Dual-mode action of scalable, high-quality engineered stem cell-derived SIRPα extracellular vesicles for treating acute liver failure

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Abstract

Background & Aims: Acute liver failure (ALF) is a critical inflammatory condition characterized by rapid hepatocyte death, impaired liver regeneration due to the delayed removal of necroptotic cells, and high mortality rates. This study introduces a novel dual-mode action therapeutic approach using extracellular vesicles expressing Signal Regulatory Protein Alpha (SIRP-EVs) derived from genetically engineered mesenchymal stem cells (MSCs). These SIRP-EVs are designed to concurrently resolve necroptosis and promote liver regeneration.

Methods: We evaluated CD47 expression across diverse ALF models using histological analysis, flow cytometry, western blot, confocal microscopy, and spatial transcriptomics. EVs were harvested through a 3D bioreactor-based process and subsequently purified. These purified EVs underwent various established characterization assays. After a single systemic injection, CD47-dependent accumulation of SIRP-EVs in liver tissues was evaluated using the *in vivo* imaging system. The therapeutic efficacy of SIRP-EVs was determined by measuring liver enzyme levels, examining histological changes, tracking survival rates, and analyzing inflammatory cytokine profiles.

Results: Our studies identified CD47 and SIRPα as promising therapeutic targets for ALF. We developed a scalable 3D bioreactor-based process that produces high-purity SIRP-EVs, which preserve MSC properties and achieve significant production levels. SIRP-EVs effectively bind to and block CD47, a 'don't eat me' signal on necroptotic hepatocytes, while concurrently delivering MSC-derived regenerative proteins to the damaged tissue. Comprehensive *in vitro* and *in vivo* studies demonstrate that SIRP-EVs effectively target CD47-overexpressing hepatocytes, reduce liver damage markers, and enhance survival rates in ALF models.

Conclusions: These findings highlight the potential of SIRP-EVs as a dual-mode action

therapeutic for ALF, offering promising prospects for their application in other inflammatory diseases. Moreover, these results pave the way for advancing engineered EV-based therapies toward clinical implementation.

Impact and implications

Developing extracellular vesicles expressing Signal Regulatory Protein Alpha, derived from engineered mesenchymal stem cells (MSCs), offers a promising dual-mode action therapy for acute liver failure (ALF). This innovative approach uniquely combines blocking CD47 'don't eat me' signal to resolve necroptosis with promoting liver regeneration through the delivery of MSC-derived regenerative cargos. Our findings are pivotal for advancing the management of ALF and other severe acute inflammatory diseases, offering a new therapeutic strategy that could significantly improve patient survival and reduce liver damage more effectively than existing treatments.

Introduction

Acute inflammation, whether caused by infectious or non-infectious origins, often leads to severe outcomes, including organ failure.[1] Acute liver failure (ALF) exemplifies this issue, with a mortality rate exceeding 50%, largely due to limited therapeutic options.[2] The condition is characterized by the rapid death of hepatocytes, compounded by the failure to quickly remove these cells and the subsequent lack of liver regeneration. This underscores the critical need for effective therapeutic strategies.

Recent studies have identified necroptosis, a form of regulated necrosis, as a significant contributor to ALF.[3-5] Triggered by inflammatory cytokines, necroptosis compromises cell membranes, resulting in the release of cell contents that further exacerbate inflammation.[6] Although macrophages typically engulf dying cells through efferocytosis, necroptotic cells often express high levels of CD47-a 'don't eat me' signal-which impedes macrophage-mediated clearance.[7-9] This impediment complicates the resolution of inflammation and obstructs liver regeneration, underscoring the complex challenges in treating ALF.

To address these unmet medical needs, we developed a dual-mode action therapeutic approach using extracellular vesicles expressing SIRPα, the natural ligand of CD47, derived from engineered human mesenchymal stem cells (SIRP-EVs). Initial analyses of ALF models revealed a direct correlation between necroptosis and CD47 expression, supported by a comprehensive protein and transcriptomic analyses. We also established a rigorous SIRP-EV manufacturing process that ensures scalability, high purity and yield, while retaining the inherent properties of MSCs. Additionally, we explored the ability of SIRP-EVs to target hepatocytes extending their reach beyond macrophages. Our strategy effectively blocks CD47 and facilitates the delivery of MSC-derived regenerative cargos, offering a promising solution for the enhanced removal of necroptotic cells and the promotion of liver regeneration. This

study confirms the therapeutic potential of SIRP-EVs in treating ALF, marking a significant advancement in addressing this critical healthcare challenge.

Materials and methods

ALF Animal models

Male C57BL/6N mice (7-old-week) were purchased from Orient Bio (South Korea). The mice received intraperitoneal (i.p.) injection of acetaminophen (APAP) (500 mg/kg or 700 mg/kg, Sigma-Aldrich, A7085) after 16 h fasting and returned to normal diet. For lipopolysaccharide (LPS) / D-galactosamine (D-galN), Thioacetamide (TAA), and Carbone tetrachloride (CCl4) inducing ALF models, male C57BL/6N mice (7-old-week) received i.p. injection of LPS (10 μg/kg, Sigma-Aldrich, L2630) and D-galN (700 mg/kg, Sigma-Aldrich, G0500) simultaneously, TAA (300 mg/kg, Sigma-Aldrich, 163678) and CCl4 (1 mL/kg, Sigma-Aldrich, 289116). To treat ALF models, EVs ($0.25 \times 10^9 \sim 4 \times 10^9$ EV particles) were injected into tail vein, 8 h after APAP induction, 2 h before LPS/D-galN induction and 16 h after TAA induction, and N-acetylcysteine (300 mg/kg, Sigma-Aldrich, A7250) was injected into tail vein 8 h after APAP induction. All mice were maintained in the pathogen-free animal research facility of the Korea Institute of Science and Technology (KIST), and all *in vivo* experiments were performed under the guidelines of the Institutional Animal Care and Use Committee (IACUC, KIST-IACUC-2021-154-5).

Biodistribution

EVs were labeled with sulfo-Cyanine5.5 NHS ester or sulfo-Cyanine5.5 carboxylic acid (Lumiprobe, 27390) to assess the biodistribution of the EVs. Each EV was labeled with Cy5.5 dyes at a ratio of 5×10^{10} particles per 1 μg of Cy5.5 dyes and incubated at 4°C overnight. Cy5.5 Zeba™ Spin Desalting Columns were utilized to purify the labeled EVs and eliminate free Cy5.5 dyes. The fluorescence intensity of Cy5.5-NHS conjugated EVs was analyzed using

a microplate. The efficiency of Cy5.5 labeling was determined using Fast Protein Liquid Chromatography (FPLC) (Cytiva, AKTApurifierTM) and Superdex 200 Increase 10/300 GL columns (Cytiva, GE28-9909-44). To assess the biodistribution of EVs, 7-week-old male C57BL/6 mice were utilized for the APAP-induced ALF model analysis. 8 h post-APAP induction, Cy5.5-labeled samples at concentrations of 5×10^8, 2.5×10^9, or 2.5×10^{10} were administered intravenously. To assess the CD47-mediated targeting effect of SIRP-EVs, anti-CD47 antibodies (200 μg, i.p.) were injected 30 min prior to the administration of EVs. 24 h after the injection of EVs, organs were excised for *ex vivo* analysis to determine organ accumulation. The *ex vivo* biodistribution of EVs was visualized using the IVIS Spectrum (Caliper Life Sciences, IVIS® Lumina Series III). The diet of the mice was completely switched to alfalfa-free feed. For the evaluation of a single-cell-based EV distribution assay, liver tissues from the ALF model were dissociated using the gentleMACS™ Octo Dissociator with Heaters (Miltenyi Biotec, 130-096-427). Subsequently, individual cell populations, including hepatocytes, endothelial cells, Kupffer cells, and monocyte-derived macrophages (MoMFs), were isolated in accordance with the liver tissue single-cell dissociation method. Further, the isolated single cells were labeled with an antibody panel of flow cytometry, and the cy5.5 signals from each single cell were detected by CytoFLEX flow cytometry.

Engineered MSC Production

Human bone marrow-derived MSC (hBM-MSC) master cell banks (Passage 0, RoosterBio) were plated in RoosterNourish™ (RoosterBio) in T-75 flasks (Corning) and incubated at 37°C, 5% CO_2. After 2 days, cells were harvested and counted for seeding to the T-75 flasks. Lentiviral transduction was performed in RoosterGEM™ (Genetic engineering medium, RoosterBio) with lentivirus (LV) encoding SIRPα manufactured by Flash Therapeutics. LV

volume for transduction was determined by titer and the multiplicity of infectivity (MOI). For LV transduction, the culture medium was replaced with a transduction medium that contained LV and RoosterGEM™, while control MSCs used RoosterGEM™ without LV. After incubation of cells with RoosterGEM™ for 24 h, the media was exchanged to RoosterNourish™. No rinses were performed before medium replenishment. The cells were maintained for 24 h, seeded into appropriate vessels, and expanded for 4-5 days until the cell confluency reached 80%. The cells were harvested, formulated in Cryostor 5 (Biolife Solutions), filled into 2 mL cryovials (Corning), and cryopreserved at passage 2 using a controlled rate freezer and stored in the vapor phase of liquid nitrogen. These vials are considered the SIRP-MSC from which all seed train expansions started. SIRP-MSCs were analyzed for expansion ability, MSC characteristics, MSC markers, and SIRPα expression.

3D bioreactor-based upstream process for EV condition media generation

SIRP-MSC were thawed and expanded in CellBIND® Polystyrene CellSTACK® Chamber (Corning) for 2 passages prior to bioreactor expansion. For generation of the seed train, each passage was considered for expansion of 4 or 5 days to reach a confluency of 80-95%. Optimization studies were previously conducted to establish the critical process parameters for scaling up the process.[10-12] SIRP-MSCs from the seed train and microcarriers were inoculated to into the Ambr®250 vessels (Sartorius) or STR®50 bioreactor vessels (Sartorius). After inoculation of the Ambr®250 bioreactor, temperature was maintained to 37°C, dissolved oxygen (DO) to 100%, and air flow rate to 24 mL/min with 5% CO_2 in the overlay. In the STR®50 bioreactor, the temperature was set to 37°C, DO control to 50%, and air flow rate to 1.5 L/min with 5% CO_2 in the headspace. RoosterNourish™ was supplemented with a RoosterReplenish™ medium feed (RoosterBio) on day 3 of expansion, per manufacturer

instructions. The cells were expanded for 5 days. At the end of the expansion phase, the medium was removed, the cells/microcarriers were washed twice and then a protein free, chemically defined low particulate medium, RoosterCollect™-EV (RoosterBio) was added (250 ml final volume in Ambr, 15 L or 50 L in STR50) to the bioreactors to collect EVs for 5 days. Cell counts and metabolites were measured daily during the expansion phase to monitor cell health. The particle count (particles/mL) was obtained regularly from the bioreactors. Macroscopic and microscopic images of the cells/microcarriers suspension were obtained throughout the process. At the end of the EV collection phase, the bioreactor impellers were stopped and microcarriers were allowed to settle to the bottom of the vessel. After settling, the conditioned media containing EVs was collected through pipetting in the Ambr250 or pumped via the dip tube in the STR50 bioreactor single-use disposable bag. Particle count (particles/mL), particle size and distribution, and SIRPα content were measured. For 2D control flasks served as controls for cell expansion and EV collection, transduced MSCs were seeded into CellBIND® flasks. Cells were cultured for 5 days in an incubator at 37°C and 5% CO_2. At the end of the expansion, the media was aspirated, and the adherent cells were washed before being exchanged into RoosterCollect-EV media for EV collection. TrypLE™ (ThermoFisher) was used when needed for cell harvest from flasks or from microcarriers.

