Re-programming of GM-CSF-dependent alveolar macrophages through GSK3 activity modulation

Israel Ríos[1], Cristina Herrero[1], Mónica Torres-Torresano[2], Baltasar López-Navarro[2], María Teresa

Schiaffino[2], Francisco Díaz-Crespo[3], Alicia Nieto-Valle[4], Rafael Samaniego[4], Yolanda Sierra-

Palomares[5], Eduardo Oliver[5], Fernando Revuelta-Salgado[6], Ricardo García-Luján[6], Paloma Sánchez-

Mateos[4,7], Rafael Delgado[8,9], Amaya Puig-Kröger[2#*] , Ángel L. Corbí[1#*].

[1] Myeloid Cell Laboratory, Centro de Investigaciones Biológicas, CSIC, Madrid, Spain.

[2] Unidad de Inmuno-Metabolismo e Inflamación, Instituto de Investigación Sanitaria Gregorio

Marañón (IiSGM), Hospital General Universitario Gregorio Marañón, Madrid, Spain.

[3] Servicio de Anatomía Patológica, Hospital General Universitario Gregorio Marañón, Madrid, Spain.

[4] Unidad de Microscopía Confocal, Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM),

Hospital General Universitario Gregorio Marañón, Madrid, Spain.

[5] Experimental Pharmacology and New Tragets in Cardiopulmonary Disorders, Centro de

Investigaciones Biológicas, CSIC, Madrid, Spain.

[6] Servicio de Neumología. Hospital Universitario 12 de Octubre. Madrid, Spain.

[7] Department of Immunology, Ophthalmology and ENT, Universidad Complutense School of

Medicine, Madrid, Spain.

[8] Instituto de Investigación Hospital Universitario 12 de Octubre (imas12), Madrid, Spain.

[9] Universidad Complutense School of Medicine, Madrid, Spain.

# APK and ALC contributed equally to this work.

* Corresponding authors: Dr. Ángel L. Corbí (acorbi@cib.csic.es). Centro de Investigaciones

Biológicas "Margarita Salas", CSIC. Ramiro de Maeztu, 9. Madrid 28040; Phone: 34-91-8373112; Dr.

Amaya Puig-Kröger (amaya.puig@iisgm.com). Unidad de Inmuno-Metabolismo e Inflamación,

Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM), Madrid, Spain. Phone: 34-91-

4269268.

SUMMARY

Monocyte-derived macrophages recruited into inflamed tissues can acquire an array of functional

states depending on the extracellular environment. Since the anti-inflammatory/pro-fibrotic

macrophage profile is determined by MAFB, whose activity/protein levels are regulated by GSK3,

we addressed the macrophage re-programming potential of GSK3 modulation. GM-CSF-dependent

(GM-MØ) and M-CSF-dependent monocyte-derived macrophages (M-MØ) exhibited distinct levels

of inactive GSK3, and inhibiting GSK3 in GM-MØ led to acquisition of transcriptional, phenotypic and

functional properties characteristic of M-MØ (enhanced expression of IL-10 and monocyte-

recruiting factors, and higher efferocytosis). These re-programming effects were also observed upon

GSK3α/β knockdown, and through GSK3 inhibition in *ex vivo* isolated human alveolar macrophages

(AMØ). Notably, GSK3 downmodulation potentiated the transcriptional signature of Interstitial

Macrophages (IMØ) while suppressed the AMØ-specific gene profile. Indeed, heightened levels of

inactive GSK3 and MAFB-dependent proteins were observed in severe COVID-19 patients lung

macrophages, highlighting the GSK3-MAFB axis as a therapeutic target for macrophage re-

programming.

INTRODUCTION

Macrophages exhibit considerable functional plasticity during inflammatory responses,

transitioning from pro-inflammatory activities to tissue repair and inflammation resolution [1,2]. This

functional versatility of macrophages is intricately tied to factors such as their ontogeny (fetal

origin vs. monocyte-derived) and the specific tissue and extracellular environment [3–5]. Notably,

monocyte-derived macrophages are oppositely instructed by M-CSF or GM-CSF [6–12]. GM-CSF directs

monocyte-derived macrophages (GM-MØ) towards heightened pro-inflammatory activity [10,13–15]

and the acquisition of the lung alveolar macrophage phenotype and gene profile [16]. In fact, GM-CSF

is essential for generating lung alveolar macrophages [17], crucial for surfactant homeostasis, whereas

deficient GM-CSF signaling leads to pulmonary alveolar proteinosis [18], a condition marked by

defective surfactant clearance and disruption of pulmonary homeostasis due to alveolar

macrophage dysfunction [19]. Conversely, M-CSF gives rise to anti-inflammatory, pro-resolving, and

immunosuppressive monocyte-derived macrophages (M-MØ) [1,2,20] but promotes the development

of pro-fibrotic pathogenic monocyte-derived macrophages in lung pathologies like idiopathic

pulmonary fibrosis (IPF) [21] and severe COVID-19 [22]. The pathological relevance of GM-MØ and M-

MØ subsets is evident in severe COVID-19, with a huge increase in monocyte-derived M-MØ and a

reduction of tissue-resident GM-MØ-like lung macrophages [23–25].

Despite their crucial role in maintaining tissue homeostasis, deregulated macrophage functional

specialization contributes to various human diseases, including tumors and chronic inflammatory

pathologies [26]. Consequently, macrophage re-programming has emerged as a promising therapeutic

approach [26]. However, achieving this necessitates a profound understanding of the transcriptional

and signaling mechanisms governing the pro- and anti-inflammatory nature of macrophages. In this

regard, recent findings indicate that the homeostatic and reparative transcriptional profile of human

M-MØ is orchestrated by MAF and MAFB [27–29], closely related transcription factors that regulate

stemness and self-renewal in the mouse haematopoietic lineage [30][31,32][33–35]. In fact, the distinctive

expression of MAFB in M-MØ, influencing IL-10 production [27,36], also mediates macrophage re-

programming induced by methotrexate [37] and LXR ligands [38].

Given the pivotal role of MAFB/MAF in human macrophage functional specification, and considering

the regulation of large MAF factors through GSK3-mediated phosphorylation-induced proteasomal

degradation [30], we hypothesized that modulating GSK3 activity could offer a viable avenue for re-

programming monocyte-derived macrophages. Our findings reveal significant differences in

inhibitory phosphorylation of GSK3β (Ser^9-GSK3β) and GSK3α (Ser^{21}-GSK3α) between M-MØ and

GM-MØ, and that GSK3 inhibition (using CHIR-99021) or knock-down (using siRNA) in GM-MØ

prompts the adoption of transcriptional, phenotypic, and functional characteristics resembling

those of M-MØ. This re-programming effect was manifested in elevated expression of IL-10,

monocyte-recruiting chemokines, pro-fibrotic factors, as well as in enhanced phagocytic capability,

all correlating with increased MAFB expression. The re-programming action of GSK3 inhibition was

also observed in control monocytes and in monocytes exposed to a pathological pro-inflammatory

environment. Importantly, GSK3 inhibition in *ex vivo* isolated human Alveolar Macrophages (AMØ),

led to the loss of the AMØ gene signature and the acquisition of the gene profile that characterizes

Interstitial Macrophages (IMØ). Since pathogenic lung macrophages in severe COVID-19 exhibit high

levels of inactive GSK3 and heightened levels of MAFB and MAFB-dependent proteins, our results

underscore the potent macrophage re-programming impact of GSK3 inhibition, and highlight the

GSK3-MAFB axis as a promising therapeutic target for macrophage re-programming.

EXPERIMENTAL PROCEDURES

Generation of human monocyte-derived macrophages *in vitro* and treatments. Human Peripheral

Blood Mononuclear Cells (PBMCs) were isolated from buffy coats from anonymous healthy donors

over a Lymphoprep (Nycomed Pharma) gradient according to standard procedures. Monocytes

were purified from PBMC by magnetic cell sorting using anti-CD14 microbeads (Miltenyi Biotec).

