Title: Unraveling the immunological roles of murine serum amyloid A3 in aortic

immune cell subsets during atherosclerosis progression

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Abstract

Atherosclerosis is a growing concern in developed nations, necessitating the identification of therapeutic targets for advancing personalized medicine. Serum amyloid A3 (*Saa3*) has been linked to accelerated plaque progression by affecting cholesterol metabolism and modulation of inflammation. We hypothesize that knocking out *Saa3* (*Saa3*$^{-/-}$) could mitigate plaque development by regulating aortic immune cell compositions during atherosclerosis progression. Using a murine model, we induced atherosclerosis via a gain-of-function mutant PCSK9-encoding adeno-associated viral vector (AAVmPCSK9) in wild-type (WT) and *Saa3*$^{-/-}$ mice. *Saa3*$^{-/-}$ mice developed smaller plaques than WT mice, and single-cell RNA sequencing revealed significant differences in aortic immune cell populations, particularly among aortic macrophages. Aortic macrophages in atherosclerotic *Saa3*$^{-/-}$ mice represent an anti-inflammatory and tissue-repairing phenotype and the Trem2^{hi} macrophages, characterized by high *Gpnmb*, *Lpl*, and *Spp1* expressions, predominated over the typical resident foamy macrophages in *Saa3*$^{-/-}$ compared to WT mice. Notably, SAA3 regulates cholesterol metabolism and inflammatory responses in foamy macrophages. Our study highlights *Saa3* as a key modulator of aortic immune cells that impact atherosclerosis progression.

Introduction

Atherosclerosis, a major cardiovascular concern in developed countries [1], is a chronic arterial disease characterized by plaque formation within arterial walls. This process involves complex interplays among various cellular components and inflammatory mediators that drive inflammation and lipid accumulation. Atherosclerosis initiation involves low-density lipoprotein (LDL) accumulation in the coronary artery intima, which upon oxidation to ox-LDL by risk factors, activates nuclear factor kappa B (NF-κB) [2,3]. This leads to the expression of adhesion molecules like vascular cell adhesion molecule-1 (VCAM-1) and intercellular adhesion molecule-1 (ICAM-1) on the endothelium, aiding monocyte recruitment into the vascular wall [4]. These recruited monocytes then convert into macrophages under the influence of macrophage colony-stimulating factor (M-CSF), and release inflammatory cytokines such as interleukin (IL)-1β, IL-12, and tumor necrosis factor (TNF)-α, escalating the inflammatory response[5]. As the disease progresses, these macrophages become foam cells by uptaking ox-LDL, which is crucial for plaque formation and intimal thickening.

Macrophages are the predominant type of immune cell found in aortic plaques but display a wide range of phenotypes and functions. At the onset of atherosclerosis, macrophages ingest ox-LDL via receptors like CD36 and SR-A, forming cholesterol-

rich foam cells. Continued lipid intake without effective cholesterol removal leads to

foam cell death, creating a necrotic core in advanced plaques [6,7]. Single-cell RNA

sequencing (scRNA-seq) of monocyte-derived macrophages has revealed that

macrophage heterogeneity is beyond M1/M2 definitions and associated with different

states of atherosclerosis, where progression is linked to more complex states than

regression [8]. This technique has revealed various macrophage subsets within

atherosclerotic plaques, each characterized by unique markers and roles contributing

to aortic plaque progression or regression. Notably, three main groups are identified:

tissue-resident-like macrophages, marked by *Folr2* and *Lyve1*, which promote tissue

stability; inflammatory macrophages, with markers such as *Tnf* and *Il1b*, which

activate immune responses; and anti-inflammatory TREM2^{hi} macrophages, associated

with cholesterol metabolism and identified by markers such as *Trem2* [9,10]. This

diversity in macrophage functions underscores the complexity of atherosclerosis and

offers multiple targets for therapy.

The Serum Amyloid A (SAA) protein family, encompassing SAA3 as one of its

members, represents a class of acute phase proteins pivotal in immune responses.

Previous studies suggest that *Saa3* has a modulatory role in local injury and

inflammatory responses, as the expression of *Saa3* at the mRNA or protein level in

mouse macrophages increases with the administered dosage of lipopolysaccharide

(LPS) [11]. It also indicates that increased SAA expression correlates with the aortic

plaque progression in $ApoE^{-/-}$ mice, accompanied by elevated levels of IL-6 and

TNF-α. This upregulation potentially facilitates the infiltration of M1 macrophages

into atherosclerotic regions, thereby promoting atherosclerosis progression [12]. *Saa3* is

actively expressed, predominantly in macrophages and adipose tissues [13], and the

activation of the *Saa3* promoter is regulated through C/EBPβ signaling, which in turn

activates macrophages, underscoring the complex interaction within adipose tissue [14].

Pulmonary exposure to nanoparticles induces pronounced acute phase responses, with

Saa3 identified as the most differentially regulated gene, demonstrating prolonged

upregulation in lung tissue and correlating with neutrophil infiltration and systemic

SAA3 protein levels[15]. Notably, SAA3 has been reported to promote atherosclerosis,

and overexpressed SAA3 increases atherosclerotic plaque size [16]. Overall, these

studies support the role of SAA3 in regulating macrophage function during

atherosclerosis, though the specific type of aortic macrophages that regulate aortic

plaque progression and the underlying mechanisms remain elusive.

To assess how *Saa3* deficiency impacts aortic immune cell composition and

functionalities in contributing to atherosclerosis progression, we applied scRNA-seq

using the BD Rhapsody platform on immune cells from aortic arches of *Saa3*

knockout (*Saa3$^{-/-}$*) mice and littermate wild-type (WT) control mice during

atherosclerosis. Our investigation seeks to delineate the impact of *Saa3* deficiency on

the phenotypic and functional landscape of aortic macrophages and other immune cell

populations. By comparing the immune cell profiles between *Saa3*^{-/-} and WT mice,

we aim to uncover the molecular mechanisms by which SAA3 influences macrophage

or other immune cell types-mediated aortic plaque progression.

Results

***Saa3* deletion reduced aortic plaque progression but increased peripheral lipid**

levels

To determine the phenotype of atherogenesis after *Saa3* deficiency, we utilized a

C57BL/6 wild-type (WT) mouse-based atherosclerosis model independent of *Ldlr*^{-/-}

mice breeding [8,17,18]. Plaque progression was initiated by injecting the mice with an

adeno-associated viral vector expressing a gain-of-function mutant of protein

convertase subtilisin/kexin type 9 (AAVmPCSK9), resulting in LDL receptor

deficiency and hypercholesterolemia. Both C57BL/6 WT and C57BL/6 *Saa3*^{-/-} mice

were treated with AAVmPCSK9 and fed the Western diet (WD) for 18 weeks to

induce hypercholesterolemia and aortic plaque formation. We longitudinally collected

plasma from mice at 0, 2, 4, 8, 12, and 16 weeks on WD, and the immune profiling

was performed on sorted CD45+ cells from aortic arches by single-cell RNA-seq at

18 weeks on WD (Fig. 1a). We first determined total cholesterol levels in the plasma

of WT and *Saa3*^{-/-} mice and a baseline comparison at weeks 0 revealed no significant

differences, with levels below 100 mg/dL (Fig. 1b). Over time, *Saa3*^{-/-} mice

developed higher cholesterol levels than WT, with a slight increase at weeks 2

through 12, and a significant rise by weeks 16 (Fig. 1b).

Research demonstrates that serum amyloid A (SAA) attenuates the anti-

inflammatory and antioxidative functions of high-density lipoprotein (HDL) by

facilitating its binding to adipocyte and macrophage-derived glycoproteins[19]. We

conducted high-density lipoprotein (HDL)/ low-density lipoprotein LDL analyses that

revealed an increase in peripheral HDL levels during the initial phase of

atherosclerosis progression (Fig. 1c). Not only did HDL levels demonstrate a rising

trend with statistically significant increases in the *Saa3*^{-/-} group compared to WT at

weeks 2 and 4, but the absence of *Saa3* also correlated with a potential increase in

LDL levels in the bloodstream (Fig. 1c).

Overexpression or suppression of SAA3 can increase or decrease aortic lesion area

in *ApoE*^{-/-} mice[16]. We also determined aortic plaque sizes between WT and *Saa3*^{-/-}

mice by histologically evaluating aortic root sections stained with Oil Red O (Fig.

1d). It demonstrated a significant decrease in plaque area in *Saa3*^{-/-} compared to WT

mice, with mean values of 31.50% and 45.48%, respectively (Fig. 1e). These

observations demonstrate that *Saa3* deficiency increases peripheral lipid levels but

attenuates aortic plaque formation, suggesting the complex roles of *Saa3* in

modulating lipid metabolism and atherogenesis.

***Saa3* deficiency alters intercellular immune communications in aortic arches**

during atherosclerosis progression

All immune cells express CD45, a major transmembrane glycoprotein expressed on

all hematopoietic cells[20] and some cardiac fibroblasts[21]. To elucidate the

immunological impact of *Saa3* deficiency within the aortic arch and its putative role

in the pathogenesis of atherosclerosis, we performed a single-cell RNA sequencing on

FACS-purified CD45+ cells (Supplementary Fig. 1). After data processing, possible

contaminated cell removal, anchor-based dataset integration[22], and cell clusters

visualized by Uniform Manifold Approximation and Projection (UMAP), it revealed

the immune cell compositional variances in aortic arches between WT and *Saa3*^{-/-}

mice during atherosclerosis progression (Fig. 2). Utilizing the cell annotation tool by

SingleR[23], we classified the cell phenotypes, enabling initial taxonomical segregation

within the distinct clusters (Fig. 2a). Our analysis identified 9 cell subpopulations,

encompassing B cells, dendritic cells (DCs), innate lymphoid cells (ILCs),

macrophages, monocytes, neutrophils, natural killer T (NKT) cells, T cells, and γδ T

cells (Tgd) (Fig. 2a). Despite similar UMAP topologies between WT and *Saa3*^{-/-}

aortic cell populations (Fig. 2a), *Saa3*^{-/-} mice showed increased T cells, B cells,

monocytes, γδ T cell, and neutrophils proportions but decreased macrophages, innate

lymphoid cells (ILC), and NKT cells compared to WT mice (Fig. 2b). Heatmaps of

differential gene expression profiles supported these *SingleR*-annotated cell type

differences, highlighting the top 5 marker genes per subset (Fig. 2c).

Cellchat has been used to infer, analyze, and visualize cell-cell communication

networks in scRNA-seq datasets[23]. To dissect the variances in signaling dynamics in

aortic cell types between WT and *Saa3*^{-/-} mice, we employed *CellChat* to evaluate the

intercellular communication networks and assess the number and intensity of cellular

interactions within the respective cohorts (Figs. 2d-2e). The resultant metrics

demonstrated 1,822 and 1,787 interactions across all cell types in aortic arches

between WT and $Saa3^{-/-}$ mice, with interaction strength for $Saa3^{-/-}$ cell types

quantified at 83.957 compared to 64.762 for WT (Fig. 2d). To rigorously dissect the

discrete intercellular communication patterns responsible for the observed differential

signaling, we interrogate the heatmaps that delineate both the frequency and

magnitude of interaction strengths across aortic cell types (Fig. 2e). Increased

magnitude of intercellular interaction strengths was observed in the aortic arches of

$Saa3^{-/-}$ mice compared to their WT mice (Fig. 2d). The increased interaction

magnitudes were primarily directed from most immune cells toward $\gamma\delta$ T cells (Tgd),

while reduced interactions were directed from macrophages toward other immune

cells in $Saa3^{-/-}$ mice compared to WT mice (Fig. 2e). These patterns suggest that the

absence of the $Saa3$ gene exerts a profound regulatory influence on the intercellular

communication network among immune cells, potentially revealing critical insights

into the regulatory mechanisms of immune function within the aortic niche.

***Saa3* depletion increases biological processes in aortic macrophages that are**

highly associated with lipid metabolism and inflammatory recruitment during

atherosclerosis

CellChat analysis revealed significant differences in cell-cell interaction signals

between aortic macrophages and other aortic immune cell populations within the

$Saa3^{-/-}$ and WT group (Figs. 2e-2f). To delve deeper, we assessed the transcriptomic

variances in macrophages from $Saa3^{-/-}$ versus WT mice. Our volcano plot delineated

distinct gene expression profiles, with genes such as *Fabp5* and *Gpnmb* are

upregulated in $Saa3^{-/-}$ mice, exceeding the established $\log_2$ fold change threshold of

>1 and p-values < 0.01 (Fig. 2f). *Fabp5*, which plays a central role in the intracellular

transport of lipids, is integral to the uptake, transport, and metabolism of fatty acids.[24]

Gpnmb has been shown to protect against obesity-related metabolic disorders by

mitigating macrophage inflammatory capacity[25]. Conversely, genes such as *Cxcl13*,

Lyz1, *Tmem176a*, *Clec4a1*, *C3*, and *Cfp* are downregulated in *Saa3*^{-/-} macrophages

(Fig. 2f). Studies have demonstrated that a lack of *Cxcl13* correlates with a

diminished presence of atherosclerotic conditions, likely due to lower recruiting

inflammatory granulocytes within the lesions [26] [27]. *C3* expression in macrophages has

been linked to exacerbating atherosclerosis by limiting macrophage efferocytosis,

contributing to plaque development and inflammation.[28] *Cfp* has been linked to

regulating complement activation and orchestrating iron homeostasis[29]. Gene set

enrichment analysis, conducted using the *ClusterProfiler* package[30], revealed distinct

gene ontology (GO) pathways in aortic macrophages (Fig. 2g). WT aortic

macrophages were enriched for pathways associated with enhanced immune cell

recruitment and chemotaxis, whereas *Saa3*^{-/-} aortic macrophages exhibited enrichment

for pathways related to lipid localization and transport (Fig. 2g, Supplementary Table

1). Overall, these data suggest the phenotypes of aortic macrophages were impacted

by reduced recruitment of inflammatory macrophages, which helped mitigate

inflammation potentially influencing lesion formation and stability.