Downstream purification of EV

SIRP-EVs were purified from conditioned medium collected from bioreactors utilizing technologies that are scalable, GMP compatible, and consistent with equipment found at traditional biopharma CDMOs. The conditioned media was treated with Agent V (RoosterBio) per the manufacturer's instructions prior to clarification. Agent V treated conditioned media was clarified to remove cell debris by pumping through a depth filter (Sartorius). Pre-filter

pressure was continuously monitored and maintained per the manufacturer's recommendations. The clarified medium was concentrated up to 10-fold by volume by filtering through TFF (Repligen). After concentration, buffer exchange was performed via continuous diafiltration to prepare the concentrated EV solution for chromatography. The concentrated solution was further purified with an AKTA Avant150 chromatography system (Cytiva) using multimodal chromatography resin (Cytiva). The system flow rate, pressures, conductivity, and column UV were controlled and monitored throughout the runs. SIRP-EVs were collected in the flow through fractions, which was consistent throughout scales. The resulting purified EVs were formulated in a sucrose-containing salt buffer via a second TFF diafiltration step (Repligen), then filter sterilized via 0.2 μm membrane (Sartorius) filtration. The resultant purified EV solution was filled into particle-free cryovials (NEST) and stored at -80°C. To confirm the removal of impurities during the downstream process, intermediate products were analyzed, with total protein measured by Bradford assay (Thermo Fisher), dsDNA measured by PicoGreen dsDNA assay, and albumin measured by the human albumin ELISA kit (Abcam).

Statistical analysis

GraphPad Prism 10 was utilized to perform statistical analysis. The comparisons of two groups were analyzed using two-tailed unpaired Student's t-test. The comparison between multiple groups were analyzed using one-way analysis of variance (ANOVA) with Tukey's post-hoc test, and multiple parameter samples were analyzed by two-way ANOVA with Sidak's post-hoc test. The survival rate was analyzed using Kaplan–Meier log-rank analysis. The proteomic analysis data was evaluated by Pearson's correlation coefficient. The values were expressed as the mean ± SD for samples. *$p < 0.05$, ** $p < 0.01$, ***$p < 0.001$.

Additional information on materials and methods is included in the supplementary materials.

Results

Elevated CD47 expression in necroptotic hepatocytes hallmarks ALF

We developed various animal models of ALF to understand complexity, each model induced by different etiological factors. These models employ pharmacological agents such as APAP, TAA, CCl4, and a combination of LPS with D-galN, each representing distinct pathways of hepatic injury. Specifically, APAP-induced hepatotoxicity is a result from its metabolic conversion into toxic metabolites. TAA and CCl4 induce liver damage through bioactivation to reactive intermediates causing hepatocellular damage. Meanwhile, the LPS/D-galN model mimics pathogen-induced liver failure.[13,14] These models provide valuable insights into the pathophysiological mechanisms of ALF and assist in identifying novel therapeutic targets for various liver injury etiologies.

Our analysis showed significant increases in serum aspartate aminotransferase (AST) and alanine aminotransferase (ALT) levels across all ALF models, indicative of severe hepatic injury **(Fig. 1A and S1)**. Hematoxylin & Eosin (H&E) staining and immunohistochemistry (IHC) on liver tissues revealed extensive cellular death and a marked increase in CD47 expression in all ALF models compared to normal liver tissue **(Fig. 1A and S1)**. Subsequent studies aimed to identify liver cell populations with elevated CD47 expression following ALF induction. Flow cytometry analysis revealed a significant upregulation of CD47 in hepatocytes from ALF conditions compared to normal **(Fig. 1B)**. This increase was further confirmed by western blot analysis of hepatocytes isolated from ALF-affected liver tissues, showing a notable enhancement in CD47 expression **(Fig. 1C)**. Annexin V/propidium iodide assays indicated a significant rise in the late apoptotic/necroptotic cell population in CD47-high hepatocytes, especially in the APAP- ALF models **(Fig. 1D)**. This was associated with overexpression of necroptotic markers, such as RIP3 and pMLKL, in ALF tissues **(Fig. 1E)**.

Confocal microscopy analysis corroborated a direct correlation between CD47 expression and the pMLKL in ALF-affected liver tissues **(Fig. 1F)**. These findings suggest a significant upregulation of CD47 expression in necroptotic hepatocytes across ALF models compared to normal liver.

Spatial transcriptomic analysis of liver tissue from the APAP-ALF model demonstrated a distinct spatial association between necroptosis-related genes and CD47 expression, differentiating ALF liver tissues from normal tissues **(Fig. 1G)**. This analysis was expanded to identify a spatial overlap between necroptosis and macrophage-related genes, which was more pronounced in ALF liver tissues than in healthy liver **(Fig. 1H)**. Additionally, there was a significant increase in SIRPα expression at the colocalized sites of these genes **(Fig. 1I)**. Previous studies have indicated that macrophages expressing high levels of SIRPα tend to be located around cells that overexpress CD47.[9,15] These findings suggest that the overexpression of CD47 in necroptotic hepatocytes in ALF may inhibit the efferocytosis of necroptotic cells by macrophages through SIRPα, potentially exacerbating the inflammatory state.

3D bioreactor-based scalable purification process produces SIRP-EVs with high purity and preserves MSC characteristics

To address inflammatory diseases associated with upregulated CD47, we genetically engineered human bone marrow-derived MSCs to express SIRPα creating SIRPα-modified MSCs (SIRP-MSCs) through stable transduction with lentiviral vectors encoding the SIRPα. These cells retained the hallmark differentiation capabilities of naive MSCs, including differentiation into adipocytes, osteoblasts, and chondrocytes **(Fig. 2A)**. Importantly, SIRP-MSCs maintained the expression of key MSC markers (CD73, CD90, CD105, and CD166) and did not express hematopoietic and endothelial markers (CD14, CD34, and CD45), as confirmed

by flow cytometry **(Fig. 2B)**. Multiplex ELISA analysis showed that the angiogenic cytokine secretion profiles of SIRP-MSCs were similar to those of non-modified MSCs (C-MSC), indicating that the genetic modification did not alter the inherent properties of MSCs **(Fig. 2C)**. Analysis of inter- and intra-donor variability showed consistent proliferation rates, EV yield, and the proportion of SIRPα-positive cells across biological replicates, demonstrating a high level of reproducibility in the modification process **(Fig. 2D)**.

For the efficient isolation of SIRP-EVs from SIRP-MSCs, we employed a 3D bioreactor system utilizing microcarriers in the upstream process. The efficacy of this system was assessed by comparing the growth of SIRP-MSCs in both small-scale (250ml) Ambr250 and large-scale (15L) Biostat STR® (STR) bioreactors with a traditional 2D CellSTACKs as the control. Daily inspections of the microcarrier suspensions in the bioreactor vessels (STR and Ambr) confirmed a consistent suspension of cells and microcarriers, ensuring an evenly mixed culture **(Fig. S2A)**. Critical process parameters such as temperature, dissolved oxygen, and agitation rates, were meticulously controlled. The metabolite profiles from the bioreactor vessels were closely aligned, indicating consistent process conditions **(Fig. S2B)**. Cells were monitored using a live stain, demonstrating clear attachment and expansion on microcarriers over a 10-day culture period **(Fig. 2E)**. Daily measurements of particle count from the culture media, following the replacement of growth media with EV collection media, showed that 3D bioreactors produced significantly more EVs than 2D cultures **(Fig. 2F,G and S2C)**. Additionally, the expression of SIRPα in MSCs remained stable throughout the collection period, up to the last day **(Fig. 2H)**.

The scalability of our upstream process development was validated through experiments conducted in a 50L STR bioreactor, with a 250ml Ambr system serving as the scale-down. Comprehensive analyses including macroscopic and microscopic imaging, metabolite profiles,

cell proliferation, cell viability, and EV counts per ml demonstrated consistency across scales, confirming a successful 200-fold scale-up in a 3D bioreactor **(Fig. S3)**. The downstream process comprised depth filter filtration for clarification, tangential flow filtration for concentration, chromatography for purification, followed by an additional tangential flow filtration for buffer exchange and further concentration, and concluding with sterile filtration prior to vialing **(Fig. 2I)**. The final SIRP-EVs showed a significant cumulative reduction in double-stranded DNA and albumin by 93% and 99%, respectively, with a 96% clearance of total protein content from the initial culture medium **(Fig. 2J,K, and S4A-C)**. After the downstream process, the purity of the isolated SIRP-EVs was remarkably high, reaching 8 x 10^{11} particles per mg of proteins, with a cumulative yield, or particle recovery rate, of 50% **(Fig. 2L,M and S4D)**. These results demonstrate that our process development for the 3D-based EV isolation can efficiently separate SIRP-EVs with high purity and yield.

SIRP-EVs carry MSC-derived protein cargos and present a safe CD47 blockade

Naïve MSC-derived EVs (C-EVs) are recognized for their effectiveness in treating inflammatory diseases through the transfer of miRNA and protein cargos.[16,17] To determine if SIRP-EVs replicate a similar MSC-derived cargo profile, we produced C-EVs using the same upstream and downstream processes, achieving high particle recovery rates and purity **(Fig. S5)**. Initial analysis of the RNA content revealed negligible RNA levels in SIRP-EVs **(Fig. S6)**. To assess the potential impact of processing methods on RNA cargo, we compared RNA quantities in EVs isolated through research-grade processes-including serial centrifugation, tangential flow filtration, ultracentrifugation-with those in C-EVs and SIRP-EVs isolated through our established 3D bioreactor-based process. The results showed that EVs isolated through research-grade process contained more RNA than those isolated using the 3D-based

system **(Fig. S6)**. These findings suggest that RNA content of EVs can vary significantly depending on the isolation and purification process used.

