1 Glycolytic reprogramming underlies immune cell activation by polyethylene wear 2 particles

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18 Abstract

Primary total joint arthroplasties (TJAs) are widely and successfully applied reconstructive 19 procedures to treat end-stage arthritis. Nearly 50% of TJAs are now performed in young 20 patients, posing a new challenge: performing TJAs which last a lifetime. The urgency is 21 22 justified because subsequent TJAs are costlier and fraught with higher complication rates. 23 not to mention the toll taken on patients and their families. Polyethylene particles, generated by wear at joint articulations, drive aseptic loosening by inciting insidious 24 25 inflammation associated with surrounding bone loss. Down modulating polyethylene enhances 26 particle-induced inflammation integration of implants to bone (osseointegration), preventing loosening. A promising immunomodulation strategy could 27 leverage immune cell metabolism, however, the role of immunometabolism in 28 29 polyethylene particle-induced inflammation is unknown. Our findings reveal that immune 30 cells exposed to sterile or contaminated polyethylene particles show fundamentally altered metabolism, resulting in glycolytic reprogramming. Inhibiting glycolysis controlled 31 32 inflammation. inducing pro-regenerative phenotype that could enhance а osseointegration. 33

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35 **Keywords:** Polyethylene wear particles, glycolytic reprogramming, total joint 36 arthroplasty, immune cells

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38 Introduction

39 End-stage arthritis can be successfully treated by primary total joint arthroplasties (TJAs)¹. With nearly 50% of TJAs performed in patients younger than 65 years², the vision 40 41 of TJAs is now to reconstruct joints which will last a lifetime, despite patients' daily activities³. This is especially crucial because revision TJAs are costlier and fraught with 42 higher complication rates, technical difficulties, and poorer surgical outcomes than 43 44 primary TJAs⁴. Such revision TJAs commonly arise from aseptic loosening, frequently incited by polyethylene wear particles generated by relative motion at joint articulations⁵. 45 Aseptic loosening may occur with or without adsorbed contaminants, such as bacterial 46

lipopolysaccharides (LPS). Wear particles induce prolonged, low-grade inflammation with 47 macrophages and fibroblasts as key immune cellular players⁶. This pathology is often 48 49 radiographically detected only when surrounding bone loss (periprosthetic osteolysis) 50 occurs³. By then, compromised implant stability results in loosening and implant failure. 51 necessitating revision surgeries.

52 To minimize generation of wear particles, ultrahigh molecular weight polyethylene 53 liners at the bearing surfaces of reconstructed joints are currently being replaced by highly 54 crosslinked polyethylene. Crosslinked polyethylene has significantly reduced the amount of generated wear particles and accompanied chronic inflammation with periprosthetic 55 56 osteolysis⁷. However, crosslinking does not completely block the generation of wear particles from bearing surfaces of implants and subsequent inflammation⁸. Up to 9% of 57 patients with crosslinked polyethylene liners present with chronic inflammation-induced 58 periprosthetic osteolysis 15 years later⁹. Moreover, crosslinking has little effect on 59 particles from third body wear, backside wear and impingement¹⁰; and there are currently 60 no agents that specifically treat polyethylene particle-induced inflammatory osteolysis¹¹. 61 Consequently, there is an unmet clinical need to develop methods that will mitigate 62 aseptic loosening from polyethylene particle-induced chronic inflammation to improve 63 implant longevity. Furthermore, as particles generated from ultrahigh molecular weight or 64 highly crosslinked polyethylene similarly result in inflammation^{8,11}, either of them 65 effectively models particle-induced inflammation. 66

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70 Metabolic reprogramming refers to changes in glycolytic flux and oxidative phosphorylation (OXPHOS), traditional bioenergetic pathways, that are inextricably linked 71 72 activation toward proinflammatory^{12,13} or macrophage pro-regenerative to phenotypes^{14,15}. Advances in understanding macrophage-mesenchymal stem cell 73 crosstalk¹⁶ has revealed that down modulating inflammation induced by polyethylene 74 75 particles can prevent implant loosening by enhancing osseointegration through increased pro-regenerative macrophage activity. For example, using mesenchymal stem cells 76 (MSCs)¹⁷ and engineered IL-4 expressing MSCs¹⁸; targeting inflammatory pathways 77 using decoy molecules for NF-kB¹⁹, TNF- α^{20} and MCP-1²¹; and using antioxidants like 78 79 vitamin E¹¹ have shown promise for enhanced osseointegration by reducing 80 inflammation. However, the metabolic underpinnings underlying macrophage activation by polyethylene particles are largely undefined. A detailed understanding of metabolic 81 82 programs could be leveraged for immunomodulation toward extending the longevity of 83 implants. Here, we show that both macrophages and fibroblasts exposed to sterile or LPS-contaminated polyethylene particles undergo metabolic reprogramming and 84 differential changes in bioenergetics. Glycolytic reprogramming underlies increased 85 levels of proinflammatory cytokines, including MCP-1, IL-6, IL-1 β and TNF- α . Specific 86 inhibition of different glycolytic steps not only modulated these proinflammatory cytokines 87 but stimulated pro-regenerative cytokines, including IL-4 and IL-10, without affecting cell 88 viability. Concomitant elevation of both glycolytic flux and oxidative phosphorylation by 89 polyethylene particles and inhibitory effects on inflammatory cytokines in addition to IL-90

