**Title page**

**A critical role for MSR1 in vesicular stomatitis virus infection of the central nervous**

**system**

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Running title: MSR1 is a cellular receptor for VSV

**Abstract**

Macrophage scavenger receptor 1 (MSR1) plays an important role in host defense to bacterial

infections, M2 macrophage polarization and lipid homeostasis. However, its physiological

function in viral pathogenesis remains poorly defined. Herein, we report that MSR1

facilitates vesicular stomatitis virus (VSV) infection in the spinal cord. Msr1-deficient

(*Msr1*$^{-/-}$) mice presented reduced morbidity and mortality following lethal VSV infection,

along with normal viremia and antiviral innate immune responses, compared to *Msr1*$^{+/-}$

littermates and wild-type mice. Msr1 expression was selectively upregulated in the spinal

cord, which was the predominant target of VSV infection. The viral load in the spinal cord

was positively correlated with Msr1 expression level and was reduced in *Msr1*$^{-/-}$ mice.

Through its extracellular domain, MSR1 interacted with VSV surface glycoprotein and

facilitated its cellular entry. In conclusion, our results demonstrate that MSR1 serves as a

cellular entry receptor for VSV and facilitates its infection specifically in the spinal cord.

**Key words**: vesicular stomatitis virus, MSR1, scavenger receptor.

**Author Summary**

As a member of Class A scavenger receptors, macrophage scavenger receptor 1 (MSR1), recognizes various ligands including oxidized low-density lipoproteins (oxLDL), viruses and bacterial lipopolysaccharide (LPS), therefore performs many functions in tissue homeostasis and innate immunity, including pathogen clearance, lipid metabolism, macrophage polarization, and pro- or anti-inflammatory responses in different disease conditions. However, the physiological function of MSR1 during viral infection remains poorly understood. Vesicular stomatitis virus (VSV) is a negative-sense, single-stranded RNA virus, which is common in livestock (e.g. cattle, horses and swine) and produces significant economic losses. VSV is also widely used as an important model virus for fundamental research and vaccine development. But, the mechanism underlying VSV neurotropism is largely unknown. We herein report that MSR1 serves as a cellular receptor facilitating VSV infection specifically in the central nervous system. We demonstrated that MSR1 interacted with VSV virions through its extracellular domain binding to VSV-G protein, and overexpression of the extracellular domain alone was sufficient to promote VSV infection. Our results reveal a novel function for Msr1 as a critical determinant of VSV infection specifically in the spinal cord.

**Introduction**

Macrophage scavenger receptor 1 (MSR1; also known as CD204, SCARA1 and SR-A1), a member of Class A scavenger receptors, performs many functions in homeostasis and immunity, including pathogen clearance, lipid metabolism and macrophage polarization [1]. MSR1 recognizes a wide range of ligands including oxidized low-density lipoprotein (oxLDL), endogenous proteins, beta-amyloid, lipoteichoic acid (LTA) and bacterial lipopolysaccharide (LPS) [2, 3]. The ligand promiscuity of MSR1 is probably due to its function as a component of other pathogen pattern recognition receptor (PRR) signaling complexes. For instance, MSR1 interacts with receptor tyrosine kinase MER (MERTK) to enable apoptotic cell clearance [4]. MSR1 partners with TLR4 to sense LPS that leads to activation of nuclear factor-κB (NF-κB) signaling [5], and therefore contributes to either a pro- or anti-inflammatory responses in Alzheimer's disease, sepsis, cancer and atherosclerosis conditions [6-8]. MSR1 recognizes and internalizes dead cells or debris through interaction with spectrin in macrophages [9]. MSR1 also promotes M2 macrophage polarization and Th2 cell responses to bacterial infection by suppressing nuclear translocation of interferon regulatory factor 5 (IRF5) [10]. The functions of MSR1 during viral infection may vary with virus species and disease conditions. MSR1 signaling may protect mice against lethal herpes simplex virus infection [11], activate autophagy to control Chikungunya virus infection [12] and limit replication-defective adenovirus type 5-elicited hepatic inflammation and fibrosis by promoting M2 macrophage polarization [13]. MSR1 appears to function as a carrier of extracellular dsRNA of hepatitis C virus and present it to endosomal TLR3 and cytoplasmic RIG-I like receptors, resulting in an antiviral type I IFN response [14,

15]. However, MSR1 signaling could aggravate the pathogenesis of murine hepatitis

virus-induced fulminant hepatitis by enhancing neutrophil NETosis formation-induced

complement activation [16].

Vesicular stomatitis virus (VSV) is a negative-sense, single-stranded RNA virus of the

*Rhabdoviridae* family. This bullet-shaped virus infects a wide range of cells through its

surface glycoprotein (VSV-G) [17, 18]. Although VSV infection in humans is rare and very

mild, it is common in livestock (e.g. cattle, horses and swine) and may produce significant

economic losses, particularly in the southwestern states of the Unites States [19]. Because of

its broad cell tropism, easily genetic engineering and lack of preexisting human immunity

against it, VSV is widely used as a model virus for fundamental research and vaccine

development [20, 21]. Like rabies virus, VSV is a neurotropic virus that primarily infects

animals and occasionally humans [22-24]. However, the mechanisms underlying VSV

neurotropism remains unclear. Herein, we report that Msr1 facilitates VSV infection in the

spinal cord specifically. Msr1 serves as a cellular receptor that is selectively and highly

upregulated in the spinal cord following VSV infection. Msr1-deficiency thus renders mice

resistant to lethal VSV infection.

**Results**

**Msr1 contributes to VSV pathogenesis in mice**

MSR1 plays an important role in host defense to microbial infections [1]. However, its

physiological function in viral pathogenesis may vary significantly with viral species. We

investigate this using VSV, a model RNA virus for the study of innate antiviral immune

responses. Msr1 mRNA was expressed in various tissues with the highest in spleen (Fig. 1a).