We utilized liquid chromatography with tandem mass spectrometry (LC-MS/MS) to analyze the protein profiles of SIRP-EVs, identifying 7,391 proteins. This confirmed that the protein cargos of SIRP-EVs closely mirror those of C-EVs **(Fig. 3A,B)**, while also demonstrating overexpression of SIRPα in SIRP-EVs **(Fig. 3C)**. Further experiments were conducted to verify the EV nature of SIRP-EVs. Western blot analysis confirmed the presence of EV markers, including CD81, CD9, CD63, and TSG101, as well as the engineered expression of SIRPα, while confirming the absence of the non-EV marker, prohibitin[18] **(Fig. 3D and S7)**. Cryo-transmission electron microscopy revealed that SIRP-EVs, like C-EVs, are spherical nanoparticles characterized by a lipid bilayer **(Fig. 3E)**. Dynamic light scattering assays showed that SIRP-EVs, similar to C-EVs, exhibit a uniform particle size distribution with average diameters of approximately 200 nm, indicative of no particle aggregation and a high degree of monodispersity, as reflected by a polydispersity index close to 0.2 **(Fig. 3F)**. Zeta potential measurements recorded SIRP-EVs and C-EVs at -22.56 mV and -22.30 mV, respectively, with both demonstrating over 95% lipidation, confirmed through Memglow staining **(Fig. 3G)**. Further analysis of the over-represented Gene Ontology Biological Processes (GOBP) within the SIRP-EV protein cargo revealed an enrichment of adhesion and binding proteins that promote directed and prolonged binding of C-EVs at sites of inflammation[19] **(Fig. 3H)**. Collectively, these findings demonstrate that SIRP-EVs maintain the fundamental characteristics of EVs, comparable to those of C-EVs.

To assess the targetability of SIRP-EVs toward CD47, we conducted *in vitro* binding assays using CD47 knockout and wild-type cell lines. These assays showed that SIRP-EVs bind more selectively to CD47 wild-type cell lines in a dose-dependent manner, compared to C-EVs,

while no significant binding was observed in CD47 knockout cell lines **(Fig. 3I)**. Additionally, considering the known issues associated with CD47 antibodies—such as red blood cell (RBC) aggregation due to their Fc regions[20]—we carried out comparative *in vitro* hemagglutination assays between human CD47 antibodies and SIRP-EVs. Significantly, CD47 antibodies caused increased haziness indicating human RBC aggregation, while SIRP-EVs did not induce such adverse effects (**Fig. S8A-C**). Further toxicity evaluations of SIRP-EVs, through intravenous administration in mice at doses exceeding therapeutic levels, showed no observable toxicity **(Fig. S8D)**. These results highlight SIRP-EVs as a promising alternative to traditional CD47 antibodies.

Intravenous delivery of SIRP-EV demonstrates preferential accumulation in CD47-overexpressing injured liver tissue

We investigated the biodistribution of SIRP-EV, focusing on their accumulation based on CD47 expression. Cy5.5 dye-labeled SIRP-EVs were administered intravenously to both normal mice and models with APAP-ALF. Initial verification using fast protein liquid chromatography confirmed that Cy5.5 dye was solely associated with the SIRP-EVs, with no free dye detected **(Fig. 4A)**. In the APAP-ALF models, which overexpress CD47, these Cy5.5-labeled SIRP-EV accumulated more in the liver tissues of compared to those in normal mice **(Fig. 4B,C)**.

We further confirmed the CD47 dependent biodistribution SIRP-EV by pre-treating with CD47 antibodies, which resulted in decreased accumulation of SIRP-EV in CD47-overexpressing liver tissue **(Fig. 4D and S9)**. Intriguingly, SIRP-EVs displayed higher *in vivo* signals not only in the APAP-ALF models but also in normal mice 24 hr post-injection, compared to C-EVs. This observation suggests that the presence of SIRPα on the EV surface

may extend their circulation, possibly by utilizing a piggyback mechanism on red blood cells, as previously documented[20] **(Fig. S9)**.

Similar to C-EVs, SIRP-EVs primarily accumulated in the macrophage population, including Kupffer cells and MoMFs **(Fig. 4E)**. However, SIRP-EVs also demonstrated more effective accumulation in endothelial cells and hepatocytes compared to C-EVs **(Fig. 4E)**. These findings indicate that systemically administered SIRP-EV can selectively accumulate in CD47-overexpressing lesions in a CD47-dependent manner and achieve enhanced targeting of necroptotic hepatocytes that overexpress CD47, surpassing the targeting capabilities of C-EV.

Single dose of SIRP-EV demonstrates dose-dependent therapeutic efficacy and surpasses naïve MSC-derived EVs in ALF models

To evaluate the therapeutic potential of SIRP-EVs in ALF, we administered a single intravenous dose in various ALF models. Our investigations demonstrated that SIRP-EV significantly reduced dead cell counts and CD47 expression in damaged liver tissues **(Fig. 5A-C)**. A dose-dependent decrease in liver toxicity markers, such as AST and ALT, was evident in the APAP-ALF model after SIRP-EV administration **(Fig. 5D)**. Flow cytometry confirmed a decrease in CD47 expression on hepatocytes **(Fig. 5E)**. Additionally, confocal microscopy showed that SIRP-EV treatment significantly increased the presence of macrophages ($F4/80^+$) and enhanced efferocytosis of necroptotic cells ($pMLKL^+$) in liver tissues of APAP-ALF model. **(Fig. 5F)**. In the TAA-ALF model, SIRP-EVs demonstrated comparable therapeutic effects, including lowered dead cell ratios and CD47 expression and reduced serum ALT and bilirubin levels **(Fig. 5G-J)**.

Multiplex IHC provided deeper insights into CD47 expression dynamics within necrotic liver areas induced by APAP, which were primarily surrounded by macrophages ($F4/80^+$) **(Fig. 6A)**.

In contrast, liver tissues treated with SIRP-EVs exhibited dispersed macrophages, reduced necrotic areas, and lower CD47 expression **(Fig. 6A)**, accompanied by a significant decrease in the ratio of $CD47^+$ necroptotic cells **(Fig. 6B)**. Given prior studies linking ALF progression to liver fibrosis,[21] we explored the antifibrotic effects of SIRP-EVs. Our findings revealed that SIRP-EV treatment notably mitigated liver fibrosis **(Fig. 6C)**, underscoring the effectiveness of SIRP-EVs in targeting $CD47^+$ necroptotic hepatocytes and broadening their potential applications in preventing ALF complications, including fibrosis.

To investigate the enhanced therapeutic efficacy mediated through SIRPα in our engineered EVs compared to C-EVs, we assessed their therapeutic potential in various ALF models. Initial observations demonstrated that SIRP-EV treatment led to statistically significant improvements in liver toxicity markers, AST and ALT, surpassing C-EVs in the APAP-ALF model **(Fig. 6D)**. Treatment with SIRP-EVs also resulted in a higher ratio of MoMF to the Ly6C low type, crucial for inflammation resolution, compared to C-EVs **(Fig. 6E and S10A)**. Additionally, SIRP-EVs were associated with reductions in pro-inflammatory cytokine IL-6 levels and neutrophil infiltration, which are indicative of acute inflammation **(Fig. S10B,C)**. In the LPS-DgalN-ALF prevention model, SIRP-EVs not only improved survival rates but also substantially reduced ALT levels and the ratio of dead cells in liver tissues more effectively than C-EVs **(Fig. 6F-I)**. These results indicate that incorporating SIRPα into C-EVs significantly enhances their therapeutic efficacy.

SIRP-EV enhances therapeutic efficacy by transferring MSC protein cargos in ALF

We further verified that the therapeutic efficacy of SIRP-EV originates from their MSC-derived cargos by comparing them with SIRP-EVs isolated from HEK cells. We genetically modified HEK cells to express SIRPα, producing HEK cell-derived SIRP-EV($_{HEK}$SIRP-EV)

and evaluated their efficacy in ALF models. SIRP-EVs were more effective than $_{HEK}$SIRP-EVs, as demonstrated by a significant reduction in blood levels of AST and ALT **(Fig. 7A)**. Additionally, histological analysis demonstrated that SIRP-EVs significantly decreased dead cell counts and neutrophil infiltration compared to $_{HEK}$SIRP-EV **(Fig. 7B,C)**.

We next analyzed and compared the functional protein cargos known to promote regeneration[16] in both types of EV, aiming to elucidate the differences in therapeutic efficacy between MSC-derived SIRP-EVs and HEK cell-derived SIRP-EVs. The analysis revealed that proteins associated with preventing cell death (PAPPA, SOD2), promoting cell proliferation (FGF, HGF, WNT ligands), and enhancing angiogenesis (uPAR, uPA) were more abundantly present in MSC-derived SIRP-EVs than in $_{HEK}$SIRP-EVs **(Fig. 7D)**. Consistent with these findings, a single injection of SIRP-EV in the APAP-ALF model resulted in an increase in $Ki67^{+}$ hepatocytes, indicative of cell proliferation **(Fig. 7E)**. Moreover, SIRP-EV treatment resulted in higher survival rates in the high dose APAP (700 mg/kg)-ALF model compared to C-EV and CD47 antibody treatments **(Fig. 7F)**. Collectively, our findings indicate that SIRP-EV mediates therapeutic efficacy not only by blocking CD47 on necroptotic hepatocytes but also by transferring MSC protein cargos to aid in lesion regeneration.

Currently, N-acetylcysteine (NAC) is the standard treatment for ALF caused by APAP overdosing in clinical settings. Although NAC primarily prevents hepatocyte death, it may exacerbate the condition post-overdosing.[22] A comparative efficacy study between SIRP-EV and NAC was conducted by administering both therapeutics 8 hr after APAP injection. The results demonstrated that SIRP-EV offered superior therapeutic benefits **(Fig. 7G and S11)**. This finding underscores the potential of SIRP-EV as a competitively advantageous alternative to current ALF treatments.

Discussion

Acute inflammation impairs the resolution capabilities of immune cells and diminish their inherent regenerative capacities, necessitating sophisticated therapeutic approaches.[23] This study introduces a dual-mode action therapeutic strategy utilizing SIRP-EVs derived from engineered MSCs, which have demonstrated significant effectiveness in decreasing upregulated CD47 in various ALF models and delivering MSC-derived proteins to hepatocytes, extending their impact beyond macrophages.

Recent studies have identified necroptotic hepatocytes as a significant contributor to the exacerbation of ALF.[6] This study is the first to demonstrate that these necroptotic hepatocytes overexpress CD47 in ALF. Our findings indicate that blocking CD47 with SIRP-EVs reduces necroptotic hepatocytes and normalizes CD47 expression, suggesting its utility as a biomarker for ALF and potentially other diseases. Further support for this hypothesis is provided by spatial transcriptomic analysis, which reveals significant increases in SIRPα expression at sites of necroptosis and macrophage interaction. These results reinforce the potential of CD47 and SIRPα as biomarkers in severe acute inflammatory diseases.

