Metabolic reprogramming of hypoxic tumour-associated macrophages through CSF-1R targeting favours treatment efficiency in colorectal cancers

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Abstract

Tumour associated macrophages participate to the complex sustainability network that favours tumour growth. Among the various strategies that have been developed to target these cells, CSF-1R receptor blockade is one of the most promising one. Here, we characterize the resulting state of human macrophages exposed to a CSF-1R kinase inhibitor. We find that inhibition of CSF-1R receptor in human macrophages is able to impair cholesterol synthesis, fatty acid metabolism and hypoxia-driven expression of dihydropyrimidine dehydrogenase, an enzyme responsible for the 5-FU macrophage-mediated chemoresistance. We demonstrate that this inhibition of the CSF-1R receptor leads to a downregulation of the expression of SREBP2, a transcription factor controlling the cholesterol and fatty acid synthesis. We also demonstrate that the inhibition of ERK1/2 phosphorylation resulting from the CSF-1R receptor targeting destabilizes the expression of HIF2α in hypoxia resulting in the downregulation of dihydropyrimidine dehydrogenase expression restoring the sensitivity to 5-Fluorouracil in colorectal cancers. These results reveal the unexpected metabolic rewiring resulting from the CSF-1R receptor targeting of human macrophages in tumours.

Introduction

A large body of work has been reported providing compelling evidence that tumour-associated macrophages (TAMs) participate to tumour growth, treatment resistance and metastasis (DeNardo & Ruffell, 2019; Engblom *et al*, 2016). Indeed, TAMs are associated with bad prognosis in a vast majority of solid tumours (Cortese *et al*, 2020). Consequently, a huge effort has been done to target TAMs in order to direct the immune response against the tumour (Mantovani *et al*, 2022). CSF-1R is a receptor, possessing an intrinsic tyrosine kinase activity, which recognizes CSF-1 (M-CSF, macrophage colony stimulating factor) and IL-34. CSF-1/CSF-1R (CSF-1 receptor) signalling pathway is involved in the survival, proliferation, differentiation and chemotaxis of macrophages (Stanley & Chitu, 2014). This pivotal role opens the way to use CSF-1R receptor targeting in various pathological contexts and especially in cancer to modulate macrophages (Cannarile *et al*, 2017). CSF-1R receptor targeting has been used in various tumour mice models reaching promising results but only mild beneficial effects in humans when used alone (Mantovani *et al*, 2022). Moreover, the recognition that the type of tumour model used (O'Brien *et al*, 2021) and the modification of the cellular environment such as oxygen availability (Pradel *et al*, 2016) impact the efficiency of the CSF-1R targeting highlights the need for a better understanding of the CSF-1R receptor targeting's functional consequences on human macrophages.

The importance of CSF-1R receptor blockade beyond apoptosis induction has been recognized in animal models advocating for the opportunity to attain an anti-tumour phenotypic reprogramming (Pyonteck *et al*, 2013). Nevertheless, the mechanisms involved in macrophage's reprogramming through CSF-1R targeting are unclear.

Here, we characterize the functional consequences of CSF-1R receptor inhibitors on human

macrophages. We show that inhibition of CSF-1R receptor is associated with an impairment

of cholesterol and fatty acids synthesis under the control of the transcription factor SREBP2.

Moreover, CSF-1R receptor blockade leads to an inhibition of the phosphorylated state of

ERK1/2 resulting in the decrease of HIF2α, a hypoxic response transcription factor,

expression. A consequence of the HIF2α-dependent hypoxic response is the downregulation

of dihydropyrimidine dehydrogenase expression, the limiting rate enzyme of the first step of

the pyrimidine catabolism pathway, which is responsible for a hypoxia driven macrophage-

mediated chemoresistance against 5-Fluorouracil in colorectal cancers (Malier *et al*, 2021).

Results

Complete CSF-1R inhibition is associated with a profound phenotypic change without death

induction in human macrophages

Upon ligation of CSF-1, the CSF-1 receptor dimerizes leading to multiple site phosphorylation

of the intracellular tail of the receptor (Stanley & Chitu, 2014). To study the resulting effect of

CSF-1R receptor dependent signalling pathway inhibition, we first evaluated the response of

the phosphorylation of the tyrosine 723 to an increasing dose of edicotinib, a tyrosine kinase

inhibitor specific to CSF-1R. We found that edicotinib at 10μM is able to completely inhibit

CSF-1R's phosphorylation (Figure 1A). CSF-1R receptor targeting by tyrosine kinase inhibitors

is a strategy used in mice to deplete macrophages (Ries *et al*, 2014). Nevertheless, we found

that the complete inhibition of the phosphorylation of CSF-1R in human primary macrophages

was not associated with cell death induction (7AAD and Annexin V) (Figure 1B & Supplemental

Figure 1) or disruption of cellular metabolic activity (MTT) (Figure 1C). The importance of CSF-

1 in macrophages differentiation and polarisation lead us to evaluate precisely the impact of

CSF-1R receptor blockade on human macrophage phenotype. To attain this goal, we

performed a global gene expression analysis using RNA sequencing (RNAseq) on bulk

macrophages 48h after exposition to vehicle and edicotinib. To extract differentially

expressed genes between treated and naïve macrophages, we used a moderated t-test with

an adjusted p-value (Benjamini-Hochberg procedure with a threshold set at q-value <0.05)

and a threshold for the fold change set at 2 ($\log_2$ FC <-1 or Log_2 FC > 1). CSF-1R receptor

inhibition by edicotinib was associated with 740 downregulated and 481 upregulated genes

(Figure 1D). We then used a Gene Ontology (GO) enrichment analysis to identify pathways

affected by edicotinib. The GO terms associated with genes downregulated by edicotinib

indicates that the regulation of the cholesterol metabolic pathway, the inhibition of the

ERK1/2 pathway, and lipid synthesis are the main of biological processes identified resulting

from the blockade of CSF-1R receptor (Figure 1E).

CSF-1/CSF-1R controls cholesterol synthesis in human macrophages via the transcription

factor SREBP2

To explore the gene ontology identification of cholesterol synthesis regulation under CSF-1R

targeting, we studied the expression of all the enzymes involved in the cholesterol synthesis

starting from acetyl-CoA. Cholesterol, an essential lipid component of mammalian cell, is

mainly obtained via endogenous synthesis or uptake. The endogenous synthesis relies on

nearly 30 enzymatic reactions (Nes, 2011). We found that genes coding for enzymes involved

in cholesterol synthesis *ACAT2, HMGCS1, HMGCR, MVK, PMVK, MVD, IDI1, FDPS, FDFT1,*

SQLE, LSS, CYP15A1, TMF7SF2, NSDHL, HSD17B7, MSMO1, SC5D, EBP, DCHR7, DCHR24 are

downregulated under edicotonib exposure (Figure 2A) and apart two of them (*PMVK, LSS*) the

fold change is greater than 2 (Figure 2B). The control of cholesterol synthesis genes by the

CSF-1/CSF-1R pathway was confirmed by the stimulation of human macrophages by CSF-1

showing the upregulation of *HMGCR* and *DHCR7* (Figure 2C). SREBP2 (Sterol regulatory

element-binding protein 2) is a helix-loop-helix leucine zipper transcription factor that

regulates the synthesis and cellular uptake of cholesterol (Horton *et al*, 1998). Using the