We then infected $Msr1^{-/-}$ and wild-type (WT, C57BL/6) control mice with a lethal dose of

VSV. Intriguingly, ~90% of the WT mice (n=12) succumbed to VSV infection, but only ~30%

$Msr1^{-/-}$ mice died (n=12) (Fig. 1b). The overall survival rate of $Msr1^{-/-}$ mice was much higher

than that of WT mice ($P$=0.001, Log-Rank test). In addition, the disease severity of WT mice

was continuously increased from day 4 after infection and much greater than $Msr1^{-/-}$ mice

(Fig. 1b). Almost all infected WT mice developed severe symptoms such as hind-limb

paralysis as well as decreased mobility (Fig. 1c). To validate the phenotypic results, we

produced $Msr1^{-/-}$ and $Msr1^{-/+}$ littermates and repeated VSV infection. We confirmed that

Msr1 protein level in $Msr1^{+/-}$ was the same as that in WT macrophages, which express

abundant Msr1 (Fig. 1d). Consistently, the survival rate and disease score of $Msr1^{+/-}$ mice

infected with VSV were similar with WT mice. ~ 80% of infected $Msr1^{+/-}$ mice (n=6)

presented severe hind-limb paralysis and succumbed to lethal VSV infection, while none of

$Msr1^{-/-}$ mice (n=6) showed severe symptoms (Fig. 1e). These data suggest that Msr1

contributes to the pathogenesis of VSV-induced disease.

Msr1 plays an important role in the maintenance of immune homeostasis and is reported

to aggravate virus-induced fulminate hepatitis pathogenesis by mediating C5a-induced

proinflammatory response[16]. We thus assessed VSV viremia and the serum levels of type I

IFN and inflammatory cytokines between VSV-infected WT, $Msr1^{+/-}$ and $Msr1^{-/-}$ littermates

by multiplex ELISA and quantitative RT-PCR. Interestingly, the viremia and cytokine levels

(i.e. IFN-α, IFN-γ, TNF-α, IL-10, CXCL-10, IL-1β) in $Msr1^{-/-}$ mice were similar to WT and

$Msr1^{+/-}$ littermates (Fig. 2a, b, Fig. S1a, b). These results demonstrate that Msr1 is

dispensable for systemic VSV dissemination and innate immune responses.

**Msr1 is critical for VSV infection in the spinal cord**

VSV shows a strong neurotropism and causes severe neurological disorders in a variety of

rodent and primate animals though the underlying mechanism remains elusive [25]. Indeed,

we observed overt hind-limb paralysis and immobility in WT mice (Fig. 1b-e), indicative of

severe infection in the central nervous system (CNS). We therefore evaluated viral loads in

different tissues after VSV infection. As shown in Fig. 3a, the VSV load in the spinal cord

was much higher than other tissues in VSV-infected $Msr1^{+/-}$ mice. Then, we examined the

CNS specimens from VSV-infected $Msr1^{+/-}$ and $Msr1^{-/-}$ littermates. We found that the viral

load in the spinal cord of $Msr1^{-/-}$ mice was significantly lower than that of $Msr1^{+/-}$ mice, while

the difference in the brain was moderate (Fig. 3b-d). This result is consistent with

VSV-induced severe paraplegia, which is most often caused by spinal cord injury [26].

Interestingly, the $Msr1$ expression was sharply induced by VSV in the spinal cord and

modestly in the liver, while decreased in the spleen after infection (Fig. 3e). A strong positive

correlation between $Msr1$ expression level and VSV load in the spinal cord was noted; the

association was moderate in the brain and spleen (Fig. 3f), suggesting that Msr1 is a

determinant of VSV infection in the spinal cord.

The scavenger receptor family consists of 10 classes, which are structurally

heterogeneous with little or no homology [1]. MSR1 belongs to the Class A receptors, which

all have a extracellular collagenous domain [1]. The aforementioned results suggest that

MSR1 is upregulated by VSV specifically in the spinal cord. We then asked if other members

of Class A and B may be induced similarly by VSV. The results show that $CD36$ ($Scarb3$)

was also markedly induced in the spinal cord after VSV infection (Fig. 3g), but none of the

Class A/B scavenger receptors tested were significantly changed in the expression levels in

the infected brain (Fig. 3h). The LDL receptor family members serve as the cellular receptors

for VSV [27], and are also expressed in the nervous system [28]; we thus examined the

expression of *Ldlr* in the brain and spinal cord. Intriguingly, *Ldlr* expression was higher in

the spinal cord than brain, but not significantly changed after VSV infection in either tissue

(Fig. 3i). These findings suggest that Msr1 is critical for VSV infection, specifically in the

spinal cord.

**Msr1 mediates cellular entry of VSV**

The above-mentioned data suggest that MSR1 may facilitate VSV infection directly. Of note,

MSR1 is known to recognize a wide range of self- and microbial ligands, in particular,

oxidized low density lipoproteins[2, 3]. We thus hypothesized that MSR1 could mediate

cellular entry of VSV. To this end, we employed primary neuron culturing from neonatal

*Msr1*$^{+/-}$ and *Msr1*$^{-/-}$ littermates and bone marrow-derived macrophages (BMDM) which

express abundant Msr1 (Fig. 4c). Indeed, the VSV load in *Msr1*$^{-/-}$ neurons (Fig. 4a) and the

virus titer in its culture medium (Fig. 4b) were significantly decreased compared to *Msr1*$^{+/-}$

littermates. The intracellular VSV-G protein level and extracellular infectious virions in

*Msr1*$^{-/-}$ BMDMs were much lower than those in WT cells (Fig. 4d-f). We next determined if

cellular entry of VSV was impaired in *Msr1*$^{-/-}$ cells. BMDMs were inoculated with VSV at 4 ℃

for 2hrs to allow for VSV attachment to the cell surface, at 37 ℃ for 30 min to allow for VSV

entry into cells, and lastly were washed extensively to remove unbound virions. Indeed, there

were fewer VSV virions attached to $Msr1^{-/-}$ than WT cells at 4 ℃ and consequently fewer

virions inside $Msr1^{-/-}$ cells at 37 ℃ (Fig. 4g). These data show that Msr1 mediates cellular

entry of VSV.

Human MSR1 protein shares 70% identity and 81% similarity with mouse Msr1. We

then asked if the function of MSR1during VSV infection is evolutionarily conserved. To this

end, we evaluated VSV infection in a human $MSR1^{-/-}$ trophoblast line that was generated

recently in our hands [12]. Indeed, VSV-G protein level in $MSR1^{-/-}$ trophoblasts was much

less than that in WT cells at 12 hrs after VSV infection (Fig. 5a). Consistently, the

fluorescence intensity of VSV-GFP in $MSR1^{-/-}$ trophoblasts was also decreased compared to

WT cells (Fig. 5b), and the plaque assay further showed a significant reduction in VSV

virions in the culture medium of $MSR1^{-/-}$ compared to WT trophoblasts (Fig. 5c).

