CD36-Pyruvate Kinase M2 Signaling Promotes Macrophage Phagocytosis Through Mitochondrial Reactive Oxygen Species

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Short title: CD36-PKM2 Promotes Phagocytosis Through mtROS

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ABSTRACT

OBJECTIVE: Macrophage phagocytosis function is critical for tissue homeostasis, but excessive phagocytosis leads to lipid overloading and foam cell formation, a hallmark of atherosclerosis. However, regulatory mechanisms of phagocytosis under atherogenic conditions remain poorly understood. We previously reported that macrophage oxLDL/CD36 signaling drives mitochondrial reactive oxygen species (mtROS) production during atherosclerosis initiation. Here we aim to determine the role of CD36-mtROS axis in regulation of phagocytosis and explore the underlying molecular mechanism, which could provide new potential therapeutic targets.

METHODS AND RESULTS: Feeding macrophages with a variety of large particles including pHrodo-conjugated E.coli, green fluorescence beads, and fluorescence-labeled apoptotic cells, we showed that oxLDL upregulated phagocytosis efficiency in macrophages. This effect was dependent on CD36 as it was attenuated in *Cd36*-null macrophages. Through use of mtROS scavenger MitoTEMPO, MCAT transgenic strategy and antioxidant signaling stimulation, we observed that mtROS were required for oxLDL-upregulated phagocytosis. Using the atherosclerosis-prone *Apoe*-null mouse model, we found that aortic foamy macrophages displayed both elevated levels of mtROS and phagocytosis functions during the initiation of atherosclerosis. Employing a combination of co-immunoprecipation, mass spectrometry, genetic knockdown by siRNA, and small chemical inhibitors, we identified a cytosolic enzyme PKM2 downstream of oxLDL/CD36 signaling, which translocated to the mitochondria with the assistance of a chaperone GRP75. Subsequently, mitochondrial PKM2 bound to the electron transport chain Complex III, potentially facilitating mtROS production.

CONCLUSIONS: These findings reveal a novel CD36-PKM2-mtROS pathway in macrophages that could lead to excess phagocytosis during the initiation of atherosclerosis.

Keywords: CD36, PKM2, Phagocytosis, Mitochondria, ROS

INTRODUCTION

Macrophages eliminate pathogens, apoptotic cell bodies, and cell debris through phagocytosis, which is critical in maintaining tissue homeostasis. However, overstimulation of phagocytosis imposes a heavy metabolic burden on macrophages and leads to intracellular lipid accumulation and foam cell formation[1, 2], a hallmark of initiation of atherosclerosis. Lipoproteins retained in the arterial subendothelial space are modified into atherogenic particles including oxidized LDL (oxLDL), which binds to macrophage surface receptors such as CD36, promoting intracellular lipid accumulation and foam cell formation[3, 4]. Despite a well-recognized role as a proatherogenic lipoprotein complex, the effects of oxLDL on macrophage phagocytosis functions and underlying molecular mechanisms are largely unknown.

We previously reported that oxLDL/CD36 signaling reprogrammed macrophage metabolism from mitochondrial respiration to glycolysis with alterations in mitochondrial phenotypes such as an increase in fission and production of mitochondrial reactive oxygen species (mtROS)[5]. Using a diet-induced atherosclerosis mouse model (*Apoe*-null[6]), we further showed that mtROS levels were continuously elevated in circulating monocytes in a CD36-dependent manner during the initiation of atherosclerosis. Mitochondrial dysfunction is often associated with atherosclerosis in both animal models and human patients[7]. Suppressing mtROS using a transgenic strategy (mitochondrial-specific human catalase overexpression, or MCAT) appeared to protect mice from early atherogenesis[8], indicating a contributing role of mtROS. While we and others have revealed connections of mtROS to pro-inflammatory signaling such as the NF-κB pathway and the pro-inflammatory cytokine productions[5, 8], two important questions remain to be addressed: 1. Do mtROS affect the macrophage cellular functions, and 2. What is the mechanism of mtROS induction.

In this study, we first showed that oxLDL upregulated phagocytosis efficiency using: 1.

pHrodo-conjugated bioparticles; 2. Green fluorescence beads; and 3. Fluorescence-labeled

apoptotic cells. Next, using *Cd36*-null macrophages, we observed that the oxLDL effect on

phagocytosis was CD36-dependent. Then, using three complementary strategies to reduce mtROS

levels including mtROS scavenger, MCAT transgenic models, and small chemical compounds

stimulating antioxidant pathways, we showed that oxLDL/CD36 axis promoted phagocytosis

through mtROS. Moreover, we provided *in vivo* evidence showing that elevated mtROS were

associated with increased phagocytosis efficiency in aortic foamy macrophages during the

initiation of atherosclerosis. Mechanistically, oxLDL/CD36 signaling triggered the translocation

of a glycolytic enzyme pyruvate kinase muscle 2 (PKM2) from cytosol to the mitochondria, which

is assisted by the chaperone protein GRP75. The mitochondrial PKM2 then binds to the electron

transfer chain (ETC) Complex III, which may induce leakage of the electron leading to mtROS

induction. These findings define a novel oxLDL-CD36-PKM2-mtROS pathway in macrophages

and reveal a regulatory role of mtROS in phagocytosis during the initiation of atherosclerosis.

METHODS

Data Availability

The authors declare that all supporting data and methods are available within the article and the

Supplemental Materials. The Major Resources Table is included in the Supplemental Materials.

Additional supporting data and methods are available from the corresponding authors upon

reasonable request.

***In Vitro* Phagocytosis Assays**

Cells were seeded into 6-well plates at 0.25 X 10^6 cells/well and treated with oxLDL. To determine

the phagocytosis efficiency of macrophages, cells were incubated with 20 µg/ml pHrodo-

conjugated *E. coli* bioparticles for 30min. Cells were washed with PBS twice to remove free bioparticles, lifted by scraping and suspended for flow cytometry analysis using the fluorescein isothiocyanate (FITC) channel.

In Vitro Macrophage mtROS Measurements

Cells were seeded into 6-well plates at 0.25×10^6 cells/well. After treatment, cells were incubated with 5 μM MitoNeoD for 15min. Cells were washed with PBS twice, lifted by scraping, and suspended for flow cytometry analysis using the phycoerythrin (PE) channel.

Ex Vivo Aortic F4/80[+]/Trem2^{+} Macrophage mtROS Assays and Phagocytosis Assays

Mice were sacrificed after 6 weeks of chow/HFD. The whole aortas were removed, digested in gentle MACS[TM] C Tubes (Miltenyi Biotec) with an enzyme mixture (Liberase, 0.77 mg/ml; Hyaluronidase, 0.3 mg/ml; Deoxyribonuclease, 0.3 mg/ml; BSA, 1mg/ml; $CaCl_2$, in PBS) by a gentle MACS[TM] Octo Dissociator with Heaters (Miltenyi Biotec) at 37°C for 45 min. Cell suspension was then filtered by a 40 μm cell strainer to remove the large debris. For mtROS assays, the filtered single-cell suspension was incubated with 5 μM MitoNeoD in RPMI1640 with 10% FBS at 37°C for 15 min, followed by immunostaining with Pacific Blue-conjugated F4/80 antibody (BioLegend, Cat#123123) and APC-conjugated Trem2 antibody (R&D Systems, Cat#FAB17291A) in Flow Buffer at room temperature (RT) for 15 min in the dark. Cells were then washed once with Flow Buffer and resuspended in 200 μl Flow Buffer for flow cytometry analysis. For phagocytosis assays, the filtered single-cell suspension was incubated with 20 μg/ml pHrodo-conjugated *E. coli* bioparticles in RPMI1640 with 10% FBS at 37°C for 30 min, followed by immunostaining with PE/Cy5-conjugated F4/80 antibody (BioLegend, Cat#123111) and PE-conjugated Trem2 antibody (R&D Systems, Cat#FAB17291P) in Flow Buffer at RT for 15 min in

the dark. Cells were then washed once with Flow Buffer and resuspended in 200 µl Flow Buffer

for flow cytometry analysis.

