1

PDL-1+ Neutrophils mediate susceptibility during endotoxemia in Metabolic Dysfunction–Associated Steatotic Liver Disease

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Abstract

Metabolic Dysfunction–Associated Steatotic Liver Disease (MAFLD) is a pathological condition affecting many individuals worldwide. Patients with MAFLD are more susceptible to systemic inflammation, including endotoxemia, which accelerates the progressive liver damage. However, the immunological mechanisms that trigger the hyper-inflammatory responses in individuals with MAFLD remain unknown. In the present study, we reported that short-term HFCD (Choline Deficient High Fat Diet)-fed mice, which did not show significant signs of hepatic damage and inflammation in the first two weeks, are more susceptible to a non-severe sepsis-like systemic inflammation induced by LPS challenge. Mechanistically, endotoxemic mice show an excessive accumulation of NK-producing IFN-γ cells in liver tissue, which trigger the recruitment and polarization of a distinct subset of neutrophils, characterized by high expression of PD-L1 and massive release of TNF-α. Remarkably, genetic inhibition of IFN-γ or pharmacological blockade of PD-L1 effectively modulated the excessive recruitment of these neutrophils to the liver and TNF-α production, thereby preventing hepatic damage and reducing the severity of host mortality. Thus, these results support the design of novel effective strategies to control hyperinflammatory responses in septic HFCD patients and consequently improve their survival.

Key Words: neutrophil; MAFLD; endotoxemia; PDL-1.

1. INTRODUCTION

Metabolic Dysfunction–Associated Steatotic Liver Disease (MAFLD), previously described as non-alcoholic fatty liver disease (NAFLD), is a metabolic liver dysfunction defined as an abnormal accumulation of fat in the liver without secondary triggers such as alcohol consumption. MAFLD has become a common chronic liver disease in the world population and has a high prevalence varying from simple steatosis to non-alcoholic steatohepatitis, fibrosis, cirrhosis, and hepatocellular carcinoma (1–3). Despite its high prevalence and increasing cause of liver-related mortality worldwide, MAFLD is still underestimated, and there are no approved pharmacological or preventive strategies for these medical conditions (4, 5).

The MAFLD is a highly complex condition that involves a "multi-hit" process, in which different stimuli act together to promote fat accumulation and progressive liver damage (6). Although the pathogenesis of MAFLD is multifactorial, inflammation has now been considered a key factor in the progression of advanced hepatic conditions (7–9). In the presence of obesity and lipotoxicity, the immune system is activated in the liver, with a corresponding degree of inflammation triggered by the "wound healing response". Since these inflammatory signs persist for a long period, monocytes and neutrophils, as well as T CD4, T CD8, and natural killer (NK), can be recruited to the liver, releasing a massive secretion of pro-inflammatory cytokines, including interferon-gamma (IFN-γ) and tumor necrosis factor (TNF-α) (7, 10). Likewise, in chronic diseases, these cytokines are also present in systemic and uncontrolled inflammatory processes, such as sepsis (11). Sepsis is a syndrome characterized by a life-threatening dysfunction due to complex interactions between pathogens and the host recruitment of immune cells, resulting in a systemic hyper-inflammatory state followed by extensive vital organ damage, including in the liver (12, 13). Sepsis has also been considered the leading cause of death in intensive care units. In endotoxemia, a well-established sepsis model, this massive production of cytokines provokes uncontrolled recruitment of innate immune cells, mainly monocytes and neutrophils, to vital organs, including the liver, where they induce extensive and lethal damage (11, 14, 15). The majority of data regarding endotoxemia pathogenesis has focused only on the interaction between the infection and the host immune system, and only a few studies have addressed one or more clinical conditions that are considered risk factors leading to endotoxemia aggravation, such as senescence and previous immunosuppressive comorbidities (16–18). Thus, understanding how these

clinical conditions can modify the host immune response and consequently affect the

outcome of sepsis is crucial to detecting the risks and designing novel preventive and

therapeutic approaches to control exacerbated inflammatory responses. Recently,

some population studies, including large-scale data from cohorts with biopsy-

confirmed individuals, have evidenced a higher incidence of severe infections in

MAFLD patients, suggesting that previous hepatic conditions can modify the host

immune response, leading to sepsis aggravation (19). However, although a

relationship between elevated risk of sepsis in MAFLD patients exists, the underlying

immunological mechanisms involved in the progression and exacerbation of systemic

and/or local (hepatic) inflammation in these individuals have not been identified yet.

To understand the impact of MAFLD on liver damage during endotoxemia, we

used a known murine model of MAFLD and later challenged these animals with a

moderate dose of lipopolysaccharide (LPS). We demonstrated that endotoxemia

exacerbated the hepatic inflammatory response and mortality in Choline Deficient High

Fat Diet (HFCD)-fed mice. The LPS-activated hepatic NK cells secrete IFN-γ, which

induces massive recruitment and polarization of a specific subpopulation of PD-L1-

expressing neutrophils. This subpopulation of neutrophils releases a high

concentration of TNF-α, which mediates the liver lesion and increases the mortality of

the animals. In fact, biological treatments promoting PD-L1 neutralization, or neutrophil

depletion, reduced the TNF-α concentration, the liver inflammatory response and

organ pathology, and increased the survival in endotoxemic HFCD fed mice. Similar

results were observed with the use of genetic knockout TNF-α receptor mice. Thus,

our findings describe the potential mechanism involved in the exacerbation of

neutrophil functions in MAFLD mice and suggest a viable approach to the

development of individual interventions capable of mitigating the hyperinflammation

observed in these pathological conditions.

2. RESULTS

MAFLD mice are more susceptible to LPS-induced systemic
inflammation.

To study MAFLD as a pre-condition associated with increasing risk of
exacerbation of inflammation induced by endotoxemia, we employed a murine model
of MAFLD in which the mice were fed for two weeks with a choline-deficient high-fat
HFCD diet, a well-known liver disease model (Fig. 1A). Therefore, we adopted a two-
week HFCD feeding period, during which no changes in lymphocyte numbers were
observed, as longer exposure to the choline-deficient HFCD is known to reduce
lymphocyte numbers in mice (20). Mice fed HFCD showed no increase in liver weight
and collagen deposition as evidenced by picrosirius staining (Fig. S1A and Fig. S1C).
The HFCD mice challenged with LPS (10 mg/kg; intraperitoneally) triggered an
elevated susceptibility with an index of mortality of 100% 24 h after the challenge (Fig.
1B). In our experimental condition, this dose of LPS provoked moderate (below 40%,
4 days after LPS challenge) mortality in chow-fed mice (control group) (Fig. 1B).
Compared with the control group, the HFCD animals challenged with LPS showed
elevated liver damage, evidenced by an increase in plasma alanine aminotransferase
(ALT) levels (a known marker of liver injury) and histopathological alteration,
characterized by leukocyte infiltration and edema (Fig 1C,1E). Compared with control
mice treated with PBS, the HFCD animals also treated with PBS did not show
significant signs of hepatic damage and local inflammatory response, evidenced by
the absence of leukocyte infiltration (Fig. 1C and 1E). Animals subjected to the HFCD
diet showed reduced blood glucose levels with or without LPS challenge (Fig. S1B).
Remarkably, compared to the Chow group, HFCD mice exposed to LPS did not show
greater changes in other organs commonly affected by endotoxemia, such as the
kidneys (Figure 1D), indicating that a pathological inflammatory condition is increased
mainly in liver tissue compared to other organs. To assess how MAFLD modulates the
immune response in the hepatic microenvironment of human patients, we reanalyzed
previously published bulk RNA-seq data from patients with MAFLD to identify potential
targets related to the inflammatory process (21). First, we performed analyses of
genes differentially expressed in leukocyte samples from patients with MAFLD and
healthy controls. We observed that 5240 genes are upregulated, such as *EIF4H*,
TMEM, *MOB1A*, *SERBP1*, *TM9SF1*, *HINT3*, *ARF3*, *CHTF8*, and *PDIA6*, while 5806
genes, as *FOSB*, *KAT2A*, *SNRNP70*, *CCNL2*, *AMY2B*, *EXD3*, and *EBNA1BP2, are*

