Neutrophils in People Living With HIV-1 on antiretroviral treatment conserve their

cytokine and chemokine secretion capacity and display enhanced expression of Fc

receptors

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Abstract

Neutrophils are innate immune cells that display immunomodulatory properties by secreting cytokines and chemokines. By using a mouse model of retroviral infection, we previously uncovered the key immunomodulatory function of neutrophils in promoting protective immunity during antiviral antibody therapy which occurs in a Fc-dependent manner. Here, we investigated the immunomodulatory properties of neutrophils in the context of HIV-1 infection and therapy. We characterized the functional activation and the modulation of Fcγ receptors (FcγRs) expression on neutrophils isolated from healthy donors (HD) or people living with HIV-1 (PLWH) upon stimulation with virions, free or in the form of immune complexes (ICs) made with broadly neutralizing antibodies (bNAbs). HD's neutrophils secreted cytokines/chemokines in small amount upon activation by either stimulus. Interestingly, conditioning of HD's neutrophils with pro-inflammatory cytokines enhanced their cytokine/chemokine production upon activation by HIV-1 and ICs, highlighting that the inflammatory environment is key for neutrophils to show a functional response to these stimuli. Noteworthy, under inflammatory conditions, IC-activated neutrophils showed higher secretion of CXCL1 and CCL4 than HIV-1-stimulated neutrophils. Importantly, neutrophils from PLWH on antiretroviral treatment (ART) maintained their cytokine/chemokine secretion abilities when stimulated by TLR agonists, TNFα or HIV-1/ICs. However, they displayed different phenotypic features as compared with HD's neutrophils, notably higher expression of FcγRs. Our study provides new insights into the immunomodulatory properties of neutrophils during HIV-1 infection and therapy. This might contribute to the improvement of antiviral antibody therapies through the use of therapeutic approaches exploiting the immunomodulatory properties of these cells.

Introduction

Neutrophils are the most abundant population of circulating white blood cells and are massively and rapidly recruited following infection. Through diverse mechanisms such as phagocytosis, releasing of reactive-oxygen species (ROS), trapping of the pathogenic agent by neutrophil extracellular traps (NET) formation (known as NETosis) (1), neutrophils can limit and counteract invading pathogens. Moreover, immunomodulatory properties of neutrophils have been described in recent years, showing their ability to shape the adaptive immune response (2,3). Neutrophils migrate from the site of infection to draining lymph nodes where they interact with multiple immune cells through the production of several cytokines and chemokines (3), making neutrophils key cells in the orchestration of innate and adaptive immunity (3,4). However, the immunomodulatory role of neutrophils in antiviral immunity is still ill-understood, including in the context of persistent viral infections such as HIV-1, as well as in the frame of antiviral monoclonal antibody (mAb)-based immunotherapies. Noteworthy, it has been reported that the functional activation of neutrophils is compromised upon HIV-1 infection which leads to impaired effector functions (i.e. phagocytosis, ROS release, …) and increased apoptosis (5,6). However, much less is known on the effect of HIV-1 infection on their cytokine and chemokine secretion profile as well as on the modulation of Fcγ receptors (FcγRs) expressed at their surface, which is a key point in the context of antibody therapy.

The discovery of potent broadly neutralizing antibodies (bNAbs) against HIV-1 has made passive immunotherapy a potential strategy for the prevention and treatment of HIV-1 infection (7). Importantly, recent clinical data have demonstrated the efficacy of several anti-HIV-1 bNAbs to control viremia when administered to people living with HIV-1 (PLWH) as well as to induce adaptive immune responses (so-called "vaccinal effect") (reviewed in 8,9). This has given strong support to the idea that bNAbs could broaden the therapeutic arsenal against HIV-1 infection (10–14). Beyond their neutralization capacity through the binding of their Fab fragment to viral antigens, the biological activity of mAbs is also mediated by the Fc moiety upon interaction with the complement system and FcγRs expressed by many cells of the immune system (15,16). This allows to clear free virions from the blood as well as to guide host immune effector cells to kill infected cells by several Fc-mediated mechanisms (i.e. antibody-dependent cellular phagocytosis (ADCP), antibody-dependent cell-mediated cytotoxicity (ADCC), …). Furthermore, mAbs can form immune complexes (ICs) *via* binding with different viral determinants (virions or infected cells) and the subsequent engagement of FcγRs by ICs has immunomodulatory effects leading to the induction of protective immunity.

92 We have previously identified different FcγR-expressing immune cells involved in the vaccinal

93 response during mAb-based therapies (8,9). By using a mouse model of retroviral infection, we

94 have shown a key role for ICs in enhancing antiviral immune responses by multiple innate

95 immune cells such as dendritic cells (DC) (17,18), neutrophils (19,20), monocytes (20) and NK

96 cells (21) in a FcγR-dependent manner. Notably, our findings revealed a key

97 immunomodulatory role for murine neutrophils in the induction of protective immunity upon

98 mAb-therapy (19,20). This occurs through the secretion of multiple cytokines and chemokines

99 upon activation by free virions and ICs. With the aim of extending our observations to the

100 context of HIV-1 infection, here we addressed the immunomodulatory properties of human

101 neutrophils upon activation by different stimuli/danger signals associated with HIV-1 infection

102 and mAb-based therapy.

104 Using neutrophils isolated from healthy donors (HD), we report here that their activation

105 by HIV-1 virions, free or in the form of ICs, induced the secretion of very limited amounts of

106 cytokines and chemokines, both in terms of diversity and quantity. However, priming of HD's

107 neutrophils with TNF-α or IFN-γ enhanced their chemokine production upon activation by

108 either free HIV-1 or ICs. Noteworthy, the inflammatory environment increased more the

109 chemokines secretion in IC-activated neutrophils than in HIV-stimulated neutrophils. We also

110 report that neutrophils isolated from PLWH showed a similar secretome as compared to those

111 isolated from HD upon stimulation with TLRs agonists, cytokines or HIV/ICs but displayed

112 different phenotypic features. Our study provides new insights into the immunomodulatory

113 properties of neutrophils during HIV-1 infection and antibody treatment. It also highlights that

114 the inflammatory environment is a key factor for neutrophils to show a functional response to

115 HIV-1/ICs. These findings could have implications in improving the treatment of HIV-1

116 infection with bNAbs alone or in combinatorial therapeutic approaches.

Results

Different cytokine/chemokine secretion profile and FcγR cell surface levels in neutrophils
stimulated by TLR agonists or pro-inflammatory cytokines

First, we assessed the effect of TLR agonists and inflammatory cytokines (TNF-α and IFN-γ) on the phenotypic and functional activation of human neutrophils isolated from HD. The rationale behind this was to determine whether and how the microenvironment resulting from infection might be determinant for modulating the immune response, both in terms of chemokine/cytokine secretion profile and of FcγR expression pattern, as observed in our mouse studies (20). In this regard, virus-driven inflammation (including TNF-α and IFN-γ signature) has been associated with the development of bNAbs in spontaneous controllers of HIV (22). As for TLR agonists, we mainly focused on TLR4 and TLR7/8 agonists (lipopolysaccharide (LPS) and Resiquimod (R848), respectively), due to their role in immune activation associated with viral sensing (TLR7/8) and to the bacterial translocation observed in PLWH (i.e. LPS binding to TLR4). To assess the phenotypic and functional activation of neutrophils we used the following read-out: (i) the upregulation of the cell surface markers CD11b and CD66b, (ii) the modulation of the expression of the main FcγRs constitutively expressed on neutrophils: FcγRIIa (CD32a) and FcγRIIIb (CD16b), and (iii) the cytokine and chemokine secretion profile (**Figure 1**). Flow cytometry analysis was performed on the viable fraction of CD15$^+$/CD11b$^+$ cells (**Figure 1A**). While life span of neutrophils has been reported to be short (only few hours), specific culture conditions allow extending it. Upon TLR4 and TLR7/8 agonist stimulation during 16-20h, neutrophil survival ranged between 70-80% in average (**Figure 1B**). TLR4 and TLR7/8 agonists led to significant upregulation of CD11b and CD66b as compared to unstimulated neutrophils, with no significant differences between TLR agonists (**Figure 1C**). As for FcγR expression, neutrophil stimulation by either TLR agonist induced a strong shedding of the CD16b receptor, in particular TLR4, as well as a significant decrease in CD32a expression as compared to unstimulated neutrophils (**Figure 1C**). The assessment of neutrophil secretome revealed that both stimuli triggered the secretion of IL-8 and several chemokines (i.e. CCL3, CCL4, CXCL1, CXCL10 and CCL2) albeit to a different extent (**Figure 1D)**. Due to high donor-dependent variability of chemokine secretion, no statistical differences were observed between TLR4 and TLR7/8 activation (**Figure 1E**). However, TLR4 stimulation led to the secretion of IFN-λ2/3 in 3 out of 7 samples, while TLR7/8 stimulation did not.