***In Vivo* Aortic F4/80⁺/Trem2⁺ Macrophage Phagocytosis Assays**

At 6-week on chow/HFD, each mouse was injected with 50 µg pHrodo-conjugated *E. coli*

bioparticles through the tail vein. 3 h later, mice were sacrificed and the aortas were processed as

described in the *ex vivo* phagocytosis assay. The pHrodo bioparticle incubation step was skipped.

***In Vitro* Efferocytosis Assays**

To generate apoptotic cell bodies (AC), WT murine peritoneal macrophages were treated with 50

µg/ml oxLDL for 48 h. Apoptosis was confirmed by PE-conjugated Annexin V binding assay. AC

were lifted by scraping and labeled with a green fluorescent dye PKH67. PKH67-labeled AC were

then incubated with macrophages with the ratio of AC: macrophages (4:1) in the cell culture

incubator for 15 min. Unbound AC were washed away by PBS for three times. Then macrophages

were lifted by scraping, suspended in the Flow Buffer and subjected to flow cytometry analysis

using the FITC channel.

***In Vivo* Efferocytosis Assays**

The assays were conducted based on a previously established protocol[9, 10]. Briefly, WT and their

litter mate MCAT mice were intraperitoneally injected with dexamethasone (250 µg per mouse

dissolved in 1ml PBS). 20 h after injection, mice were euthanized, and thymuses were harvested.

Then thymuses were briefly rinsed in PBS and disaggregated by mechanical forces. The cell

suspension was filtered by a 40 µm cell strainer to remove the large debris. The thymocytes were

subsequently stained with TUNEL assay kit substrate (Abcam, Cat#ab66110) and FITC-

conjugated F4/80 antibody (BioLegend, Cat#123107) at RT for 15 min in the dark. Cells were then

washed once with Flow Buffer and resuspended in 200 µl Flow Buffer for flow cytometry analysis.

Immunoprecipitation and Immunoblot Analysis

Cells were washed with PBS and lysed with ice-cold CelLytic M Cell Lysis Reagent containing protease inhibitor cocktail (Roche) and phosphatase inhibitors (Sigma). For immunoprecipitation assays, the lysates were pre-cleared with A/G agarose beads (Thermo Scientific) at 4°C for 1 h. The supernatants containing the same amount of protein (~1 mg) were incubated with 10 μl primary antibody overnight at 4°C; 25 μl of A/G agarose beads was then added and incubated overnight at 4°C. The beads were washed, boiled in loading buffer and the supernatant was loaded to SDS-PAGE gel. The signals were detected with chemiluminescent substrate (Thermo Scientific) and quantified by ImageJ software. For immunoblotting, protein concentrations were determined by the NanoDrop One/OneC spectrophotometer (Thermo Scientific) and equal amounts of proteins were loaded in each lane.

Immunofluorescence Assay

Macrophages were seeded on uncoated glass coverslips and fixed in 4% paraformaldehyde for 15 min, permeabilized in 0.2% Triton X-100 for 10 min and blocked with 3% BSA for 1h. The cells were incubated with primary antibodies overnight at 4°C and then fluorescence-conjugated secondary antibodies for 3 h at RT in the dark. Cells were then washed and counterstained with 4',6-diamidino-2-phenylindole (DAPI) Vectashield mounting medium and imaged by laser confocal fluorescence microscopy (Olympus).

***In-Situ* Proximity Ligation Assay (PLA)**

Macrophages were fixed and incubated with rabbit anti-PKM2 (Cell Signaling, Cat#4053) and mouse anti-UQCRC1 monoclonal antibodies (Invitrogen, Cat#459140). Cells were then washed and incubated with species-specific secondary antibodies (Olink) conjugated to unique DNA strands. Negative control slides were only incubated with secondary antibodies. The

oligonucleotides and a ligase were added to form a circular template which was then amplified and

detected using complementary fluorescently labeled probes. Red fluorescent dots representing

protein-protein interaction were visualized by laser confocal fluorescence microscope[11].

Statistics

Data are presented as means ± standard error of the mean (SEM) and all statistical analysis was

done using GraphPad Prism 9 software. D'Agostino-Pearson omnibus normality test was

performed to confirm that data are normally distributed followed by the Student's t test (two-tailed,

unpaired, and equal variance) for comparisons between two groups. For data comparison involving

more than two groups, ANOVA followed by Dunnett's or Tukey's multiple comparisons test.

Statistical values, including number of replicates (n), are noted in the figure legends. In all figures,

"ns" means not significant. $*P<0.05$, $**P<0.01$, $***P<0.001$, $****P<0.0001$. For *in vitro* studies

n=number of biological repeats while for the *in vivo* studies, n=number of animals.

RESULTS

OxLDL Stimulates CD36-Dependent Phagocytosis in Macrophages.

We pre-treated wild-type (WT) murine peritoneal macrophages with 20 μg/ml oxLDL for 24 h,

followed by incubation with pHrodo-conjugated *E. coli* bioparticles for 30 min. As pHrodo is non-

fluorescent outside the cell at neutral pH but gives bright fluorescence in the phagolysosomes with

an acidic pH environment, pHrodo fluorescence intensity was detected and quantified by flow

cytometry to be used as a phagocytosis efficiency indicator[12]. OxLDL stimulated 87% higher

phagocytosis efficiency (Figure 1A). However, the non-oxidized LDL or HDL did not increase

phagocytosis, indicating that oxLDL-stimulation in phagocytosis is not a general effect of

lipoproteins. Similarly, oxLDL stimulated a 33% higher phagocytosis efficiency in human

monocyte-derived macrophages (HMDMs) (Figure 1B). To corroborate, we next showed that

oxLDL stimulated phagocytosis in a dose- (Figure 1C) and time-dependent (Figure 1D) manner.

A significant 24% stimulation was observed as short as 5 h after oxLDL treatment. The oxLDL

effect was not limited to the phagocytosis of *E. coli* bioparticles because oxLDL also stimulated

the phagocytosis of polystyrene beads (Figure S1A). Since polystyrene beads did not contain

bacteria surface antigens such as LPS, this result suggested that the oxLDL phagocytosis-

stimulating effect was not mediated by LPS/TLR4 signaling. As a validation, the phagocytosis-

stimulating effect was observed in *Tlr4*-null macrophages, similar to WT macrophages (Figure

S1B). Instead, oxLDL-induced phagocytosis was attenuated in *Cd36*-null macrophages (Figure

1E), indicating that this effect involves CD36. CD36 is known to facilitate phagocytosis by direct

interaction and recognition of bioparticles[13], and oxLDL can upregulate CD36 expression in

macrophages[14]. So, we next tested whether oxLDL-induced phagocytosis was due to more

macrophage-*E. coli* binding by co-incubation at 4°C. However, we did not detect a significant

increase in macrophage-*E. coli* binding after oxLDL pre-treatment of either murine peritoneal

macrophages (Figure S1C) or HMDMs (Figure S1D). Additionally, as oxLDL still increased

phagocytosis, although to a less extent, in *Cd36*-null macrophages (Figure 1E), this effect was

unlikely mediated through direct interaction between macrophage surface CD36 and bioparticles.

Thus, we reasoned that an intracellular event downstream of oxLDL/CD36 axis contributed to the

oxLDL-stimulated phagocytosis.

OxLDL-Induced Phagocytosis Is Dependent on Mitochondrial Reactive Oxygen Species

(mtROS). We reported previously that oxLDL increased mtROS levels through CD36 in

macrophages[5]. To test whether mtROS are involved in oxLDL-induced phagocytosis, we co-

stained macrophages with MitoNeoD, a specific mitochondria-targeted fluorescent superoxide

radical anion probe [5, 15], and pHrodo-conjugated *E. coli* bioparticles. OxLDL pre-treatment led to

a significant increase in a macrophage subpopulation high in both mtROS and pHrodo signals

(Figure 2A), which indicated that mtROS levels were positively correlated with phagocytosis

efficiency. Moreover, MitoTEMPO, a mtROS scavenger, fully blocked oxLDL-induced

phagocytosis (Figure 2B) without affecting *E. coli* and macrophage binding (Figure S1C), which

indicated that mtROS promote macrophage uptake but not recognition of the bioparticles. To

validate, we used peritoneal macrophages from MCAT mice, which overexpress human catalases

in the mitochondria, suppressing mtROS[8]. Consistently, MCAT macrophages were resistant to

oxLDL stimulation in phagocytosis, although the basal phagocytosis efficiency was not affected

(Figure 2C). There was also no difference in the binding of *E. coli* bioparticles to WT or MCAT

macrophages (Figure S1E).

