulonephritis were excluded from this analysis (n = 6).
- (B) Spearman correlation between selectin levels and SLE disease activity as assessed by the SLEDAI.
- (C) Platelet-(CD61+, left panel), Endothelial- (CD31+, middle panel) or granulocyte-(CD66b+, right panel) derived Microparticles (PMP, EMP and GMP) were measured using cytometry from platelet-free plasma of HD and patients with quiescent or active SLE. The absolute count of microparticles was measured using Trucount Beads®.
- (D) P-selectin+ PMPs, E-selectin+ EMPs and L-selectin+ GMPs were measured by cytometry from HD and SLE patients.
- (E) Spearman correlation between PMPs (left panel), EMPs (middle panel) or GMPs (right panel) and SLE disease activity (SLEDAI).
- (F) Spearman correlation between selectin+ PMPs (left panel), EMPs (middle panel) or GMPs (right panel) and SLE disease activity (SLEDAI).
- Each dots represent the value of an individual, histograms and bars represent the mean and the S.D. p < 0.05; **, p < 0.01; ***, p < 0.001; ****, p < 0.0001 using non-parametric Kruskal-Wallis test with Dunn's correction for multiple testing.



1071 **Figure 6: WT and dnase113-KO with CD57B/6 background recapitulate human P-selectin**
1072 **findings**

- 1073 (A) Gating strategy of FoxP3⁺ Tregs and Teff extracted from the spleen of C57/B6 WT mice
1074 (n = 8).
1075 (B) Cumulative results of PSGL-1 expression on Teff and Tregs (n = 8). **, p < 0.01 using
1076 matched non-parametric Wilcoxon test.
1077 (C) CD25⁺CD4⁺ Tregs (left panel) or CD25⁻CD4⁺ Teff (right panel) were incubated with
1078 recombinant mouse P-selectin with or without pre-treatment with mouse anti-PSGL1
1079 antibody. Single-cell normalized intracytosolic calcium concentration ([Ca²⁺]_{cyt} using
1080 cal-520 as fluorescent calcium probe). The n shows the number of cells evaluated in
1081 each conditions. The data were obtained from three independent experiments.
1082 (D) Area under curve of calcium levels in cells exposed to P-selectin. Each dots represent
1083 the AUC of a single cells.
1084 (E) Naïve CD62L⁺ CD4⁺ mouse T cells were stained with CFSE and cultured under
1085 polarizing conditions for Treg, Th1, Th2 and Th17 differentiation, with or without P-
1086 selectin. Representative staining of CFSE and differentiation transcription factor after 7
1087 days of incubation. The percentage indicates the proportion of proliferating cells.
1088 (F) Mean fluorescence intensity of the transcription factor of differentiation for each
1089 polarizing conditions.
1090 Each dot represent the value of one mouse or one independent experiment with means and
1091 S.D.**, p < 0.01; ****, p < 0.0001 using non-parametric Kruskal-Wallis test with Dunn's
1092 correction for multiple testing.

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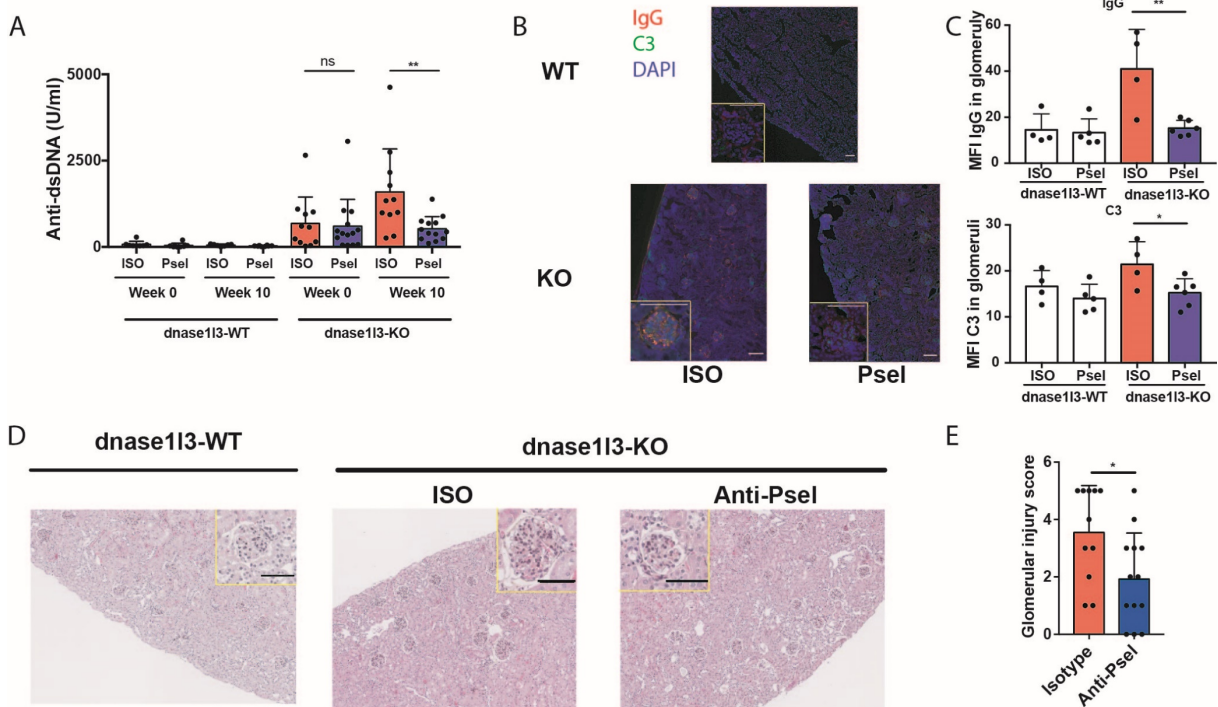


Figure 7: P-selectin blockade improves SLE pathogenesis in *dnase113-KO* lupus-prone mice.

- (A) Levels of anti-dsDNA antibodies in *dnase113-KO* mice measured by ELISA of two independent experiments (WT mice, n = 7 in ISO group and n = 8 in anti-Psel group; for KO mice, n = 11 in the ISO group and n = 13 in anti-Psel group).
- (B) Representative Immunofluorescence staining of kidney of *dnase113-WT* (upper panel) and *dnase113-KO* mouse treated with the isotype (lower left panel) or the anti-P-selectin (lower right panel) antibody for 10 weeks. White bars indicate 100 μ m.
- (C) Cumulative results of the MFI of IgG (upper panel) and C3 (lower panel) in the glomeruli of *dnase113-WT* and *dnase113-KO* mice treated with the isotype or the anti-P-selectin antibody.
- (D) Representative HES staining of kidney of *dnase113-WT* and *dnase113-KO* mice treated with the isotype of the anti-P-selectin antibody for 10 weeks. Black bars indicate 50 μ m.
- (E) Glomerular injury score evaluated in a blinded manner by a kidney pathologist, as described in the *methods*.

Each dot represents the value of one mouse with means and S.D. *, p < 0.05; **, p < 0.01 using unpaired Student's t-test.

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