We also assessed the viability as well as the phenotypic and functional activation of human neutrophils stimulated with TNF-α and IFN-γ (**Figure 2**). At the concentrations used,

TNF-α led to a lower neutrophil survival than IFN-γ (68% versus 85%, respectively) (**Figure 2A**). TNF-α led to a significant upregulation of CD11b and CD66b, a strong shedding of CD16b receptor as well as a significant decrease in CD32a expression while IFN-γ did not significantly affect the phenotypic activation of neutrophils (**Figure 2B**). Thus, significant differences between IFN-γ and TNF-α activation were observed for all the cell surface markers evaluated. The assessment of neutrophil's secretome revealed that TNF-α activation induced the secretion of several cytokines (IL-8, IL-1ß, IFN-λ2/3, IFN-λ1 and IFN-γ) and chemokines (CCL3, CCL4 and CXCL1) (**Figure 2C**). The secretion of IL-8, CCL3, CCL4 and CXCL1 was significantly higher than for unstimulated neutrophils, while increased secretion of IL-1ß, IFN-λ2/3 and IFN-γ was observed for half of the samples tested (**Figure 2D**). In contrast, IFN-γ activation only resulted in a very low secretion of IL-8 (**Figure 2C**). Overall, these results highlight a stimulus-specific effect on neutrophil activation, both phenotypically (FcγR and activation markers levels) and functionally (secretome). Furthermore, by studying multiple parameters, these results enabled to establish a comprehensive and comparative landscape of neutrophil activation by these stimuli (some of them used as a surrogate of viral activation) as a basis for comparison with neutrophil activation by HIV-1 and ICs. This is important to highlight as neutrophil activation by TLR agonists and cytokines has been partially addressed in previous studies (23–27), but the data are scattered and based on few analysed parameters.

Mild effect of neutrophil activation by HIV-1 virions, free or as ICs, on the expression of FcγRs

Considering that neutrophil activation by TLR agonists and TNF-α led to decreased levels of FcγRs, we next assessed the modulation of the expression of FcγRs in presence of HIV-1 virions, free or in the form of ICs. This is important to assess, as in the context of HIV-1 infection and antibody therapy, the expression of FcγRs might affect the activation of neutrophils by therapeutic antibodies. ICs were made using the anti-HIV-1 bNAb 10-1074. This bNAb is currently being tested in clinical trials and has been shown to induce vaccinal effects (28,29). The 10-1074 bNAb was chosen due to its higher affinity to the FcγRs CD16b and CD32a as compared to other bNAbs (**Supplementary Figure 1**). Activation by HIV-1 virions, ICs and free bNAb had a slight effect on neutrophil survival, which was maintained at around 85%. (**Figure 3A**). The stimulation with HIV-1 virions and ICs led to mild but significant upregulation of CD11b and CD66b as compared to unstimulated neutrophils (**Supplementary**

Figure 2) or neutrophils cultured in the presence of free bNAb, notably for CD11b (**Figure 3B**). No significant differences in the expression of these two cell surface receptors were observed between HIV-1- and IC-activated neutrophils (**Figure 3B**). Despite being similarly activated by both stimuli (as observed by the upregulation of activation markers), we observed a mild but significant reduced expression of CD16b in HIV-1-stimulated neutrophils but not in IC-stimulated cells (**Supplementary Figure 2**). However, a significant decrease in CD32a expression was observed in both HIV-1- and IC-activated neutrophils (**Supplementary Figure 2)**, that was more marked in IC-activated cells (**Figure 3B**). Together, these results show a very mild effect of the activation of neutrophils by HIV-1/IC on FcγR expression. Worthy of note, the decrease in FcγRs expression was much less pronounced than that observed upon activation with the TLR7/8 agonist mimicking a viral stimulus (**Figure 1**). This is important to highlight as TLR7/8 is commonly used as surrogate of virus activation, instead of *bona fide* virions.

Neutrophils activated by HIV-1 and ICs secrete low levels of cytokines and chemokines
In parallel, we assessed the activation of neutrophils isolated from HD by HIV-1 virions, free or in the form of ICs. Free 10-1074 bNAb was used as control and showed no effect on either the expression of cell surface markers or the secretome of neutrophils. The study of the secretome of neutrophils activated by these stimuli revealed a weak secretion of several cytokines and chemokines (**Figure 3C**). Among them, IL-8, CXCL1 and CCL4 were significantly increased upon HIV-1 and IC-activation as compared to unstimulated neutrophils (**Figure 3D**). In addition, other cytokines and chemokines were detected in about half of samples tested (i.e. IL-1ß, IFN-λ1, IFN-λ2/3, CCL2 and CCL3). However, no significant differences in the secretome were observed between HIV-1- and IC-activated neutrophils (**Figure 3D**). Collectively, these results show a low activation of neutrophils by these stimuli. This contrasted to the strong secretion of multiple cytokines and chemokines by monocytes activated by HIV-1- and ICs (**Supplementary Figure 3**). This showed that these stimuli are able to induce the secretion of these soluble immune mediators by different myeloid cells but at different extents depending on the cell type.

Inflammatory conditions potentiate the activation of HD's neutrophils by HIV-1 and ICs
As the inflammatory microenvironment resulting from the viral infection and bNAbs therapy might affect the antiviral immune response, we next examined the phenotypic and functional activation of HD's neutrophils by HIV-1 free or in the form of ICs in an inflammatory environment (i.e. priming with TNF-α and IFN-γ). Neutrophil priming with TNF-α or IFN-γ

(for 10 or 30 min, respectively, **Figure 4A**) enhanced chemokine production (i.e. CXCL1,

CCL2, CCL3 and CCL4) upon activation of neutrophils by either free HIV-1 or ICs.

Interestingly, under these conditions, IC-activated neutrophils showed a significantly greater

secretion of several chemokines than free HIV-stimulated neutrophils. Notably, TNF-α

enhanced the secretion of CXCL1 in IC-stimulated neutrophils as compared to free virions

stimulation (**Figure 4B**), while IFN-γ led to an enhanced secretion of CXCL1 and CCL4

(**Figure 4C**) as well as a trend to an increased secretion of CCL2. The enhanced secretion of

chemokines by neutrophils upon cytokine priming indicates that the inflammatory environment

(i) is key for the functional response of neutrophils to HIV-1 virions, and (ii) potentiates

neutrophil chemokine secretion upon activation by ICs.

Neutrophil priming with TNF-α or IFN-γ leads to a dramatically different transcriptomic

profile

To identify the potential molecular mechanisms involved in the enhancement of chemokine

secretion by IC-activated neutrophils upon pro-inflammatory cytokine priming, we next studied

the modulation of gene expression in neutrophils briefly conditioned by TNF-α or IFN-γ using

the NanoString technology. This transcriptomic analysis allowed us to identify differentially

expressed genes upon TNF-α or IFN-γ priming (**Figure 5**). Heatmap representation of

upregulated and downregulated genes (**Figure 5A**) shows that IFN-γ and TNF-α activation

resulted in changes in the expression pattern of a different set of genes. Volcano plots provided

in **Figure 5B** show the differential gene expression by the stimulation by either cytokine. Only

three genes (CD69, PTX3 and IL-1β) were upregulated by both cytokines (**Figure 5C**). IFN-γ

induced a set of genes related to innate immune responses, viral infections, cytokine signaling,

regulation of lymphocyte activation, antigen processing/presentation, MAPK cascade and

PD1/PD-L1 axis. In contrast, TNF-α induced a set of genes related to IL-10/IL-18 signaling,

AP1/NF-κB signaling, regulation of cell proliferation and apoptosis responses as well as nitric

oxide biosynthesis (**Figure 5D**). The list of genes upregulated or downregulated and their fold

increase is shown in **Supplementary Tables 1 and 2**. Worthy of note, IFN-γ led to the

upregulation of the inducible FcγRI (CD64) (confirmed at the protein level, **Supplementary**

Figure 4), while no effect of TNF-α activation on FcγR expression was observed. In addition,

IFN-γ induced the expression of the TLR1 and TLR8 (involved in bacterial lipoproteins and

viral sensing, respectively), in contrast to TNF-α that induced the expression of TLR5 (involved

in flagellin sensing) (**Figure 5A**). These results show a very distinct transcriptomic regulation

of neutrophils by TNF-α and IFN-γ, with IFN-γ priming leading to the upregulation of FcγRI and TLR8 genes that could potentiate Fc-mediated antibody signaling and viral sensing, respectively.