Monocytes (>95% CD14$^+$ cells) were cultured at 0.5×10^6 cells/ml in Roswell Park Memorial Institute

(RPMI 1640, Gibco) medium supplemented with 10% fetal bovine serum (FBS, Biowest) (complete

medium) for 7 days in the presence of 1000 U/ml GM-CSF or 10 ng/ml M-CSF (ImmunoTools) to

generate GM-CSF-polarized macrophages (GM-MØ) or M-CSF-polarized macrophages (M-MØ),

respectively [27]. Cytokines were added every two days and cells were maintained at 37°C in a

humidified atmosphere with 5% CO_2 and 21% O_2. Alveolar macrophages (AMØ) were obtained from

remains of bronchoalveolar lavage (BAL) of patients undergoing bronchoscopy for diagnostic

purposes under a protocol approved by the Internal Review Board of Instituto de Investigación

Hospital 12 de Octubre (Reference TP24/0183). BAL procedure was performed with a flexible

bronchoscope and a total volume of 150 ml of sterile isotonic saline solution at 37°C. BAL fluid

fractions were maintained at 4°C and cellular debris removed using a 40 μm cell strainer. BAL cells

were washed with PBS, centrifuged and resuspended in complete medium containing 100 U/mL

penicillin and 100 μg/mL streptomycin (#15140-122,Gibco), 50 μg/ml gentamicin (#G1397, Sigma-

Aldrich), and 2.5 μg/ml amphotericin B (#A2942, Sigma-Aldrich). The cells were seeded at $6–8 \times 10^5$

cells per well in 12-well plates for 1 h and washed extensively to remove non-adherent cells. Finally,

2 ml of complete medium with antibiotics was added to each well and the adherent cells incubated

for 16–18 h before treatments. More than 95% of adherent BAL cells were identified as AMØ

according to morphology and phenotypic analysis. When indicated, monocytes, GM-MØ or AMØ

were exposed to the GSK3 inhibitors CHIR99021 (10 μM), SB-216763 (10 μM) or LiCl (10 mM), using

DMSO as control. For macrophage activation, cells were treated with either 100 ng/ml CL264

(InvivoGen), 10 ng/ml *E. coli* 0111:B4 lipopolysaccharide (LPS-EB Ultrapure, Invivogen), TNF (20

ng/ml, ImmunoTools) or IFNγ (5 ng/ml, ImmunoTools). Human cytokine production was measured

in M-M$\emptyset$ culture supernatants using commercial ELISA [CCL2 (BD Biosciences), IL-10, CCL18, LGMN,

SPP1 (R&D Systems) and activin A (BD Biosciences)] and following the procedures supplied by the

manufacturers.

siRNA transfection. GM-M$\emptyset$ (1 × 10^6 cells) were transfected with a human *GSK3A*-specific and/or

GSK3B-specific siRNA (50 nM) (Dharmacon) using HiPerFect (Qiagen). Silencer Select Negative

Control No. 2 siRNA (siCtrl, 50 nM) (Dharmacon) was used as negative control siRNA. Six hours after

transfection, cells were either allowed to recover from transfection in complete medium (66 hours),

and lysed. Knockdown of GSK3α/β was confirmed by Western blot.

Quantitative real-time RT-PCR (qRT-PCR). Total RNA was extracted using the total RNA and protein

isolation kit (Macherey-Nagel). RNA samples were reverse-transcribed with High-Capacity cDNA

Reverse Transcription reagents kit (Applied Biosystems) according to the manufacturer's protocol.

Real-time quantitative PCR was performed with LightCycler® 480 Probes Master (Roche Life

Sciences) and Taqman probes on a standard plate in a Light Cycler® 480 instrument (Roche

Diagnostics). Gene-specific oligonucleotides (*IL10*: Forward, 5´-TCACTCATGGCTTTGTAGATGC-3´,

and Reverse, 5´- GTGGAGCAGGTGAAGAATGC-3´; *LGMN*: Forward, 5´-GAACACCAATGATCTGGAGGA-

3´, and Reverse, 5´-GGAGACGATCTTACGCACTGA-3´) were designed using the Universal

ProbeLibrary software (Roche Life Sciences). Results were normalized to the expression level of the

endogenous references genes (*TBP*, *HPRT1*) and quantified using the ΔΔCT (cycle threshold)

method.

Western blot. Cell lysates were subjected to SDS-PAGE (50 μg unless indicated otherwise) and

transferred onto an Immobilon-P polyvinylidene difluoride membrane (PVDF; Millipore). After

blocking the unoccupied sites with 5% non-fat milk diluted in Tris-Buffered Saline plus Tween 20

(TBS-T), protein detection was carried out with antibodies against MAFB (HPA005653, Sigma

Aldrich), total GSK3α (#4337, Cell Signaling Technology), total GSK3β (#27C10, Cell Signaling

Technology), total GSK3 (#5676, Cell Signaling Technology), p-Ser^9-GSK3β (#5558, Cell Signaling

Technology), p-Ser^{21}-GSK3α (#9316, Cell Signaling Technology), p-Tyr^{279}/P-Tyr^{216}- GSK3α/β (#05-

413, Sigma Aldrich), CD163 (#MCA1853, Bio-Rad), MAF (sc-518062, Santa Cruz Biotechnology), IL7R

(sc-514445, Santa Cruz Biotechnology) and FOLR2 (clone 94b, kindly provided by Dr. Takami

Matsuyama) [39], and vinculin (#V9131, Sigma-Aldrich) or GAPDH (sc-32233, Santa Cruz

Biotechnology) as protein loading controls. Quimioluminiscence was detected in a Chemidoc

Imaging system (BioRad) using SuperSignal™ West Femto (ThermoFisher Scientific).

RNA-sequencing and data analysis. RNA isolated from GM-M∅ exposed to DMSO or the GSK3β

inhibitor CHIR-99021 (10 μM) for 48h, monocytes exposed to CHIR99021 or DMSO, *ex vivo* isolated

AM∅ exposed to CHIR99021 or DMSO, or GM-M∅ transfected with siRNA specific for *GSK3A* and/or

GSK3B, or a control siRNA, were subjected to sequencing on a BGISEQ-500 platform

(https://www.bgitechsolutions.com). RNAseq data were deposited in the Gene Expression Omnibus

(http://www.ncbi.nlm.nih.gov/geo/) under accession GSE256538 (monocytes exposed to

CHIR99021 or DMSO), GSE256208 (GM-M∅ exposed to CHIR99021 or DMSO), GSE262463 (AM∅

exposed to CHIR99021 or DMSO) or GSE266236 (GM-M∅ transfected with siRNA specific for *GSK3A*,

GSK3B or a control siRNA). Low quality reads and reads with adaptors or unknown bases were

filtered to get the clean reads. Sequences were mapped to GRCh38 genome using HISAT2 [40] or

Bowtie2 [41], and clean reads for each gene were calculated using htseq-count [42] and the RSEM

software package [43]. Differential gene expression was assessed by using the R-package DESeq2.

Differentially expressed genes were analysed for annotated gene sets enrichment using ENRICHR

(http://amp.pharm.mssm.edu/Enrichr/) [44,45], and enrichment terms considered significant with a

Benjamini-Hochberg-adjusted p value <0.05. For gene set enrichment analysis (GSEA)

(http://software.broadinstitute.org/gsea/index.jsp) [46], gene sets available at the website, as well as

gene sets generated from publicly available transcriptional studies

(https://www.ncbi.nlm.nih.gov/gds), were used. The datasets used throughout the manuscript

(either reported here for the first time or previously published) are listed and described in Table S1.

Re-analysis of single cell RNA-seq data. Single cell RNA-Seq data from 8 healthy lung samples were

obtained from GSE128033 [47] and futher analyzed using R programming language. A total of 5898240

cells were filtered down to 21310 according to the following criteria: 1) number of genes per cell >

200 and < 6000; 2) UMI count > 1000; and 3) mitocondrial genes < 15. Data were then normalized

using LogNormalize with a scale factor of 10000 and the top 2000 features were identified with the

vst method using Seurat v.5.0.1. The resulting Seurat object was converted into an Anndata object

using sceasy v.0.0.7 and the integration was processed using scVI v.1.0.4 and Scanpy v.1.9.8 in a

Python enviroment. The trained model was re-converted into a Seurat object. The Seurat

FindNeighbors function was used with the scVI reduction to obtain the resulting clusters with a

resolution of 1.2. To focus on macrophages and monocytes, macrophage (*CD163*, *FABP4*, *LYVE1* as

markers) and monocyte (*FCN1* as marker) clusters were identified and re-integrated using scVI

v.1.0.4 in a Python enviroment and later re-clustered in Seurat v.5.0.1 with a resolution of 0.6.

