**Macrophage-fibroblast crosstalk drives Arg1-dependent lung fibrosis via ornithine loading**

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**Declaration of Interests**

The authors have no conflicting financial interests.

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**Abstract**

Monocyte-derived macrophages recruited to injured tissues induce a maladaptive fibrotic response characterized by excessive production of collagen by local fibroblasts. Macrophages initiate this programming via paracrine factors, but it is unknown whether reciprocal responses from fibroblasts enhance profibrotic polarization of macrophages. We identify macrophage-fibroblast crosstalk necessary for injury-associated fibrosis, in which macrophages induced interleukin 6 (*IL-6*) expression in fibroblasts via purinergic receptor P2rx4 signaling, and IL-6, in turn, induced arginase 1 (*Arg1*) expression in

macrophages. Arg1 contributed to fibrotic responses by metabolizing arginine to ornithine, which fibroblasts used as a substrate to synthesize proline, a uniquely abundant constituent of collagen. Imaging of idiopathic pulmonary fibrosis (IPF) lung samples confirmed expression of *ARG1* in myeloid cells, and arginase inhibition suppressed collagen expression in cultured precision-cut IPF lung slices. Taken together, we define a circuit between macrophages and fibroblasts that facilitates cross-feeding metabolism necessary for injury-associated fibrosis.

**Keywords**

Macrophages; Fibroblasts; Fibrosis; IPF; Arginase 1; Ornithine

**Introduction**

Pathologic fibrosis is a destructive response to tissue injury that results from the deposition of excess fibrillar collagen by activated fibroblasts. Recent studies have revealed a heterogeneity of fibroblast states following injury, and inflammatory fibroblasts have been detected as a distinct subset of mesenchymal cells present in the early period after injury prior to the onset of full-blown fibrosis[1, 2, 3]. However, how cytokine expression by inflammatory fibroblasts regulates fibrosis is not well understood.

The early phase of injury is also marked by an influx of monocyte-derived macrophages, which localize to fibroblasts at sites of injury[4]. Several studies have shown that these monocyte-derived macrophages signal to fibroblasts via paracrine mediators[4, 5, 6], but the resulting crosstalk between the two cell types that may orchestrate the fibrotic progression is not well characterized. Here, we identify a paracrine circuit between macrophages and fibroblasts that is established in the late inflammatory phase following tissue injury. In a tissue injury model, macrophage-derived extracellular ATP drove fibroblast IL-6 expression. IL-6, in turn, induced macrophage expression of Arg1, which was necessary for lung collagen production via ornithine metabolism by activated fibroblasts.

**Results**

***Extracellular ATP signaling via P2rx4 regulates fibroblast IL-6 expression.***

To screen for macrophage-dependent secreted factors expressed by fibroblasts, we analyzed scRNAseq data from cocultures of primary lung macrophages and fibroblasts, or fibroblasts cultured alone (**Figure 1a-b, Figure S1a-b**). This analysis revealed the induction of multiple clusters unique to fibroblasts cocultured with macrophages (**Figure 1c**). Notably, these clusters had higher levels of a gene signature for collagen genes (**Figure S1c, Table S1**), consistent with the pro-fibrotic effects of macrophage coculture. Focusing analysis on secreted factors[7], we also noted high expression of the cytokine IL-6 in macrophage coculture-specific fibroblast clusters (**Figure 1d**; **Figure S1d**). IL-6 has emerged as a target for the treatment of lung fibrosis[8, 9, 10, 11]. Analysis of scRNAseq time course data for multiple lung cell types in the bleomycin model confirmed that IL-6 was most highly expressed in fibroblasts *in vivo* (**Figure 1e**), with some expression also noted in other mesenchymal cells such as smooth muscle cells and pericytes (**Figure S1e**). We then confirmed macrophage-dependent fibroblast IL-6 induction in cocultures derived from deceased donor human lungs (**Figure S1f**).

To determine the mechanism of IL-6 induction in fibroblasts, we interrogated GO datasets under the category of "Cellular Response to Stimulus" to detect dominant stimulus-based pathways that could be attributable to the presence of macrophages. This analysis revealed that the GO pathway "Cellular Response to ATP" was enriched in fibroblasts when they were cocultured with macrophages (**Figure 1f**). This GO pathway is relevant because extracellular ATP (eATP) levels are elevated in the bronchoalveolar lavage fluid of patients with idiopathic pulmonary fibrosis (IPF)[12]. Furthermore, we had previously reported that fibroblast-specific deletion of the eATP receptor P2rx4 in mice suppresses injury-induced fibrosis[13]. In that work, we also found that P2rx4 was the most highly expressed receptor for ATP among the 7-member P2rx family in lung fibroblasts.

To test if eATP signaling via P2rx4 regulates IL-6 expression, we assayed IL-6 levels by ELISA of conditioned media from cocultures of WT macrophages with either WT or P2rx4 knockout (KO) fibroblasts, finding that IL-6 was decreased in the case of P2rx4 KO fibroblasts (**Figure 1g**). Direct treatment of cultured murine lung fibroblasts with ATPγS, a nonhydrolyzable form of ATP, increased IL-

6 in the conditioned media of WT but not P2rx4 KO lung fibroblasts (**Figure S2a**). This effect was blocked

by inhibition of p38 Map Kinase, which has been shown to mediate P2rx4 signaling[14, 15] (**Figure S2b**).

Importantly, mice with fibroblast-specific P2rx4 KO had decreased bronchoalveolar lavage IL-6 compared

to wild type following bleomycin injury (**Figure 1h**), and siRNA KD of P2RX4 in human lung fibroblasts

decreased IL-6 expression (**Figure S2c**). Of note, we previously found that fibroblast-specific P2rx4 KO

mice had decreased lung fibrosis[13]. Consistent with the importance of P2rx4-dependent IL6 to the fibrotic

response after injury, we confirmed that IL6 KO mice were protected from lung fibrosis (**Figure S2d-e**).

Furthermore, confirming myeloid cells as one important source of eATP, cell ablative airway liposomal

clodronate treatment significantly decreased lung lavage eATP levels (**Figure S2f-h**).

***Fibroblast IL-6 regulates macrophage Arg1, a profibrotic factor***

To examine whether paracrine signals referable to P2rx4 signaling in fibroblasts, such as IL-6 expression,

might reciprocally regulate macrophage profibrotic responses, we performed differential gene expression

analysis from scRNAseq data for WT macrophages cultured with either WT or P2rx4 KO fibroblasts. The

top differentially expressed gene was *Arg1*, and its expression was dependent on fibroblast P2rx4

expression (**Figure 2a**). We hypothesized that fibroblast-derived IL-6, which was decreased in P2rx4 KO

fibroblasts, may regulate macrophage *Arg1* expression as found in other systems [16]. Analysis of ligand-

receptor interaction via CellChat[17] and Ingenuity Pathways Analysis confirmed suppression of IL-6

signaling in the P2rx4 KO condition (**Figure 2b**). We then confirmed an increase of Arg1 in both cellular

lysates and conditioned media of cultured lung macrophages treated with IL-6 (**Figure 2c**). Importantly,

treatment with anti-IL6 antibody or IL6 deletion in mice decreased Arg1 protein in the bronchoalveolar

lavage fluid following bleomycin injury (**Figure 2d**).

Interestingly, analysis of a published scRNAseq time course following bleomycin lung injury[18]

showed maximal *Arg1* in cells annotated to be similar to the C2 transitional macrophage compartment

we previously demonstrated to localize to the fibrotic niche after injury[4] (**Figure 2e; Figure S3a**). C2 cells

not only expressed higher Arg1 but also expressed higher levels of the Fab5 markers that were recently

found to be associated with pro-fibrotic macrophages in both mouse and human fibrotic lung and liver

datasets[19]. Flow cytometry confirming *Arg1* expression in CD11b+CD64+ macrophages at the 10-day

time point, as opposed to monocytes, alveolar macrophages, or dendritic cells (**Figure 3a-b, Figure**

**S3b**). Arg1 is often cited as a macrophage marker, but studies of its functional role in fibrosis are limited.

Similar to our previous findings for these transitional cells[4], Arg1+ cells were found in proximity to clusters

of activated fibroblasts that form after injury (**Figure 3c**). We then treated bleomycin-injured mice with

the Arg1 inhibitor CB-1158[20] during the fibrotic period. Importantly, we found that lung fibrosis was

significantly decreased and weight recovery improved with Arg1 inhibition (**Figure 3d, Figure S4a**).

Taking a genetic approach with macrophage-specific Arg1 homozygous KO mice, we found that lung

fibrosis was likewise decreased after injury (**Figure 3e**). To further test the significance of *Arg1+*

macrophages, we first performed scRNAseq analysis of aged mice compared to young, given that aging

is a major risk factor for the development of lung fibrosis in patients. *Arg1+* macrophages were increased

in bleomycin-injured aged mice at an earlier time point than we observed in young mice—7 days as

opposed to 14 days; furthermore, Arg1+ macrophages co-expressed the Fab5 profibrotic macrophage

genes[19] (**Figure S4b**). These data suggest a potential predisposition to the fibrotic macrophage profile in

aged mice.