Altered macrophage compositions and enhanced Trem2^{hi} macrophage presence

linked to diminished aortic plaque progression in *Saa3*^{-/-} mice

Macrophage (Mφ) polarization, along with several distinct clusters, has been

identified as increasingly prevalent during the atherosclerosis progression than

regression[8,31]. To dissect the functional heterogeneity of aortic macrophage

populations in WT and *Saa3*^{-/-} mice during atherosclerosis, we classified macrophages

into subpopulations and compared the top differentially expressed genes from each

cluster against our previously published dataset, where we profiled single-cell sorted

Cx3cr1-derived aortic macrophages from lineage-tracing mice during atherosclerosis

progression and regression (hereinafter referred to as "*Lin regression study*")[8]. There

are five distinct macrophage clusters in the aortic arches of WT and *Saa3*^{-/-} mice

during atherosclerosis (Fig. 3a). CD74^{hi}MHCII^{hi} Mφ is the most abundant

macrophage subset in both genotypes, with CD74^{hi}MHCII^{hi}, Folr2^{hi}, and

Retnla^{hi}Ear2^{hi} Mφ being more prevalent in WT mice compared to *Saa3*^{-/-} mice (Fig.

3b). Conversely, Trem2^{hi} and Apbb2^{hi} Mφ are found in higher percentages within the

aortic arches of *Saa3*^{-/-} mice than WT mice (Fig. 3b).

The Cd74^{hi}MHCII[hi] Mφ, a subset identified through the *Lin regression study*[8], is

characterized by high expression of genes such as *Tmem176b*, *Lilra5*, *H2-Eb1*, and

H2-Aa (Supplementary Fig. 2a and Table 2). Folr2^{hi} Mφ exhibit unique transcriptional

profiles with *F13a1, Pf4, Folr2*, and *Lyve1* (Supplementary Fig. 2a and Table 2).

These markers are indicative of a tissue-resident-like macrophage phenotype[32-35] and

align with the molecular signature of the Folr2^{hi} macrophage cluster previously

delineated in the *Lin regression study* [8]. Retnla[hi]Ear2^{hi} Mφ is distinguished by their

elevated expression of genes such as *Retnla* and *Ear2*, which suggest an early-stage

transition of monocytes to macrophages within tissues[36,37]. Additionally, these

macrophages show enrichment in genes like *Gm2a* and *Fn1*, confirming their

specialized state as identified in the *Lin regression study*[8]. Trem2^{hi} Mφ is defined by a

gene expression signature that mirrors the population described by *Cochain et al.*[38]

and *Lin regression*[8] studies and is exemplified by heightened expression of *Ctsd,*

Lgals3, Spp1, and *Lpl* (Supplementary Fig. 2a and Table 2). Apbb2^{hi} Mφ is

characterized by the predominant expression of *Cd9, Cd72*, and *Hexb* genes. While

sharing traits with the "Trem2^{hi} Mφ," they are uniquely distinguished by their

expression of *Apbb2* (Supplementary Fig. 2a and Table 2).

On the other hand, we identified differentially expressed genes (DEGs) across five

macrophage populations and conducted gene ontology (GO) enrichment analysis on

biological pathways to explore potential functions (Supplementary Fig. 2b and Table

3). Compared to other macrophage clusters, Cd74^{hi}MHCII[hi] Mφ in the aortic arches

showed significant enrichment in pathways related to leukocyte-mediated immunity,

positive regulation of cell activation, activation of the immune response, and

immunoglobulin-mediated immune responses (Supplementary Fig. 2b and Table 3).

Folr2[hi] Mφ is distinguished by activation of immune response, ameboidal-type cell

migration, cell chemotaxis, regulation of angiogenesis, and regulation of viral

processes (Supplementary Fig. 2b and Table 3). Retnla[hi]Ear2^{hi} Mφ were noted for

their leukocyte proliferation, mononuclear cell proliferation, positive regulation of

leukocyte cell-cell adhesion, positive regulation of T cell activation, and response to

type II interferon (Supplementary Fig. 2b and Table 3). Trem2^{hi} Mφ is characterized

by the generation of precursor metabolites and energy, aerobic respiration, oxidative

phosphorylation, purine ribonucleoside triphosphate biosynthetic process, and ATP

biosynthetic process (Supplementary Fig. 2b and Table 3). These functions highlight

the metabolic specialization of Trem2^{hi} Mφ in energy production and biosynthesis.

Apbb2[hi] Mφ demonstrated upregulation in myeloid cell differentiation, leukocyte

migration, actin filament organization, regulation of protein-containing complex

assembly, and mononuclear cell migration (Supplementary Fig. 2b and Table 3).

In *Lin regression study*[8], Cd74^{hi}MHCII[hi] Mφ and Retnla[hi]Ear2^{hi} Mφ are abundant in

aortic arches of progression group and we also observed these two subsets are higher

in aortic arches of WT mice compared to *Saa3^{-/-}* mice (Fig. 3b). *Folr2* expression is

increased in human atherosclerotic plaques compared to normal arterial tissue[39] and

we also observed aortic Folr2^{hi} Mφ are higher in WT mice than *Saa3^{-/-}* mice (Fig. 3b).

Trem2[hi] Mφ exhibits comparable prevalence between the progression and regression

cohorts in the *Lin regression study*[8], whereas both Trem2^{hi} and Apbb2^{hi} Mφ are more

abundant in the aortic arches of *Saa3^{-/-}* mice compared to WT mice (Fig. 3b). Trem2^{hi}

Mφ is previously identified as lipid-laden foam cells within atherosclerotic lesions,

underscoring their capacity for lipid processing and phagocytosis[9,10,31]. They are

associated with anti-inflammatory responses, which may help prevent the

establishment of a proinflammatory environment within the plaque[9,31,40]. Similar to

previous findings, Trem2^{hi} Mφ expresses high *Spp1,* a gene associated with fibrotic

responses indicative of tissue repair mechanisms[41,42] (Fig. 3c, Supplementary Fig. 2a).

Additionally, this subset expresses *Gpnmb*, a gene implicated in anti-inflammatory

processes[25,43], along with *Fabp5*, which is involved in the uptake and transport of

fatty acids[24] (Fig. 3c). Notably, enzymes such as *Lpl*, central to lipid metabolism[44] ,

and *Mmp12*, a contributor to extracellular matrix remodeling[45], further characterize

this population (Fig. 3c). Hence, these data indicate that *Saa3^{-/-}* mice exhibit higher

compositions of aortic macrophages with tissue-repairing and anti-inflammatory

properties, leading to reduced aortic plaque progression.

Saa3 modulates aortic macrophage functionalities during atherosclerosis

Investigating the transition of macrophage phenotypes from M1-like to M2-like as a

therapeutic strategy recognizes the complexity of aortic macrophage phenotypes in

atherosclerosis, which extend beyond conventional M1 and M2 polarization states[8,31].

We use typical markers for Chemokine, Interferon (IFN), Inflammatory, and Type II

responses to visualize the aortic macrophage subsets from WT and _Saa3-/-_ mice (Fig.

3d). Among the comparisons between WT and _Saa3-/-_ aortic Mφ, pronounced

differences were noted in the increased expression levels of chemokines including

Cxcl1, _Ccl2_, _Ccl3_, and _Ccl4_ in _Saa3-/-_ than WT Folr2^{hi} Mφ (Fig. 3d). Chemokines are

signaling molecules that attract various types of immune cells to sites of infection or

injury. Increased expression of chemokines by tissue-resident macrophages enhances

the recruitment of neutrophils and lymphocytes, which is crucial for initiating and

sustaining an effective immune response[46]. Additionally, there was a higher

expression of type II response markers including _Cd163, Mrc1_, and _Msr1_[47-50] in _Saa3-_

_/-_ than WT Folr2^{hi} Mφ (Fig. 3d). Moreover, Il10ra showed higher expression in _Saa3-/-_

than WT Cd74^{hi}MHCII[hi] Mφ, and Il10ra is required for protection against

atherosclerosis in low-density lipoprotein receptor knockout mice[51]. Furthermore, we

observed higher expression levels of interferon regulatory and downstream markers

such as _Irf5_, _Irf7_, _Isg15_, and _Stat1_ in WT than _Saa3-/-_ Retnla[hi]Ear2^{hi} Mφ (Figure 3d),

which may indicate an enhanced interferon response in these cells [52,53]. These

expression patterns indicate a significant alteration in gene expression profiles and

macrophage composition between the two genotypes, suggesting that deletion of the

Saa3 may modulate macrophage recruitment, type 2 immune responses, and

inflammatory/anti-inflammatory phenotypes.

***Saa3* modulates aortic macrophage communications that impact inflammatory**

processes

To determine the role of *Saa3* in aortic macrophage communication during

atherosclerosis, we also performed a comparative analysis of cell interactions using

CellChat[23] in both WT and *Saa3*^{-/-} macrophages. Our findings indicate a substantial

decline in intercellular communication in *Saa3*^{-/-} macrophages, with interaction events

decreasing from 482 in WT to 290 in *Saa3*^{-/-} cells (Fig. 3e). Correspondingly, we

observed a significant drop in the strength of these interactions, with the average

interaction strength in WT macrophages being 17.997 compared to a lower average of

14.348 in *Saa3*^{-/-} macrophages, mirroring the decrease in the number of interaction

events (Fig. 3e).

The heatmap depicts the overall signaling patterns observed in various macrophage

subpopulations from WT and *Saa3*^{-/-} mice (Fig. 3f), and the bar graph shows the

relative information flow of these signaling pathways between WT and *Saa3*^{-/-}

macrophages (Fig. 3g). In the context of inflammatory-mediated atherosclerosis

progression, WT macrophages present higher signaling activity in THBS, ANGPTL,

LAMININ, PVR, CD226, OSM, NOTCH, CADAM, and JAM pathways compared to

Saa3^{-/-} macrophages (Figs. 3f-3g). In THBS signaling, *Thbs1* is a critical regulator of

macrophage interleukin-1β (IL-1β) production and activation via CD47, highlighting

the complex interplay between thrombospondins and immune modulation[54]. In

ANGPTL signaling, ANGPTL2 promotes vascular inflammation and accelerates

atherosclerosis progression, with increased cardiac ANGPTL2 production linked to

heart failure and pathological cardiac remodeling by influencing inflammatory

responses and affecting both cardiomyocytes and macrophages[55,56]. In LAMININ and

JAM signaling, LAMININ and junctional adhesion molecules (JAM) are involved in

monocyte-to-macrophage differentiation and macrophage migration, playing roles in

immune cell dynamics and atherosclerotic disease modulation[57,58]. PVR significantly

contributes to atherosclerosis by facilitating leukocyte migration across the

endothelium, thereby promoting inflammation [59]. When loss of CD226, a

costimulatory molecule, has been observed to protect against atherosclerosis by

preventing foam cell formation and reducing plaque buildup[60]. Oncostatin M (OSM)

signaling promotes atherogenesis and plaque vulnerability by promoting the

differentiation of vascular smooth muscle cells into osteoblastic phenotypes via M1

macrophages, potentially leading to plaque instability [31]. NOTCH signaling plays a

significant role in atherosclerosis development, with *Notch-1* deletion inducing anti-

inflammatory M2 effects through the PI3K-Akt pathway, contrasting with its

increased presence in vulnerable human plaques [61].

In contrast to their WT counterparts, *Saa3*$^{-/-}$ macrophages exhibit elevated

expression of signaling molecules such as COLLAGEN, GRN, SN, TGFb, and

CLEC. Collagen plays a crucial role in modulating macrophage functions and

improving plaque stability, with an increased presence in M2-polarizing macrophages

within the plaque [62,63]. GRN exerts anti-atherogenic effects by enhancing nitric oxide

production in endothelial cells through the Akt/eNOS signaling pathway, forming a

complex with apolipoprotein A-I to stabilize atherosclerotic plaques. In addition, in

atherosclerotic mice, its deficiency leads to increased expression of adhesion

molecules and inflammatory cytokines [64-66]. TGF-β signaling contributes to the

reduction and stabilization of atherosclerotic plaques by altering macrophage

functions, and its overexpression is linked to smaller lesions, increased collagen

deposition, smooth muscle cell infiltration, and reduced macrophage presence,

ultimately fostering a more stable lesion phenotype[67]. CLEC signaling, specifically

through Clec4a2, a C-type lectin receptor, protects against atherosclerosis by

promoting homeostatic functions within the vessel wall, enhancing cholesterol

metabolism, and limiting immune responses to toll-like receptors [68]. In summary, this

analysis confirms that aortic macrophages in WT mice are more associated with

inflammatory and migration processes, whereas aortic macrophages in $Saa3^{-/-}$ mice

are more related to vascular protection and aortic plaque stabilization.