Overexpression of MSR1 significantly increased VSV-G protein level (Fig. 5d), VSV-GFP

fluorescence intensity (Fig. 5e), and VSV titer in the cell culture medium (Fig. 5f), compared

to the vector control. Epichromosomal complementation of MSR1 gene in $MSR1^{-/-}$

trophoblasts restored VSV infection (Fig. 5g).

MSR1 is a cell surface protein with a short intracellular N-terminus, a transmembrane

domain and a long extracellular portion. We postulated that the extracellular portion mediates

VSV entry. To prove this, we dissected MSR1 into several fragments: amino residues 1-50

(cytoplasmic N-tail), 1-80 (cytoplasmic N-tail plus transmembrane), and 51-end

(extracellular domains with transmembrane), expressed them in trophoblasts (Fig. 5h, Fig.

S2a) and infected cells with VSV-GFP for 12 hrs. Intriguingly, both the fragment (51-end)

and full-length (1-end) MSR1 enhanced VSV-G protein level and VSV-GFP fluorescence

intensity; while the fragments without the extracellular domains (1-50 and 1-80) failed to do

so (Fig. 6i, j). These results demonstrate that MSR1 facilitates cellular entry of VSV through

its extracellular domain.

**MSR1 interacts with VSV glycoprotein G via its extracellular domain**

Based on the aforementioned data, we hypothesized that MSR1 serves as a cellular receptor

for VSV. We thus employed an immunoprecipitation assay to investigate if MSR1 full-length

(1-end) and/or fragments (1-80, 51-end, respectively) directly interact with intact VSV-GFP

virions. In agreement with Fig. 5h-j, both the 51-end and full-length of MSR1 pulled-down

infectious virions; while the MSR1 (1-80) did not (Fig. 6a-c). Of note, with considerably less

protein expression, the 51-end fragment pulled down the same amount of VSV-GFP as

full-length MSR1 (Fig. 6a-c), suggesting that the extracellular fragment mediates MSR1

binding to VSV virions. We further asked if MSR1 directly interacts with VSV surface

glycoprotein G that mediates VSV entry into host cells. We performed co-transfection of

VSV-G and FLAG-MSR1/fragment plasmids into HEK293 cells and immunoprecipitation

using an anti-FLAG antibody. The results show that the fragment (51-end) and full-length

(1-end) FLAG-MSR1 pulled down VSV-G, while the empty vector and the fragment 1-80 did

not (Fig. 6d).

**Discussion**

Although MSR1 has proven to perform a variety of    functions in homeostasis and host

immunity due to its ability to recognize a diverse range of ligands [2, 3], its role    in viral

pathogenesis remains poorly defined. MSR1    signaling    may    be    protective    against

Chikungunya virus and herpes simplex virus infection [11, 12], but could also contribute to

hepatitis virus-induced liver damage [16]. In this study, our data collectively demonstrate that

MSR1 serves as a cellular receptor facilitating VSV infection specifically in the spinal cord,

and this is substantiated by several lines of experimental evidence. Firstly, Msr1-deficient

mice were strikingly resistant to VSV-elicited hind-limb paralysis compared to their

wild-type littermates. However, Msr1 was dispensable for systemic VSV dissemination and

innate immune responses.   Secondly, the viral load in the spinal cord was the highest and the

fold induction of Msr1 expression by VSV was the greatest among all tested tissues. Of note,

the Msr1 expression level was positively correlated with VSV load in the spinal cord. These

results not only demonstrate a strong tropism of VSV for the spinal cord that leads to severe

paraplegia[26]·[25], but also reveal a novel function for Msr1 as a critical determinant of

VSV infection specifically in the spinal cord. Thirdly, VSV attachment, entry, and

consequently replication was significantly reduced in both mouse primary $Msr1^{-/-}$

macrophages and human $MSR1^{-/-}$ trophoblasts. While overexpression of MSR1 could enhance

cellular entry of VSV and subsequent replication. Lastly, MSR1, through its extracellular

domain, interacted with VSV virions through its surface glycoprotein G and overexpression

of the extracellular section alone was sufficient to promote VSV infection. These

observations suggest that MSR1 is an entry receptor for VSV [17, 18].

To date, the membrane lipid phosphatidylserine and endoplasmic reticulum chaperone

Gp96 are important for VSV entry, but not as a receptor [25]. The LDL receptor and its

family members were recently characterized as entry receptors for VSV in both human and

mouse cells [27]. The widespread expression pattern of the LDLR family members may thus

in part underlie VSV pantropism. However, the *Rhabdoviridae* viruses (e.g. rabies virus,

VSV) specifically invade and replicate in motor neurons that exist predominately in the

spinal cord [29], and subsequent retrograde or anterograde spread of progeny virions in the

motor nerve system results in paraplegia [30, 31]. Indeed, this study demonstrates that VSV

primarily targets the spinal cord, and secondarily the brain. Intriguingly MSR1 is essential for

VSV infection only in the spinal cord. In agreement with this, among all tested Class A and B

scavenger receptors, MSR1 is the most significantly upregulated member in the spinal cord;

while LDLR expression is unchanged following VSV infection. These observations suggest

that MSR1 becomes important for VSV infection of the spinal cord at least partly because

MSR1 expression is robustly upregulated. On the other hand, MSR1 could contribute to

neuronal inflammation and apoptosis by activating NF-κB signaling pathway in the spinal

cord [32].   However, our data do not necessarily rule out the importance of LDLR family to

VSV infection in the spinal cord. Indeed, LDLR expression in the spinal cord, either before

or after VSV infection, is much higher than the brain.

In sum, we herein define MSR1 as a cellular entry receptor for VSV infection

specifically in the spinal cord. MSR1 can be selectively and highly upregulated in the spinal

cord following VSV infection. Given that VSV and its pseudotyped viruses have been widely

applied to vaccine research and oncolytic therapy [33-35], it seems plausible to improve

VSV-mediated oncolytic efficacy by manipulating MSR1 expression.