***Arg1 regulates availability of ornithine, a pro-fibrotic substrate***

To explore the mechanism of Arg1's profibrotic effect, we considered that Arg1 enzymatically converts

arginine to urea and ornithine, and that macrophages expressing Arg1 have been found to increase

ornithine in the tissue microenvironment[21]. Ornithine can serve as a substrate for the synthesis of

proline[22], a major constituent of collagens. Thus, we sought to determine if Arg1+ macrophages supply

ornithine as a substrate for collagen production by fibroblasts. First, consistent with a potential for

ornithine to drive collagen production, we found that exogenous ornithine increased fibroblast collagen

expression at the protein level (**Figure S4c**). Furthermore, in cocultures, Arg1 inhibition with CB-1158, or

use of fibroblasts with deletion of IL-6 or P2rx4, decreased collagen expression, whereas ornithine

treatment rescued it (**Figure 4a**). We next tested the hypothesis that Arg1-mediated ornithine production

was necessary for increasing fibroblast proline content. Consistent with this hypothesis, treatment of

cocultures with CB-1158 decreased fibroblast proline (**Figure 4b**). When we treated primary lung

fibroblasts in monoculture with $^{13}C_5$-ornithine, we detected an m + 5 mass shift in proline ($^{13}C_5$ proline),

consistent with direct conversion of ornithine to proline via the pyrroline 5-carboxylate (P5C) intermediate;

glutamine is another source of production of P5C, and glutamine-free conditions, as expected, increased

the proportion of $^{13}C_5$ proline further (**Figure S4d**). To test the *in vivo* significance, we treated mice injured

with bleomycin with or without ornithine by oral gavage twice daily during the fibrotic phase after injury

and found that ornithine treatment significantly increased lung fibrosis (**Figure 4c**). Taken together, these

results suggests that macrophage Arg1 drives fibrosis by the production of ornithine, which increases

proline content augmenting collagen synthesis.

***Arg1 is expressed in myeloid cells in IPF lung***

To address clinical significance, we interrogated ARG1 expression in human lung samples. First, analysis

of a published dataset of BAL cell gene expression by microarray[23] confirmed higher expression in IPF

compared to healthy controls (**Figure S5a**). We then confirmed ARG1 expression by

immunofluorescence in IPF lung explants acquired at the time of clinical transplantation, whereas less

ARG1 was expressed in deceased donor lungs not known to have lung disease (**Figure 5a**). To

determine cell type, we performed multiplexed ion beam imaging (MIBI) using an extensive panel of

myeloid and lymphoid markers. We found that ARG1+ cells were CD11B+ and CD16+, consistent with

myeloid lineage, and were also positive for the granulocyte marker CD66B. Interestingly, the macrophage

markers CD163 and CD68 were not expressed (**Figure 5b**). To confirm, we performed 10x Xenium

spatial transcriptomic analysis of IPF samples and found ARG1+ cells had higher expression compared

to ARG1- cells for CD11B (*ITGAM*), CD66B (*CEACAM8*) but not *CD163* or *CD68* (**Figure S5b**). Taken

together, these data suggest that, in IPF, ARG1 is expressed in myeloid cells of the granulocytic lineage.

177           To test whether ARG1+ cells localize in proximity to IL-6+ cells, we analyzed the Xenium data of

the IPF samples. We defined a proximity statistic that allowed us to quantitatively compare the

probabilities of detecting an IL6+ fibroblast versus an IL6- fibroblast within a given distance from an

ARG1+ cell (**Methods**). Interestingly, we found that ARG1+ cells were more likely to be close to IL6+

fibroblasts compared to IL6- fibroblasts, up to and including a distance of 100μm, a distance that could

be considered consistent with paracrine effects (**Figure 5c**). For functional testing, we prepared

precision-cut lung slices and treated them with CB-1158 or the IL6RA-blocking antibody tocilizumab for

24 hours. Collagen expression was decreased with both treatments compared to untreated slices,

suggesting inhibition of new collagen synthesis (**Figure 5d**). Taken together, these data indicate ARG1

is a contributor to the pathologic accumulation of collagen in IPF.

**<u>Discussion</u>**

Our findings reveal a novel paracrine communication network between macrophages and fibroblasts that

regulates fibrosis. A key advance was the discovery of a profibrotic function of inflammatory fibroblasts.

Specifically, these cells expressed IL-6, which was necessary for induction of Arg1 resulting in production

of the pro-fibrotic amino acid ornithine. Our coculture experiments identified macrophage-derived eATP

as the initiator of P2rx4-dependent IL-6 expression in fibroblasts. eATP is a damage- and inflammation-

associated molecule that has been implicated in fibroblast IL-6 expression[24, 25], and we previously found

that fibroblast-specific P2rx4 KO mice had decreased lung fibrosis after injury[13]. Here we confirmed that

IL-6 induced macrophage Arg1[26, 27, 28] and then advanced understanding of Arg1 function by

demonstrating the key profibrotic role of its reaction product ornithine as a substrate for collagen

production.

Mechanistically, we define a novel metabolic pathway wherein ARG1-dependent production of

ornithine directly increased collagen expression. Our metabolomic studies indicate conversion of

ornithine to proline, a key substrate for collagen synthesis. However, we note that ornithine conversion

to polyamines with profibrotic potential remains a further possibility not yet addressed by our work.

Furthermore, ARG2 is a second arginase that could also contribute to ornithine loading of fibroblasts.

Future studies should focus on how both arginases are regulated across the temporal phases of fibrosis,

including both initiation of fibrosis and its progression in cases leading to organ failure.

This work addresses the limited understanding of cell-to-cell signals that underlie tissue

remodeling in the fibrotic niche. In previous studies, single-cell profiling of tissues in the setting of fibrosis

led to the discovery of markers for both scar-associated macrophages and multiple subtypes of

fibroblasts[1, 2, 29]. However, crosstalk mechanisms between the macrophages and fibroblasts in tissues

have not been extensively studied, with current knowledge derived mostly from *in vitro* modeling[30]. Our

work maps interactome analysis from cultured cells onto the relevant tissular context, enhancing

understanding of cell-to-cell communication *in vivo*, an unmet need in the field[29]. Furthermore,

inflammatory fibroblasts have come to attention as present in both infectious[31] and fibrotic[2, 3] models;

their function in fibrosis is further elucidated by our discovery of macrophage eATP-induced IL-6 and its

reciprocal induction of Arg1 in macrophages, for pro-fibrotic ornithine loading of fibroblasts.

Interestingly, in schistosomiasis-induced fibrosis models, Arg1 deletion in macrophages led to an

increase in type 2 inflammation, and consequently increased fibrosis, because of an accumulation of

arginine, which supports CD4 T cell proliferation[32]. However, in IPF and in murine bleomycin-induced

pulmonary fibrosis, type 2 inflammation does not appear to be an important driver of fibrosis. Inhibition of

type 2 inflammation with dual IL-4 and IL-13 blockade failed to show efficacy in a clinical trial of IPF[33].

Furthermore, in the bleomycin-induced sterile injury model that we have used, the onset of type 2

inflammation is later than the period when significant collagen deposition has already occurred and is

therefore less relevant to fibrogenesis[34]. Although inhibition of Arg1 might be contraindicated in patients

with schistosomiasis, our data provide a strong rationale for further investigation of the potential role of

Arg1 inhibition for treatment of IPF.

Previous studies have reported the expression of ARG1 in myeloid cells from lung fibrosis

patients[35, 36]. Importantly, we confirmed functional relevance in human lung fibrosis by showing that

arginase inhibition decreased lung fibrosis in precision-cut lung slices from IPF. Furthermore, our

proximity analysis for ARG1+ cells and IL-6+ fibroblasts suggests that induction of ARG1 in human fibrotic

lung may be dependent on IL-6, similar to our studies in mice. However, our multiparameter imaging with

MIBI provided a refined view of marker expression of these cells and showed that ARG1+ cells are likely

similar to granulocytes previously identified in human tumors[37, 38, 39]. Gene expression is well known to

differ across species by immune compartment[40], and the case of Arg1 provides an important instance: In

mice, Arg1 was expressed in profibrotic, transitional macrophages in fibrotic areas of mouse lung,

whereas in human lung fibrosis, ARG1+ cells expressed CD11B and CD66B but not other macrophage

markers, consistent with granulocytic lineage.