Differential effects of *Saa3* deficiency on macrophage subpopulations and ligand-

receptor interactions

We further investigated the differential effects of *Saa3* deficiency on five

macrophage subpopulations. Our observations revealed that, aside from Trem2^{hi} Mφ,

the gene expression profiles of CD74^{hi}MHCII^{hi} Mφ, Folr2^{hi} Mφ, Retnla^{hi}Ear2^{hi} Mφ,

and Apbb2^{hi} Mφ in $Saa3^{-/-}$ mice exhibited substantial downregulation of numerous

genes when compared to their WT counterparts (Figs. 4a-4d). We also performed GO

term enrichment pathway analysis on the downregulated DEGs in these four $Saa3^{-/-}$

macrophage subpopulations compared to WT (Figs. 4e-4h). The analysis revealed

common downregulated genes in $Saa3^{-/-}$ mice, including *Lyz1*, *Lyz2*, other lysozyme-

related genes, *Cxcl13*, and *Ccl8*, which are associated with pathways involved in cell

killing and the destruction of other organisms, suggesting that the absence of *Saa3*

impairs macrophage functions in combating pathogens as previous studies[69,70] (Figs.

4e-4h). Specifically, Folr2^{hi} Mφ in $Saa3^{-/-}$ mice showed significant downregulation of

Cxcl13 (Fig. 4b). Previous study indicates patients with carotid atherosclerosis exhibit

elevated plasma levels of CXCL13, especially in symptomatic cases, and higher

CXCL13 expression within atherosclerotic carotid plaques compared to non-

atherosclerotic vessels[71]. CCL8 is a potent chemoattractant for monocytes and

macrophages, directing them to areas of inflammation and infection[72,73].

Retnla^hiEar2^hi Mφ in WT mice show higher enrichment in ERK1 and ERK2 cascade,

positive regulation of angiogenesis, and lipid storage (Figs. 4c, 4g). ERK1 and ERK2

signaling pathways regulate macrophage function in atherosclerosis. Deletion of *Erk1*

reduces macrophage migration and plaque lipid content in LDL receptor-deficient

mice on a high-fat diet[74,75]. Apbb2^hi Mφ in WT mice enrich in defense response to

virus and interferon (Figs. 4d, 4h). This may indicate that Apbb2^hi Mφ in WT mice

has more inflammatory response features than in *Saa3^-/-* mice, contributing to chronic

inflammation, plaque instability, and progression [76]. To elucidate the specific ligand-

receptor interactions contributing to the observed differences in pathway patterns

between *Saa3^-/-* and WT groups, we conducted a comparative analysis of ligand-

receptor signaling within five subpopulations of macrophages (Supplementary Figs

3a-3e). The analysis encompassed an assessment of the differential expression of

ligands and receptors and the computation of interaction probabilities, thereby

enabling the dissection of signaling discrepancies between the two genotypic

conditions. Since aortic Trem2^hi Mφs are more abundant in *Saa3^-/-* mice, we focus on

ligand-receptor interactions within Trem2^hi Mφ under both WT and *Saa3^-/-* conditions

(Supplementary Fig. 3d). Prominently, pairs such as Spp1-Cd44 and Spp1-integrins

(Itgav+Itgb1, Itga5+Itgb1, Itga4+Itgb1), exhibit a heightened probability of

interaction in the signal transduction pathways of Trem2^hi Mφ within the *Saa3^-/-* mice

(Supplementary Fig. 3d). Spp1 is established to bind integrins Itgav, Itgb1, Itgb5, and

Itga4 (Col4a2-Sdc44, Col4a2-Cd44, Col4a2-(Itga9+Itgb1), Col4a1-Sdc44, Col4a1-

Cd44, Col4a1-(Itga9+Itgb1)), influencing cellular adhesion and migration

crucially[77,78] (Supplementary Fig. 3d). Furthermore, interactions involving Col4a2

and Col4a1 with their partners are exclusively observed in the *Saa3^-/-* condition

(Supplementary Fig. 3d). As major constituents of the basement membrane, type IV

collagen may have implications for the stability of atherosclerotic plaques.[79] In

contrast, the CCL-CCR signaling axis, encompassing Ccl9-Ccr1, Ccl8-Ccr1, Ccl7-

Ccr1, Ccl6-Ccr2, Ccl6-Ccr1, Ccl3-Ccr5, and Ccl3-Ccr1, is exclusively active in the

WT condition within Trem2^{hi} Mφ transitioning to Retnla^{hi}Ear2^{hi} Mφ (Supplementary

Fig. 3d). These chemokine-mediated communications facilitate the recruitment of

macrophages or monocytes to sites of inflammation, contributing to the formation and

progression of atherosclerotic lesions and plaque vulnerability[80,81]. Parallel

observations were noted for the ligand-receptor pairs Cd74^{hi}MHCII^{hi} Mφ, Folr2^{hi} Mφ,

Retnla^{hi}Ear2^{hi} Mφ, and Apbb2^{hi} Mφ to Retnla^{hi}Ear2^{hi} Mφ (Supplementary Figs. 3a-

3e). It is posited that these altered signaling patterns may underlie the observed

reductions in plaque burden and macrophage recruitments in *Saa3$^{-/-}$* mice.

Trem2^{hi} Mφ potentially mitigates aortic plaque development by enhancing lipid

absorption, promoting an anti-inflammatory environment, and increasing

extracellular matrix and fibrosis.

In atherosclerosis, *Saa3* deletion precipitates substantial changes in macrophage gene

expression profiles, within the Trem2^{hi} Mφ, as evidenced by differential expression

between WT and *Saa3$^{-/-}$* groups (Fig. 5a). The upregulation of genes in *Saa3$^{-/-}$* than

WT Trem2^{hi} Mφ such as *Fabp4, Fabp5,* and *Lpl*, which are central to lipid

metabolism[82,83], as well as *Ctsk*, has been implicated in promoting disturbed flow-

induced endothelial inflammation.[84] Other genes including *Gpnmb, Atp6v0d2, Mrc1,*

Mmp12, and *Spp1* also exhibit altered expression (Fig. 5a). Studies suggest that

Gpnmb may be anti-inflammatory by promoting inflammation resolution, as it can

attenuate pro-inflammatory responses and promote M2 polarization in

macrophages[43,85,86]. The suppression of *Gpnmb* has been associated with enhanced

atherosclerotic plaque formation, whereas its overexpression correlates with

decreased plaque development[87]. Augmented *Atp6v0d2* expression activates

autophagy as a compensatory response to hemodynamic pressure, which indicates its

role in maintaining plaque stability and potentially curtailing the progression of

atherosclerosis[88,89]. *Mrc1* appears to modulate macrophage polarization toward an

anti-inflammatory phenotype[90], while *Mmp12* plays a pivotal role in attenuating

inflammation and fostering resolution via targeted proteolysis of chemokines[91,92].

Spp1+ foamy macrophages have been linked to signaling pathways that might abate

plaque progression and stabilize susceptible lesions[93]. These genes correspond to GO

enrichment pathways such as lipid localization, fatty acid transport, and the positive

regulation of macrophage-derived foam cell differentiation (Fig. 5b). These results

suggest that *Saa3*$^{-/-}$ Trem2^{hi} Mφ may possess enhanced lipid uptake and metabolism

capabilities, which could contribute to the significant reduction in plaque size.

Additionally, genes like *Ctsk*, *Gpnmb*, *Igf1*, and *Spp1* are associated with tissue

remodeling pathways, indicating a potential shift of *Saa3*$^{-/-}$ Trem2^{hi} Mφ towards an

anti-inflammatory phenotype (Fig. 5b). Differential gene expression analysis utilizing

violin plots demonstrated that genes associated with tissue repair and lipid

metabolism—specifically *Gpnmb*, *Fabp5*, *Lpl, Lgals3*, *Cd36*, *Spp1*, and *Pparg*—are

more prominently expressed in *Saa3*$^{-/-}$ Trem2^{hi} Mφ compared to their WT

counterparts (Fig. 5c). CD36 is a scavenger receptor widely expressed on the surface

of various cell types, including macrophages. CD36 binds to oxLDL particles,

facilitating their uptake into the macrophage, particularly in the context of

atherosclerosis and inflammation[94]. Concomitantly, there is a downregulation of

genes in *Saa3*$^{-/-}$ than WT Trem2^{hi} Mφ such as *Thbs1, Kdm7a, Vegfa, Slc7a11, Fn1,*

and *Chil3*. These genes correspond to GO enrichment pathways such as positive

regulation of chemotaxis, positive regulation of vasculature development, and

angiogenesis (Fig. 5b). Angiogenesis is associated with inflammatory cells and can

contribute to plaque instability[95,96]. This complex gene expression network

underscores the multifaceted influence of *Saa3* in atherosclerosis and pinpoints

interconnected genes geared toward modulating macrophage function to combat

disease progression.

Analysis of aortic Trem2^{hi} macrophages from WT and *Saa3*$^{-/-}$ mice also revealed a

consistent expression pattern for a cohort of genes associated with lipid metabolism

and cholesterol processing (Figs 5b-5c). The violin plots compare the expression

levels of genes central to cholesterol efflux pathways, including *Abca1, Abcg1,*

Nr1h2, Scarb, Nr1h3, and *Apoe* (Fig. 5c, Supplementary Fig. 4). There were no

statistically significant differences observed between the two genotypes for most

genes (Fig. 5c).

Analysis through *CellChat* has additionally revealed alterations in the growth

differentiation factor (GDF) signaling pathway in all subsets of the aortic

macrophages (Figs. 5d-5e). In the *Saa3*$^{-/-}$ Trem2^{hi} macrophage phenotype, there is a

notable shift towards the sender role in the GDF signaling network (Fig. 5d). In

contrast, Folr2^{hi} macrophages predominantly assume the signaling initiative in the

WT condition (Figs. 5d-5e). This shift in signaling behavior suggests that the absence

of *Saa3* leads to a reprogramming of the Trem2^{hi} macrophage population, endowing

them with a more prominent role in initiating signaling within the GDF pathway.

GDF-15 has been reported to reduce cardiac damage and rupture after myocardial

infarction by mitigating inflammation and apoptosis via the PI3K/Akt pathway. It also

protects against atherosclerosis by modulating apoptosis, inhibiting monocyte

recruitment and macrophage activation, and enhancing plaque stability[97-99]. Other

studies suggest GDF-15 may reduce macrophage accumulation in *Ldlr*^{-/-} or *Apoe*^{-/-}

mice[100-102]. This shift in the gene expression landscape highlights the critical role of

Saa3 in regulating macrophage function and may provide insight into the molecular

mechanisms underpinning the immune responses in aortic plaque progression.

SAA3 modulates cholesterol efflux, synthesis, and inflammatory responses in

macrophages under steady-state condition or during foamy macrophage

differentiation

SAA3 has been shown to exacerbate atherosclerosis in *ApoE*^{-/-} mice, as evidenced by

increased lesion area upon overexpression and reduced disease severity with

suppression[16]. Another study also observed reduced aortic plaque lesions in

atherosclerotic *Saa3*^{-/-}*Ldlr*^{-/-} mice and indicated that these effects are sex-dependent[103].

To validate our scRNA-seq observations on aortic macrophages and investigate the

role of *Saa3* in foamy macrophages, we performed qRT-PCR to assess the expression

of inflammatory genes (*Il1b* and *Tnf*), cholesterol efflux genes (*Abca1* and *Abcg1*),

and cholesterol synthesis genes (*Cyp51* and *Hmgcr*) in bone marrow-derived

macrophages (BMDMs) from WT and *Saa3*^{-/-} mice (Fig. 6a). These BMDMs were

treated overnight with either media alone or 20 µg/ml soluble cholesterol to

differentiate cells into foamy macrophages (Fig. 6a). We also conducted scRNA-seq

analysis on WT BMDMs treated with SAA3 in either media alone or 20 µg/ml

soluble cholesterol (Fig. 6a). Overall, gender-specific effects were generally minimal

under these experimental conditions, while genes involved in cholesterol efflux and

synthesis were significantly lower in female WT foamy macrophages treated with

SAA3 compared to males (Figs. 6b-c). Consistent with the previous study[103], *Il1b*

expression was significantly upregulated in BMDMs from female *Saa3*$^{-/-}$ mice

compared to WT under media-alone conditions, with no such effect observed in male

mice, while *Tnf* expression remained unchanged between genotypes (Fig. 6b).

Following soluble cholesterol treatment, both WT and *Saa3*$^{-/-}$ BMDMs present

minimal differences, with upregulated expression of the cholesterol efflux gene

(*Abca1*) and downregulated expression of the cholesterol synthesis gene (*Cyp51*),

indicative of the foamy macrophage phenotype (Fig. 6c). SAA3 treatment

significantly reduced cholesterol efflux gene expression (*Abca1* and *Abcg1*) while

increasing cholesterol synthesis gene expression (*Hmgcr*) in WT BMDMs undergoing

foamy macrophage differentiation (Fig. 6c). We next performed scRNA-seq analysis

on SAA3-treated WT BMDMs to confirm that genes associated with tissue repair and

lipid metabolism (*Gpnmb*, *Lpl*, *Lgals3*, *Spp1*, *Cd36*, *Pparg*) were significantly

downregulated compared to untreated controls (Fig. 6d). This aligns with the *in vivo*

phenotypes, where Trem2^{hi} aortic macrophages from *Saa3*$^{-/-}$ mice exhibited

significantly higher expression of these genes compared to Trem2^{hi} macrophages

from WT mice (Figs. 5c, 6d). We further observed the genes associated with acute

inflammatory response, interferon responses, and cell chemotaxis are increased in

SAA3-treated WT BMDMs (Figs. 6e-6f). Notably, exogenous SAA3 significantly

increases *Il1b* expression in both foamy and non-foamy macrophages (Fig. 6b).

