TOLLIP promotes durable alveolar macrophage-mediated immunity during *Mycobacterium*

tuberculosis infection by resolving cellular stress from lipids.

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Summary

TOLLIP, a ubiquitin binding protein that controls multiple macrophage functions via

endoplasmic reticulum transport and autophagy, is associated with human tuberculosis (TB)

susceptibility and immune responses in genetic studies. We investigated how TOLLIP influences

immunity during *Mycobacterium tuberculosis* (Mtb) infection in the mouse model. During early

infection, *Tollip*$^{-/-}$ mice had reduced mycobacterial burden and increased innate immune

responses, but later, *Tollip*$^{-/-}$ mice developed worse disease and many foam cells within their

lung infiltrates. The delayed immune impairment was intrinsic to alveolar macrophages,

associated with cellular stress, and accompanied by lipid accumulation. Further, this phenotype

was reproducible with administration of exogenous lipids. Thus, TOLLIP expression in alveolar

macrophages is necessary for durable protection from prolonged Mtb infection by resolving

lipid-induced cellular stress. These descriptions define a critical role for TOLLIP as part of the

lipid-induced ER stress response, which is responsible for Mtb progression during post-primary

infection.

Keywords: TOLLIP, tuberculosis, macrophages, foam cells, innate immunity, unfolded protein

response, cellular homeostasis, lipid metabolism, autophagy, ER stress

Introduction

Toll-Interacting Protein (TOLLIP) is a selective autophagy receptor and endosomal sorting protein that was initially identified as a TLR and IL-1R binding protein (Burns et al., 2000) that also chaperones protein aggregates to the autophagosome via ER transport (Jongsma et al., 2016; Lu et al., 2014). TOLLIP's immune regulatory and homeostatic functions act in competition, as excess protein aggregates prevent TOLLIP from influencing innate immune responses (Pokatayev et al., 2020). In prior studies, we found that a functionally active single nucleotide polymorphism upstream of the TOLLIP transcriptional start site that results in diminished TOLLIP gene expression in monocytes is associated with increased risk for pulmonary and meningeal TB, increased innate immune responses after Mtb infection, and diminished BCG-specific T cell responses in South African infants (Shah et al., 2016; Shah et al., 2017). Thus, the mechanism by which TOLLIP influences Mtb susceptibility remains poorly defined, especially during chronic phases of infection. We evaluated how TOLLIP influences pulmonary immune responses to Mtb infection and TB severity over time using $Tollip^{-/-}$ mice.

The impact of autophagy on Mtb pathogenesis is dramatic but incompletely understood. After IFNγ activation, autophagy contributes to host defense within murine macrophages by trafficking Mtb to autophagolysosomes for destruction, but this only represents a partial contribution to Mtb clearance (Gutierrez et al., 2004; Ouimet et al., 2016). Autophagy also dampens innate immune responses, including inflammasome and TLR activity (Matsuzawa-Ishimoto et al., 2018), and the autophagy regulator Atg5 controls neutrophil-induced tissue destruction and immunopathology after Mtb infection (Kimmey et al., 2015; Levine et al., 2011). Autophagy is also induced to clear misfolded proteins and excess lipid, which is a component of

the ER stress response and an important mechanism for maintaining cellular function over time

(Grootjans et al., 2016). ER stress induces multiple adverse effects in immune cells, but its

effects on Mtb-infected macrophages are not completely understood.

Unrelieved ER stress induces multiple adverse effects in macrophages that may influence

Mtb immune responses and pathogenesis. Stressed macrophages develop inflammatory

overreaction to bacterial products and TNF, which can worsen outcomes from TB infection

(Kaser et al., 2008; Roca et al., 2019). ER stress also diminishes protein translation, induces cell

cycle arrest, and impairs glycolysis, which are each important for Mtb control (Mizushima and

Komatsu, 2011; Russell et al., 2019). Last, ER stress strongly influences macrophage

polarization and differentiation, which may influence Mtb outcomes (Oh et al., 2012). In this

study, we found that TOLLIP participates in lipid clearance from alveolar macrophages (AM)

and is an important component of the ER stress response during prolonged Mtb infection in this

macrophage subtype. These data support targeting of TOLLIP as a strategy to overcome Mtb-

induced lipid accumulation and stress and as a way to maintain macrophage homeostasis during

chronic Mtb disease.

Results

Tollip$^{-/-}$ macrophages develop proinflammatory cytokine bias after Mtb infection. In preliminary

experiments, we identified a functional single nucleotide polymorphism in the TOLLIP promoter

region that was associated with decreased TOLLIP mRNA expression in peripheral blood

monocytes and hyperinflammatory cytokine responses after TLR stimulation and Mtb infection

(Shah et al., 2016; Shah et al., 2017; Shah et al., 2012). This variant was also associated with

increased risk for pulmonary and meningeal TB in genetic studies (Shah et al., 2012). To link

these human genetic observations with our small animal model, we evaluated the functional

capacity of *Tollip*^{-/-} macrophages to produce pro- and anti-inflammatory cytokines after TLR

stimulation and Mtb infection. We isolated peritoneal macrophages (PEM), plated them *ex vivo*

and stimulated them with LPS (TLR4 ligand; 10ng/ml), PAM3 (TLR2/1 ligand; 250ng/ml), or

Mtb whole cell lysate (1µg/ml). *Tollip*^{-/-} PEM secreted more TNF than control after all

stimulation conditions (**Figure 1A**, LPS p = 0.01, PAM3 p = 0.002, Mtb lysate p = 0.01, n = 9).

Conversely, *Tollip*^{-/-} PEM induced less IL-10 than controls (**Figure 1B**, LPS p = 0.01, PAM3 p =

0.02, Mtb lysate p =0.03, n = 9). We infected PEM with live Mtb H37Rv strain (MOI 2.5)

overnight and measured TNF, IL-1β and IL-10. After infection, *Tollip*^{-/-} PEM secreted more

TNF and IL-1β, while inducing less IL-10 than controls (MOI 2.5) (**Figure 1C-E**; p=0.03,

p=0.03, and p=0.02 respectively), which is consistent with macrophage responses observed in

human cell lines and genetic variants associated with diminished TOLLIP mRNA transcript

(Shah et al., 2017; Shah et al., 2012). Thus, murine TOLLIP recapitulated the functional

phenotypes of human TOLLIP after Mtb infection in macrophages.

TOLLIP is required to control Mtb infection. Human studies suggest that TOLLIP variants are

associated with TB susceptibility (Shah et al., 2016; Shah et al., 2017; Shah et al., 2012). Further,

a functionally active variant in the TOLLIP promoter was associated with decreased TOLLIP

mRNA expression in monocytes and increased innate immune responses to Mtb infection, but

diminished BCG-specific T cells responses (Shah et al., 2017). Therefore, we evaluated how

TOLLIP influenced TB outcomes in the knockout mouse model to elucidate the mechanistic

underpinnings of TOLLIP in the immune response to Mtb *in vivo*. We infected *Tollip*^{-/-} mice and

littermate controls expressing *Tollip* (WT) with 100 cfu of Mtb H37Rv strain via aerosol and

monitored weight, bacterial colony forming units (CFU), and survival over time (**Figure 2A**).

Lung CFU were diminished 2 weeks after infection in *Tollip$^{-/-}$* mice (p < 0.009, n = 5; **Figure**

2B). Four weeks post-infection, Mtb bacterial burdens in the lung were diminished in *Tollip$^{-/-}$*

mice compared with controls (**Figure 2C**, n =30 / mouse type; p < 0.020, two-sided t-test). 8

weeks post-infection, this phenotype reversed and *Tollip$^{-/-}$* mice developed increased bacterial

burden (p=0.0011, two-sided t-test) and beyond. By 180 days, lung bacterial burdens were

increased ten-fold in *Tollip$^{-/-}$* mice compared to controls (p = 0.03, t-test; overall difference in

groups, p = 0.004, mixed effects model comparing, genotype, time, and TOLLIP expression).