**Methods**

***Human lung tissues***

The studies described in this paper were conducted according to the principles of the Declaration of

Helsinki. IPF lung samples were obtained as explants at the time of lung transplantation. Written,

informed consent was obtained from all subjects, and the study was approved by the University of San

Francisco, California institutional review board. Deceased donor-control lungs not known to have lung

disease were made available by Donor Network West. Because these samples were acquired from

deceased individuals the study is not considered human subjects research as per UCSF and NIH policy.

***Mice***

Pdgfrb-Cre[41], Lysm-Cre [42], P2rx4 floxed[43], Arg1 floxed[44], Col1a1-EGFP[45], Arg1-RFP-CreERT2[46], and

Arg1-YFP[47] mice were available to the investigative team, and IL-6 KO[48], WT, and R26-LSLS-TdTomato

mice were obtained from JAX. Col1a1-GFP mice were obtained from David Brenner[45]. All mice were

maintained on a C57BL/6 background and were maintained in specific pathogen-free animal barrier

facility at the University of California, San Francisco. All experiments were performed on 6-8 weeks old,

sex-matched mice, or in the case of aged mice, 24-month-old, sex-matched mice, and were performed

in accordance with approved protocols by the University of California, San Francisco Institutional Animal

Care and Use Committee.

***Mouse lung injury, cell isolation, and macrophage-fibroblast coculture***

For lung injury, mice anesthetized with isoflurane were instilled intratracheally with bleomycin (Fresenius,

3U/Kg), and lungs were isolated after 7 days after injury. In the case of Arg1 inhibition, bleomycin-injured

mice were treated daily from day 9 to day 15 post-injury with 100 mg/kg CB-1158 (Numidargistat

dihydrochloride) dissolved in water, by oral gavage. In the case of ornithine treatment, mice were treated

daily by gavage with ornithine 2 mg/kg dissolved in 100 $\mu$L of water. For the creation of single-cell

suspensions, lungs were harvested from euthanized mice and minced with scissors, the tissue was

resuspended in RPMI with 0.2% Collagenase (10103586001, Roche), 2000 U/ml DNase I (4716728001,

Roche) and 0.1 mg/ml Dispase II (4942078001, Sigma). The suspension was incubated for 1 hour at

37$^{\circ}$C and passed through a 70 $\mu$m filter (130-110-916, MACS SmartStrainers) to obtain single cells. The

cells were washed twice with 1X PBS pH 7.4 (10010023, Gibco). For macrophage isolation, a total of $10^7$

cells were resuspended in 80$\mu$l PBS buffer supplemented with 0.5% BSA (0332, VWR Life Science) and

2mM EDTA (E57040, Research Products International). 20$\mu$l CD11b microbeads were used per $10^7$ cells.

Macrophages were obtained by positive selection by binding to CD11b microbeads and passing through

MACS columns (130-049-601, Miltenyi Biotech). Isolated CD11b$^+$ macrophages were cultured in DMEM

supplemented with 10% FBS, 1% penicillin-streptomycin, and 20 ng/ml M-CSF (315-02, Peprotech) for

2 days. Primary mouse lung fibroblasts were freshly isolated after magnetic bead-based negative

selection of epithelial cells (118204, Biotin anti-mouse CD326 Epcam, Clone: G8.8, BioLegend),

endothelial cells (102404, Biotin anti-mouse CD31, clone: 390), immune cells (103104, Biotin anti-mouse

CD45, clone: 30-F11, BioLegend), pericytes and smooth muscle cells (134716, Biotin anti-mouse CD146,

clone: ME-9F1, BioLegend), and red blood cells (116204, Biotin anti-mouse Ter119, clone: TER-119,

BioLegend) with biotinylated antibodies and Dynabeads (MyOne Streptavidin T1, 65601, Thermo Fisher

Scientific) as previously described[2]. Fibroblasts were cultured for 5 days prior to trypsinization and

addition to macrophages for coculture at a 1:1 ratio in DMEM complete media for 5 further days.

***Human lung cell isolation and macrophage-fibroblast coculture***

Human lung tissue from deceased donors not used for transplant was resected and minced in Hanks'

Balanced Salt Solution (HBSS) buffer supplemented with 0.2% Collagenase (10103586001, Roche),

2000 U/ml DNase I (4716728001, Roche) and 0.1 mg/ml Dispase II (4942078001, Sigma), 1% Penicillin-

streptomycin for 1.5 hours at 37°C and 5% CO2. 1X Amphotericin B (15290026, Gibco) was added to

the dissociation solution for 30 min. Digested lung tissue was lysed further with a MACS tissue dissociator

(gentleMACS Dissociator, Miltenyi Biotec) using gentleMACS C tubes (130-093-237, Miltenyi Biotec) at

mLUNG-01 setting. The suspension was then passed through a 70 $\mu$m filter to obtain single cells. Cells

were resuspended in PBS with 0.5% BSA and 2mM EDTA. Macrophages were incubated with CD11b

microbeads and loaded on MACS columns. After washing the cell fraction of unlabeled cells, CD11b+

cells were eluted and cultured in DMEM supplemented 10% FBS (10082147 Gibco), 1% penicillin-

streptomycin (1670249, MP Biomedicals), and 50 ng/ml human M-CSF (300-25, Peprotech) for 2 days.

For the negative selection of human fibroblasts, the following antibodies were used at a 1:200 ratio:

epithelial cells (324216, Biotin anti-human Epcam, clone:9C4, BioLegend), endothelial cells (13-0319-

82, Biotin anti-human CD31, clone: WM-59, Invitrogen), immune cells (368534, Biotin anti-human CD45,

clone: 2D1, BioLegend), pericytes and smooth muscle ( 361036, Biotin anti-human CD146, clone:

P1H12, BioLegend). Fibroblasts were added directly to the cultured macrophages, and the cells were

cocultured in DMEM supplemented with 10% serum, 1% penicillin-streptomycin, and 1% amphotericin B

for a total of 5 days.

***Flow cytometry***

*Cocultured cells:* Cocultures were trypsinized with 0.25% trypsin and resuspended in 1X PBS with 0.5%

BSA and 2mM EDTA. Single-cell suspensions were pre-stained with Fc blocker for 10 min in ice followed

by staining at 1:300 with anti-CD64 (139304, PE anti-mouse CD64, clone:X54-5/7.1, BioLegend) and

anti-Pdgfra (25-1401-82, PE-Cy7, anti-mouse CD140a, clone: APA5, Invitrogen) antibodies for 40 min.

DAPI was used to distinguish dead cells.

*Mouse lung cell suspensions (for clodronate macrophage depletion experiments):* Single cell

suspensions from digested mice lungs were incubated with ghost dye 516 (13-0867-T100, TONBO)

1:300 for 30min in ice followed by washing with staining buffer consisting of 1% EDTA and 1% serum in

PBS. Cells were stained with anti-CD64 (139304, PE anti-mouse CD64, clone:X54-5/7.1, BioLegend)

and anti-CD11b (25-0112-81, PE-Cy7, clone:M1/70, eBioscience) antibodies for 40 min at 4°C protected

from light. Cells were washed with staining buffer and resuspended in 100µl staining buffer and 100µl IC

fixation buffer. Samples were kept in dark at 4°C overnight followed by resuspending in 300µl staining

buffer. Data was acquired using Fortessa (BD Bioscience) and analyzed using FlowJo software.

*Mouse lung cell suspension (for experiments with Arg1-YFP mice):* Whole lung single cell suspensions

were prepared by harvesting lung lobes into 5 ml HBSS with 40µl Liberase Tm (0.1 U/ml, Roche, Cat#

5401127001) and 20µl DNAse 1 (10mg/ml, Roche, Cat# 10104159001), followed by automated tissue

dissociation (GentleMacs; Miltenyi Biotec) and tissue digestion for 30 min at 37°C on a shaker. Digested

samples were processed on the GentleMacs using the "lung2" program, passed through 70µm filters,

and washed, followed by red blood cell lysis and final suspension in FACS buffer. Cells were counted

using a NucleoCounter (Chemometic). All samples were stained in 96-well V-bottom plates. Single cell

samples were first incubated with antibodies to surface antigens for 30 min at 4°C in 50µl staining volume.

Flow cytometry was performed on BD LSRFortessa X-20. Fluorochrome compensation was performed

with single-stained UltraComp eBeads (Invitrogen, Cat# 01-2222-42). Samples were FSC-A/SSC-A

gated to exclude debris, followed by FSC-H/FSC-A gating to select single cells and Draq7 viability dye

(Biolegend) to exclude dead cells. Early transitional macrophages (TMs) were identified as $CD19^-$, $Ly6G^-$

, $NK1.1^-$, $Siglec-F^-$, $CD11b^+$,$CCR2^+$ and $CD64^+$. Late TMs were identified as $CD19^-$, $Ly6G^-$, $NK1.1^-$, Siglec-

$F^-$, $CD11b^+$, $CCR2^-$ and $CD64^+$. GR1 MDSC were identified as $CD19^-$, $Ly6G^+$, $CD64^-$ and $CD11c^+$.