91 $1\beta^{13}$ suggest a unique metabolic program that could be targeted for pro-regenerative

92 clinical outcomes following TJAs.

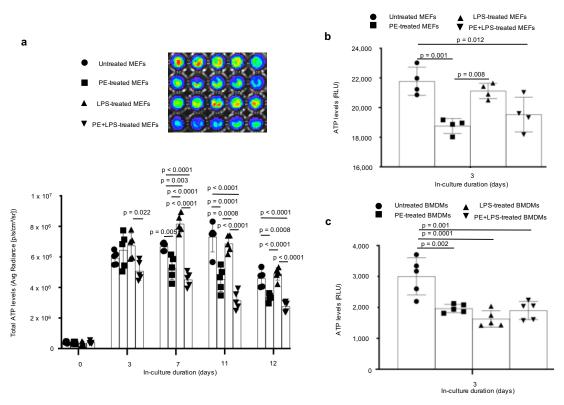


Figure 1 | Ultrahigh molecular weight polyethylene (PE) particles, alone or in combination with endotoxin (LPS), alter bioenergetic (ATP) levels. a, Over time, PE particles lower bioenergetics in blasticidin-eGFP-luciferase (BGL)-transfected mouse embryonic fibroblasts (MEFs) compared to untreated cells; combining PE particles and LPS lowers ATP levels compared to PE particles or LPS alone (representative bioluminescent wells shown). b, In lysed wild-type MEFs, bioenergetics is lowered after exposure to PE particles. c, In primary bone marrow-derived macrophages (BMDMs), PE particles and LPS, alone or in combination, decrease bioenergetics. Mean (SD), n = 5 (Fig. 1a, 1c), n = 4 (Fig. 1b), one-way ANOVA followed by Tukey's post-hoctest.

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94 **Results**

Bioenergetics is differentially altered in immune cells exposed to polyethylene particles

We had previously optimized an in-vitro, live-cell, bioenergetic workflow where 97 ATP is rate-limiting to measure spatiotemporal bioenergetic alterations in cells exposed 98 99 to biomaterials²². This involved transfecting mouse embryonic fibroblasts (MEFs) with a Sleeping Beauty transposon plasmid (pLuBIG) having a bidirectional promoter driving an 100 improved firefly luciferase gene (fLuc) and a fusion gene encoding a Blasticidin-resistance 101 marker (BsdR) linked to eGFP (BGL)²³. Both highly crosslinked⁸ and ultrahigh molecular 102 weight²¹ polyethylene particles similarly incite inflammation and are clinically used. 103 Ultrahigh molecular weight polyethylene particles whose doses and sizes have been 104 previously characterized were examined herein after polyethylene particles were 105 determined to be endtoxin-free^{17-19,21}. Since adsorbed bacterial lipopolysaccharide (LPS; 106 a.k.a. endotoxin) could play a role in aseptic loosening²⁴, we compared key results to cells 107 exposed to polyethylene particles and LPS. 108

Whereas only polyethylene particles consistently lowered bioenergetic (ATP) 109 110 levels in live BGL cells, overall, LPS alone did not affect ATP levels when compared to untreated fibroblasts over time (Fig. 1a). In comparison to polyethylene particles or LPS 111 alone, combining polyethylene particles and LPS further decreased ATP levels after 112 113 prolonged exposure (Fig. 1a). D-luciferin used in live-cell assays could be limited by its ability to permeate cell membranes²⁵; accordingly, bioenergetic measurement in lysed 114 fibroblasts was more sensitive, corroborating decreases in ATP levels after exposure to 115 116 only polyethylene particles (by 1.2-fold) or a combination of polyethylene particles and LPS (by 1.1-fold) relative to untreated cells at day 3 (Fig. 1b). Primary bone marrow-117 derived macrophages revealed a 1.5-, 1.8-, and 1.6-fold decrease in ATP levels relative 118 to untreated cells following exposure to only polyethylene particles, only LPS, and 119 polyethylene particles with LPS, respectively (Fig. 1c). 120