Similarly, we found extrapulmonary dissemination of Mtb was delayed in *Tollip$^{-/-}$* mice, as we

were unable to culture Mtb from of 3/5 spleens (**Figure 2D**, p = 0.06, two-sided t-test). Further,

four weeks after infection, bacterial load was decreased in the spleens of *Tollip$^{-/-}$* mice, but we

observed increased bacterial burden in the spleen after 8 weeks and onward (**Figure 2E**, p =

0.0092, 2-way ANOVA comparing time and genotype). *Tollip$^{-/-}$* mice met criteria for euthanasia

a median of 228 days after infection (**Figure 2F**; p < 0.0001, n = 10 / group, Mantel-Cox test),

whereas WT mice did not lose weight and survived over 250 days after infection. *Tollip$^{-/-}$* mice

lost weight beginning approximately 180 days post-infection as well (**Figure 2G**, p < 0.0001, 2-

way ANOVA accounting for genotype and time). Histopathologic analysis of lung sections also

revealed differences between early and late immune responses in *Tollip$^{-/-}$* mice. Although *Tollip$^{-/-}$*

and WT mice developed qualitatively similar inflammatory lesions four weeks post-infection, by

8 weeks post-infection, *Tollip$^{-/-}$* mice displayed increased numbers of cellular structures with a

foamy appearance within infiltrates, consistent with lipid-laden "foamy" macrophages (**Figure**

2H). Taken together, *Tollip$^{-/-}$* mice exhibit early resistance to Mtb infection during the first 2-4

weeks, which might be predicted by the enhanced inflammatory response of *Tollip$^{-/-}$*

macrophages. However, paradoxically, during chronic stages of Mtb infection their susceptibility

is reversed and *Tollip*^{-/-} mice exhibit higher bacterial burdens than WT controls.

Because TOLLIP is ubiquitously expressed (Consortium, 2015), we generated reciprocal bone-

marrow chimeras to assess whether TOLLIP's expression in hematopoietic or non-hematopoeitic

cells is required for immunity against Mtb. Lung bacterial burdens were assessed in mice

infected with Mtb 8 weeks prior (**Figure 2G**). Consistent with our results in non-chimeric mice

(**Figure 2B**), *Tollip*^{-/-} bone marrow → *Tollip*^{-/-} mice exhibited higher lung bacterial burdens that

WT → WT controls. Importantly, *Tollip*^{-/-} → WT chimeras had elevated bacterial burdens like

Tollip^{-/-} → *Tollip*^{-/-} controls, whereas bacterial burdens in WT → *Tollip*^{-/-} were not significantly

different than WT → WT controls. These data suggest a specific role for TOLLIP in

radiosensitive hematopoietic cells during Mtb infection.

TOLLIP deficiency induces increased intracellular Mtb burden in AM during chronic infection.

Having shown that TOLLIP expression is required in hematopoietic cells for Mtb immunity, we

next sought to identify the specific hematopoietic cell types in which it was essential. In prior

studies, we showed that TOLLIP deficiency promotes diminished Mtb replication within

macrophages *in vitro*, using early time points exclusively, which correlated with its role in

diminishing proinflammatory cytokine responses (Shah et al., 2016; Shah et al., 2019). However,

given the opposing results in both human genetic studies and mouse infectious challenge, we

investigated whether TOLLIP was required for Mtb control in distinct pulmonary macrophages

within the lung over the disease course. We infected *Tollip*^{-/-} and WT mice with Mtb expressing

an mCherry fluorescent reporter (50-100 CFU) via aerosol and four and eight weeks after

infection, we measured lung myeloid cell populations and the proportion of cells infected with

Mtb using an adaptation of recently devised gating strategies (**Figure S1,** (Cohen et al., 2018;

Guilliams et al., 2013)). We found no difference in the proportion of AM (CD11c+SiglecF+),

monocyte-derived macrophages (MDM; SiglecF-CD11b+CD11c+MHCII+), interstitial

macrophages (IM; SiglecF-CD11b+CD11c-MHCII+), neutrophils (PMN; SiglecF-

CD11b+Ly6G+), or dendritic cells (DC; SiglecF-CD11b-CD11c+MHCII+) found in the lung

between WT and *Tollip$^{-/-}$* mice during the course of Mtb infection (**Figure 3A-B**). When we

assessed the infected cells, however, we observed a lower percentage of mCherry+ AM and

PMN infected with Mtb in *Tollip$^{-/-}$* mice, compared to WT mice four weeks post-infection

(**Figure 3C**, $p = 0.01$ and $p = 0.02$, respectively; n =5). By eight weeks, however, there was a

reversal and a significantly greater proportion of Mtb-infected AM and MDM from *Tollip$^{-/-}$* mice

(**Figure 3D**, $p = 0.03$ and $p = 0.01$, respectively). Thus, although the overall proportion of

myeloid populations were similar in WT and *Tollip$^{-/-}$* mice, some myeloid cell subtypes,

including AM, were relatively less infected at early timepoints, and relatively more infected at

later timepoints.

TOLLIP deficiency induces and maintains increased NOS2 and impaired costimulatory marker

activation in lung-resident myeloid cells after Mtb infection. Next, we compared the functional

capacity of lung-resident myeloid cells in WT and *Tollip$^{-/-}$* mice. Four weeks post-infection, Mtb-

infected AMs from *Tollip$^{-/-}$* mice demonstrated significantly increased NOS2 median

fluorescence intensity when compared to WT littermates (**Figure 4A**, $p = 0.01$, n = 5), and we

observed a trend toward increased NOS2 from Mtb infected PMNs in *Tollip$^{-/-}$* mice. Eight weeks

after infection, NOS2 expression was similar in all myeloid cell types across WT and *Tollip$^{-/-}$*

mice (**Figure 4B**). We measured expression of MHC Class II and CD80 between Mtb-infected

and uninfected myeloid cells and found that, while MHC Class II expression from each myeloid

cell type was similar (data not shown), CD80 expression was significantly diminished on Mtb-

infected *Tollip*$^{-/-}$ AM (p = 0.008), MDM (p = 0.05), and PMN (p =0.05) four weeks post-

infection (**Figure 4C**, n = 5/group) and in *Tollip*$^{-/-}$ Mtb-infected AM and MDM (**Figure 4D,**

p=0.002 and p=0.004, respectively) eight weeks post-infection. In summary, NOS2 expression,

a marker associated with effector function, was increased at early timepoints in Mtb-infected

AM, but this was not sustained at later timepoints. In contrast, CD80 expression, a molecule

critical for T cell costimulation, was diminished at both early and late timepoints in multiple

Mtb-infected myeloid cell populations in *Tollip*$^{-/-}$ mice.