Arginase1-positive cells were identified by the presence of eYFP. Data were analyzed using FlowJo

software (TreeStar, USA) and compiled using Prism (GraphPad Software). Monoclonal antibodies used

were: anti-CD45 (30-F11, Biolegend), anti-CD11b (M1/70, Biolegend), anti-CD11c (N418, Biolegend),

anti-NK1.1 (PK136, Biolegend), anti-CD19 (6D5, Biolegend), anti-T1/ST2 (DJ8, BD BioSciences), anti-

MerTK (DS5MMER, eBiosciences), anti-CD64 (X54-5/7, eBiosciences), anti-Ly6C (HK1.4), anti-Ly6G

(1A8, Biolegend), anti-SiglecF (E50-2440), and anti-I-A/I-E (MHCII) (M5/114.15.2, Biolegend), anti-CCR2

(475301, BD BioSciences).

***Quantitative Real-Time PCR analysis***

Macrophages or fibroblasts were lysed in 300µl TRIzol reagent (10296010, Ambion life technologies) to

obtained RNA. 600 ng of RNA per sample was used to prepare cDNA using iScript reverse transcriptase

supermix (Bio-Rad, 1708841). qPCR was performed for the target genes using SYBR Green super mix

(Applied Biosystems, 4309155). Gene expression was normalized to Gapdh for analysis of mouse

transcripts or 18S rRNA for human.

Mouse *Gapdh* Forward: AGTATGACTCCACTCACGGCAA

Mouse *Gapdh* Reverse: TCTCGCTCCTGGAAGATGGT

Mouse *IL6* Forward: CCAAGAGGTGAGTGCTTCCC

Mouse *IL6* Reverse: CTGTTGTTCAGACTCTCTCCCT

Human 18S rRNA Forward: GTAACCCGTTGAACCCCATT

Human 18S rRNA Reverse: CCATCCAATCGGTAGTAGCG

Human IL6 Forward: ACTCACCTCTTCAGAACGAATTG

Human IL6 Reverse: CCATCTTTGGAAGGTTCAGGTTG

***ATP measurement***

For ATP measurement, 1 mL of mouse lung lavage was collected in 1X PBS containing 100µM ATPase

inhibitor. ATP measurement was performed immediately by measuring bioluminescence using Biotek H1

plate reader as described in the manufacturer's protocol (A22066, ATP determination Kit, ThermoFisher

Scientific). Briefly, an assay solution was prepared by mixing a working concentration of 10µM

dithiothreitol, 0.2mM D- luciferase, 7.5 µg/ml firefly luciferase in 1X reaction buffer diluted with distilled

water. The reaction was kept in ice and protected from light. 10 µl of sample was mixed with 90 µl of

assay solution, and light emission was measured at 560 nm using a Biotek plate reader.

***Macrophage depletion***

Mice were treated 6 days after bleomycin lung injury with 100$\mu$l of 18.4 mM liposomal-clodronate (CLD-

8909, Encapsula NanoSciences) by oral aspiration. Mice were kept under observation for 24hrs. These

mice were euthanized on day 7, and bronchoalveolar lavage fluid was collected in PBS containing 100$\mu$M

ATPase inhibitor, and lung cell suspensions were prepared for flow cytometry.

**siRNA Knockdown**

Healthy human fibroblasts were treated with 5$\mu$M siRNA (Dharmacon, D-001810-01-05 ON-TARGET

plus No-targeting siRNA) control or (Dharmacon, L-006285-00-0010 ON-TARGET plus Human P2RX4

SMARTpool) using DharmaFECT in serum-free media for 12 hours, followed by supplementing with

DMEM with 10% serum. Cells were incubated for an additional 48 hours. Treated cells were harvested

for either RNA isolated or stimulated with 100$\mu$M ATP$\gamma$S for 12 hours and culture supernatant was

collected for Human IL6 ELISA assay.

**IL-6 ELISA**

*For Mouse*: Bronchoalveolar lavage fluid or conditioned culture media were collected for measurement

of IL-6 with a Duoset ELISA kit (R&D Systems, DY406-05).

*For Human*: Culture supernatant was collected and IL6 was measured using Duoset ELISA kit (R &D

system, DT206-05). Briefly, the capture antibody was coated overnight in a 96-well plate at room

temperature. Wells were aspirated and washed in ELISA wash buffer and blocked by adding reagent

diluent consisting of 1% BSA in PBS. After 1 hour of room temperature incubation, wells were again

washed with wash buffer and samples or standards were added and incubated for 2 hours at room

temperature. Detection antibody was used along with streptavidin-HRP and substrate solution. The

reaction was stopped with stop solution, and optical density was measured using a microplate reader at

450 nm.

**Mouse Arginase 1 ELISA**

Arginase 1 levels were measured from conditioned media or from bronchoalveolar lavage, using Mouse

Arginase 1 ELISA Kit (ab269541, Abcam) based on the manufacturer's protocol. Briefly, CD11b+ mouse

lung cells were seeded in 12-well dishes for 2 days in DMEM supplemented with M-Csf (315-02,

Peprotech). Cells were exposed to murine IL-6 for 72 hours, and culture supernatant and cell lysate were

then collected. For in vivo experiments, bleomycin-injured mice received intraperitoneal treatment with a

150 µg/kg dose of anti-IL6 antibody (MP5-20F3, BioCell) or IgG control (MAB005, R & D systems) on

days 6, 9, and 12, followed by bronchoalveolar lavage isolation on day 14 from the indicated groups. For

the ELISA, subsequently, 50 µl of undiluted samples were added to each well, along with a 50 µl antibody

cocktail comprising capture antibody and detection antibody dissolved in antibody diluent. Plates were

incubated for 1 hour at room temperature. Wells were washed thrice with wash buffer and incubated with

100 µl Tetramethylbenzidine (TMB) substrate for 15 min. The reaction was stopped using 100µl stop

solution, and OD was measured at 450nm.

***Histology and Immunofluorescence imaging***

*Mouse lung:* Arg1-RFP-creERT2 /Rosa26-LSL-TdTomato/Col1a1-EGFP mice were injured for 14 days.

Lungs from uninjured and injured mice were fixed in 4% formaldehyde at 4°C for 4 hours, then washed

and submerged in 30% sucrose solution overnight at 4°C. Next, the tissue was incubated in 1:1 solution

of 30% sucrose and OCT (4585, OCT) overnight followed by changing to OCT for 2 hours, and then a

tissue block was frozen after embedding in OCT. 5 µm sections were cut from OCT-embedded tissue.

For immunofluorescence imaging, slides with sections were washed with PBS and mounted on antifade

DAPI mounting media and imaged using a Leica inverted widefield confocal laser scanning microscope

at BIDC, UCSF.

For Sirius Red imaging, sections prepared from mouse lungs frozen in OCT were stained with

Sirius Red (0.1% Sirius Red in saturated picric acid, Electron Microscopy Sciences, 26357-02) for 60 min

followed by a 2-min 0.01 N HCl wash, rinsed in 70% ethanol, and air-dried overnight before imaging.

Images were acquired using a bright-field microscope (Zeiss Axio scan.Z1). The images were quantified

using Qupath image analysis software using the artificial neural network pixel classifier function[49], with

software training based on user-defined fibrotic regions in a single image.

*Human lung:* 5 μm thick sections from patient FFPE blocks were collected for IHC staining. Slides were

stained using Opal Manual IHC kit (PerkinElmer). After deparaffinization, antigen retrieval was performed

in AR buffer for 45 sec at 100% power followed by 15 min at 20% power. After blocking slides were

incubated with Primary antibodies ARG1 (CST) overnight at 4C. Polymer HRP was introduced to slides

for 10 min, followed by signal amplification using Opal570 for 10 min at room temperature. The slides

were then counterstained with DAPI mounting media and scanned using with a 10x and 40x objective of

Leica inverted widefield microscope.

***Western blot***

Precision cut lung slices were obtained from human IPF tissue sections. Briefly, IPF tissue was injected

with 2% low melting agarose (50111, Lonza) and then submerged in ice-cold PBS to allow solidification

of agarose. 400 μm lung slices was generated using Compresstome (VF-310-OZ, Precisionary

Instruments). Slices were kept in complete DMEM media for 2 hours to allow the release of agarose

followed by changing to fresh complete DMEM. Lung slices were treated with 50 μM CB1158 or 10 μg/ml

Tocilizumab for 24 hours. After incubation slices were minced using a tissue homogenizer. Cells were

lysed in Pierce RIPA buffer (Thermo Fisher Scientific, 89901) with protease inhibitor cocktail (Thermo

Fisher Scientific, 1861278). 10 μg of protein was run on 10% sodium dodecyl sulfate-polyacrylamide gel

electrophoresis (Bio-rad, 4561034) and transferred to a PVDF membrane (Thermo Fisher Scientific,

88520). The membrane was incubated with 1:1000 Col1a1(#720265, Cell Signaling Technology)

overnight at 4°C. Blots were washed in 1XTBST and incubated with peroxidase-conjugated goat anti-

rabbit (1:20,000, Anaspec, AS28177) for 4 hr at 4°C. These blots were developed using SuperSignal

West Pico Chemiluminescent substrate (Thermo Fisher Scientific, 34080) in ChemiDoc XRS+ gel

imaging system (Bio-rad). Quantification of bands was done using ImageJ.