Neutrophils from PLWH maintain their cytokine and chemokine secretion capacity in response to danger signals

Neutrophil functions have been shown to be compromised upon HIV-1 infection. Notably, it has been reported that HIV-1 infection impaired the effector functions of neutrophils as well as increased their apoptosis (5,6). However, the effect of HIV-1 infection on their cytokine and chemokine secretion profiles is much less studied and mostly assessed in the AIDS stage (30). Thus, it is necessary to investigate how HIV-1 infection and ART treatment affect the functional activation of neutrophils, particularly their immunomodulatory potential. To this end, we assessed the activation of neutrophils isolated from the blood of ART-treated PLWH (**Supplementary 5A-D**) activated by TLR agonists, pro-inflammatory cytokines, HIV-1 or ICs as compared to HD. Importantly, no significant differences in the frequency of neutrophils in the blood of PLWH were observed as compared to HD (**Supplementary Figure 5E**). Furthermore, no significant differences in neutrophil frequencies were neither observed in PLWH regardless of the time since diagnosis (**Supplementary Figure 5F**). Neutrophils from PLWH had similar secretion profiles than HD upon activation with either TLR4 or TLR7/8, both qualitatively (type of cytokine/chemokine) and quantitatively (amount secreted) (**Figure 6A**), with few exceptions. In particular, neutrophils from PLWH showed an enhanced secretion of CCL3 and CXCL1 upon TLR4 stimulation and CCL3 and IFN-γ upon TLR7/8 activation (**Figure 6B**). The secretion of other chemokines (CCL4) and cytokines (IFN-λ2/3, IL-1ß) showed a trend of increase in neutrophils isolated from PLWH, but the difference did not reach statistical significance (**Figure 6B**). We assessed in parallel the response of PLWH's neutrophils to inflammatory cytokines (TNF-α and IFN-γ) (**Figure 6C**). Few significant differences were observed in the secretome of neutrophils from PLWH versus HD upon activation by either cytokine. Upon TNF-α activation we observed a decreased secretion of IFN-λ1, IFN-λ2/3 and TNF-α (as well as a trend to a decrease in IL-1ß) and on the contrary, an increased secretion of CCL2 (**Figure 6D**). Neutrophils from PLWH also had similar secretion profiles than those from HD upon stimulation with free HIV-1 virions or in the form of ICs (bNAb alone, was used as a control) (**Figure 7**). Overall, these results show that neutrophils from PLWH under ART maintain the ability to secrete cytokines/chemokines in

response to danger signals, and for some analytes (i.e. CXCL1, CCL2, CCL3 and IFN-γ) they can even display a stronger secretion than neutrophils isolated from HD, at least for certain stimulatory conditions and/or donor samples. These findings also show that neutrophils from PLWH respond to HIV-1 and ICs as weakly as those from HD, suggesting no preceding priming induced by the pathology-related inflammation.

Neutrophils from PLWH show stronger CD16 shedding in response to danger signals than neutrophils from HD

We analyzed in parallel the expression of FcγRs in neutrophils from PLWH upon activation by different danger signals associated with HIV-1 infection, as this is an important issue in the context of bNAb-based therapy. Upon TLR4 activation, CD16b and CD32a cell surface levels on neutrophils from PLWH were significantly lower than those observed in HD (**Figure 8A**). In contrast, TLR7/8 activation resulted in no significant difference in the expression of either FcγR as compared to HD (**Figure 8A**). Similar to TLR4 activation, TNF-α stimulation led to a significant lower expression of CD16b and CD32a on neutrophils from PLWH, as compared to HD (**Figure 8B**). In contrast, IFN-γ activation only led to significantly lower levels of CD16b (**Figure 8B**). No difference in expression was observed for CD16b or CD32a upon activation by free HIV-1 virions (**Figure 8C**) as with TLR7/8 activation. These results highlight that CD16b shedding can be affected by HIV-1 infection as neutrophils from PLWH showed a stronger CD16 shedding as compared to HD upon activation by TLR4 and inflammatory cytokines. However, such enhanced CD16 shedding was not observed upon activation by viral stimuli (i.e. TLR7/8, HIV-1, free or in the form of ICs).

Neutrophils from PLWH display enhanced expression of FcγRs, MHC-II molecules, CXCR4, and PD-L1

We then performed a phenotypic study of neutrophils isolated from PLWH and HD to further assess to what extent HIV-1 infection affected neutrophil properties. To this end, we measured the expression of 18 cell surface markers in the absence of stimulation. The panel was chosen to follow the expression of markers of interest in HIV-1 infection (CXCR4), neutrophil activation (CD11b, CD66b, CD63, CD62L), neutrophil maturity (CD10), neutrophil immunosuppressive properties (PD-L1) and Fc receptors (CD16, CD32, CD64 and CD89), among others. Within the 18 markers, we found a significantly higher expression on PLWH's neutrophils of two FcγRs (CD16b and CD64) and 3 other cell surface molecules, namely

318   CXCR4, PD-L1 and HLA-DR. We also detected a decreased expression of the adhesion

319   molecule CD172α in neutrophils from PLWH (**Figure 9**). Thus, despite similar secretion

320   profiles when activated by HIV-1 virions and/or ICs, neutrophils from PLWH show phenotypic

321   differences as compared to HD. These differences might reflect different functional properties.

Discussion

We have previously shown in a mouse model of retroviral infection that neutrophils have a key immunomodulatory role in the induction of a protective immunity (19,20). Here, we provide new insights into the immunomodulatory properties of neutrophils in the context of HIV-1 infection and antiviral mAb-therapy. Our study dissects the secretome and expression of neutrophil immune receptors in a stimulus-specific manner both in HD and PLWH. Noteworthy, most studies on immunomodulatory functions of neutrophils are based on bacterial activation (i.e. TLR4 activation), while the effect of virus-dependent activation is understudied. The latter has been mostly investigated using TLRs as surrogates, and there are few data on whether and how HIV-1 and/or HIV-ICs affect their immunomodulatory properties. Our work highlights that neutrophil from ART-treated PLWH conserve the ability to secrete cytokines/chemokines in response to danger signals but display different phenotypic features than HD's neutrophils. It also shows that inflammatory environment shapes neutrophils immunomodulatory properties and allows them to better respond to HIV-1 viral determinants, free or in the form of ICs.

Based on the observed upregulation of CD11b and CD66b cell surface activation markers, our data show that both TLR4 and TLR7/8 agonists similarly activate neutrophils. However, TLR4 agonist led to a significantly decrease expression of two FcγRs (CD16b and CD32a) as compared to the TLR7/8 agonist. This suggests a stronger effect of bacterial-associated danger signals on FcγRs modulation than virus-associated danger signals, notably on the shedding of CD16b. Similarly, our data also show that free HIV-1 and ICs had either a mild effect or no effect, respectively, on the modulation of CD16b cell surface levels, despite that both stimuli significantly increased the expression of CD11b and CD66b. However, TNF-α, but not IFN-γ, led to a strong CD16b shedding as well as a decrease in the CD32a cell surface levels (although the latter to a much lesser extent). This shows a clear effect of inflammatory conditions in promoting CD16b shedding that might have biological consequences. On one hand, soluble CD16b might have immunomodulatory functions as it has been shown to play a dominant role in clearing ICs (31) and to bind complement receptors (32) leading to an increased cell activation. On the other hand, it has been suggested that CD16 shedding might grant access to cell-activating CD32a (33). In addition, CD16b shedding can be affected by pathological conditions as observed for neutrophils from PLWH that showed stronger CD16 shedding upon activation than HD's neutrophils. This stimulus-dependent and pathology-dependent modulation of FcγRs might have to be taken into account in the context of HIV-1 infection and

bNAb-based immunotherapies alone or in combinatorial therapeutic approaches involving TLR

agonists (14,34–38) as it might affect their therapeutic efficacy. This might also be relevant to

consider it in the context of bacterial co-infections in PLWH (39).