Intrinsic expression of TOLLIP by AM regulates immunity against Mtb. Our findings in Mtb-

infected *Tollip*$^{-/-}$ mice suggested that TOLLIP expression in AM may regulate their ability to

control Mtb. However, in global *Tollip*$^{-/-}$ knockout mouse models, these results could also reflect

indirect effects of TOLLIP-deficiency in other cell types, or bacterial burden differences between

WT and *Tollip*$^{-/-}$ mice. To directly assess the intrinsic role of TOLLIP in distinct myeloid

populations, we generated mixed bone marrow chimeric mice by combining bone marrow from

F1 generation *WT* mice (CD45.1+CD45.2+) in a 1:1 ratio with *Tollip*$^{-/-}$ (CD45.2+) bone marrow

and transplanting this mix into CD45.1+ recipient mice (**Figure 5A**). After allowing 10 weeks

for immune reconstitution and confirmation of equal proportions of immune cells from each

lineage (**Figure 5B**), we infected these mice with 50-100cfu Mtb-mCherry and evaluated the

induction and maintenance of the innate immune response to Mtb. Our flow gating strategy is

demonstrated in **Figure S2**. We recapitulated the pattern of early innate immune responses to

Mtb (Cohen et al., 2018). 14 days after infection, AM were the primary cell infected, but

increasing proportions of PMN and MDM became infected over time, as described in prior

publications (**Figure 5C;** (Cohen et al., 2018). We measured the proportion of *WT* and *Tollip*$^{-/-}$

myeloid cells infected with Mtb over time. 14 days post infection, a greater percentage of *WT*

AM were infected with Mtb compared with *Tollip*$^{-/-}$ AM (**Figure 5D**, p = 0.001; paired t-test, n =

5, representative of 3 independent experiments). In contrast, the percentage of Mtb-infected WT

and *Tollip*$^{-/-}$ MDM and PMN were similar to each other. By d28, however, we observed a

reversal of the AM phenotype; a greater percentage of *Tollip*$^{-/-}$ AM were infected compared to

their WT counterparts (**Figure 5E**, p = 0.015). A modest increase in the proportion of Mtb-

infected *Tollip*$^{-/-}$ PMN was also observed at d28 (**Figure 5E**, p = 0.02). Consistent with our

findings in global *Tollip*$^{-/-}$ mice, we found that NOS expression was increased in *Tollip*$^{-/-}$ AM in

the mixed chimeras as compared to WT AM (**Figure 5F**, p = 0.04; paired t-test; n=5). Overall,

these findings show a critical AM-intrinsic role for TOLLIP in the regulation of their immune

response to Mtb-infection and that the nature of this role changes over time. At early timepoints,

TOLLIP deficiency in AM restricts Mtb accumulation, however, at later timepoints this is

reversed and TOLLIP-deficiency in AM promotes cell-intrinsic Mtb infection.

Tollip$^{-/-}$ *AM develop ER stress gene expression signatures after Mtb infection.* The early

resistance of *Tollip*$^{-/-}$ AM to Mtb infection can be explained by the observation that *Tollip*$^{-/-}$

macrophages exhibit elevated inflammatory responses and effector functions to Mtb infection,

but the reason Mtb persists within AM at later timepoints is less clear. Thus, we evaluated the

transcriptional networks associated with loss of Mtb control to identify alternate TOLLIP activity

that alters AM function during this "post-primary" phase of infection. We sorted infected and

uninfected *Tollip*^{-/-} and WT AM from mixed bone marrow chimeric mice at d28 post-infection

for analysis by RNA-Seq (sorting strategy is shown in **Figure S3**). We identified 194

differentially expressed genes (DEG) between WT and *Tollip*^{-/-} Mtb-infected AM (**Figure 6A**;

FDR < 0.05; gene names at **Table S2**,) and 157 DEGs between WT and *Tollip*^{-/-} Mtb-uninfected

"bystander" AM using the same stringent FDR criteria. (**Figure 6B; Table S2**). The full gene list

is available at https://github.com/altman-lab/JS20.01**.** We investigated genotype-specific gene

sets in each group by applying weighted gene coexpression network analysis (WGCNA) and

comparing Mtb-infected or -uninfected "bystander" AM by TOLLIP genotype. We used

supervised-WGCNA, first identifying and subsetting to 3899 DEGs that met a more lenient FDR

cutoff < 0.3 comparing among the 4 groups, to identify 17 distinct coexpression modules

containing 54-583 genes per module (**Table S3**). The average expression of genes in each

module was then modeled comparing the two AM subsets (WT vs *Tollip*^{-/-}) in each condition

(infected or uninfected; **Figure 6C**). To understand the biological function of the genes within

each module, we tested for enrichment of genes in the curated Broad Institute MSigDB Hallmark

gene sets, which represent well-defined biological states and processes that display coherent

expression (Liberzon et al., 2015). Multiple pathways were enriched in each module, as

visualized by percent of genes in each module that map to Hallmark terms significant for at least

one model (FDR < 0.05; **Figure 6D, Table S4**). Inflammatory/immune pathways (IFNγ

response, TNFα signaling via NF-kB, inflammatory response, and IL2/STAT5 signaling) were

enriched in modules with decreased expression in *Tollip*^{-/-} AM, consistent with the prior

observation that TOLLIP increases inflammation due to post-translational trafficking of immune

receptors. Thus, decreased transcript here is consistent with transcriptional feedback loops to this

activity and expected, based on experimental data regarding TOLLIP's mechanism of action

(Burns et al., 2000).   By contrast, the unfolded protein response (ER stress response),

adipogenesis, mTORC1 signaling, oxidative phosphorylation, and fatty acid metabolism were

enriched in modules with increased expression in *Tollip*^{-/-} AM.

To summarize the functional interpretations of RNA sequencing results, we merged

modules into 6 subgroups according to a specific pattern of either significantly increased or

decreased expression in *Tollip*^{-/-} vs WT AM from 1) Mtb-infected AM only, 2) Mtb-uninfected

bystander AM only, or 3) both Mtb-infected and -uninfected populations. We similarly evaluated

for pathway enrichment in Hallmark gene sets. The modules showing increased gene expression

in *Tollip*^{-/-} Mtb-infected cells were significantly enriched with oxidative phosphorylation (FDR q

$= 3.96 \times 10^{-56}$), adipogenesis (q $= 2.46 \times 10^{-13}$), MTORC1 signaling (q $= 1.95 \times 10^{-10}$), fatty acid

metabolism (q $= 2.52 \times 10^{-7}$), and unfolded protein response (q $= 9.33 \times 10^{-6}$; **Figure 6E**). The

modules showing decreased expression from both Mtb-infected and bystander populations were

significantly enriched for hypoxia (q $= 1.93 \times 10^{-11}$) and glycolysis (q $= 1.12 \times 10^{-8}$), mitotic spindle

(q $= 1.93 \times 10^{-19}$) and G2M checkpoint (q $= 1.03 \times 10^{-6}$), both cell cycle transcriptional programs,

and allograft rejection (q $= 1.93 \times 10^{-11}$), inflammatory response (q $= 1.93 \times 10^{-11}$), IL-2/STAT5

signaling (q $= 1.12 \times 10^{-8}$), IFN-γ response (q $= 1.12 \times 10^{-8}$; **Figure 6F**), which are consistent with

multiple immune and inflammatory signaling pathways. The other groups did not demonstrate

any significant enrichment for Hallmark gene sets. We performed Ingenuity Causal Network

Analysis on genes enriched in Mtb-infected AM (FDR q < 0.05) to identify the upstream

regulatory pathways responsible for the observed effects in Mtb-infected *Tollip*^{-/-} AM. We found

that the strongest association with increased EIF2 Signaling pathway (**Figure 6G**; z-score 2.714,

p $= 2.71 \times 10^{-9}$), indicative of increased cellular stress gene networks as the primary responsible

pathway for phenotypes observed in **Figure 6E**, among Mtb-infected AM.

Lipid accumulation in TOLLIP-deficient macrophages induces intracellular Mtb replication.