ENCODE data set (The ENCODE (ENCyclopedia Of DNA Elements) Project, 2004), we have

explored the known targets of this transcription factor and found that the cholesterol

synthesis genes are under SREBP2 control (Figure 2D). Interestingly, the LDL receptor (*LDLR*)

which is responsible for cellular uptake of cholesterol from the extracellular milieu and the

fatty acid synthetase (*FASN*) are also SREBP2 targets genes (Figure 2D). We validated the

SREBP2 dependent expression of cholesterol synthesis genes (*HMGCR*, *DHRC7*) and *LDLR*

using RNAi targeting against SREBF2, the gene coding for SREBP2 protein (Figure 2E). We

demonstrated the control of *SREBF2* by the CSF-1/CSF-1R pathway by showing that *SREBF2*

expression is increased under CSF-1 stimulation (Figure 2F) and decreased when CSF-1R is

blocked by edicotinib (Figure 2G). We confirmed that the nuclear active form of SREBP2

expression is downregulated by the CSF-1R blockade (Figure 2H). Moreover, *LDLR*, a SREBP2

target, is downregulated by edicotinib (Figure 2I). We observed the resulting decrease of

cellular cholesterol amount under the exposure to edicotinib similarly to what is found using

RNAi targeting of SREBF2 or blockade of HMGCR activity with simvastatin, a specific inhibitor

(Figure 2J). The cholesterol cellular homeostasis is a balance between synthesis, uptake and

efflux. The impairment of cholesterol synthesis and uptake by CSF-1R receptor blockade could

be compensated by a decrease in cholesterol efflux. To appreciate this possibility, we studied

the expression of the two main cholesterol efflux transporters expressed in macrophages

ABCA1 and ABCG1. We found that the CSF-1R targeting does not decrease the expression of

these transporters in macrophages (Supplemental Figure 2A).Furthermore, we found that the

decrease of intracellular cholesterol amount, induced by CSF-1R receptor blockade, resulted

in a global decrease of secreted cholesterol by macrophages (Supplemental Figure 2B).

Edicotinib interferes with the macrophage - tumour communication resulting in cholesterol

synthesis modulation in colorectal cancers

Membrane cholesterol efflux from macrophages has been reported to participate to tumour

growth (Goossens *et al*, 2019). This efflux relies on the ability of macrophages to express efflux

transporters but also on the maintenance of their intracellular cholesterol pool based on

synthesis and uptake. To further understand the importance of cholesterol synthesis in the

cross-talk between macrophages and tumours, we performed a co-culture between human

macrophages and tumorous or non tumorous tissues from the same colon obtained from

surgical of colorectal adenocarcinomas (Figure 2K). We observed that macrophages under the

influence of tumorous tissues upregulate their cholesterol synthesis genes as well as the

cholesterol uptake receptor LDLR under the control of SREBF2 which is upregulated by the

tumour (Figure 2L). We also demonstrated that edicotinib is able to counter this metabolic

reprogramming driven by the tumour by interfering with the induction of synthesis and

uptake of cholesterol (Figure 2L). This communication between tumours and macrophages

suggested the involvement of the CSF-1/CSF-1R pathway. We confirmed that tumours secrete

significantly more CSF-1 than non-tumorous tissues driving the cholesterol synthesis and

uptake in macrophages (Figure 2M). Nevertheless, we sought to verify if edicotinib could also

impair the expression of the CSF-1R receptor at the surface of macrophages but found no

decrease in the expression of the receptor following CSF-1R blockade (Figure 2N). We

interestingly found that the ability of macrophages to produce their own CSF-1 is impaired in

human macrophages exposed to edicotinib (Figure 2O). Even if tumours do not increase the

autocrine associated production in macrophages, edicotinib is able to downregulate this

production in macrophages reinforcing the blockade of the CSF-1/CSF-1R pathway (Figure 2P).

CSF-1R receptor targeting downregulates HIF2α expression in hypoxia through ERK1/2

phosphorylation inhibition

Previous studies revealed that some environmental factors could modulate the cellular

response to CSF-1R receptor targeting (Pradel *et al*, 2016). Among these factors, hypoxia is of

particular interest as the tumour environment is associated with low oxygen availability

(Wilson & Hay, 2011). To assess the interplay between hypoxia and CSF-1R receptor targeting,

we performed the study of differentially expressed genes in hypoxia compared to normoxia

and analysed the impact of edicotinib on the hypoxic response (Figure 3A), CSF-1R receptor

blockade's cell survival profile in hypoxia was similar to what we found in normoxia

(Supplemental Figure 3A). The heat-map analysis revealed that specific hypoxic sensitive

genes present two different patterns: specific hypoxic sensitive genes that maintain their

expression profile under CSF-1R receptor blockade (clusters 1 & 3) and genes with a modified

profile with CSF-1R receptor blockade (clusters 2, 4 & 5). Among hypoxia upregulated genes

(cluster 3), we found multiple genes *LDHA*, *NDRG1*, *P4HA1* and *SLC2A1* (Figure 3B), which are

part of HIF1α target genes set identified by ChIP enrichment analysis (Lachmann *et al*, 2010)

suggesting that the HIF1α-dependent hypoxic response is mainly independent of the CSF-1R

pathway. Of particular interest, we observed that the downregulation of some hypoxic genes

is abolished by CSF-1R receptor blockade (cluster 2) with an increased expression profile in

normoxia (Figure 3A). *EPAS1* is one of these genes (Figure 3C). *EPAS1* gene codes for the

transcription factor HIF-2α, which plays an essential role in the cellular response to low

oxygen environment (McGettrick & O'Neill, 2020). The downregulation of *EPAS1* mRNA in

hypoxia contrasts with the stabilisation of the protein HIF-2α in the same condition (Figure

3D). To understand the role of CSF-1R in the HIF-2α dependent hypoxic response, we sought

to clarify HIF-2α function by studying *FLT1* (VEGFR1), a HIF-2α target gene. Indeed, *FLT1*

expression is increased in hypoxic macrophages (Figure 3E) under the control of HIF-2α

transcriptional activity as RNAi targeting of EPAS1 in hypoxic macrophages demonstrates it

(Supplemental Figure 3B). The decrease of FLT1 (Figure 3E) and the corresponding increase

of EPAS1 mRNA level with CSF-1R receptor blockade by edicotinib in hypoxic macrophages

(Figure 3C) advocates for a decrease of HIF-2α expression in hypoxia under CSF-1R receptor

blockade, a pattern that we confirmed by immunoblot (Figure 3F). Interestingly, the activation

of HIF-2α leading to its migration to the nucleus and its fixation on HRE (Hypoxic Response

Elements) genes promotors is ERK1/2 dependent (Conrad *et al*, 1999). The identification of

the ERK1/2 pathway as a target of CSF-1R blockade in normoxia (Figure 1E) suggested the

possibility of a similar pattern in hypoxia. Effectively, we confirmed that pattern by a gene set

enrichment analysis (GSEA) (Figure 3G) and by immunoblot of phosphorylated sites p-ERK1/2

in hypoxia (Figure 3H). The inhibition of ERK1/2 with the MEK1 inhibitor U0126 was able to

downregulate the expression of HIF-2α similarly to what is observed with edicotinib (Figure

3I). Moreover, HIF-2α protein expression is a direct sensor of oxygen availability

intracellularly. Oxygen diffusion from the cellular environment into the cell is mainly

controlled by the plasma membrane permeability which is profoundly affected by the

membrane concentration of cholesterol (Dotson *et al*, 2017). Decrease of cholesterol at the

membrane will favour oxygen diffusion into the cell. Therefore, the decrease of cholesterol

synthesis induced by CSF2R blockade suggested a complementary involvement of the cellular

cholesterol in HIF-2α expression. Indeed, the RNAi targeting of SREBF2 leading to the

decrease of cholesterol synthesis and cellular uptake showed a small decrease of HIF-2α

(Figure 3J) suggesting a potential combined effect between SREBF2 and ERK1/2 dependent

processes. The study of the expression of cholesterol synthesis genes (*HMGCR*, *DHCR7*) and

cellular uptake (*LDLR*) confirms that these two mechanisms are independent as ERK1/2

inhibition did not downregulate these genes contrary to edicotinib exposure (Supplemental

Figure 3C).