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122 Exposure to polyethylene particles alters functional metabolism in immune cells

To explore what bioenergetic pathways were responsible for alterations in ATP 123 levels, we used the Seahorse assay to probe extracellular acidification rate (ECAR), 124 lactate-linked proton efflux rate (PER) and oxygen consumption rate (OCR). ECAR, PER 125 and OCR are indices of glycolytic flux, monocarboxylate transporter (MCT) function^{26,27} 126 and mitochondrial oxidative phosphorylation, respectively, and are used to assess 127 metabolic reprogramming^{12,13}. Following exposure to LPS alone, fibroblasts did not reveal 128 129 changes in ECAR, PER or OCR compared to untreated cells (Fig. 2a-c). In contrast, exposure to polyethylene particles resulted in a 1.7-, 1.7-, and 2-fold increase in ECAR, 130 PER and OCR, respectively, relative to untreated fibroblasts (Fig. 2a-c). Similarly, a 131 combination of polyethylene particles and LPS increased OCR by 1.6-fold in comparison 132 to untreated fibroblasts (Fig. 2c). 133

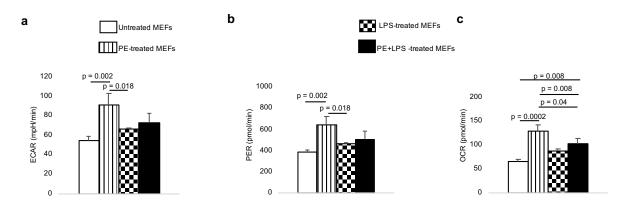


Figure 2 | Mouse embryonic fibroblasts (MEFs) exposed to ultrahigh molecular weight polyethylene (PE) particles alone show increased functional metabolic indices. a-c, In comparison to untreated cells, PE particle-treated MEFs have higher extracellular acidification rate (ECAR; a), proton efflux rate (PER; b) and oxygen consumption rate (OCR; c). Mean (SD), n = 3, one-way ANOVA followed by Tukey's post-hoc test.

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Exposure to only polyethylene particles increased ECAR, PER and OCR by 13.1-136 , 13.1- and 3.1-fold, respectively, in primary macrophages compared to untreated cells 137 (Fig. 3a, c, e). Macrophages exposed to polyethylene particles and LPS increased ECAR,

PER and OCR by 23-, 23.1- and 2.8-fold, respectively, compared to untreated cells (Fig.3b, d, f).

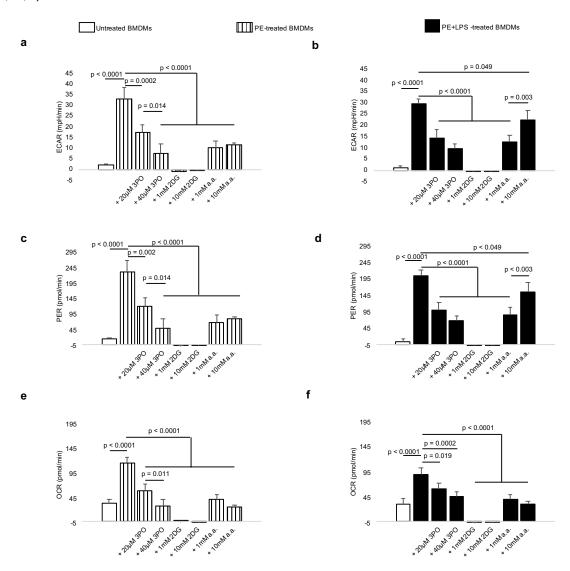


Figure 3 | Primary bone marrow-derived macrophages (BMDMs) exposed to ultrahigh molecular weight polyethylene (PE) particles or both PE particles and endotoxin (LPS) reveal greater extracellular acidification rate (ECAR), proton efflux rate (PER) and oxygen consumption rate (OCR) than untreated cells; this increment is reduced upon addition of various glycolytic inhibitors. a-f, ECAR (a-b), PER (c-d) and OCR (e-f) are increased in BMDMs treated with PE particles, alone or in combination with LPS; elevated levels are decreased upon addition of 3-(3-Pyridinyl)-1-(4-pyridinyl)-2-propen-1-one (3PO), 2-deoxyglucose (2DG) or aminooxyacetic acid (a.a.). Mean (SD), n = 3, one-way ANOVA followed by Tukey's post-hoc test.