This study demonstrates a robust method for producing high-purity, high-yield SIRP-EVs, while preserving the intrinsic properties of MSCs. The process substantially reduced impurities and achieved an impressive recovery rate of 50%, presenting a cost-effective approach for the development of new drugs using engineered EVs derived from MSCs. Interestingly, the EVs produced by this method contained significantly low RNA content compared to those isolated through traditional research-grade EV production process. This suggests that RNA may not be encapsulated within EVs but could be externally bound, meriting further investigation. Although numerous studies confirm the biological effects of miRNAs in EVs,[16] the low miRNA density in our findings challenges the notion that their functional effects are solely

mediated by these RNAs. Therefore, our study shifts focus to the regenerative potential of MSC protein cargos but emphasizes that additional functional analyses of other MSC-derived cargos, such as DNA, RNA, and lipids are necessary.

EVs are increasingly recognized as promising drug delivery systems, noted for their high biocompatibility and ability to cross biological barriers.[24-27] However, they primarily accumulate in liver macrophages.[28] To address this issue, recent studies have enhanced EV targeting by forming a protein corona on their surface, specifically coating C-EVs with albumin to improve delivery to hepatocytes beyond macrophages.[28] Additionally, surface engineering of EVs has been used to enhance targeted delivery to specific cells, thereby enhancing therapeutic efficacy.[29-32] Our findings prove that SIRPα expression on EVs not only mitigates necroptosis but also promotes effective accumulation in CD47-overexpressing liver tissues and hepatocytes extending beyond macrophages in acute inflammatory conditions. This unique distribution of SIRP-EVs facilitates the delivery of MSC-derived regenerative factors and aids in blocking CD47 overexpressed in necroptotic cells.

CD47 is overexpressed on pathological cells, yet it is also present on normal cells, posing challenges for therapies using CD47 antibodies.[33,34] These antibodies can inadvertently bind to normal cells, leading to unwanted clearance by immune cells that recognize the Fc region of antibodies. This limitation has narrowed the therapeutic window and contributed to clinical failures.[35,36] Importantly, SIRP-EVs, which lack Fc regions, do not present adverse side effects related to normal cell clearance. Our research further indicates that SIRP-EVs exhibit an extended presence in the bloodstream, likely due to their binding to red blood cells, which are less prone to endocytosis.[20] This behavior mimics that of endogenous EVs, which are known to circulate through interactions with blood cells.[37] Future research is needed to investigate whether exogenous EVs like SIRP-EVs can similarly bind to blood cells and circulate within

the body, which would be crucial for evaluating the pharmacokinetics of EV-based therapeutics.

In conclusion, this study introduces a dual-mode action approach utilizing SIRP-EVs for both inflammation resolution and regeneration promotion. Although the primary focus has been on ALF, this strategy holds potential for application across a range of inflammatory conditions. Additionally, the scalable and high-purity production process of these engineered MSC-derived EVs establishes a solid foundation for further research and development. This groundwork aims to facilitate clinical translation, potentially revolutionizing the management of acute inflammatory diseases.

Abbreviations

ALF, Acute liver failure; MSC, mesenchymal stem cells; hBM-MSC, human bone marrow-derived MSC; EV, extracellular vesicle; SIRP-EV, EV expressing SIRPα derived from engineered human MSCs; C-EV, naïve MSC-derived EV; SIRP-MSCs, genetically engineered human bone marrow-derived MSCs to express SIRPα; C-MSC, non-modified MSCs; APAP, acetaminophen; TAA, thioacetamide; CCL4, carbon tetrachloride; LPS, lipopolysaccharide; D-galN, D-galactosamine; FPLC, Fast Protein Liquid Chromatography; MoMF, monocyte-derived macrophage; LV, lentivirus; DO, dissolved oxygen; AST, aspartate aminotransferase; ALT, alanine aminotransferase; H&E, hematoxylin & eosin; IHC, immunohistochemistry; TUNEL, terminal deoxynucleotidyl transferase dUTP nick end labeling; NAC, N-acetylcysteine.

Acknowledgements

Production of LV was outsourced to Flash Therapeutics (Toulouse, France). Quantifying total RNA amount were outsourced to Macrogen (Seoul, Repulic of Korea). Multiplex immunohistochemistry (multiplex IHC) was conducted by outsourcing to PrismCDX Co.,Ltd. (Gyeonggi-do, Repulic of Korea). The biochemistry, hematology and coagulation analysis were outsourced to DKKorea (Seoul, Repulic of Korea). Cryo-TEM (FEI Tecnai F20 G2) imaging was conducted at Korea Institute of Science and Technology Advanced Analysis Center (Seoul, Republic of Korea). Proteomic profiling was analyzed by outsourcing to Bertis (Gyeonggi-do, Republic of Korea).

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Figure legends

Fig. 1. CD47 is overexpressed on necroptotic hepatocytes in the damaged liver of ALF models. (A) Biochemical evaluation (AST and ALT levels) of the ALF model after APAP induction (left). Representative images of H&E and CD47 staining of liver samples from an ALF model induced by APAP (right) (n=4). (B) CD47 expression levels of cell populations within liver tissue (n=4). (C) CD47 expression in hepatocytes from normal and APAP-induced ALF livers (n=3). (D) Graphical representation of early apoptotic (Annexin V^+/7-AAD^-), late apoptotic/necroptotic (Annexin V^+/7-AAD^+), and necrotic (Annexin V^-/7-AAD^+) cell populations in liver hepatocytes from normal and APAP-induced ALF mice (n=3 or 4 per group). (E) Expression of RIP3 and pMLKL in liver samples from normal and APAP-induced ALF groups. (F) Representative confocal images of liver sections from normal and APAP-induced ALF mice. Scale bar, 50 μm. (G) Scatter plot visualization of the Spearman correlation (R) between 120 necroptosis gene scoring and RNA levels of CD47 across samples. (H) STopover analysis to map the spatial overlap and interactions between cell types in liver tissue from normal and APAP-induced ALF mice. Highlights include 120 necroptosis gene scores (yellow) and macrophage RNA levels (blue), with overlapping areas shown in green. The plots below represent the three regions. (I) Violin plot visualizing SIRPα expression levels in different regions based on spatial correlation results. The numbers marked on the plot represent the median values of the SIRPα expression. Bar graph data are presented as mean ± S.D. Statistical significance was determined by two-tailed unpaired student's t-test (A) and two-way ANOVA with Sidak's post-hoc test (B,D). Hepa, Hepatocytes; Immune, Immune cells; Endo, Endothelial cells.

Fig. 2. Scalable SIRP-EV production from engineered MSCs using 3D Bioreactor systems, ensuring high purity and integrity. (A) Trilineage differentiation of engineered MSCs: adipogenic differentiation by lipid droplets (left), osteogenic differentiation by mineralized matrices (middle), and chondrogenic differentiation by cartilage matrix (right). (B) Surface marker expression on SIRP-MSCs post-transduction and control C-MSCs, confirming MSC phenotype with markers CD73, CD90, CD105, CD166, and absence of CD14, CD34, CD45. (C) Cytokine secretion profiles (FGF, HGF, IL-8, TIMP-1, TIMP-2, VEGF) of C-MSCs and SIRP-MSCs (n=2 or 3). (D) Inter- and intra-donor variability in SIRP-MSCs shown by fold expansion 5 days post-thaw (left), nanoparticle concentration at final harvest (middle), and percentage of SIRPα-stained cells (right). Two independent vials from a single donor and one from a second donor were evaluated (n=3). (E) Visualization of cells in 2D CellSTACKs and 3D bioreactor systems (Ambr250 and STR) (F) The time course measurements of particle concentration during two independent runs for each of the 2D CellSTACKs (2D), 3D Ambr250 (Ambr), and 3D STR (STR) systems. (G) Size distributions of particles from 2D CellSTACKs and 3D bioreactor systems (Ambr250 and STR). (H) SIRPα expression levels of MSCs before harvest from STR runs, with controls from Ambr and 2D systems (n=2). (I) Schematic of the downstream processing flow for SIRP-EV isolation, encompassing clarification to sterile filtration. (J-L) In-process analytics results for SIRP-EV: (J) protein, (K) dsDNA, and human serum albumin clearance, and (L) cumulative yield of SIRP-EV. (M) The purity of SIRP-EV per step is quantified as the particle count per mg protein. Bar graph data are presented as mean ± S.D. The numbers displayed on a bar graph represent the exact numerical values of the data points. Clar, clarification; Concen, concentration; Guard Filt,

guard filtration; Chrom, chromatography; Buffer Ex, buffer exchange; Sterile Filt; sterile filtration

Fig. 3. Comprehensive analysis of MSC-derived SIRP-EV. (A-C) Protein profile comparisons and reproducibility between C-EVs and SIRP-EVs. (A) Scatter plot consistency and R^2 values for protein identification across replicates; Venn diagram overlaps of EV type-specific proteins. (B) Correlation coefficient analysis of protein profile similarities between replicates. (C) Quantification of SIRPα overexpression in SIRP-EVs compared to C-EVs. (D) Expression of EVs to examine SIRPα, EV markers (CD81, CD9, CD63, and TSG101), and non-EV marker, prohibitin. (E) Representative image of EVs. (F) Size distribution of EVs. (G) Zeta potential measurements of EVs, denoting the surface charge distribution (left, n=3). MemGlow staining of EVs (right). (H) Network diagram displaying over-represented Gene Ontology Biological Processes (GOBPs) among the top 506 SIRP-EV proteins. Analysis shows the proportion of these proteins compared to the total, with significant GOBPs ($p < 0.05$) indicated by black and red lines for group and individual function significance, respectively. (I) Quantification of cell binding, following a 30-min co-incubation of Cy5.5-labelled C-EV and SIRP-EV with CD47 KO and WT HEK293T cells (n=3). Bar graph data are presented as mean ± S.D. Statistical significance was determined by two-tailed unpaired student's t-test (G), two-way ANOVA with Sidak's post-hoc test by comparing the groups treated with the same concentration of EVs (I). P****<0.0001.