***Hydroxyproline assay***

Mice were euthanized and lungs were excised and snap-frozen. Isolated lung samples were

homogenized and incubated with 50% trichloroacetic acid (T6399, Sigma) on ice for 20 min. Samples

were then incubated in 12N HCL (A144, Fisher) overnight at 110°C. Dried pellets were reconstituted in

distilled water with constant shaking for 2 hours at room temperature. Samples were then mixed with

1.4% Chloramine T (Sigma, 85739) and 0.5 M sodium acetate (Sigma, 241245) in 10% 2-propanol

(Fisher, A416) and incubated with Ehrlich's solution (Sigma, 03891) for 15 min at 65°C. Absorbance was

quantified at 550 nm, and concentration was calculated using a standard curve of commercial

hydroxyproline (Sigma, H5534).

***scRNAseq library preparation and sequencing***

PIPseq T2 3' Single Cell RNA Kit (v3.0 – cultured cells, v4.0 – directly sequenced cells) was used for

pre-templated instant partitioning (PIP) to capture single-cell mRNA transcripts with PIP beads according

to manufacturer's protocol (Fluent Biosciences, FB0001026). In the case of directly sequenced cells, 7

days after bleomycin injury, cells were isolated by the isolation procedure described above for scRNAseq

workflow. In the case of cocultures, 7 days after bleomycin lung injury, mice were euthanized and lungs

were harvested followed by cell isolation as above. After 5 days of coculture, single cell suspension of

cells was obtained by trypsinization followed by washing in 1X PBS.

Cells were washed in ice-cold PIPseq Cell Suspension Buffer (Fluent Biosciences, FB0002440).

Cells were counted and stained with Trypan blue to confirm >90% viability. Single-cell library preparation

was performed using the manufacturer-recommended default protocol and settings. The sequencing

libraries were submitted to UCSF Center for Advanced Technology (Novaseq X) or Novogene (Novaseq

6000) for sequencing. The demultiplexed FASTQ files were aligned to mouse genome (mm10) using

PIPseeker 1.0.0 (Fluent Biosciences). After sequence alignment, we observed around 50% of input cells

being called when PIPseeker sensitivity level was set to 3, which was near the inflection point of the

barcode rank plot. The original FASTQ files, the quality reports, and the expression matrix outputs of

PIPseeker have been deposited in Gene Expression Omnibus (GEO).

***scRNAseq Data Analysis***

The Seurat – Guided Clustering Tutorial (March 27, 2023) was followed to convert our expression

matrixes into Seurat objects (Seurat version 4.3.0)[50]. For quality control, we removed the cells with less

than 200 genes or more than 10,000 genes and larger than 5% mitochondrial content. Seurat objects

were integrated following Seurat's Introduction to scRNAseq Integration (March 27, 2023), selecting the

top 2,000 variable features as integration anchors. Cell doublets were removed with the package

DoubletFinder (2.0.3) [51]. Following Seurat – Guided Clustering Tutorial (March 27, 2023), we selected

the top 2000 highly variable genes to obtain the cell UMAP coordinates and group the cells into clusters

with a sensitivity of 0.5[50]. Cell types were annotated using the SingleR package 1.10.04[4] using the

ImmGen database[52] as reference. The Gene Set Enrichment Analysis (GSEA) was performed using the

package enrichR 3.1[53] (FDR<0.05), with gene ontology data taken from the database

"GO_Biological_Process_2021"[54]. Cell communication pathways analysis was performed using the

package CellChat (1.6.1)[17]. Upstream regulator prediction was done using the Ingenuity Pathway

Analysis software (Qiagen)[55]. Differentially expressed genes for macrophages with $p < 0.05$ and average

log2 fold change > 0.75 were used for analysis. Analysis results with $p < 0.05$ were considered significant.

***Multiplexed Ion Beam Imaging and Analysis (MIBI)***

*Slide Preparation:* Serial 5 um FFPE sections were cut onto one glass and one gold slide.  Both slides

were baked at 70* Celsius overnight and deparaffinized in three washes of fresh Xylene and rehydrated

in EtOH (2X 100% EtOH, 2X 90% EtOH, 1X 80% EtOH, 1X 70% EtOH) and distilled water (2X) washes.

Washes were performed in (include wash machine specs). An antigen retrieval slide chamber was

prepared by diluting 10X Tris with EDTA antigen retrieval buffer 1:10 in diH2O (Reagent Details). The

prepared slide chamber was added to a PT Module (add specs) filled with PBS and preheated to 75ºC.

The rehydrated slides were run in the preheated PT module at 97ºC for 40 minutes, then cooled to 65ºC

in the PT module. The prepared slide chamber was then removed from the PT module and cooled at RT

for 30 minutes. Slides were washed 2X in 1X TBS-Tween (Add reagent details).

*Glass Slide IHC:* Tissues were encircled by PAP pen boarders and blocked with 5% donkey serum

(reagent details) diluted in TBS IHC wash buffer (reagent details) for 1 hour at RT in a moisture chamber.

Wash buffer was aspirated from the slide, and Arginase-1 primary antibody (Ionpath Cat#: 715001) was

stained overnight at 4ºC overnight in the moisture chamber. The following day, primary antibody was

aspirated, and slides were washed twice with 1X TBS-T for 5 minutes, blocked with 3% peroxide buffer

for 15 minutes at RT, and washed again twice with 1X TBS-T for 5 minutes each wash before incubation

with anti-rabbit secondary antibody (reagent details) for 1 hour at RT. Slides were washed twice with 1X

TBS-T for 5 minutes before visualization with 100uL DAB (reagent details) for 5 minutes at RT. DAB

reaction was stopped by  tapping waste into contained waste bin, and then washing the slide into a slide

chamber filled with diH2O 3X for 30 seconds each wash. The slide was then stained with Hematoxylin

for 1 minute at RT, and washed with tap water 2X for 30 seconds.  The slide was then dehydrated by

washing in EtOH  (1X 70% EtOH, 1X 80% EtOH, 2X 95% EtOH, 2X 100% EtOH), and Xylene (2X) before

cover slipping.

*Gold Slide Staining:* Gold slides were transferred the Sequenza Immunostaining Center Staining System

(Electron Microscopy Sciences, Hatfield, PA). Endogenous biotin-binding proteins with blocked with

(Avidin/biotin-blocking reagents) for 30 minutes at room temperature. 5% donkey serum was added to

the top of the chamber to wash out the avidin blocking reagents and block additional non-specific antibody

binding sites for 1 hour at RT. Primary and Secondary antibodies panels were assembled with appropriate

volumes of each titrated antibody and a final concentration of 0.05M EDTA. The complete cocktails were

filtered through a pre-wet 0.1 um Ultragree MC Spin Filter, (cat#) then the Primary Antibody cocktail

(**Table S2**) was added to the Sequenza top chamber and incubated overnight at 4ºC. The Secondary

antibody cocktail was stored at 4ºC. The following day, the slides were washed by adding 1X TBS-T to

the Sequenza chamber 2X before adding the Secondary Antibody cocktail to the Sequenza chamber for

1 hour at RT. Gold slides were removed from the Sequenza chamber and washed 3X with 1X TBS-T for

5 minutes each wash, 1X  with filtered 2% Glutaraldehyde for 5 minutes, 3X with  filtered 1X Tris pH 8.5,

2X with filtered diH2O, 1X with 70% EtOH, 1X with 80% EtOH, 2X with 90% EtOH, and 2X with 100%

EtOH. Slides were allowed to dry at RT for 10 minutes before being stored in a vacuum chamber (Cat#)

before MIBIscope analysis.

*Image Acquisition and Processing:* Gold slides were loaded into the MIBIscope (Ionpath, Menlo Park,

CA) and FOVs were selected by matching tissue topography to ROIs with Arginase-1+ Staining from the

serial IHC glass slide. FOVs were acquired at Fine resolution, with a dwell time of 1 second at a resolution

of 0.39 um per pixel. Image QC was performed by following the Angelo Lab toffy pipeline

(https://github.com/angelolab/toffy). Analysis was performed by following the Angelo Lab ark pipeline

(https://github.com/angelolab/ark-analysis).