Increase of fatty acid synthesis in hypoxia is reversed by CSF-1R targeting in human

macrophages

The recent recognition that hypoxia activates SREBP2 in hypoxic THP1-monocytes raised the

possibility that CSF-1R receptor blockade ability to dampen cholesterol synthesis could be

antagonized in hypoxic macrophages (Nakahara *et al*, 2023). Nevertheless, these authors

reported a small if not inexistent effect in hypoxic differentiated THP1-macrophages

(Nakahara *et al*, 2023). We sought to clarify this issue in our primary human macrophages.

The study of differentially repressed genes in hypoxic macrophages exposed confirmed the

results obtained in normoxia with a downregulation of the cholesterol synthesis and of

ERK1/2 pathway under CSF-1R blockade (Figure 4A). Along with the cholesterol synthesis and

cellular uptake under the control of *SREBF2*, we observed that *SREBF1* and *FASN* were

similarly down regulated in hypoxia under CSF-1R blockade (Figure 4B). SREBP1, the

transcription factor coded by *SREBF1* gene, is involved in fatty acid synthesis and fatty acid

synthetase (FASN) is under the control of SREBPs transcription factors. Furthermore, the

analysis of the hypoxic specific response genes modulated by edicotinib (cluster 4 in Figure

3A) revealed that lipid transport, localization is associated with the hypoxic response (Figure

4C), and that this response could be disrupted by CSF-1R blockade. *FASN*, a gene under the

control of *SREBF1* and *SREBF2*, is the main enzymatic complex responsible for the synthesis

of palmitic acid (C16:0) and stearic acid (C18:0) from malonyl-CoA subsequently transformed

in palmitoleic acid (C16:1 cis) and oleic acid (C18:1 cis) respectively (Figure 4D). Fatty acids,

notably oleic acid, have been involved in the macrophage commitment toward an

immunosuppressive CD206$^+$CD38$^+$ phenotype in tumour associated macrophages (Wu *et al*,

2019). Using gas chromatography mass spectrometry methodology (GC-MS), we confirmed

the significant increase of these fatty acids in hypoxic macrophages and the ability of the CSF-

1R blockade to dampen that synthesis (Figure 4E). We also confirmed downregulation of

CD206 expression in tumour-educated macrophages (Figure 4F & Supplemental Figure 4A)

and *CD206*, *CD38* genes expression in hypoxic macrophages exposed to edicotinib

(Supplemental Figure 4 B). We also found that FASN inhibition by a specific inhibitor (C75) in

hypoxic macrophages is sufficient to prevent CD206 expression driven by IL-4 (Figure 4G).

These results advocate for a fatty acid synthase mediated inhibition of CD206 following CSF-

1R targeting.

CSF-1R targeting downregulates the expression of dihydropyrimidine dehydrogenase

preventing 5-FU hypoxic macrophage-driven chemoresistance

HIF-2α has been recognized as an important innate immunity regulator in the context of

tumours notably by controlling macrophage's recruitment (Imtiyaz *et al*, 2010). Moreover, we

recently reported that HIF-2α controls the expression of dihydropyrimidine dehydrogenase

(DPD) in hypoxia independently of its transcription factor activity. DPD expression in hypoxic

macrophages is responsible for a resistance to 5-fluorouracil in human colorectal cancers

(Malier *et al*, 2021). We demonstrated in the same study that rodent models are inadequate

to mimic that mechanism, due to an epigenetically negative control of the DPYD gene in

rodent macrophages contrary to what is found in humans. The downregulation of HIF-2α

expression under CSF-1R blockade offers a potential strategy to restore chemosensitivity in

that context. Indeed, edicotinib is able to downregulate the expression of DPD in hypoxic

macrophages (Figure 5A) leading to the complete abrogation of its enzymatic activity,

preventing the conversion of uracil into dihydrouracil (Figure 5B). We confirmed the inhibition

of the HIF-2α-dependent synthesis of DPD during the transition to hypoxia, which

necessitates the continuous destabilization of HIF-2α during the transition (Figure 5C). The

previous demonstration that ERK1/2 phosphorylation controls HIF-2α expression implies an

expected control of DPD expression in the same context as we confirmed (Figure 5D) as well

as the implication of the cellular cholesterol content in the hypoxic induced-DPD expression

in macrophages (Figure 5E). Consequently, the downregulation of DPD expression authorizes

the restoration of 5-FU sensitivity of HT-29 and RKO colorectal cancer cells in a co-culture

setting (Figure 5F). We previously demonstrated that DPD expression under the HIF-2α

expression is not related to mRNA modulation (Malier *et al*, 2021), to assure that this is still

the case in the tumour environment we demonstrated that edicotinib downregulates DPD

expression in hypoxic TAMs co-cultured with tumours (Figure 5G) without downregulation of

its mRNA as expected (Figure 5H). We previously demonstrated that macrophages represent

the main source of DPD expression in colorectal cancers (Malier *et al*, 2021). Nevertheless,

these macrophages are renewed by circulating monocytes and these hypoxic monocytes

(CD14+) express DPD contrary to other immune cells like hypoxic lymphocytes T (CD3+) or B

(CD19+) (Figure 5I & Supplemental Figure 5), representing another source of immune driven

chemoresistance toward 5-FU. Circulating monocytes are recruited to tumour sites thanks to

CCL2/CCL7 chemokines secretion from tumour macrophages (Qian *et al*, 2011; Sanford *et al*,

2013; Yang *et al*, 2020). Edicotinib is susceptible to interfere with this process. Indeed, the

gene ontology – biological process associated with myeloid leukocyte migration was related

to differentially downregulated genes by CSF-1R blockade (Figure 4A). We confirmed this

pattern through the action of CSF-1R targeting on the expression of *CCL2* and *CCL7* in

macrophages (Figure 5J). Similarly, CCL2 and CCL7 expressions are disrupted in hypoxic TAMs

exposed to edicotinib (Figure 5K). These results demonstrate the ability of CSF-1R targeting

to disrupt DPD expression in tumour-associated macrophages and prevent recruitment of

DPD expressing myeloid cells at the tumour site.

Discussion

Tumour associated macrophages represent an essential component of the tumour immune

microenvironment in a vast majority of cancers. Their implication in angiogenesis,

extracellular matrix remodelling, cancer cell proliferation, metastasis spreading and

resistance to treatment leads to the development of macrophage-centered therapeutic

strategies (Mantovani *et al*, 2022). The importance of the CSF-1/CSF-1R axis in macrophage

survival, differentiation and activation makes CSF-1R targeting a favoured approach to

reshape TAMs. Two strategies have been pursued to attain this goal: blocking the interaction

between the ligand (CSF-1, IL-34) with its receptor using specific anti-CSF-1R antibodies or

inhibiting the tyrosine kinase activity of CSF-1R using specific inhibitors. Various inhibitors

have been developed through the years, and despite high specificity against CSF-1R, these

molecules were unable to demonstrate a strong clinical effect when used as monotherapy

(El-Gamal *et al*, 2018; Mantovani *et al*, 2022). The unclear reasons for this lack of efficiency

drove us to design the current study to explore in detail the molecular consequences of CSF-

1R blockade using a selective CSF-1R kinase inhibitor (edicotinib or JNJ40346527) already

validated in humans (Genovese *et al*, 2015; von Tresckow *et al*, 2015).