Fig. 4. SIRP-EV preferentially accumulates in CD47-overexpressing injured liver after systemic delivery. (A) FPLC elution profiles of Cy5.5-labelled SIRP-EV, Cy5.5 dye, and SIRP-EV. Fluorescence was detected using a UV-Vis detector at 280 nm and 700 nm. (B) *Ex vivo* imaging of the organ distribution in mice 24 h after intravenous administration of 2.5×10^{10} Cy5.5-labelled SIRP-EV. (C-D) Systemic delivery and uptake of EVs in mouse liver tissues. (C) Dose-dependent accumulation of SIRP-EVs in liver tissues of APAP-induced ALF mice was observed within 24 h. Representative images of the *in vivo* imaging system (IVIS) are shown (left), and quantitative fluorescence signals from *ex vivo* livers are presented (right) (n=2). (D) A reduction in SIRP-EV accumulation in APAP-induced ALF liver tissues resulted from pre-blocking with the anti-CD47 antibody (n=2). (E) Cell type-specific biodistribution of SIRP-EV in APAP-induced livers (n=2 or 4 per group). Bar graph data are presented as mean ± S.D. Statistical significance was determined by two-tailed unpaired student's t-test (C), and one-way ANOVA with Tukey's post-hoc test (D,E).

Fig. 5. A single dose of SIRP-EV reduces CD47 overexpression and alleviates liver damage in ALF models. (A) Representative histological images of H&E, TUNEL, and CD47 staining in liver tissue from normal and APAP-induced ALF mice after 1×10^9 SIRP-EV treatment. (B) Quantification of TUNEL-positive cell. (C) Quantification of CD47-positive area. (D) Serum AST and ALT levels were determined 48 h after APAP injection in subjects receiving the indicated dose of SIRP-EV (n=6 or 7 per group). (E) CD47 expression in liver tissue cell types after systemic treatment with SIRP-EVs compared to C-EVs (n=4). (F) Representative confocal images of liver sections from mice 24 h post-induction with a 500 mg/kg APAP dose, treated with 4×10^9 SIRP-EVs. Cells

were immunostained for F4/80 (green) and pMLKL (red), with white arrowheads indicating engulfed necroptotic cells. (G-J) Therapeutic efficacy of 1×10^9 SIRP-EVs in a TAA-induced ALF model (G) Representative histological images of H&E, TUNEL, and CD47 staining in liver tissue from both normal and TAA-induced ALF mice following SIRP-EV treatment. (H) Quantification of TUNEL-positive cells. (I) Serum ALT and total bilirubin levels were determined 40 h post-TAA injection (n=4 per group). (J) Representative gross histology of livers. Bar graph data are presented as mean ± S.D. Statistical significance was determined by one-way ANOVA with Tukey's post-hoc test (B-D,G-I), and two-way ANOVA with Sidak's post-hoc test (E). Hepa, Hepatocytes; Immune, Immune cells; Endo, Endothelial cells.

Fig. 6. SIRP-EV outperforms C-EV in ALF models, attributed to SIRPα expression. (A) Representative multiplex IHC images from APAP-induced ALF mouse liver. The left panel shows a broader view, while the right panel focuses on a necrotic area, as delineated by the dashed line. (B) Representative multiplex IHC of APAP-induced mouse liver tissue. The quantification of CD47-positive necroptotic cells ($CD47^+pMLKL^+$) is shown on the right panel. (C) Representative IHC images of α-SMA staining in liver tissues from mice that survived 120 h after induction with a 700 mg/kg dose of APAP. Quantification of α-SMA is shown in the right panel. (D) Serum AST and ALT levels were measured 48 h post-500 mg/kg APAP induction in subjects treated with 4×10^9 EVs (n=7 to 9 per group). (E) Flow cytometry determination of $Ly6C^{high}$ as a percentage of total liver $CD11b^{high}$ $F4/80^{low}$ MoMFs (n=4 or 5 per group). (F-I) Therapeutic effects of 9×10^8 SIRP-EV on an LPS/D-galN-induced ALF model. (F) Kaplan–Meier survival curves for LPS/D-galN-induced ALF mice treated with 9×10^8 EVs (n=16 to 19 per group, across three independent experiments). (G) Representative histological images of H&E and TUNEL staining in liver tissue from normal and LPS/D-galN-induced ALF mice after the indicated treatment. (H) Quantification of the TUNEL-positive area. (I) Serum ALT levels were determined 8 h post-LPS/D-galN injection (n=7 or 8 per group). Bar graph data are presented as mean ± S.D. Statistical significance was determined by two-tailed unpaired student's t-test (B,C) and one-way ANOVA with Tukey's post-hoc test (D,E,H,I).

Fig. 7. SIRP-EV leverages MSC properties to elevate ALF treatment, promoting regeneration and diminishing inflammation. (A) Serum AST and ALT levels were determined 48 h after APAP injection in subjects treated with 4×10^9 EVs (n=8 to 10 per group). (B) Representative histological images of TUNEL staining in liver tissue from normal and 500 mg/kg APAP dose-induced ALF models after the indicated treatment. Quantification of the TUNEL-positive area is shown in the right panel. (C) Flow cytometry determination of Ly6G-positive neutrophils as a percentage of the total liver $CD45^+$ leukocytes (n=7 or 8 per group). (D) The abundance of proteins associated with the prevention of cell death (PAPPA, SOD2), cell proliferation (FGF, HGF, WNT ligands), and angiogenesis (uPAR, uPA) in SIRP-EVs compared to $_{HEK}$SIRP-EV (n=3 per group). P-values are annotated on the bar, ****$P < 0.0001$. (E) Representative multiplex IHC of APAP-induced mouse liver. Quantification of Ki-67 positive proliferative hepatocytes ($Ki67^+HNF\alpha^+$) in APAP-induced mouse liver is shown in the right panel. (F) Kaplan–Meier survival curves for mice with ALF induced by a 700 mg/kg dose of APAP, receiving the indicated treatments (n=8 to 21 per group, three independent experiments). (G) Serum AST and ALT

levels were measured 48 h after injection of a 300 mg/kg APAP dose in subjects receiving the indicated treatments (n=3 or 4 per group. Bar graph data are presented as mean ± S.D. Statistical significance was determined by one-way ANOVA with Tukey's post-hoc test (A-C,G), and two-tailed unpaired Student's t-test (D,E). The schematic was illustrated with BioRender.com.

Graphical abstract

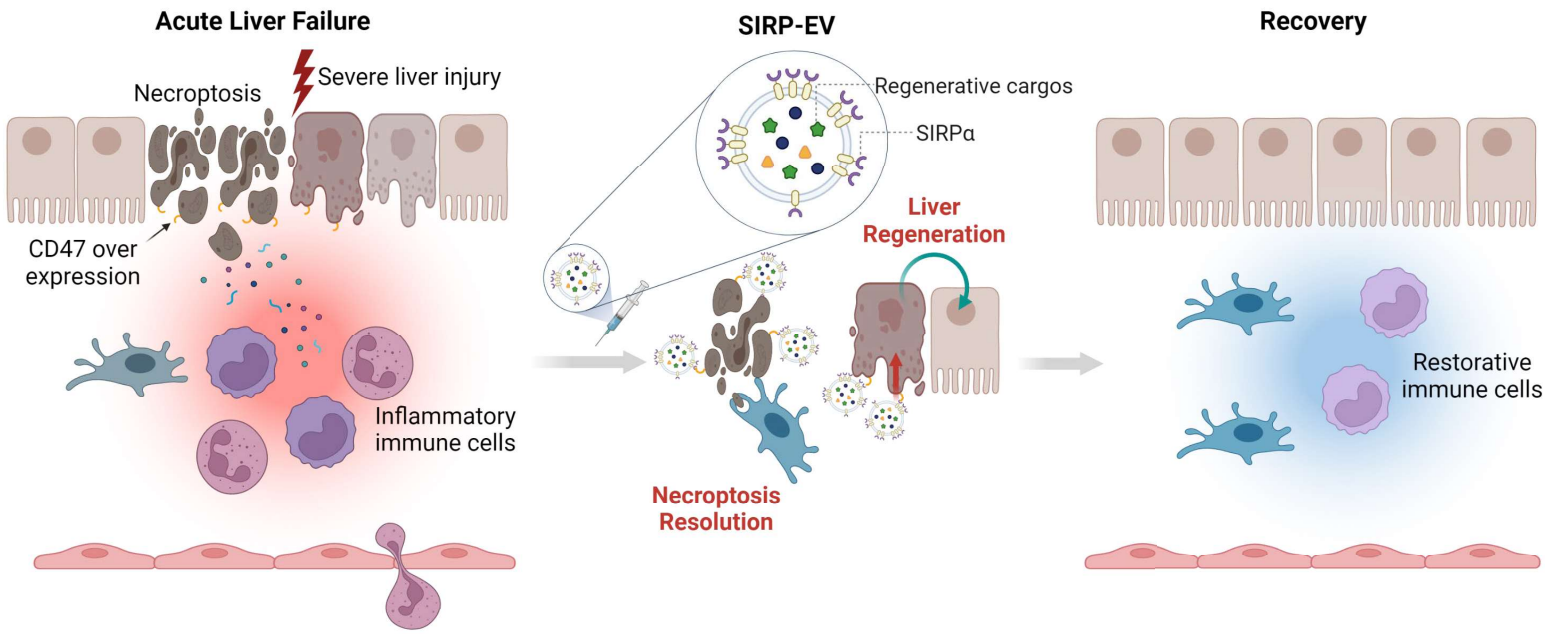
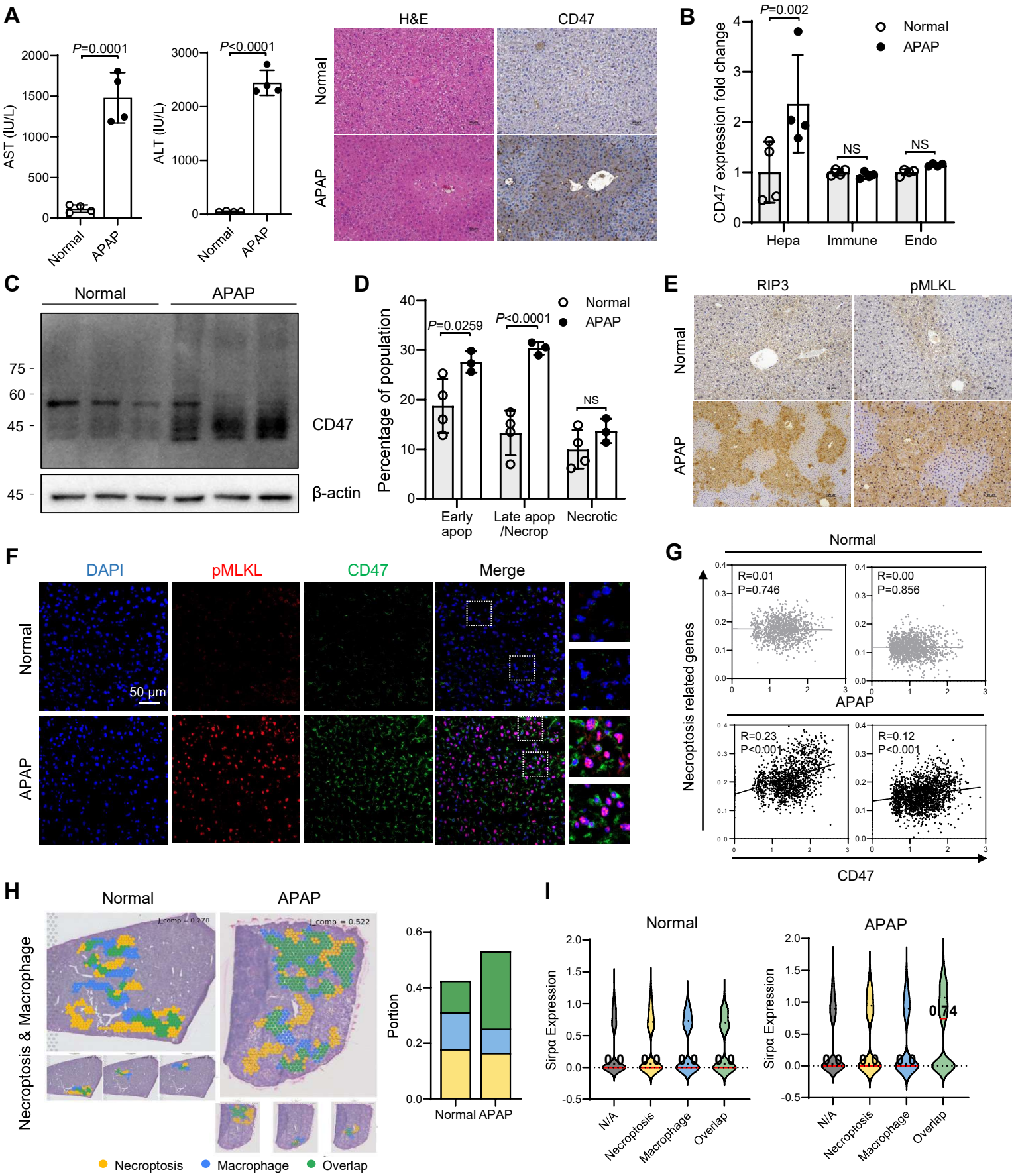