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To reduce abnormal increments in ECAR, PER and OCR, we targeted different stages of glycolysis using 3-(3-pyridinyl)-1-(4-pyridinyl)-2-propen-1-one (3PO), 2deoxyglucose (2DG) and aminooxyacetic acid (a.a.). 3PO inhibits 6- phosphofructo-2kinase which is the rate limiting glycolytic enzyme²⁸; 2DG inhibits hexokinase, the first enzyme in glycolysis¹³; and a.a. prevents the mitochondrion from utilizing glycolytic pyruvate²⁹. In a dose-dependent manner, 3PO, 2DG and a.a. decreased ECAR, PER and OCR among macrophages exposed to only polyethylene particles or a combination of

148 polyethylene particles and LPS (Fig. 3a-f), suggesting efficient cellular uptake and 149 pharmacologic effects of these small molecule inhibitors.

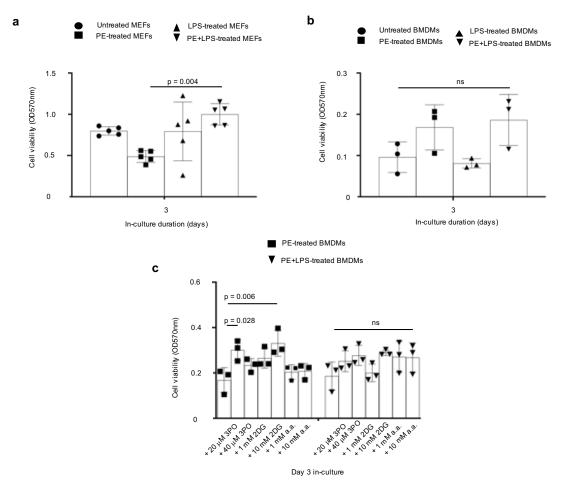


Figure 4 | Compared to untreated cells, treatment with ultrahigh molecular weight polyethylene (PE) particles, endotoxin (LPS) or a combination of PE particles and LPS does not change cell numbers; addition of glycolytic inhibitors does not decrease cell numbers. ab, In mouse embryonic fibroblasts (MEFs; a) or primary bone marrow-derived macrophages (BMDMs; b), exposure to PE particles, LPS or PE particles and LPS does not change cell numbers relative to untreated controls. c, Addition of various doses of 3-(3-Pyridinyl)-1-(4-pyridinyl)-2-propen-1-one (3PO), 2-deoxyglucose (2DG) or aminooxyacetic acid (a.a.) to PE particle-treated or PE particle- and LPS-treated BMDMs does not decrease cell numbers. Mean (SD), n = 5 (Fig. 4a), n = 3 (Fig. 4b, c), one-way ANOVA followed by Tukey's post-hoctest.

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151 Compared to untreated cells, there was no difference in cell numbers following 152 exposure to polyethylene particles, LPS or polyethylene particles with LPS among 153 fibroblasts (Fig. 4a) or macrophages (Fig. 4b). Additionally, exposure of macrophages to 154 pharmacologic inhibitors, including 3PO, 2DG and a.a. did not lower cell viability (Fig. 4c). 155 Importantly, in fibroblasts exposed to polyethylene particles alone or polyethylene 156 particles and LPS, addition of 3PO, 2DG or a.a. further lowered bioenergetics in a dose-157 dependent manner (Fig. 5).

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159 Immunometabolism underlies macrophage polarization by polyethylene particles

To evaluate how metabolism affects immune cellular function, we assayed levels
 of cytokine and chemokine expression using a magnetic bead-based technique³⁰. We
 observed that proinflammatory proteins, including MCP-1 (Fig. 6a), IL-6 (Fig. 6b), IL-1β

163 (Fig. 6c) and TNF- α (Fig. 6d) were increased by 4.1-, 97.3-, 41.8- and 7-fold, respectively, 164 after exposure to polyethylene particles in comparison to untreated macrophages.