***Spatial Transcriptomics (10x Xenium)***

FFPE preserved sections of lung tissue were prepared for spatial transcriptomics imaging on the Xenium

platform by following 10x Genomics protocols CG000582 Rev E and CG000584 Rev A. Briefly, protocol

CG000582 prepares the slides for the imaging run by first hybridizing the probe panel of choice. Here,

the standard human lung panel available from 10x Genomics (Cat #1000601) was supplemented with a

custom panel specific for lung disease states, including pulmonary fibrosis (**Table S3**). Following probe

hybridization, annealed probes are ligated together to create circular fragments, then circularized probes

are amplified with a rolling circle PCR. After rolling circle amplification, slides are DAPI stained for nuclei

then placed in the Xenium Analyzer with run reagents following CG000584. The gene panel is uploaded

to the Xenium Analyzer and a primary image is take of the slides. All areas with visible tissue are selected

for imaging and the imaging run is started. The Xenium processes imaging data during the run, identified

cell boundaries and outputting image files along with cell by transcript by location matrices for further

downstream analysis by Seurat 10x Xenium protocol.

*Proximity Analysis of ARG1+ cells and IL6+ CTHRC1+ cells:* The output files of Xenium Analyzer were

converted to an AnnData object that contained the cell centroid coordinates and raw transcript counts. A

filter of 10 counts per cell and 5 cells per gene was applied to filter out low-quality cells and sparsely

detected genes. Counts were normalized to 1e4 and log-transformed. Cells were then grouped into one

of the following four categories: ARG1+, IL6+ CTHRC1+, IL6- CTHRC1+, or other, with positive

expression of a marker defined as having non-zero counts.

*Co-occurrence probability ratio:* The 'Analyze Xenium data' tutorial in Squidpy (version 1.5.0)[56] was

followed to compute the co-occurrence probability ratio of ARG1+ and IL6+CTHRC1+ cells, IL6-

CTHRC1+ cells, or other cells not bearing these profiles. We performed 50% random subsampling of the

data 5 times to compute the statistic and generate confidence intervals bounded by the minimum and

maximum probability ratio generated by the subsamples. The co-occurrence probability ratio was

computed every 50μm within a range of 250μm. Using the implementation in the 1.5.0 release of Squidpy,

for each radial distance, the ratio of cells belonging to category exp (exp being any of the four categories

of markers above, ie ARG1+, IL6+ CTHRC1+, IL6-CTHRC1+, or other cells not bearing these profiles)

out of all cells within the given distance of an ARG1+ cell was averaged across all ARG1+ cells to

compute the conditional probability in the numerator P(exp | ARG1+), while the denominator P(exp) was

computed similarly but averaging probabilities that were computed by centering around every cell in the

sample. Previous releases of Squidpy implemented a version of this test in the function gr.co_occurrence

that used discrete interval bins (only including cells within two consecutive choices of radial distances).

We chose to use inclusive intervals (including all cells within a given radial distance) for a more robust

calculation of the co-occurrence probability ratio. We implemented our method into the codebase of

Squidpy, with the help of Squidpy's authors, and it is now the default implementation of the function

gr.co_occurrence, starting in release 1.5.0.

***Analysis of published datasets***

Time series of single-cell data after bleomycin lung injury were obtained from Tsukui et al[3] and Strunz et

al [18]. These samples were processed and merged with Seurat (4.3.0) using the function SCTransform to

correct for batch effects and annotated with SingleR 1.10.044 using the ImmGen database as reference.

We subsetted the macrophages from GSE141259[18] repository and annotated by applying SingleR using

as reference the macrophage subtypes (C1, C2, C3) defined by Aran et al[4]. Microarray RNA data from

bronchoalveolar cells of healthy individuals and IPF patients was extracted from the GPL14550 dataset

within the GSE70867[23] repository. The differentially expressed genes between IPF and healthy samples

were obtained by following the R workflow provided by the NCBI GEO2R platform using GEOquery

(2.66.0) and limma (3.54.2) packages.

***LC-MS metabolomics and ¹³C-flux***

Primary murine lung macrophages and fibroblasts were cocultured, or fibroblasts were cultured alone,

as above, for 24 hours with or without 1mM $^{13}C_5$-ornithine (Cambridge Isotope Laboratories, CLM-4724-

H-PK) or 1 mM CB-1158. Cell extracts were used to calculate protein equivalents by resuspension in 0.2

M NaOH, heated to 95 °C for 25 min, and determined via BCA (Pierce, 23225). Dried metabolites were

resuspended in 50% ACN:water and 1/10th of the volume was loaded onto a Luna 3 um NH2 100A (150

× 2.0 mm) column (Phenomenex). The chromatographic separation was performed on a Vanquish Flex

(Thermo Scientific) with mobile phases A (5 mM $NH_4AcO$ pH 9.9) and B (ACN) and a flow rate of 200

μL/min. A linear gradient from 15% A to 95% A over 18 min was followed by 9 min isocratic flow at 95%

A and reequilibration to 15% A. Metabolites were detected with a Thermo Scientific Q Exactive mass

spectrometer run with polarity switching (+3.5 kV / -3.5 kV) in full scan mode with an m/z range of 65-

975. TraceFinder 4.1 (Thermo Scientific) was used to quantify the targeted metabolites by area under

the curve using expected retention time and accurate mass measurements (< 5 ppm). Values were

normalized to cell number and sample protein concentration. Relative amounts of metabolites were

calculated by summing up the values for all isotopologues of a given metabolite. Fractional contribution

(FC) of $^{13}C$ carbons to total carbon for each metabolite was calculated as previously described [57].

*Data availability*

Newly generated single-cell sequencing data will be made public on acceptance for publication.

**References**

1.    Buechler MB*, et al.* Cross-tissue organization of the fibroblast lineage. *Nature* **593**, 575-579
(2021).
582
583    2.    Tsukui T*, et al.* Collagen-producing lung cell atlas identifies multiple subsets with distinct
584          localization and relevance to fibrosis. *Nat Commun* **11**, 1920 (2020).
585
586    3.    Tsukui T, Wolters PJ, Sheppard D. Alveolar fibroblast lineage orchestrates lung inflammation
587          and fibrosis. *Nature* **631**, 627-634 (2024).
588
589    4.    Aran D*, et al.* Reference-based analysis of lung single-cell sequencing reveals a transitional
590          profibrotic macrophage. *Nat Immunol* **20**, 163-172 (2019).
591

592 5. Larson-Casey JL, Deshane JS, Ryan AJ, Thannickal VJ, Carter AB. Macrophage Akt1 Kinase-
593   Mediated Mitophagy Modulates Apoptosis Resistance and Pulmonary Fibrosis. *Immunity* **44**,
594   582-596 (2016).
595

596 6. Satoh T*, et al.* Identification of an atypical monocyte and committed progenitor involved in
597   fibrosis. *Nature* **541**, 96-101 (2017).
598

599 7. Meinken J, Walker G, Cooper CR, Min XJ. MetazSecKB: the human and animal secretome and
600   subcellular proteome knowledgebase. *Database (Oxford)* **2015**,  (2015).
601

602 8. Roofeh D*, et al.* Tocilizumab Prevents Progression of Early Systemic Sclerosis-Associated
603   Interstitial Lung Disease. *Arthritis Rheumatol* **73**, 1301-1310 (2021).
604

605 9. Group RC. Tocilizumab in patients admitted to hospital with COVID-19 (RECOVERY): a
606   randomised, controlled, open-label, platform trial. *Lancet* **397**, 1637-1645 (2021).
607

608 10. Khanna D*, et al.* Tocilizumab in systemic sclerosis: a randomised, double-blind, placebo-
609   controlled, phase 3 trial. *Lancet Respir Med* **8**, 963-974 (2020).
610

611 11. Narvaez J, J LL, Alegre Sancho JJ, Molina-Molina M, Nolla JM, Castellvi I. Effectiveness and
612   safety of tocilizumab for the treatment of refractory systemic sclerosis associated interstitial lung
613   disease: a case series. *Ann Rheum Dis* **78**, e123 (2019).
614

615 12. Riteau N*, et al.* Extracellular ATP is a danger signal activating P2X7 receptor in lung
616   inflammation and fibrosis. *Am J Respir Crit Care Med* **182**, 774-783 (2010).
617

618 13. Bhattacharyya A*, et al.* Macrophage Cx43 Is Necessary for Fibroblast Cytosolic Calcium and
619   Lung Fibrosis After Injury. *Front Immunol* **13**, 880887 (2022).
620

621 14. Trang T, Beggs S, Wan X, Salter MW. P2X4-receptor-mediated synthesis and release of brain-
622   derived neurotrophic factor in microglia is dependent on calcium and p38-mitogen-activated
623   protein kinase activation. *J Neurosci* **29**, 3518-3528 (2009).
624

625 15. Le Guilcher C*, et al.* The P2X4 purinergic receptor regulates hepatic myofibroblast activation
626   during liver fibrogenesis. *J Hepatol* **69**, 644-653 (2018).
627

628 16. Dichtl S*, et al.* Lactate and IL6 define separable paths of inflammatory metabolic adaptation. *Sci
629   Adv* **7**,  (2021).
630

631 17. Jin S*, et al.* Inference and analysis of cell-cell communication using CellChat. *Nat Commun* **12**,
632   1088 (2021).
633

634 18. Strunz M*, et al.* Alveolar regeneration through a Krt8+ transitional stem cell state that persists in
635   human lung fibrosis. *Nat Commun* **11**, 3559 (2020).
636

637 19. Fabre T*, et al.* Identification of a broadly fibrogenic macrophage subset induced by type 3
638   inflammation. *Sci Immunol* **8**, eadd8945 (2023).
639

640 20. Steggerda SM*, et al.* Inhibition of arginase by CB-1158 blocks myeloid cell-mediated immune
641   suppression in the tumor microenvironment. *J Immunother Cancer* **5**, 101 (2017).
642

21. Tharp KM*, et al.* Myeloid mechano-metabolic programming restricts anti-tumor immunity.
*bioRxiv*, 2022.2007.2014.499764 (2022).