Phagocytosis assay. Phagocytosis ability was assessed by flow cytometry using pHrodo Red *E. coli*

BioParticles Conjugates (Thermo Fisher), following the procedures recommended by the

manufacturer. Macrophages were cultured in 24-well plate and exposed to pHrodo bioparticles for

60 min at 37 °C/5% CO2. Cells were then harvested and assessed by flow cytometry.

Efferocytosis assay. Jurkat cells were cultured in RPMI 1640 medium without FCS for 16 h, and then

treated with staurosporine (0.5 µg/ml, SIGMA), followed by an incubation at 37 °C for 3 h.

Staurosporine treatment yielded a population of 83% annexin V + cells. Apoptotic cells (AC) were

resuspended at a concentration of 1×10^6 cells/ml and labeled with CellTrace™ Violet reagent (0.5

µM, Invitrogen, Thermo Scientific) for 20 min. For efferocytosis, macrophages were cultured with

labeled AC (ratio 1:4) in p24 plates during 1 h at 37 °C. After 1 h, macrophages were rinsed with PBS

to remove unbound AC and detached with PBS 5 mM EDTA, and pelleted by centrifugation before

analyzing by flow cytometry.

Bioenergetics profile. The XF24 extracellular flux analyzer (Seahorse Biosciences, North Billerica,

MA) was used to determine the bioenergetic profile of intact cells. Briefly, cells were seeded

(200,000 cells/well) in XF24 plates (Seahorse Biosciences) and allowed to recover for 24 h. Cells were

then incubated in bicarbonate-free DMEM (Sigma-Aldrich) supplemented with 11.11 mM glucose,

2 mM L-glutamine, 1 mM pyruvate, and 2% FBS (Sigma-Aldrich) in a CO2-free incubator for 1 h. The

oxygen consumption rate (OCR) and extracellular acidification rate (ECAR), a proxy for lactate

production, were recorded to assess the mitochondrial respiratory activity and glycolytic activity,

respectively. After four measurements under basal conditions, cells were treated sequentially with

1 µM oligomycin, 0.6 µM carbonyl cyanide p-(trifluoromethoxy)phenylhydrazone (FCCP), 0.4 µM

FCCP, and 0.5 µM rotenone plus 0.5 mM antimycin A (Sigma-Aldrich), with three consecutive

determinations under each condition that were subsequently averaged. Nonmitochondrial

respiration (OCR value after rotenone plus antimycin A addition) was subtracted from all OCR

measurements. ATP turnover was estimated from the difference between the basal and the

oligomycin-inhibited respiration, and the maximal respiratory capacity was the rate in the presence

of the uncoupler FCCP [48]. Six independent replicas of each analysis were done, and results were

normalized according to protein concentration.

Multicolor Fluorescence Confocal Microscopy

Lung samples were collected from autopsies performed on patients who died from diagnosed SARS-

CoV-2 infection or unrelated causes (myocardial infarction, as controls) at the Gregorio Marañón

Hospital, Madrid. Patient data and samples were obtained in accordance with Ethics Committees of

Instituto de Investigación Sanitaria Gregorio Marañón requirements. Formalin-fixed and paraffin-

embedded tissues were deparaffinized, rehydrated, and unmasked by steaming in 10 mM sodium

citrate buffer pH 9.0 (Dako Glostrup, Denmark) for 7 minutes. Slides were blocked with 5 µg/ml

human immunoglobulins solved in blocking serum-free medium (Dako) for 30 minutes, and then

sequentially incubated with 5–10 µg/ml primary antibodies, overnight at 4°C, and proper

fluorescent secondary antibodies (Jackson Immunoresearch, West Grove, PA, US) for 1h. Washes

were performed by immersion in PBS containing 0.05% Tween-20, and single-cell quantification was

performed in 3–5 fields imaged with the ACS_APO 20x/NA 0.60 objective of a confocal microscope

(Leica, SPE). Mean Fluorescence Intensity (MFI) of proteins of interest was obtained at segmented

CD68+ macrophages using the 'analyze particle' plugging of ImageJ2 software [49], as previously

shown [50].

Statistical analysis. Statistical analyses were conducted using the GraphPad Prism software. For

comparison of means, and unless otherwise indicated, statistical significance of the generated data

was evaluated using the paired Student t test or One-Way ANOVA followed by multiple comparisons

using the Dunnett's test or Fisher´s LSD test. In all cases, $p<0.05$ was considered as statistically

significant.

RESULTS

Monocyte-derived macrophages generated in the presence of GM-CSF (GM-MØ) or M-CSF (M-

MØ) differ in the state of activation of GSK3α and GSK3β. Monocyte-derived M-MØ exhibit a

transcriptional profile akin to that of pathogenic macrophages in severe COVID-19 [22], whereas GM-

MØ resemble lung alveolar macrophages (AMØ) [22]. Our prior research has established that MAFB

determines the transcriptional and functional specification of monocyte-derived M-MØ,

characterized by significantly higher MAFB levels compared to GM-MØ [27]. Since the protein levels

of large MAF family members (MAF, MAFA, MAFB, NRL) are controlled through GSK3

phosphorylation-dependent proteasome degradation [30], we initially assessed the relative levels of

the inhibitory (Ser^{21} for GSK3α and Ser^9 for GSK3β) and activation-associated (Tyr^{279} for GSK3α and

Tyr^{216} for GSK3β) phosphorylation of GSK3 in M-MØ and GM-MØ. Ser^{21}-GSK3α and Ser^9-GSK3β

phosphorylation was more pronounced in M-MØ, aligning with their elevated levels of MAFB (Figure

1A). Conversely, no significant difference in Tyr^{279}-GSK3α and Tyr^{216}-GSK3β phosphorylation was

observed between M-MØ and GM-MØ (Figure 1B). Therefore, the heightened expression of MAFB

in M-MØ correlates with a higher inhibitory phosphorylation of GSK3.

Inhibition of GSK3 leads to transcriptional, phenotypic, functional, and metabolic reprogramming

in monocyte-derived GM-MØ. Building upon the above findings, we aimed to examine the

macrophage re-programming effects of GSK3 activity modulation in GM-MØ through the use of the

GSK3 inhibitor CHIR-99021 (Figure 1C). Treatment of GM-MØ with CHIR-99021 for 48 hours resulted

in a significant decrease in the activation-associated Tyr^{216}-GSK3β phosphorylation (Figure 1D) and

a rapid and robust elevation in MAFB protein levels (Figure 1E; Supplementary Figure 1A).

Moreover, reversal of the Tyr^{216}/Ser^9 GSK3β phosphorylation ratio was also seen after CHIR-99021

treatment, albeit it was not observed after exposure to other GSK3 inhibitors (SB-216763 or LiCl;

Supplementary Figure 1B). RNA-Seq analysis of CHIR-GM-MØ unveiled a huge transcriptional impact

of GSK3 inhibition, with more than 2000 differentially expressed genes ($[\log_2FC]>1$; *adj p* < 0.05)

(Figure 1F). Corresponding with the higher MAFB expression, Gene Set Enrichment Analysis (GSEA)

showed that the CHIR-GM-MØ transcriptome was significantly enriched in genes that either mark

M-MØ (GSE68061) or are upregulated during monocyte-to-M-MØ differentiation (Figure 1G).