Bioinformatic analysis suggests that EIF2 signaling, a master switch for the cellular stress response, is the upstream pathway with the strongest association with $Tollip^{-/-}$ Mtb-infected AM during chronic Mtb infection. Given the observation of increased foam cells in $Tollip^{-/-}$ mice after Mtb infection, we hypothesized that macrophages lacking TOLLIP accumulated excess lipid, which induced ER stress and maladaptive responses to Mtb. During lipid excess, autophagy and proteosomal activity are induced to control lipid droplet (LD) accumulation (Ouimet et al., 2011). TOLLIP influences ER function via endocytic transport and autophagy. We first tested the capacity of $Tollip^{-/-}$ macrophages to perform bulk macroautophagy. We assessed macroautophagy in bone marrow derived macrophages (BMDMs) of WT or $Tollip^{-/-}$ mice by measuring protein levels of LC3II and p62. To evaluate flux through autophagy, we treated BMDMs with the vATPase inhibitor Bafilomycin A (BafA), which prevents autophagosome/lysosome fusion. As expected, levels of the autophagosome protein marker LC3II were significantly upregulated following BafA treatment. Notably, *Tollip* deletion did not significantly affect levels of LC3II, nor the induction of LC3II by BafA treatment (**Figures 7A-B**). We also assessed levels of the adaptor protein p62, which both targets cargo to autophagosomes for clearance and is itself cleared during autophagy. We again observed similar levels of p62 in both groups, without significant differences in the rise of p62 following BafA treatment (**Figures 7B-C**). However, we did note a non-significant trend towards increased BafA-induced p62 accumulation in $Tollip^{-/-}$ cells that could reflect compensation for Tollip deficiency given analogous roles for the proteins (Lu et al., 2014; Shah et al., 2019). Nonetheless, these studies indicate that TOLLIP is dispensable for macroautophagy and

autophagic flux in macrophages. We also evaluated the impact of TOLLIP on selective

autophagy of Mtb within macrophages. We infected TOLLIP-deficient and control macrophage

cell lines, regularly used in our lab (Shah et al., 2016), with Mtb expressing mCherry and found

no differences between these groups in the proportion of Mtb colocalizing to LC3+

autophagosomes (**Figure S4**).

We then evaluated the capacity for TOLLIP to promote lipid clearance overall. We

incubated WT and *Tollip*$^{-/-}$ PEM with the mycobacterial cell wall product mycolic acid (MA;

10mg/ml) for 72 hours, stained with fluorescent dye against neutral lipid, and measured the

number of LD per cell by microscopy. *Tollip*$^{-/-}$ PEM displayed significantly increased numbers

of LD/cell (**Figure 7D**). We noted no difference in the proportion of PEM with quantifiable LD,

indicating equal lipid uptake between cells (**Figure 7E**), but a significant increase in the number

of LD in *Tollip*$^{-/-}$ PEM (**Figure 7F**, p = 0.02). Next, we evaluated if lung macrophages

demonstrated this effect as well. We stained single cell suspensions from the lungs of mixed

bone marrow chimeric mice at d28 post-infection for neutral lipid, using gating described in

Figure 6. We found that *Tollip*$^{-/-}$ AM accumulated significantly more lipid *in vivo* than WT AM,

irrespective of their infection with Mtb, while MDM did not significantly accumulate

intracellular lipid (**Figure 7G**, p = 0.03; n = 5). A representative histogram for lipid

accumulation in AM and MDM is displayed (**Figure 7H**; WT AM – *blue*; *Tollip*$^{-/-}$ AM – *red*).

We measured the impact of lipid accumulation on intracellular Mtb replication. We

infected WT and *Tollip*$^{-/-}$ PEM with a luminescent strain of Mtb H37Rv (MOI 1; gift of Jeffrey

Cox), incubated with or without MA, BSA-conjugated palmitic acid (PA-BSA), a common

saturated fatty acid, or BSA-conjugated peptidoglycan (PG-BSA) as a non-lipid control. *Tollip*$^{-/-}$

PEM incubated with MA (**Figure 7I**, p = 0.02) or PA-BSA (**Figure 7J**, p = 0.04; 3-way

ANOVA accounting for TOLLIP and MA) demonstrated increased Mtb replication compared

with *Tollip^-/-* PEM in the absence of excess lipid, or WT PEM incubated with lipid. No such

differences were noted after incubation with PG-BSA (**Figure 7K).** Taken together, these results

show that TOLLIP prevents lipid accumulation within AM, promoting ER stress, and that

dysregulation of the ER stress response in the absence of TOLLIP during chronic infection

generates foamy macrophages and promotes intracellular Mtb persistence and replication.

Discussion

Genetic variants in the *TOLLIP* gene region are associated with increased risk for

pulmonary and meningeal TB, but the mechanisms responsible for this phenotype are not well

understood. Here we showed that mice lacking *Tollip* develop worse Mtb disease after infection,

and their macrophages display a unique phenotype consistent with a dual mechanism of action --

Tollip^-/- AM induce increased antimicrobial activity with improved control early in Mtb

infection, but nonetheless Mtb preferentially resided within these cells after prolonged Mtb

infection, when cell-cell interaction and bacterial burden are controlled. Importantly, *Tollip^-/-*

AM and PEM accumulated lipid during periods of mycobacterial persistence *in vitro* and *in vivo*.

Thus, TOLLIP prevents lipid accumulation during Mtb infection, which resolves ER stress and

permits ongoing Mtb control within macrophages during the chronic, "post-primary" phase of

infection.

Tollip^-/- AM accumulate lipid during Mtb infection, preventing the resolution of cellular

stress. Prior studies demonstrated that TOLLIP resolves stress in endothelial cells by trafficking

protein aggregates to the autophagosome (Lu et al., 2014; Pokatayev et al., 2020). Lipid

accumulation induces ER stress (Volmer et al., 2013), which has multiple downstream effects

observed in *Tollip*^{-/-} AM after chronic Mtb infection, including abnormal lipid metabolism,

maladaptive energetics, and cell cycle arrest. However, the pathways responsible for lipid

clearance and control of ER stress remain unknown. Excess lipids are cleared from cells via

lipolysis followed by proteosomal secretion, or by autophagic recycling (lipophagy; (Finn and

Dice, 2006; Singh et al., 2009; Zhang and Wang, 2016)). During periods of normal lipid flux,

lipolysis and cholesterol secretion are sufficient to maintain ER homeostasis. By contrast,

lipophagy is activated to transport LD to lysosomes for recycling and export during episodes of

lipid excess (Ouimet et al., 2011). TOLLIP participates in both autophagy (Lu et al., 2014) and

endosomal cargo transport (Jongsma et al., 2016). Therefore, understanding how TOLLIP

influences autophagic or proteosomal export and degradation of lipids may determine future

therapeutic strategies to resolve lipid-induced cellular stress. Moreover, the TOLLIP protein

domains responsible for preventing lipid accumulation are undefined. TOLLIP contains four

conserved protein domains: a Tom1 binding domain, a C2 phospholipid binding domain, two

autophagosome interacting motifs (AIM), and a ubiquitin binding CUE domain (Burns et al.,

2000; Chen et al., 2017; Xiao et al., 2015). The AIM and CUE domains are both required for

autophagic clearance of protein aggregates, (Lu et al., 2014) and the CUE domain is essential for

ER cargo transport through its E3 ubiquitin ligase RNF26 (Jongsma et al., 2016). However,

individuals with mutations in Tom1 that impair TOLLIP binding develop lung disease and

immunodeficiency, suggesting an important functional role for the TBD as well (Keskitalo et al.,

2019). Understanding the specific domains from TOLLIP required for lipid metabolism and cell

signaling in the context of Mtb infection may provide strategies for selective lipid lowering or

immune regulation.