We observe a clear metabolic shift in CSF-1R targeted macrophages mainly centered on

cholesterol and fatty acid metabolism. The link between CSF-1 and cholesterol metabolism

has been suggested in a previous study (Irvine *et al*, 2009). We confirm the ability of CSF-1 to

induce cholesterol synthesis and demonstrate that CSF-1R blockade is able to downregulate

SREBF2 expression leading to the inhibition of the cholesterol synthesis but also its cellular

uptake. We observe that colorectal tumours favour *SREBF2* expression and as a consequence

drives the increase of cholesterol amount in human macrophages. Cholesterol efflux from

macrophages under the control of transporter proteins like ABCA1/ABCG1 has been

associated with tumour growth (Goossens *et al*, 2019). Tumour cells exposed to cholesterol

secreted by macrophages secrete hyaluronic acid that drives macrophage reprogramming

toward a M2 phenotype in mice (Goossens *et al*, 2019). Even if cholesterol transporters are

not repressed in macrophages targeted by edicotinib, the decreased total amount of cellular

cholesterol induced by edicotinib prevents the ability of macrophages to maintain their

secretion braking the back loop communication between tumour associated macrophages

and tumours.

As cholesterol is synthesized through the metabolic synthesis starting from acetyl-coA, which

is produced by the fatty acid β-oxidation pathway, we explored the fatty acid synthesis in

macrophages. We find that edicotinib is able to prevent the increase of fatty acid

accumulation driven by hypoxia in human macrophages (Figure 4E) preventing the

appearance of a immunosuppressive phenotype CD206$^+$CD38$^+$ induced by oleate

(Supplemental Figure 4).

CSF-1R blockade strategy is designed to happen in the low oxygen tumour environment. The

sensitivity of cholesterol synthesis and CSF-1 coupling in hypoxia is not known. A recent study

highlighted the importance of hypoxia in the induction of cholesterol synthesis in monocytes

but not in differentiated macrophages (Nakahara *et al*, 2023). The influence of CSF-1R

targeting on the hypoxic response reveals that *EPAS1* coding for HIF-2α is upregulated.

Associated with this observation, we note the inverse correlation between *EPAS1* mRNA and

HIF-2α protein that reveals the counter-regulation of *EPAS1* transcription by HIF-2α itself. A

similar observation has been suggested for HIF-1α, relying on miR-429 which expression is

promoted by HIF-1α (Bartoszewska *et al*, 2015). However, this negative feedback loop was

associated with the decrease of HIF-1α in chronic hypoxia. Our observation was done in

chronic hypoxia and no decrease of the protein HIF-2α was observed. This observation needs

to be further explored and the direct or indirect mechanism determined. Our observation of

the link between CSF-1R targeting and HIF-2α expression revealed the role of ERK1/2

activation in the stabilization of this hypoxia inducible factor in human macrophages. The

downregulation of HIF-2α opens a promising way to target the recently identified mechanism

leading to the chemoresistance to 5-FU driven by hypoxic macrophages in colorectal cancers

(Malier *et al*, 2021). We demonstrate, in this study, that targeting CSF-1R downregulates

ERK1/2 phosphorylation that in turn prevents HIF-2α expression in hypoxia preventing the

expression of DPD that can no longer degrade 5-fluorouracil. We further find that monocyte

recruitment driven by CCL2/CCL7 axis is also disrupted, preventing the contribution of other

myeloid DPD expressing cells to invade the tumour.

In this study, we have provided compelling evidences showing that CSF-1R blocking is an

effective strategy to prevent TAM commitment driven by cancer cells and to prevent

macrophage-induced resistance to chemotherapy. We have demonstrated the efficiency of a

CSF-1R kinase activity inhibitor to attain metabolic reprogramming of tumour associated

macrophages interfering with the cholesterol and fatty acid mediated cross-talk between

macrophage and cancer cells.

Material and Methods

Resources

Reagent or Resource	Source	Reference/RRID
Experimental Model		
HT-29	ATCC	HTB-38 / CVCL_0320
RKO	ATCC	CRL-2577 / CVCL_0504
THP-1	ATCC	TIB-202 / CVCL_0006
Antibodies		
Mouse anti β-Actin monoclonal antibody	Sigma	A2228 / AB_476697
Rabbit Anti-Lamin B1 polyclonal antibody	Cell Signaling Technology	13435/ AB_2737428
Rabbit anti-human CSF-1R polyclonal antibody	Cell Signaling Technology	3152 / AB_2085233
Rabbit anti-human Phospho-M-CSF Receptor (Tyr723) (49C10) monoclonal antibody	Cell Signaling Technology	3155 / AB_2085229
Mouse anti-DPD monoclonal antibody	Santa Cruz	Sc-271308 / AB_10610363
Rabbit anti-p44/42 MAPK (Erk1/2) (137F5) monoclonal antibody	Cell Signaling Technology	4695 / AB_390779
Rabbit anti- Phospho-p44/42 MAPK (Erk1/2) (Thr202/Tyr204) (D13.14.4E) monoclonal antibody	Cell Signaling Technology	4370 / AB_2315112
Mouse anti-HIF2α monoclonal antibody, unconjugated	Santa Cruz	Sc-46691 / AB_627523
Rabbit Anti-SREBP2 polyclonal antibody, Unconjugated	Abcam	Ab30682 / AB_779079
Anti -human CD14-FITC REAfinity	Miltenyi Biotec	REA599/ AB_2801871
Anti-human CD20-PE REAfinity	Miltenyi Biotec	REA780/ AB_2656072
Mouse Anti-human CD3-APC	BD Pharmingen	555342/ AB_398592
Mouse anti human-CD206	Santa Cruz	Sc-376232 / AB_10989352
STAT6 E10 mouse monoclonal	Santa Cruz	Sc-271213 / AB_10611300
pSTAT6 (pY641.18) mouse monoclonal	Santa Cruz	Sc-136019 / AB_2197371