Figure 1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NS
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Immune
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CD47
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β-actin
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APAP
P=0.0259
P<0.0001
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Late apop /Necrop
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Necroptosis & Macrophage
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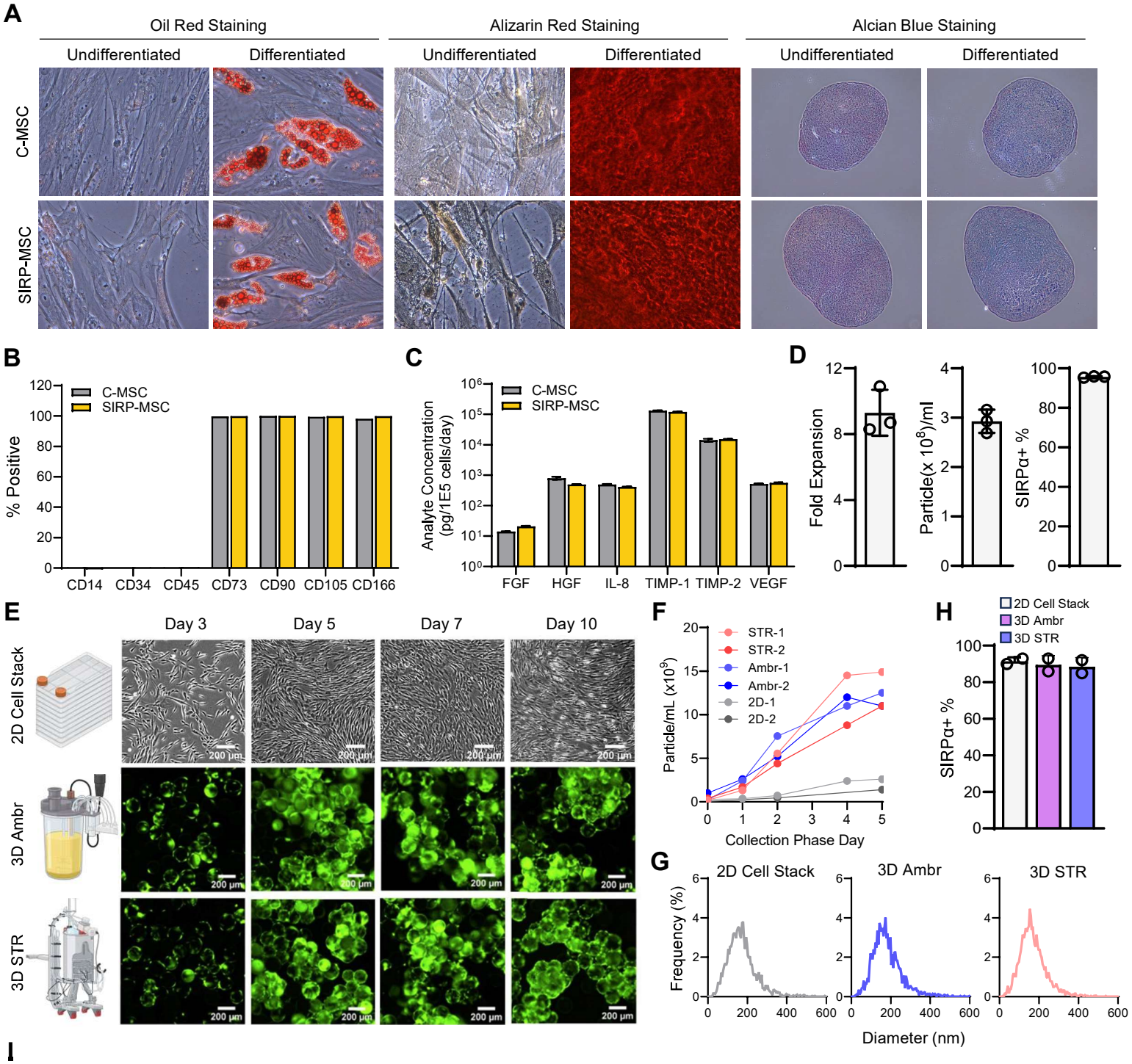
Figure 2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Purity (Particle/mg)
Harvest Clar. Concen. Guard Filt. Chrom. Buffer Ex. Sterile Filt.

Figure 3

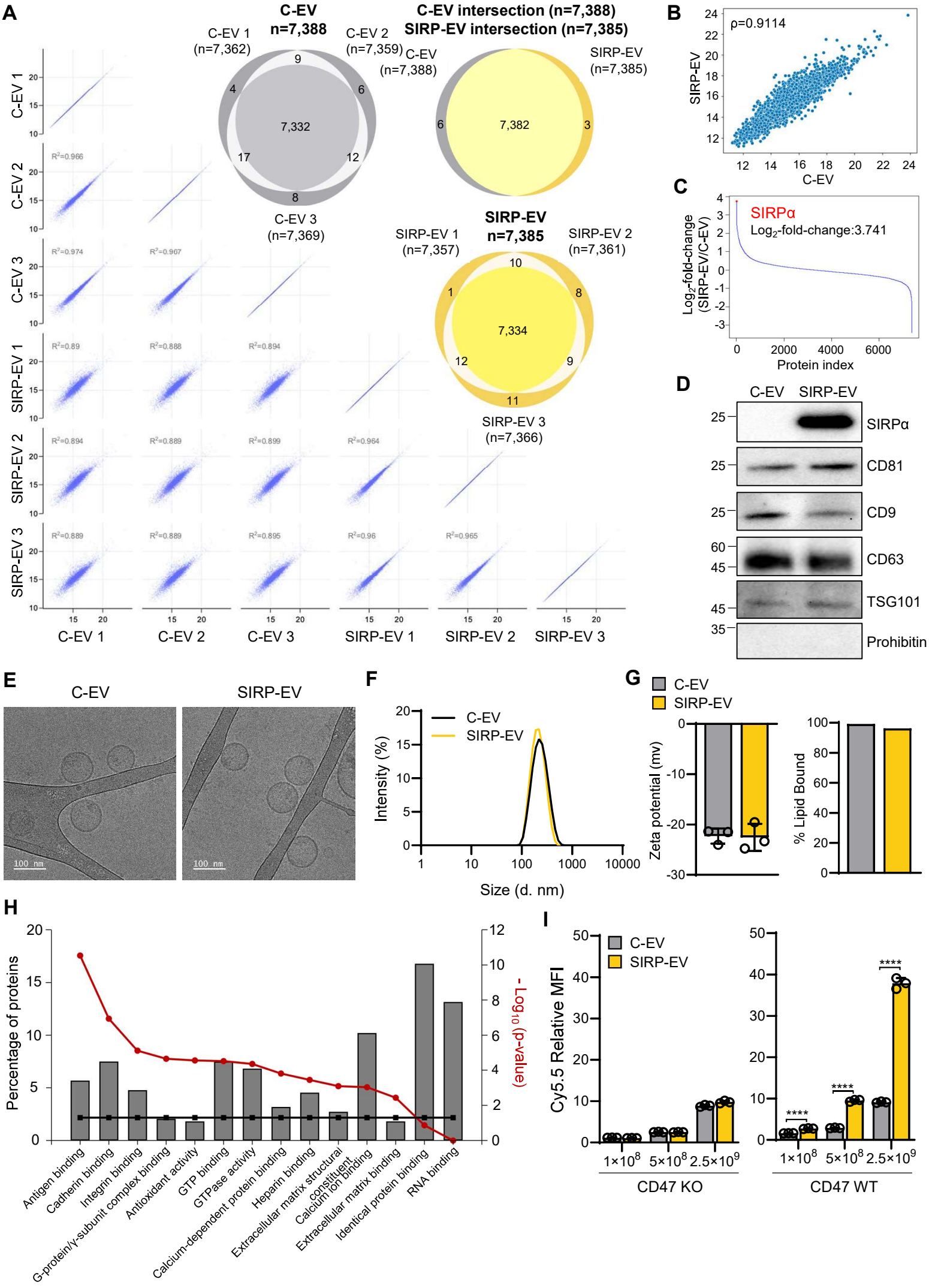

A
C-EV
n=7,388
C-EV 1
(n=7,362)
C-EV 2
(n=7,359)
C-EV 3
(n=7,369)
9
4
6
7,332
17
12
8
C-EV intersection (n=7,388)
SIRP-EV intersection (n=7,385)
C-EV
(n=7,388)
SIRP-EV
(n=7,385)
6
7,382
3
SIRP-EV
n=7,385
SIRP-EV 1
(n=7,357)
SIRP-EV 2
(n=7,361)
SIRP-EV 3
(n=7,366)
10
1
8
7,334
12
9
11
C-EV 1
C-EV 2
C-EV 3
SIRP-EV 1
SIRP-EV 2
SIRP-EV 3
B
ρ=0.9114
SIRP-EV
C-EV
C
SIRPα
Log2-fold-change:3.741
Log2-fold-change
(SIRP-EV/C-EV)
Protein index
D
C-EV
SIRP-EV
SIRPα
CD81
CD9
CD63
TSG101
Prohibitin
E
C-EV
SIRP-EV
100 nm
F
C-EV
SIRP-EV
Intensity (%)
Size (d. nm)
G
C-EV
SIRP-EV
Zeta potential (mv)
% Lipid Bound
H
Percentage of proteins
- Log10 (p-value)
Antigen binding
Cadherin binding
Integrin binding
G-protein/γ-subunit complex binding
Antioxidant activity
GTP binding
GTPase activity
Calcium-dependent protein binding
Heparin binding
Extracellular matrix structural constituent
Calcium ion binding
Extracellular matrix binding
Identical protein binding
RNA binding
I
C-EV
SIRP-EV
Cy5.5 Relative MFI
1×10^8
5×10^8
2.5×10^9
CD47 KO
CD47 WT
****