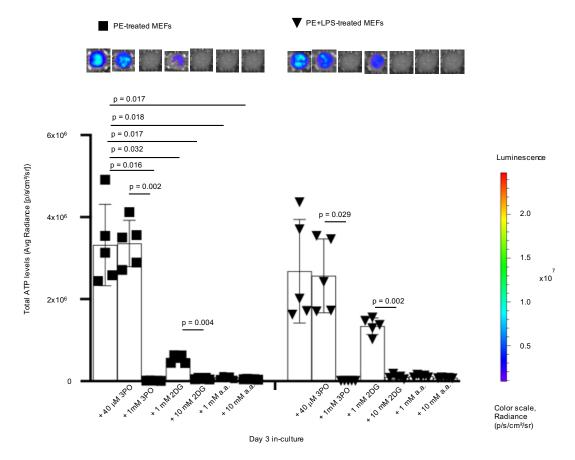


Figure 5 | Glycolytic inhibitors decrease bioenergetic levels in treated mouse embryonic fibroblasts (MEFs). Following treatment of blasticidin-GFP-Luciferase (BGL)-transfected MEFs with ultrahigh molecular weight polyethylene (PE) particles alone or in combination with endotoxin (LPS), addition of 3-(3-pyridinyl)-1-(4-pyridinyl)-2-propen-1-one (3PO), 2-deoxyglucose (2DG) and aminooxyacetic acid (a.a.; representative wells are shown) tend to decrease bioenergetics in a dose-dependent manner. Not significant (ns), mean (SD), Brown-Forsythe and Welch ANOVA followed by Dunnett's T3 multiple comparisons test, n = 5.

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166 Addition of 3PO or 2DG consistently decreased proinflammatory cytokine or chemokine levels (Fig. 6a-d) relative to macrophages exposed to only polyethylene 167 particles; however, addition of a.a. selectively decreased MCP-1 expression (Fig. 6a). 168 169 Exposure of macrophages to polyethylene particles decreased IL-4 levels by 7.4-fold compared to untreated cells; addition of 3PO, 2DG or a.a. increased IL-4 levels by 2.9-, 170 171 4.3-, and 1.5- fold, respectively, relative to polyethylene particles alone; however, only the increase by 2DG was statistically significant (Fig. 6e). Levels of IL-13 and IFN- λ were 172 unchanged (data not shown). Consistent with macrophage polarization being a 173 continuum^{31,32}, polyethylene particles increased IL-10 expression in comparison to 174 untreated macrophages (Fig. 6f). Whereas addition of 3PO or 2DG did not increase IL-175 10 levels, a.a. increased IL-10 expression by 3.2-fold relative to macrophages exposed 176 to only polyethylene particles (Fig. 6f). 177 178

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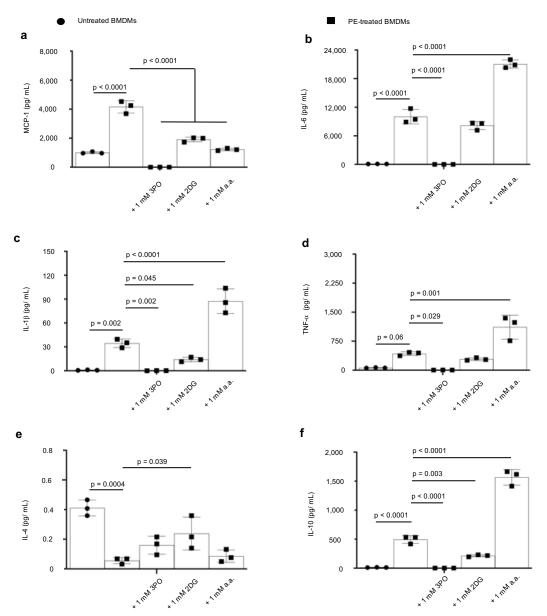


Figure 6 | Elevated proinflammatory cytokine (protein) levels are decreased following addition of glycolytic inhibitors to primary bone marrow-derived macrophages (BMDMs). a-d, In BMDMs, exposure to ultrahigh molecular weight polyethylene (PE) particles increase proinflammatory cytokines, including MCP-1 (a), IL-6 (b), IL-1 β (c) and TNF- α (d) in comparison to untreated BMDMs. Addition of 3-(3-PyridinyI)-1-(4-pyridinyI)-2-propen-1-one (3PO) or 2-deoxyglucose (2DG) decreases proinflammatory cytokines; aminooxyacetic acid (a. a.) selectively decreases MCP-1 levels. e, Exposure of BMDMs to PE particles decreases IL-4 levels in comparison to untreated cells; IL-4 levels tend to increase following addition of glycolytic inhibitors. f, Compared to BMDMs exposed to only PE particles, exposure to PE particles and a.a. increase IL-10 levels. Mean (SD), n = 3, one-way ANOVA followed by Tukey's post-hoc test; assay was performed after 3 days in-culture.