These data indicate that SAA3 modulates inflammatory and lipid metabolism

pathways in macrophages, particularly during foamy macrophage differentiation, by

reducing cholesterol efflux, increasing cholesterol synthesis, and enhancing

inflammatory and interferon responses, suggesting that SAA3 potentially exacerbates

atherosclerosis progression through these mechanisms.

Discussion

Humans do not express a functional SAA3 protein due to a premature stop codon in

the SAA3 gene, which results in a frameshift mutation and renders the human SAA3

gene a pseudogene[104]. Mouse SAA3 shares the highest amino acid homology (70%)

with human SAA1, and its tissue distribution and expression patterns, particularly in

adipose tissue, are more similar to human SAA1 than to mouse SAA1 or SAA2,

suggesting a functional similarity between mouse SAA3 and human SAA1[11].

Previous study indicates a significant upregulation of SAA3, but not SAA1 or SAA2,

in the adipose tissue of conventional mice compared to germ-free mice[105]. The

presence of intestinal microbiota significantly upregulated SAA3 expression in

adipose tissue and colonic tissue, with evidence indicating that its colonic regulation

is partially mediated through the Toll-like receptor (TLR)/MyD88/NF-κB signaling

axis[11]. Unlike SAA1 and SAA2, which are primarily expressed in the liver, intestine,

and kidneys, SAA3 is more broadly expressed across various mouse tissues[105]. In

humans, SAA1 is expressed in adipocytes, with its expression notably increased in

hypertrophic adipocytes of obese individuals[106]. These findings suggest that mouse

SAA3, which is upregulated in the adipose tissue of obese mice, may be functionally

analogous to human SAA1 and could represent a key link between low-grade

inflammation and obesity-related metabolic disorders. Additionally, the microbiota

likely plays a significant role in modulating the extent of these effects by

manipulating the SAA3 levels.

Gut microbiota plays a significant role in inducing and maintaining sex dimorphism,

particularly in relation to immune responses, metabolism, and hormone regulation. In

NOD mice, the sex difference in type 1 diabetes susceptibility disappears under germ-

free conditions, while gut microbiota transfer from males to females elevates

testosterone levels and protects against disease[107]. This protection, mediated by

microbiota-regulated sex hormones, is lost upon androgen receptor blockade[107].

Metabolic syndrome is also mediated by the gut microbiota in a sex-dependent

manner, as demonstrated by the transfer of this sex-specific effect through fecal

transplantation between male and female mice, with antibiotic treatment eliminating

these differences and highlighting the causative role of microbiota in sexual

dimorphism[108]. Furthermore, the microbiota regulates bone marrow mesenchymal

stem cells (BMMSCs) by inhibiting osteogenesis and promoting adipogenesis, as

shown by increased osteogenic differentiation in germ-free (GF) mice, while

colonization with specific-pathogen-free (SPF) microbiota restored normal BMMSC

proliferation, differentiation, and immunomodulatory functions[109]. The microbiota

regulates hematopoietic stem cell (HSC) self-renewal and differentiation under stress

by modulating local bone marrow iron availability through red blood cell recycling by

macrophages[110]. Notably, the gut microbiota modulates the expression of SAA3 in

colonic and adipose tissue via Toll-like receptor signaling[105]. These findings suggest

that the gut microbiota may influence confounding factors, such as iron availability

and SAA3 levels, within the tissue microenvironment, thereby affecting sex

dimorphism and immune cell differentiation. The SAA3-induced sex dimorphism

observed in previous studies may also be influenced by microbiota-driven effects on

bone marrow cell differentiation during early life.

Previous study indicates that SAA3 promotes atherosclerosis in male mice while

providing protective effects in female mice[103]. Jylhava et. al. suggests a potential sex-

dimorphism in the relationship between serum amyloid A (SAA) and early

atherosclerosis, as SAA levels correlated with carotid intima-media thickness (IMT)

in men but not in women, indicating differing underlying mechanisms of

atherosclerotic risk between the sexes[111]. The absence of SAA3 in female mice led to

a significant decrease in adipose tissue macrophage content and inflammation, while

similar effects were not observed in male mice[112]. Another study highlights a

significant sex dimorphism in the association between SAA levels and adipocyte size,

with pronounced correlations observed in lean and overweight women, while no such

associations were found in men[113]. Our results indicate there is still less aortic plaque

progression in female atherosclerotic *Saa3*$^{-/-}$ than in WT mice (Fig. 1). The gender

differences were minimal but SAA3 significantly reduced cholesterol efflux genes

and increased synthesis genes, particularly in female WT foamy macrophages (Fig.

6). SAA3-treated WT BMDMs showed downregulation of tissue repair and lipid

metabolism genes and upregulation of acute inflammatory and interferon-response

genes, aligning with *in vivo* phenotypes of Trem2^{hi} macrophages in *Saa3*$^{-/-}$ mice

represented the higher expression of lipid metabolism genes (Fig. 6). These results

suggest that SAA3 modulates inflammatory and lipid pathways in foamy

macrophages, which may be exacerbating atherosclerosis progression *in vivo*.

Notably, our study demonstrates that *Saa3* deficiency reduces aortic plaque

progression while increasing peripheral cholesterol levels (Figs. 1b-1e). This finding

aligns with previous research indicating that SAA diminishes the anti-inflammatory

and antioxidative capabilities of high-density lipoprotein (HDL) by binding to

glycoproteins from adipocytes and macrophages, thereby impairing its anti-

inflammatory properties[19,114]. It suggests that serum amyloid A (SAA) compromises

HDL functionality, which could explain the elevated cholesterol levels observed in

Saa3$^{-/-}$ mice. Despite this, *Saa3*$^{-/-}$ mice decreased aortic plaque size, indicating that

Saa3 deficiency protects against atherosclerosis (Figs 1d-e).

The single-cell RNA sequencing (scRNA-seq) analysis of CD45+ cells from aortic

arches revealed significant alterations in the aortic immune cell landscape of *Saa3*^{-/-}

mice. Increased proportions of T cells, B cells, monocytes, and γδ T cells were noted,

while macrophages and innate lymphoid cells (ILCs) were reduced compared to WT

mice (Fig. 2b). This shift in immune cell composition suggests that *Saa3* deficiency

alters the inflammatory responses within the aortic arches, potentially contributing to

the observed reduction in plaque progression. *CellChat* analysis further highlighted

the impact of *Saa3* deficiency on intercellular communication within the aortic

microenvironment (Figs. 2, 3). *Saa3*^{-/-} mice exhibited enhanced intercellular

interactions strength, particularly among γδ T cells and all other immune cell types,

suggesting a more reactive immune milieu. Conversely, a reduced macrophage-to-all

other immune cell signalings were observed, indicating a dampened inflammatory

response (Figure 2d-2f). These findings suggest that *Saa3* deficiency promotes a shift

towards a reparative and less inflammatory phenotype in these cell types, potentially

influencing atherosclerosis progression.

Compared to our previously published dataset, where we profiled single-cell sorted

Cx3cr1-derived aortic macrophages during atherosclerosis progression and

regression[8], we identified 11 aortic macrophage clusters, while we only identified five

distinct clusters with notable differences in gene expression between WT and *Saa3*^{-/-}

mice (Fig. 3a). This may be due to the difference in the platform used to capture

single cells between 10X Genomics and BD Rhapsody. Nonetheless, we still observed

that Trem2^{hi} macrophages were more abundant in *Saa3*^{-/-} mice (Fig. 3b) and exhibited

gene expression profiles indicative of enhanced lipid metabolism and tissue repair

functions (Fig. 5). These macrophages may be crucial in mitigating plaque

progression by promoting an anti-inflammatory environment and enhancing

extracellular matrix production. Our findings also highlight the differential ligand-

receptor interactions in WT and *Saa3*^{-/-} mice macrophages (Supplementary Fig. 3).

Saa3 deficiency led to altered signaling dynamics, particularly in Trem2^{hi}

macrophages, which showed increased interactions involving *Spp1* and integrins, as

well as type IV collagen, suggesting enhanced adhesion and migration capabilities. In

contrast, chemokine-mediated communications were more prominent in WT

macrophages, facilitating the recruitment of inflammatory cells to atherosclerotic

lesions (Supplementary Fig. 3d). The observed changes in gene expression and

intercellular communication underscore the complex role of *Saa3* in modulating

Trem2[hi] macrophage functions during atherosclerosis. *Saa3* deficiency appears to

shift Trem2^{hi} macrophages towards a phenotype that promotes tissue repair and

plaque stability (Fig. 5), which may explain the reduced plaque progression despite

elevated cholesterol levels.

In conclusion, our study reveals that *Saa3* deficiency has a dual impact on

atherosclerosis, reducing aortic plaque progression while increasing peripheral lipid

levels. The enhanced reparative and anti-inflammatory properties of macrophages in

Saa3^{-/-} mice likely contribute to the observed protective effects against

atherosclerosis. These findings provide valuable insights into the regulatory

mechanisms of immune function within the aortic niche and highlight the potential of

targeting *Saa3* for therapeutic strategies in atherosclerosis. Further research is

warranted to elucidate the precise molecular pathways involved and to explore the

therapeutic potential of modulating *Saa3* expression in cardiovascular diseases.

Author Contributions

TYC, YZY, and JDL designed experiments and interpreted the data. TYC and YZY

wrote the manuscript draft, followed by JDL editing. TYC, YZY, IJL, CJL, CHY,

YTC, and PAC performed experiments. TYC and YZY coordinated and performed

the single-cell RNA-seq experiments and then analyzed single-cell RNA-seq data.

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Method

Animals

All animal procedures were approved by the National Taiwan University IACUC
Committee. The Saa3-knockout mice ($Saa3^{-/-}$; C57BL/6N-
Saa3tm1.1(KOMP)Vlcg/MbpMmucd) were developed by the Mutant Mouse
Resource & Research Centers (MMRRC). The ES cell clone 13807A-A1 was injected
into morulae or blastocysts to generate chimeric mice. These chimeras were then bred
with C57BL/6N mice, resulting in the production of heterozygous tm1 (Deletion)
mice. To achieve recombination at the LoxP sites, heterozygous tm1 mice were
crossed with a ubiquitous Cre deleter mouse line, generating tm1.1 (CRE-mediated
Deletion) allele mice. Notably, the archived germplasm does not carry the Cre
transgene. Cryo-recovery of the strain will be conducted using C57BL/6N females by
the MMRRC. Detailed information about the Cre-mediated deletion process can be
found at the following reference: Velocigene KOMP Repository, clone 13807,
http://velocigene.com/komp/detail/13807. The cryopreserved sperm were acquired
and recovered by the National Laboratory Animal Center in Taiwan. We generated
heterozygous $Saa3^{+/-}$ mice and bred them to obtain 12-week-old Wild-type C57BL/6J
mice wild-type (WT) and $Saa3^{-/-}$ littermates used for the experiments. Murine
atherosclerosis was induced by injecting intraperitoneally once with AAVmPCSK9
(ssAAV8/hAAT-mPCSK9D377Y, AAV core, Institute of Biomedical Sciences,
Academia Sinica, using a plasmid acquired from Addgene (Plasmid #58376) and
kindly provided by Dr. Mi-Hua Tao) at 5×10^{11} viral particles/mouse and fed on
Western diet (Research Diets, Cat# D12079Bi) for 18 weeks. All mice were housed in
a specific pathogen-free (SPF) environment within individually ventilated cages

(IVC) at a ventilation rate of 70-100 air changes per hour (ACH) under positive

pressure. The facility maintained a constant temperature of $22 \pm 2°C$ and a relative

humidity of $55 \pm 10\%$. A 12-hour light-dark cycle was regulated by timers (7:00 AM

to 7:00 PM light, 7:00 PM to 7:00 AM dark).

Cholesterol level measurements

Blood samples were collected from mice and total cholesterol levels in plasma were

assessed in WT and *Saa3*^{-/-} mice subjected to AAVmPCSK9D377Y and fed on

Western Diet for 0, 4, 8, 12, and 16 weeks (n=5 mice per group). Cholesterol levels

were measured using a colorimetric assay (FUJIFILM/Wako, Cat# 639-50981), with

absorbance read at 600 nm following a 5-minute incubation at 37 °C. HDL and

LDL/VLDL cholesterol levels in plasma were quantified using the ab65390

Cholesterol Assay Kit (Abcam, Version 13a, Updated 17 April 2023), following the

manufacturer's protocol with adaptations for our setup. Plasma (20-30 μL) was mixed

with an equal volume of 2X Precipitation Buffer to separate the HDL and LDL/VLDL

cholesterol fractions. After adding reaction mixes, samples were incubated at 37 °C

for 60 minutes away from light. Absorbance was measured at 570 nm using a

microplate reader, and cholesterol concentrations were determined by correlating

absorbance readings with the standard curve. Statistically significant differences

between the two groups at respective time points were determined using the unpaired

Mann-Whitney U-test (*p < 0.05).

Histology

At harvesting, the aortic arch was meticulously excised from the experimental mice

for the subsequent single-cell isolation, and then aortic roots were embedded in OCT

(Catalog # NC0696746). Serial sections were performed at 6 μm on embedded aortic

roots and stained with Oil Red O solution (Sigma) for 10 minutes at 37°C. Intimal

lesions and stained areas were imaged by an inverted fluorescence microscope

(OLYMPUS CKX53) and quantified by ImageJ [17].

Aortic cells flow cytometry sorting and single-cell RNA-seq library preparation

The protocol for isolating aortic cells from mice is as previously described[8]. Briefly,

the procedure began with aorta perfusion using phosphate-buffered saline (PBS).