downregulated. Interestingly, we found that the *CD274* gene (encoding PD-L1) and

the *IFNGR2* gene, corresponding to the IFN-γ receptor, are among the upregulated

genes (Fig. 2A). Furthermore, after conducting an additional enrichment analysis of

the 5240 upregulated genes using Gene Ontology (GO), we detected an increase in

several pathways associated with inflammatory processes, such as phagocytosis,

leukocyte migration, immune response to bacterial components, and signaling

pathways involving IL-1β, TNF-α, and IFN-γ (Fig. 2B).

Because IFN-γ and TNF-α signaling pathways are upregulated in MAFLD

patients, we reanalyzed previously published single-cell RNA-seq data from liver

samples from mice fed with a 60% high-fat diet, another known MAFLD model (22).

We noticed an increase in immune cells in the hepatic tissue, such as monocytes,

neutrophils, dendritic cells, T cells, and NK cells (Fig. 2C and 2D). Interestingly, we

observed a specific upregulation of CD274 and TNF-α genes in monocytes and

neutrophils, while T cells and NK cells showed increased IFN-γ expression (Fig. 2E),

suggesting that the cytokines produced by these specific cells may be involved in the

hyperinflammation observed during MAFLD.

Next, based on the results of increased IFN-γ and TNF-α signaling in bulk

RNAseq and single-cell RNA sequencing analyses in hepatic samples of MAFLD

patients and animals, we investigated the role of these cytokines in the susceptibility

of endotoxemic MAFLD mice. Initially, we observed an exacerbated hepatic production

of both cytokines induced by endotoxin challenge in the HFCD-fed group compared to

the control mice treated with PBS or LPS (Fig. 3A and 3B). Furthermore, we also

observed that IFN-γ$^{-/-}$ and TNFR1R2α$^{-/-}$ mice with MAFLD challenged with LPS did not

show an increase in the enzyme ALT, a liver lesion marker (Fig. 3C and 3D). In

addition, endotoxemic MAFLD TNFR1R2$^{-/-}$ and IFN-γ$^{-/-}$ mice exhibited reduced

leukocyte infiltration in the liver tissue and improved survival (Fig. 3E, 3F, and 3G),

respectively, as compared to endotoxemic WT mice. Furthermore, splenocytes from

HFCD-fed IFN-deficient animals exhibited increased IL-6 and TNF-α production upon

in vitro LPS stimulation, indicating a response pattern similar to that of control animals

(Fig 2SA and Fig. 2SB). Together, our data demonstrate that MAFLD predisposes to

the exacerbation of cytokine production, such as IFN-γ and TNF-α, which mediate an

elevated index of mortality in endotoxemic mice.

MAFLD induces the recruitment of NK cells that are sources of IFN-γ production in endotoxemia

During the inflammatory process, it is already established that CD4 and CD8 T cells are important sources of IFN-γ(23). Herein, we observed a selective increase in IFN-γ production by CD8, but not CD4, T cells during endotoxemia (Fig. 4A, Fig. 4B, Fig. S3A, Fig. S3B), respectively. In light of this, we next investigated the involvement of lymphoid cells in the high susceptibility of endotoxemic mice with MAFLD. To address this question, Rag1$^{-/-}$ mice, which lack T and B cells, were subjected to the MAFLD protocol and then challenged with LPS, after which survival was assessed. Interestingly, *Rag1*-deficient animals under the HFCD remained susceptible to the LPS challenge (Fig. 4C) with exacerbation of liver injury (Fig. 4D), suggesting that these T and B cells do not contribute to susceptibility to the LPS challenge.

Recent studies have demonstrated that NK cells are also IFN-γ–producing cells that are recruited to the hepatic tissue during MAFLD and that they are also involved in systemic inflammatory responses, including sepsis (24–29). We observed that NK cell numbers were increased in the liver of PBS-treated MAFLD mice when compared with mice fed a control diet (Fig. 4E). LPS challenge led to an increased accumulation of NK1.1$^+$CD3$^-$ NK cells in the liver of MAFLD mice, whereas NK1.1$^+$CD3$^+$ NKT cells were not detected (Fig. S3C and 4E). Furthermore, our cytometric analyses demonstrated that NK cells infiltrated in the liver tissue secrete high levels of IFN-γ (Fig.S3D and 4F). Next, to confirm the pathological involvement of NK cells during hyperinflammation in MAFLD, we depleted these cells by treating animals with anti-NK antibody 1.1, one day before the LPS challenge (Fig. S4). Interestingly, the pharmacological depletion of NK cells in MAFLD animals provoked an increased survival index (Fig. 4G). Furthermore, when NK cells were depleted, MAFLD animals exhibited reduced hepatic damage (Fig. 4H), IFN-γ levels (Fig. 4I), and TNF-α levels (Fig.4J). Together, these results suggest that NK cells are responsible for susceptibility via IFN-γ production in MAFLD during endotoxemia.

Neutrophils are responsible for susceptibility during hyperinflammation in MAFLD

During MAFLD development, innate immune cells, such as monocytes and neutrophils, are the first leukocytes recruited to the liver (24, 30). With this in mind, mice with MAFLD were challenged with LPS, and the infiltration of these cells in the

liver was quantified. During the initial inflammatory phase, six hours after the LPS
challenge, we observed that monocytes were recruited to the site (Fig. 5A and 5B).
Since inflammatory monocytes emigrate from the bone marrow towards the periphery
via CCR2 and then migrate to inflamed tissues, differentiating into monocyte-derived
macrophages (30, 31), we investigated the functional role of monocytes in MAFLD,
using CCR2-deficient mice (Fig. 5S). Interestingly, animals deficient in monocyte
migration (CCR2-/-) showed a high mortality rate compared to wild type after LPS
challenge and neutrophil migration was not altered (Fig. 5SA and Fig. 5SB). Moreover,
CCR2-/- animals subjected to the respective diets had leukocyte CD45+ infiltration
similar to that observed in the LPS challenge control mice (Fig. 5SC and Fig. 5SD).
Furthermore, the survival rate of MAFLD CCR2-/- mice challenged with LPS was not
different of MAFLD wild type mice also challenged with LPS (Fig. 5SB). Together, the
results suggest that monocytes do not contribute to susceptibility in endotoxemic
animals with MAFLD