Our work also allowed us to dissect, at the protein level, the chemokine/cytokine secretion

profiles of neutrophils in a stimulus-dependent manner under both physiological (HD) and

pathological (PLWH) conditions. This is important to point out as multiple studies assessing

the secretion profile of neutrophils upon different stimuli were based on transcriptomic

approaches instead of *bona fide* cytokine/chemokine secretion. In agreement with previous

studies, we have shown that neutrophils isolated from HD and activated by LPS, R848 or TNF-

α secreted IL-8, CXCL1, CCL3 and CCL4 (23–25,27), while IFN-γ only induced the secretion

of IL-8. We also observed the secretion of IFN-λ2/3 by LPS-activated neutrophils in half of the

samples tested, which has not been described thus far. Finally, our work finely describes the

secretome of HIV-1-and IC-activated neutrophils, thus far unreported. Importantly, the

cytokines/chemokines secreted upon activation with HIV-1 and ICs are involved in neutrophil

activation (IL-8) and recruitment (CXCL1, CCL3) and/or act as chemoattractant for NK cells,

monocytes and various other immune cells in the site of inflamed or damaged tissue (CCL4)

(40). Interestingly, although it is only detected in a proportion of samples, the secretion of IFN-

λ by neutrophils observed upon HIV-1 stimulation has not been described to date. This family

of cytokines have been shown to modulate antiviral immune response (41), but its role in HIV-

1 infection is still unclear. Further investigations are necessary to ascertain the secretion of IFN-

λ by neutrophils activated by the different stimuli and to determine the biological consequences

of its production in the context on neutrophil biology and HIV-1 infection. In this regard, it has

been shown that IFN-λ (i) diminishes the production of reactive oxygen species and

degranulation in neutrophils (42) and (ii) IFN-λ3 inhibits HIV-1 infection of macrophages (43).

In the context of HIV-1 infection, a key question not yet fully addressed is the capacity of

neutrophils to respond, in terms of cytokines/chemokines secretion, to pathogen-associated

danger signals and cytokine stimulation. Our data show that neutrophils isolated from ART-

treated PLWH respond to TLR agonists, pro-inflammatory cytokines, HIV-1 and ICs in a

similar way than neutrophils from HD, if not better. This is the case for the enhanced secretion

of CCL2 upon TNFα activation and CCL3/CXCL1 upon TLR activation. These observations

indicate that (i) neutrophils retain their capacity to secrete cytokines/chemokines in the immune

context associated with HIV-1 infection, and (ii) such immune context may even potentiate the

secretion of some specific chemokines. Our results contrast with previous studies reporting

impaired cytokine secretion by LPS-activated neutrophils isolated from PLWH on ART for less

than 2 years and having developed AIDS (30). Thus, in advanced stages of disease, the ability

of neutrophils to respond to danger signals is apparently altered, which can contribute to the

disease evolution. This does not seem to be the case for neutrophils isolated from aviremic,

ART-treated PLWH as shown here, highlighting the importance of ART in maintaining not

only their effector functions (6,44), but also their cytokine/chemokine secretion capacity.

Our work also sheds new light on the phenotypic characteristics of neutrophils in PLWH. We

found that several cell surface molecules were significantly increased in PLWH. First, we

observed an increased expression of CD16b and CD64, while CD32a levels were not affected.

However, the upregulation of these FcγRs in PLWH did not result in an increased secretion of

cytokines and chemokines upon IC-activation of neutrophils as compared to HD. Indeed, while

increased FcγR-mediated phagocytic activity may directly influence immune activation, the

effect of specific FcγRs in modulating cytokines/chemokines secretion in neutrophils is still ill-

understood. Further investigations are required to determine the potential FcγR-dependent

enhancement of cytokines/chemokine by ICs as well as the FcγRs involved. Second, our results

show the upregulation of HLA-DR in PLWH neutrophils. This observation is also in agreement

with the increased frequency of HLA-DR[high] neutrophils in SIV-infected macaques as described

by Lemaitre et al (45). On the contrary, Bowers *et al* (46) reported that the expression of HLA-

DR was unmodified in PLWH neutrophils. However, experiments were performed using whole

blood and not purified neutrophils as we did. These controversial observations could therefore

result from the presence of several neutrophil subsets in whole blood as previously described

(47–49). Third, our results also show an enhanced expression of CXCR4 and PD-L1.

Interestingly, the upregulation of these two cell surface molecules has recently been associated

with neutrophil aging in PLWH (50). However, in contrast to our study, the assessment of

CXCR4 and PD-L1 expression was made using samples from ART-naive PLWH. Finally, our

findings provide further evidence of the upregulation of PD-L1 in PLWH neutrophils. PD-L1

expression has been previously described in different populations of neutrophils (46,47,50) and

irrespective of ART (46,50) in PLWH. It has been associated with T-cell immunosuppressive

effects that can be counteracted by blocking the PD-1/PD-L1 axis (46,50). Thus, the

upregulation of PD-L1 we found in PLWH suggests a potential immunosuppressive role of

PLWH neutrophils.

Another important observation of our study is the effect of the inflammatory environment on

the modulation of neutrophil properties. Thus, the stimulation with inflammatory cytokines

potentiated the release of several chemokines by HIV-1 and IC-activated neutrophils.

Interestingly, TNF-α and IFN-γ priming led to a significant increased secretion of CXCL1 and

CCL4 by IC-activated neutrophils as compared to virus-activated cells. This is in agreement

with our previous results using mouse neutrophils activated with IC-made with a murine

retrovirus (20). Our work also allowed us to identify a different effect of TNF-α and IFN-γ on

the enhancement of the functional properties of IC-activated human neutrophils. Notably, IFN-

γ but not TNF-α, led to enhanced secretion of CCL4 and CCL2 although to a lesser extent for

the latter. It is worth mentioning that the enhanced secretion of CCL2 by HIV-1 and HIV-IC-

activated neutrophils by IFN-γ priming is in agreement with the IFN-γ-mediated upregulation

of CCL2 production previously described in a different experimental setting (51). This finding

suggests that in a Th1 microenvironment, neutrophil might be involved in the recruitment of

monocytes through the secretion of CCL2. Worthy of note, IFN-γ priming led to the

upregulation of FcγRI and TLR8 (potentially involved in IC-mediated signaling and HIV-1

sensing, respectively). Interestingly, this observation is in agreement with the recent study by

Kumola *et al*, showing an upregulation of CD64 and TLR8 upon IFN-γ stimulation as well as

an enhanced expression of PD-L1 (52). This suggests that the enhanced expression of CD64

and PD-L1 we observed on the neutrophils from PLWH could be due to IFN-γ-priming *in vivo*.

However, our results showing that neutrophils from PLWH respond to HIV-1 or ICs as weakly

as those from HD, also raise the possibility that they may not be adequately primed *in vivo*, or

not to an efficient degree. Thus, the question of whether PLWH's neutrophils are primed or not

remains open and deserves further investigation.

In conclusion, our work dissects the phenotypic and functional properties of PLWH neutrophils.

It highlights that they maintain their cytokine and chemokine secretion capacity, while

displaying some immunosuppressive features. It also provides new insights on the modulation

of FcγR expression in the context of danger signals associated with HIV-1 infection which need

to be taken into account in the context of antibody therapy. These findings might be exploited

to improve HIV-1 antiviral therapies in PLWH. This could be achieved by tailoring therapeutic

interventions aiming at either harnessing the immunomodulatory properties of these cells

(through the use of cell-type specific, appropriate immunostimulatory host-directed therapies)

or at counteracting their immunosuppressive function (through the design of combinatorial

approaches involving the blocking of the PD-1/PD-L1 axis) (53,54).

Material & Methods

Ethics

All human blood samples were fully anonymized and given with previous written consent of

the donor. Samples were given under ethical approval of appropriate institutions.

Human blood samples

Blood samples from anonymized healthy donors (HD) were provided by the French

establishment for blood donations (Etablissement Français du Sang, EFS, Montpellier, France)

according to the agreement between this establishment and INSERM (21PLER2018-0069).

EFS provided 7 to 8mL of fresh whole blood in EDTA for each healthy donor.