Conversely, GM-MØ-specific genes (GSE68061) or genes increased during monocyte-to-GM-MØ

differentiation, were downregulated (Figure 1G). Additional gene ontology analysis further

supported the pathophysiological significance of the macrophage re-programming induced by

modulating GSK3 activity. Thus, GSK3 inhibition augmented the expression of the gene sets that

define MoMac-VERSE macrophage subsets identified as long-term resident macrophages

(Cluster#2) and tumor-associated macrophages with an M2-like signature (Cluster#2, #3, #16, #17)

[2] (Figure 1H). Moreover, GSK3 inhibition increased the expression of the gene sets that define

pathogenic pro-fibrotic macrophage subsets in severe COVID-19 [(Group 3 or SPP1^{+}, GSE145926) [24],

MoAM3 (GSE155249) [25] or CD163^{+}/LGMN^{+} MØ (EGAS00001005634) [23]] (Figure 1I). Therefore, GSK3

inhibition enhances MAFB expression and re-programs macrophage by promoting the acquisition

of the gene profile that defines anti-inflammatory and pro-fibrotic macrophages.

In agreement with the increased MAFB levels detected in CHIR-GM-MØ (Figure 1E), screening for

mediators of the re-programming action of GSK3 inhibition using DoRoThEA [51]

(https://saezlab.github.io/dorothea/) revealed a significant enrichment in MAFB-regulated genes

(Figure 2A), and similar results were yielded upon Enrichr analysis

[4544](https://maayanlab.cloud/Enrichr/) (Supplementary Figure 1C). In fact, GSEA confirmed that

CHIR-GM-MØ are enriched in MAFB-dependent genes [2227] (Figure 2B-C) along with macrophage

genes whose regulatory regions are directly bound by MAFB [52] (75-geneset, Figure 2C), including

CCL2, *CCL8*, *CCL18*, *IGF1*, *IL10* and *LGMN* (Figure 2D). Importantly, all these changes were reflected

in the phenotype of CHIR-GM-MØ, that showed elevated expression of transcription factors like

MAF (Figure 2E), cell surface proteins like CD163 and FOLR2 (Figure 2E, F), and soluble factors like

CCL2, CCL18, IL-10, LGMN and SPP1 (Figure 2G), all of which are either direct MAFB targets [52] or

MAFB-regulated genes [2227]. Likewise, the attenuated expression of the GM-MØ-specific *INHBA* gene

(Figure 2D) corresponded to a decrease in Activin A production by CHIR-GM-MØ (Figure 2G). These

results underscore the phenotypic re-programming induced by GSK3 inhibition in GM-MØ, wherein

there is an upregulation of MAFB-dependent transcription factors, cell surface markers, and soluble

factors which collectively define an anti-inflammatory/pro-fibrotic phenotype characteristic of M-

CSF-dependent monocyte-derived macrophages.

Remarkably, the phenotypic changes induced by GSK3 inhibition were also accompanied by

alterations in macrophage functional capabilities. Thus, CHIR-GM-MØ exhibited elevated anti-

inflammatory activity, evidenced by increased production of IL-10 upon activation by inflammatory

cytokines such as TNF or IFNγ, or exposure to PAMPs like LPS or the TLR7 ligand CL264 (Figure 3A).

In addition, CHIR-GM-MØ demonstrated increased phagocytic ability for *E. coli* particles (Figure 3B),

as well as enhanced efferocytosis (Figure 3C), with both activities being typically higher in M-MØ.

Collectively, these findings indicate that GSK3 inhibition re-educates GM-MØ macrophages by

facilitating the acquisition of transcriptional, phenotypic, and functional properties characteristic of

M-CSF-dependent monocyte-derived macrophages. Of note, in line with the well-established

connection between inflammatory potential and metabolic state in macrophages [53], GSK3 inhibition

also induced modifications in various metabolic parameters in GM-MØ, including basal respiration

and maximal ATP production (Supplementary Figure 1D-F).

siRNA-mediated knock-down of *GSK3A* and/or *GSK3B* enhances the expression of the MAFB-

dependent profiles of M-MØ and pathogenic pro-fibrotic lung macrophages. To fully support the

involvement of GSK3 in the macrophage re-programming action of CHIR-99021, we next assessed

the transcriptional consequences of knocking-down *GSK3A* (coding for GSK3α) and/or *GSK3B*

(coding for GSK3β) in GM-MØ (Figure 4A,B). Like CHIR-99021, silencing of both *GSK3A* and *GSK3B*

augmented the expression of MAFB (Figure 4B), and modulated the expression of 329 genes, with

the simultaneous silencing of both *GSK3A* and *GSK3B* genes having a stronger effect (Figure 4C,D).

Of note, silencing of *GSK3A* and *GSK3B* reproduced the effects of CHIR-99021, as it strongly

enhanced the expression of genes upregulated by the inhibitor in either GM-MØ or *ex vivo* isolated

Alveolar Macrophages (Figure 4E and not shown). *GSK3A/B* knock-down triggered a significant

enrichment in the expression of MAFB-dependent genes (Figure 4F), genes acquired along the

monocyte-to-M-MØ differentiation (Figure 4G), and genes that mark M-MØ, while reducing the

expression of GM-MØ-specific genes (Figure 4G). Furthermore, in agreement with the effect of

CHIR-99021, *GSK3A/B* knock-down enhanced the expression of the MoMac-VERSE macrophage

subsets Cluster#2 and Cluster#3 [2] (Figure 4H) as well as the gene sets that define pathogenic pro-

fibrotic macrophage subsets in severe COVID-19 [(SPP1$^+$, GSE145926) [24], MoAM3 (GSE155249) [25] or

CD163$^+$/LGMN$^+$ MØ (EGAS00001005634) [23]] (Figure 4I, Supplementary Figure 2A). Conversely,

silencing of *GSK3A* and *GSK3B* drastically reduced the expression of the gene sets that characterize

tissue-resident lung Alveolar Macrophages in COVID-19, with the concomitant silencing of *GSK3A*

and *GSK3B* again showing a stronger effect (Figure 4I). Altogether, these results support the

relevance of GSK3α and GSK3β as relevant targets for human macrophage re-programming.

GSK3 inhibition redirects monocytes towards acquiring a gene profile reminiscent of anti-

inflammatory M-MØ. Given the swift and profound anti-inflammatory impact observed in fully

differentiated GM-MØ upon GSK3 inhibition or knock-down, we next delved into assessing whether

modulation of GSK3 activity influence the differentiation capability of peripheral blood monocytes.

To that end, monocytes were exposed to CHIR-99021, and the resulting cells (CHIR-Mon, Figure 5A)

exhibited increased MAFB levels as early as 16 hours post-treatment (Figure 5B). Remarkably, the

16-hour exposure to the GSK3 inhibitor induced significant alterations in the expression of over 2000

genes ([$\log_2$FC]>1; *adj p* < 0.05) (Figure 5C) and sufficed to augment the expression of M-MØ-specific

genes and genes upregulated during M-CSF-dependent monocyte-to-M-MØ differentiation (Figure

5D), including *CCL2*, *CD163* and *IL10* (Figure 5E). Notably, the transcriptome of CHIR-Mon exhibited

a significant enrichment in MAFB-dependent genes (Figure 5F, Supplementary Figure 2B) and genes

characterizing the MAFB+ pathogenic macrophages in severe COVID-19 (Supplementary Figure 2C),

whereas it showed an under-representation of genes inhibited by MAFB (22)(27)[52] (Figure 5F).

Compared to DMSO, CHIR-99021 treatment upregulated the expression of 25% of M-MØ-specific

genes, including MAFB-dependent genes like *CCL2*, *IL10* and *CD163*, while downregulating 30% of

GM-MØ-specific genes (Figure 5G), and this transcriptional effect was also evident in comparison

with M-CSF-treated monocytes (Supplementary Figure 2D). To broaden the scope of these findings,

we also examined the consequences of inhibiting GSK3 in monocytes exposed to a pathologic pro-

inflammatory environment, namely synovial fluid from patients with active rheumatoid arthritis

(RASF) (Figure 5H). Evaluation of CHIR-99021-treated monocytes in the presence of RASF revealed

an enhanced expression of MAFB (Figure 5I) and MAFB-dependent genes such as *IL10* and *LGMN*

(Figure 5J). Therefore, GSK3 inhibition in monocytes also leads to heightened MAFB expression,

ultimately steering differentiation towards anti-inflammatory monocyte-derived macrophages.