In addition to monocytes, granulocytes are innate immune cells recruited to the
hepatic tissue during the development of MAFLD (19). We observed that high levels
of neutrophils are present in the hepatic tissue of animals with MAFLD and that their
recruitment is exacerbated in the hepatic microenvironment in endotoxemic mice (Fig.
5A and 5C). It is known that neutrophils are recruited to the inflammatory focus via
CXCR2 (32). To understand the involvement of these receptors and neutrophils in
MAFLD during endotoxemia, MAFLD animals were pre-treated one day before the
LPS challenge with CXCR2i or with anti-Ly6G, which depletes these cells throughout
the organism. Interestingly, after both treatments, we observed a reduction of the
leukocyte infiltration into the hepatic tissue (Fig. 5D) and a decrease in hepatic lesions
(ALT) (Fig. 5E) and TNF-α levels (Fig. 5F). Confirming the participation of granulocytes
in susceptibility after the LPS challenge in MAFLD, animals treated with CXCR2i and
anti-Ly6G showed an improvement in their survival (Fig. 5G and 5H).

IFN-γ induces CD274 expression during endotoxemia in animals with
MAFLD

IFN-γ is a cytokine that plays a crucial role in the T and NK cell-mediated
immune response (27–29, 33–35). Recent studies have shown that this inflammatory
cytokine also induces the expression of checkpoint molecules, such as programmed
death-ligand 1 (PD-L1), in different immune cells, including neutrophils (30, 36, 37).

Analyzing datasets from mice with MAFLD, we observed the upregulation of the
CD274 (PD-L1) gene and TNF-α in neutrophils and IFN-γ in NK cells (Fig. 1C, Fig1D,
and Fig. 1E). Considering these findings, we investigated whether IFN-γ induces the
expression of PD-L1 in neutrophils in MAFLD mice during endotoxemia. First, we
observed that only the MAFLD diet caused a significant increase in PD-L1 expression
in CD45+CD11b+ leukocytes after LPS challenge (Fig. S6C). Analysis of this
population revealed that neutrophils expressed higher levels of PD-L1 compared with
monocytes (Fig. 6SA–6SD). Moreover, PD-L1$^+$ neutrophils exhibited increased
hepatic infiltration (Fig. 6A and 6B). Next, to confirm the role of IFN-γ in the expression
of PD-L1, we investigated whether IFN-γ is capable of increasing the expression of
PD-L1 in neutrophils after the LPS challenge of MAFLD. Mice with MAFLD lacking
IFN-γ were challenged with LPS and assessed for PD-L1 expression in granulocytes.
Interestingly, in the absence of IFN-γ, neutrophils do not express PD-L1, and their
infiltration in the liver was attenuated (Fig. 6C and 6D).

As demonstrated previously in sepsis, PD-L1 neutrophils showed reduced rates
of apoptosis (36). Therefore, we cultured neutrophils in the presence of IFN-γ and/or
LPS and assessed their apoptosis rate. Interestingly, in these *in vitro* conditions,
neutrophils expressing PD-L1 showed reduced rates of apoptosis (Fig. 6E and 6F),
suggesting that PD-L1-expressing neutrophils can survive for long periods in the
hepatic environment in MAFLD, accentuating the LPS-induced inflammatory
response.

Neutrophils expressing PD-L1+ secrete TNF-α during hyperinflammation
in MAFLD

There is also evidence that excessive secretion of TNF-α by immune cells,
especially neutrophils, may be associated with liver damage and the progression of
MAFLD (36, 37). To investigate a possible link between the expression of PD-L1 by
the neutrophils and their ability to express TNF-α, mice undergoing MAFLD were
exposed to LPS, and the expression of TNF-α by PD-L1+ neutrophils was assessed.
We observed an exacerbated expression of TNF-α by PD-L1+ neutrophils from
MAFLD when compared to control animals (Fig. 7A, Fig. 7B, Fig. 7D and Fig8SG) and
no increase in TNF-α$^+$PDL1$^-$ neutrophils (Fig. 7C). These results illustrate that after
exposure of MAFLD animals to LPS, the expression of PD-L1 by neutrophils is linked
to heightened TNF-α expression compared to control animals fed standard chow. To

assess whether the lack of TNF-α signaling immunomodulates the granulocytic recruitment to the liver tissues in MAFLD animals, TNF receptor R1 and R2 knockout animals (TNF R1R2) were exposed to LPS. It was also observed that the absence of TNF-α did not interfere with the recruitment of neutrophils to the liver tissue (Fig. S8A and Fig. S8C) or the expression of PD-L1 in neutrophils (Fig. S8B and Fig. S8D). Similarly, the absence of TNF-α receptors in MAFLD during the challenge with LPS did not interfere with the production of IL-10 and IFN-γ (Fig. S8E and Fig. S8F). However, as described above, the absence of the TNF R1R2 receptor reduced liver injury and mortality induced by LPS administration in MAFLD (Fig. 3D and Fig. 3F).

Considering that NK cells present in liver tissue secrete IFN-γ (Fig. 4E) and that in IFN-γ$^{-/-}$ animals, there is a reduction in TNF-α levels in the liver of mice with MAFLD during endotoxemia (Fig. 4K), we next examined whether PD-L1+TNF-α+ neutrophils are present in MAFLD animals depleted of NK cells. It was observed that in the absence of NK cells, PD-L1+TNF-α+ neutrophils were not detected (Fig. 7E, Fig. 7F, and Fig. 7G), confirming that IFN-γ secreted by NK cells is crucial for inducing PD-L1 expression and TNF-α secretion by neutrophils in the hepatic tissue in MAFLD animals after LPS administration.

Anti-PD-L1 treatment protects animals with MAFLD during hyperinflammation

Next, we investigated the potential role of PD-L1 in TNF-α production by neutrophils and in the lesions in MAFLD mice. Initially, we found that anti-PD-L1, a biological drug inhibiting PD-L1's interaction with PD-1, effectively prevented liver inflammation and tissue damage (Fig. 8A, Fig. 8B, and Fig. 8F). Additionally, this treatment reduced liver TNF-α levels without affecting IFN-γ (Fig. 8C) and improved host survival (Fig. 8D). Importantly, anti-PD-L1 did not decrease the number of recruited NK cells in all groups studied (Fig. 8I and Fig. 8L). Notably, treatment with anti-PD-L1 successfully blocked LPS-induced neutrophil recruitment and the increased presence of PD-L1-expressing neutrophils in mice on HFCD (Fig. 8J and Fig. 8K), while these parameters remained unchanged in mice fed a standard chow diet (Fig8G, Fig8H). Overall, our findings suggest that anti-PD-L1 therapy primarily suppresses exaggerated TNF-α production by neutrophils in MAFLD mice without affecting the IFN-γ secretory activity of NK cells mechanistically.