The use of blood samples from anonymized people living with HIV-1 (PLWH) under

antiretroviral therapies (ART) was approved by the Centre for Biological Resources (DRI#305-

2019-NC and amendment DRI_2022-69-SR). The samples were collected and provided by the

Virology laboratory of the Centre Hospitalier Universitaire (CHU) Lapeyronie of Montpellier

(France). Median age was 57 years old ([22;76]) for 31 PLWH donors (19M; 13F). All donors

were under successful ART with no detectable viral load. 2 to 3mL of whole blood in EDTA

were provided for each PLWH donors.

Primary cells purification

Peripheral blood mononuclear cells (PBMC) and granulocytes were isolated using a

Histopaque-1119 density gradient. Briefly, whole blood sample was diluted to three times its

volume with a solution of PBS 1X (Gibco, cat #10010-015) supplemented with EDTA at 0,2

mM (Invitrogen, cat #15575-038) and loaded on Histopaque-1119 (Sigma-Aldrich, cat

#11191). Density gradient was performed by 800g centrifugation with slow acceleration and

no brake (acceleration 4, brake 0) for 20 minutes. Then, PBMCs ring was collected as well as

the granulocytes- containing fraction underneath.

Monocytes and neutrophils were then purified from PBMC or granulocytes, respectively, using

magnetic-based CD14- or CD15-positive selection kits (STEMCELL TECHNOLOGIES,

CD15$^+$ positive selection REF#18651, CD14$^+$ positive selection REF#117858) according to the

manufacturer's protocol. Purity assessed by flow cytometry was > 98% for both cell type.

Cell culture

Purified neutrophils were plated at a concentration of 2 million cells/mL in 96 U-bottom wells plate and cultured in RPMI 1640 supplemented with GlutaMAX^{TM} medium (Gibco, cat #61870-010), 10% fetal bovine serum (FBS, Eurobio, REF#CVFSVF00-01) and 1% penicillin/streptomycin (Gibco, cat #15140-122) with 10 µg/mL of G-CSF (R&D, cat #214-CS-025).

Purified monocytes were plated at a concentration of 1 million cells/mL in 96 U-bottom wells and cultured in RPMI 1640 medium supplemented with 10% fetal bovine serum and 1% penicillin/streptomycin with 10 µg/mL of GM-CSF (Peprotech, cat #300-03). Cells were then cultured for 16-20h with or without stimulation.

Human embryonic kidney cells (293T HEK cells) (HEK 293T-ATCC-CRL-1575TM) were used for the production of HIV-1 virions. 293T HEK cells were cultured in Dulbecco's Modified Eagle's Medium (DMEM, Gibco, cat #31966) supplemented with 10% fetal bovine serum, sodium pyruvate and antibiotics (penicillin-streptomycin). Cells were grown at 37˚C in a 5% CO_2 atmosphere.

In vitro cell stimulation

For TLR or cytokine stimulations, cells were stimulated overnight with TLR4 agonist (LPS ; Sigma-Aldrich, cat #L4524), TLR7/8 agonist (R848 ; Invivogen, cat #tlrl-r848) at 0,5 µg/mL each, with IFN-γ (R&D, cat #285-IF-100) at 1000 IU/mL or with TNF-α (Peprotech, cat #AF-300-01A) at 1ng/mL. Otherwise, cells were stimulated with either free HIV-1 virions (Ad8 strain, MOI of 3.10^4), immune complexes made with HIV-1 Ad8 and the 10-1074 bNAb or the bNAb alone.

Neutrophils priming

For primed conditions, neutrophils were resuspended in culture medium after purification and stimulated at 37°C 5%CO_2 with IFN-γ at 2000 IU/mL for 30 minutes or with TNF-α at 5ng/mL for 10 minutes. Cells were washed then cultured overnight with either free virus, immune complex or bNAb alone.

Virus production, purification and titration:

2.5 million human embryonic kidney cells (293THEK cell) were seeded in 10 ml of growth media 1 day before transfection. At 50-70% confluence, cells were transfected with calcium

phosphate precipitate method, with 10 μg total quantity of HIV-1 molecular clone expressing

plasmids, as in (55). At 12 hours post transfection, cells were washed and fresh media

supplemented with 20mM Hepes was added on the cells. Cell culture supernatant containing

viral particles was collected 36 hours post-transfection, pooled and filtrated through 0.45 μm

and then purified by ultracentrifugation on a cushion of 25% sucrose in TNE buffer (10 mM

Tris-HCl [pH 7.4], 100 mM NaCl, 1 mM EDTA) at 100000xg, for 1 hour 30 minutes at 4°C,

in a SW32Ti Beckman Coulter rotor. Dry pellet was resuspended with RPMI without serum, at

4°C overnight. Viral titer was quantified by alphaLISA immunoassay (Perkin Elmer) using

anti-HIV-1 p24. Recombinant HIV-1 p24 protein is used for titer standard range. Viral particles

were quantified using Videodrop system (Myriade France).

Recombinant HIV-1 *bNAb production*

Recombinant human HIV-1 IgG1 antibodies, anti-CD4bs 3BNC117 (56) and anti-V3-glycan

10-1074 (57), were produced by co-transfection of Freestyle 293-F cells (Thermo Fisher

Scientific) using the polyethyleneimine (PEI)-based precipitation method as previously

described (58), and purified by affinity chromatography using protein G Sepharose 4 fast flow

beads according to the manufacturer's instructions (Cytiva). Purified IgG antibodies were

dialyzed against PBS using Slide-A-Lyzer Cassettes (10K MWCO; Thermo Fisher Scientific),

and quantified using NanoDrop™ ONE instrument (Thermo Fisher Scientific). Both bNAbs

are of IgG1 isotype and were used at a concentration of 1μg/mL to form ICs.

Immune complexes formation

Viruses (3.10^4 viral particles) and bNAb (1μg/mL) were diluted in culture medium and mixed

together on a 1,5mL Eppendorf, then mixed on a rotative agitator for 20 minutes. ICs were

gently plated with cells in 96 U-bottom wells plate.

Flow cytometry immunophenotyping of neutrophils

Monitoring of phenotypic activation was done by flow cytometry using FACSCantoII, BD

LSRFortessa (BD Bioscience) or Novocyte (Agilent Technologies) flow cytometers. Cells were

stained at room temperature with a viability dye (Zombie NIR™, Biolegend #423105 or

ZombieRed™, Biolegend #423109) for 15 minutes then washed and stained for 20 minutes at

room temperature with fluorochrome-conjugated antibodies. Antibodies for flow cytometry

were PerCPCy5-5-CD15 (HI98, Biolegend #301922), AF488-CD11b (ICRF44, Biolegend

#301317), AF647-CD66b (G10F5, Biolegend #305110), PC7-CD16a/b (3G8, Biolegend

#302016), PE-CD32a/b (FUN-2, Biolegend #303206), PE-CD64 (10.1, Biolegend #305008),

FITC-CD14 (MoP9, STEMCELL Technologies #60124FI).

For immunophenotyping of HD's and PLWH's neutrophils the following antibodies were used:

PerCPCy5-5-CD15 (HI98, Biolegend #301922), PE-LOX-1 (15C4, Biolegend #358604),

BV510-CD11b (ICRF44, Biolegend, #301334), AF647-CD66b (G10F5, Biolegend, #305110),

BV605-CD62L (DREG-52, Biolegend, #304834), BV650-HLA-DR (L243, Biolegend,

#307650), BV711-CD63 (H5C6, Biolegend, #353042), PC7-CD16a/b (3G8, Biolegend,

#302016), PE-CF594-CD64 (10.1, Biolegend, #565389), APC-Fire750-CD32a/b (FUN-2,

Biolegend, #303220), PE-PD-1 (3.13, Miltenyi, #130-177-384), APC-CD177 (MEM-166,

Biolegend, #315808), BV605-CD49d (9F10, Biolegend, #304324), BV711-CD31 (WM59,

Biolegend, #303136), PC7-PD-L1 (MIH1, BD, #558017), PE-CF594-CD10 (HI10a,

Biolegend, #312227), PE-CD89 (Biolegend, #555686), APC- CD172α (15-414, eBiosciences

#17-1729-42), PC7-CXCR4 (12G5, Biolegend, #306514).

Forward scatter area and forward scatter height as well as side scatter area and height were used

to remove doublets from flow cytometry analyses. Gating is done on live cells as assessed by

viability dye and on CD15-positive cells. Data were analyzed using FlowJo software version

10.5.3 (TreeStar).