Inhibition of GSK3 in *ex vivo* isolated human alveolar macrophages promotes the acquisition of

an M-MØ-like anti-inflammatory profile. To further validate the macrophage re-programming

potential of GSK3 inhibition, we next conducted experiments on *ex vivo* isolated human alveolar

macrophages (AMØ, Figure 6A), whose development and gene expression profile is GM-CSF-

dependent [171819]. To that end, we determined the transcriptome of three independent isolates of

AMØ, purified from broncho-alveolar lavages, after exposure to CHIR-99021 for 24 hours (Figure

6A). A total of 865 differentially expressed genes ([log$_2$FC]>1; *adj p* < 0.05) were identified, with 316

genes upregulated in CHIR-AMØ (Figure 6B). Further comparisons and gene ontology analysis

revealed that GSK3 inhibition by CHIR-99021 (CHIR-AMØ) upregulated the gene sets that define

pathogenic pro-fibrotic macrophage subsets in severe COVID-19 [(SPP1$^+$, GSE145926) [24], MoAM3

(GSE155249) [25] or CD163$^+$/LGMN$^+$ MØ (EGAS00001005634) [23]] (Figure 6C,D; Supplementary Figure

2E). Conversely, CHIR-AMØ exhibited a reduced expression of the gene sets that characterize lung-

resident AMØ in severe COVID-19 [AMØ1+AMØ2 clusters from EGAS00001005634) [23], FABP4+ from

GSE145926) [24], TRAM1 from GSE155249 [25]] (Figure 6D,E; Supplementary Figure 2F), including key

AMØ-specific genes like *FABP4* and *MARCO* (Figure 6E), and similar resuts were seen upon analysis

of AMØ-specific gene sets from other studies [2554] (Supplementary Figure 2F). Like in the case of

CHIR-GM-MØ, CHIR-AMØ exhibited an over-representation of M-MØ-specific genes and genes

acquired along the monocyte-to-M-MØ differentiation (GSE188278) (Supplementary Figure 2G).

Consistent with these findings, CHIR-AMØ exhibited higher expression of MAFB (Figure 6F) whose

increase correlated with an augmented secretion of Legumain, IL-10 and CCL2 (Figure 6G). In

contrast, lower levels of activin A were detected in CHIR-AMØ-conditioned medium (Figure 6G).

Remarkably, and in agreement with the shift in macrophage subsets that takes place in severe

COVID-19 lungs (loss of AMØ, appearance of monocyte-derived pro-fibrotic macrophages) [2223–25],

the level of phosphorylated Ser^{21}-GSK3α and Ser^9-GSK3β was very significantly augmented in lung

macrophages (CD68+) from severe COVID-19 patients, an increase that correlated with a robust

enhancement of the macrophage expression of both MAFB and the MAFB-dependent protein

CD163 (Figure 6H). These results collectively demonstrate that macrophage re-programming

through GSK3 inhibition can also be achieved on *in vivo* isolated macrophages, leading to enhanced

expression of MAFB and MAFB-dependent genes, the acquisition of an anti-inflammatory

transcriptional profile and the loss of the signature of lung-resident human AMØ.

GSK3- and MAFB-dependent genes are differentially expressed between human lung alveolar and

interstitial macrophages. To assess whether GSK3 inhibition also modulates the phenotypic

differences between human lung macrophage subsets in a physiological setting, we next took

advantage of the available information on human healthy lungs obtained by single cell-RNA

sequencing [47]. Re-analysis of the single cell-RNA sequencing data [47] (Figure 7A; Supplementary

Figure 3A) revealed several clusters expressing macrophage-associated markers (*CD163*, *FABP4*,

LYVE1, FCN1) (Supplementary Figure 3B), and whose subsequent re-clustering identified cell subsets

expressing previously defined markers for infiltrating monocytes (Cluster 4/7/12:*FCN1*) [23], Alveolar

macrophages (AMØ) (Clusters 0/2/5/13: *FABP4 TYMS*-negative*; Cluster 9: MARCO*, *INHBA; Cluster*

11: PPARG), proliferating AMØ (Cluster 15: *TYMS, MKI67, TOP2A, NUSAP1*) [23], and Interstitial

Macrophages (IMØ) that variably express markers for tissue-resident macrophages like *LYVE1,*

RNASE1 and *LGMN* (Clusters 1/3/6/8/10/14) [14723] (Figure 7B; Supplementary Figure 3C). The

comparison of IMØ and AMØ subsets revealed that the genes upregulated upon inhibition of GSK3

include numerous MAFB-dependent genes (e.g., *MAFB*, *IL10*, *LGMN*, *SPP1*, *CCL2*) and showed a

higher expression in IMØ (Figure 7C). On the other hand, the genes downregulated by CHIR-99021

were preferentially or exclusively expressed in AMØ, including *INHBA*, *GSN*, *FBP1*, *PPARG*, *AXL* and

AQP3 (Figure 7C). Therefore, GSK3 inhibition prompts macrophages towards the acquisition of a

gene profile that resembles that of IMØ, while provokes the loss of the AMØ gene signature. Such

a conclusion was also reached upon analysis of pseudo bulk-RNA sequencing data from GSE128033

[47]. Indeed, numerous MAFB-dependent and GSK3-regulated genes were found within the 712 genes

that are differentially expressed ($[log_2FC]>1$; *adj p* < 0.05) between IMØ and AMØ (Figure 7D).

Further GSEA evidenced that GSK3 inhibition in either GM-MØ (CHIR-GM-MØ) (Figure 7E) or AMØ

(CHIR-AMØ) (Figure 7F) very significantly enhance the expression of MAFB-dependent IMØ-specific

genes (as defined by Morse *et al*. [47] or by Li *et al*. [55]), while simultaneosuly impaired the expression

of genes characterizing human AMØ (Figure 7E-F). More importantly, a similar effect was observed

after *GSK3A/B* silencing in GM-MØ, that yielded an enhanced expression of IMØ-specific genes and

a downregulation of the gene set that defines AMØ (Figure 7G). Altogether, these results indicate

that inhibiting GSK3 shifts the gene profile of Alveolar Macrophages towards that of Interstitial

Macrophages (or monocyte-derived macrophages), and imply that the activation status of GSK3

significantly influences the specification of lung-resident macrophages (AMØ *vs*. IMØ).

DISCUSSION

Our previous investigations have demonstrated that the macrophage re-programming effect of LXR

modulators [56][38] and methotrexate [37] coincide with alterations in the protein levels of MAFB.

Similarly, intravenous immunoglobulins have been shown to alter the inflammatory state of

macrophages and modulate MAFB levels [57]. Building upon these findings and others, we have

explored whether modulating the activity of GSK3, a primary regulator of MAFB protein levels and

activity, is sufficient to induce a shift in the inflammatory profile of human macrophages. Our results

indicate that GSK3 inhibition impairs the expression of genes associated with GM-CSF-dependent

differentiation of monocyte-derived macrophages while concurrently promoting the acquisition of

genes and functions associated with M-CSF-dependent monocyte-derived macrophages,

particularly those regulated by MAFB. The physiological relevance of these findings is underscored

by the contrasting effect that GSK3 inhibition has on genes that define lung-resident alveolar

macrophages (decrease) versus monocyte-derived macrophages recruited into the lung (increase)

during inflammatory responses. Thus, modulation of GSK3 activity emerges as a plausible strategy

for macrophage reprogramming in therapeutic interventions.

Therapeutic approaches aimed at re-educating tumor-associated macrophages into

immunostimulatory cells [58] may involve targeting the macrophage PI3Kγ intracellular signaling

pathway [59], which inhibits NFκB activation through Akt and mTOR [60], thereby inducing an anti-

inflammatory program that promotes immune suppression. Indeed, macrophage PI3Kγ inactivation

stimulates and prolongs NFκB activation, promoting an immunostimulatory transcriptional program

[60]. The ability of PI3Kγ to toggle between immune stimulation and suppression aligns with our

findings on GSK3 inhibition, as PI3Kγ inactivates GSK3 via phosphorylation of Ser^9 (GSK3β) and Ser^{21}

(GSK3α) [30]. Threfore, GSK3 inhibition may contribute to the anti-inflammatory and

immunosuppressive effects of PI3Kγ inactivation by enhancing MAFB expression. Moreover, MAFB

might even participate in the macrophage reprogramming consequences of mTOR modulation [61,62,63]

due to the known reciprocal interactions between GSK3 and mTOR [64]. Hence, since the

phosporylation of MAFB by GSK3 requires of a prior "priming" phosphorylation event [30],

identification of the MAFB priming kinase(s) emerges as a potentially relevant effort in the search

for additional targets for macrophage re-programming.