TGM2 (CUB 7402) mouse monoclonal	Life Technologies	MA512739 / AB_10985077
CD14-FITC, human (REA599)	Miltenyi Biotec	130-110-518/ AB_2655049
CD206-PE, human	Miltenyi Biotec	130-095-220 / AB_10827704
RNA Extraction and RT-qPCR Kits		
iScript Ready-to-use cDNA supermix	Biorad	1708841
iTaq universal SYBR green supermix	Biorad	1725124
NucleoSpin RNA (250)	Macherey Nagel	740955.250
Media and reagents		
5-Fluorouracil (5-FU)	Roche	
β-mercaptoethanol	Sigma	M3148-100ML
Bovine Serum Albumin (BSA) solution 30%	Sigma	A9576-50ML
CD14 microbeads, human	Miltenyi Biotec	130-050-201
CD20 microbeads, human	Miltenyi Biotec	130-091-104
CD3 microbeads, human	Miltenyi Biotec	130-091-043
Human IL4, premium grade	Miltenyi Biotec	130-093-921
Human MCSF, premium grade	Miltenyi Biotec	130-096-489
Chloroform	Sigma	34854
DMSO for cell culture	Dutscher	702631
DPBS (1X) , no calcium, no magnesium	Life Technologies	14190169
Edicotinib	MedChemExpress	HY-109086
EDTA (0.5M), pH 8.0, RNase-free	Life Technologies	AM9260G
Fetal Bovine Serum (FBS), qualified, US	Life Technologies	26140079
HEPES (1M)	Life Technologies	15630056
Histopaque-1077	Sigma	10771-6X100ML
Human serum from male AB plasma (SAB)	Sigma	H4522-100ML
Methanol	Sigma	34860
RPMI 1640 medium, glutaMAX supplement	Life Technologies	61870044
Scyllo Inositol	Sigma	I8132
TrypLE Express Enzyme (1X), phenol red	Life Technologies	12605036
Tridecanoic Acid	Sigma	91988
Triton X-100	Fischer Scientific	85111
U0126	Sigma	662005
C75	Sigma	C5490
Oligonucleotides		
B2M forward	Eurogentec	5' – GTGCTCGCGCTACTCTCTC – 3'
B2M reverse	Eurogentec	5' – CGGATGGATGAAACCCAGACA – 3'
DPYD forward	Eurogentec	5' - CGCAGGACCAGGGGTTTTAT - 3'
DPYD reverse	Eurogentec	5' - TGGCAATGGAGAGTGACAGG - 3'
HPRT1 forward	Eurogentec	5' – TGCTTTCCTTGGTCAGGCAG – 3'
HPRT1 reverse	Eurogentec	5' – TTCGTGGGGTCCTTTTCACC – 3'
SREBF2 forward	Eurogentec	5' – TGAGCCAGGAAGCCCTCTAT – 3'
SREBF2 reverse	Eurogentec	5' – CAGAAGAATCCGTGAGCGGT – 3'
HMGCR forward	Eurogentec	5' – GCTTTGCCCTTTTTCCTACTTTTG – 3'

HMGCR reverse	Eurogentec	5' – ACCAACTCCAATCACAAGACATTC – 3'
DHCR7 forward	Eurogentec	5' – GACCCTCATCAACCTGTCCTT – 3'
DHCR7 reverse	Eurogentec	5' – GCAGATGTCAATGGTCTTCAGG – 3'
LDLR forward	Eurogentec	5' – TACAAGTGCCAGTGTGAGGAA – 3'
LDLR reverse	Eurogentec	5' – TTGGTGAAGAAGAGGTAGGCG – 3'
EPAS1 forward	Eurogentec	5' – GCAATCAGCTTCCTGCGAAC – 3'
EPAS1 reverse	Eurogentec	5' – CGGCAATGAAACCCTCCAAG – 3'
FLT1 forward	Eurogentec	5' – AAAGCCACCAACCAGAAGGG – 3'
FLT1 reverse	Eurogentec	5' GCCACACAGGTGCATGTTAG – 3'
CCL2 forward	Eurogentec	5' – AGCAGCAAGTGTCCCAAAGA – 3'
CCL2 reverse	Eurogentec	5' – TTTGCTTGTCCAGGTGGTCC – 3'
CCL7 forward	Eurogentec	5' – TGGAGAGCTACAGAAGGACCA – 3'
CCL7 reverse	Eurogentec	5' – GGGTTTTCTTGTCCAGGTGCT – 3'
CSF-1 forward	Eurogentec	5' – CAGCAAGAACTGCAACAACAGC – 3'
CSF-1 reverse	Eurogentec	5' GGTCACTGCTAGGGATGGCT – 3'
CD206 forward	Eurogentec	5' – CCATCGAGGAAGAGGTTCGG – 3'
CD206 reverse	Eurogentec	5' – CCTGCAATCCCGGTTCTCAT – 3'
ON-TARGETplus Human SREBF2 (6721) siRNA - SMARTpool, 5 nmol	Dharmacon	L-009549-00-0005
ON-TARGETplus Non-Targeting pool, 5 nmol	Dharmacon	D-001810-10-05
ON-TARGETplus Human EPAS1 (2034) siRNA – SMARTpool, 5 nmol	Dharmacon	L-004814-00-0005
Others		
7-AAD staining solution	BD Biosciences	559925
Annexin V-FITC	Miltenyi Biotec	130-093-060
Cholesterol/Cholesteryl Ester Assay Kit - Quantification	Abcam	Ab65359
Cell Titer 96 Non-radioactive Cell Proliferation Assay (MTT)	Promega	G4000
LS columns	Miltenyi Biotec	130-042-401
Softwares		
Prism v7	GraphPad	
JMP v14	SAS	
Galileo	Integragen	

Human samples

Human blood samples from healthy de-identified donors were obtained from EFS (French

national blood service) as part of an authorized protocol (CODECOH DC-2018–3114). Donors

gave signed consent for use of their blood in this study. Tumorous and non tumourous tissues

were obtained from surgically resected colons at the university hospital of Grenoble Alpes

from patients included in the CRC-ORGA2 clinical trial (clinicaltrial.gov, NCT05038358).

Inclusion criteria comprise adult patients suffering from colorectal adenocarcinoma treated

by surgery without neoadjuvant chemotherapy (Table).

Cell culture

THP-1, RKO and HT-29, were purchased from ATCC. THP-1, HT-29 and RKO were maintained

in RPMI (Gibco) supplemented with 10% FBS (Gibco) at 37°C. All cells were routinely tested

for mycoplasma contamination using MycoAlert detection kit (Lonza).

Human macrophage differentiation from monocytes

Monocytes were isolated from leukoreduction system chambers of healthy EFS donors using

differential centrifugation (Histopaque 1077, Sigma) to obtain PBMCs. $CD14^+$ microbeads

(Miltenyi Biotec) were used to select monocytes according to the manufacturer's instructions.

Monocytes were plated in RPMI (Life Technologies) supplemented with 10% SAB (Sigma), 10

mM HEPES (Life Technologies), MEM Non-essential amino acids (Life Technologies) and 25

ng/mL M-CSF (Miltenyi Biotec). Differentiation was obtained after 6 days of culture. Hypoxic

cultures were performed in a hypoxic chamber authorizing an oxygen partial pressure control

(HypoxyLab, Oxford Optronix, UK). Hypoxia experiments were performed at 25 mmHg of

oxygen ($\sim$ 3%). $CD3^+$ T lymphocytes and $CD20^+$ B lymphocytes were sorted from PBMCs using

$CD3^+$ and $CD20^+$ microbeads (Miltenyi Biotec) according to the manufacturer's instructions.

Preparation of tumour associated macrophages

Tumorous and non-tumorous tissues obtained from colon of CRC patients. Tissues were kept

and transported in ice in RPMI medium supplemented with non-essential amino acids and

HEPES as well as antibiotics including penicillin-streptomycin and gentamicin and antifungal

amphotericin B. Tissues were minced in pieces of 2-4 mm^3 and deposited on cell culture

inserts (4 pieces by insert). These inserts were deposited in 6 well plates on 2 mL of RPMI +

10% human serum for 24 h. The resulting medium produced by tumorous and non-tumorous

tissues was then used to culture human monocyte derived macrophages for 48h to obtain

tumour-associated macrophages.

Macrophage Conditioned Medium (MCM)

THP1 macrophages were plated (12-wells plates) and differentiated at 500,000 cells with

50nM of PMA for 24 hours. THP1 macrophages were cultured at 3% oxygen and treated with

Edicotinib at 3µM or DMSO acting as a vehicle for 48 hours. Then 1µg/mL of 5-FU was used

to generate the 5FU Edicotinib MCM or 5FU Vehicle MCM during 24h. MCM was added for

48 hours to two distinct colon cancer cell lines, RKO and HT-29 cells, which were plated

previously at 100,000 cells per well (12-wells plates) for 24 hours. Then cancerous cells were

collected and counted and the percentage of growth inhibition was assessed for each

condition.