After perfusion, the aortas were stored in FACS buffer (1X HBSS, 1% BSA, 1mM

EDTA, 20mM HEPES, and 1mM Sodium Pyruvate). The enzymatic digestion

processes involved immersing the aorta in a digestion buffer containing 4U/ml

liberase (Roche, Cat. 54001127001), 100 ug/ml hyaluronidase (Sigma, Cat. H3506),

and 100 ug/ml DNase I (Sigma, Cat. DN25), followed by fine mincing. The mixture

was incubated at 37°C to facilitate effective digestion, with the process repeated 5-6

times to ensure complete tissue breakdown. After digestion, the mixture was filtered

through a 35μm strainer to obtain a single-cell suspension. The collected cells were

then stained with CD45 (Alexa Fluor 488 anti-mouse CD45, Clone: 30-F11,

Biolegend, Cat. 103122) and Live/Dead (L/D) Blue markers (Thermo Fisher, Cat.

L34962), and the CD45-positive, L/D Blue-negative cells were sorted as

Supplementary Figure 1 to prepare single-cell libraries.

Single-cell samples were labeled using the BD™ Mouse Immune Single-Cell

Multiplexing Kit (Cat. 633793) for each cartridge run on the BD Rhapsody Express

Single Cell Analysis System for single-cell capture, followed by cDNA synthesis with

the BD Rhapsody cDNA Kit (Cat. 633773). The mRNA Whole Transcriptome

Analysis (WTA) and Sample Tag libraries were prepared using the BD Rhapsody™

WTA Amplification Kit (Cat. 633801), according to the manufacturer's guidelines.

The quality and quantity of the libraries were assessed using the Agilent 4200

TapeStation System with Agilent High Sensitivity D1000 ScreenTape (Agilent

Technologies, Santa Clara, CA) and a Qubit Fluorometer with the Qubit dsDNA HS

Assay (Invitrogen, MA, USA). Finally, the libraries were sequenced using the

NovaSeq PE150 sequencer (Illumina, San Diego, CA).

Aortic single-cell sequencing data reads alignment and analysis

The fastq files generated from sequencing were processed using Seven Bridges

Genomics. The data were aligned to the mouse_GRCm38-PhiX-gencodevM19-

20181206 and demultiplexed using hashtags to separate samples. Subsequent steps

included filtering low-quality cells and identifying unique molecule identifiers

(UMIs) to produce filtered matrices, which were then utilized as inputs for further

analysis. The filtered matrices were analyzed using the Seurat package (v.4.3.0)[103] in

R (v.4.3.1). Initially, to exclude low-quality cells, we filtered out cells with

nFeature_RNA < 200 and percent.mt > 15, tailoring filter parameters for each sample

based on violin plots of RNA feature numbers and the percentage of mitochondria in

each cell. We used the FindVariableFeatures() function in each sample to select the

top 2000 genes with the highest variance using the variance variance-stabilizing

transformation (VST) method for downstream analysis. Next, we applied a linear

transformation to scale the data, ensuring equal weight to each gene expression level

in downstream analysis. A linear dimensional reduction (PCA) was performed, and

the Elbow plot was used to decide which PCs to include in the following steps. We

cluster cells using the Louvain algorithm (resolution = 0.5). The non-linear

dimensional reduction method was employed for visualizing cell clustering, such as

UMAP.

To analyze two or more single-cell datasets together, we followed the Seurat

integration analysis pipeline. We used the FindIntegrationAnchors() function to

identify anchors, followed by the IntegrateData() function to use these anchors to

integrate the datasets. To automatically annotate cell types, SingleR (v.2.8.0) was

utilized with the ImmGen database, which specifically focuses on immunological cell

types. To ensure the analysis targeted the immune population, contaminating cell

types such as fibroblasts and stromal cells were subsequently excluded. To identify

differentially expressed features, we employed the FindAllarkers() or FindMarkers()

functions to identify biomarkers for each cell cluster (min.pct = 0.25, logfc.threshold

= 0.25). We used visualization tools such as VlnPlot, feature plot, dotplot, and

heatmap to display intergroup gene expression differences. Additionally, to

comprehend the potential biological pathway connections of gene sets expressed by

each cell population and their differences between two genotypes, we conducted a

Gene Ontology (GO) analysis using the ClusterProfiler package (v4.8.3)[104]. This was

done after identifying differentially expressed genes (DEGs) in each cell population

compared to the cell population of another genotype. The results were visualized

using a Dotplot. Moreover, the analysis of intercellular communications was

conducted using the CellChat package (v1.6.1)[105]. This approach allowed us to

understand the roles played by each cell group in signal transduction pathways and

compare the differences in cellular signaling among cell groups under different

genotypes.

Bone marrow-derived macrophages (BMDMs) culture

Bone marrow cells harvested from C57BL/6J mice were cultured in RPMI 1640

medium supplemented with 10% heat-inactivated fetal bovine serum (FBS), 1%

penicillin/streptomycin/amphotericin B (P/S/A), and 20 ng/mL macrophage colony-

stimulating factor (M-CSF). On day 3, the medium was replaced with 10 mL fresh

medium. On day 5, an additional 2 mL of medium was added. After seven days of

culture, adherent macrophages were detached using Accutase and treated with 100

ng/mL SAA3 protein. The cell suspension was adjusted to a density of 5×10^6

cells/mL, seeded into a 48-well plate, and cultured for 24 hours.

Real-time RT-PCR

Total RNA was extracted from BMDMs using TRIzol™ Reagent, and cDNA was

synthesized using SuperScript™ IV Reverse Transcriptase. Real-time RT-PCR was

performed with TaqMan™ Fast Advanced Master Mix on a CFX Connect Real-Time

PCR Detection System. The assays utilized the following TaqMan probes: *Gapdh*

(Mm99999915_g1), *Saa1* (Mm00656927_g1), *Saa2* (Mm04208126_mH), *Saa3*

(Mm00441203_m1), *Il-1β* (Mm00434228_m1), and *Tnf* (Mm00443258_m1).

Additionally, real-time RT-PCR was also conducted using iTaq™ Universal SYBR®

Green Supermix with primers targeting *Abca1*, *Abcg1*, *Hmgcr*, and *Cyp51*. The fold

change in each target mRNA was determined by normalizing its expression level to

Gapdh within the same sample. Relative gene expression was calculated using the

comparative method ($2^{-\Delta\Delta CT}$).

BMDM single-cell RNA library preparation and sequencing

BMDMs were fixed and permeabilized according to the Evercode™ Fixation v2

protocol (Parse Biosciences). The split-pool barcoding process, following the

Evercode™ WT v2 protocol, consisted of three rounds. In Round 1, cells were

distributed into wells, and sample-specific barcodes were applied to the fixed cells

using an in-cell reverse transcription (RT) reaction. Cells from all wells were then

pooled together. In Round 2, cells were redistributed across a plate, and an in-cell

ligation was performed to append the second barcode. The cells from each well were

again pooled together. In Round 3, cells were split across a plate, and a third barcode

was appended with another in-cell ligation. After pooling cells from each well, the

pooled cells were divided across multiple sublibraries. The cells were then lysed, and

the library was fragmented, end-repaired, and went through A-tailing followed by the

ligation of the sequencing adaptor. The library was then labeled with a fourth

sublibrary-specific barcode. The quality of dsDNA libraries was analyzed using the

High Sensitivity D5000 ScreenTape Kit (Agilent) and concentrations were assessed

with the Qubit dsDNA HS Kit (Thermo Fisher Scientific). Libraries were sequenced

on a NovaSeq X Plus (Illumina) with 10% PhiX.

BMDM single-cell RNA data processing

The sequencing data was demultiplexed and mapped to database (mm10, GRCm38)

with the commercial pipeline (ParseBiosciences-Pipeline.v1.2.1). The sequence reads

from different samples was then distributed based on different Round 1 barcode with

R(v4.4.2). To exclude low-quality cells, we filtered cells with nFeature_RNA > 200,

nFeature_RNA < 2000, and percent.mt < 45, adjusting the filter parameters for each

sample based on violin plots of RNA feature counts and mitochondrial percentages

per cell. The FindVariableFeatures() function was used to select the top 2000 genes

with the highest variance, applying the variance-stabilizing transformation (VST)

method for downstream analysis. The data were then scaled using a linear

transformation to ensure equal weighting of gene expression levels in subsequent

analyses. Principal component analysis (PCA) was performed for linear dimensional

reduction, and the Elbow plot was used to determine the number of principal

components (PCs) to retain. Cell clustering was conducted using the Louvain

algorithm with a resolution of 0.5. For visualization, we applied the non-linear

dimensional reduction method UMAP. For integrating two or more single-cell

datasets, we followed the Seurat integration analysis pipeline. The IntegrateLayers()

function with the CCAIntegration method was used for dataset integration, followed

by the JoinLayers() function to merge the layers. Cell types were annotated

automatically using SingleR (v2.8.0) with the ImmGen database, which specializes in

immunological cell types. Contaminating cell types, such as fibroblasts, were

excluded to ensure the analysis focused on the immune population. To identify

potential biological pathway connections and differences following SAA3 protein

treatment, we performed Gene Ontology (GO) analysis using the ClusterProfiler

package (v4.10.1) on differentially expressed genes (DEGs) from BMDMs under

different conditions. Results were visualized using DotPlot representations.

Data and code availability

Raw sequence data from single-cell RNA sequencing experiments are deposited in the

NCBI Sequence Read Archive under BioProject accession number PRJNA1129034

and gene expression omnibus (GEO) accession number GSE270922. All processing

was performed in R and analysis scripts can be found on Github at

(https://github.com/JDLinLab/Saa3KO-Arch-scRNAseq-pepline-)

Figure legend

Fig. 1 Effects of *Saa3* deletion on peripheral lipid profiles and aortic plaque

progression during atherosclerosis.

(a) Schematic of an experimental model for the time points of plasma collections and

single-cell RNA sequencing (scRNA-seq) on aortic immune cells. C57BL/6 wild-type

(WT) and *Saa3$^{-/-}$* mice were injected with AAVmPCSK9 and fed with the Western

diet for 18 weeks. Then aortic arches were digested to single-cell suspensions and

FACS-sorted aortic CD45+ cells were subjected to scRNA-seq on the BD Rhapsody

platform from WT and *Saa3$^{-/-}$* mice.

(b) Plasma total cholesterol levels in WT and *Saa3$^{-/-}$* mice subjected with

ssAAV8/hAAT-mPCSK9 and fed with the Western diet for 0, 4, 8, 12, and 16 weeks.

(c) Measurement of high-density lipoprotein (HDL) cholesterol levels and low-

density lipoprotein (LDL) cholesterol levels in plasma from WT and *Saa3$^{-/-}$* mice over

a period of 0, 2, 4, 8, 12, and 16 weeks.

(d) Representative Oil Red O staining of aortic root sections in WT and *Saa3$^{-/-}$* mice

at 18 weeks post Western diet. Scale bar: 100 μm.

(e) As in (d), quantification of the lesion area of aortic root sections stained with Oil

Red O.

All data are presented as mean ± SEM; Statistically significant differences between

the two groups at respective time points were denoted by asterisks (*$p < 0.05$),

determined using an unpaired Mann-Whitney U-test. Each symbol represents an

individual mouse; WT mice (n=5), *Saa3*$^{-/-}$ mice (n=5).

Fig. 2 *Saa3* deficiency alters immune intercellular communication in aortic

arches during atherosclerosis progression.

(a) UMAP visualization compares the distribution of cell types in aortic arches

between WT and *Saa3*$^{-/-}$ mice. Unbiased cell annotations against the IMMGEN

database are colored and labeled accordingly on the plot.

(b) Cell type composition by percentages of WT and *Saa3*$^{-/-}$ mice (blue, WT; red,

Saa3$^{-/-}$) in total sorted CD45+ cells.

(c) Heatmap of top 5 marker genes of each cell type in aortic arches from WT and

Saa3$^{-/-}$ mice. The selection of these top marker genes was based on the results of a

Wilcoxon test for differential expression.

(d) Bar plots show the number (left) and strength (right) of inferred interactions of

intercellular communication networks in aortic arches from WT and *Saa3*$^{-/-}$ mice.

(e) Heatmap visualization of intercellular communication networks in aortic arches

from WT and *Saa3*$^{-/-}$ mice. The red and blue colors represent increased or

decreased signaling in the aortic arches of *Saa3*$^{-/-}$ mice compared to the WT mice. The

top-colored bar plot represents the sum of the columns of values (incoming signaling),

and the right-colored bar plot represents the sum of a row of values (outgoing

signaling).

(e) Volcano plot illustrating differential gene expression in total macrophages within

aortic arches of *Saa3*$^{-/-}$ versus WT mice. The x-axis displays the $\log_2$ fold change,

while the y-axis shows the -$\log_{10}$ *p*-value. Grey dots denote genes without significant

differences, green dots indicate genes with significant fold changes, and red dots mark

genes significant in both fold change and *p*-value. The dashed vertical lines represent

the fold change boundaries, and the dashed horizontal line demonstrates the p-value

significance threshold.

(g) Top 10 biological processes enriched in total macrophages within the aortic arches

of WT mice compared to *Saa3*$^{-/-}$ mice (upper panel) or *Saa3*$^{-/-}$ mice compared to wild-

type mice (lower panel). Enrichment analysis utilized GO pathways to identify

significant biological processes. The gene ratio is plotted along the x-axis, and the

enriched biological processes are listed on the y-axis. A color gradient has been

applied to indicate the -$\log_{10}$ adjusted *p*-value (p.adjust) of each term, with the size of

each point reflecting the number of genes associated with the respective pathway.