Multiple lines of evidence suggest that lipid accumulation is important for Mtb

pathogenesis, but several hypotheses remain to explain the specific impacts on host-pathogen

interactions. Macrophages accumulate lipid bodies after Mtb infection (Knight et al., 2018;

Ouimet et al., 2016; Russell et al., 2009). These intracellular changes in lipid flux are

accompanied by alterations in host cell energy utilization (Singh et al., 2012). Furthermore, lipid

accumulation is associated with permissive Mtb replication and impaired innate immune

responses. Granuloma cores are lipid-rich, forming "caseum" which is associated with increased

Mtb growth (Kim et al., 2010). However, the effects of Mtb-induced lipid accumulation on

macrophage function remain incompletely understood. Mtb may utilize host lipids as an energy

source. Mtb can survive on lipids alone in liquid culture, and Mtb accumulates lipids derived

from host macrophages (Lee et al., 2013). Triglyceride accumulation in macrophages induces a

dormant state in Mtb (Daniel et al., 2011; Marrero et al., 2010). However, direct evidence of this

phenomenon remains undefined. Alternately, LDs form in response to IFNγ, and LD formation is

programmed by IFNγ after infection to enhance eicosanoid infection (Knight et al., 2018). LD

may then act as sources for proinflammatory eicosanoids to enhance Mtb killing. However, lipid

accumulation is maladaptive overall during Mtb infection. Our data suggests an alternate role as

storage for excess host and bacterial fatty acids to prevent cellular stress and toxicity while

awaiting recycling or export. Accumulated LD may then contribute to TB pathogenesis directly

via trehalose dimycolate to induce further stress and toxicity (Hunter et al., 2006). Regardless of

mechanisms, selectively preventing intracellular lipid accumulation in AM may improve Mtb

outcomes by sensitizing this reservoir for Mtb to immune signals.

How excess fatty acid permits Mtb replication within macrophages is not known. Fatty

acids induce cellular toxicity after destabilizing lysosomal membranes and increasing their

permeability (Almaguel et al., 2010) and depleting calcium within the ER, which leads to

mitochondrial oxidative stress (Xu et al., 2015). In settings of lysosomal permeability, cathepsins

and other components of toxic granules may cross into the cytoplasm and induce macrophage

necrosis and further exacerbate cellular stress. (Ferri and Kroemer, 2001; Kagedal et al., 2001).

Recent zebrafish studies demonstrate that ER calcium flux and reactive oxygen species

determine Mtb-induced macrophage cell death and Mtb escape from the macrophage (Roca et

al., 2019). Acid sphingomyelinase, a lysosomal enzyme, is required to cleave ceramide to

sphingosine, which specifically induces lysosomal permeability (Roca and Ramakrishnan, 2013).

In Mtb-infected *Tollip*$^{-/-}$ AM, we note strong enrichment of sphingolipid metabolic pathways.

Combined with the observation that TOLLIP prevents lipid accumulation, we surmise that

TOLLIP-deficient macrophages accumulate excess sphingosine to create lysosomal permeability

and permit Mtb replication.

In mixed bone marrow chimera experiments, *Tollip*$^{-/-}$ AM developed increased Mtb

burden 28 days post-infection. However, full knockout mice developed increased bacterial

burden eight weeks post-infection. The reason for this observed difference is uncertain. Chimeric

mice undergo full body radiation and bone marrow transplant, and this disruption of the bone

marrow impacts future immune responses, including influencing the immune response to

pathogens. Decreased TOLLIP expression is associated with impaired lung transplant

engraftment, and so TOLLIP deficiency may selectively influence the immune response to

mycobacteria after bone marrow reconstitution (Cantu et al., 2016). However, we identified these

phenotypes within multiple mouse models, and find this phenotype recapitulated in genetic

studies of TOLLIP (Shah et al., 2016; Shah et al., 2012). Alternately, intracellular carriage of

mycobacteria within AM may more sensitively measure mycobacterial burden than total lung

Mtb bacterial CFU, as intracellular replication within AM may precede replication in the lung

overall. Thus, our observations in AMs using mixed bone marrow chimeric mice may represent a

"leading indicator" toward the chronic, maladaptive phenotype.

We focused on the impact of TOLLIP on macrophage biology in this study and

discovered that it plays an AM-intrinsic role in lipid clearance, but TOLLIP is ubiquitously

expressed and may influence the function of multiple immune cell subsets. Selective autophagy

receptors alter dendritic cell function, particularly during EBV, influenza, yellow fever vaccine,

and *L. monocytogenes* infection (Lee et al., 2010; Ravindran et al., 2014; Schmid et al., 2007).

ER stress response protein XBP1 prevents dendritic cell apoptosis and permits T cell activation

during lipid excess in ovarian cancer models (Kaser et al., 2008). TOLLIP may also impact T

cell activation and differentiation. Another selective autophagy receptor, TAX1BP1, permits T

cells to meet the energy demands of activation and proliferation (Whang et al., 2017), and

autophagy supports regulatory T cell lineage stability by maintaining its metabolic homeostasis

(Wei et al., 2016). Thus, TOLLIP may influence autophagy and cellular homeostasis across

immune cell types during the immune response.

Studies from the preantibiotic era regularly describe "post-primary" tuberculosis as an

obstructive lipid pneumonia, but its impact on Mtb pathogenesis is not clearly defined (Hunter,

2016). In these studies, the pathologic and radiographic sign of progressive post-primary TB is

not the cavitating granuloma, but rather acute, paucibacillary, caseating lipoid pneumonia

obstructing bronchioles in a "tree-in-bud" pattern (Cornil and Ranvier, 1880; Hunter, 2011; Im et

al., 1995). Macrophages develop foamy appearance within these obstructed alveoli, leading to

subsequent lipid necrosis and granuloma formation around this caseum. This obstructive lipid

pneumonia precedes the transition from asymptomatic to symptomatic TB disease (Hunter,

2016). The absence of a clear animal model equivalent for this phenomenon, and waning

interest this phenotype with the development of antimycobacterial therapy led to poor

understanding of this stage of Mtb pathogenesis (Hunter, 2016). However, these data suggest

multiple immune or cellular checkpoints for Mtb progression. We find that intracellular

accumulation of lipid, due to impairment from TOLLIP deficiency, is an independent risk factor

for TB progression at a time point equivalent to "post-primary" TB. These data offer a plausible

mechanism for Mtb progression during this intermediate phase of infection by inducing AM to

develop foamy phenotypes and inducing lipid-dependent maladaptive cellular stress responses.

We found that lipid-laden, stressed AM infected with Mtb undergo cell cycle arrest and impaired

metabolic adaptation to Mtb infection, which provided a replicative niche for Mtb despite

increasing inflammation in the surrounding tissues. Thus, a combination of genetic factors that

influence lipid clearance and physical factors that obstruct ciliary clearance of lipid debris, may

set the stage for progressive TB disease. Providing means to 1) promote ongoing lipid clearance

or 2) relieve bronchial obstruction during the earliest phases of Mtb infection may prevent TB

progression from early silent infection to symptomatic disease. Further, therapies to prevent this

phenotype or resolve it may sensitize macrophages to immune signals, improving the

effectiveness of vaccine candidates.