Cellular redox status is regulated by a deacetylase Sirt1, the activation of which suppresses

mtROS production in macrophages[16, 17]. To confirm that the pro-oxidant status was responsible

for oxLDL-stimulated phagocytosis, we used SRT1720, an agonist of Sirt1[18], and showed that

SRT1720 significantly reduced both mtROS (Figure 2D) and phagocytosis (Figure 2E) as induced

by oxLDL. To rule out the possibility that the phagocytosis induction was a secondary

compensatory effect of mitochondrial dysfunction in response to oxLDL, we used various electron

transport chain (ETC) inhibitors including rotenone (Complex I), antimycin (Complex III),

oligomycin (Complex V), and FCCP (uncoupler of oxidative phosphorylation). None of the ETC

inhibitors resulted in increased phagocytosis in macrophages (Figure S2A). Therefore, we

concluded that macrophages actively upregulate mtROS levels to facilitate phagocytosis in

response to oxLDL. However, using mitochondrial-targeted redox cycler Mito-Paraquat-derived[19]

compounds MitoNP, we showed that, although MitoNP promoted mtROS in macrophages (Figure

S2B), it inhibited instead of stimulating phagocytosis (Figure S2C). Thus, mtROS alone are not sufficient to increase phagocytosis efficiency in macrophages, although they are required for oxLDL-induced phagocytosis.

Aortic F4/80[+]/Trem2^{+} Macrophages Show Increased Phagocytosis Efficiency Dependent on CD36 During Initiation Stages of Atherosclerosis. OxLDL promotes foam cell formation and facilitates the initiation and development of atherosclerosis[3, 4, 20]. We reported that mtROS were continuously elevated in circulating white blood cells, among which were Ly6C^{high} proinflammatory monocytes during the initiation stages of atherogenesis in *Apoe*-null mice fed with HFD up to 6 weeks[5]. Ly6C^{high} proinflammatory monocytes constitute a major subpopulation that infiltrates the lesion sites and gives rise to plaque macrophages[21, 22]. Thus, we next investigated the mtROS-phagocytosis axis in the aortic lesional macrophages. For *ex vivo* experiments, *Apoe*-null or *Apoe/Cd36* double-null mice were fed with chow diet or HFD for 6 weeks and the aorta were dissected, digested to single-cell suspension, and stained with anti-F4/80 (macrophage marker), anti-Trem2 (aortic foam cell marker)[23], MitoNeoD, and *E. coli*-pHrodo (Figure 3A). Clumped cells were excluded for analysis using the FSC-A vs. FSC-H gating strategy(Figure S3A). As expected, we found that HFD led to increased aortic F4/80[+] macrophages (Figure S3B) as well as an 81% increase in F4/80[+]/Trem2^{+} aortic foamy macrophages in *Apoe*-null mice (Figure 3B). Interestingly, the amounts of F4/80[+]/Trem2^{+} aortic foamy macrophages were decreased in *Apoe/Cd36* double-null mice under both chow and HFD conditions (Figure 3B), consistent with a previous report that *Apoe/Cd36* double-null mice were protected from HFD-induced atherosclerosis[24]. 6-week of HFD led to a 53% increase in mtROS levels in F4/80[+]/Trem2^{+} aortic foamy macrophages from *Apoe*-null mice. However, HFD-induced mtROS were not observed in F4/80[+]/Trem2^{+} aortic foamy macrophages from *Apoe/Cd36* double-null mice (Figure 3C),

suggesting that CD36 is required for mtROS induction under atherogenic conditions. Moreover,

HFD led to a 25% increase in phagocytosis efficiency in F4/80[+]/Trem2^{+} aortic foamy macrophages

from *Apoe*-null mice, but not in those from *Apoe/Cd36* double-null mice (Figure 3D).

We consolidated the *ex vivo* results by conducting an *in vivo* phagocytosis assay. We

injected *E. coli*-pHrodo through tail veins, waited for 3h, and collected mouse aorta for FACS

analysis on F4/80[+]/Trem2^{+} macrophages (Figure 3E). Consistently, phagocytosis efficiency

increased 52% by HFD in *Apoe*-null mice but no significant difference was observed in *Apoe/Cd36*

double-null mice or in *Apoe*-null/MCAT mice (Figure 3F). Moreover, the HFD-stimulated

phagocytosis effect was only displayed in F4/80[+]/Trem2^{+} macrophages from aorta but not from

other tissues including adipose tissue and liver (Figure S3C). Additionally, there was no detectable

pHrodo signal from peripheral blood monocytes (data not shown). Thus, induction of mtROS

contributed to an increase in phagocytosis efficiency in F4/80[+]/Trem2^{+} aortic foamy macrophages

in a CD36-dependent manner during the initiation of atherosclerosis.

OxLDL Stimulates Efferocytosis through CD36 and MtROS Signaling. Efferocytosis, the

process by which phagocytes ingest apoptotic cell bodies (AC), is a sub-type of phagocytosis,

which is one of the major macrophage functions for tissue homeostasis[25]. To generate AC for the

in vitro efferocytosis assay, we used two different AC models. Firstly, high doses of oxLDL are

known to cause macrophage apoptosis *in vitro*[26, 27]. In agreement with the literature, we found that

50 μg/ml oxLDL treatment for 48h led to apoptosis in macrophages (Figure S4A). We collected

oxLDL-induced AC, labeled with PKH67, a green fluorescence dye that inserts and labels AC

membranes, and co-incubated with macrophages pre-treated with 20 μg/ml of different

lipoproteins. Unbound AC were washed away after 15min incubation and PKH67 fluorescence in

live macrophages was quantified by flow cytometry as an indicator of efferocytosis efficiency.

Consistent with phagocytosis (Figure 1), oxLDL, but not LDL or HDL, stimulated efferocytosis

efficiency (Figure S4B and Video S1/S2). OxLDL-stimulated efferocytosis was dose- (Figure S4C)

and time-dependent (Figure S4D). In a second AC model, we used murine neutrophils isolated

from whole blood, and allowed them to undergo spontaneous apoptosis before labeling them with

PKH67 for the *in vitro* efferocytosis assay. Consistently, oxLDL increased macrophage

efferocytosis of neutrophil AC (Figure S4E).

Compared to WT peritoneal macrophages, *Cd36*-null macrophages displayed comparable

efferocytosis efficiency at the basal level (control condition) but showed less induction in

efferocytosis (Figure 4A). Moreover, both MitoTEMPO and the MCAT transgenic strategy

significantly inhibited oxLDL-stimulated efferocytosis (Figure 4B and 4C). Thus, CD36 and its

downstream mtROS induction play critical roles in oxLDL-induced efferocytosis. Interestingly,

we found that AC alone induced mtROS production in a subpopulation of macrophages (Figure

4D). These data prompted us to test whether mtROS modulate efferocytosis for tissue homeostasis

in vivo.

MtROS Facilitate Efferocytosis *In Vivo*. We conducted an *in vivo* efferocytosis assay in mouse

thymi using an established protocol[9, 10]. WT and their littermates MCAT mice were injected

intraperitoneally with dexamethasone to induce thymocyte apoptosis. Based on our Annexin V

binding assay, while dexamethasone significantly increased apoptotic cell rates, no difference was

observed comparing between WT and MCAT thymocytes (Figure 4E), suggesting that

dexamethasone induced a similar amount of AC (apoptotic thymocytes) in WT and MCAT mice

thymi. 20h after the injection, we collected mouse thymi and conducted a TUNEL staining to label

AC together with F4/80 immuno-staining (macrophage marker) prior to flow cytometry analysis.