3. DISCUSSION

The pathogenesis of MAFLD and sepsis had been considered two independent
conditions, associated with local and systemic inflammatory response, respectively.
MAFLD is a chronic liver dysfunction characterized by the buildup of fat in the liver in
individuals who do not consume excessive amounts of alcohol. On the other hand,
sepsis is an inflammatory state triggered by an infection that leads to damage to vital
organs, including the lungs and liver. This occurs when the body's immune response
fails to contain the microorganisms at the site of the primary infection(9). Recent
studies demonstrate that the presence of MAFLD is associated with an increased risk
of developing sepsis (38, 39), but the exact mechanisms underlying this association
are not fully understood. In the present study, we observed that MAFLD mice induced
by an HFDC diet are more susceptible to a systemic and hepatic hyper-inflammatory
state induced by endotoxemia, confirming in our experimental condition that MAFLD
can be considered a crucial risk factor of sepsis progression, even when MAFLD or
hepatic inflammation is not yet detected. The LPS administration promotes the
polarization of a specific subset of granulocytes expressing PD-L1, which secrete high
levels of TNF-α in an NK-derived IFN-γ dependent manner. The released TNF-α plays
an important role in the liver lesion. We also observed that CD4+ and CD8+ T cells or
monocyte cells do not seem to participate in the mice's susceptibility in this hyper-
inflammatory state. In accordance, previous studies implicated NK cells in liver injuries
in different MAFLD and sepsis experimental models(25, 40–44). It was observed that
during severe sepsis, NK cell-released IFN-γ play a detrimental role in mediating
tissue injury (44). Similarly, in MAFLD, NK cells can accumulate in the liver and release
IFN-γ, which contributes to the development of hepatic inflammation and fibrosis(45).
Therefore, these studies, support that the increase in NK cells induced by
endotoxemia in MAFLD animals, along with IFN-γ secretion, appears to have a crucial
role in the increased susceptibility of these pathological conditions, contributing to
disease progression.
338

Considering this evidence, we re-analyzed previously published bioinformatic
data (21, 22) and observed that, in MAFLD patients, IFN-γ and TNF-α are up-
regulated, and that, in high-fat high fructose diet-fed mice, there is up-regulation of
IFN-γ in NK cells, and TNF-α and CD274 (PD-L1) in myeloid cells (21, 22), suggesting
that similar immune dysfunctions are observed in patients and experimental models

of MAFLD. To add experimental information about how the IFN-γ mediates the liver
lesion, we demonstrated that in endotoxemic MAFLD animals hepatic neutrophils are
important producers of TNF-α, and this release is stimulated by NK-derived IFN-γ
signaling. In addition, IFN-γ promoted the differentiation of PDL-1-expressing
neutrophils, given that in those animals depleted of NK, the neutrophils did not exhibit
this activated phenotype. Moreover, the PDL-1-expressing neutrophils showed a
reduced apoptosis rate, increasing the retention time of the neutrophils in hepatic
tissue. Thus, these events could explain the increase in hepatic injury in MAFLD
animals during endotoxemia. According, in the context of infection-triggered
inflammation, the participation of IFN-γ in modulating neutrophil pro-inflammatory
profiles, including the expression of PD-L1, has been demonstrated (36). Neutrophils,
as frontline innate immune cells, control pathogens through phagocytosis and the
release of microbial mediators, including cytokines, cytosolic enzymes, free radicals,
and NETs (46, 47). However, excessive neutrophil activity can lead to tissue damage,
particularly in sepsis, where they contribute significantly to multi-organ damage via the
overproduction of inflammatory mediators, including TNF-α (16, 48, 49). Our data
demonstrate that during MAFLD, liver neutrophils are major sources of TNF-α
production induced by endotoxemia. Confirming the involvement of TNF-α release by
PDL-1+ neutrophils stimulated by NK cells-derived IFN-γ in the increase of
susceptibility of MAFLD, we demonstrated that the absence of TNF-α signaling or
depleted NK cells led to improved survival in mice with MAFLD during endotoxemia.
However, the absence of TNF-α signaling did not affect PD-L1 expression in
neutrophils. These findings imply that, while TNF-α plays a crucial tissue lesions, its
intracellular signaling does not notably impair the expression of PD-L1 in the
neutrophils or their migration into liver tissue during MAFLD. To reinforce that
neutrophils are the main source of the TNF-α involved in susceptibility of MAFLD by
endotoxemia, we evaluate whether the neutralization of these cells with specific
antibodies could improve the survival of endotoxemic HFDC-fed mice. Numerous
strategies for targeting neutrophils are being investigated in various clinical and
experimental settings (12, 50), including the use of CXCR2 inhibitors in patients with
NASH (13, 50). Interestingly, we demonstrated that targeting neutrophils with different
biological drugs, similar to the inhibition of TNF-α, mitigated inflammation-induced liver
lesions.

Recent studies suggest that during the progression of MAFLD, PD-L1 is
expressed in both parenchymal and non-parenchymal cells (10, 51). Given that the
neutrophils responsible for hepatic damage in endotoxemic MAFLD mice exhibit a
specific PD-L1-expressing phenotype, *we* demonstrated that anti-PD-L1 significantly
reduced TNF-α-producing PD-L1+ neutrophils in the liver environment, attenuating
endotoxemia-induced inflammation and liver damage, ultimately reducing mortality in
MAFLD mice. This highlights the role of PD-L1 expression in neutrophils in promoting
a proinflammatory phenotype associated with heightened TNF-α production and
susceptibility of endotoxemic HFDC-fed mice. In the context of endotoxemia, recent
research indicates that PD-L1-expressing neutrophils also contribute to
immunosuppression and increased susceptibility to secondary infections (52) and also
contribute to lung injury. Thus, our data support that the inhibition of PD-L1, besides
preventing the organ lesions induced by sepsis in MAFLD patients, could also prevent
the long-term immunosuppression observed in these patients.

Although macrophages, including Kupffer cells, have been considered a
relevant source of cytokines in endotoxemic animals (53, 54), we did not find an
important role for these cells expressing CCR2 in the aggravation of endotoxemia,
since the absence of these chemokine receptor, which governs the migration and
differentiation of inflammatory monocytes into macrophages, did not influence the
endotoxemia mortality in animals with MAFLD. However, it's worth noting that we did
not extensively investigate the interaction of IFN-γ and TNF-α in the role of monocytes
in our model, necessitating further studies to unravel the possible mechanisms of
these cells.

Our study presents several limitations that should be acknowledged and
discussed. First, we cannot entirely rule out the possibility that our mice deficient in
pro-inflammatory components exhibit reduced responsiveness to LPS. However, our
ex vivo analyses using splenocytes from these animals revealed a preserved cytokine
production following LPS stimulation. These results suggest that the in vivo differences
observed are primarily driven by the MAFLD condition rather than by intrinsic defects
in LPS sensitivity. Second, the absence of publicly available single-cell RNA-seq
datasets from MAFLD subjects under endotoxemic or septic conditions limited our
ability to perform direct translational comparisons. To overcome this, we analyzed
existing MAFLD patients and experimental MAFLD datasets, which consistently
demonstrated upregulation of IFN-y and TNF-α inflammatory pathways in MALFD. In

line with these findings, our murine model revealed TNF-α⁺ myeloid and IFN-y⁺ NK

cell populations, thereby reinforcing the validity and translational

relevance of our results.