Cytokines and chemokines secretion quantification

Secretion of soluble cytokines and chemokines were assayed from cell-free culture supernatants

of *in vitro* stimulated neutrophils and monocytes using bead-based immunoassays (LegendPlex,

Biolegend). Two assays were used allowing the quantification of IL-1β, Il-6, TNF-α, CXCL10,

IFN-λ1, IL-8, IL-12p70, IFN-α2, IFN-λ2/3, GM-CSF, IFN-β, IL-10, IFN-γ (LegendPlex

Human anti-virus response panel, Biolegend #740390) and IL-8, CXCL10, CCL11, CCL17,

CCL2, CCL5, CCL3, CXCL9, CXCL5, CCL20, CXCL1, CXCL11, CCL4 (LegendPlex

Human proinflammatory chemokines panel, Biolegend #740985). Immunoassays plates were

read on a Novocyte (Agilent Technologies) flow cytometer and data were analyzed with the

appropriate Biolegend LEGENDplex^{TM} software (https://legendplex.qognit.com).

Transcriptomic studies

RNA was extracted from neutrophils obtained from 4 healthy blood donors. Total RNA was

then purified from 500,000 to 1 million cells using the miRNeasy Micro kit (Qiagen GmbH)

following the manufacturer's instructions. The quantification of all RNA samples was

performed using the Nanodrop One (Thermo Fisher Scientific), and RNA integrity was

evaluated using the Agilent 2100 Bioanalyzer system. RNA expression profiling was performed using Myeloid Innate Immunity Panel 2.0 (770 genes in 19 different pathways). Gene expression analysis was conducted with the NanoString technology. Briefly, 5 μL/sample containing of 50 ng of total RNA was combined with the nCounter® reporter CodeSet (3 μL) and nCounter® capture ProbeSet (2 μL) along with hybridization buffer (5 μL) for an overnight hybridization reaction at 65 °C. The reaction was then cooled to 4 °C, and the samples were purified, immobilized on a cartridge, and the data were assessed using the nCounter SPRINT. All expression data was reviewed using NanoString® nSolver™ Analysis software 4.0. To identify main biological processes modulated by cytokine priming, genes upregulated and downregulated were analyzed using Metascape (59).

Surface Plasmon resonance (SPR)

Affinity of bNAbs for Fcγ Receptors was assessed by SPR experiments performed on a Biacore T200 (GE Healthcare). SPR experiments were performed on a T200 apparatus at 25°C in PBS containing 0,05 % P20 surfactant (Cytiva). Anti-histidine antibody (R&D Systems) was covalently immobilized on a CM5-S sensor chip flowcell (Fc2) by amine coupling according to the manufacturer's instructions (Cytiva). A control reference surface (flowcell Fc1) was prepared using the same chemical treatment but without anti-His antibody. All kinetic measurements in Fc1 and Fc2 were performed by single-cycle titration at 100μl/min. Each human FcγR (R&D Systems) was captured on immobilized anti-His antibodies at 100-200 RU level. Five increasing concentrations (3,6, 11, 33, 100, 300 nM) of antibody were injected (injection time = 60s) at 100μl/min on captured receptors. After a dissociation step of 600s in running buffer, sensor surfaces were regenerated using 10μl of glycine-HCl pH1.5. All the sensorgrams were corrected by subtracting the low signal from the control reference surface and buffer blank injections. Kinetic parameters were evaluated from the sensorgrams using a two-states or a steady-state models from the T200 evaluation software.

Statistics

Statistical analyses were performed using Prism software version 9.5.1 (GraphPad). Simple group comparisons were performed using the Wilcoxon signed rank test for paired data or the Mann–Whitney test for unpaired data. Multiple group comparisons were performed using Friedmann test for paired data or using Kruskal-Wallis test for unpaired data with additional multiple comparisons Dunn test. Significance was assigned as follows: $*p < 0.05$, $**p < 0.01$, $***p < 0.001$, and $****p < 0.0001$.

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Authors contribution

Soledad Marsile-Medun (SMM), Mar Naranjo-Gomez (MN-G) and Mireia Pelegrin (MP) defined the research program; SMM, Manon Souchard (MS), Daouda Abba Mousssa (DAM), Giang Ngo (GN), Martine Pugnière (MPu,) and MN-G, performed the experiments; Valerie Lorin (VL) and Hugo Mouquet (HM) provided advice on and generated bNAbs; Elisa Reynaud (ER) and Edouard Tuaillon (ET) managed and provided PLWH blood samples. Rayane Dibsy (RD) and Delphine Muriaux DM) provided advice on and performed HIV-1 production, purification and quantification. SMM, MS, MN-G and MP carried out the data analyses. SMM, MN-G and MP wrote the manuscript. Grants to SMM, MN-G and MP funded the study. All authors discussed, commented on and approved the manuscript in its final form.

Conflict of interests

None

REFERENCES

1.   Gabriel C, Her Z, Ng LFP. Neutrophils: Neglected Players in Viral Diseases. DNA and

Cell Biology. 2013;32(12):665-75.

2.   Mantovani A, Cassatella MA, Costantini C, Jaillon S. Neutrophils in the activation and

regulation of innate and adaptive immunity. Nat Rev Immunol. 2011;11:519-31.

3.   Leliefeld PHC, Koenderman L, Pillay J. How Neutrophils Shape Adaptive Immune

Responses. Front Immunol. 2015;6:471.

4.   Ley K, Hoffman HM, Kubes P, Cassatella MA, Zychlinsky A, Hedrick CC, et al.

Neutrophils: New insights and open questions. Sci Immunol. 2018 ;3(30):eaat4579.

5.   Hensley-McBain T, Klatt NR. The Dual Role of Neutrophils in HIV Infection. Curr

HIV/AIDS Rep. 2018;15(1):1-10.

6.   Casulli S, Elbim C. Interactions between human immunodeficiency virus type 1 and

polymorphonuclear neutrophils. J Innate Immun. 2014;6:13-20.

7.   Frattari GS, Caskey M, Søgaard OS. Broadly neutralizing antibodies for HIV treatment

and cure approaches. Curr Opin in HIV and AIDS. 2023;18(4):157-63.

8.   Pelegrin M, Naranjo-Gomez M, Piechaczyk M. Antiviral Monoclonal Antibodies: Can

They Be More Than Simple Neutralizing Agents? Trends Microbiol. 2015;23(10):653-65.

9.   Pelegrin M, Marsile-Medun S, Abba-Moussa D, Souchard M, Naranjo-Gomez M. Fc-

Dependent Immunomodulation Induced by Antiviral Therapeutic Antibodies: New

Perspectives for Eliciting Protective Immune Responses. Antibodies (Basel). 2022;11(3):50.

10.   Julg B, Barouch D. Broadly neutralizing antibodies for HIV-1 prevention and therapy.

Semin Immunol. 2021;51:101475.

11.   Caskey M, Klein F, Nussenzweig MC. Broadly neutralizing anti-HIV-1 monoclonal

antibodies in the clinic. Nat Medicine. 2019;25(4):547-53.

12.   Spencer DA, Shapiro MB, Haigwood NL, Hessell AJ. Advancing HIV Broadly

Neutralizing Antibodies: From Discovery to the Clinic. Front Public Health. 2021;9:690017.

13.   Walsh SR, Seaman MS. Broadly Neutralizing Antibodies for HIV-1 Prevention. Front

Immunol. 2021;12:712122.

14.   Mahomed S, Garrett N, Baxter C, Abdool Karim Q, Abdool Karim SS. Clinical Trials

of Broadly Neutralizing Monoclonal Antibodies for Human Immunodeficiency Virus

Prevention: A Review. J Infect Dis. 2021;223(3):370-80.

15.   Bruhns P, Jönsson F. Mouse and human FcR effector functions. Immunol Rev.

2015;268(1):25-51.

16.   Gogesch P, Dudek S, van Zandbergen G, Waibler Z, Anzaghe M. The Role of Fc

Receptors on the Effectiveness of Therapeutic Monoclonal Antibodies. Int J Mol Sci.
2021;22(16):8947.

17.   Lambour J, Naranjo-Gomez M, Piechaczyk M, Pelegrin M. Converting monoclonal
antibody-based immunotherapies from passive to active: bringing immune complexes into play.
Emerg Microbes Infect. 2016;5(8):e92.