443 TOLLIP diminishes TLR and NOS2 responses *in vivo* and simultaneously clears excess

444 intracellular lipid after Mtb infection. Recent studies demonstrate a balance between TOLLIP's

445 role in resolving ER stress from overexpression of the Huntingtin protein and maintaining

446 STING expression and activity (Pokatayev et al., 2020). Together, these data demonstrate that

447 TOLLIP links macrophage homeostasis through lipid clearance with regulating innate immune

448 responses. Obesity and metabolic syndrome, diseases of increased lipid and glucose

449 characterized by dysregulated homeostasis, are associated epidemiologically to multiple

450 infectious diseases, including TB and viral respiratory infections, but the molecular mechanisms

451 underlying how these disease influence immune pathogenesis are poorly understood (Falagas

452 and Kompoti, 2006). TOLLIP may balance maintaining homeostasis from excess lipid with

453 orchestrating immune responses to Mtb. Understanding how cells maintain homeostasis may

454 provide novel therapeutic approaches for both metabolic syndrome and TB. We demonstrate that

455 TOLLIP is necessary to maintain macrophage effectiveness during prolonged Mtb infection.

456 Moreover, TOLLIP is required to balance lipid flux and innate immune responses in the lung and

457 influences cellular homeostasis by preventing intracellular lipid accumulation. In the absence of

458 these phenotypes, Mtb-infected AMs demonstrate permissive replication and increased ER

459 stress. Preventing lipid accumulation via TOLLIP may be an effective host directed therapeutic

460 strategy.

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Author Contributions

Conceptualization: SV, KU, SS JS; methodology: SV, SS, KU, MA, JS; software: KDM, MA;

validation: SV, JS, RE; formal analysis: MA, KDM; investigation: SV, CP, GP, AL, AP, RP, JS;

writing – original draft: SV, JS; writing – review and editing: KU, SS, MA, CP; supervision: JS,

KU, MA, SS; project administration: SV, JS; funding acquisition: JS, KU, SS, MA.

Declaration of Interests

The authors declare no competing interests.

<u>Figure Legends</u>

Figure 1. TOLLIP deficiency induces a proinflammatory cytokine bias in Mtb-infected

macrophages. Peritoneal exudate macrophages (PEM) were isolated, plated in tissue culture,

and stimulated with LPS (10 ng/ml), PAM3 (250 ng/ml), and Mtb whole cell lysate (1mcg/ml)

overnight. Cell culture supernatants (mean $\pm$ SD) were obtained and **A)** TNF and **B)** IL-10

concentrations were measured by ELISA. PEM were infected with Mtb H37Rv (MOI 2.5)

overnight, then cell culture supernatants were collected and **C)** TNF, **D)** IL-1β and **E)** IL-10

were measured by ELISA (mean $\pm$ SD). Two-sided t-test was used to determine statistical

significance between groups. N=3/group, experiment was performed three times independently.

Figure 2. TOLLIP is required for Mtb control in mice and its absence induces foam cell

formation. Mice were infected with Mtb H37Rv (50-100 cfu) via aerosol and monitored over

time. **A)** Experimental timeline. **B-C)** Lung bacterial burden in WT (*clear circle*) and *Tollip*^{-/-}

(*black square*) mice **B)** 1-2 weeks and **C)** 4 weeks and later after infection. Spleen bacterial

burden **D)** 1-2 weeks and **E)** 4 weeks and later after infection. * $p < 0.05$; ** $p < 0.01$, ***$p < $

0.001, two-sided t-test at each time point; $n = 5$ mice/group. Overall associations were

determined using a two-sided ANOVA accounting for time and genotype. **F)** Survival curve

analysis of WT (*clear circle*) and *Tollip*^{-/-} (*black square*) mice after aerosol infection with 50-

100cfu Mtb H37Rv strain. $N = 10$ mice/group. $P < 0.0001$, Mantel-Cox test. **G)** Percentage of

initial body weight after Mtb aerosol infection *Circle* – WT mice; *square - Tollip*^{-/-} mice. $N = 10$

/ group. **H)** Hematoxylin and eosin staining of Mtb-infected lung tissue from WT and *Tollip*^{-/-}

mice 4 and 8 weeks after aerosol infection. **I)** Experimental outline of full bone marrow chimera

experiments. **J)** Lung bacterial burden of bone marrow chimeric mice, 8 weeks after aerosol Mtb

infection. $N = 5$ mice/group. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Figure 3. Mtb preferentially infects *Tollip*-deficient myeloid cells 8 weeks after aerosol

infection. Lungs from Mtb-infected mice were gently dissociated, and flow cytometry was

performed. Gating strategy described in **Supplemental Figure 1**. The proportion of lung

resident myeloid cells from WT (*clear circle*) and *Tollip*^{-/-} (*black square*) mice was compared **A)**

4 and **B)** 8 weeks after aerosol infection with 50-100 cfu mCherry-expressing Mtb. The

proportion of each cell subset infected with Mtb (mCherry+) was compared between groups **C)** 4

and **D)** 8 weeks post infection. $N = 5$ mice/group. Experiment was performed three times

independently. Statistical significance determined using Student's t-test. AM – alveolar

macrophage, MDM – monocyte-derived macrophage, IM – interstitial macrophage, PMN –

neutrophil, DC – dendritic cell.

Figure 4. *Tollip*^{-/-} lung-resident myeloid cells develop enhanced antimicrobial responses

after Mtb infection. Please see **Supplemental Figure 1** for gating strategy to identify myeloid

cell subsets. **A and B)** Intracellular NOS2 protein expression was measured in Mtb-infected

lung-resident myeloid cells (mCherry+) by flow cytometry **A)** 4 and **B)** 8 weeks post infection.

CD80 expression was measured **C)** 4 and **D)** 8 weeks post infection. Median fluorescence

intensity was compared using a two-sided t-test. N = 5 mice/group. WT (*clear circle*); *Tollip*^{-/-}

(*black square*). Experiment was repeated three times independently. AM – alveolar macrophage,

MDM – monocyte-derived macrophage, IM – interstitial macrophage, PMN – neutrophil, DC –

dendritic cell.

Figure 5. *Tollip*^{-/-} lung resident myeloid cells become preferentially infected with Mtb over

time. WT:*Tollip*^{-/-} mixed bone marrow chimeric mice were infected with Mtb expressing

mCherry (50-100 cfu) and followed. Gating strategy can be found in **Figure S2**. **A)** Experimental

strategy and timeline. Mixed bone marrow chimeras were generated by mixing 1:1 ratios of WT

(CD45.1+/CD45.2+) and *Tollip*^{-/-} (CD45.2+) mice and transferred to a CD45.1+ murine host. **B)**

Frequency distribution of CD45 expression in naïve mixed bone marrow chimeric mice. **C)**

Composition of mCherry+ lung leukocytes at the indicated time point. **D and E)** Distribution of

mCherry+ cells at **D)** d14 and **E)** d28 post-infection in mixed bone marrow chimeric mice. **F)**

Median fluorescence intensity of nitric oxide synthase (NOS) in AM at d28 post-infection from

mixed bone marrow chimeric mice. N = 4 or 5 mice for each time point as indicated;

experiments were conducted three times independently. * p < 0.05, ** p < 0.005. Significance

determined by paired two-sided t-test. AM – alveolar macrophage, MDM – monocyte-derived

macrophage, IM – interstitial macrophage, PMN – neutrophil.