**Materials and Methods**

*Animals*

All mice were purchased from the Jackson Laboratory and housed under the same conditions. C57BL/6J mice (Stock No: 000664) were employed as the wild-type control mice. *Msr1$^{-/-}$* mice (B6.Cg-*Msr1$^{tm1Csk}$*/J, stock No: 006096) were made from 129 embryonic stem (ES) cells and then backcrossed to C57BL/6J mice for 12 generations. *Msr1$^{+/-}$* mice were made by backcrossing *Msr1$^{-/-}$* mice to C57BL/6J mice. All of the gene-mutant and wild type mice were normal in body weight and general health. Sex- and age-matched (6-8 weeks) mice were used for all the experiments. The animal protocols were approved by the Institutional Animal Care & Use Committee at University of Connecticut adhering to the National institutes of Health recommendations for the care and use of laboratory animals.

*Antibodies and plasmids*

The rabbit anti-Actin (Cat # 8456) antibody was purchased from Cell Signaling Technology (Danvers, MA 01923, USA). The mouse anti-FLAG (Cat# TA50011) and rabbit anti-human/mouse MSR1 (Cat# TA336699) antibodies were from Origene (Rockville, MD 20850, USA). The mouse anti-human MSR1 (Cat# MAB2708) antibody was obtained from R&D Systems (Minneapolis, MN 55413, USA). Then rabbit anti-VSV-G (Cat#V4888) antibody and the anti-FLAG M2 magnetic beads (Clone M2, Cat# M8823) were from Sigma-Aldrich (St. Louis, MO, USA). The human MSR1 (Cat# RC209609) were obtained from Origene (Rockville, MD 20850, USA). Human MSR1 and its fragment 1-50, 1-80 and 51-end were amplified by PCR and inserted into pcDNA3.1 (Zeo)-FLAG vector. The primers

are listed in the Supplemental Table S1.

*Cell culture and viruses*

Vero cells (monkey kidney epithelial cells, # CCL-81), human trophoblasts HTR-8/SVneo

(#CRL-3271) and L929 (mouse fibroblast cells, # CCL-1) were purchased from American

Type Culture Collection (ATCC) (Manassas, VA20110, USA). *MSR1$^{-/-}$* trophoblasts were

generated in our previous study [12]. Vero cells were grown in Corning® DMEM

(Dulbecco's Modified Eagle's Medium) supplemented with 10% FBS and 1%

penicillin/streptomycin. Human trophoblasts were cultured in Corning® RPMI 1640 medium

supplemented with 10% fetal bovine serum and 1% penicillin/streptomycin. Bone

marrow-derived macrophages (BMDMs) were differentiated from femur bone-derived bone

marrows in L929 conditioned medium (RPMI1640, 20%FBS, 30% L929 culture medium and

1% penicillin/streptomycin) in 10-cm Petri-dishes at 37 °C, 5% $CO_2$ for 7 days. The BMDMs

were then seeded in culture plates and cultured in regular RPMI1640 medium overnight

before further treatment. MycoZap (Lonza) were used regularly to prevent mycoplasma

contamination. The vesicular stomatitis virus (VSV) used in this study was Indiana strain

described previously [36], and the green fluorescence protein (GFP) tagged VSV was made

from this VSV. These viruses were propagated in Vero cells.

*Primary neuron culture*

The primary neuron culturing was performed according to a previous method[37]. The brain

of a 3-day old neonate was dissected dorsally under a microscope; the vascular tunic was

removed; and then the brain was washed in ice-cold DMEM medium. The brain was then

broken into pieces by pipetting up and down in 0.125% trypsin with DNAse I, and then

digested for 30min in a 37 °C water bath, vortexed every 10 min. Digestion of the brain was

terminated by 10% FBS+DMEM, filtered through a 70μm cell strainer (ThemoFisher brand).

The filtrate was centrifuged at 500 x g at 4 °C for 5min to pellet neurons. The neurons were

then plated in 0.0125% poly-L-lysine-coated culture plates (overnight at 37°C), and cultured

in neurobasal medium (Gibco, U.S) with 2% B27 supplement (Gibco, U.S) at 37 °C, 5% $CO_2$

for 5-6 days.

*Mouse infection and disease monitoring*

VSV stock [~$10^8$ plaque forming units (PFU/ml)] was diluted in sterile phosphate buffered

saline (PBS), and ~$10^7$ PFU was injected into mice retro-orbitally [38]. The mice were

monitored for disease progression over a period of 8 days after infection. The main symptoms

were mobility and hind-limb paralysis. The severity of disease was measured using a scale

from 0 (no symptom), 1 (no plantar stepping in one hind leg), 2 (no plantar stepping in two

hind legs or slight ankle movement in one hind leg), 3 (slight ankle movement in two hind

legs or no ankle movement in one hind leg), 4 (no ankle movement in one hind leg and slight

in the other one) to 5 (no ankle movement in both hind legs, almost loss of all movement

ability), as described previously [26]. The mice scored for 5 were euthanized as a humane

endpoint according to the animal protocol.

*Real-time reverse transcription PCR*

Animal tissues or whole blood (30μl) were collected in 330μl of lysis buffer (Invitrogen

RNAasy mini-prep kit). The heart, liver, lung, brain and spleen were minced with a pair of

scissors and homogenized in RLT buffer using an electrical pellet pestle (Kimble Chase LLC,

USA). RNA was extracted following the Invitrogen RNAasy mini-prep kit protocol, and

reverse-transcribed into cDNA using the TAKARA PrimeScriptTM RT Reagent Kit with

gDNA Eraser (Perfect Real Time) (#RR047A). qPCR was performed with gene-specific

primers and Bio-Rad SYBR Premix. qPCR results were calculated using the $-\Delta\Delta Ct$ method

and beta actin gene as an internal control. The qPCR primers are summarized in supplemental

material Table S2.

*Plaque-forming assay*

The viral particles in tissue homogenates or cell culture medium were quantitated by plaque

forming assays as previously described [39]. Briefly, samples were serially diluted by 10-fold

using DMEM without FBS, and then 500 µL of each diluted sample plus 500 µL DMEM

without FBS were added onto a Vero cell monolayer in a 6-well plate. The 6-well plate was

then incubated at 37 °C for 2 h. The inoculum was replaced with 1% SeaPlaque agarose (Cat#

50100, Lonza) in complete DMEM medium (2 ml). The plate was left at room temperature

for 30min to allow the agarose to solidify, and then moved to a cell culture incubator (37 °C,

5% $CO_2$). Plaques were visualized by a Neutral Red exclusion assay after 3 days.