Figure 4

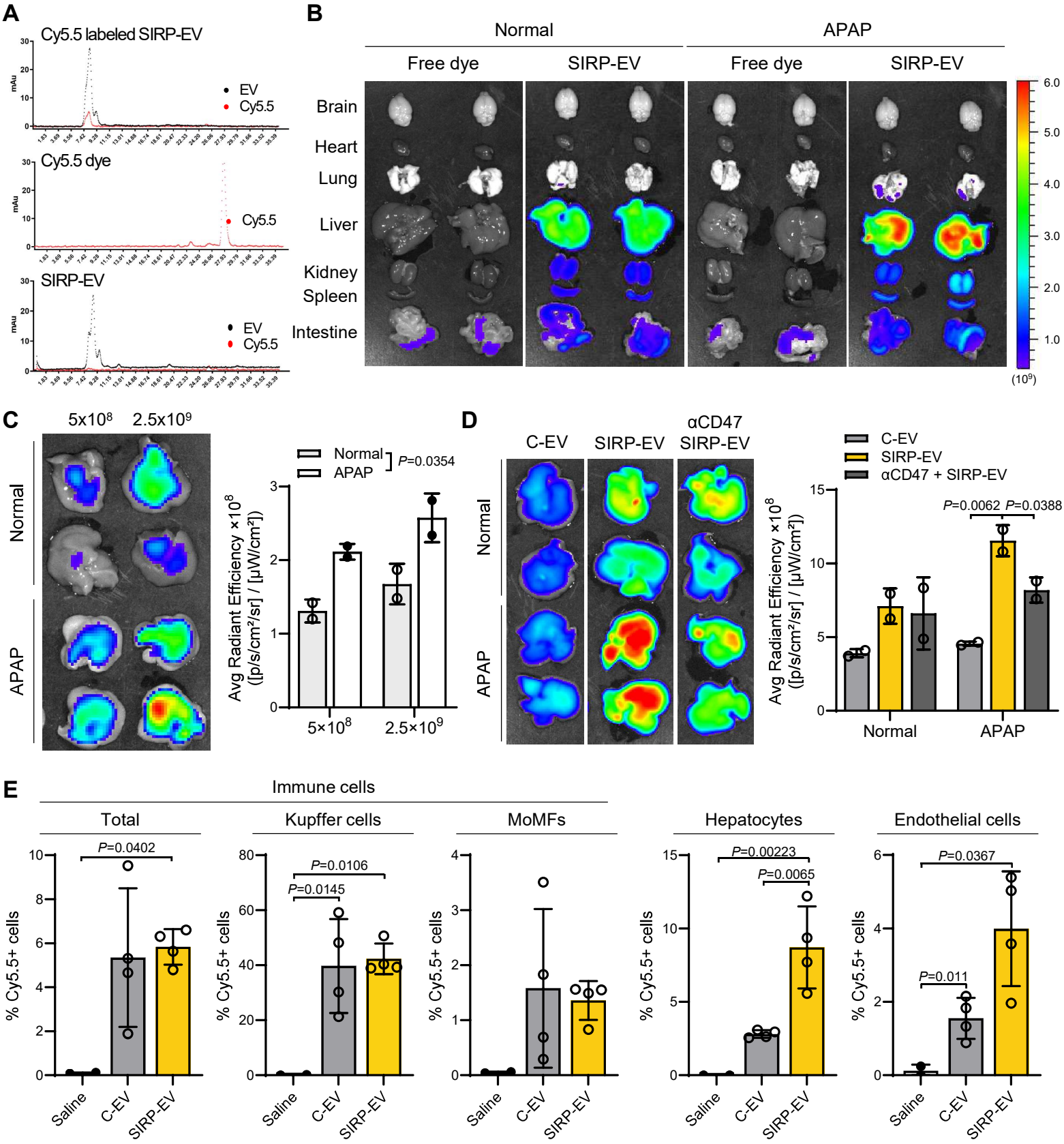

A
Cy5.5 labeled SIRP-EV
EV
Cy5.5
Cy5.5 dye
Cy5.5
SIRP-EV
EV
Cy5.5
B
Normal
APAP
Free dye
SIRP-EV
Free dye
SIRP-EV
Brain
Heart
Lung
Liver
Kidney
Spleen
Intestine
(10⁹)
C
5x10⁸
2.5x10⁹
Normal
APAP
Normal
APAP
P=0.0354
Avg Radiant Efficiency ×10⁸ ([p/s/cm²/sr] / [μW/cm²])
5×10⁸
2.5×10⁹
D
C-EV
SIRP-EV
αCD47 SIRP-EV
Normal
APAP
C-EV
SIRP-EV
αCD47 + SIRP-EV
P=0.0062
P=0.0388
Avg Radiant Efficiency ×10⁸ ([p/s/cm²/sr] / [μW/cm²])
Normal
APAP
E
Immune cells
Total
Kupffer cells
MoMFs
Hepatocytes
Endothelial cells
% Cy5.5+ cells
P=0.0402
P=0.0106
P=0.0145
P=0.00223
P=0.0065
P=0.0367
P=0.011
Saline
C-EV
SIRP-EV

Figure 5

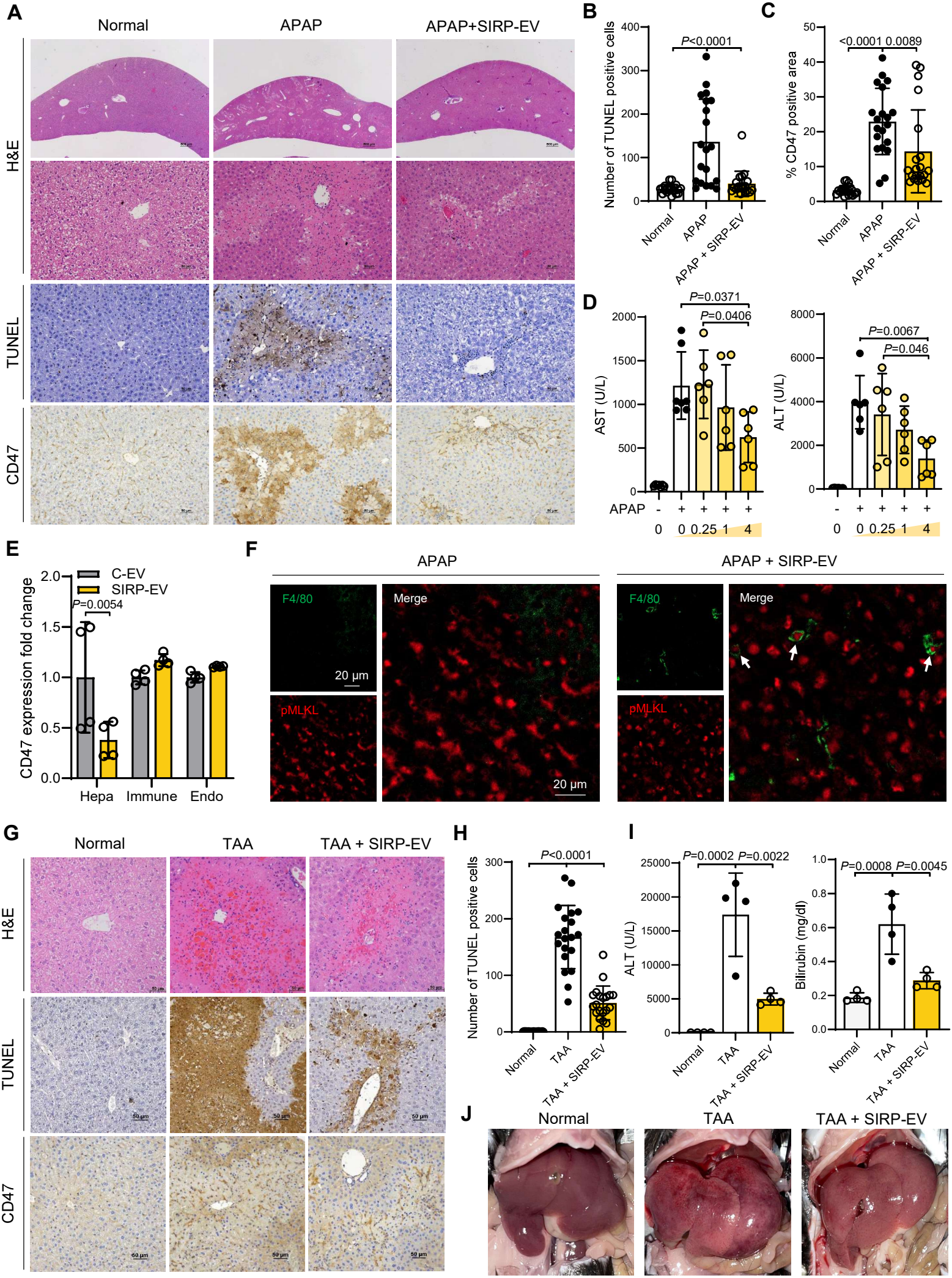

A
Normal
APAP
APAP+SIRP-EV
H&E
TUNEL
CD47
B
Number of TUNEL positive cells
P<0.0001
Normal
APAP
APAP + SIRP-EV
C
% CD47 positive area
<0.0001 0.0089
D
AST (U/L)
P=0.0371
P=0.0406
ALT (U/L)
P=0.0067
P=0.046
APAP
0 0 0.25 1 4
E
CD47 expression fold change
C-EV
SIRP-EV
P=0.0054
Hepa
Immune
Endo
F
APAP
APAP + SIRP-EV
F4/80
Merge
pMLKL
20 μm
G
Normal
TAA
TAA + SIRP-EV
H&E
TUNEL
CD47
H
Number of TUNEL positive cells
P<0.0001
I
ALT (U/L)
P=0.0002 P=0.0022
Bilirubin (mg/dl)
P=0.0008 P=0.0045
J
Normal
TAA
TAA + SIRP-EV