RNAseq

RNA extraction was performed using the NucleoSpin RNA kit components (Macherey Nagel)

according to the manufacturer's instructions. RNA sequencing was performed using an

Illumina HiSeq 4000 sequencer (Integragen). Gene expression quantification was performed

using the STAR software. STAR obtains the number of reads associated to each gene in the

Gencode v31 annotation (restricted to protein-coding genes, antisense and lincRNAs). Raw

counts for each sample were imported into R statistical software. Extracted count matrix was

normalized for library size and coding length of genes to compute FPKM expression levels.

The Bioconductor edgeR package was used to import raw counts into R statistical software.

Differential expression analysis was performed using the Bioconductor limma package and

the voom transformation. Gene ontology analysis was performed using the GONet software

(https://tools.dice-database.org/GOnet/). Gene list from the differential analysis was ordered

by decreasing log2 fold change. Gene set enrichment analysis (GSEA) was performed by

clusterProfiler::GSEA function using the fgsea algorithm.

Lipidomics

Human macrophages were metabolically quenched in dry ice – ethanol for one minute then

washed three times in cold PBS. Then total lipids were extracted in

chloroform/methanol/water (1:3:1, v/v/v) containing PC (C13:0/C13:0), 10 nmol and C21:0

(10 nmol) as internal standards for extraction) for 1 h at 4∘C, with periodic sonication. Then

polar and apolar metabolites were separated by phase partitioning by adding chloroform and

water to give the ratio of Chloroform/Methanol/Water, 2:1:0.8 (v/v/v). For lipid analysis, the

organic phase was dried under N2 gas and dissolved in 1-butanol to obtain1μl butanol/10^7

parasites.

Total lipid analysis – Total lipid was then added with 1 nmol pentadecanoic acid (C15:0) as

internal standard and derivatized to give fatty acid methyl ester (FAME) using

trimethylsulfonium hydroxide (TMSH, Machenery Nagel) for total glycerolipid content.

Resultant FAMEs were then analysed by GC-MS as previously described (Dubois *et al*, 2018).

All FAME were identified by comparison of retention time and mass spectra from GC-MS with

authentic chemical standards. The concentration of FAMEs was quantified after initial

normalization to different internal standards and finally to macrophage number.

Immunoblotting

Cells were lyzed in RIPA buffer supplemented with protease inhibitors (AEBSF 4 mM,

Pepstatine A 1 μM and Leupeptin 0.4 mM; Sigma Aldrich) and HIF-hydroxylase inhibitor

(DMOG 1 mM, Sigma Aldrich) for total lysate. Nuclear extracts have been obtained by

differential centrifugation between nuclei and cytoplasms after Triton-X100 (0.1% in Tris 20

mM and protease inhibitors) lysis of the cells. Nuclear pellets were secondarily lyzed in RIPA

Buffer and sonication. Proteins were quantified by BCA assay (ThermoFischer) and 15 μg of

total protein were run on SDS-PAGE gels. Proteins were transferred from SDS-PAGE gels to

PVDF membrane (Biorad), blocked with TBS-Tween supplemented with 5% milk, primary

antibodies were incubated at 1 μg/mL overnight 4°C. After washing with TBS, the membrane

was incubated with a horseradish peroxidase-conjugated secondary antibody (Jackson

Immunoresearch). Signal was detected by chemoluminescence (Fusion FX imaging system,

Vilber) after exposition to Clarity ECL substrate (Biorad).

Flow cytometry

Flow cytometry data was acquired on an Accuri C6 (BD) flow cytometer. Doublet cells were

gated out by comparing forward scatter signal height (FSC-H) and area (FSC-A). At least 10,000

events were collected in the analysis gate. Median fluorescence intensity (MFI) was

determined using Accuri C6 software (BD).

DPD activity measurements

These analyses were performed in the Pharmacology Laboratory of Institut Claudius-Regaud

(France) using an HPLC system composed of Alliance 2695 and diode array detector 2996

(Waters). Uracil (U), Dihydrouracil (UH2), Ammonium sulfate 99%, Acetonitrile (ACN) gradient

chromasolv for HPLC and 2-propanol were purchased from Sigma. Ethyl acetate Scharlau was

of HPLC grade and purchased from ICS (Lapeyrouse-Fossat, France). Water from Milli-Q

Advantage A10 and MultiScreen-HV 96-well Plates were used (Merck Millipore). Calibration

ranges were 3.125 – 200 ng/mL for U and 25 - 500 ng/mL for UH2 and 5-FU (5µg/mL) was

used as an internal standard.

RNA isolation and qPCR analysis for gene expression

Cells were directly lyzed and RNA was extracted using the NucleoSpin RNA kit components

(Macherey Nagel) according to the manufacturer's instructions. Reverse transcription was

performed using the iScript Ready-to-use cDNA supermix components (Biorad). qPCR was

then performed with the iTaq universal SYBR green supermix components (Biorad) on a CFX96

(Biorad). Quantification was performed using the $\Delta\Delta$Ct method using two different

housekeeping genes.

Quantification of Cholesterol

Macrophages were treated with 10 µM of Edicotinib or Simvastatin for 72 hours afterwhich

cells and supernatants were retrieved. Supernatants were stored at -80°C. Lipids were

extracted from cells using choloroform:isopropanol:NP-40 (7:11:0.1). Organic phase was

taken and air-dried at 50°C and stored at -80°C. The amount of cholesterol in cells and

supernatants was assessed using the cholesterol/cholesteryl ester assay quantification kit

(ab65359, abcam) according to the manufacturer's instructions.

Silencing of EPAS1 and SREBF2

Fully differentiated macrophages were transfected with siEPAS1 (L-004814-00-0005, Dharmacon) or siSREBF2 (L-009549-00-0005, Dharmacon) at a final concentration of 5nmol/L using Lipofectamine (RNAiMAx, Life Technologies).

Statistical analysis

Statistics were performed using Graph Pad Prism 7 (Graph Pad Software Inc). When two groups were compared, we used a paired or unpaired two-tailed student's t test when appropriate. When more than two groups were compared, we used a one-way ANOVA analysis with Sidak's multiple comparison test on paired data when appropriate. The likelihood of data according to a null-hypothesis (p-value) are presented within the figures. The number of independent experiments used to generate data are represented on each figures.

Data Availability

The data generated and analyzed will be made from the corresponding author on reasonable request.

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Contributions

KG, CGP, MM, CH, RG, AM performed experiments and analysed the data. AM supervised the

data analysis. FT performed chromatography measurements. YB, CB performed the lipidomics

analysis. GR, EG recruited patients. MHL performed the pathological analysis. AM wrote the

original draft and all authors were involved in manuscript editing. Funding acquisition and

supervision of the study was performed by AM.

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Figures Legends

Figure 1. **Complete CSF-1R inhibition is associated with a profound phenotypic change**.

 (A) Immunoblot of phosphorylated CSF-1R at site Tyrosine 723, CSF-1R total protein and β-actin (upper panel). Quantification of the level of phosphorylation normalised to β-actin from three independent experiments.

(B) Flow cytometry analysis of 7-AAD+ cells treated for 48h. Each condition has its own vehicle control (DMSO) at the same concentration than edicotinib (Ed) (n=3).

(C) MTT assay on cells exposed to Edicotinib for 48h (n=3).

(D) Volcano-plot analysis of differentially expressed genes between edicotinib vs vehicle (n=4).