In PBS (vehicle control)-injected mouse thymi, TUNEL$^+$ AC rates are very low for both WT (1.7%)

and MCAT (2.1%) groups (Figure 4F), consistent with the notion that efferocytosis is highly

efficient *in vivo* and AC are quickly cleared by surrounding macrophages[25]. Interestingly, while

dexamethasone increased TUNEL[+] AC rates in both groups, AC rates doubled in MCAT thymi

(23.3%) compared to those in WT thymi (10.1%) (Figure 4F). A similar pattern was observed for

the free TUNEL[+] AC (defined as TUNEL positive but F4/80 negative) rates (Figure 4G), which

indicated that suppressed mtROS induction in MCAT led to reduced AC clearance. The difference

in AC clearance was unlikely due to different numbers of thymic macrophages as F4/80[+] thymic

macrophages were comparable between WT and MCAT (Figure 4H). Moreover, it was also

unlikely due to less recognition of AC in MCAT thymic macrophages because even more

efferocytes (defined as TUNEL[+]/F4/80^{+} cells) were observed in dexamethasone-injected MCAT

thymuses (Figure 4I). Taken together, our results indicated that mtROS facilitated efferocytosis *in*

vivo, possibly by stimulating a general phagocytosis efficiency.

OxLDL Induces Pyruvate Kinase Muscle 2 Mitochondrial Translocation, Which Facilitates

MtROS and Phagocytosis. Next, we explored the underlying molecular mechanism of oxLDL-

induced mtROS, which subsequently facilitated phagocytosis. We hypothesize that a second

messenger downstream of the oxLDL/CD36 complex delivers the signal from the cytoplasm into

the mitochondria to induce mtROS. We previously demonstrated that oxLDL induced a metabolic

switch from mitochondrial oxidative phosphorylation to glycolysis (i.e., glycolytic switch)[5]. To

test the potential role of glycolytic switch in mtROS induction, we used the glycolysis inhibitor 2-

deoxy-D-glucose (2-DG)[28] and showed that 2-DG significantly blocked both oxLDL-induced

mtROS and phagocytosis efficiency (Figure S5A), suggesting that activation of the glycolytic

enzymes may be involved. Glycolysis is a series of reactions catalyzed by 10 cytosolic enzymes.

If a glycolytic enzyme contributes to mtROS induction under atherogenic conditions, we reason

that the expression pattern of that enzyme among different aortic immune cells may be correlated

with mtROS levels. Therefore, we re-analyzed the published single-cell RNA sequencing (scRNA-

seq) data on CD45^{+} immune cells isolated from mouse aorta during atherogenesis (*Ldlr*-null on

chow or HFD for 11 weeks)[23]. Using the same sets of markers for distinct immune cell sup-types,

we identified 11 cell clusters shown by uniform manifold approximation and projection (UMAP)

(Figure 5A). The aortic macrophage foam cell population was identified as Trem2^{high} cluster based

on the previous studies[23, 29] and shown in the UMAPs (Figure 5A and 5B). Interestingly, the *Pkm*

gene, which encodes the last rate-limiting step of the glycolysis, was highly expressed in both

Ly6c[high] pro-inflammatory monocytes and the Trem2^{high} foam cells (Figure 5C and 5D), which

was correlated to elevated mtROS levels from the circulating Ly6c^{high} pro-inflammatory

monocytes[5] and F4/80[+]/Trem2^{+} aortic foamy macrophages (Figure 3). Nevertheless, genes (i.e.,

Hk1, *Hk2*, H*k3, Pfkm, Pfkl, Pfkp*) that encode the other two rate-limiting steps of glycolysis showed

no such correlation (Figure S5B). Moreover, the *Pkm* highly expressed cells appeared to be

predominantly from the HFD-fed mice (Figure 5C and Figure S5C), suggesting upregulation of

pkm expression in the plaque-forming immune cells during atherogenesis.

The gene *pkm* encodes two different isoforms, pyruvate kinase muscle 1 (PKM1) and

PKM2, due to RNA splicing. Since oxLDL upregulated PKM2, but not PKM1 (Figure S5D), we

then focused on PKM2 in our following mechanistic studies. First, we used siRNA to knockdown

PKM2 levels in HMDMs (Figure S5E), which fully blocked oxLDL-induced mtROS and

phagocytosis (Figure 5E). PKM2 was reported to translocate to the mitochondria in a human

cancer cell line[30]. Thus, we hypothesized that oxLDL induced PKM2 mitochondrial translocation

for ROS induction. Supporting the hypothesis, co-staining of both PKM2 and Tom20

(mitochondria marker) showed more colocalization of both after oxLDL treatment (Figure 5F). To

validate, we used a commercial mitochondrial/cytosol fractionation kit (Thermo Scientific), and

the purity of each fraction was confirmed by immunoblot on markers of cytosol, mitochondria,

and nuclei (Figure S5F). Next, we showed that oxLDL nearly doubled mitochondrial PKM2 levels

in HMDMs, while no change in cytosolic PKM2 levels was observed (Figure 5G). Time course

experiments showed that mitochondrial PKM2 levels doubled 1 h after oxLDL treatment, peaked

at 3 h, and stayed high up to 24 h (Figure S5G). Moreover, oxLDL-stimulated PKM2

mitochondrial translocation was not observed in the *Cd36*-null murine macrophages (Figure 5H),

indicating that PKM2 is downstream of oxLDL/CD36 signaling axis. To further test our hypothesis

that PKM2 mitochondrial translocation is responsible for oxLDL-induced mtROS, we used the

PKM2 targeting inhibitor shikonin[31] and showed that shikonin reduced oxLDL-induced PKM2

mitochondrial translocation (Figure 5I), as well as mtROS and phagocytosis (Figure 5J). Taken

together, we demonstrate that oxLDL/CD36 signaling stimulates PKM2 translocation to the

mitochondria, which induces mtROS facilitating phagocytosis.

GRP75 Mediates PKM2 Translocation to the Mitochondria, Where It Binds to the ETC

Complex III. To further understand molecular mechanisms of the PKM2 mitochondrial

translocation and its potential targets, we conducted mass spectrometry to identify PKM2

interacting proteins. WT peritoneal macrophages were treated with 20μg/ml oxLDL for 3h, lysed,

and PKM2 was immunoprecipitated (IP) by a monoclonal rabbit IgG against PKM2. Then, PKM2

immunoprecipitates from control and oxLDL-treated cell lysates (n=3) were run on SDS-PAGE,

and gel slices were subjected to mass spectrometry to detect proteins that co-IP with PKM2. An

irrelevant monoclonal rabbit IgG IP sample and a blank SDS-PAGE gel were used as two negative

controls. After eliminating proteins appearing in the negative controls, we identified 26

mitochondrial proteins that co-IP with PKM2 (Table. S1).

Within the mitochondrial protein list (Table. S1), GRP75 is special because it belongs to

the HSP70 family and functions as a chaperone shuttling between cytoplasm and the mitochondria,

facilitating the import of cytosolic proteins to the mitochondrial matrix[32, 33]. The mass

spectrometry signals of GRP75 in oxLDL-treated PKM2 immunoprecipitates were 3-fold of those

from control samples (Table. S1), suggesting an enhanced PKM2/GRP75 interaction in response

to oxLDL. We corroborated it with IP PKM2 followed by immunoblot of GRP75 after oxLDL

time-course treatment in both murine macrophages and HMDMs. The co-IP results showed that

oxLDL significantly enhanced PKM2/GRP75 interaction around 2-3h interval (Figure 6A), while

a control IgG antibody did not precipitate either PKM2 or GRP75 (Figure S6A). Additionally,

immunostaining showed more colocalization of PKM2 and GRP75 after oxLDL treatment (Figure

6B). To test whether GRP75 chaperone function was important for PKM2 mitochondrial

translocation, we used a GRP75 selective inhibitor MKT-077[34, 35] and showed that oxLDL-induced

PKM2 mitochondrial translocation was blocked by MKT-077 (Figure 6C). Consistently, MKT-

077 also significantly inhibited oxLDL-induced phagocytosis (Figure 6D). Furthermore, knocking

down GRP75 using siRNA against HSPA9 (the gene encoding GRP75) in HMDMs (Figure S6B)

effectively reduced oxLDL-induced phagocytosis (Figure 6E). Taken together, we demonstrate

that the chaperone GRP75 facilitates oxLDL-stimulated PKM2 mitochondrial translocation,

promoting phagocytosis.