Overall, our findings establish a biological basis for understanding the

progression of endotoxemia in MAFLD, highlighting the dysregulated role of

neutrophils in which hepatic metabolic syndrome potentiates the inflammatory effects

of granulocytes via NK cells, advocating interventions to mitigate this inflammatory

condition.

4. MATERIAL AND METHODS

Experimental Design

This study was designed to interrogate the pathologic mechanisms in MAFLD

during endotoxemia-induced generalized inflammation. The mice were submitted to

the HFDC diet for two weeks, and subsequently, LPS administration and the cellular

mechanisms were outlined after 6h of the challenge, knowing that no animal

succumbed to death (indicated by survival). Furthermore, knockout animals and those

treated with pharmacological inhibitors or neutralizing antibodies shared the same

control groups (chow and HFCD), as required by the animal ethics committee.

Inflammatory infiltrates along with liver lesions were assessed based on H&E-stained

tissue sections, and endpoint analyses included flow cytometry.

Animals

The mice used in this study were in the C57BL/6 genetic background and

included CCR2 $^{-/-}$, IFN-$\gamma^{-/-}$, and TNFR1R2 $^{-/-}$. Male mice aged 5 to 6 weeks were reared

and maintained under specific pathogen-free conditions in the University of São Paulo

vivarium, FMRP/USP. All animals received food and water ad libitum, at 25°C, with

food and water ad libitum. Mice were fed a standard low-fat diet (hereinafter referred

to as the standard "Chow" diet – 10% of calories derived from fat) or a Choline

Deficient High Fat Diet (referred to as "HFCD", 60% of calories derived from fat and

choline-deficient) for 2 weeks for the development of MAFLD. The diets were provided

by Rhoster (Araçoiaba da Serra- São Paulo). Care for the mice complied with

institutional guidelines on ethics in animal experiments; approved by CETEA (Ethics

Committee for Animal Experimentation of the Faculty of Medicine of Ribeirão Preto,

approved protocol number 193/2019).

Endotoxemia

Lipopolysaccharide (LPS; Escherichia coli (O111:B4), L2630, Sigma-Aldrich,

St. Louis, MO, USA) was administered intraperitoneally (i.p.; 10 mg/kg) in C57BL/6,

CCR2 -/-, IFN-γ-/-, and TNFR1R2 -/- mice. The HFCD was initiated in 5–6 week-old

mice, and LPS was administered after 2 weeks on the diet, meaning that LPS

administration occurred when the mice were 7–8 weeks old, with body weights ranging

from 22 to 26 g. LPS was previously solubilized in sterile saline and frozen at -70°C. The animals were euthanized 6 hours after LPS administration.

Survival analysis

Survival was monitored daily, and survival curves were generated using the Kaplan–Meier method. Experimental groups were composed of five animals per group (n = 5), in accordance with the requirements of the institutional animal ethics committee and the use of shared control groups. Sample size was defined based on an a priori power analysis, which indicated that this number of animals per group was sufficient to detect biologically relevant differences in survival with adequate statistical power. Survival distributions among groups were compared using the log-rank (Mantel–Cox) test. Statistical significance was considered when $p < 0.05$.

Hepatic non-parenchymal cell isolation

Livers were collected, and 200-300 mg of tissue was taken for flow cytometry analysis. The tissue was minced with surgical scissors and then digested with 1 mg of collagenase II, and 60 U/ml of DNase I in PBS at 37 °C for 45 minutes, shaking at 110 rpm. The digested tissue was then processed through a 100 μm cell strainer and centrifuged at 1,500 rpm for 5 minutes. Subsequently, the isolation of non-parenchymal cells was performed by Percoll (GE Healthcare) centrifuged at 2300rpm at 22 °C for 30 minutes, subjected to ACK (red blood cell lysis), and resuspended in 0.5% BSA in PBS for staining. Single-cell suspensions were stained with Zombie Aqua viability stain (Biolegend), blocked with TruStain FcX (Biolegend), and then stained with flow cytometry antibodies when indicated; antibodies are tabulated in Table S1. As animals were already in a hyperinflammatory state, no additional in vitro stimulation was required. Intracellular detection of IFN-γ and TNF-α was conducted using the Foxp3 staining kit (eBioscience). Since both antibodies were conjugated to PE, staining and analyses were performed in separate experiments. Cells were collected on the CANTO II flow cytometer using BD FACS Diva software and then analyzed using FlowJo (USA).

Histology

Mouse livers were fixed in 10% formalin overnight, washed twice with PBS, and

placed in 70% ethanol or PBS until processing. For H&E, tissues were embedded in

paraffin, sectioned, and stained with H&E at the MGH Histopathology Research Core.

Cytokine quantification

For the detection of IFN-γ, TNF-α, and IL-10 in the liver, tissue samples were

weighed and titrated in 1 mL of PBS Complete (Roche Diagnostics, Mannheim,

Germany) containing a cocktail of protease inhibitors. Cytokine levels were determined

using commercial ELISA kits for IFN-γ, TNF-α, and IL-10 (Biolegend, USA).

Wavelength correction and background signals were subtracted from absorbance

values

Serum analysis

At the time of sacrifice, blood samples were collected in EDTA collection tubes

and subsequently centrifuged to obtain serum. Serum ALT and Urea levels were

measured using a colorimetric kit (BioQuant, Heidelberg, Germany) according to the

manufacturer's instructions.

Neutrophil targeting

For neutrophil targeting, antibodies/inhibitors were used as follows: Anti-Ly6G

(BioXCell, catalog # BP0075) was administered at 500 mg/kg per mouse on day 13

after starting the diet (24h before inoculation of the LPS) and sacrificed on day 14. For

survival studies, all mAbs were inoculated once daily for 7 days. CXCR2 inhibitor SB

225002 (Tocris, catalog #2725/10) was injected at 200 mg per dose and programmed

as anti-Ly6G. For anti–PD–L1–based neutrophil targeting, anti–PD-L1 (BioXCell,

catalog #BE0101) was injected at 12.5 mg/kg ~12h before the LPS challenge and

again 1 day after treatment, each time followed by anti-mouse IgG2b (12.5 mg/kg)

(BioXCell, catalog no. BE0252). All injections were intraperitoneal.

Neutrophil purification and apoptosis assay

Peripheral blood samples were collected by venipuncture and centrifuged at

450 × g for plasma separation. The blood cells were then resuspended in Hank's

balanced salt solution (Corning; cat. 21-022-CV), and the neutrophil population was

isolated by Percoll density gradient (GE Healthcare; cat. 17-5445-01) (72 %, 63%,

54% and 45%). Isolated neutrophils were resuspended in RPMI1640 (Corning; cat.

15-040-CVR) supplemented with 0.5% BSA. Neutrophil purity > 95% was determined

by Rosenfeld color Cytospin (Laborclin; cat 620529)

To quantify apoptosis, cells were permeabilized with Triton X-100 and stained

with propidium iodide. After 10 minutes of incubation at 4 degrees in the dark,

neutrophil apoptosis was quantified as PI+ staining on FACSCanto II (Becton

Dickinson, Franklin Lakes, NJ, USA). Results were analyzed using Flowjo software

(Tree Star, Ashland, OR, USA). Apoptosis was detected as a measure of the

hypodiploid peak in PI fluorescence histograms, as described by Nicoletti et al. BD

Bioscience, Franklin Lakes, NJ, USA) and Annexin V and 7-AAD double staining

(Biolegend, San Diego, USA).