22. Tran DH*, et al.* Mitochondrial NADP(+) is essential for proline biosynthesis during cell growth.
*Nat Metab* **3**, 571-585 (2021).

23. Prasse A*, et al.* BAL Cell Gene Expression Is Indicative of Outcome and Airway Basal Cell
Involvement in Idiopathic Pulmonary Fibrosis. *Am J Respir Crit Care Med* **199**, 622-630 (2019).

24. Perera LMB*, et al.* The Regulation of Skin Fibrosis in Systemic Sclerosis by Extracellular ATP
via P2Y(2) Purinergic Receptor. *J Invest Dermatol* **139**, 890-899 (2019).

25. Solini A, Chiozzi P, Morelli A, Fellin R, Di Virgilio F. Human primary fibroblasts in vitro express a
purinergic P2X7 receptor coupled to ion fluxes, microvesicle formation and IL-6 release. *J Cell*
*Sci* **112 ( Pt 3)**, 297-305 (1999).

26. Mauer J*, et al.* Signaling by IL-6 promotes alternative activation of macrophages to limit
endotoxemia and obesity-associated resistance to insulin. *Nat Immunol* **15**, 423-430 (2014).

27. Wang Q*, et al.* Vascular niche IL-6 induces alternative macrophage activation in glioblastoma
through HIF-2alpha. *Nat Commun* **9**, 559 (2018).

28. Fernando MR, Reyes JL, Iannuzzi J, Leung G, McKay DM. The pro-inflammatory cytokine,
interleukin-6, enhances the polarization of alternatively activated macrophages. *PLoS One* **9**,
e94188 (2014).

29. Bhattacharya M, Ramachandran P. Immunology of human fibrosis. *Nat Immunol*,  (2023).

30. Zhou X*, et al.* Circuit Design Features of a Stable Two-Cell System. *Cell* **172**, 744-757 e717
(2018).

31. Boyd DF*, et al.* Exuberant fibroblast activity compromises lung function via ADAMTS4. *Nature*
**587**, 466-471 (2020).

32. Pesce JT*, et al.* Arginase-1-expressing macrophages suppress Th2 cytokine-driven
inflammation and fibrosis. *PLoS Pathog* **5**, e1000371 (2009).

33. Raghu G*, et al.* SAR156597 in idiopathic pulmonary fibrosis: a phase 2 placebo-controlled study
(DRI11772). *Eur Respir J* **52**,  (2018).

34. Wilson MS*, et al.* Bleomycin and IL-1beta-mediated pulmonary fibrosis is IL-17A dependent. *J*
*Exp Med* **207**, 535-552 (2010).

35. Monticelli LA*, et al.* Arginase 1 is an innate lymphoid-cell-intrinsic metabolic checkpoint
controlling type 2 inflammation. *Nat Immunol* **17**, 656-665 (2016).

36. Murthy S, Larson-Casey JL, Ryan AJ, He C, Kobzik L, Carter AB. Alternative activation of
macrophages and pulmonary fibrosis are modulated by scavenger receptor, macrophage
receptor with collagenous structure. *FASEB J* **29**, 3527-3536 (2015).

37.    Zhang H, *et al.* Annexin A2/TLR2/MYD88 pathway induces arginase 1 expression in tumor-
694           associated neutrophils. *J Clin Invest* **132**,  (2022).
695
696    38.    Rotondo R, *et al.* IL-8 induces exocytosis of arginase 1 by neutrophil polymorphonuclears in
697           nonsmall cell lung cancer. *Int J Cancer* **125**, 887-893 (2009).
698
699    39.    Cane S, *et al.* Neutralization of NET-associated human ARG1 enhances cancer
700           immunotherapy. *Sci Transl Med* **15**, eabq6221 (2023).
701
702    40.    Mestas J, Hughes CC. Of mice and not men: differences between mouse and human
703           immunology. *J Immunol* **172**, 2731-2738 (2004).
704
705    41.    Foo SS, *et al.* Ephrin-B2 controls cell motility and adhesion during blood-vessel-wall assembly.
706           *Cell* **124**, 161-173 (2006).
707
708    42.    Clausen BE, Burkhardt C, Reith W, Renkawitz R, Forster I. Conditional gene targeting in
709           macrophages and granulocytes using LysMcre mice. *Transgenic Res* **8**, 265-277 (1999).
710
711    43.    Ozaki T, *et al.* The P2X4 receptor is required for neuroprotection via ischemic preconditioning.
712           *Sci Rep* **6**, 25893 (2016).
713
714    44.    El Kasmi KC, *et al.* Toll-like receptor-induced arginase 1 in macrophages thwarts effective
715           immunity against intracellular pathogens. *Nat Immunol* **9**, 1399-1406 (2008).
716
717    45.    Yata Y, *et al.* DNase I-hypersensitive sites enhance alpha1(I) collagen gene expression in
718           hepatic stellate cells. *Hepatology* **37**, 267-276 (2003).
719
720    46.    Schneider C, *et al.* Tissue-Resident Group 2 Innate Lymphoid Cells Differentiate by Layered
721           Ontogeny and In Situ Perinatal Priming. *Immunity* **50**, 1425-1438 e1425 (2019).
722
723    47.    Reese TA, *et al.* Chitin induces accumulation in tissue of innate immune cells associated with
724           allergy. *Nature* **447**, 92-96 (2007).
725
726    48.    Kopf M, *et al.* Impaired immune and acute-phase responses in interleukin-6-deficient mice.
727           *Nature* **368**, 339-342 (1994).
728
729    49.    Bankhead P, *et al.* QuPath: Open source software for digital pathology image analysis. *Sci Rep*
730           **7**, 16878 (2017).
731
732    50.    Hao Y, *et al.* Integrated analysis of multimodal single-cell data. *Cell* **184**, 3573-3587 e3529
733           (2021).
734
735    51.    McGinnis CS, Murrow LM, Gartner ZJ. DoubletFinder: Doublet Detection in Single-Cell RNA
736           Sequencing Data Using Artificial Nearest Neighbors. *Cell Syst* **8**, 329-337 e324 (2019).
737
738    52.    Heng TS, Painter MW, Immunological Genome Project C. The Immunological Genome Project:
739           networks of gene expression in immune cells. *Nat Immunol* **9**, 1091-1094 (2008).
740
741    53.    Chen EY, *et al.* Enrichr: interactive and collaborative HTML5 gene list enrichment analysis tool.
742           *BMC Bioinformatics* **14**, 128 (2013).
743

744  54.    Gene Ontology C*, et al.* The Gene Ontology knowledgebase in 2023. *Genetics* **224**, (2023).
745
746  55.    Kramer A, Green J, Pollard J, Jr., Tugendreich S. Causal analysis approaches in Ingenuity
747         Pathway Analysis. *Bioinformatics* **30**, 523-530 (2014).
748
749  56.    Palla G*, et al.* Squidpy: a scalable framework for spatial omics analysis. *Nat Methods* **19**, 171-
750         178 (2022).
751
752  57.    Robinson MD, Oshlack A. A scaling normalization method for differential expression analysis of
753         RNA-seq data. *Genome Biol* **11**, R25 (2010).
754
755  58.    Satija R, Farrell JA, Gennert D, Schier AF, Regev A. Spatial reconstruction of single-cell gene
756         expression data. *Nat Biotechnol* **33**, 495-502 (2015).
757
758

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**Author contributions**

PY performed or assisted in the analysis of all the experiments and in figure preparation. JGO

performed single cell sequencing experiments and analysis and figure preparation. KC and SP

performed single cell library preparation and sequencing, supervised by ARA. NB and AB assisted in

functional experiments with lung tissues and cells. XY performed human cell coculture experiments

under the supervision of BL. JN performed flow cytometry of mouse lung cells supervised by ABM. KB,

TJ, and JW performed mouse breeding and development of crosses for experiments. TT and DS

assisted in analysis of single cell sequencing data from mouse lung fibroblasts. MM and HT provided

deceased donor control lung tissues supervised by MAM. LP and AG performed Xenium spatial

transcriptomic analysis supervised by WE. CC and AW designed and implemented spatial proximity

analysis of Xenium data. RM generated and provided P2x4 floxed mice. WT and ST performed MIBI

analysis under the guidance of TB. PJW provided lung explants from IPF patients and helped to

interpret associated imaging data. KMT designed and performed metabolomic assays, assisted by PY.