18.   Michaud HA, Gomard T, Gros L, Thiolon K, Nasser R, Jacquet C, et al. A crucial role
for infected-cell/antibody immune complexes in the enhancement of endogenous antiviral
immunity by short passive immunotherapy. PLoS Pathog. 2010;6:e1000948.

19.   Naranjo-Gomez M, Lambour J, Piechaczyk M, Pelegrin M. Neutrophils are essential
for induction of vaccine-like effects by antiviral monoclonal antibody immunotherapies. JCI
Insight. 2018;3(9).

20.   Lambour J, Naranjo-Gomez M, Boyer-Clavel M, Pelegrin M. Differential and
sequential immunomodulatory role of neutrophils and Ly6Chi inflammatory monocytes during
antiviral antibody therapy. Emerg Microbes Infect. 2021;10(1):964-81.

21.   Naranjo-Gomez M, Cahen M, Lambour J, Boyer-Clavel M, Pelegrin M.
Immunomodulatory Role of NK Cells during Antiviral Antibody Therapy. Vaccines.
2021;9(2):137.

22.   Dugast AS, Arnold K, Lofano G, Moore S, Hoffner M, Simek M, et al. Virus-driven
Inflammation Is Associated With the Development of bNAbs in Spontaneous Controllers of
HIV. Clin Infect Dis. 2017;64(8):1098-104.

23.   Tamassia N, Le Moigne V, Calzetti F, Donini M, Gasperini S, Ear T, et al. The MyD88-
independent pathway is not mobilized in human neutrophils stimulated via TLR4. J Immunol.
2007;178(11):7344-56.

24.   Cassatella MA. Neutrophil-derived proteins: selling cytokines by the pound. Adv
Immunol. 1999;73:369-509.

25.   Kasama T, Strieter RM, Standiford TJ, Burdick MD, Kunkel SL. Expression and
regulation of human neutrophil-derived macrophage inflammatory protein 1 alpha. J Exp Med.
1993;178(1):63-72.

26.   Yeaman GR, Collins JE, Currie JK, Guyre PM, Wira CR, Fanger MW. IFN-gamma is
produced by polymorphonuclear neutrophils in human uterine endometrium and by cultured
peripheral blood polymorphonuclear neutrophils. J Immunol. 1998;160(10):5145-53.

27.   Tecchio C, Cassatella MA. Neutrophil-derived chemokines on the road to immunity.
Semin Immunol. 2016;28(2):119-28.

28.   Niessl J, Baxter AE, Mendoza P, Jankovic M, Cohen YZ, Butler AL, et al. Combination

anti-HIV-1 antibody therapy is associated with increased virus-specific T cell immunity. Nat Med. 2020;26(2):222-7.

29.   Naranjo-Gomez M, Pelegrin M. Vaccinal effect of HIV-1 antibody therapy: dream or reality? Curr Opin in HIV and AIDS. 2023; 18(4):209-216.

30.   Gasperini S, Zambello R, Agostini C, Trentin L, Tassinari C, Cadrobbi P, et al. Impaired cytokine production by neutrophils isolated from patients with AIDS. AIDS. 1998;12(4):373-9.

31.   Williams TE, Nagarajan S, Selvaraj P, Zhu C. Concurrent and independent binding of Fcgamma receptors IIa and IIIb to surface-bound IgG. Biophys J. 2000;79(4):1867-75.

32.   Galon J, Gauchat JF, Mazières N, Spagnoli R, Storkus W, Lötze M, et al. Soluble Fcgamma receptor type III (FcgammaRIII, CD16) triggers cell activation through interaction with complement receptors. J Immunol. 1996;157(3):1184-92.

33.   Selvaraj P, Fifadara N, Nagarajan S, Cimino A, Wang G. Functional Regulation of Human Neutrophil Fc γ Receptors. Immunology Research. 2004;29(1-3):219-30.

34.   Hvilsom CT, Søgaard OS. TLR-Agonist Mediated Enhancement of Antibody-Dependent Effector Functions as Strategy For an HIV-1 Cure. Front Immunol. 2021 ;12:704617.

35.   Vibholm LK, Konrad CV, Schleimann MH, Frattari G, Winckelmann A, Klastrup V, et al. Effects of 24-week Toll-like receptor 9 agonist treatment in HIV type 1+ individuals. AIDS. 2019;33(8):1315-25.

36.   Moldt B, Chandrashekar A, Borducchi EN, Nkolola JP, Stephenson H, Nagel M, et al. HIV envelope antibodies and TLR7 agonist partially prevent viral rebound in chronically SHIV-infected monkeys. PLoS Pathog. 2022;18(4):e1010467.

37.   Borducchi EN, Liu J, Nkolola JP, Cadena AM, Yu WH, Fischinger S, et al. Antibody and TLR7 agonist delay viral rebound in SHIV-infected monkeys. Nature. 2018;563(7731):360-4.

38.   Hsu DC, Schuetz A, Imerbsin R, Silsorn D, Pegu A, Inthawong D, et al. TLR7 agonist, N6-LS and PGT121 delayed viral rebound in SHIV-infected macaques after antiretroviral therapy interruption. PLoS Pathog. 2021;17(2):e1009339.

39.   Bell LCK, Noursadeghi M. Pathogenesis of HIV-1 and Mycobacterium tuberculosis co-infection. Nat Rev Microbiol. 2018;16(2):80-90.

40.   Menten P, Wuyts A, Van Damme J. Macrophage inflammatory protein-1. Cytokine Growth Factor Rev. 2002;13(6):455-81.

41.   Syedbasha M, Egli A. Interferon Lambda: Modulating Immunity in Infectious Diseases. Front Immunol. 2017;8.

42.   Broggi A, Tan Y, Granucci F, Zanoni I. IFN-λ suppresses intestinal inflammation by
non-translational regulation of neutrophil function. Nat Immunol. 2017;18(10):1084-93.

43.   Liu MQ, Zhou DJ, Wang X, Zhou W, Ye L, Li JL, et al. IFN-λ3 Inhibits HIV Infection
of Macrophages through the JAK-STAT Pathway. PLoS ONE. 2012;7(4):e35902.

44.   Michailidis C, Giannopoulos G, Vigklis V, Armenis K, Tsakris A, Gargalianos P.
Impaired phagocytosis among patients infected by the human immunodeficiency virus:
implication for a role of highly active anti-retroviral therapy. Clin Exp Immunol.
2012;167(3):499-504.

45.   Lemaitre J, Desjardins D, Gallouët AS, Gomez-Pacheco M, Bourgeois C, Favier B, et
al. Expansion of Immature Neutrophils During SIV Infection Is Associated With Their Capacity
to Modulate T-Cell Function. Front Immunol. 2022;13:781356.

46.   Bowers NL, Helton ES, Huijbregts RP, Goepfert PA, Heath SL, Hel Z. Immune
suppression by neutrophils in HIV-1 infection: role of PD-L1/PD-1 pathway. PLoS Pathog.
2014;10:e1003993.

47.   Marsile-Medun S, Souchard M, Abba Moussa D, Reynaud É, Tuaillon E, Naranjo-
Gomez M, et al. Fc receptors are key discriminatory markers of granulocytes subsets in people
living with HIV-1. Front Immunol. 2024;15:1345422.

48.   Cloke T, Munder M, Taylor G, Müller I, Kropf P. Characterization of a novel population
of low-density granulocytes associated with disease severity in HIV-1 infection. PLoS One.
2012;7(11):e48939.

49.   Cloke T, Munder M, Bergin P, Herath S, Modolell M, Taylor G, et al. Phenotypic
alteration of neutrophils in the blood of HIV seropositive patients. PLoS One.
2013;8(9):e72034.

50.   Liu K, Huang HH, Yang T, Jiao YM, Zhang C, Song JW, et al. Increased Neutrophil
Aging Contributes to T Cell Immune Suppression by PD-L1 and Arginase-1 in HIV-1
Treatment Naïve Patients. Front Immunol. 2021;12:670616.

51.   Yoshimura T, Takahashi M. IFN-γ-Mediated Survival Enables Human Neutrophils to
Produce MCP-1/CCL2 in Response to Activation by TLR Ligands. J. Immunol.
2007;179(3):1942-9.

52.   Kummola L, Salomaa T, Ortutay Z, Savan R, Young HA, Junttila IS. IL-4, IL-13 and
IFN-γ -induced genes in highly purified human neutrophils. Cytokine. 2023;164:156159.