(E) GO (Gene Ontology)-term analysis of biological processes associated with downregulated genes under edicotinib exposure. Number of genes associated with each GO-terms are indicated.

Figure 2. **CSF-1/CSF-1R controls cholesterol synthesis in human macrophages associated**
with tumours

(A) Gene expression of cholesterol synthesis enzymes in human macrophages treated by
edicotinib (in red) compared to controls (vehicle in black) (n=4). Gene expression levels are
expressed in FPKM=Fragments Per Kilobase Million.

(B) The cholesterol synthesis pathway with intermediate products. Enzymes which present a
downregulation with a fold change >2 are represented in red.

(C) Expression of *HMGCR* and *DHRC7* genes after 6h stimulation by CSF-1 50 ng/mL on
previously starved human macrophages determinded by RT-qCPR (n=3).

(D) Representation of SREBP2 target genes based on ChIP analysis (ENCODE study).

(E) Expression of *SREBF2*, *HMGCR*, *DHCR7* and *LDLR* genes in RNAi treated macrophages
against *SREBF2* determined by RT-qPCR (n=5).

(F) Expression of *SREBF2* gene after 6h stimulation by CSF-1 50 ng/mL on previously starved
human macrophages determinded by RT-qCPR (n=3).

(G) Gene expression of *SREBF2* in human macrophages treated by edicotinib (n=4). Gene
expression levels are expressed in FPKM=Fragments Per Kilobase Million.

(H) Representative immunoblot of nuclear SREBP2 in human macrophages treated with
edicotinib compared to controls (Upper panel) using Lamin B as a control loading.
Quantification of SREBP2 normalized to the control loading is represented in the lower panel
(n=4).

(I) Gene expression of *LDLR* in human macrophages treated by edicotinib (n=4). Gene
expression levels are expressed in FPKM=Fragments Per Kilobase Million.

(J) Quantification of intracellular cholesterol in macrophages treated by edicotinib or
simvastatin and in RNAi against SREBF2 treated macrophages compared to vehicle (DMSO) or
RNAi control respectively (n=3). The amount of decrease is represented in % compared to the
appropriate control.

(K) Macroscopic view of a colon adenocarcinoma and HES staining of tumorous and non-
tumorous tissues used in a co-culture with human macrophages.

(L) Expression of *SREBF2*, *HMGCR*, *DHCR7* and *LDLR* genes in hypoxic macrophages cultured
with non tumorous and tumorous tissues determined by RT-qPCR (n=5). Tumour associated
macrophages were also treated by edicotinib. Relative expression compared to control
macrophages in normoxia.

(M) ELISA quantification of IL-34 and CSF-1 secreted by tumorous and non-tumorous tissues
(n=4).

(N) Flow cytometry quantification of membrane CSF-1R expression on macrophages treated
by edicotinib compared to controls (DMSO) (n=3).

(O)   Gene expression of *CSF-1* in human macrophages treated by edicotinib (n=4). Gene
expression levels are expressed in FPKM=Fragments Per Kilobase Million.

(P) Expression of *CSF-1* gene in hypoxic macrophages cultured with non tumorous and
tumorous tissues determined by RT-qPCR (n=4). Tumour associated macrophages were also
treated by edicotinib. Relative expression compared to control macrophages in normoxia.

Figure 3. **CSF-1R targeting downregulates HIF2α expression in hypoxia through ERK1/2**
phosphorylation inhibition.

(A) Hierarchical clustering (Ward methodology) of hypoxic responsive genes ($\log_2$ FC <-1 and
$\log_2$ FC >-1 and q-value < 0.05) for normoxic and hypoxic macrophages exposed to edicotinib
and vehicle (DMSO).

(B) Gene expression of *LDHA, NDRG1, P4HA1* and *SLC2A1* genes in normoxic and hypoxic
human macrophages treated by edicotinib or vehicle (n=4). Gene expression levels are
expressed in FPKM=Fragments Per Kilobase Million. Normoxia is in blue and hypoxia is in red.

(C) Gene expression of *EPAS1* gene in normoxic and hypoxic human macrophages treated by
edicotinib or vehicle (n=4). Gene expression levels are expressed in FPKM=Fragments Per
Kilobase Million. Normoxia is in blue and hypoxia is in red.

(D) Immunoblot of HIF-2α in normoxic and hypoxic macrophages (Representative of five
independent experiments).

(E) Gene expression of *FLT1* gene in normoxic and hypoxic human macrophages treated by
edicotinib or vehicle (n=4). Gene expression levels are expressed in FPKM=Fragments Per
Kilobase Million. Normoxia is in blue and hypoxia is in red.

(F) Immunoblot of HIF-2α in normoxic and hypoxic macrophages treated by vehicle or
edicotinib with a representative experiment (left panel) and quantification of the expression
of HIF-2α compared to βactin (right panel) (n=4).

(G) Gene Set Enrichment Analysis of the Gene Ontology – Biological Process ERK1 and ERK2
cascade for hypoxic macrophages treated by edicotinib.

(H) Immunoblot of phosphorylated ERK1/2, total ERK1/2 and βactin in edicotinib treated
macrophages (Representative of three independent experiments).

(I) Immunoblot of HIF-2α in normoxic and hypoxic macrophages treated by vehicle, edicotinib
or U0126 (10μM) with a representative experiment (left panel) and quantification of the
expression of HIF-2α compared to βactin (right panel) (n=3).

(J) Immunoblot of HIF-2α in normoxic and hypoxic macrophages treated by siRNA against
SREBF2 or using siRNA scrambled with a representative experiment (left panel) and
quantification of the expression of HIF-2α compared to βactin (right panel) (n=3).

Figure 4. **Fatty acid synthesis in hypoxia is reversed by CSF-1R targeting.**

(A) GO (Gene Ontology)-term analysis of biological processes associated with downregulated genes under edicotinib exposure in hypoxia. Number of genes associated with each GO-terms are indicated.

(B) Heat map of cholesterol synthesis genes associated with *SREBF1*, *FASN* and *SREBF2* for hypoxic macrophages treated by edicotinib compared to vehicle.

(C) GO (Gene Ontology)-term analysis of biological processes associated with genes identified in cluster 4 of figure 3A. Number of genes associated with each GO-terms are indicated.

(D) Fatty acid synthesis pathway involving the fatty acid synthetase (FASN).

(E) Quantification by GS-MS of palmitic acid (C16:0), stearic acid (C18:0), palmitoleic acid (C16:1 cis) and oleic acid (C18:1 cis) in macrophages in normoxia, in hypoxia and in hypoxia treated by edicotinib (n=4).

(F) Quantification by flow cytometry of CD206 membrane expression in co-cultured macrophages with RKO cells and IL-4 (25 ng/mL) for 48 h with vehicle (DMSO) or edicotinib (n=3). Representative panel on the left and quantification on the right.

(G) Expression of *CD206 (MRC1)* gene in hypoxic macrophages stimulated by IL-4 for 4 hours and a specific inhibitor of FASN (C75 50 µM) determined by RT-qPCR (n=3).

Figure 5. **CSF-1R targeting downregulates the expression of dihydropyrimidine dehydrogenase in tumour associated macrophages**

(A) Immunoblot of DPD in normoxic and hypoxic macrophages treated by vehicle (DMSO) and edicotinib with a representative experiment (upper panel) and quantification of the expression of HIF-2α compared to βactin (lower panel) (n=4).

(B) Quantification of the reductive activity of DPD through the conversion of uracil (U) to dihydrouracil (UH$_2$) (n=4).