180 **Discussion**

181 When macrophages are exposed to bacterial lipopolysaccharide (LPS), their bioenergetic (ATP) levels are decreased as part of cell activation and inflammation³³. This 182 results from reprogrammed metabolism that shifts bioenergetic dependence from 183 mitochondrial oxidative phosphorylation (OXPHOS) to glycolysis, with crucial 184 consequences on proinflammatory^{12,13} and anti-inflammatory^{14,15} events. While 185 immunometabolism in response to LPS has been well characterized for such clinical 186 applications as bacterial sepsis, the role of immunometabolism in sterile inflammation 187 induced by clinically relevant implant materials is unknown. 188

Macrophages are the dominant immune cell type implicated in the chronic 189 190 inflammatory response to ultrahigh molecular weight polyethylene (PE) particles². likely acting through Toll-like receptors (TLRs)^{34,35}. Following exposure to PE particles of 191 particular sizes and over a threshold, transcriptional signaling occurs through NF-kB³⁶, 192 MyD88³⁷ and chemerin/ChemR23³⁸. Consequently, there is increased production of 193 194 proinflammatory cytokines that accompany resulting pathologies, including periprosthetic 195 osteolysis. Likewise, fibroblasts play a synergistic role with macrophages. Fibroblasts 196 exposed to PE particles ^{39,40} express MCP-1, RANKL, IL-1β, IL-6, MMP1 and MMP2 197 which activate osteoclasts, accentuate inflammation and degrade surrounding bone 198 extracellular matrix.

199 Adsorbed LPS could be a contaminant on sterilized implants and has been 200 documented in a subset of patients diagnosed with aseptic loosening of implants from 201 chronic inflammation²⁴, and could exacerbate PE particle-induced inflammation⁴¹. Therefore, PE and LPS-contaminated PE (cPE) particles were examined and compared 202 203 to LPS. Our findings reveal that bioenergetic imbalances differentially occur in 204 macrophages and fibroblasts exposed to PE particles, LPS or cPE particles. For example, although LPS did not affect ATP levels in fibroblasts. PE particles lowered cellular 205 bioenergetics. Furthermore, fibroblasts exposed to PE particles but not LPS were 206 metabolically reprogrammed, revealing increases in glycolysis, OXPHOS and 207 208 monocarboxylate transporter (MCT) function. On the other hand, decreased ATP levels 209 were observed in primary bone marrow-derived macrophages exposed to PE particles, 210 LPS or cPE particles consistent with reliance on glycolysis. Immune cells depend on 211 glycolysis during inflammatory activation as glycolysis produces ATP quicker than OXPHOS, albeit OXPHOS results in overall higher ATP levels. Additionally, this switch to 212 glycolysis is crucial for IL-1 β production by stabilizing HIF-1 α in macrophages¹³ and 213 fibroblast activation in fibrosis⁴². Surprisingly, in addition to elevated glycolysis, OXPHOS 214 was increased in macrophages exposed to PE or cPE particles, independent of changing 215 216 cell numbers. Concomitant elevation in both glycolysis and OXPHOS suggests a unique 217 metabolic reprogram induced by PE particles relative to LPS; LPS increases glycolysis while reducing OXPHOS¹². Accompanied decrease in ATP levels suggests that increased 218 OXPHOS is directed at functions other than cellular energy supply. In a septic model, 219 220 LPS was shown to repurpose mitochondrial function toward superoxide formation in 221 macrophages¹². At earlier time points than used in this study, LPS decreased OXPHOS¹², 222 likely reflecting as yet uncharacterized temporal changes in metabolic reprogramming. Notably, glycolytic flux and MCT function but not OXPHOS were higher in macrophages 223 224 exposed to cPE than PE particles, relative to respective controls. This may likely be from 225 synergistic signaling with cPE particles, as PE particles and LPS are known to activate 226 TLR2 and TLR4 receptors, respectively^{34,35}.

227 Elevated glycolytic flux in macrophages exposed to PE or cPE particles could be 228 lowered by specific pharmacologic inhibition of different glycolytic steps using 3-(3-229 pyridinyl)-1-(4-pyridinyl)-2-propen-1-one (3PO)²⁸, 2-deoxyalucose (2DG)¹³ and aminooxyacetic acid (a.a.)²⁹. Lactate from glycolysis is converted to pyruvate which feeds 230 231 mitochondrial OXPHOS, and proton-linked lactate is bidirectionally shuttled through MCT^{26,27}. Consequently, pharmacologic inhibition of glycolysis lowered aberrantly 232

elevated OXPHOS and MCT function. Pharmacologic inhibition did not result in reduced
 cell viability, excluding potential toxicity. Using fibroblasts expressing luciferase, we
 observed that glycolytic inhibition further reduced ATP levels following exposure to PE
 particles, corroborating cellular bioenergetic dependence on glycolysis.