*Western blotting assay*

Western blotting analysis was performed using standard procedures. Briefly, protein samples

were resolved by SDS-PAGE (sodium dodecyl sulfate-polyacrylamide gel electrophoresis)

and transferred to a nitrocellulose membrane. The membrane blot was incubated with a

primary antibody over night at 4 ℃, washed briefly and incubated with a HRP-conjugated

secondary antibody for 1 hour at room temperature. An ultra-sensitive ECL substrate was

used for detection (ThermoFisher, Cat# 34095).

*Co-immunoprecipitation*

Trophoblasts or HEK293 cells were seeded at a density of $5x10^5$ cells/ml and transfected with

protein expression plasmids (pVSVG, 1-80, 51-end, 1-end of FLAG-MSR1, and vector)

using TransIT-X2® Transfection Reagent. Twenty-four hours after transfection, whole-cell

extracts were prepared from transfected trophoblasts in lysis buffer (150 mM NaCl, 50 mM

Tris pH 7.5, 1 mM EDTA, 0.5% NP40, 10% Glycerol) and were incubated with 50μl of

anti-FLAG magnetic beads for 2hrs at 4°C. The whole procedure of co-immunoprecipitation

was performed according to manufacturer's protocol (Anti-Flag Magnetic Beads,

Sigma-Aldrich). For co-immunoprecipitation of live VSV particles, $5x10^5$ cells/ml HEK293

cells were transfected with protein expression plasmids (1-80, 51-end, 1-end of FLAG-MSR1,

and vector). Twenty-four hours later, cells were lysed in lysis buffer and incubated with 50μl

of anti-FLAG magnetic beads for 2hrs at 4°C. The beads were washed three times with sterile

PBS to completely remove detergent and unbound cellular proteins, and were then incubated

with VSV-GFP virions (500μl, $1x10^7$ PFU/ml) for 2hrs at 4°C. The beads were washed with

sterile PBS three times to remove unbound virions and the bound virions were eluted with

3xFLAG peptide in sterile PBS. The VSV-GFP pulled down by FLAG-MSR1 and fragments

were then used to infect Vero cells or immunoblotting (Fig. S2b).

*Multiplex ELISA (enzyme-linked immunosorbent assay)*

BioLegend's LEGENDplex™ bead-based immunoassays of serum samples were performed

exactly according to the instruction of BioLegend's LEGENDplex™ kit. The flow cytometry

data were analyzed using the LEGENDplex™ data analysis software.

*Graphing and statistics*

The data from all experiments were analyzed using a Prism GraphPad Software and

expressed as mean ± S.D. Survival data were analyzed using a Log-rank (Mantel-Cox) test.

For *in vitro* cell culture results, a standard two-tailed unpaired Student's t-test was used. For

animal studies, an unpaired two-tailed nonparametric Mann-Whitney U test was applied to

statistical analysis. *P* values ≤ 0.05 were considered significant. The statistic statements of

experiments are detailed in each figure legend.

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**Author contributions**

D.Y. designed and performed all the experimental procedures and data analyses. T.L., A.H., and T.G provided technical support and/or data analyses. H.W. assisted with data interpretation and discussion. P.W. conceived and oversaw the study. D.Y. and P.W. wrote the paper and all the authors reviewed and/or modified the manuscript.

**Conflict of interest**

The authors declare no competing financial/non-financial interest.

## References

401   1.   Canton J, Neculai D, Grinstein S. Scavenger receptors in homeostasis and immunity. Nature reviews
402
Immunology. 2013;13(9):621-34. doi: 10.1038/nri3515. PubMed PMID: 23928573.

2.   Pluddemann A, Mukhopadhyay S, Gordon S. Innate immunity to intracellular pathogens: macrophage
receptors and responses to microbial entry. Immunological reviews. 2011;240(1):11-24. Epub 2011/02/26. doi:
10.1111/j.1600-065X.2010.00989.x. PubMed PMID: 21349083.

3.   Pombinho R, Sousa S, Cabanes D. Scavenger Receptors: Promiscuous Players during Microbial
Pathogenesis.  Critical  reviews  in  microbiology.  2018;44(6):685-700.  Epub  2018/10/16.  doi:
10.1080/1040841X.2018.1493716. PubMed PMID: 30318962.

4.   Todt JC, Hu B, Curtis JL. The scavenger receptor SR-A I/II (CD204) signals via the receptor tyrosine kinase
Mertk during apoptotic cell uptake by murine macrophages. Journal of leukocyte biology. 2008;84(2):510-8.
Epub 2008/05/31. doi: 10.1189/jlb.0307135. PubMed PMID: 18511575; PubMed Central PMCID:
PMCPmc2718803.

5.   Yu H, Ha T, Liu L, Wang X, Gao M, Kelley J, et al. Scavenger receptor A (SR-A) is required for LPS-induced
TLR4 mediated NF-kappaB activation in macrophages. Biochimica et biophysica acta. 2012;1823(7):1192-8.
Epub 2012/05/26. doi: 10.1016/j.bbamcr.2012.05.004. PubMed PMID: 22627090; PubMed Central PMCID:
PMCPmc3382073.

6.   Kelley JL, Ozment TR, Li C, Schweitzer JB, Williams DL. Scavenger receptor-A (CD204): a two-edged sword
in  health  and  disease.  Critical  reviews  in  immunology.  2014;34(3):241-61.  Epub  2014/06/19.  doi:
10.1615/critrevimmunol.2014010267. PubMed PMID: 24941076; PubMed Central PMCID: PMCPmc4191651.

7.   Zhang Y, Wei Y, Jiang B, Chen L, Bai H, Zhu X, et al. Scavenger Receptor A1 Prevents Metastasis of
Non–Small Cell Lung Cancer via Suppression of Macrophage Serum Amyloid A1. Cancer Research.
2017;77(7):1586. doi: 10.1158/0008-5472.CAN-16-1569.