Fig. 3 Delineation of macrophage sub-cluster in aortic arches between WT and

Saa3^{-/-} **mice during atherosclerosis progression.**

(a) UMAP plots show the sub-clusters of macrophages (Mφ) in aortic arches between

WT (left) and *Saa3*^{-/-} (right) mice. Macrophages are delineated based on their gene

expression profiles: CD74^{hi}MHCII^{hi} Mφ in navy blue, Folr2^{hi} Mφ in red,

Retnla^{hi}Ear2^{hi} Mφ in green, Trem2^{hi} Mφ in sky blue, and Apbb2^{hi} Mφ in pink.

(b) The bar graph displays the percentage composition of various macrophage

subpopulations within total macrophages from WT and *Saa3*^{-/-} mice. Different colors

represent distinct macrophage subpopulations as indicated in **(a)**.

(c) Dot plot representing the expression profiles of five sub-macrophage populations.

The x-axis lists genes with differential expression, while the y-axis indicates the sub-

macrophage clusters.

(d) Dot plots show the expression profiles of macrophage markers involved in

pathways of chemokine, IFN (interferon), inflammatory, and type II responses across

sub-macrophage clusters. For **(c)** and **(d)**, the size of each dot corresponds to the

percentage of the indicated cell cluster expressing a particular gene marker, and the

color intensity signifies the mean expression level within that cell cluster.

(e) Bar plots show the number (left) and strength (right) of inferred intercellular

communication networks in total aortic macrophages from WT and *Saa3*^{-/-} mice.

(f) Heatmap visualization of overall signaling patterns in aortic macrophages of WT

and $Saa3^{-/-}$ mice. The top-colored bar plot represents the sum of each column of

values (signaling the strength of overall pathways) across sub-clusters. The gradient

blue colored bar represents the relative strength of the indicated pathway.

(g) The bar graph displays the relative information flow of various signaling

molecules in aortic macrophages of WT and $Saa3^{-/-}$ mice. Blue bars indicate higher

relative information flow in WT macrophages, while red bars indicate higher

information flow in $Saa3^{-/-}$ macrophages.

Fig. 4 *Saa3* deficient impacts gene expression profiles of aortic macrophages

(a)-(d) Volcano plot illustrating differential gene expression in four sub-macrophage

populations (CD74^{hi} MHCII^{hi}, Folr2^{hi}, Retnla^{hi} Ear2^{hi}, and Apbb2^{hi} macrophage(Mφ))

within aortic arches of WT versus $Saa3^{-/-}$ mice. The x-axis displays the $\log_2$ fold

change, while the y-axis shows the -$\log_{10}$ p-value. Grey dots denote genes without

significant differences, green dots indicate genes with significant fold changes, and

red dots mark genes significant in both fold change and *p*-value. The dashed vertical

lines represent the fold change boundaries, and the dashed horizontal line

demonstrates the *p*-value significance threshold.

(e)-(h) The bubble plot presents the GO enrichment analysis for CD74^{hi} MHCII^{hi},

Folr2^{hi}, Retnla^{hi} Ear2^{hi}, and Apbb2^{hi} aortic macrophage (Mφ) from WT and $Saa3^{-/-}$

mice. The x-axis represents the GeneRatio. The y-axis lists the enriched GO terms.

Bubble size corresponds to the count of DEGs associated with each GO term. The

color gradient from blue to red represents the -log$_{10}$ (adjusted p-value) of the

enrichment.

Fig. 5 Aortic Trem2^{hi} macrophages in $Saa3^{-/-}$ mice express more lipid metabolism

and tissue repair-associated genes.

(a) Volcano plot illustrating differential gene expression in aortic Trem2^{hi}

macrophage (Mφ) population of $Saa3^{-/-}$ versus WT mice.

(b) The bubble plot presents the GO enrichment analysis for Trem2^{hi} Mφ from WT

versus $Saa3^{-/-}$ (upper panel) or $Saa3^{-/-}$ versus WT (lower panel) mice.

(c) Violin plots depicting the expression levels of tissue repair-associated genes in

Trem2^{hi} Mφ from WT and $Saa3^{-/-}$ mice aortas. Each plot indicates the gene expression

level for *Gpnmb*, *Fabp5*, *Lpl*, *Lgals3*, *Spp1*, *Cd36*, and *Pparg*, with blue representing

WT and red for $Saa3^{-/-}$ group. The central white bar denotes the median expression

level, while the thick bar within the violins indicates the interquartile range. The

width of the violins reflects the density of data points at different expression levels.

(d) The circular diagram illustrates the GDF signaling pathway networks in aortic

macrophage subpopulations from WT (left) and *Saa3*^{-/-} (right) mice. Each segment of

the circle represents a different macrophage subpopulation. The connections between

segments indicate interactions and signaling pathways shared among these

subpopulations.

(e) Heatmap representation of the inferred GDF signaling pathway network across

five sub-populations of aortic macrophages. Each column represents a specific

macrophage sub-population, while each row corresponds to the role of the population

in the signaling pathway as a sender, receiver, mediator, or influencer.

Figure 6. SAA3 modulates cholesterol metabolism, inflammatory gene

expression, and immune response pathways in macrophages under steady-state

condition or during foamy macrophage differentiation.

(a) Schematic overview of the experimental design. Bone marrow cells were isolated

from WT and *Saa3*^{-/-} mice. Then cultured and differentiated into bone marrow-

derived macrophages (BMDMs), followed by treatment with soluble cholesterol to

induce foamy macrophages or recombinant SAA3 protein. Downstream analyses

included real-time PCR and single-cell RNA sequencing (scRNA-seq) using Parse

Evercode™.

(b-c) As treatment conditions in **(a)**, Real-time PCR analysis of genes involved in

inflammatory cytokines (*Il1b*, *Tnf*) and cholesterol metabolism (*Abca1*, *Abcg1*,

Cyp51, *Hmgcr*) and under various treatment conditions. Data are represented as

relative gene expression normalized to the control group, with significant differences

marked by asterisks (*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$). The symbols represent the

following comparisons: φ indicates SAA3-treated male WT BMDMs versus male WT

BMDMs cultured in media alone, § indicates SAA3-treated female WT BMDMs

versus female WT BMDMs cultured in media alone, # indicates SAA3-treated male

WT BMDMs in the presence of soluble cholesterol versus male WT BMDMs in

soluble cholesterol media alone, and † indicates SAA3-treated female WT BMDMs in

the presence of soluble cholesterol versus female WT BMDMs in soluble cholesterol

media alone. The number of symbols denotes the level of statistical significance,

where one symbol indicates $p < 0.05$, two symbols indicate $p < 0.01$, and three

symbols indicate $p < 0.001$.

(d-f) scRNA-seq analysis of WT BMDMs treated with media alone or SAA3 protein.

(d-e) Dot plots show average expression (color intensity) and the percentage of cells

expressing key genes (dot size) related to tissue repair, lipid metabolism, and

inflammatory pathways.

(f) Gene Ontology (GO) enrichment analysis of pathways upregulated in SAA3-

treated BMDMs compared to controls. Size of dots represents the gene ratio, and

color intensity represents statistical significance (-$\log_{10}$ (adjusted p-value)). Statistical

significance was determined using ANOVA or t-tests where appropriate.

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Supplementary Figure Legends

Supplementary Fig. 1 Sorting strategy of aortic CD45+ cells.

Flow cytometry analysis was performed for cell sorting to isolate CD45+ immune

cells from aortic arches stained for CD45 Alexa 488 and Live/Dead Blue. The top left

plot shows forward scatter (FSC-A) versus side scatter (SSC-A), differentiating cells

based on size and granularity, with a population gated as P1. The top right plot

presents FSC-A versus FSC-H, with the discrimination gate P2 to exclude cell

aggregates. The bottom left plot displays SSC-A against the Live/Dead Blue, with live

cells gated as P7. The bottom right plot demonstrates SSC-A against the fluorescence

intensity of CD45 Alexa-488, with the CD45+ population gated as P8. The CD45+

cells were sorted from P8 gated population.

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Supplementary Fig. 2 Heatmap of top 10 gene markers and GO enrichment

analysis of five aortic macrophage sub-cluster.

(a) Heatmap of top 10 marker genes of each sub-macrophage population in aortic

arches from WT and *Saa3$^{-/-}$* mice. The selection of these top marker genes was based

on the results of a Wilcoxon test for differential expression.

(b) Gene Ontology (GO) enrichment analysis of biological pathways in 5 sub-

populations of aortic macrophage (Mφ), using differentially expressed genes (DEGs)

identified when comparing one of specific Mφ sub-population against the rest of all

other Mφ sub-populations. It can represent the functional characteristics of each Mφ

sub-population.

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Supplementary Fig. 3 Comparison of ligand-receptor pair differences across five

sub-macrophage populations between WT and *Saa3*$^{-/-}$ mice.

The bubble plot illustrating the protein-protein interaction probabilities between

various ligand-receptor pairs across **(a)** CD74^{hi} MHCII^{hi} macrophage (Mφ), **(b)**

Folr2^{hi} Mφ, **(c)** Retnla^{hi} Ear2^{hi} Mφ, **(d)** Trem2^{hi} Mφ, and **(e)** Apbb2^{hi} Mφ between WT

and *Saa3*$^{-/-}$ mice. The x-axis categorizes the conditions under which the interactions

were assessed. The y-axis lists the ligand-receptor pairs. Each bubble's color

corresponds to the communication probability, with a gradient from minimum (blue)

to maximum (red). The communication probability can be seen as a numerical value

representing how strong or likely this interaction is between specific cell types. The

size of each bubble represents the *p*-value of the interaction.

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Supplementary Fig. 4 Comparison of differences in the expression level of

cholesterol efflux and lipid metabolism genes from Trem2^{hi} macrophages

between WT and *Saa3*$^{-/-}$ mice.

Differential gene expression in aortic Trem2^{hi} macrophages (Mφ) from WT and *Saa3*$^{-}$

$^{/-}$ mice. Violin plots illustrate the distribution of expression levels for genes involved

in cholesterol efflux and lipid metabolism in Trem2^{hi} macrophages. Blue represents

WT macrophages, while red indicates *Saa3*$^{-/-}$ macrophages.

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Reference

1   Benjamin, E. J. *et al.* Heart Disease and Stroke Statistics-2019 Update: A Report
From the American Heart Association. *Circulation* **139**, e56-e528 (2019).
https://doi.org/10.1161/CIR.0000000000000659

2   Malekmohammad, K., Bezsonov, E. E. & Rafieian-Kopaei, M. Role of Lipid
Accumulation and Inflammation in Atherosclerosis: Focus on Molecular and
Cellular Mechanisms. *Front Cardiovasc Med* **8**, 707529 (2021).
https://doi.org/10.3389/fcvm.2021.707529

3   Libby, P. *et al.* Atherosclerosis. *Nat Rev Dis Primers* **5**, 56 (2019).
https://doi.org/10.1038/s41572-019-0106-z

4   Steinl, D. C. & Kaufmann, B. A. Ultrasound imaging for risk assessment in
atherosclerosis. *Int J Mol Sci* **16**, 9749-9769 (2015).
https://doi.org/10.3390/ijms16059749

5   Sekalska, B. [Aortic expression of monocyte chemotactic protein-1 (MCP-1)
gene in rabbits with experimental atherosclerosis]. *Ann Acad Med Stetin* **49**, 79-
90 (2003).

6   Zhang, Y. *et al.* Oxidized high-density lipoprotein promotes CD36
palmitoylation and increases lipid uptake in macrophages. *J Biol Chem* **298**,
102000 (2022). https://doi.org/10.1016/j.jbc.2022.102000

7   Javadifar, A. *et al.* Foam Cells as Therapeutic Targets in Atherosclerosis with a
Focus on the Regulatory Roles of Non-Coding RNAs. *Int J Mol Sci* **22** (2021).
https://doi.org/10.3390/ijms22052529

8   Lin, J. D. *et al.* Single-cell analysis of fate-mapped macrophages reveals
heterogeneity, including stem-like properties, during atherosclerosis
progression and regression. *JCI Insight* **4** (2019).
https://doi.org/10.1172/jci.insight.124574

9   Zhang, K. *et al.* TREM2(hi) resident macrophages protect the septic heart by
maintaining cardiomyocyte homeostasis. *Nat Metab* **5**, 129-146 (2023).
https://doi.org/10.1038/s42255-022-00715-5

10   Jung, S. H. *et al.* Spatiotemporal dynamics of macrophage heterogeneity and a
potential function of Trem2(hi) macrophages in infarcted hearts. *Nat Commun*
13, 4580 (2022). https://doi.org/10.1038/s41467-022-32284-2

11 Reigstad, C. S., Lunden, G. O., Felin, J. & Backhed, F. Regulation of serum
amyloid A3 (SAA3) in mouse colonic epithelium and adipose tissue by the
intestinal microbiota. *PLoS One* **4**, e5842 (2009).
https://doi.org/10.1371/journal.pone.0005842

12 Dong, Z. *et al.* Serum amyloid A directly accelerates the progression of
atherosclerosis in apolipoprotein E-deficient mice. *Mol Med* **17**, 1357-1364
(2011). https://doi.org/10.2119/molmed.2011.00186

13 Meek, R. L., Eriksen, N. & Benditt, E. P. Murine serum amyloid A3 is a high
density apolipoprotein and is secreted by macrophages. *Proc Natl Acad Sci U S*
A **89**, 7949-7952 (1992). https://doi.org/10.1073/pnas.89.17.7949