ETC Complex III is a major site of electron leakage, leading to mtROS production[36].

Interestingly, we identified UQCRC1, a subunit of ETC Complex III exclusively in oxLDL-treated

PKM2 immunoprecipitates through mass spectrometry (Table. S1). To validate, we IP PKM2

followed by immunoblot of UQCRC1. As expected, more UQCRC1 proteins were detected in

PKM2 immunoprecipitates starting 3h and peaking in 24h after oxLDL treatment (Figure 6F).

Finally, we performed an *in-situ* proximity ligation assay (PLA) and confirmed the enhanced

PKM2/UQCRC1 interaction by oxLDL (Figure 6G). Taken together, we showed that PKM2

targets to ETC Complex III, which may provide a potential mechanism for mtROS induction.

DISCUSSION

Here, we report *ex vivo* and *in vivo* data showing that CD36 promotes phagocytosis in macrophages

through mtROS induction under atherogenic conditions. We further reveal a novel molecular

mechanism that oxLDL/CD36 signaling induces translocation of a cytosolic enzyme PKM2 to the

mitochondria, where it interacts with the ETC Complex III. The PKM2 mitochondrial

translocation is assisted by a chaperone protein GRP75 and is required for mtROS induction by

oxLDL/CD36 signaling.

We previously showed that oxLDL/CD36 signaling leads to a metabolic reprogramming

from mitochondrial respiration to glycolysis, which is accompanied by mtROS induction and pro-

atherogenic phenotypes in macrophages[5]. Furthermore, we showed that mtROS are continuously

elevated in the circulating monocytes as well as aortic macrophages in a CD36-dependent manner,

contributing to the initiation of atherosclerosis[5]. In this study, we took a step further and showed

that aortic foamy macrophages (the Trem2^{+} subpopulation[23]) displayed both increased mtROS and

phagocytosis efficiency (Figure 3). Since suppressing mtROS using the MCAT transgenic strategy

effectively reduced atherosclerosis in mice[8], the results here suggest that mtROS may

overstimulate phagocytosis in aortic macrophages, contributing to the initiation of atherosclerosis.

Further studies are needed to validate this concept. But at least the evidence clearly supports the

concept that macrophage metabolism critically determines its cellular functions such as

phagocytosis, which will reciprocally influence cell metabolism as demonstrated by others[37, 38].

The finding that mtROS support efficient phagocytosis of AC (efferocytosis) *in vivo*

(Figure 4) has emphasized that they have physiological functions[39] and should no longer be

considered as evil byproducts of oxidative metabolism. Supporting this notion, we showed here

that AC themselves stimulate mtROS in macrophages (Figure 4D). Through an *in vivo*

efferocytosis assay, we found that AC were cleared less efficiently in MCAT mice compared to

their WT littermates (Figure 4E-4I), which implicates mtROS in tissue homeostasis. Since

overproduction of ROS leads to oxidative stress and cytotoxicity, establishing a redox balance may

be critical for maintaining cellular and tissue functions. An unresolved question is how AC trigger

mtROS in macrophages, which may provide a clue to the redox balance. A previous study has

elegantly shown that AC uptake upregulates Drp-1-mediated mitochondrial fission events, which

is required for further AC uptake[10]. We published similar observations that oxLDL upregulates

Drp-1 and mitochondrial fission[5], which is known to contribute to mtROS induction[40]. Thus, AC

may indirectly stimulate mtROS through Drp-1, and oxLDL enhances the impact of AC on mtROS,

which tip the balance in favor of more oxidized conditions or even oxidative stress.

Emerging evidence indicates that PKM2 is associated with mtROS induction in human

patients[41] and contributes to atherogenesis in mice[42]. A recent study has shown that oxLDL

stimulates its translocation to the nuclei and promotes aerobic glycolysis and inflammation in

macrophages by activating the HIF-1α pathway[43]. Our findings are in agreement with the literature

regarding the proatherogenic role of PKM2. OxLDL induces PKM2 mitochondrial translocation

and mtROS production (Figure 5), which could further stabilize HIF-1α and drive the metabolic

switch to aerobic glycolysis as well as prolonged inflammation. Enhanced interaction between

PKM2 and GRP75 and the MKT077 inhibitor studies have partly uncovered the mechanism of

how oxLDL/CD36 signaling promotes PKM2 mitochondrial translocation (Figure 6). As PKM2

subcellular localization is regulated by its oligomer formation as well as post-translational

modifications[44], it would be interesting to further explore CD36 downstream signaling that

modifies PKM2 proteins. In fact, we showed here that shikonin, a known PKM2 inhibitor that

reduces PKM2 phosphorylation and its dimerization and tetramerization[45, 46], effectively blocked

oxLDL-induced PKM2 mitochondrial translocation, mtROS production, and phagocytosis (Figure

5I and 5J). These data provide a clue for further exploration of the mechanism how oxLDL/CD36

axis regulates mitochondrial functions through glycolysis. In addition, how mitochondrial PKM2

induces ROS remains an open question despite our findings that it binds to multiple subunits from

the ETC complexes (Table S1). A potential explanation is that PKM2/ETC Complex interaction

may induce electron leakage, leading to superoxide generation.

Another critical unanswered question is how mtROS promote phagocytosis. As we

observed macrophages when they phagocytosed AC using a novel label-free live cell imaging

technique, we found that oxLDL pretreatment leads to a highly dynamic and distorted macrophage

phenotype (Video S2, highlighted by red arrows) compared to control (Video S1). Those

phonotypes may reflect altered actin cytoskeleton dynamics underneath the cell membranes, as

rearrangement of the actin filaments drives the phagocytosis process[47]. Moreover, actin can be

reversibly modified by ROS, which plays an important role in the regulation of actin filaments[48].

OxLDL/CD36 signaling was reported to alter actin dynamics through ROS generation[20]. Thus, we

propose that oxLDL/CD36 axis regulates actin rearrangement both temporarily and spatially

through fine-tuning of mitochondria fission/fusion events, mtROS induction, and modification of

actins or actin-associated motor proteins, which is our ongoing investigation.

In summary, we define a novel regulatory mechanism of phagocytosis in proatherogenic

macrophages, which provides new therapeutic strategies to balance lipid metabolism and reduce

foam cell formation.

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DISCLOSURES

None.

SUPPLEMENTAL MATERIAL

Supplemental Methods

Table S1

Figure S1-S6

Video S1-S2

Data Set

Major Resources Table

REFERENCE

1.	Khoo JC, Miller E, McLoughlin P and Steinberg D. Enhanced macrophage uptake of low density lipoprotein after self-aggregation. *Arteriosclerosis*. 1988;8:348-58.

2.	De Meyer GR, De Cleen DM, Cooper S, Knaapen MW, Jans DM, Martinet W, Herman AG, Bult H and Kockx MM. Platelet phagocytosis and processing of beta-amyloid precursor protein as a mechanism of macrophage activation in atherosclerosis. *Circ Res*. 2002;90:1197-204.

3.	Rahaman SO, Lennon DJ, Febbraio M, Podrez EA, Hazen SL and Silverstein RL. A CD36-dependent signaling cascade is necessary for macrophage foam cell formation. *Cell Metab*. 2006;4:211-21.

4.	Chen Y, Kennedy DJ, Ramakrishnan DP, Yang M, Huang W, Li Z, Xie Z, Chadwick AC, Sahoo D and Silverstein RL. Oxidized LDL-bound CD36 recruits an Na(+)/K(+)-ATPase-Lyn complex in macrophages that promotes atherosclerosis. *Sci Signal*. 2015;8:ra91.

5.	Chen Y, Yang M, Huang W, Chen W, Zhao Y, Schulte ML, Volberding P, Gerbec Z, Zimmermann MT, Zeighami A, Demos W, Zhang J, Knaack DA, Smith BC, Cui W, Malarkannan S, Sodhi K, Shapiro JI, Xie Z, Sahoo D and Silverstein RL. Mitochondrial Metabolic Reprogramming by CD36 Signaling Drives Macrophage Inflammatory Responses. *Circ Res*. 2019;125:1087-1102.

6.	Nakashima Y, Plump AS, Raines EW, Breslow JL and Ross R. ApoE-deficient mice develop lesions of all phases of atherosclerosis throughout the arterial tree. *Arterioscler Thromb*. 1994;14:133-40.