MB conceived of the work, supervised experimental planning and execution, and wrote the manuscript

with input from PJW, DS, and KMT.

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Figure 1: P2rx4 regulates fibroblast IL-6 expression.

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**Figure 1: P2rx4 regulates fibroblast IL-6 expression.**
(a) Schematic of scRNAseq of primary lung macrophage and fibroblast coculture.
(b) UMAP plot of scRNAseq for macrophage-fibroblast cocultures with SingleR-based cell type
annotation [4] shown. Data represent n=2 separate cultures for each condition.
(c) UMAP plot for data from (b) showing sample of origin ("Fib"=fibroblast monoculture, "Fib +
Mac"= fibroblast coculture with macrophages).
(d) Left: UMAP plot showing *Il6* expression. Right: Violin plot of *Il6 expression*. ***p<0.001 by
Wilcoxon Rank Sum test corrected for multiple comparisons by Bonferroni method.

(e) Quantification of *Il6* expression by cell type in cells sequenced by scRNAseq directly after
isolation from the lung at steady state and multiple time points after injury (reanalysis of merged
data[3, 18] normalized by Sctransform[58]).
(f) Gene set enrichment analysis (GSEA) of fibroblast single cell transcriptomes in coculture with
macrophages compared to fibroblast monoculture using GO "Response to stimulus" pathways.
(g) IL-6 ELISA of conditioned media from macrophage-fibroblast cocultures with or without
fibroblast-specific P2rx4 deletion. N=5 five biological replicates per condition. **$p<0.01$,
***$p<0.001$ by Student's t-test. Bars shows +/- SEM.
(h) IL-6 ELISA from bronchoalveolar lavage from mice with or without fibroblast-specific P2rx4
deletion. N=7, 7, 6 biological replicates, left to right. *$p<0.05$ by Student's t-test. Bars shows +/-
SEM.
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# Figure 2: IL-6 is required for Arg1 expression in profibrotic macrophages.

**Figure 2: IL-6 signaling regulates Arg1 expression in profibrotic macrophages.**
     (a) Schematic of design of co-culture scRNAseq and volcano plot for macrophages from scRNAseq
          of macrophage-fibroblast cocultures for WT macrophages and fibroblasts, or WT macrophages
          cocultured with P2rx4 KO (*Pdgfrb-Cre: P2rx4 f/f*) fibroblasts. Significance was determined by
          Wilcoxon Rank Sum test corrected for multiple comparisons by Bonferroni method. Color-

821 labeled genes had p<0.05 and absolute value of log2 fold change >0.75. Data represent n=2
822 separate cocultures.

(b) Left: Ingenuity Pathways Analysis of predicted upstream regulators for macrophages cultured with WT relative to P2rx4 fibroblasts. Right: CellChat plot comparing WT and P2rx4 conditions for data from Figure 2a. Significance was determined by Wilcoxon test with p<0.05.

(c) Arg1 ELISA of cell lysates and conditioned media collected from mouse lung macrophage monoculture 72 hours after IL-6 treatment. N=3 biological replicates per condition.**p<0.01, ***p<0.001 by Student's t-test. Bars shows +/- SEM.

(d) Arg1 ELISA of bronchoalveolar lavage fluid taken at day 14 from bleomycin-injured mice treated with anti-IL-6 antibody or IgG control, or from IL-6 KO injured mice. N=4, 4, 3, and 3 biological replicates per condition. *p<0.05 by Student's t-test, **p<0.01. Bars shows +/- SEM.

(e) Analysis of macrophages from bleomycin lung injury (data reanalyzed from[18]). Left: Annotation of macrophages from multiple time points, according to C1, C2, or C3 macrophage annotation (as described in [4]; C1=alveolar macrophages; C2=transitional monocyte-derived macrophages; C3=monocyte derived macrophages). Center: Proportions of C1, C2, and C3 across time. Right Feature plot of Arg1 expression and violin plot of Arg1 expression according to cluster (C1, C2, and C3). ***p<0.001 by Student's t-test.

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# Figure 3: Arg1 is necessary for lung fibrosis.

**Figure 3: Arg1 is necessary for lung fibrosis.**
(a) Representative flow cytometry of mouse lungs from Arg1-YFP reporter and WT mice at steady
state and 10 days post-bleomycin. MoMac=monocyte-derived macrophage (CD64+CD11b+
SiglecF-). AM=alveolar macrophage (CD64+SiglecF+).
(b) Plot of percentage of cells expressing YFP in each lineage. N=3 mice per condition.
(c) Immunofluorescence of *Col1a1-GFP* mice labeled with Arg1 antibody at 14 days after
bleomycin injury.
(d) Hydroxyproline assay for collagen content of lungs from injured and uninjured WT mice treated
with or without Arg1 inhibitor CB-1158 during days 9-15 post bleomycin. N=6, 7, 8 mice, left to
right. ***$p<0.001$ by Student's t-test. Bars shows +/- SEM.
(e) Hydroxyproline assay for collagen content of lungs from mice 21 days after bleomycin injury.
N=10 and 9 mice, left to right. *$p<0.05$ by Mann-Whitney test.
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# Figure 4: Arg1-dependent ornithine induces fibroblast collagen expression.

**Figure 4: Arg1-dependent ornithine induces fibroblast collagen expression.**

(a) Representative samples of Col1a1 immunofluorescence of mouse fibroblast cocultures or macrophage-fibroblast cocultures with or without CB-1158 or ornithine treatment. Quantitation is for N=3 biological replicates per condition. *p<0.05 by 1-way ANOVA with post hoc Sidak's multiple comparisons tests. **p<0.01, ***p<0.001, ****p<0.0001. Bars shows +/- SEM.

(b) Relative quantities of proline in lysates of murine primary lung fibroblasts isolated after coculture with macrophages, with or without CB-1158 inhibitor treatment, quantified by liquid chromatography-mass spectrometry. N=3 biological replicates for macrophages and fibroblasts, respectively. **p<0.01 by Student's t-test.

(c) Hydroxyproline assay for collagen content of lungs from injured WT mice treated with or without ornithine (2 mg/kg) twice daily by ornithine gavage during days 7 through 20 . N=8, 7 mice, left to right. **p<0.01 by Student's t-test. Bars shows +/- SEM.

# Figure 5: ARG1 is expressed in IPF myeloid cells and regulates collagen expression.

**Figure 5: ARG1 is expressed in IPF myeloid cells and regulates collagen expression.**
    (a)   Representative immunofluorescence of human lung IPF and healthy control sections (n=4 and n=2, respectively) for ARG1, with Masson's fibrosis stain of an adjacent section. The region of

magnification is from the approximate area of a separate section that was imaged with
Masson's trichrome histologic stain for fibrosis.

(b)  Multiplexed ion beam imaging (MIBI) analysis: Top, left and middle: tSNE projections
corresponding to 2 IPF samples. Top, right: Heat map of marker expression for each
phenotype cluster with indicated Z-score. Bottom, left: ARG1 immunostaining of representative
IPF sample. Bottom, right: Multichannel MIBI image of a representative field of view with
ARG1, CD66B, CD11B, alpha-SMA, and Histone H3 expression.

(c)  10x Xenium spatial analysis: Left: Representative field of view showing cells expressing ARG1,
IL6, and EPCAM. Right: Proximity analysis of Xenium data plotting the probability ratio, P(exp |
Arg1+)/P(exp), defined as the average probability of encountering an IL6+CTHRC1+ fibroblast,
an IL6-CTHRC1+ fibroblast, or other cells computed at multiple radial distances from ARG1+
cells, normalized by the probability of a cell being positive for the markers in question (see
Methods). 50% random subsampling of the entire tissue sample was performed 5 times, and
for each subsample, a probability ratio for each marker was computed for each distance. The
solid lines are averages, and the shaded regions are bounded by the minimum and maximum
probability ratio generated by the subsamples. $**p<0.01$ and $*p<0.05$ by paired one-way
ANOVA with post hoc Sidak's multiple comparisons tests. The plot presents data from a patient
that is representative of findings from n=2 separate patients.

(d)  Immunoblot for COL1A1 from lung slice lysates prepared 24 hours after treatment in culture
with the indicated inhibitors. Quantitation is for n=3 patients. $**p<0.01$ by Student's t-test. Bars
shows +/- SEM.