Figure 6. Global gene expression analysis of Mtb-infected *Tollip*$^{-/-}$ AM demonstrates

increased cell stress. Mixed bone marrow chimeric mice were infected with mCherry-

expressing Mtb and 28 days after infection, Mtb-infected and Mtb-uninfected WT and *Tollip*$^{-/-}$

AM were sorted and RNA-seq was performed. Sorting strategy can be found in **Figure S3**. **A)**

Volcano plot of gene expression (log2 fold change) and significance (-log10(FDR)) for genes

between *Tollip*$^{-/-}$ (CD45.2) and WT (CD45.1+CD45.2+), Mtb-uninfected and **B)** Mtb-infected

AMs. Horizontal lines indicate significant genes (FDR < 0.05) and genes used in WGCNA

modules (FDR < 0.3) **C)** Heatmap of mean module z-score for infection: TOLLIP groups. Red

bars indicate increased expression in *Tollip*$^{-/-}$ AM and blue bars indicated decreased expression

in *Tollip*$^{-/-}$ AM, separated by infection status. Modules (columns) were average hierarchical

clustered. **D)** Heat map of enrichment of significant Hallmark gene sets (FDR q-value < 0.05) in

modules. Color indicates percent of genes in a module that mapped to a given Hallmark. The

total number of genes in each module is indicated above. Modules (columns) were clustered as in

C) and Hallmark terms (rows) were average hierarchical clustered based on enrichment

percentages. Red and blue bars are as in **C)**. **E-F)** Bar graph of the Hallmark terms enriched in

modules with **E)** increased expression in Mtb-infected, *Tollip*$^{-/-}$AM or **F)** decreased expression in

both Mtb-infected and bystander AM. Bar length indicates the proportional enrichment of each

pathway. Color indicates degree of significance: *purple* – FDR q < 10^{-16}; *red* -- q < 10^{-8}; *orange*

– q < 10^{-4}. **G)** Ingenuity Pathway Analysis of upstream regulatory pathways enriched by data for

Mtb-infected cells. *Orange* bar indicates increased expression in *Tollip*$^{-/-}$ AM. *Gray* bars

indicate no directional data available.

Figure 7. *Tollip*$^{-/-}$ macrophages accumulate excess lipid that creates a permissive

environment for Mtb replication. Bone marrow from WT (*black bars*) or *Tollip*$^{-/-}$ (*white bars*)

were differentiated *ex vivo* to macrophages using 40ng/mL mCSF for 7-9 days. Following

differentiation, BMDMs were treated for 6hr with or without 250nM Bafilomycin A (BafA). **A)**

Representative western blot results showing protein levels of LC3I/II and p62. **B)** Quantification

of protein levels (by densitometry) of LC3II using total LC3 (I+II) as a loading control.

***p<0.001 2-way ANOVA for an effect of BafA **C)** Quantification of p62 levels (by

densitometry) using vinculin as a loading control. p=0.056 2-way ANOVA effect of BafA. **D-F)**

WT and *Tollip*$^{-/-}$ peritoneal exudate macrophages (PEM) were isolated and incubated with mixed

mycolic acids (MA) for 72hrs. PEM were stained with LipidTOX Red dye (*red*) and DAPI

(*blue*), fixed, and visualized with fluorescent microscopy. **D)** Representative image for of lipid

droplet (LD) accumulation in WT and *Tollip*$^{-/-}$ PEM. **E)** Percentage of cells with visible LD, of

100 cells imaged. Bar – error bars (mean ± SD). **F)** Total number of LD per cell, of 100 cells

with detectable LD. Bar – error bars (mean ± SD). **G)** Median fluorescence intensity of alveolar

macrophages (AM) and monocyte-derived macrophages (MDM) stained with LipidTox neutral

lipid stain from mixed bone marrow chimeric mice 28 days after Mtb infection. Infection and

gating were performed as in **Figures 5**. Lines connect WT and *Tollip*$^{-/-}$ AM from the same

mouse. Significance calculated using two-sided paired t-test. **H)** Representative histogram of

AM and MDM lipid staining from one experiment (WT – blue; *Tollip*^{-/-} – red). **I-K)**

Luminescence over time in WT and *Tollip*^{-/-} PEM's incubated with exogenous lipid - MA,

mycolic acid (10µg/ml); PA, palmitic acid conjugated to BSA, (10µg/ml); PG, peptidoglycan

conjugated to BSA (10µg/ml) and infected with Mtb Erdman expressing *lux* luminescence gene

(MOI 1). PEMs were isolated and incubated with MA for 72 hr before infection, while PA and

PG were added to culture at the time of infection. Intracellular replication was measured by

luminescence for each group over the next three days in quadruplicate and repeated three times

to assess reproducibility. Statistical significance was determined by 3-way ANOVA accounting

for time, genotype, and lipid administration.

Experimental Procedures

A complete list of reagents can be found in **Table S1 (Key Resources Table)**. Abbreviations and

description of bioinformatics tools and all bioinformatic data and code can be found at

https://github.com/altman-lab/JS20.01.

Mice

B6.Cg-Tollip[tm1Kbns]/Cnrm (*Tollip*^{-/-}) mice were obtained from the European Mutant Mouse

Archive (www.infrafrontier.eu) (Didierlaurent et al., 2006). Mice were backcrossed 11 times on

C57BL/6J background and were confirmed to be >99% C57BL/6J genetically by screening 150

SNP ancestry informative markers (Jax, Inc). Genotyping was performed using DNA primers for

neomycin (Forward sequence: AGG ATC TCC TGT CAT CTC ACC TTG CTC CTG; Reverse

sequence AAG AAC TCG TCA AGA AGG CGA TAG AAG GCG) and the first exon of

TOLLIP (Forward sequence: AGC TAC TGG GAG GCC ATA CA; Reverse sequence: CGT

GTA CGG GAG ACC CAT TT). Protein expression was confirmed in both knockout and

backcrossed alleles by qPCR and Western blot. All wild type control mice were age-matched

littermates to ensure a common genetic background. All mice were housed and maintained in

specific pathogen-free conditions at the University of Washington and Seattle Children's

Research Institute, and all experiments were performed in compliance with the Institutional

Animal Care and Use Committee from each institution. Mice used in the experiments were 6-12

weeks of age. ABSL3 experiments were performed at the Seattle Children's Global Infectious

Disease Research Institute.

Chimera Generation

WT:*Tollip*$^{-/-}$ mixed bone marrow chimeras were generated in the following manner: WT B6.SJL-

Ptprca Pepcb/BoyJ (CD45.1+; Jax, Inc.) F1 mice were lethally irradiated (1000 cGy). A 1:1

mixture of CD3-depleted (Miltenyi Biotec) *Tollip*$^{-/-}$ (CD45.2+) and F1 generation of C57BL/6J

(CD45.1+45.2+) bone marrow was provided intravenously. For full bone marrow chimera

generation, WT and *Tollip*$^{-/-}$ mice were irradiated, followed by hemopoietic reconstitution by

adoptive transfer of 5-10x10^6 bone marrow cells via intravenous injection.

Model of Mtb aerosol infection

Aerosol infections were performed with wildtype H37Rv Mtb or H37Rv Mtb with an mCherry

reporter plasmid (Cosma et al., 2004). Mice were enclosed in a Glas-Col aerosol infection

chamber and ~50-100 CFU were deposited into mouse lungs. Doses were confirmed using

control mice by plating lung homogenates on 7H10 agar immediately after aersosol infection.

Mice were sacrificed at indicated timepoint, and lungs were gently homogenized in PBS-

containing 0.05%Tween using a gentleMacs dissociator (Miltenyi Biotec). Tissue homogenates

were serially diluted on 7H10 agar and lung CFU was enumerated.

Tissue Preparation and Evaluation

Mice were euthanized and lungs were gently homogenized in HEPES buffer containing Liberase

Blendzyme 3 (70 μg/ml; Roche) and DNaseI (30 μg/ml; Sigma-Aldrich) using a gentleMacs

dissociator (Miltenyi Biotec). The lungs were then incubated for 30 min at 37°C and then further

homogenized a second time with the gentleMacs. The homogenates were filtered through a

70 μm cell strainer, pelleted for RBC lysis with RBC lysing buffer (Thermo), and resuspended in

FACS buffer (PBS containing 2.5% FBS and 0.1% NaN$_3$). To prepare organs for histology, lung

sections were inflated to 15cm water pressure with 4% paraformaldehyde, fixed in the same

solution, embedded in paraffin and 4μm sections were generated. Sections stained with

hematoxylin and eosin were examined by a pathologist blinded to mouse genotype.

Intracellular Mtb replication assay.