7.	Madamanchi NR and Runge MS. Mitochondrial dysfunction in atherosclerosis. *Circ Res*. 2007;100:460-73.

8.	Wang Y, Wang GZ, Rabinovitch PS and Tabas I. Macrophage mitochondrial oxidative stress promotes atherosclerosis and nuclear factor-kappaB-mediated inflammation in macrophages. *Circ Res*. 2014;114:421-33.

9.	Park D, Han CZ, Elliott MR, Kinchen JM, Trampont PC, Das S, Collins S, Lysiak JJ, Hoehn KL and Ravichandran KS. Continued clearance of apoptotic cells critically depends on the phagocyte Ucp2 protein. *Nature*. 2011;477:220-4.

10.   Wang Y, Subramanian M, Yurdagul A, Jr., Barbosa-Lorenzi VC, Cai B, de Juan-Sanz J,

Ryan TA, Nomura M, Maxfield FR and Tabas I. Mitochondrial Fission Promotes the Continued

Clearance of Apoptotic Cells by Macrophages. *Cell*. 2017;171:331-345 e22.

11.   Kennedy DJ, Chen Y, Huang W, Viterna J, Liu J, Westfall K, Tian J, Bartlett DJ, Tang

WH, Xie Z, Shapiro JI and Silverstein RL. CD36 and Na/K-ATPase-alpha1 form a

proinflammatory signaling loop in kidney. *Hypertension*. 2013;61:216-24.

12.   Neaga A, Lefor J, Lich KE, Liparoto SF and Xiao YQ. Development and validation of a

flow cytometric method to evaluate phagocytosis of pHrodo BioParticles(R) by granulocytes in

multiple species. *J Immunol Methods*. 2013;390:9-17.

13.   Greenberg ME, Sun M, Zhang R, Febbraio M, Silverstein R and Hazen SL. Oxidized

phosphatidylserine-CD36 interactions play an essential role in macrophage-dependent

phagocytosis of apoptotic cells. *J Exp Med*. 2006;203:2613-25.

14.   Feng J, Han J, Pearce SF, Silverstein RL, Gotto AM, Jr., Hajjar DP and Nicholson AC.

Induction of CD36 expression by oxidized LDL and IL-4 by a common signaling pathway

dependent on protein kinase C and PPAR-gamma. *J Lipid Res*. 2000;41:688-96.

15.   Shchepinova MM, Cairns AG, Prime TA, Logan A, James AM, Hall AR, Vidoni S,

Arndt S, Caldwell ST, Prag HA, Pell VR, Krieg T, Mulvey JF, Yadav P, Cobley JN, Bright TP,

Senn HM, Anderson RF, Murphy MP and Hartley RC. MitoNeoD: A Mitochondria-Targeted

Superoxide Probe. *Cell Chem Biol*. 2017;24:1285-1298 e12.

16.   Alam F, Syed H, Amjad S, Baig M, Khan TA and Rehman R. Interplay between

oxidative stress, SIRT1, reproductive and metabolic functions. *Curr Res Physiol*. 2021;4:119-

124.

17.   Singh CK, Chhabra G, Ndiaye MA, Garcia-Peterson LM, Mack NJ and Ahmad N. The

Role of Sirtuins in Antioxidant and Redox Signaling. *Antioxid Redox Signal*. 2018;28:643-661.

18.   Mitchell SJ, Martin-Montalvo A, Mercken EM, Palacios HH, Ward TM, Abulwerdi G,

Minor RK, Vlasuk GP, Ellis JL, Sinclair DA, Dawson J, Allison DB, Zhang Y, Becker KG,

Bernier M and de Cabo R. The SIRT1 activator SRT1720 extends lifespan and improves health

of mice fed a standard diet. *Cell Rep*. 2014;6:836-43.

19.   Robb EL, Gawel JM, Aksentijevic D, Cocheme HM, Stewart TS, Shchepinova MM,

Qiang H, Prime TA, Bright TP, James AM, Shattock MJ, Senn HM, Hartley RC and Murphy

MP. Selective superoxide generation within mitochondria by the targeted redox cycler

MitoParaquat. *Free Radic Biol Med*. 2015;89:883-94.

20.   Park YM, Febbraio M and Silverstein RL. CD36 modulates migration of mouse and

human macrophages in response to oxidized LDL and may contribute to macrophage trapping in

the arterial intima. *J Clin Invest*. 2009;119:136-45.

21.   Swirski FK, Libby P, Aikawa E, Alcaide P, Luscinskas FW, Weissleder R and Pittet MJ.

Ly-6Chi monocytes dominate hypercholesterolemia-associated monocytosis and give rise to

macrophages in atheromata. *J Clin Invest*. 2007;117:195-205.

22.   Tacke F, Alvarez D, Kaplan TJ, Jakubzick C, Spanbroek R, Llodra J, Garin A, Liu J,

Mack M, van Rooijen N, Lira SA, Habenicht AJ and Randolph GJ. Monocyte subsets

differentially employ CCR2, CCR5, and CX3CR1 to accumulate within atherosclerotic plaques.

J Clin Invest. 2007;117:185-94.

23.   Cochain C, Vafadarnejad E, Arampatzi P, Pelisek J, Winkels H, Ley K, Wolf D, Saliba

AE and Zernecke A. Single-Cell RNA-Seq Reveals the Transcriptional Landscape and

Heterogeneity of Aortic Macrophages in Murine Atherosclerosis. *Circ Res*. 2018;122:1661-1674.

24.   Febbraio M, Podrez EA, Smith JD, Hajjar DP, Hazen SL, Hoff HF, Sharma K and

Silverstein RL. Targeted disruption of the class B scavenger receptor CD36 protects against

atherosclerotic lesion development in mice. *J Clin Invest*. 2000;105:1049-56.

25.   Yurdagul A, Jr., Doran AC, Cai B, Fredman G and Tabas IA. Mechanisms and

Consequences of Defective Efferocytosis in Atherosclerosis. *Front Cardiovasc Med*. 2017;4:86.

26.   Hegyi L, Skepper JN, Cary NR and Mitchinson MJ. Foam cell apoptosis and the

development of the lipid core of human atherosclerosis. *J Pathol*. 1996;180:423-9.

27.   Salvayre R, Auge N, Benoist H and Negre-Salvayre A. Oxidized low-density lipoprotein-

induced apoptosis. *Biochim Biophys Acta*. 2002;1585:213-21.

28.   Wick AN, Drury DR, Nakada HI and Wolfe JB. Localization of the primary metabolic

block produced by 2-deoxyglucose. *J Biol Chem*. 1957;224:963-9.

29.   Kim K, Shim D, Lee JS, Zaitsev K, Williams JW, Kim KW, Jang MY, Seok Jang H, Yun

TJ, Lee SH, Yoon WK, Prat A, Seidah NG, Choi J, Lee SP, Yoon SH, Nam JW, Seong JK, Oh

GT, Randolph GJ, Artyomov MN, Cheong C and Choi JH. Transcriptome Analysis Reveals

Nonfoamy Rather Than Foamy Plaque Macrophages Are Proinflammatory in Atherosclerotic

Murine Models. *Circ Res*. 2018;123:1127-1142.

30.   Liang J, Cao R, Wang X, Zhang Y, Wang P, Gao H, Li C, Yang F, Zeng R, Wei P, Li D,

Li W and Yang W. Mitochondrial PKM2 regulates oxidative stress-induced apoptosis by

stabilizing Bcl2. *Cell Res*. 2017;27:329-351.

31.   Chen J, Xie J, Jiang Z, Wang B, Wang Y and Hu X. Shikonin and its analogs inhibit

cancer cell glycolysis by targeting tumor pyruvate kinase-M2. *Oncogene*. 2011;30:4297-306.

32.   Craig EA. Hsp70 at the membrane: driving protein translocation. *BMC Biol*. 2018;16:11.

33.   D'Silva P, Liu Q, Walter W and Craig EA. Regulated interactions of mtHsp70 with

Tim44 at the translocon in the mitochondrial inner membrane. *Nat Struct Mol Biol*.