Figure 6

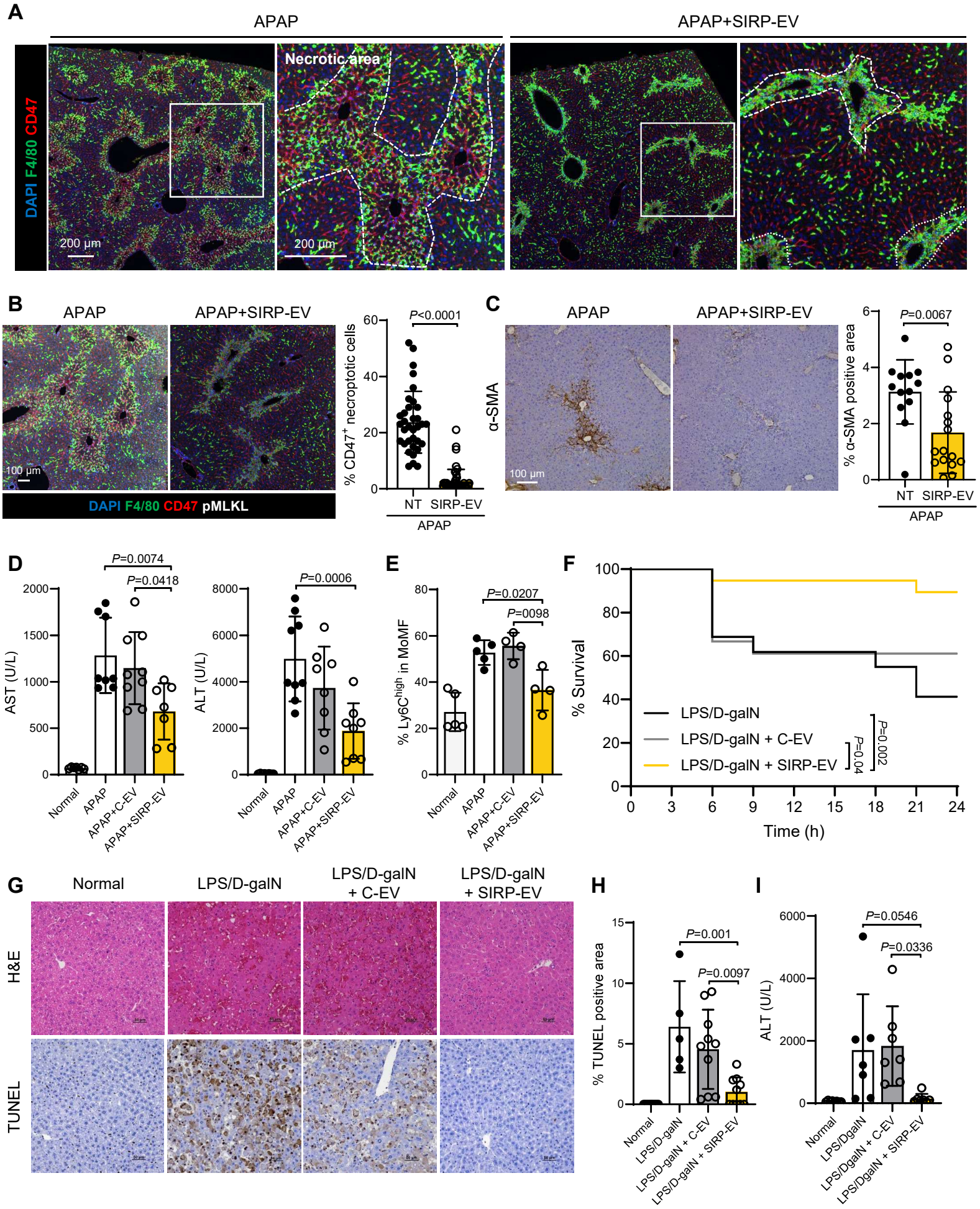
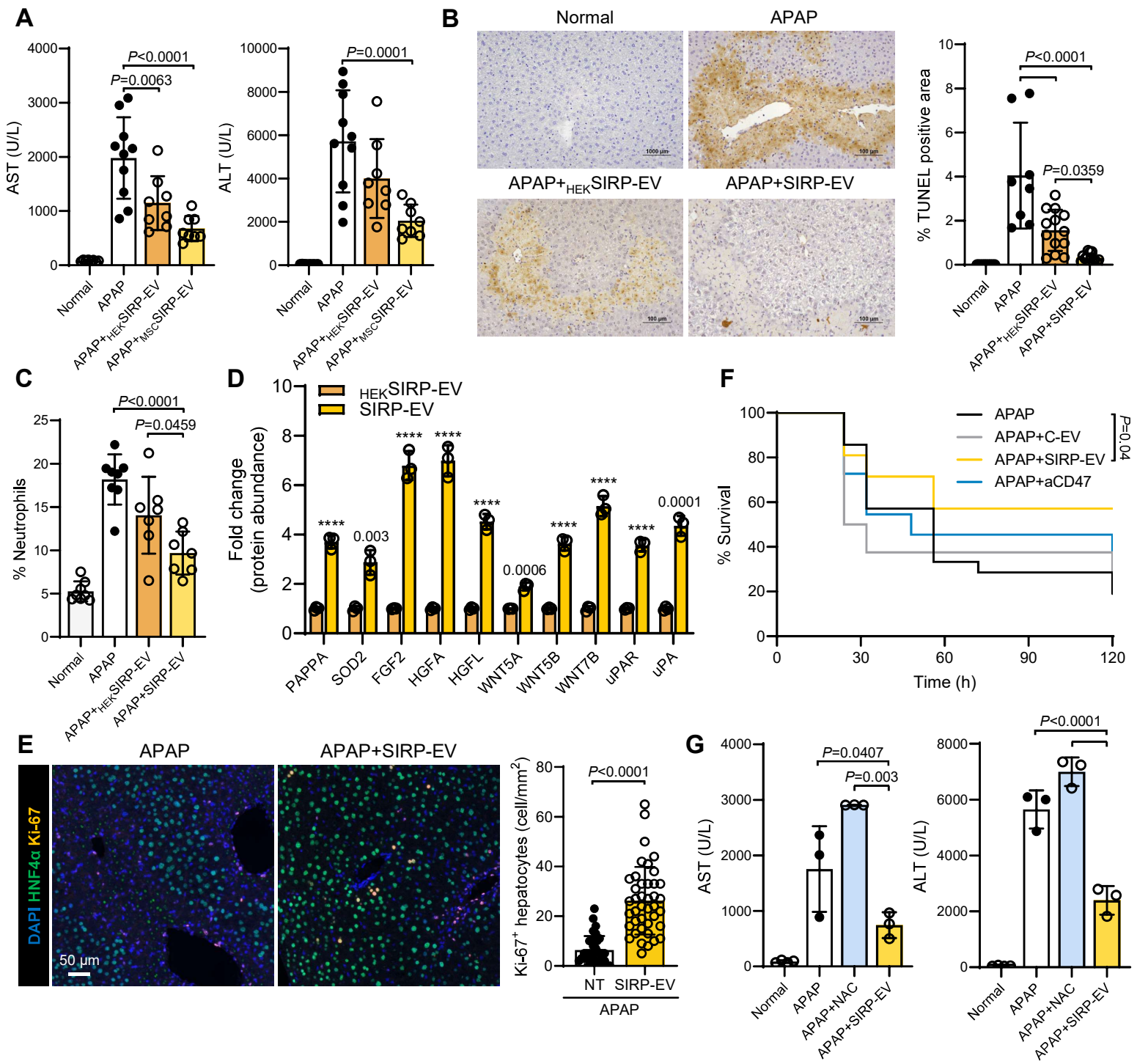

A
APAP
APAP+SIRP-EV
DAPI F4/80 CD47
Necrotic area
200 μm
200 μm
B
APAP
APAP+SIRP-EV
100 μm
DAPI F4/80 CD47 pMLKL
P<0.0001
% CD47+ necroptotic cells
NT
SIRP-EV
APAP
C
APAP
APAP+SIRP-EV
α-SMA
100 μm
P=0.0067
% α-SMA positive area
NT
SIRP-EV
APAP
D
P=0.0074
P=0.0418
AST (U/L)
P=0.0006
ALT (U/L)
Normal
APAP
APAP+C-EV
APAP+SIRP-EV
E
P=0.0207
P=0098
% Ly6Chigh in MoMF
Normal
APAP
APAP+C-EV
APAP+SIRP-EV
F
% Survival
LPS/D-galN
LPS/D-galN + C-EV
LPS/D-galN + SIRP-EV
P=0.04
P=0.002
Time (h)
G
Normal
LPS/D-galN
LPS/D-galN + C-EV
LPS/D-galN + SIRP-EV
H&E
TUNEL
H
P=0.001
P=0.0097
% TUNEL positive area
Normal
LPS/D-galN
LPS/D-galN + C-EV
LPS/D-galN + SIRP-EV
I
P=0.0546
P=0.0336
ALT (U/L)
Normal
LPS/DgalN
LPS/DgalN + C-EV
LPS/DgalN + SIRP-EV

Figure 7


A
AST (U/L)
ALT (U/L)
P<0.0001
P=0.0063
P=0.0001
Normal
APAP
APAP+HEKSIRP-EV
APAP+MSCSIRP-EV
B
Normal
APAP
APAP+HEKSIRP-EV
APAP+SIRP-EV
% TUNEL positive area
P<0.0001
P=0.0359
C
% Neutrophils
P<0.0001
P=0.0459
D
HEKSIRP-EV
SIRP-EV
Fold change (protein abundance)
PAPPA
SOD2
FGF2
HGFA
HGFL
WNT5A
WNT5B
WNT7B
uPAR
uPA
0.003
0.0006
0.0001
F
% Survival
Time (h)
APAP
APAP+C-EV
APAP+SIRP-EV
APAP+aCD47
P=0.04
E
APAP
APAP+SIRP-EV
DAPI HNF4α Ki-67
50 μm
Ki-67+ hepatocytes (cell/mm2)
P<0.0001
NT
SIRP-EV
APAP
G
AST (U/L)
ALT (U/L)
P=0.0407
P=0.003
P<0.0001
Normal
APAP
APAP+NAC
APAP+SIRP-EV