237 Contrasting non-degradable PE, polylactide (PLA) is a biodegradable biomaterial. Degradation products of PLA, oligomers and monomers of lactic acid, increase ATP 238 239 levels only after prolonged exposure to immune cells, modeling in-vivo conditions²². 240 Increased ATP levels are the result of elevated flux in both glycolysis and mitochondrial 241 respiration, in-vitro. Corroborating in-vitro observations, radiolabeled glucose uptake was 242 elevated in a subcutaneous model and shown to drive inflammation to sterile PLA; 243 targeting glycolysis in-vivo decreased inflammatory markers, including CD86, by reducing radiolabeled glucose uptake. Similarly, in patients who have undergone total joint 244 245 arthroplasties, chronic inflammation by PE particles is often diagnosed by increased alycolytic flux. Glycolytic flux is measured using fluorodeoxyglucose in positron emission 246 tomography (PET) combined with computed tomography (CT) or magnetic resonance 247 imaging (MRI)⁴³⁻⁴⁶. Our findings suggests that PET imaging is enabled by glycolytic 248 reprogramming of immune cells in inflamed joints, following exposure to PE or cPE 249 particles. 250

251 Macrophages exposed to PE particles became polarized to a proinflammatory 252 phenotype as measured by elevated protein expression of MCP-1, IL-6, IL-1ß and TNF-253 α . Additionally, IL-10 was increased, consistent with macrophage polarization being a spectrum³¹. Both IL-1 β and TNF- α induce RANKL expression which drives osteoclast 254 maturation and differentiation, together with M-CSF⁶. Osteolysis, associated with PE 255 particle-induced chronic inflammation, is the result of net bone loss from osteoclast-256 257 mediated bone resorption exceeding osteoblast-mediated bone formation. Similarly, IL-6⁴⁷ and MCP-1⁴⁸ are associated with increased osteolysis and cartilage destruction. 258 Interestingly, 2DG and 3PO decreased aberrantly elevated proinflammatory cytokines. In 259 particular, 2DG allowed for some level of proinflammatory cytokine expression. This is 260 261 clinically important because a suitable level of inflammation is required for tissue repair 262 and osseointegration⁴⁹; compromised osseointegration is a leading cause of implant failure⁴. Remarkably, whereas 2DG decreased MCP-1, IL-6, IL-1 β and TNF- α protein 263 levels which were elevated by PE particles, 2DG is known to selectively decrease IL-1ß 264 265 protein levels from LPS¹³, suggesting unique differences. In contrast to 2DG and 3PO, a.a. selectively decreased MCP-1 but not IL-6, IL-1 β and TNF- α ; and increased IL-10 266 levels. Central to macrophage-stem cell crosstalk, IL-10 signaling is critical for tissue 267 regeneration⁵⁰. Glycolytic inhibition using 2DG increased IL-4 levels which were reduced 268 269 by PE particles. Increment of IL-4 levels suggest a pro-regenerative macrophage 270 phenotype. Acute and chronic inflammation as well as bone loss induced by PE particles is reversed by inducing a pro-regenerative macrophage phenotype using IL-4¹⁸. 271

In conclusion, all clinically relevant biomaterials undergo wear at articulations, resulting in different levels of chronic inflammation and undermining the longevity of biomaterials used in arthroplasties. By characterizing immune cell metabolism as being pivotal in the inflammatory pathology induced by polyethylene particles, we reveal a unique vulnerability which could be harnessed for the dual purposes of controlling

inflammation and stimulating pro-regenerative immune cell phenotypes. Targeting
 immunometabolism can be extended to other implant materials^{51,52}, improving
 osseointegration and long-term clinical outcomes for patients undergoing various
 arthroplasties.

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282 Methods

Materials. Ultrahigh molecular weight polyethylene particles were sourced, characterized 283 284 and determined to be endotoxin-free as previously described¹⁸. Concentrations of 100ng/ mL of lipopolysaccharide (LPS) from Escherichia coli O111:B4 (MilliporeSigma) and 1.25 285 286 mg/ mL of ultrahigh molecular weight polyethylene particles were used. Furthermore, 3-(3-pyridinyl)-1-(4-pyridinyl)-2-propen-1-one 287 (MilliporeSigma), 2-deoxyalucose (MilliporeSigma) and aminooxyacetic acid (Sigma-Aldrich) were used for glycolytic 288 289 inhibition.