2004;11:1084-91.

34.   Wu PK, Hong SK, Starenki D, Oshima K, Shao H, Gestwicki JE, Tsai S and Park JI.

Mortalin/HSPA9 targeting selectively induces KRAS tumor cell death by perturbing

mitochondrial membrane permeability. *Oncogene*. 2020;39:4257-4270.

35.   Wadhwa R, Sugihara T, Yoshida A, Nomura H, Reddel RR, Simpson R, Maruta H and

Kaul SC. Selective toxicity of MKT-077 to cancer cells is mediated by its binding to the hsp70

family protein mot-2 and reactivation of p53 function. *Cancer Res*. 2000;60:6818-21.

36.   Mailloux RJ. Teaching the fundamentals of electron transfer reactions in mitochondria

and the production and detection of reactive oxygen species. *Redox Biol*. 2015;4:381-98.

37.   Gerlach BD, Ampomah PB, Yurdagul A, Jr., Liu C, Lauring MC, Wang X, Kasikara C,

Kong N, Shi J, Tao W and Tabas I. Efferocytosis induces macrophage proliferation to help

resolve tissue injury. *Cell Metab*. 2021;33:2445-2463 e8.

38.   Zhang S, Weinberg S, DeBerge M, Gainullina A, Schipma M, Kinchen JM, Ben-Sahra I,

Gius DR, Yvan-Charvet L, Chandel NS, Schumacker PT and Thorp EB. Efferocytosis Fuels

Requirements of Fatty Acid Oxidation and the Electron Transport Chain to Polarize

Macrophages for Tissue Repair. *Cell Metab*. 2019;29:443-456 e5.

39.   Sena LA and Chandel NS. Physiological roles of mitochondrial reactive oxygen species.

Mol Cell. 2012;48:158-67.

40.   Yu T, Robotham JL and Yoon Y. Increased production of reactive oxygen species in

hyperglycemic conditions requires dynamic change of mitochondrial morphology. *Proc Natl*

Acad Sci U S A. 2006;103:2653-8.

41.   Shirai T, Nazarewicz RR, Wallis BB, Yanes RE, Watanabe R, Hilhorst M, Tian L,

Harrison DG, Giacomini JC, Assimes TL, Goronzy JJ and Weyand CM. The glycolytic enzyme

PKM2 bridges metabolic and inflammatory dysfunction in coronary artery disease. *J Exp Med*.

2016;213:337-54.

42.   Doddapattar P, Dev R, Ghatge M, Patel RB, Jain M, Dhanesha N, Lentz SR and Chauhan

AK. Myeloid Cell PKM2 Deletion Enhances Efferocytosis and Reduces Atherosclerosis. *Circ*

Res. 2022;130:1289-1305.

43.   Kumar A, Gupta P, Rana M, Chandra T, Dikshit M and Barthwal MK. Role of pyruvate

kinase M2 in oxidized LDL-induced macrophage foam cell formation and inflammation. *J Lipid*

Res. 2020;61:351-364.

44.   Alves-Filho JC and Palsson-McDermott EM. Pyruvate Kinase M2: A Potential Target for

Regulating Inflammation. *Front Immunol*. 2016;7:145.

45.   Zhao X, Zhu Y, Hu J, Jiang L, Li L, Jia S and Zen K. Shikonin Inhibits Tumor Growth in

Mice by Suppressing Pyruvate Kinase M2-mediated Aerobic Glycolysis. *Sci Rep*. 2018;8:14517.

46.   Huang B, Wang Q, Jiang L, Lu S, Li C, Xu C, Wang C, Zhang E and Zhang X. Shikonin

ameliorated mice colitis by inhibiting dimerization and tetramerization of PKM2 in

macrophages. *Front Pharmacol*. 2022;13:926945.

47.   May RC and Machesky LM. Phagocytosis and the actin cytoskeleton. *J Cell Sci*.

2001;114:1061-77.

48.   Rouyere C, Serrano T, Fremont S and Echard A. Oxidation and reduction of actin:

Origin, impact in vitro and functional consequences in vivo. *Eur J Cell Biol*. 2022;101:151249.

FIGURES WITH FIGURE LEGENDS

Figure 1. Oxidized LDL (oxLDL) stimulates CD36-dependent phagocytosis in macrophages.
A, Examples of histograms of pHrodo fluorescence in WT peritoneal macrophages pre-treated with 20 μg/ml HDL or LDL or oxLDL for 24 h, followed by pHrodo-conjugated *E. coli* co-incubation for 30 min and flow cytometry analysis. Mean fluorescence intensity (MFI) of pHrodo was quantified and shown in the bar graph; n=3 per group. **B**, HMDMs were pre-treated with 50 μg/ml HDL or LDL or oxLDL for 24h before phagocytosis assay. MFIs are shown in the bar graph; n=3 per group. **C**, Examples of histograms of pHrodo fluorescence in WT peritoneal macrophages pre-treated with 5 or 20 μg/ml of oxLDL for 24 h before phagocytosis assay. MFIs are shown in the bar graph; n=4 per group. **D**, WT peritoneal macrophages pre-treated with 20 μg/ml oxLDL for indicated time before phagocytosis assay. The pHrodo MFI was quantified and shown in the bar graph; n=3 per group. **E**, WT, or *Cd36*-null peritoneal macrophages were pre-treated with 5 or 20 μg/ml oxLDL for 24 h before phagocytosis assay. The pHrodo MFI was quantified and shown in the bar graph; n=3 per group. Max, maximum fluorescence intensity.

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Figure 2. OxLDL-induced phagocytosis is dependent on mitochondrial reactive oxygen
species (mtROS). A, Examples of contour plots showing MitoNeoD and pHrodo signals from WT
peritoneal macrophages pre-treated with 20 μg/ml oxLDL for 24 h. The percentage of
MitoNeoD/pHrodo double positive populations was quantified and shown in the bar graph; n=3-5
per group. **B**, WT peritoneal macrophages pre-treated with 20 μg/ml oxLDL for 24 h, followed by
1mM MitoTEMPO incubation for 1 h before phagocytosis assay. The pHrodo MFI was quantified
and shown in the bar graph; n=3 per group. **C**, WT, or MCAT peritoneal macrophages pre-treated
with 20 μg/ml oxLDL for 5 h before phagocytosis assay. The pHrodo MFI was quantified and
shown in the bar graph; n=4-5 per group. **D**, WT peritoneal macrophages pre-treated with 20 μg/ml
oxLDL for 24 h, followed by 20 μM SRT1720 for 1 h before MitoNeoD staining. The MitoNeoD
MFI was quantified and shown in the bar graph; n=3 per group. **E**, The same treatment as in D
before phagocytosis assay. The pHrodo MFI was quantified and shown in the bar graph; n=3 per
group.
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Figure 3. Aortic F4/80⁺/Trem2⁺ macrophages show increased mtROS and phagocytosis efficiency dependent on CD36 during the initiation stages of atherosclerosis. A, a diagram of the *ex vivo* mtROS and phagocytosis assay. **B**, Total amount of aortic F4/80⁺/Trem2⁺ macrophages were quantified and shown in the bar graph; n=4-7 individual mice per group. **C**, MitoNeoD MFI was quantified in aortic F4/80⁺/Trem2⁺ macrophages and shown in the bar graph; n=5 individual mice per group. **D**, pHrodo MFI was quantified in aortic F4/80⁺/Trem2⁺ macrophages and shown in the bar graph; n=5-6 individual mice per group. **E**, a diagram of the *in vivo* phagocytosis assay. **F**, pHrodo MFI was quantified in aortic F4/80⁺/Trem2⁺ macrophages and shown in the bar graph; n=5-7 individual mice per group.