Splenocyte culture

Mice were fed a control chow or HFCD diet for 2 weeks. Animals were

euthanized, and spleens were aseptically removed in cold PBS (Gibco) and then

mechanically dissociated through a 100-μm cell strainer to obtain a single-cell

suspension. Red blood cells are lysed with ACK buffer for 1–2 min at room

temperature, the reaction is quenched with complete RPMI 1640 medium

(supplemented with 10% heat-inactivated FBS, 2 mM L-glutamine, and antibiotics),

and cells are centrifuged and resuspended at the desired density, 1×10^6 cells/mL.

Splenocytes are plated in 96-well plates and incubated at 37°C, 5% CO_2. To induce

immune activation, cells are stimulated with lipopolysaccharide (E. coli O111:B4) at

concentrations ranging from 100 ng/mL to 1 μg/mL for 24 h, and cytokine dosage was

performed for IL-6 and TNF-α.

NK cell depletion

For in vivo NK cell depletion, male C57BL/6 mice received NK cell neutralizing

antibody (BioXCell, catalog # PK136) or isotype-matched mouse IgG2α monoclonal

antibody control (BioXCell, catalog # BE0252) by intraperitoneal injection (150 μg in

200 μL PBS 24h before LPS challenge). To assess survival, the antibodies were

inoculated 24 hours before the LPS challenge and then once a day for 7 days.

Single-cell RNA sequencing analysis

We re-analyzed single-cell transcriptomic data (GSE166504) from the mouse
liver from mice with MAFLD and their respective control groups (21). The dataset was
downloaded, and the RDS file was imported into R (55) environment version v4.2.3
and Seurat v4.1.1 (56) by filtering genes expressed in at least 300 cells. For the pre-
processing step, outlier cells were filtered out based on three metrics (library size <
20,000, number of expressed genes between 200 and 4,000, and mitochondrial
percentage expression < 0,8). The top 3,000 variable genes were then identified using
the 'best' method using the FindVariableFeatures function. Percent of mitochondrial
genes was regressed out in the scaling step, and Principal Component Analysis (PCA)
was performed using the top 3,000 variable genes, and the top 30 PCs were selected
for dimension reduction by Uniform Manifold Approximation and Projection (UMAP).
Clusters were identified using the author's annotation. Then, differential gene
expression analysis was performed using the FindAllMarkers function in Seurat with
default parameters to obtain a list of significant gene markers for each cluster of cells.
Visualization of genes illustrating expression levels was performed using R/Seurat
commands (DimPlot, FeaturePlot, and DotPlot) using ggplot2 (57) and customized
(58) R packages.
595

596   **RNA sequencing analysis**
597   RNA-seq data were obtained from GSE185051 (59). The R/Bioconductor
598   package edgeR was used to identify differentially expressed genes among the
599   samples, after removing absent features (zero counts in more than 75% of samples)
600   (60). Genes with a fold change of >0.5 were identified as differentially expressed.
601

602   **Pathway enrichment analysis**
603   The list of differentially expressed genes was enriched using the ClusterProfiler
604   R package (8). Gene ontology (GO) terms in the Biological Processes category with
605    $P < 0.05$ were considered significant. Statistically significant, non-redundant GO-
606   enriched terms were plotted.
607

608   **Statistics**
609   Statistical significance was determined by two-tailed paired or unpaired
610   Student's t-test or one-way ANOVA followed by Tukey's post hoc test. Absolute
611   numbers and percentages were compared using Fisher's exact test. Spearman rank

order correlation (r) was calculated to describe the correlations. P<0.05 was considered statistically significant. Statistical analyses and graphics were performed using the GraphPad Prism 8.4.2 software.

Author contributions: CCOB, AK, and FQC designed the study. CCOB, AK, PSAA and GCMC performed the mouse experiments. CCOB, AK, and FQC wrote the manuscript. GVLS performed the bioinformatic analysis. CCOB, AK, LOL, TMC, JCFAF, and FQC reviewed the manuscript.

Competing interests

 The authors declare no competing interests.

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Figure 1. Mice fed with a high-fat and choline-deficient (HFCD) diet develop Metabolic
Dysfunction–Associated Steatotic Liver Disease (MAFLD) and are more susceptible to
endotoxemia. (A) Schematic illustration of the experimental design. (B) Survival curves
of mice with MAFLD (n=5) and Chow diet (controls) (n=5) which were injected
intraperitoneally with LPS (10mg/kg) and the survival rates were determined daily for
7 days (C and D) Serum ALT and Urea levels from mice with MAFLD and Chow, 6
hours after LPS (10 mg/kg) and PBS administration (n=5). (E) Effect of LPS inoculation
on histopathology (H&E stain) of liver from mice with MAFLD or controls (Chow diet).
The results are expressed as the mean ± standard deviation (SD) from one
representative experiment. Statistical analysis was performed using one-way ANOVA
followed by Tukey's multiple comparison test. Statistical significance was determined
with the following p-values: *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$. Each experiment was
independently repeated 2 times to ensure reproducibility of the findings.

Figure 2. The expression of genes from the inflammatory pathways of IFN-γ and
TNF-α is increased during the development of MAFLD in mice and humans. (A)
Volcano plots illustrating the fold change and P-value for gene expression
comparisons between livers of MAFLD and healthy patients. Genes of interest are
highlighted on the volcano charts. (B) Gene Ontology (GO) functional analysis of
differentially expressed genes (DEGs). GO enrichment analysis of DEGs was
conducted using DAVID, presenting the 20 most significantly ($P < 0.05$) enriched GO
terms in biological process, molecular function, and cellular component categories. All

adjusted statistically significant values are presented as negative log-transformed
base 10 values. (C) UMAP plots depicting immune cells from the livers of mice
subjected to 30 weeks of HFCD diet compared to Chow diet. (D) Frequency
distribution of immune cell populations. (E) Expression levels of CD14, CD274, IFN-γ,
and TNF-α genes within hepatic immune cell populations.