53.   Guihot A, Marcelin AG, Massiani MA, Samri A, Soulié C, Autran B, et al. Drastic
decrease of the HIV reservoir in a patient treated with nivolumab for lung cancer. Ann Oncol.
2018;29(2):517-8.

54.   Gay CL, Bosch RJ, Ritz J, Hataye JM, Aga E, Tressler RL, et al. Clinical Trial of the

Anti-PD-L1 Antibody BMS-936559 in HIV-1 Infected Participants on Suppressive

Antiretroviral Therapy. J Infect Dis. 2017;215(11):1725-33.

55.   Inamdar K, Tsai FC, Dibsy R, de Poret A, Manzi J, Merida P, et al. Full assembly of

HIV-1 particles requires assistance of the membrane curvature factor IRSp53. Elife.

2021;10:e67321.

56.   Scheid JF, Mouquet H, Ueberheide B, Diskin R, Klein F, Oliveira TYK, et al. Sequence

and structural convergence of broad and potent HIV antibodies that mimic CD4 binding.

Science. 2011;333(6049):1633-7.

57.   Mouquet H, Scharf L, Euler Z, Liu Y, Eden C, Scheid JF, et al. Complex-type N-glycan

recognition by potent broadly neutralizing HIV antibodies. Proc Natl Acad Sci U S A.

2012;109(47):E3268-3277.

58.   Lorin V, Mouquet H. Efficient generation of human IgA monoclonal antibodies. J

Immunol Methods. 2015;422:102-10.

59.   Zhou Y, Zhou B, Pache L, Chang M, Khodabakhshi AH, Tanaseichuk O, et al.

Metascape provides a biologist-oriented resource for the analysis of systems-level datasets. Nat

Commun. 2019;10(1):1523.

Figure Legends

Figure 1 Activation of human neutrophils stimulated *in vitro* by Toll-like receptors (TLRs) agonists.
Human neutrophils from healthy donors were activated by TLRs agonists, TLR4 (LPS), TLR7/8 (R848). (A). Gating strategy used for all experiments. (B-C) Viability (B) and phenotypic activation (C) assessed by monitoring cell surface markers. Fold change is measured versus unstimulated cells (dashed lines). It is represented as the ratio MFI stimulated cells/MFI unstimulated cells. (D-E) Cytokines and chemokines secretion profile, represented as heatmap (D) and histograms for each cytokine/chemokine assessed (E). Values are mean +/- SD of at least 25 (B-C) and 8 (D-E) independent measurements. Significance was assigned as follows: ∗∗p <0,01 and ∗∗∗p < 0.001. NS: non-stimulated.

Figure 2. Activation of human neutrophils stimulated *in vitro* by TNF-α or IFN-γ.
Human neutrophils from healthy donors were activated overnight by TNF-α at 1 ng/mL or IFN-γ at 1000 IU/mL. (A-B) Viability (A) and phenotypic (B) activation assessed by monitoring cell surface markers. Fold change is measured versus unstimulated cells (dashed lines). It is represented as the ratio MFI stimulated cells/MFI unstimulated cells. (C-D) Cytokines and chemokines secretion profile, represented as a heatmap (C) and histograms (D) for each cytokine/chemokine assessed. Values are mean +/- SD of at least 19 (A) and 8 (B-D) independent measurements. Significance was assigned as follows: ∗p < 0.05, and ∗∗p < 0.01. NS: non-stimulated.

Figure 3. Activation of human neutrophils stimulated *in vitro* by HIV-1 virions, ICs or free bNAb.
Human neutrophils from healthy donors were activated by HIV-1 virions, ICs or free bNAb. (A-B) Viability (A) and phenotypic activation (B) assessed by monitoring cell surface markers. Fold change is measured versus unstimulated cells (dashed lines). It is represented as the ratio MFI stimulated cells/MFI unstimulated cells. (C-D) Cytokines and chemokines secretion profile, represented as a heatmap (C) and histograms (D) for each cytokine/chemokine assessed. Values are mean +/- SD of at least 21 (A-B) and 17 (C-D) independent measurements. Significance was assigned as follows: ∗p < 0.05, ∗∗p < 0.01, ∗∗∗p < 0.001, and ∗∗∗∗p < 0.0001. NS: non-stimulated.

Figure 4. Secretion profile of human neutrophils primed with TNF-α (B) or IFN-γ (C) and then stimulated *in vitro* by HIV-1 virions, ICs or free bNAb.
(A) Protocol for priming of neutrophils. Dashed lines indicate the level of secretion induced by either TNF-α alone (B) or IFN-γ alone (C). Values are of 10 (B) and 6 (C) independent measurements. Significance was assigned as follows: ∗p < 0.05 and ∗∗p < 0.01

Figure 5. Transcriptomic analysis of neutrophils primed with TNF-α or IFN-γ.
Heatmap (A) and Volcano plot (B) representation of upregulated and downregulated genes by TNF-α or IFN-γ. (C) Venn diagram of regulated genes after cytokine stimulation. (D) Genes upregulated and downregulated were analyzed using Metascape (https://metascape.org/gp/index.html#/main/step1) to identify main biological processes modulated by cytokine priming. Data from 4 independent samples.

Figure 6. Activation of human neutrophils isolated from HD or PLWH stimulated *in vitro* by TLR agonists LPS (TLR4) and R848 (TLR7/8) or inflammatory cytokines (TNF-α and IFN-γ).
(A-B) Cytokines and chemokines secretion profile upon activation by TLR agonists, represented as a heatmap (A) and histograms (B) for each cytokine/chemokine assessed. (C-D) Cytokines and chemokines secretion profile upon activation by inflammatory cytokines, represented as a heatmap (C) and histograms (D) for each cytokine/chemokine assessed. Values are mean +/- SD of at least 9 (A-B) and 4 (C-D) independent measurements.

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Figure 7. Activation of human neutrophils isolated from HD or PLWH stimulated *in vitro* by HIV-1 virions, ICs or free bNAb.
(A-B) Cytokines and chemokines secretion profile, represented as a heatmap (A) and histograms (B) for each cytokine/chemokine assessed. Values are mean +/- SD of 6 independent measurements.

Figure 8. Modulation of the expression of FcγR on human neutrophils isolated from HD or PLWH stimulated *in vitro* by TLR agonist, inflammatory cytokines, HIV-1 virions, ICs or free bNAb.
(A-C) Modulation of the cell surface levels of CD16 and CD32 upon activation by TLR agonists (A), cytokines (B), and HIV-1 virions, ICs or free bNAb (C). Fold change is measured versus unstimulated cells (dashed lines). It is represented as the ratio MFI stimulated cells/MFI unstimulated cells. Values are mean +/- SD of at least 14 (A), 8 (B) and 6 (C) independent measurements. Significance was assigned as follows: ∗$p < 0.05$ and ∗∗$p < 0.01$

Figure 9: Phenotypic characterization of neutrophils isolated from PLWH and HD blood samples.
Purified neutrophils were immunophenotyped by assessing the expression of 18 cell surface markers. Data include at least 19 PLWH blood samples and 4 HD samples. Statistical analyses are unpaired Mann-Whitney test. Significance was assessed as follows: ∗$p < 0.05$, ∗∗∗$p < 0.001$, and ∗∗∗∗$p < 0.0001$.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

A

	HIV-1		IC		bNAb	
	HD	PLWH	HD	PLWH	HD	PLWH
IL-8	911.8	365.2	1033.5	439.4	348.2	141.7
IL-1β	2.5	0.0	2.7	0.0	0.0	0.0
IFN-λ1	0.0	0.0	2.7	0.0	0.0	0.0
IFN-λ2/3	7.8	0.0	8.2	5.2	5.1	0.0
IFN-γ	1.7	0.7	2.0	1.1	0.4	0.2
CCL3	8.3	0.0	7.4	0.0	6.9	0.0
CCL4	41.2	23.2	40.5	22.8	8.4	1.5
CXCL1	8.8	8.5	9.4	8.4	5.1	5.5
CCL2	5.9	0.0	6.7	0.0	1.1	0.0

pg/mL legend: >3000, 2000-3000, 1000-2000, 500-1000, 250-500, 100-250, 50-100, 20-50, 10-20, 5-10, 2-5, 0-2

B

Figure 8

Figure 9