8.   Mukhopadhyay S, Varin A, Chen Y, Liu B, Tryggvason K, Gordon S. SR-A/MARCO-mediated ligand delivery
enhances intracellular TLR and NLR function, but ligand scavenging from cell surface limits TLR4 response to
pathogens. Blood. 2011;117(4):1319-28. Epub 2010/11/26. doi: 10.1182/blood-2010-03-276733. PubMed
PMID: 21098741.

9.   Cheng C, Hu Z, Cao L, Peng C, He Y. The scavenger receptor SCARA1 (CD204) recognizes dead cells
through spectrin. The Journal of biological chemistry. 2019;294(49):18881-97. Epub 2019/10/28. doi:
10.1074/jbc.RA119.010110. PubMed PMID: 31653705; PubMed Central PMCID: PMCPmc6901321.

10.  Xu Z, Xu L, Li W, Jin X, Song X, Chen X, et al. Innate scavenger receptor-A regulates adaptive T helper cell
responses  to  pathogen  infection.  Nature  communications.  2017;8:16035.  Epub  2017/07/12.  doi:
10.1038/ncomms16035. PubMed PMID: 28695899; PubMed Central PMCID: PMCPmc5508227.

11.  Suzuki H, Kurihara Y, Takeya M, Kamada N, Kataoka M, Jishage K, et al. A role for macrophage scavenger
receptors  in  atherosclerosis  and  susceptibility  to  infection.  Nature.  1997;386(6622):292-6.  doi:
10.1038/386292a0. PubMed PMID: 9069289.

12.  Yang L, Geng T, Yang G, Ma J, Wang L, Ketkhar H, et al. Macrophage scavenger receptor 1 controls
Chikungunya  virus  infection  through  autophagy.  bioRxiv.  2020:2020.02.28.969832.  doi:
10.1101/2020.02.28.969832.

13.  Labonte AC, Sung S-SJ, Jennelle LT, Dandekar AP, Hahn YS. Expression of scavenger receptor-AI promotes
alternative activation of murine macrophages to limit hepatic inflammation and fibrosis. Hepatology.
2017;65(1):32-43. Epub 11/22. doi: 10.1002/hep.28873. PubMed PMID: 27770558.

14.  DeWitte-Orr SJ, Collins SE, Bauer CM, Bowdish DM, Mossman KL. An accessory to the 'Trinity': SR-As are

essential pathogen sensors of extracellular dsRNA, mediating entry and leading to subsequent type I IFN
responses. PLoS pathogens. 2010;6(3):e1000829. Epub 2010/04/03. doi: 10.1371/journal.ppat.1000829.
PubMed PMID: 20360967; PubMed Central PMCID: PMCPmc2847946.

15. Dansako H, Yamane D, Welsch C, McGivern DR, Hu F, Kato N, et al. Class A scavenger receptor 1 (MSR1)
restricts hepatitis C virus replication by mediating toll-like receptor 3 recognition of viral RNAs produced in
neighboring cells. PLoS pathogens. 2013;9(5):e1003345. Epub 2013/05/30. doi: 10.1371/journal.ppat.1003345.
PubMed PMID: 23717201; PubMed Central PMCID: PMCPmc3662657.

16. Tang Y, Li H, Li J, Liu Y, Li Y, Zhou J, et al. Macrophage scavenger receptor 1 contributes to pathogenesis of
fulminant hepatitis via neutrophil-mediated complement activation. Journal of hepatology. 2018;68(4):733-43.
doi: 10.1016/j.jhep.2017.11.010. PubMed PMID: 29154963; PubMed Central PMCID: PMC5951742.

17. Ge P, Tsao J, Schein S, Green TJ, Luo M, Zhou ZH. Cryo-EM model of the bullet-shaped vesicular stomatitis
virus. Science. 2010;327(5966):689-93. Epub 2010/02/06. doi: 10.1126/science.1181766. PubMed PMID:
20133572; PubMed Central PMCID: PMCPmc2892700.

18. Nikolic J, Belot L, Raux H, Legrand P. Structural basis for the recognition of LDL-receptor family members
by VSV glycoprotein. Nature communications. 2018;9(1):1029. doi: 10.1038/s41467-018-03432-4. PubMed
PMID: 29531262.

19. Rozo-Lopez P, Drolet BS, Londoño-Renteria B. Vesicular Stomatitis Virus Transmission: A Comparison of
Incriminated Vectors. Insects. 2018;9(4):190. doi: 10.3390/insects9040190. PubMed PMID: 30544935.

20. Bukreyev A, Skiadopoulos MH, Murphy BR, Collins PL. Nonsegmented negative-strand viruses as vaccine
vectors. Journal of virology. 2006;80(21):10293-306. Epub 2006/10/17. doi: 10.1128/jvi.00919-06. PubMed
PMID: 17041210; PubMed Central PMCID: PMCPmc1641758.

21. Mátrai J, Chuah MKL, VandenDriessche T. Recent advances in lentiviral vector development and
applications. Mol Ther. 2010;18(3):477-90. Epub 01/19. doi: 10.1038/mt.2009.319. PubMed PMID: 20087315.

22. Gagnidze K, Hajdarovic KH, Moskalenko M, Karatsoreos IN, McEwen BS, Bulloch K. Nuclear receptor
REV-ERBalpha mediates circadian sensitivity to mortality in murine vesicular stomatitis virus-induced
encephalitis. Proceedings of the National Academy of Sciences of the United States of America.
2016;113(20):5730-5. Epub 2016/05/05. doi: 10.1073/pnas.1520489113. PubMed PMID: 27143721; PubMed
Central PMCID: PMCPmc4878505.

23. Quiroz E, Moreno N, Peralta PH, Tesh RB. A human case of encephalitis associated with vesicular
stomatitis virus (Indiana serotype) infection. The American journal of tropical medicine and hygiene.
1988;39(3):312-4. Epub 1988/09/01. doi: 10.4269/ajtmh.1988.39.312. PubMed PMID: 2845825.

24. Ludlow M, Kortekaas J, Herden C, Hoffmann B, Tappe D, Trebst C, et al. Neurotropic virus infections as
the cause of immediate and delayed neuropathology. Acta neuropathologica. 2016;131(2):159-84. Epub
2015/12/15. doi: 10.1007/s00401-015-1511-3. PubMed PMID: 26659576; PubMed Central PMCID:
PMCPmc4713712.