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291 Bioenergetic measurement. Bioluminescence was measured using the IVIS Spectrum 292 in vivo imaging system (PerkinElmer) after adding 150 µg/mL of D-luciferin (PerkinElmer). 293 Living Image (Version 4.5.2, PerkinElmer) was used for acquiring bioluminescence on the 294 IVIS Spectrum. Standard ATP/ADP kits (Sigma-Aldrich) containing D-luciferin, luciferase 295 and cell lysis buffer were used to according to manufacturer's instructions. Luminescence at integration time of 1,000 ms was obtained using the SpectraMax M3 296 297 Spectrophotometer (Molecular Devices) using SoftMax Pro (Version 7.0.2, Molecular 298 Devices).

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Cells. Mouse embryonic fibroblast (MEFs) cell line (NIH 3T3 cell line; ATCC) and primary 300 301 bone-marrow derived macrophages (BMDMs) derived from C57BL/6J mice (Jackson Laboratories) of 3-4 months^{12,53} were used. NIH 3T3 cells were stably transfected with a 302 303 Sleeping Beauty transposon plasmid (pLuBIG) having a bidirectional promoter driving an 304 improved firefly luciferase gene (fLuc) and a fusion gene encoding a Blasticidin-resistance 305 marker (BsdR) linked to eGFP (BGL)²³. This enabled us to monitor bioenergetic changes in live cells²². For temporal (IVIS) experiments lasting 12 days, 5,000 BGL cells were 306 initially seeded in each well of a 96-well tissue culture plate in 200 µL of complete medium 307 308 (see below). For ATP, crystal violet and Seahorse assays, 20,000 wild-type MEFs were 309 seeded. For ATP, crystal violet and cytokine/ chemokine assays, 50,000 BMDMs were seeded; 60,000 BMDMs were seeded for Seahorse experiments. For IVIS experiments 310 311 with glycolytic inhibitors, 20,000 BGL cells were initially seeded. All time points are 312 indicated on respective graphs. Complete medium comprised of DMEM medium, 10% 313 heat-inactivated Fetal Bovine Serum and 100 U/mL penicillin-streptomycin (all from 314 ThermoFisher Scientific).

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Cell viability. Cell viability was assessed using the crystal violet assay⁵⁴. Absorbance (optical density) was acquired at 570 nm using the the SpectraMax M3 Spectrophotometer (Molecular Devices) and SoftMax Pro software (Version 7.0.2, Molecular Devices).

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Functional metabolism. Basal measurements of oxygen consumption rate (OCR), 321 322 extracellular acidification rate (ECAR) and lactate-linked proton efflux rate (PER) were 323 obtained in real-time using the Seahorse XFe-96 Extracellular Flux Analyzer (Agilent Technologies)^{12,13,15}. Prior to running the assay, cell culture medium was replaced by the 324 325 Seahorse XF DMEM medium (pH 7.4) supplemented with 25 mM D-glucose and 4 mM Glutamine. The Seahorse ATP rate assay was run according to manufacturer's instruction 326 and all reagents for the Seahorse assays were sourced from Agilent Technologies. Wave 327 328 software (Version 2.6.1) was used to export Seahorse data directly as means ± standard 329 deviation (SD).

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331 Chemokine and cytokine measurements. Cytokine and chemokine levels were measured using a MILLIPLEX MAP mouse magnetic bead multiplex kit (MilliporeSigma)³⁰ 332 333 to assess for IL-6, MCP-1, TNF- α , IL-1 β , IL-4, IL-10, IFN- λ and 1L-13 protein expression 334 in supernatants. Data was acquired using Luminex 200 (Luminex Corporation) by the 335 xPONENT software (Version 3.1, Luminex Corporation). Using the glycolytic inhibitor, 336 3PO, expectedly decreased cytokine values to < 3.2 pg/mL in some experiments. For 337 statistical analyses, those values were expressed as 3.1 pg/mL. Values exceeding the 338 dynamic range of the assay, in accordance with manufacturer's instruction, were 339 excluded. Additionally, IL-6 ELISA kits (RayBiotech) for supernatants were used 340 according to manufacturer's instructions.

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Statistics and reproducibility. Statistical software (GraphPad Prism) was used to analyse data presented as mean with standard deviation (SD). Significance level was set at p < 0.05, and details of statistical tests and sample sizes, which are biological replicates, are provided in figure legends. Exported data (mean, SD) from Wave in Seahorse experiments had the underlying assumption of normality and similar variance, and thus were tested using corresponding parametric tests as indicated in figure legends.

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