14 Sanada, Y. *et al.* Serum Amyloid A3 Gene Expression in Adipocytes is an
Indicator of the Interaction with Macrophages. *Sci Rep* **6**, 38697 (2016).
https://doi.org/10.1038/srep38697

15 Hadrup, N. *et al.* Acute Phase Response as a Biological Mechanism-of-Action
of (Nano)particle-Induced Cardiovascular Disease. *Small* **16**, e1907476 (2020).
https://doi.org/10.1002/smll.201907476

16 Thompson, J. C. *et al.* Serum amyloid A3 is pro-atherogenic. *Atherosclerosis*
268, 32-35 (2018). https://doi.org/10.1016/j.atherosclerosis.2017.11.011

17 Keeter, W. C., Carter, N. M., Nadler, J. L. & Galkina, E. V. The AAV-PCSK9
murine model of atherosclerosis and metabolic dysfunction. *Eur Heart J Open*
2, oeac028 (2022). https://doi.org/10.1093/ehjopen/oeac028

18 Peled, M. *et al.* A wild-type mouse-based model for the regression of
inflammation in atherosclerosis. *PLoS One* **12**, e0173975 (2017).
https://doi.org/10.1371/journal.pone.0173975

19 Han, C. Y. *et al.* Serum amyloid A-containing HDL binds adipocyte-derived
versican and macrophage-derived biglycan, reducing its antiinflammatory
properties. *JCI Insight* **5** (2020). https://doi.org/10.1172/jci.insight.142635

20 Holmes, N. CD45: all is not yet crystal clear. *Immunology* **117**, 145-155 (2006).
https://doi.org/10.1111/j.1365-2567.2005.02265.x

21 Haudek, S. B. *et al.* Bone marrow-derived fibroblast precursors mediate
ischemic cardiomyopathy in mice. *Proc Natl Acad Sci U S A* **103**, 18284-18289
(2006). https://doi.org/10.1073/pnas.0608799103

22 Stuart, T. *et al.* Comprehensive Integration of Single-Cell Data. *Cell* **177**, 1888-
1902 e1821 (2019). https://doi.org/10.1016/j.cell.2019.05.031

23   Aran, D. *et al.* Reference-based analysis of lung single-cell sequencing reveals
a transitional profibrotic macrophage. *Nat Immunol* **20**, 163-172 (2019).
https://doi.org/10.1038/s41590-018-0276-y

24   Xu, B. *et al.* The Biological Functions and Regulatory Mechanisms of Fatty
Acid Binding Protein 5 in Various Diseases. *Front Cell Dev Biol* **10**, 857919
(2022). https://doi.org/10.3389/fcell.2022.857919

25   Nickl, B., Qadri, F. & Bader, M. Anti-inflammatory role of Gpnmb in adipose
tissue of mice. *Sci Rep* **11**, 19614 (2021). https://doi.org/10.1038/s41598-021-
99090-6

26   Ding, C. *et al.* The Teleost CXCL13-CXCR5 Axis Induces Inflammatory
Cytokine Expression through the Akt-NF-kappaB, p38-AP-1, and p38-NF-
kappaB   Pathways.   *J   Immunol*   **212**,   317-334   (2024).
https://doi.org/10.4049/jimmunol.2300237

27   Han, J. H. *et al.* Association of CXCL10 and CXCL13 levels with disease
activity and cutaneous manifestation in active adult-onset Still's disease.
Arthritis Res Ther **17**, 260 (2015). https://doi.org/10.1186/s13075-015-0773-4

28   Kiss, M. G. *et al.* Cell-autonomous regulation of complement C3 by factor H
limits macrophage efferocytosis and exacerbates atherosclerosis. *Immunity* **56**,
1809-1824 e1810 (2023). https://doi.org/10.1016/j.immuni.2023.06.026

29   Suzuki, M. *et al.* Cholesterol accumulation regulates expression of macrophage
proteins implicated in proteolysis and complement activation. *Arterioscler*
Thromb   Vasc   Biol   **32**,   2910-2918   (2012).
https://doi.org/10.1161/ATVBAHA.112.300383

30   Wu, T. *et al.* clusterProfiler 4.0: A universal enrichment tool for interpreting
omics   data.   *Innovation   (Camb)*   **2**,   100141   (2021).
https://doi.org/10.1016/j.xinn.2021.100141

31   Hou, P. *et al.* Macrophage polarization and metabolism in atherosclerosis. *Cell*
Death Dis **14**, 691 (2023). https://doi.org/10.1038/s41419-023-06206-z

32   Cochain, C. *et al.* Single-Cell RNA-Seq Reveals the Transcriptional Landscape
and Heterogeneity of Aortic Macrophages in Murine Atherosclerosis. *Circ Res*
122, 1661-1674 (2018). https://doi.org/10.1161/CIRCRESAHA.117.312509

33   Nalio Ramos, R. *et al.* Tissue-resident FOLR2(+) macrophages associate with
CD8(+) T cell infiltration in human breast cancer. *Cell* **185**, 1189-1207 e1125
(2022). https://doi.org/10.1016/j.cell.2022.02.021

34 Ensan, S. *et al.* Self-renewing resident arterial macrophages arise from
embryonic CX3CR1(+) precursors and circulating monocytes immediately after
birth. *Nat Immunol* **17**, 159-168 (2016). https://doi.org/10.1038/ni.3343

35 Beckers, C. M. L. *et al.* Cre/lox Studies Identify Resident Macrophages as the
Major Source of Circulating Coagulation Factor XIII-A. *Arterioscler Thromb*
Vasc   Biol   37,   1494-1502   (2017).
https://doi.org/10.1161/ATVBAHA.117.309271

36 Sanin, D. E. *et al.* A common framework of monocyte-derived macrophage
activation.   *Sci   Immunol   7*,   eabl7482   (2022).
https://doi.org/10.1126/sciimmunol.abl7482

37 Loke, P. & Lin, J. D. Redefining inflammatory macrophage phenotypes across
stages and tissues by single-cell transcriptomics. *Sci Immunol* **7**, eabo4652
(2022). https://doi.org/10.1126/sciimmunol.abo4652

38 Cochain, C. *et al.* Single-Cell RNA-Seq Reveals the Transcriptional Landscape
and Heterogeneity of Aortic Macrophages in Murine Atherosclerosis. *Circ Res*
122, 1661-1674 (2018). https://doi.org/CIRCRESAHA.117.312509 [pii]

10.1161/CIRCRESAHA.117.312509

39 Muller, A. *et al.* Imaging atherosclerotic plaque inflammation via folate receptor
targeting using a novel 18F-folate radiotracer. *Mol Imaging* **13**, 1-11 (2014).

40 Kim, K. *et al.* Transcriptome Analysis Reveals Nonfoamy Rather Than Foamy
Plaque Macrophages Are Proinflammatory in Atherosclerotic Murine Models.
Circ   Res   123,   1127-1142   (2018).
https://doi.org/10.1161/CIRCRESAHA.118.312804

41 Qi, J. *et al.* Single-cell and spatial analysis reveal interaction of FAP(+)
fibroblasts and SPP1(+) macrophages in colorectal cancer. *Nat Commun* **13**,
1742 (2022). https://doi.org/10.1038/s41467-022-29366-6

42 Hoeft, K. *et al.* Platelet-instructed SPP1(+) macrophages drive myofibroblast
activation in fibrosis in a CXCL4-dependent manner. *Cell Rep* **42**, 112131
(2023). https://doi.org/10.1016/j.celrep.2023.112131

43 Saade, M., Araujo de Souza, G., Scavone, C. & Kinoshita, P. F. The Role of
GPNMB   in   Inflammation.   *Front   Immunol   12*,   674739   (2021).
https://doi.org/10.3389/fimmu.2021.674739

44 Kumari, A., Kristensen, K. K., Ploug, M. & Winther, A. L. The Importance of
Lipoprotein Lipase Regulation in Atherosclerosis. *Biomedicines* **9** (2021).

1212   https://doi.org/10.3390/biomedicines9070782

1213 45 Wang, X. & Khalil, R. A. Matrix Metalloproteinases, Vascular Remodeling, and
1214   Vascular Disease. *Adv Pharmacol* **81**, 241-330 (2018).
1215   https://doi.org/10.1016/bs.apha.2017.08.002

1216 46 Zou, Y. *et al.* Nrf2 is essential for timely M phase entry of replicating
1217   hepatocytes during liver regeneration. *Am J Physiol Gastrointest Liver Physiol*
1218   **308**, G262-268 (2015). https://doi.org/10.1152/ajpgi.00332.2014

1219 47 Buechler, C. *et al.* Regulation of scavenger receptor CD163 expression in
1220   human monocytes and macrophages by pro- and antiinflammatory stimuli. *J*
1221   *Leukoc Biol* **67**, 97-103 (2000).

1222 48 Martinez, F. O. & Gordon, S. The M1 and M2 paradigm of macrophage
1223   activation: time for reassessment. *F1000Prime Rep* **6**, 13 (2014).
1224   https://doi.org/10.12703/P6-13

1225 49 Gudgeon, J., Marin-Rubio, J. L. & Trost, M. The role of macrophage scavenger
1226   receptor 1 (MSR1) in inflammatory disorders and cancer. *Front Immunol* **13**,
1227   1012002 (2022). https://doi.org/10.3389/fimmu.2022.1012002

1228 50 Zhao, S. J. *et al.* Macrophage MSR1 promotes BMSC osteogenic differentiation
1229   and M2-like polarization by activating PI3K/AKT/GSK3beta/beta-catenin
1230   pathway. *Theranostics* **10**, 17-35 (2020). https://doi.org/10.7150/thno.36930

1231 51 Kurilenko, N., Fatkhullina, A. R., Mazitova, A. & Koltsova, E. K. Act Locally,
1232   Act Globally-Microbiota, Barriers, and Cytokines in Atherosclerosis. *Cells* **10**
1233   (2021). https://doi.org/10.3390/cells10020348

1234 52 Chen, H. J., Tas, S. W. & de Winther, M. P. J. Type-I interferons in
1235   atherosclerosis. *J Exp Med* **217** (2020). https://doi.org/10.1084/jem.20190459

1236 53 Edsfeldt, A. *et al.* Interferon regulatory factor-5-dependent CD11c+
1237   macrophages contribute to the formation of rupture-prone atherosclerotic
1238   plaques. *Eur Heart J* **43**, 1864-1877 (2022).
1239   https://doi.org/10.1093/eurheartj/ehab920

1240 54 Stein, E. V., Miller, T. W., Ivins-O'Keefe, K., Kaur, S. & Roberts, D. D. Secreted
1241   Thrombospondin-1 Regulates Macrophage Interleukin-1beta Production and
1242   Activation through CD47. *Sci Rep* **6**, 19684 (2016).
1243   https://doi.org/10.1038/srep19684

1244 55 Tian, Z. *et al.* ANGPTL2 activity in cardiac pathologies accelerates heart failure
1245   by perturbing cardiac function and energy metabolism. *Nat Commun* **7**, 13016

(2016). https://doi.org/10.1038/ncomms13016

56   Horio, E. *et al.* Role of endothelial cell-derived angptl2 in vascular
inflammation leading to endothelial dysfunction and atherosclerosis
progression. *Arterioscler Thromb Vasc Biol* **34**, 790-800 (2014).
https://doi.org/10.1161/ATVBAHA.113.303116

57   Li, L. *et al.* Endothelial Basement Membrane Laminins as an Environmental
Cue in Monocyte Differentiation to Macrophages. *Front Immunol* **11**, 584229
(2020). https://doi.org/10.3389/fimmu.2020.584229

58   Wang, J. & Liu, H. The Roles of Junctional Adhesion Molecules (JAMs) in Cell
Migration. *Front Cell Dev Biol* **10**, 843671 (2022).
https://doi.org/10.3389/fcell.2022.843671

59   Mishra, B. H. *et al.* Modular genome-wide gene expression architecture shared
by early traits of osteoporosis and atherosclerosis in the Young Finns Study. *Sci*
Rep **11**, 7111 (2021). https://doi.org/10.1038/s41598-021-86536-0

60   Zhang, Y. *et al.* Loss of CD226 protects apolipoprotein E-deficient mice from
diet-induced atherosclerosis. *Biochim Biophys Acta Mol Basis Dis* **1868**,
166452 (2022). https://doi.org/10.1016/j.bbadis.2022.166452

61   Zhang, M. *et al.* Macrophage-specific deletion of Notch-1 induced M2 anti-
inflammatory effect in atherosclerosis via activation of the PI3K-oxidative
stress axis. *Aging (Albany NY)* **15**, 15196-15212 (2023).
https://doi.org/10.18632/aging.205342

62   Barrett, T. J. Macrophages in Atherosclerosis Regression. *Arterioscler Thromb*
Vasc Biol **40**, 20-33 (2020). https://doi.org/10.1161/ATVBAHA.119.312802

63   Scott, T. E. *et al.* IL-4 and IL-13 induce equivalent expression of traditional M2
markers and modulation of reactive oxygen species in human macrophages. *Sci*
Rep **13**, 19589 (2023). https://doi.org/10.1038/s41598-023-46237-2

64   Huang, G. *et al.* Potential role of full-length and nonfull-length progranulin in
affecting aortic valve calcification. *J Mol Cell Cardiol* **141**, 93-104 (2020).
https://doi.org/10.1016/j.yjmcc.2020.03.012

65   Saeedi-Boroujeni, A. *et al.* Progranulin (PGRN) as a regulator of inflammation
and a critical factor in the immunopathogenesis of cardiovascular diseases. *J*
Inflamm (Lond) **20**, 1 (2023). https://doi.org/10.1186/s12950-023-00327-0

66   Nguyen, A. D. *et al.* Progranulin in the hematopoietic compartment protects
mice from atherosclerosis. *Atherosclerosis* **277**, 145-154 (2018).