The significant impact of GSK3 inhibition by CHIR-99021 on the macrophage transcriptional profile

mirrors the effects observed with other GSK3 inhibitors on the differentiation of monocyte-derived

dendritic cells (MDDC) [65]. Specifically, GSK3 inhibitors like LiCl, SB415286, or SB216763 redirect the

GM-CSF+IL-4-dependent development of MDDC towards the generation of macrophage-like cells [65].

Considering that MAFB expression is higher in monocyte-derived macrophages than in dendritic

cells [66], it is reasonable to infer that GSK3 inhibitors also boost MAFB expression in cells

differentiated in the presence of GM-CSF+IL-4, thereby supporting the modulation of GSK3 activity

as a tool to alter lineage determination in myeloid cells.

The re-programming effect of GSK3 inhibition on *ex vivo* isolated alveolar macrophages bears

significant therapeutic implications, particularly in severe COVID-19 cases where profibrotic

monocyte-derived macrophages replace GM-CSF-dependent tissue-resident alveolar macrophages

[67,23,24]. Our observations reveal that exposure of *ex vivo* isolated alveolar macrophages to CHIR-99021

leads to the loss of the alveolar macrophage GM-CSF-dependent gene profile and the acquisition of

a MAFB-dependent pro-fibrotic transcriptional landscape resembling that of M-CSF-dependent

monocyte-derived macrophages. Given that MAFB serves as a negative regulator of GM-CSF

signaling [68], downregulation of MAFB expression through modulation of GSK3 activity emerges as a

rationale strategy to re-direct pathogenic monocyte-derived macrophages towards the acquisition

of a lung-resident alveolar macrophage-like profile during severe COVID-19. This approach aligns

with the proposed therapeutic use of GM-CSF in COVID-19 [6970], as GM-CSF would impede or limit

the MAFB-dependent upregulation of profibrotic and neutrophil-attracting factors observed in

severe COVID-19 [52].

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AUTHORSHIP CONTRIBUTIONS

IR, CH, MT-T, BL-N, MT-S, FD-C, AN-V, RS and YS-P performed research and analyzed data; EO, PS-M, RD, AP-K and ALC designed research and analyzed data; FR-S and RG-L identified suitable patients for broncho-alveolar lavage; IR, APK and ALC wrote the paper.

DISCLOSURE OF CONFLICTS OF INTEREST

The authors declare no competing financial interests.

AVAILABILITY OF DATA AND MATERIALS

The dataset supporting the conclusions of this article is available in the Gene Expression Omnibus

repository (http://www.ncbi.nlm.nih.gov/geo/) under accession GSE256538 (monocytes exposed to

CHIR99021 or DMSO), GSE256208 (GM-MØ exposed to CHIR99021 or DMSO), GSE262463 (alveolar

macrophages exposed to CHIR99021 or DMSO) and GSE266236 (GM-MØ after GSK3α/β

knockdown).

FIGURE LEGENDS

Figure 1. Transcriptional effect of GSK3 inhibition on monocyte-derived GM-MØ. A. MAFB, total

GSK3α, total GSK3β, Ser^9-phosphorylated GSK3β and Ser^{21}-phosphorylated GSK3α levels in M-MØ

and GM-MØ, as determined by Western blot (left panel). GAPDH protein levels were determined as

protein loading control. Mean ± SEM of the MAFB/GAPDH, Ser^{21}-phosphorylated GSK3α/total

GSK3α and Ser^9-phosphorylated GSK3β/total GSK3β protein ratios from three independent

experiments are shown (right panel) (***, p<0.005; ****, p<0.001). A representative Western blot

experiment is shown in each case in the upper panel. **B**. p-Tyr^{279}-GSK3α and p-Tyr^{216}-GSK3β levels

in four independent samples of M-MØ and GM-MØ, as determined by Western blot (left panel).

GAPDH protein levels were determined as protein loading control. Mean ± SEM of the p-Tyr^{279}-

GSK3α/GAPDH and p-Tyr^{216}-GSK3β/GAPDH protein ratios from four independent experiments are

shown (right panel). **C.** Schematic representation of the exposure of GM-MØ to CHIR-99021 for 48

hours. **D.** Tyr^{279}-phosphorylated GSK3α and Tyr^{216}-phosphorylated GSK3β levels in three

independent preparations of DMSO- or CHIR-99021-treated GM-MØ, as determined by Western

blot (left panel). GAPDH protein levels were determined as protein loading control. Mean ± SEM of

the p-Tyr^{216}-GSK3β/GAPDH and p-Tyr^{279}-GSK3α/GAPDH protein ratios from the three independent

experiments are shown (right panel) (****, p<0.001). **E**. MAFB protein levels in DMSO-GM-MØ and

CHIR-GM-MØ, as determined by Western blot. A representative experiment is shown. **F**. Number of

differentially expressed genes ([log2FC] >1; adjp<0.05) between DMSO-GM-MØ and CHIR-GM-MØ.

G. GSEA of the indicated gene sets (from GSE68061, left panel; from GSE188278, right panel) on the

ranked comparison of the CHIR-GM-MØ vs. DMSO-GM-MØ transcriptomes. Normalized Enrichment

Score (NES) and FDRq values are indicated in each case. **H**. Summary of GSEA of the gene sets that

define the tissue-resident monocyte and macrophage states (MoMac-VERSE) [2] on the ranked

comparison of the CHIR-GM-MØ vs. DMSO-GM-MØ transcriptomes. FDRq values are indicated only

if FDRq>0.0; empty dots, Not Significant. **I.** Summary of GSEA of the gene sets that characterize the

macrophage subsets identified in severe COVID-19 [232524] on the ranked comparison of the CHIR-GM-

MØ vs. DMSO-GM-MØ transcriptomes. FDRq values are indicated only if FDRq>0.0; empty dots, Not

Significant.

Figure 2.- Phenotypic effects of GSK3 inhibition on monocyte-derived GM-MØ: Enhanced

expression of MAFB-dependent genes and proteins. A. DoRoThEA [51] analysis on the ranked

comparison of the DMSO-GM-MØ and CHIR-GM-MØ transcriptomes. **B**. GSEA of MAFB-regulated

gene sets (from GSE155719) on the ranked comparison of the DMSO-GM-MØ and CHIR-GM-MØ

transcriptomes. NES and FDRq values are indicated in each case **C**. Overlap between the genes

upregulated (|log2FC|>1; adjp<0.05) in CHIR-GM-MØ (relative to DMSO M-MØ) and MAFB-

dependent genes (from GSE155719, left panel) or the 75-geneset of MAFB-regulated genes (right

panel) [52], with indication of some of the overlapping genes. **D**. Relative mRNA levels of the indicated

genes in DMSO-GM-MØ and CHIR-GM-MØ, as determined by RNA-Seq on three independent

samples (GSE256208). *Adjp* of the comparison is shown in each case. **E**. CD163, MAF and IL7R protein

levels in DMSO-GM-MØ and CHIR-GM-MØ, as determined by Western blot (left panel). GAPDH

protein levels were determined as protein loading control. Mean ± SEM of the MAF/GAPDH,

IL7R/GAPDH and CD163/GAPDH protein ratios from seven independent experiments are shown

(right panels) (***, p<0.005; ****, p<0.001). A representative Western blot experiment is shown in

each case. **F**. FOLR2 protein levels in DMSO-GM-MØ and CHIR-GM-MØ, as determined by Western

blot (left panel). Vinculin protein levels were determined as protein loading control. Mean ± SEM of

the FOLR2/Vinculin protein ratio from three independent experiments are shown (lower panel) (**,

p<0.01). A representative Western blot experiment is shown. **G**. Production of the indicated soluble

539 factors by DMSO-GM-MØ and CHIR-GM-MØ, as determined by ELISA. Mean ± SEM of seven

540 independent samples are shown (*, p<0.05; **, p<0.01; ***, p<0.005; ****, p<0.001).