Figure 3. TNF-α and IFN-γ participate in susceptibility in mice with MAFLD to endotoxemia. (A) IFN-γ and (B) TNF-α secretion in the tissue livers of Chow and MAFLD mice injected with LPS (10mg/kg) (n = 5). (C) Serum ALT levels from mice with MAFLD and Chow and/or knockout of IFNγ (IFNγ-/-) and (D) TNF-α (TNFR1R2-/-), 6 hours after 10 mg/kg LPS and PBS administration (n=5). (E) Effect of LPS inoculation on liver histopathology from mice with MAFLD and Chow and/or knockout of IFNγ-/- and TNF-α (TNFR1R2-/-). (F) Survival curves of mice with MAFLD (n=5) and Chow (n=5) and/or knockout of TNF-α (TNFR1R2-/-) and (G) IFN-γ (IFN-γ-/-) after intraperitoneal inoculation of LPS (10mg/kg). The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: $*p < 0.05$, $**p < 0.01$, $***p < 0.001$. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure 4. IFN-γ secreted by NK cells increases susceptibility of animals with MAFLD to endotoxemia. (A) CD4 IFN-γ$^+$ and (B) CD8 IFN-γ$^+$ T cell frequency in animals with MAFLD and Chow 6h after LPS inoculation. (C) displays survival curves of mice with MAFLD (n=5) and Chow (n=5) and T-cell knockout (RAg-/-). (D) Serum ALT levels from mice with MAFLD in knockout of Rag -/-, 6 hours after 10 mg/kg LPS (n=5). (E) and (F) represent the number of cells and frequency of NK IFNγ$^+$ or IFN-γ$^-$ in animals with MAFLD and Chow 6h after LPS inoculation (G) The survival curves of mice with MAFLD (n=5) and Chow (n=5) and/or depleted NK cells (Anti NK 1.1), 6 days after intraperitoneal inoculation of LPS (10mg/kg) (H) presents the serum ALT levels from mice with MAFLD and Chow of mice with MAFLD (n=5) and Chow (n=5) and/or depleted NK cells (Anti NK 1.1), 6 hours after 10 mg/kg LPS or PBS administration (n=5). (I) and (J) depict IFN-γ and TNF-α secretion in the livers of Chow and MAFLD mice injected with LPS (10mg/kg) (n=5), respectively. (K) shows TNF-α secretion in the livers of Chow and MAFLD and/or knockout of IFN-γ (IFNγ-/-) mice injected with LPS (10mg/kg) (n=5)." The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: $*p < 0.05$, $**p < 0.01$, $***p < 0.001$. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure 5. Neutrophils but not monocytes mediate susceptibility of animals with MAFLD to endotoxemia (A) Representative flow cytometry plot showing monocytes (CD45+CD11b+MHC-Ly6C+Ly6G-) and neutrophils (CD45+CD11b+MHC-Ly6C+Ly6G+) and a number of monocytes (B) and neutrophils (C) in animals with MAFLD and Chow after LPS inoculation. (D) Effect of LPS inoculation on liver histopathology of mice with MAFLD and Chow treated with a CXCR2 inhibitor (CXCR2i) and neutrophil-depleted animals (anti-Ly6G). (E) Serum ALT levels of mice with MAFLD and Chow and/or CXCR2i and anti-Ly6G, 6 hours after administration of 10 mg/kg of LPS and PBS (n=5). (F) TNF-α secretion in the liver of Chow and MAFLD mice injected with LPS (10mg/kg) (n = 5). (G) Survival curves of mice with MAFLD (n=5) and Chow (n=5) treated with anti-Ly6G or (H) CXCR2i, and the survival rates were analysed daily for 6 days after intraperitoneal administration of LPS (10mg/kg). The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure 6. IFN-γ induces PD-L1 expression and reduces apoptosis in mouse neutrophils with MAFLD. (A) Representative flow cytometry plot showing the expression of PD-L1 in gated neutrophils and (B) the quantification of PD-L1+ neutrophils in the liver of mice with MAFLD or that received Chow diet, 6 hours after LPS inoculation (n=5 per group). (C) Representative flow cytometry plot showing the expression of PD-L1 in gated neutrophils and (D) the quantification of PD-L1+ neutrophils in the liver of mice with MAFLD and Chow and/or IFNγ knockout (IFNγ-/-) 6 hours after LPS inoculation (n=5 per group). (E) Representative flow cytometry plot showing the expression of PD-L1 and apoptosis (Annexin V+ 7AAD+) in gated neutrophils and (F) the frequency of apoptosis in neutrophils cultured in medium, LPS, IFN-γ, or LPS+ IFN-γ for 24 hours. The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure 7. IFN-γ-dependent secretion of TNF-α by PD-L1+ neutrophils induces susceptibility of animals with MAFLD to endotoxemia. (A) Representative flow cytometry plot showing TNF-α expression in PD-L1+ neutrophils in the liver of animals with MAFLD or fed with Chow diet 6h after LPS inoculation. (B) Number of TNF-α+ neutrophils. (C) Number of TNF-α+PD-L1- neutrophils. (D) number of TNF-α+PD-L1+ neutrophils. (E) Representative flow cytometry plot showing TNF-α expression in PD-L1+TNF+ neutrophils in the liver of animals with MAFLD and Chow and/or depleted NK cells (anti-NK 1.1) 6h after LPS inoculation. (F) Number of PD-L1+ neutrophils. (G) Frequency of TNF-α+ neutrophils. The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *p < 0.05, **p < 0.01, ***p < 0.001. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure 8. Anti PD-L1 treatment reduces PD-L1 neutrophils in animals with MAFLD during endotoxemia. (A) Schematic illustration of experimental design. (B) Serum ALT levels of mice with MAFLD or feded with Chow and/or treated with anti-PDL1, 6 hours after administration of 10 mg/kg of LPS or PBS (n=5). (C) IFN-γ and TNF-α secretion in the liver of Chow and MAFLD mice injected with LPS (10mg/kg) treated with anti-PDL1 (n = 5). (D) Survival curves of mice with MAFLD (n=5) and Chow (n=5) treated or not with anti-PD-L1. (E) Representative flow cytometry graph showing TNF-α expression in PD-L1+ neutrophils in the liver of animals with MAFLD and Chow and/or treated with anti-PD-L1 6h after LPS inoculation. (F) Effect of LPS inoculation in liver histopathology of mice with MAFLD and Chow treated or not with anti-PD-L1. (G and J) Frequency of PDL1 neutrophils, (H and K) Number of neutrophils, (I and L) Number of NK cells from animals with MAFLD and Chow and/or treated with anti-PDL1 after 6h of LPS inoculation. The results are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *p < 0.05, **p < 0.01, ***p < 0.001. Each experiment was independently repeated 2 times to ensure reproducibility of the findings.

Figure S1. Validation of the HFCD-induced MAFLD experimental model based on liver weight, blood glucose levels, and histological analysis (H&E and Picro Sirius staining).
 (A) Liver height, (B) plasma glucose, and (C) representative liver histological sections of lipid accumulation, steatotic morphology and collagen deposition (Picro Sirius Red staining) of mice fed a high-fat, choline-deficient (HFCD) or control chow diet for two weeks and subsequently challenged or not with LPS (10 mg/kg, i.p.)(n=5) (Data are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple

comparison test. Statistical significance was determined as *p < 0.05, **p < 0.01, ***p
< 0.001. Each experiment was independently repeated at least twice to ensure
reproducibility of the findings

Figure S2. The IFNγ-deficient mice display LPS responses comparable to controls.
(A–B) Splenocytes isolated from C57BL/6 and IFNγ$^{-/-}$ mice fed with Chow or HFCD
for two weeks were stimulated in vitro with LPS (100 ng/mL) for 24 hours. Cytokine
levels of (A) IL-6 and (B) TNF-α were quantified in the culture supernatants. Data are
expressed as mean ± standard deviation (SD) from one representative experiment (n
= 5 per group). Statistical analysis was performed using one-way ANOVA followed by
Tukey's multiple comparison test. Statistical significance was defined as *p < 0.05, **p
< 0.01, ***p < 0.001. Each experiment was independently repeated twice to ensure
reproducibility.