Frozen Mtb was thawed and cultured on a shaking incubator for two doubling cycles. One day

prior to infection, cultures were back-diluted into an optical density (OD) of 0.2–0.4 in 7H9

media supplemented with glycerol (4%), Middlebrook ADC Growth Supplement (100 mL/L),

and Tween 80 (0.05%). At the time of infection, Mtb was filtered through a 5 µm syringe filter to

remove bacterial clumps, and cells were inoculated at indicated MOI. The inoculum was

prepared in RPMI-10 medium and applied to cells, which were centrifuged at 1200rpm for 5

minutes and incubated for 4 hours at 37°C. Supernatants were removed, and washed twice with

prewarmed PBS (phosphate-buffered saline) to remove unbound bacteria, before adding per

warmed RPMI supplemented with 10% FBS. Intracellular growth was determined using

luminescence on a Synergy H4 multimode microplate reader (Biotek Instruments) daily from

Day 0 to Day 3. In some experiments, 24hrs post infection cell culture supernatants were

collected and filtered twice using 0.22µm filter and frozen at -80°C.

Macrophage Preparation

Resident peritoneal cells, mainly consisting of *in vivo* differentiated macrophages, were isolated

using standard methods (Zhang, X et al 2008). Briefly, 10ml of cold PBS was injected using 27g

needle, and peritoneum was gently messaged. Cells were removed with PBS, centrifuged at 4° C

and placed into warm RPMI media. PEMs (1×10^5/well) were plated in 96-well plates in 200µL

of antibiotic-free RPMI 1640 containing with 10% Fetal Bovine Serum (Atlas Biologics). Cell

were rested for minimum 24hrs before further experimentation. Bone marrow was harvested

from mice and grown in RPMI supplemented with 10% heat inactivated FBS and M-CSF

(40ng/ml) in tissue culture treated plates. Cells were then incubated at 37º C for 6 to 7 days.

Bone marrow-derived macrophages (BMDM) were used after 7 days of culture. BMDMs were

detached by gently scrapping and cells were then plated in RPMI 1640 supplemented with 10%

heat inactivated FBS.

Lung Cell Flow Cytometry

Lung single cell suspensions were washed and stained for viability with Zombie Aqua viability

dye (BioLegend) for 10 min at room temperature in the dark. After incubation, 100 µl of a

surface antibody cocktail diluted in 50% FACS buffer/50% 24G2 Fc block buffer was added and

surface staining was performed for 30 min at 4°C. Antibody lists can be found in **Table S1**. The

cells were washed once with FACS buffer and fixed with 2% paraformaldehyde for 1 h prior to

analyzing on an LSRII flow cytometer (BD Biosciences). In some experiments, intracellular

staining was performed after surface staining. Permeabilization was peformed with Fix-Perm

buffer (eBiosciences) for minimum of 60 min before the addition of intracellular antibodies.

Then cells were fixed with 2% paraformaldehyde for 1 h prior to analyzing on an LSRII flow

cytometer (BD Biosciences). For cell sorting, mice were infected with Mtb H37Rv expressing

mCherry (gift of David Sherman). 28 days after infection, mice were sacrificed, and AM were

sorted on a BD FACSAria in a BSL-3 facility for infected and uninfected populations. The

samples were spun and stored -80°C in Trizol.

Cellular Studies

Cell-culture supernatants were collected at indicated time and frozen at -20 □C until analysis.

The cytokine concentrations in the culture supernatant were determined using quantitative

ELISA (Mouse TNF and IL-10 DuoSet; R&D Systems) as recommended by the manufacturer.

For detection of lipid bodies, PEMs from WT and *Tollip$^{-/-}$* mice were plated (1×10^5/well) in a

glass bottom chamber slide. Lipid was added as previously described (Peyron et al., 2008). Cells

were washed twice and resuspended in PBS solution of HCS LipidTOX Deep Red Neutral Lipid

stain (ThermoFisher Scientific) according to manufacturer instruction. After incubation, cells

were washed twice with PBS and fixed in 2% PFA for 30min. Cells were mounted in medium

containing DAPI stain (ProLong Gold, Thermo, Inc.). Lipid droplets were counted from 100

cells identified randomly selected high-powered fields.

Western blotting

Immunoblots were performed as described previously (Soleimanpour et al., 2014). Briefly, 5-

20µg of cell or tissue protein extract was separated by SDS-PAGE, transferred onto PVDF

membranes and immunoblotted with primary antibodies, listed in **Table S1**. Secondary

antibodies conjugated to horseradish peroxidase were added and luminescence was quantitated.

Preparation of total RNA and sequencing

Total RNA from sorted cells was isolated using the manufacturer's instructions (TRIzol,

Invitrogen). The RNA purity and quantified was assessed by RNA-Tapestation (Agilent 4200).

cDNA was prepared using SMART-Seq v4 Ultra Low Input RNA Kit (Takara Bio USA, Inc).

RNA sequencing libraries were prepared using the Illumina TruSeq™ RNA Sample Preparation

Kit (Illumina, San Diego, CA, USA). Samples were sequenced as 50 bp paired-end reads on a

Illumina HiSeq 2500 and assessed using FastQC v0.11.8 to visualize sequence quality (Andrews,

2010). Sequences were filtered using AdapterRemoval v2.3.1 to remove adapters, remove

sequences with >1 ambiguous base, and trim ends to a 30+ Phred score (Schubert et al., 2016).

Sequences were aligned to the mouse genome mm10 using STAR v2.7.4a (Dobin et al., 2013),

and alignments were assessed with Picard v2.18.7 (2019) and samtools v1.10 (Li et al., 2009).

Total reads in gene exons were quantified using featureCounts v2.0.1 (Liao et al., 2013).

Differential expression analysis

Gene expression analyses were performed in R v3.6.1 with the tidyverse v1.3.0 (Wickham et al.,

2019). Overall, samples were very high-quality with > 32 million aligned sequences per sample

and low variability in gene coverage (median coefficient of variation coverage < 0.6). Genes

were filtered to protein coding genes with biomaRt (N = 21850) with > 0.1 counts per million

(CPM) in at least three samples (N = 14215) (Durinck et al., 2005). Counts were normalized for

RNA composition using edgeR and log2 CPM voom normalized with quality weights using

limma (Ritchie et al., 2015; Robinson et al., 2010). Differentially expressed genes were

determined using limma using a contrasts model comparing WT and *Tollip*$^{-/-}$ cells in uninfected

and infected groups (**Table S2**). Genes with FDR < 0.3 for at least one contrast (N = 3899) were

clustered into modules using WCGNA (Langfelder and Horvath, 2008) with a minimum R-

squared of 0.8 and minimum module size of 50. This resulted in 17 modules, leaving out 282

genes not grouped into any module (**Table S3**). Module expression was calculated as the mean

expression of the log2 values of the genes within each module and assessed for differential

expression using the same contrasts model in limma. Modules were functionally assessed using

clusterProfiler v3.12.0 to compare them to the Broad Institute Hallmark gene sets in msigbr

v7.0.1 by hypergeometric distribution (Dolgalev, 2019; Yu et al., 2012). The Benjamini–

Hochberg correction for multiple comparisons was applied to P-values and significance was

assessed at FDR < 0.05 for all tests.

Supplemental Information

Table S1. Key Resources Table.

Table S2. List of differentially expressed genes (DEG) in Mtb- infected and Mtb-uninfected

Tollip^{-/-} AM compared to WT AM from the same mice.

Table S3. List of genes in each WGCNA module comparing sorted WT and *Tollip*^{-/-} AM.

Table S4. List of GSEA hallmark pathways significantly enriched in each WGCNA module

comparing sorted WT and *Tollip*^{-/-} AM.

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Figure 2

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