542 **Figure 3.- Functional consequences of GSK3 inhibition on monocyte-derived GM-MØ. A.**

543 Production of IL-10 by untreated (-) or stimulated (LPS, TNF, IFNγ or CL264) DMSO-GM-MØ and

544 CHIR-GM-MØ, as determined by ELISA. Mean ± SEM of four independent samples are shown (*,

545 p<0.05; **, p<0.01; ***, p<0.005; ****, p<0.001). **B.** Phagocytosis of pHRodo-labeled bacterial

546 particles by DMSO-GM-MØ and CHIR-GM-MØ, as determined by flow cytometry. Mean ± SEM of

547 three independent samples are shown (*, p<0.05). A representative flow cytometry analysis is

548 shown in the left panel. **C.** Efferocytosis capacity of DMSO-GM-MØ, CHIR-GM-MØ and DMSO-M-

549 MØ, as determined by flow cytometry using staurosporine-induced CellTrace Violet-labeled

550 apoptotic Jurkat cells. The percentage of positive cells and mean fluorescence intensity are shown.

551 Mean ± SEM of 3 independent samples are shown (*, p<0.05; **, p < 0.01; ***, p < 0.005).

552 Representative flow cytometry histograms for CellTrace Violet emission of DMSO-GM-MØ, CHIR-

553 GM-MØ and DMSO-M-MØ are shown.

555 **Figure 4.- Transcriptional effects of GSK3 knock-down in monocyte-derived GM-MØ. A.** Schematic

556 representation of the siRNA-mediated GSK3 knock-down procedure in monocyte-derived GM-MØ.

557 **B**. Total GSK3α, GSK3β and MAFB protein levels in monocyte-derived GM-MØ after siRNA-mediated

558 *GSK3A* and/or *GSK3B* silencing, as determined by Western blot (upper panel). GAPDH protein levels

559 were determined as protein loading control. Mean ± SEM of GSK3β/GAPDH and GSK3α/GAPDH

560 protein ratios from the three independent experiments are shown (lower panel) (*, p<0.05). **C.**

561 Heatmap of the relative expression of the genes significantly altered after *GSK3A* and *GSK3B* knock-

562 down in siCNT-GM-MØ (lanes A-C), siGSK3A-GM-MØ (lanes D-F), siGSK3B-GM-MØ (lanes G-I),

siGSK3A/B-GM-MØ (lanes J-L). Representative genes are indicated. **D**. Number of differentially

expressed genes (adjp<0.05) between siGSK3A-GM-MØ, siGSK3B-GM-MØ or siGSK3A/B-GM-MØ

and siCNT-GM-MØ. **E**. GSEA of the genes whose expression is significantly modulated by CHIR-99021

in either GM-MØ (from Figure 1, this manuscript) or in *ex vivo* isolated Alveolar Macrophages (AMØ,

see below in Figure 6) on the ranked comparison of the siGSK3A/B-GM-MØ vs. siCNT-GM-MØ

transcriptomes. **F.** GSEA of the indicated gene sets (from GSE68061) on the ranked comparison of

the siGSK3A/B-GM-MØ vs. siCNT-GM-MØ transcriptomes. **G**. Summary of GSEA of the indicated

gene sets (from GSE188278) on the ranked comparison of siGSK3A/B-GM-MØ vs. siCNT-GM-MØ. **H.**

Summary of GSEA of the gene sets that define the tissue-resident monocyte and macrophage states

(MoMac-VERSE) [2] on the ranked comparison of the siGSK3A/B-GM-MØ vs. siCNT-GM-MØ

transcriptomes. FDRq values are indicated only if FDRq>0.0; empty dots, Not Significant. **I.** Summary

of GSEA of the gene sets that characterize the macrophage subsets identified in severe COVID-19

[23,25,24] on the ranked comparison of siGSK3A/B-GM-MØ vs. siCNT-GM-MØ. FDRq values are indicated

only if FDRq>0.0; empty dots, Not Significant.

Figure 5.- Transcriptional effects of GSK3 inhibition on human peripheral blood monocytes. A.

Schematic representation of the exposure of human monocytes to CHIR-99021 or DMSO for 16h. **B**.

MAFB protein levels in monocytes exposed for 16h to DMSO, CHIR-99021 or M-CSF, as determined

by Western blot (left panel). Vinculin protein levels were determined as protein loading control.

Mean ± SEM of the MAFB/Vinculin protein ratio from the three independent experiments shown

(right panel) (***, p<0.005). **C**. Number of differentially expressed genes ([log2FC] >1; adjp<0.05)

between DMSO-Mon and CHIR-Mon. **D**. GSEA of the indicated gene sets (from GSE68061, upper

panel; from GSE188278, lower panel) on the ranked comparison of the DMSO-Mon and CHIR-Mon

transcriptomes. NES and FDRq values are indicated in each case. **E**. Relative mRNA levels of the

indicated genes in monocytes exposed for 16h to DMSO, CHIR-99021 or M-CSF, as determined by

RNA-Seq on three independent samples (GSE256538). *Adjp* of the comparison is shown in each case.

F. GSEA of MAFB-regulated gene sets (from GSE155719) on the ranked comparison of the DMSO-

Mon and CHIR-Mon transcriptomes. NES and FDRq values are indicated in each case. **G**. Overlap

between the genes upregulated (|log2FC|>1; adjp<0.05) in CHIR-Mon (relative to DMSO-Mon) and

M-MØ-specific marker genes (from GSE68061) (left panel) and genes downregulated (|log2FC|>1;

adjp<0.05) in CHIR-Mon (relative to DMSO-Mon) and GM-MØ-specific marker genes (from

GSE68061) (right panel), with indication of some of the overlapping genes. **H**. Schematic

representation of the exposure of human monocytes to synovial fluid from rheumatoid arthritis

patients (RASF) for 48h in the presence or absence of CHIR-99021. **I**. MAFB protein levels in

monocytes exposed to three independent samples of RASF in the presence of DMSO or CHIR-99021,

as determined by Western blot (upper panel). Vinculin protein levels were determined as protein

loading control. Mean ± SEM of the MAFB/Vinculin protein ratio from seven independent

experiments using three monocyte preparations and three unrelated RASF (lower panel) (**,

p<0.01). **J**. Relative expression of *IL10* and *LGMN* in monocytes exposed to RASF in the presence of

DMSO or CHIR-99021, as determined by RT-PCR. Mean ± SEM of the results from the three

independent samples are shown (**, p<0.01).

Figure 6.- Transcriptional and phenotypic effects of GSK3 inhibition on *ex vivo* isolated human

alveolar macrophages. A. Schematic representation of the exposure of *ex vivo* isolated human

alveolar macrophages to CHIR-99021 or DMSO for 24h. **B**. Volcano plot depicting the differentially

expressed genes between CHIR-AMØ and DMSO-AMØ. **C**. Heatmap of the relative expression of the

genes within the CD163+/LGMN+ pro-fibrotic monocyte-derived macrophage cluster (from

EGAS00001005634) [23] in DMSO-AMØ (lanes A-C) and CHIR-AMØ (lanes D-F). Differentially expressed

between CHIR-AMØ and DMSO-AMØ are shown in greeen, and MAFB-dependent genes

(GSE155719) are shown in blue. Representative genes are indicated. **D**. (Upper panel) GSEA of the

gene sets that characterize the monocyte-derived profibrotic macrophage subsets identified in

severe COVID-19, namely CD163+/LGMN+ (EGAS00001005634) [23], MoAM3 (GSE155249) [25] and

SPP1+ (GSE145926) [24], on the ranked comparison of the transcriptomes of CHIR-AMØ vs. DMSO-

AMØ. NES and FDRq values are indicated in each case. (Lower panel) GSEA of the gene sets that

characterize tissue-resident alveolar macrophages in severe COVID-19, namely AMØ1

(EGAS00001005634) [23], TRAM1+ (GSE155249) [25] and FABP4+ (GSE145926) [24], on the ranked

comparison of the transcriptomes of CHIR-AMØ vs. DMSO-AMØ. **E.** Heatmap of the relative

expression of the genes within the Alveolar Macrophage signature (including all the genes

overexpressed in the AMØ1 and AMØ2 macrophages clusters from EGAS00001005634) [23] in DMSO-

AMØ (lanes A-C) and CHIR-AMØ (lanes D-F). Differentially expressed between CHIR-AMØ and

DMSO-AMØ are indicated in greeen, and selected genes are shown. **F**. MAFB protein levels in three

independent samples of *ex vivo* isolated AMØ exposed to DMSO or CHIR-99021 for 24h, as

determined by Western blot. GAPDH protein levels were determined as protein loading control. **G**.