25. Hastie E, Cataldi M, Marriott I, Grdzelishvili VZ. Understanding and altering cell tropism of vesicular
stomatitis virus. Virus research. 2013;176(1-2):16-32. Epub 2013/06/26. doi: 10.1016/j.virusres.2013.06.003.
PubMed PMID: 23796410; PubMed Central PMCID: PMCPmc3865924.

26. Smith PD, Bell MT, Puskas F, Meng X, Cleveland JC, Jr., Weyant MJ, et al. Preservation of motor function
after spinal cord ischemia and reperfusion injury through microglial inhibition. The Annals of thoracic surgery.
2013;95(5):1647-53. Epub 2013/04/02. doi: 10.1016/j.athoracsur.2012.11.075. PubMed PMID: 23541432.

27. Finkelshtein D, Werman A, Novick D, Barak S, Rubinstein M. LDL receptor and its family members serve as
the cellular receptors for vesicular stomatitis virus. Proceedings of the National Academy of Sciences of the
United States of America. 2013;110(18):7306-11. Epub 2013/04/17. doi: 10.1073/pnas.1214441110. PubMed

PMID: 23589850; PubMed Central PMCID: PMCPmc3645523.

28.   Beffert U, Stolt PC, Herz J. Functions of lipoprotein receptors in neurons. Journal of lipid research.
2004;45(3):403-9. Epub 2003/12/06. doi: 10.1194/jlr.R300017-JLR200. PubMed PMID: 14657206.

29.   Bradbury EJ, McMahon SB. Spinal cord repair strategies: why do they work? Nature reviews Neuroscience.
2006;7(8):644-53. Epub 2006/07/22. doi: 10.1038/nrn1964. PubMed PMID: 16858392.

30.   Beier KT, Saunders A, Oldenburg IA, Miyamichi K, Akhtar N, Luo L, et al. Anterograde or retrograde
transsynaptic labeling of CNS neurons with vesicular stomatitis virus vectors. Proceedings of the National
Academy of Sciences of the United States of America. 2011;108(37):15414-9. Epub 2011/08/10. doi:
10.1073/pnas.1110854108. PubMed PMID: 21825165; PubMed Central PMCID: PMCPmc3174680.

31.   Koyuncu OO, Hogue IB, Enquist LW. Virus infections in the nervous system. Cell Host Microbe.
2013;13(4):379-93. doi: 10.1016/j.chom.2013.03.010. PubMed PMID: 23601101.

32.   Kong FQ, Zhao SJ, Sun P, Liu H, Jie J, Xu T, et al. Macrophage MSR1 promotes the formation of foamy
macrophage and neuronal apoptosis after spinal cord injury. Journal of neuroinflammation. 2020;17(1):62.
Epub 2020/02/19. doi: 10.1186/s12974-020-01735-2. PubMed PMID: 32066456; PubMed Central PMCID:
PMCPmc7027125.

33.   Felt SA, Grdzelishvili VZ. Recent advances in vesicular stomatitis virus-based oncolytic virotherapy: a
5-year update. J Gen Virol. 2017;98(12):2895-911. doi: 10.1099/jgv.0.000980. PubMed PMID: 29143726.

34.   Liang M, Yan M, Lu Y, Chen IS. Retargeting vesicular stomatitis virus glycoprotein pseudotyped lentiviral
vectors with enhanced stability by in situ synthesized polymer shell. Human gene therapy methods.
2013;24(1):11-8. Epub 2013/01/19. doi: 10.1089/hgtb.2012.113. PubMed PMID: 23327104; PubMed Central
PMCID: PMCPmc4275776.

35.   Lin K, Zhong X, Ying M, Li L, Tao S, Zhu X, et al. A mutant vesicular stomatitis virus with reduced
cytotoxicity and enhanced anterograde trans-synaptic efficiency. Molecular brain. 2020;13(1):45. Epub
2020/03/22. doi: 10.1186/s13041-020-00588-3. PubMed PMID: 32197632; PubMed Central PMCID:
PMCPmc7085170.

36.   You F, Wang P, Yang L, Yang G, Zhao YO, Qian F, et al. ELF4 is critical for induction of type I interferon and
the host antiviral response. Nature immunology. 2013;14(12):1237-46. Epub 2013/11/05. doi: 10.1038/ni.2756.
PubMed PMID: 24185615; PubMed Central PMCID: PMCPmc3939855.

37.   Beaudoin GM, 3rd, Lee SH, Singh D, Yuan Y, Ng YG, Reichardt LF, et al. Culturing pyramidal neurons from
the early postnatal mouse hippocampus and cortex. Nature protocols. 2012;7(9):1741-54. Epub 2012/09/01.
doi: 10.1038/nprot.2012.099. PubMed PMID: 22936216.

38.   Yardeni T, Eckhaus M, Morris HD, Huizing M, Hoogstraten-Miller S. Retro-orbital injections in mice. Lab
Anim (NY). 2011;40(5):155-60. doi: 10.1038/laban0511-155. PubMed PMID: 21508954.

39.   Wang P. Exploration of West Nile Virus Infection in Mouse Models. Methods Mol Biol. 2016;1435:71-81.
doi: 10.1007/978-1-4939-3670-0_7. PubMed PMID: 27188551.

 **Figure legends**

**Fig. 1 Msr1 contributes to VSV pathogenesis in mice**. **a)** *Msr1* mRNA expression in

various tissues of wild-type (WT, C57BL/6) and *Msr1$^{-/-}$* mice, N=3 mice per genotype. **b)**

The survival curves and disease scores of WT and *Msr1$^{-/-}$* mice challenged with $1\times10^7$

plaque-forming units (PFU) per mouse of VSV by retro-orbital injection, N=12

mice/genotype. *P*=0.001 (log-rank test), * *P*<0.05; ** *P*<0.01; *** *P*<0.001; **** *P*<0.0001,

non-parametric Mann-Whitney U test. **c)** The WT mice with paralyzed hind-limbs at day 6

post infection. **d)** Immunoblots of Msr1 protein expression in macrophages of WT, *Msr1$^{-/-}$*

and *Msr1$^{-/+}$* littermates. Beta Actin (Actb) is a housekeeping control. **e)** The survival curves

and disease scores of *Msr1$^{-/-}$* and *Msr1$^{-/+}$* littermates challenged with $1\times10^7$ PFU/mouse of

VSV by retro-orbital injection, N=6 mice/genotype. All the error bars: mean ± S.E.M.