Figure S3. NK cells produce high levels of IFN-γ during endotoxemia in MAFLD
(A) Representative flow cytometry dot plot showing CD4$^+$IFN-γ$^+$ T cells from the liver
of mice fed a high-fat, choline-deficient (HFCD) or chow diet for two weeks and
subsequently challenged or not with LPS. (B) Representative dot plot of hepatic
CD8$^+$IFN-γ$^+$ T cells under the same experimental conditions. (C) Representative dot
plot showing NK cells (NK1.1$^+$CD3$^-$) from the liver of HFCD and chow-fed mice
challenged or not with LPS. (D) Representative dot plot of IFN-γ expression by NK
cells (NK1.1$^+$CD3$^-$) from the same groups.

Figure S4. Anti-NK1.1 treatment depletes NK cells in animals with MAFLD during endotoxemia
(A) Representative flow cytometry dot plot showing depletion of NK cells
(NK1.1$^+$CD3$^-$) in the liver of mice fed a high-fat, choline-deficient (HFCD) or chow diet
for two weeks and challenged with LPS, following treatment with anti-NK1.1 antibody.

Figure S5. Monocytes do not participate in the susceptibility of mice with MAFLD to endotoxemia
(A) Representative flow cytometry dot plot showing neutrophils (CD45$^+$CD11b$^+$Ly6G$^+$)
and monocytes (CD45$^+$CD11b$^+$Ly6G$^-$) in the liver of C57BL/6 and CCR2$^{-/-}$ mice fed
a high-fat, choline-deficient (HFCD) or chow diet for two weeks and challenged with
LPS. (B) Survival curves of C57BL/6 and CCR2$^{-/-}$ mice under the same experimental
conditions. (C) Representative dot plot of total leukocytes (CD45$^+$) in the liver of
C57BL/6 and CCR2$^{-/-}$ mice after LPS challenge. (D) Frequency of leukocytes (CD45$^+$)
in the liver of C57BL/6 and CCR2$^{-/-}$ mice fed HFCD or chow diet and challenged with
LPS (n=5). Data are representative of one experiment reproduced independently twice
with similar results. Statistical analysis was performed using one-way ANOVA followed
by Tukey's multiple comparison test. Statistical significance was determined with the
following p-values: *p < 0.05, **p < 0.01, ***p < 0.001. Results are expressed as the
mean ± standard deviation (SD).

Figure S6. Neutrophils are the main PD-L1–expressing subset among CD45$^+$CD11b$^+$ leukocytes in MAFLD.(A and B) Representative flow cytometry
histogram showing PD-L1 expression on neutrophils (CD45$^+$CD11b$^+$Ly6C$^+$Ly6G$^+$) and

monocytes (CD45$^+$CD11b$^+$Ly6C$^+$Ly6G$^-$) isolated from the liver of mice fed a high-fat, choline-deficient (HFCD) or control chow diet for two weeks and challenged with LPS (10 mg/kg, i.p.) (n=5) (C) Representative dot plot showing PD-L1 expression within total hepatic CD45$^+$CD11b$^+$ leukocytes from chow- and HFCD-fed animals for two weeks, either challenged or not with LPS. (D) Representative dot plot depicting the relative proportions of neutrophils(CD45$^+$CD11b$^+$Ly6C$^+$Ly6G$^+$) and monocytes (CD45$^+$CD11b$^+$Ly6C$^+$Ly6G$^-$) within total CD45$^+$CD11b$^+$ leukocytes in the liver of chow- and HFCD-fed mice after LPS challenge (n=5). Data are expressed as the mean ± standard deviation (SD) from one representative experiment. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined as *p < 0.05, **p < 0.01, ***p < 0.001. Each experiment was independently repeated at least twice to ensure reproducibility of the findings.

Figure S7. CXCR2i treatment reduces IFN-γ in the liver tissue of animals with MAFLD during endotoxemia (A) IFN-γ levels in the liver of mice fed a high-fat, choline-deficient (HFCD) or chow diet for two weeks, challenged with LPS, and treated with either anti-Ly6G antibody or a CXCR2 inhibitor (CXCR2i) (n=5).. (B) IL-10 levels in the liver of the same experimental groups (n=5). The data are representative of one experiment reproduced independently twice with similar results. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *p < 0.05, **p < 0.01, ***p < 0.001. Results are expressed as the mean ± standard deviation (SD).

Figure S8. TNFR1/R2$^{-/-}$ animals do not show reduced neutrophil infiltration in the hepatic tissue of mice with MAFLD during endotoxemia. (A) Representative flow cytometry dot plot showing neutrophils (CD45$^+$CD11b$^+$Ly6G$^+$) in the liver of TNFR1R2$^{+/+}$ and TNFR1R2$^{-/-}$ mice fed a high-fat, choline-deficient (HFCD) or chow diet for two weeks and challenged with LPS. (B) Representative dot plot of PD-L1$^+$ neutrophils (CD45$^+$CD11b$^+$Ly6G$^+$PD-L1$^+$) under the same experimental conditions. (C) Quantification of neutrophils (CD45$^+$CD11b$^+$Ly6G$^+$) in the liver of TNFR1R2$^{+/+}$ and TNFR1R2$^{-/-}$ mice after LPS challenge. (D) Quantification of PD-L1$^+$ neutrophils (CD45$^+$CD11b$^+$Ly6G$^+$PD-L1$^+$) in the liver(n=5). (E) IL-10 levels in the liver of TNFR1R2$^{+/+}$ and TNFR1R2$^{-/-}$ mice fed HFCD or chow and challenged with LPS(n=5). (F) IFN-γ levels in the liver of TNFR1R2$^{+/+}$ and TNFR1R2$^{-/-}$ mice under the same conditions. (G) Representative histogram showing TNF-α expression in the liver of C57BL/6 mice fed HFCD or chow for two weeks, challenged or not with LPS. The data are representative of one experiment reproduced independently twice with similar results. Statistical analysis was performed using one-way ANOVA followed by Tukey's multiple comparison test. Statistical significance was determined with the following p-values: *p < 0.05, **p < 0.01, ***p < 0.001. Results are expressed as the mean ± standard deviation (SD).

1049

Figure 2. The expression of genes from the inflammatory pathways IFNγ and TNFα is increased during the development of MAFLD in mice and human

Figure 3. TNF-α and IFN-γ participate in susceptibility in mice with MAFLD to endotoxemia

Figure 4. IFN-γ secreted by NK cells increases susceptibility of animals with MAFLD to endotoxemia

Figure 5. Neutrophils but not monocytes mediate susceptibility of animals with MAFLD to endotoxemia

Figure 6. IFN-γ induces PD-L1 expression and reduces apoptosis in mouse neutrophils with MAFLD

Figure 7. IFN-γ-dependent secretion of TNF-α by PD-L1+ neutrophils induces susceptibility of animals with MAFLD to endotoxemia

Figure 8. Anti PD-L1 treatment reduces PD-L1 neutrophils in animals with MAFLD during endotoxemia

Figure 1. Mice fed with a high-fat and choline-deficient (HFCD) diet develop Metabolic Dysfunction–Associated Steatotic Liver Disease (MAFLD) and are more susceptible to endotoxemia