1280   https://doi.org/10.1016/j.atherosclerosis.2018.08.042

67   Reifenberg, K. *et al.* Overexpression of TGF-ss1 in macrophages reduces and
stabilizes atherosclerotic plaques in ApoE-deficient mice. *PLoS One* **7**, e40990
(2012). https://doi.org/10.1371/journal.pone.0040990

68   Park, I. *et al.* C-type lectin receptor CLEC4A2 promotes tissue adaptation of
macrophages and protects against atherosclerosis. *Nat Commun* **13**, 215 (2022).
https://doi.org/10.1038/s41467-021-27862-9

69   Chauvin, C. *et al.* Loss of NOD2 in macrophages improves colitis and
tumorigenesis in a lysozyme-dependent manner. *Front Immunol* **14**, 1252979
(2023). https://doi.org/10.3389/fimmu.2023.1252979

70   Alam, M. S. *et al.* Genomic expression analyses reveal lysosomal, innate
immunity proteins, as disease correlates in murine models of a lysosomal
storage disorder. *PLoS One* **7**, e48273 (2012).
https://doi.org/10.1371/journal.pone.0048273

71   Smedbakken, L. M. *et al.* Increased levels of the homeostatic chemokine
CXCL13 in human atherosclerosis - Potential role in plaque stabilization.
Atherosclerosis **224**, 266-273 (2012).
https://doi.org/10.1016/j.atherosclerosis.2012.06.071

72   Dangi, A. *et al.* Blocking CCL8-CCR8-Mediated Early Allograft Inflammation
Improves Kidney Transplant Function. *J Am Soc Nephrol* **33**, 1876-1890 (2022).
https://doi.org/10.1681/ASN.2022020139

73   Luo, H., Li, L., Han, S. & Liu, T. The role of monocyte/macrophage chemokines
in pathogenesis of osteoarthritis: A review. *Int J Immunogenet* **51**, 130-142
(2024). https://doi.org/10.1111/iji.12664

74   Ricard, N., Zhang, J., Zhuang, Z. W. & Simons, M. Isoform-Specific Roles of
ERK1 and ERK2 in Arteriogenesis. *Cells* **9** (2019).
https://doi.org/10.3390/cells9010038

75   Al-Ahmadi, W. *et al.* Pro-atherogenic actions of signal transducer and activator
of transcription 1 serine 727 phosphorylation in LDL receptor deficient mice
via modulation of plaque inflammation. *FASEB J* **35**, e21892 (2021).
https://doi.org/10.1096/fj.202100571RR

76   Jin, M. *et al.* Regulation of toll-like receptor (TLR) signaling pathways in
atherosclerosis: from mechanisms to targeted therapeutics. *Acta Pharmacol Sin*
44, 2358-2375 (2023). https://doi.org/10.1038/s41401-023-01123-5

77 Frank, J. W., Seo, H., Burghardt, R. C., Bayless, K. J. & Johnson, G. A. ITGAV
(alpha v integrins) bind SPP1 (osteopontin) to support trophoblast cell adhesion.
Reproduction **153**, 695-706 (2017). https://doi.org/10.1530/REP-17-0043

78 Erikson, D. W., Burghardt, R. C., Bayless, K. J. & Johnson, G. A. Secreted
phosphoprotein 1 (SPP1, osteopontin) binds to integrin alpha v beta 6 on porcine
trophectoderm cells and integrin alpha v beta 3 on uterine luminal epithelial
cells, and promotes trophectoderm cell adhesion and migration. *Biol Reprod* **81**,
814-825 (2009). https://doi.org/10.1095/biolreprod.109.078600

79 Vallejo, J. *et al.* Activation of immune responses against the basement
membrane component collagen type IV does not affect the development of
atherosclerosis in ApoE-deficient mice. *Sci Rep* **9**, 5964 (2019).
https://doi.org/10.1038/s41598-019-42375-8

80 Li, M. *et al.* Signaling pathways in macrophages: molecular mechanisms and
therapeutic targets. *MedComm (2020)* **4**, e349 (2023).
https://doi.org/10.1002/mco2.349

81 Ruytinx, P., Proost, P., Van Damme, J. & Struyf, S. Chemokine-Induced
Macrophage Polarization in Inflammatory Conditions. *Front Immunol* **9**, 1930
(2018). https://doi.org/10.3389/fimmu.2018.01930

82 Furuhashi, M., Saitoh, S., Shimamoto, K. & Miura, T. Fatty Acid-Binding
Protein 4 (FABP4): Pathophysiological Insights and Potent Clinical Biomarker
of Metabolic and Cardiovascular Diseases. *Clin Med Insights Cardiol* **8**, 23-33
(2014). https://doi.org/10.4137/CMC.S17067

83 Wieczorek, E. *et al.* The Differential Effects of HDL Subpopulations on
Lipoprotein Lipase (LPL)-Mediated VLDL Catabolism. *Biomedicines* **9** (2021).
https://doi.org/10.3390/biomedicines9121839

84 Fang, F. *et al.* Cathepsin K contributed to disturbed flow-induced
atherosclerosis is dependent on integrin-actin cytoskeleton-NF-kappaB pathway.
Genes Dis **10**, 583-595 (2023). https://doi.org/10.1016/j.gendis.2022.03.020

85 Zhang, H. *et al.* GPNMB plays an active role in the M1/M2 balance. *Tissue Cell*
74, 101683 (2022). https://doi.org/10.1016/j.tice.2021.101683

86 Wang, J. *et al.* Macrophage-derived GPNMB trapped by fibrotic extracellular
matrix promotes pulmonary fibrosis. *Commun Biol* **6**, 136 (2023).
https://doi.org/10.1038/s42003-022-04333-5

87 Nickl, B., Qadri, F. & Bader, M. Role of Gpnmb in atherosclerosis of female

mice. *Biochem Biophys Res Commun* **621**, 20-24 (2022).
https://doi.org/10.1016/j.bbrc.2022.06.082

88   Chen, P. *et al.* Identification and validation of four hub genes involved in the
plaque deterioration of atherosclerosis. *Aging (Albany NY)* **11**, 6469-6489
(2019). https://doi.org/10.18632/aging.102200

89   Huang, K. *et al.* Serum secreted phosphoprotein 1 level is associated with
plaque vulnerability in patients with coronary artery disease. *Front Immunol* **15**,
1285813 (2024). https://doi.org/10.3389/fimmu.2024.1285813

90   Orecchioni, M., Ghosheh, Y., Pramod, A. B. & Ley, K. Macrophage Polarization:
Different Gene Signatures in M1(LPS+) vs. Classically and M2(LPS-) vs.
Alternatively Activated Macrophages. *Front Immunol* **10**, 1084 (2019).
https://doi.org/10.3389/fimmu.2019.01084

91   Collison, J. MMP12 makes the cut. *Nat Rev Rheumatol* **14**, 501 (2018).
https://doi.org/10.1038/s41584-018-0056-y

92   Dean, R. A. *et al.* Macrophage-specific metalloelastase (MMP-12) truncates and
inactivates ELR+ CXC chemokines and generates CCL2, -7, -8, and -13
antagonists: potential role of the macrophage in terminating polymorphonuclear
leukocyte influx. *Blood* **112**, 3455-3464 (2008). https://doi.org/10.1182/blood-
2007-12-129080

93   Willemsen, L. & de Winther, M. P. Macrophage subsets in atherosclerosis as
defined by single-cell technologies. *J Pathol* **250**, 705-714 (2020).
https://doi.org/10.1002/path.5392

94   Chen, Y., Zhang, J., Cui, W. & Silverstein, R. L. CD36, a signaling receptor and
fatty acid transporter that regulates immune cell metabolism and fate. *J Exp Med*
219 (2022). https://doi.org/10.1084/jem.20211314

95   Herrmann, J., Lerman, L. O., Mukhopadhyay, D., Napoli, C. & Lerman, A.
Angiogenesis in atherogenesis. *Arterioscler Thromb Vasc Biol* **26**, 1948-1957
(2006). https://doi.org/10.1161/01.ATV.0000233387.90257.9b

96   Khurana, R., Simons, M., Martin, J. F. & Zachary, I. C. Role of angiogenesis in
cardiovascular disease: a critical appraisal. *Circulation* **112**, 1813-1824 (2005).
https://doi.org/10.1161/CIRCULATIONAHA.105.535294

97   Asrih, M. *et al.* Overview of growth differentiation factor 15 in metabolic
syndrome. *J Cell Mol Med* **27**, 1157-1167 (2023).
https://doi.org/10.1111/jcmm.17725

98   Adela, R. & Banerjee, S. K. GDF-15 as a Target and Biomarker for Diabetes
and Cardiovascular Diseases: A Translational Prospective. *J Diabetes Res* **2015**,
490842 (2015). https://doi.org/10.1155/2015/490842

99   Kempf, T. *et al.* The transforming growth factor-beta superfamily member
growth-differentiation factor-15 protects the heart from ischemia/reperfusion
injury.   *Circ*   *Res*   **98**,   351-360   (2006).
https://doi.org/10.1161/01.RES.0000202805.73038.48

100   Preusch, M. R. *et al.* GDF-15 protects from macrophage accumulation in a
mousemodel of advanced atherosclerosis. *Eur J Med Res* **18**, 19 (2013).
https://doi.org/10.1186/2047-783X-18-19

101   Kempf, T. *et al.* GDF-15 is an inhibitor of leukocyte integrin activation required
for survival after myocardial infarction in mice. *Nat Med* **17**, 581-588 (2011).
https://doi.org/10.1038/nm.2354

102   Johnen, H. *et al.* Increased expression of the TGF-b superfamily cytokine MIC-
1/GDF15 protects ApoE(-/-) mice from the development of atherosclerosis.
Cardiovasc   *Pathol*   **21**,   499-505   (2012).
https://doi.org/10.1016/j.carpath.2012.02.003

103   Chait, A. *et al.* Sexually Dimorphic Relationships Among Saa3 (Serum
Amyloid A3), Inflammation, and Cholesterol Metabolism Modulate
Atherosclerosis in Mice. *Arterioscler Thromb Vasc Biol* **41**, e299-e313 (2021).
https://doi.org/10.1161/ATVBAHA.121.316066

104   den Hartigh, L. J., May, K. S., Zhang, X. S., Chait, A. & Blaser, M. J. Serum
amyloid A and metabolic disease: evidence for a critical role in chronic
inflammatory conditions. *Front Cardiovasc Med* **10**, 1197432 (2023).
https://doi.org/10.3389/fcvm.2023.1197432

105   Reigstad, C. S. & Backhed, F. Microbial regulation of SAA3 expression in
mouse colon and adipose tissue. *Gut Microbes* **1**, 55-57 (2010).
https://doi.org/10.4161/gmic.1.1.10514

106   Jernas, M. *et al.* Separation of human adipocytes by size: hypertrophic fat cells
display distinct gene expression. *FASEB J* **20**, 1540-1542 (2006).
https://doi.org/10.1096/fj.05-5678fje

107   Markle, J. G. *et al.* Sex differences in the gut microbiome drive hormone-
dependent regulation of autoimmunity. *Science* **339**, 1084-1088 (2013).
https://doi.org/10.1126/science.1233521

108   Kaliannan, K. *et al.* Estrogen-mediated gut microbiome alterations influence
sexual dimorphism in metabolic syndrome in mice. *Microbiome* **6**, 205 (2018).
https://doi.org/10.1186/s40168-018-0587-0

109   Xiao, E. *et al.* Microbiota regulates bone marrow mesenchymal stem cell
lineage differentiation and immunomodulation. *Stem Cell Res Ther* **8**, 213
(2017). https://doi.org/10.1186/s13287-017-0670-7

110   Zhang, D. *et al.* The microbiota regulates hematopoietic stem cell fate decisions
by controlling iron availability in bone marrow. *Cell Stem Cell* **29**, 232-247 e237
(2022). https://doi.org/10.1016/j.stem.2021.12.009

111   Jylhava, J. *et al.* Serum amyloid A is independently associated with metabolic
risk factors but not with early atherosclerosis: the Cardiovascular Risk in Young
Finns Study. *J Intern Med* **266**, 286-295 (2009). https://doi.org/10.1111/j.1365-
2796.2009.02120.x

112   den Hartigh, L. J. *et al.* Deletion of serum amyloid A3 improves high fat high
sucrose diet-induced adipose tissue inflammation and hyperlipidemia in female
mice. *PLoS One* **9**, e108564 (2014).
https://doi.org/10.1371/journal.pone.0108564

113   Sjoholm, K., Lundgren, M., Olsson, M. & Eriksson, J. W. Association of serum
amyloid A levels with adipocyte size and serum levels of adipokines: differences
between men and women. *Cytokine* **48**, 260-266 (2009).
https://doi.org/10.1016/j.cyto.2009.08.005

114   Cai, X. *et al.* High-Density Lipoprotein (HDL) Inhibits Serum Amyloid A
(SAA)-Induced Vascular and Renal Dysfunctions in Apolipoprotein E-Deficient
Mice. *Int J Mol Sci* **21** (2020). https://doi.org/10.3390/ijms21041316

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Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Supplementary Figure 1

a)

Supplementary Figure 2

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Supplementary Figure 3

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Supplementary Figure 3

Supplementary Figure 3

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Supplementary Figure 3

d

Trem2^{hi} Mφ

Supplementary Figure 3

e

Apbb2^{hi} Mφ

Supplementary Figure 4