**Fig. 2 Msr1 is dispensable for systemic VSV dissemination and innate immune**

**responses**. **a)** The viremia of WT mice, *Msr1$^{+/-}$* and *Msr1$^{-/-}$* littermates infected with VSV,

assessed by quantitative RT-PCR, N=6 mice/genotype. **b)** The serum levels of type I IFN and

inflammatory cytokines in *Msr1$^{+/-}$* and *Msr1$^{-/-}$* littermates after VSV infection, assessed by

multiplex ELISA, N=6 mice/genotype. All the data are presented as mean ± S.E.M. and

statistical significance are analyzed by non-parametric Mann-Whitney U test.

**Fig. 3 Msr1 is critical for VSV infection specifically in the spinal cord**.    Quantitative

RT-PCR analyses of VSV loads in **a)** different tissues of *Msr1$^{+/-}$* mice (N=3 mice per group),

**b)** the spinal cords and **c)** the brains of *Msr1$^{+/-}$* and *Msr1$^{-/-}$* littermates on day 6 after infection

(N=6 mice/genotype). **d)** The VSV titers in the spinal cord and brain of *Msr1*$^{+/-}$ and *Msr1*$^{-/-}$

littermates on day 6 after infection, as assessed by plaque forming assay. N=6 mice/genotype.

**e)** Msr1 mRNA expression in different tissues of mock and VSV-infected mice on day 6 after

infection, N=3 mice per group. **f)** Correlation between *Msr1* expression and VSV load in

various tissues after VSV infection, N=3 mice per group. The mRNA expression of Class A

and B scavenger receptors in **g)** the spinal cord and **h)** the brain on day 6 after VSV infection,

as assessed by quantitative RT-PCR, N=3 mice per group. **i)** *Ldlr* mRNA expression in the

brain and spinal cord, N=3 mice per group. Mock: no virus. All the data are presented as

mean ± S.E.M. and statistical significances are analyzed by non-parametric Mann-Whitney U

test, * *P*<0.05, ** *P*<0.01.

**Fig. 4 Msr1 mediates cellular entry of VSV in primary mouse cells**. VSV loads in primary

neurons of *Msr1*$^{+/-}$ and *Msr1*$^{-/-}$ littermates at 36 h after inoculation (multiplicity of infection

=3), as assessed by **a)** quantitative RT-PCR and **b)** plaque forming assay. Each dot represents

an individual mouse. **c)** Immunoblots of Msr1 protein expression in WT and *Msr1*$^{-/-}$ bone

marrow-derived macrophages (BMDM) and peritoneal macrophages (PM). **d)** VSV-G

protein expression in BMDM, **e)** virus titer in culture medium and **f)** VSV-GFP fluorescence

under microscopy in BMDM at 48 h after VSV infection, N=3 biological replicates.

Objective: 20x, Scale bar: 100 μm. **g)** Quantitative RT-PCR analyses of VSV virions attached

to BMDM (4℃ for 2 h) and entry into BMDM (37℃ for 30 min), N=3 biological replicates.

Beta Actin (Actb) is a housekeeping control. Mock: no virus. All the data are presented as

mean ± S.E.M. and statistical significances are analyzed by a standard two-tailed unpaired

Student's t-test, * *P*<0.05, ** *P*<0.01.

**Fig. 5 MSR1 facilitates cellular entry of VSV through its extracellular domain**. **a)**

Immunoblots of VSV-G protein level, **b)** VSV-GFP fluorescence intensity and **c)** VSV titers

in the cell culture medium of WT and *MSR1⁻ᐟ⁻* trophoblasts at 12 h after VSV infection

(MOI=0.5). N=3 biological replicates. **d)** MSR1 protein expression, VSV-G protein level, **e)**

VSV-GFP fluorescence intensity and **f)** VSV titers in the culture medium of WT and

MSR1-overexpressed trophoblasts at 12 h after VSV infection (MOI=0.5). N=3 biological

replicates. The VSV-GFP fluorescence intensity in **b)** and **e)** was calculated from 9 random

fields of view from three biological replicates. Objective: 4x (top) and 20x, Scale bar: 100

μm. **g)** Immunoblots of VSV-G protein level in *MSR1⁻ᐟ⁻* trophoblasts with epichromosomal

complementation of an empty vector or FLAG-MSR1 expression plasmid at 12 h after VSV

infection, MOI=0.5. **h)** The protein expression of different FLAG-tagged MSR1 fragments at

24 h after transfection of plasmids in trophoblasts. IB: immunoblotting. Amino residues 1-50

(cytoplasmic N-tail), 1-80 (cytoplasmic N-tail plus transmembrane), 51-end (extracellular

domains with transmembrane), and 1-end (full-length). **i)** VSV-G protein level and **j)**

VSV-GFP fluorescence intensity in the trophoblasts overexpressing FLAG-MSR1 fragments

at 12 h after VSV-GFP infection, MOI=0.5, N=3 biological replicates. Beta Actin (ACTB) is

a housekeeping control. Mock: no virus. All the data are presented as mean ± S.E.M. and

statistical significances are analyzed by a standard two-tailed unpaired Student's t-test, **

*P*<0.01, *** *P*<0.001, **** *P*<0.0001.

**Fig. 6 MSR1 interacts with VSV glycoprotein G via its extracellular domains**. **a-c)** Binding of MSR1 to VSV virions. FLAG-MSR1 (human, 1-end) and its fragments (aa1-80, 51-end) were expressed in HEK293 cells and immunoprecipitated (IP) using anti-FLAG antibody-coated magnetic beads, which were then incubated with intact VSV-GFP virions (4℃ for 2 h). The bound virions were eluted for **a)** immunoblotting (IB) with a mouse monoclonal anti-FLAG and rabbit anti-VSV-G antibody, **b-c)** for re-infection in Vero cells for 12 h followed by detection of **b)** VSV-GFP by fluorescence microscopy and **c)** VSV-G protein level by immunoblotting. Mock: no virion. **d)** co-IP of FLAG-MSR1 and its fragments with VSV-G in HEK293 cells transfected with expression plasmids. WCL: whole cell lysate. Arrows point to the faint protein bands.

Fig.1

Figure1

Fig.2

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Figure4

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Figure6