Production of the indicated soluble factors by three independent preparations of DMSO-AMØ and

CHIR-AMØ, as determined by ELISA. **H**. Expression of inactive GSK3 (S9, $pSer^9$-GSK3β; S21, $pSer^{21}$-

GSK3α), MAFB and CD163 in human lung macrophages. Representative human lung tissues from

COVID (n= 2) and control (n= 3) patients co-stained for CD68 (macrophage marker, red), Ser^{21}-

phosphorylated GSK3α, Ser^9-phosphorylated GSK3β, MAFB or CD163 (green), and DAPI (nuclei,

blue), as indicated. Plots show MFI (in arbitrary units, a.u.) of single-cell CD68+ macrophages stained

for each antibody. Scale bar, 50 μm.

Figure 7. **Differential expression of GSK3-regulated genes in human lung interstitial and alveolar**

macrophages. A. UMAP (Uniform Manifold Approximation and Projection) embedding of 5898240

single-cell transcriptomes from human lungs. Cell-type annotation is based on expression of

canonical marker genes, as reported in [47]. **B**. Two-dimensional embedding computed by UMAP on

21310 computationally identified macrophages after filtering according to 1) number of genes per

cell > 200 and < 6000; 2) UMI count > 1000; and 3) mitocondrial genes < 15. **C**. Relative expression

of the indicated genes in the four macrophage subsets defined upon re-clustering of the 21310

macrophages identified in the single cell RNA sequencing reported in GSE128033 [47]. **D**. Volcano plot

illustrating the differentially expressed genes between the Interstitial Macrophage (IMØ) and

Alveolar Macrophage (AMØ) subsets defined upon re-analysis of the single cell RNA sequencing

reported in GSE128033 [47]. **E-G**. GSEA of the gene sets that define human lung AMØ or IMØ

macrophage subsets (GSE128033 and GSE193782) [47,55] on the ranked comparison of CHIR-GM-MØ

vs. DMSO-GM-MØ transcriptomes (**E**), CHIR-AMØ vs. DMSO-AMØ transcriptomes (**F**) or siGSK3A/B-

GM-MØ vs. siCNT-GM-MØ (**G**).

SUPPLEMENTARY FIGURE LEGENDS

Figure S1.- A. MAFB protein levels in GM-MØ exposed to DMSO or CHIR-99021 for 4-8 hours, as

determined by Western blot (left panel). GAPDH protein levels were determined as protein loading

control. Mean ± SEM of the MAFB/GAPDH protein ratio from three independent experiments are

shown (right panel) (*, $p<0.05$; **, $p<0.01$). **B**. p-Ser^9-GSK3β and p-Tyr^{216}-GSK3β levels in GM-MØ

treated with DMSO, CHIR-99021 (10 μM), SB-216763 (10 μM) or LiCl (10 mM) for 48 hours, as

determined by Western blot. A representative experiment of three independent experiments is

shown in the left panel. GAPDH protein levels were determined as protein loading control. **C**. Gene

ontology analysis of the genes upregulated ($|log2FC|>1$; adjp<0.05) in CHIR-GM-MØ (relative to

DMSO GM-MØ) using Enrichr and the indicated databases. **D**. Oxygen Consumption rate (OCR)

profile of DMSO-GM-MØ and CHIR-GM-MØ monitored using the Seahorse Biosciences extracellular

flux analyzer at the indicated time points. Cells were treated sequentially, as indicated, with 1 mM

oligomycin (Oligo), 0.6 plus 0.4 mM FCCP, and 1 mM rotenone plus 1 mM antimycin A (Rot/AA). **E**.

Extracellular acidification rate (ECAR), a proxy for the rate of lactate production, measured in DMSO-

GM-MØ and CHIR-GM-MØ under basal conditions and after the stimulation with 1 mM oligomycin

and at the indicated time points. **F**. Metabolic parameters obtained from the OCR and ECAR profiling

after subtraction of the rotenone/antimycin-insensitive respiration. Basal OCR is the oxygen

consumption rate in the absence of effectors, ATP turnover is considered as the oligomycin-sensitive

respiration, maximal respiration is the OCR value in the presence of the uncoupler FCCP, glycolytic

capacity is the ECAR value after the inhibition with oligomycin of the mitochondrial ATP synthesis.

In **D-F**, results are normalized according to protein concentrations and presented as mean ± SEM of

six independent samples.

Figure S2. A. Summary of GSEA of the gene sets that characterize the macrophage subsets identified

in severe COVID-19 [23][25][24] on the ranked comparison of siGSK3A-GM-MØ vs. siCNT-GM-MØ (square

symbols), siGSK3B-GM-MØ vs. siCNT-GM-MØ (star symbols) and siGSK3A/B-GM-MØ vs. siCNT-GM-

MØ. FDRq values are indicated only if FDRq>0.0; empty dots, Not Significant. **B.** GSEA of *bona fide*

MAFB-bound genes ("75-genelist") [52] on the ranked comparison of the transcriptomes of CHIR-Mon

vs DMSO-Mon. NES and FDRq value is indicated. **C**. Summary of GSEA of the gene sets that

characterize the macrophage subsets identified in severe COVID-19 [23] [25] [24] on the ranked

comparison of the transcriptomes of CHIR-Mon vs. DMSO-Mon. FDRq values are indicated only if

FDRq>0.0; empty dots, Not Significant. **D**. Overlap between the genes upregulated (|log2FC|>1;

adjp<0.05) in CHIR-Mon (relative to M-CSF-Mon) and M-MØ-specific marker genes (left panel) and

genes downregulated (|log2FC|>1; adjp<0.05) in CHIR-Mon (relative to M-CSF-Mon) and GM-MØ-

specific marker genes (right panel), with indication of some shared genes. **E.** Overlap between the

genes upregulated or downregulated in CHIR-AMØ (|log2FC|>1 and adjp<0.05) and the

CD163+/LGMN+ pro-fibrotic macrophage cluster defined in EGAS00001005634 [23] (left panel), or the

gene sets of MAFB-dependent (middle panel) and MAFB-inhibited (right panel) genes defined in

GSE155719 [52]. **F.** Overlap between the genes upregulated or downregulated in CHIR-AMØ

(|log2FC|>1 and adjp<0.05, or just adjp<0.05) and the Alveolar Macrophage signature as defined in

EGAS00001005634 (AMØ1 and AMØ2 clusters) [23] (left panel), GSE155249 (TRAM1 and TRAM2

clusters) [25] (middle panel) or in [54] (right panel). **G.** Summary of GSEA of the indicated gene sets (from

GSE68061 and GSE188278) on the ranked comparison of the DMSO-AMØ and CHIR-AMØ

transcriptomes. FDRq values are indicated only if FDRq>0.0.

Figure S3. **A**. UMAP (Uniform Manifold Approximation and Projection) embedding of 21310 single-

cell transcriptomes from human lungs as reported in GSE128033 [47]. **B**. UMAP embedding of the

single-cell transcriptomes of computationally identified macrophages reported in GSE128033 [47]. **C**.

Color-coded expression of the indicated genes after projection onto the UMAP embedding shown

in **B**.

SUPPLEMENTARY TABLES

Table S1.- Transcriptional datasets used in the present study.

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Figure 1

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Figure 6

Figure 7