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Figure 4. OxLDL stimulates efferocytosis, which is dependent on CD36 and mtROS. A, WT,
or *Cd36*-null peritoneal macrophages were pre-treated with 5 or 20 μg/ml oxLDL for 24h before
co-incubation with PKH67-labeled apoptotic foam cells for 15 min (efferocytosis assay). The
PKH67 MFI was quantified and shown in the bar graph; n=3-4 per group. **B**, Examples of
histograms of PKH67 fluorescence in WT peritoneal macrophages pre-treated with 20 μg/ml
oxLDL or in combination with 1mM MitoTEMPO for 24 h before efferocytosis assay. The PKH67
MFI was quantified and shown in the bar graph; n=3 per group. **C**, WT, or MCAT peritoneal
macrophages pre-treated with 20 μg/ml oxLDL for 5 h before efferocytosis assay. The PKH67
MFI was quantified and shown in the bar graph; n=3-4 per group. **D**, Examples of histograms of
MitoNeoD fluorescence in WT peritoneal macrophages co-incubated with AC for 30 min,
followed by MitoNeoD staining. The MitoNeoD MFI was quantified and shown in the bar graph;
n=3 per group. **E**, WT, or MCAT thymocytes were treated with 5 μg/ml dexamethasone (Dex) for
20 h in vitro, followed by PE-conjugated Annexin V staining for PS-exposed AC. AC rates among
all thymocytes were quantified by flow cytometry and shown in the bar graph; n=6 per group. **F-**
I, WT, or MCAT mice were peritoneally injected with dexamethasone (250 μg in 1 ml PBS per
mouse). 20 h later, mice were sacrificed, and thymocytes were stained with TUNEL and anti-F4/80
antibody, followed by flow cytometry analysis. The percentages of total TUNEL^{+} cells (**F**), free
TUNEL^{+} cells (TUNEL[+]/F4/80[-]) (**G**), total F4/80[+] macrophages (**H**), and TUNEL[+]/F4/80[+]
efferocytes (**I**) were quantified and shown in the bar graph. Max, maximum fluorescence intensity.
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Figure 5. Pyruvate kinase M2 (PKM2) translocate to the mitochondria, promoting mtROS
and phagocytosis in macrophages. A-D, Mouse scRNA-seq data were re-analyzed from a
previous publication[23]. Uniform manifold approximation and projection (UMAP) representation
of 11 aortic CD45^{+} immune cell clusters were shown in **A**. Trem2 gene expression pattern (**B**) and
Pkm gene expression pattern (**C**) were shown in the UMAP. **D**, Violin plots show the Pkm and
Trem2 expression distribution among aortic macrophage subpopulations. ResMac: resident
macrophages; InflaMac: inflammatory macrophages. **E**, HMDMs transfected with PKM siRNA
were treated with 50 μg/ml oxLDL for 24 h before subjected to mtROS assay (left panel) or
phagocytosis assay (right panel). MFI was quantified and shown in the bar graph; n=4-5 per group.
F, Representative confocal images of macrophages immunostained for PKM2 (green) and Tom20

(red). Nuclei were stained by DAPI (blue). Scale bar: 5 µm. **G**, HMDMs treated with 20 µg/ml
LDL (control) or oxLDL for 3 h were lysed, subjected to cell fractionation into mitochondrial and
cytosol fractions. PKM2 and ATP5A (mitochondria fraction loading control) blot images from
mitochondrial fractions were shown on the left. PKM2 and β-actin (cytosol fraction loading
control) blot images from cytosol fractions were shown on the right. Images were quantified,
normalized to each loading control, and expressed as fold change of control. n=4 per group. **H**,
WT or *Cd36*-null peritoneal macrophages treated with 20 µg/ml LDL (control) or oxLDL for 3 h
and then processed as in G. Mitochondrial fractions were immunoblotted for PKM2 and ATP5A
and blot images were shown. Images were quantified, normalized, and expressed as fold change
of control. n=4 per group. **I**, WT macrophages treated with 20 µg/ml oxLDL or pre-treated 1 or 5
µM shikonin before addition of oxLDL, incubating for 3 h, and then processed as in G.
Mitochondrial fractions were immunoblotted for PKM2 and Tom20 and blot images were shown.
Images were quantified and expressed as fold change of control. n=3 per group. **J**, WT
macrophages pre-treated with 20 µg/ml oxLDL or in combination with 1 µM shikonin for 24 h
before mtROS or phagocytosis assay. The MitoNeoD (left) or pHrodo (right) MFI was quantified
and shown in the bar graph; n=3-4 per group.
729

Figure 6. GRP75 mediates PKM2 translocation to the mitochondria, where it interacts with the ETC Complex III. A, Murine peritoneal macrophages (left) or HMDMs (right) were treated with 20 μg/ml oxLDL for indicated time periods before cell lysates were IP with anti-PKM2. Representative Western blot images of GRP75 and PKM2 from PKM2 precipitates and GRP75 from total cell lysates (Input) were shown. Images were quantified and expressed as fold change of 1 h. n=3 per group. **B**, Representative confocal images of macrophages immunostained for PKM2 (green) and GRP75 (red). Nuclei were stained by DAPI (blue). Scale bar: 5 μm. **C**, WT macrophages were treated with 20 μg/ml oxLDL or pre-treated with 0.1 μM MKT077 before addition of oxLDL, incubating for 3 h before cell fractionation. Mitochondrial fractions were immunoblotted for PKM2 and ATP5A and blot images were shown. Images were quantified and expressed as fold change of control. n=3-5 per group. **D**, 24-h treatement of oxLDL or in combination with MKT077 as in C before phagocytosis assay. pHrodo MFI was quantified and shown in the bar graph; n=3-4 per group. **E**, HMDMs transfected with HSPA9 siRNAs were treated with 50 μg/ml oxLDL for 24 h before subjected to phagocytosis assay. MFI was quantified and shown in the bar graph; n=3-5 per group. **F**, WT peritoneal macrophages treated with 20 μg/ml oxLDL for indicated time periods before cell lysates were IP with anti-PKM2. Representative Western blot images of UQCRC1 and PKM2 from PKM2 precipitates and UQCRC1 from total cell lysates (Input) were shown. Images were quantified and expressed as fold change of 0h (control). n=4-5 per group. **G**, Representative confocal images from *in-situ* proximity ligation assay (PLA) show enhanced PKM2/UQCRC1 interaction with or without 20 μg/ml oxLDL 24 h

751 treatment. The PLA signals (red fluorescence dots) were quantified and shown in the bar graph.
752 The PLA assay without primary antibody addition serves as a negative control. Scale bar: 10 μm.
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NOVELTY AND SIGNIFICANCE

What is known?

- The phagocytosis of apoptotic cells by macrophages is impaired in the advanced stage of atherosclerosis. However, the phagocytosis capacity and the underlying regulatory mechanisms during the initiation stage of atherosclerosis remain poorly understood.

- OxLDL binds to its receptor CD36 and induces reactive oxygen species (mtROS) from the mitochondria, promoting pro-atherogenic phenotypes in macrophages and atherosclerosis progression in mouse models.

- The pyruvate kinase muscle 2 (PKM2) facilitates diet-induced atherosclerosis in mice, and is also upregulated and associated with increased mtROS in monocytes/macrophages from patients with coronary artery disease.

What new information does this article contribute?

- OxLDL/CD36 axis upregulates phagocytosis efficiency in macrophages through mtROS.

- Aortic foamy macrophages display CD36-dependent increased phagocytosis efficiency and mtROS levels in the initiation stage of diet-induced atherosclerosis in mice.

- Mechanistically, oxLDL/CD36 axis promotes the translocation of a cytosolic enzyme PKM2 to mitochondria, facilitated by a chaperone protein GRP75. Mitochondrial PKM2 translocation is responsible for mtROS induction and upregulation in phagocytosis.

Macrophage phagocytosis is critical to maintaining tissue homeostasis by removing pathogens, apoptotic cells and cell debris. However, unlimited stimulation of phagocytosis lead to metabolic defects and lipid accumulation, which may facilitate foam cell formation and initiation of atherosclerosis. In this study, we report that the foam cell-inducing ligand oxLDL upregulates phagocytosis efficiency in macrophage through CD36-mtROS pathway. Through genetic silencing, transgenic strategy, and pharmacological inhibition combined with *in vitro, ex vivo* and *in vivo* approaches, we found that oxLDL/CD36 axis promotes the translocation of PKM2 to mitochondria, which is responsible for mtROS production and phagocytosis promotion. Our findings define a novel regulatory mechanism of phagocytosis in proatherogenic macrophages, which may provide new therapeutic strategies to balance lipid metabolism and reduce foam cell formation.