(C) Immunoblot of HIF-2α, DPD and βactin for macrophages treated by edicotinib for 48h then submitted to 6h hypoxia with or without maintaining the CSF-1R blockade (+6h condition). Representative of three independent experiments.

(D) Immunoblot of DPD and βactin for macrophages treated by edicotinib or U0126 for 48h then submitted to 6h hypoxia with edicotinib or U0126. A representative experiment is shown in the upper panel and the quantification compared to βactin appears in the lower panel (n=3).

(E) Immunoblot of DPD and βactin for macrophages treated by siRNA against SREBF2 or SiRNA scrambled for 48h then submitted to 6h hypoxia. A representative experiment is shown in the upper panel and the quantification compared to βactin appears in the lower panel (n=3).

(F) Co-culture between colorectal cancers cells (HT-29, RKO) with human THP1-macrophages. Inhibition of the proliferation rate of cancer cells treated by 5-FU conditioned by macrophages MCM (5-FU) or added to macrophage conditioned medium MCM + 5-FU. The conditioning is

performed with edicotinib (5µM) or vehicle (DMSO) (n=3). MCM= Macrophage Conditioned
Medium.

(G) Immunoblot of DPD and β-actin in hypoxic tumour associated macrophages treated by
edicotinib or vehicle (DMSO) (representative of three experiments).

(H) Expression of *DPYD* gene in hypoxic macrophages cultured with non-tumorous and
tumorous tissues determined by RT-qPCR. Tumour associated macrophages were also treated
by edicotinib (n=5). Relative expression compared to control macrophages in normoxia.

(I) Immunoblot of DPD and β-actin in CD14+ monocytes, CD3+ T lymphocytes and CD20+ B
lymphocytes (representative of three independent healthy donors).

(J) Gene expression of *CCL2* and *CCL7* in hypoxic human macrophages treated by edicotinib
(n=4). Gene expression levels are expressed in FPKM=Fragments Per Kilobase Million.

(K) Expression of *CCL2* and *CCL7* genes in hypoxic macrophages cultured with non-tumorous
and tumorous tissues determined by RT-qPCR (n=5). Tumour associated macrophages were
also treated by edicotinib. Relative expression compared to control macrophages in
normoxia.

(L) Schematics of CSF-1 controlled tumour associated macrophages involvement in tumour
growth and consequences of CSF-1R targeting. Figure created using Biorender
(biorender.com)

Supplementary Figure Legends

Supplemental Figure 1

Flow cytometry analysis of Annexin-V+ cells treated for 48h. Each condition has its own
vehicle control (DMSO) at the same concentration than edicotinib (Ed) (n=3).

Supplemental Figure 2

(A) Gene expression of *ABCA1* and *ABCG1* genes in human macrophages treated by edicotinib
(n=4). Gene expression levels are expressed in FPKM=Fragments Per Kilobase Million.

(B) Quantification of extracellular cholesterol secreted by macrophages treated by edicotinib
or simvastatin compared to vehicle (DMSO) (n=3). The amount of decrease is represented in
% compared to the control.

Supplemental Figure 3

(A) Flow cytometry analysis of Annexin-V+ cells treated for 48h in hypoxia. Each condition has
its own vehicle control (DMSO) at the same concentration than edicotinib (Ed) (n=3).

(B) Immunoblot of HIF-2α in macrophages in hypoxia (6h) treated by siRNA against SREBF2 or
using siRNA scrambled compared to normoxia (representative of three independent
experiments, left panel). Expression of *FLT1* gene after 6h in hypoxia in the same macrophages
than in the left panel determined by RT-qCPR (right panel) (n=3).

(C) Expression of *HMGCR*, *DHCR7* and *LDLR* genes in hypoxic macrophages treated by
edicotinib or U0126 (10 µM) or vehicle determined by RT-qPCR (n=3). Relative expression
compared to control macrophages in normoxia.

Supplemental Figure 4

(A) Immunoblot of CD206 in hypoxic macrophages co-cultured with tumours exposed to
edicotinib vs vehicle (DMSO) for 24h. Representative of three independent experiments.

(B) Gene expression of *CD206* and *CD38* genes in human macrophages treated by edicotinib
in hypoxia. Gene expression levels are expressed in FPKM=Fragments Per Kilobase Million.

Supplemental Figure 5

Flow cytometry analysis of sorted Monocytes, T lymphocytes and B lymphocytes using CD14,
CD3 and CD20 expression respectively. Representative of three independent experiments on
healthy donors.

Figure 1

Supplemental Figure 1

Figure 2

Figure 2

Figure 2

M

p=0.041

M-CSF (pg/mL)

Medium | Non tumorous tissue | Tumorous tissue

N

CSF1R

MFI CSF1R/isotype

p=0.44

Vehicle | Edicotinib

O

CSF1

p=0.009

Gene expression

Vehicle | Edicotinib

P

CSF1

p=0.49

p=0.019

Relative Gene expression

Non tumorous tissue | Tumorous tissue | Tumorous Tissue + Edicotinib

Supplemental Figure 2

A

B

Figure 3

G

GO-BP ERK1 and ERK2 cascade

Enriched in Edicotinib vs Vehicle

Running Enrichment Score

Ranked List Metric

Rank in Ordered Dataset

H

Figure 3

ERK1$^{Thr202/Tyr204}$
ERK2$^{Thr185/Tyr187}$

ERK1
ERK2

βactin

vehicule   Edicotinib

I

Normoxia   Hypoxia

Edicotinib   −   −   +   −
U0126   −   −   −   +

HIF-2α

β-actin

HIF-2α normalized to β-actin (AU)

p= 0.002
p= 0.038
p= 0.006

Edicotinib   −   −   +   −
U0126   −   −   −   +

Normoxia   Hypoxia

J

Normoxia   Hypoxia

siSREBF2   −   −   +
SiCTRL   +   +   −

HIF-2α

β-actin

HIF-2α normalized to β-actin (AU)

p= 0.02   p= 0.298

siSREBF2   −   −   +
SiCTRL   +   +   −

Normoxia   Hypoxia

Supplemental Figure 3

Figure 4

Figure 4

F

TEM + CSF1R inh
TEM + vehicle

isotype

CD206

CD206 (MFI)

p=0.023

Vehicle   Edicotinib

G

CD206

Relative gene expression

p=0.001

p=0.0037

Crtl   IL-4   IL-4 + C75

Supplemental Figure 4

Figure 5

J

CCL2

CCL7

Figure 5

K

CCL2

CCL7

L

Supplemental figure 5

Sexe	Age	Histologic diagnosis	Surgery	TNM	Molecular charactrization
F	92	Adenocarcinoma	Right colectomy (coelioscopic)	pT4N1R0	p-MMR
M	71	Adenocarcinoma poorly differentiated	Right colectomy (coelioscopic)	pT3N1R0	MSI (loss MSH6)
F	55	Adenocarcinoma poorly differentiated low grade	Sigmoidectomy	pT3N2bR0	NA
F	69	adenocarcinoma well differnetiated on tubulovillous adenoma	Left Colectomy	pT3pN1R0	pMMR
M	74	Adenocarcinoma (lieberkühnien)	Left Colectomy	pT3N0	MSS
F	70	Adenocarcinoma (lieberkühnien) low grade	Left colectomy	pT3N0M0	MMR
M	63	Adénocarcinoma low grade	Right colectomy (coelioscopic)	pT4N1b	MMR
M	84	Adenocarcinoma (lieberkühnien) low grade	Right colectomy (coelioscopic)	pT3N0R0	NA