Expression of human CEACAMs promotes inflammation and organ damage during systemic *Candida albicans* infection in mice

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Abstract

Invasive candidiasis is a fungal infection characterized by a high mortality rate. CEACAM family receptors play a crucial role in regulating innate responses of both leukocytes and epithelia. Human CEACAM3, CEACAM5 and CEACAM6 receptors recognize *C. albicans* and are expressed in transgenic CEABAC10 mice. In a murine *C. albicans* infection model, CEABAC10 mice exhibited a shortened survival period attributed to an early cytokine storm, an exacerbated acute phase response, and heightened systemic inflammation compared to their wild-type littermates. The livers and kidneys of CEABAC10 mice displayed intensified purulent necrotizing inflammation, accompanied by increased infiltration of neutrophils and macrophages. Our *in vivo* and *in vitro* data indicated that the expression of CEACAM6 on monocytes of CEABAC10 mice caused the elevated cytokine levels and the subsequent exacerbation of the acute phase response upon *C. albicans* infection, resulting in decreased survival.

1 Introduction

The fungal pathogen *Candida albicans* is a predominant cause of human *Candida* bloodstream infections, associated with elevated mortality rates[1, 2]. The incidence of systemic candidiasis is on the rise, particularly among patients with high-risk factors such as prior antibiotic exposure, chemotherapy, hematopoietic stem cell transplantation, prolonged intensive care requirements due to other medical conditions, and the use of central venous catheters[3].

Host defense against systemic candidiasis relies on the crucial role of myeloid phagocytes, including neutrophils, inflammatory monocytes, and tissue-resident macrophages[2]. The initial phase of their interaction with the fungus involves the fundamental step of fungal recognition, which mounts the inflammatory response against the invading fungus, orchestrates pathogen uptake and systemic inflammatory responses during blood stream infections.

In addition to pattern recognition receptors[4, 5], *C. albicans* is recognized by members of the human CEACAM receptor family, namely CEACAM1, CEACAM3, CEACAM5, and CEACAM6[6]. CEACAM1 and CEACAM3 are modulatory receptors that signal via their intracellular immunoreceptor tyrosine-based inhibitory motif (ITIM) and immunoreceptor tyrosine-based activation motif (ITAM), respectively. CEACAM5 and CEACAM6 are GPI anchored and organized in membrane microdomains[7, 8]. The well-described immunoregulatory function of CEACAM1 is complemented by the impact of CEACAM3, CEACAM5, and CEACAM6 on immune reactions across a diverse array of cell types[9, 10, 11, 12, 13]. *In vitro* data indicate immunoregulatory roles for human CEACAM1 and CEACAM6 in the innate immune response of human intestinal epithelial cells and human neutrophils triggered by *C. albicans* stimulation[6, 14]. However, the expression of human CEACAM1 in transgenic mice had no discernible effect on their susceptibility to systemic candidiasis or on *C. albicans* colonization/dissemination[15].

Similar to its human homolog, mouse CEACAM1 serves as a receptor for host-specific pathogens such as the murine hepatitis virus (MHV)[16], and possesses regulatory functions in immune responses across diverse cell types, both *in vivo* and *in vitro*[17, 18]. However, mouse CEACAM1 does not bind to *C. albicans* cell surface structures[6]. Notably, mice lack the homologous genes for CEACAM3, CEACAM5, and CEACAM6 receptors[19].

Chan and Stanners developed CEABAC10 mice transgenic for human CEACAM3, CEACAM5, CEACAM6, and CEACAM7, including the human promotor region[20]. The

extensive epithelial expression of CEACAM5 and CEACAM6 on the surface of various
mucosal tissues in CEABAC10 mice, including the intestinal tract, closely mirrors their
expression in humans[20]. While CEACAM5 is specifically expressed on apical membranes of
epithelial cells, CEACAM6 is also present on immune cells, including neutrophils, alongside
the neutrophil-specific CEACAM3[20]. Notably, CEACAM7 does not bind to *C. albicans* and
is selectively expressed in a limited number of highly differentiated epithelial cells in the
colon[6, 20]. The CEABAC10 mouse model is widely employed for analyzing CEACAM
receptor functions in the host's response to infections with human pathogens. It provided
crucial insight into the role of CEACAM6 in conjunction with adhering-invasive *E. coli*
(AIEC) in Crohns Disease pathology *in vivo*[21, 22], and has contributed valuable information
regarding the involvement of CEACAM receptors in the neutrophil response to *Neisseria*
gonorrhea in vitro[23].

In the present study, we used the CEABAC10 mouse model to investigate the impact of
CEACAM3, CEACAM5, and CEACAM6 on disseminated candidiasis *in vivo* [15, 24, 25]. The
presence of CEACAMs led to severe infection pathology, a heightened IL-6-mediated acute
phase response, and early death in candidemic CEABAC10 mice. Through *in vitro*
experiments employing primary bone marrow-derived myeloid cells, we found that
CEACAM3 expression did not affect inflammatory responses, and we identified CEACAM6^{+}
classical monocytes and resident macrophages as the cell populations responsible for the
hyperinflammatory response to systemic *C. albicans* infection in CEABAC10 mice. These
findings suggest that CEACAM6 may play a previously unknown role in the inflammatory
response of mononuclear phagocytes during systemic candidiasis.

2   Results

2.1   Human CEACAM-transgenic CEABAC10 mice are more susceptible to systemic
candidiasis

In an intravenous infection model using two different infectious doses, our results showed a
marked increase in susceptibility to systemic candidiasis and earlier death of CEABAC10
mice (CEA) compared to their wild-type (WT) littermates (Figure 1a, Figure S1).
Proinflammatory cytokine responses were indistinguishable at 24 h post infection (p.i.) in WT
and CEABAC10 mice, but at 72 h p.i., CEABAC10 mice exhibited significantly elevated
serum levels of IL-6, TNFα, GM-CSF, IL-2, IL-4, CXCL10, and VEGF, indicative of an
exacerbated inflammatory response (Figure 1b-d, Figure S2). Moreover, CEABAC10 mice
displayed a diminished count of neutrophils and monocytes in their blood 24 h p.i., suggesting
an enhanced recruitment of peripheral leukocytes into infected tissue (Figure 1e, f). Analysis
of bone marrow cell populations revealed no disparities in hematopoiesis between
CEABAC10 and WT mice during infection (Figure S3). Additionally, CEABAC10 mice
exhibited a significant reduction in platelet numbers 24 h p.i., along with enlarged platelet
volumes 72 h p.i., suggesting increased consumption and subsequent replenishment (Figure
S4), indicative of increased bleeding and thrombosis typical for septic progression[26].

To explore the inflammatory response and heightened susceptibility of CEABAC10 mice to
systemic candidiasis in more detail, we conducted an analysis of serum glycoproteome
changes (Figure 2). Principal component analysis revealed that samples from mice injected
with PBS separated from those infected with *C. albicans* at 24 h and 72 h, respectively. In
addition, CEABAC10 sera notably diverged from WT samples at 72 h p.i. (Figure 2a).

Consistent with the principal component analysis, the comparison between PBS control-
treated and *C. albicans*-infected WT mice revealed 29 and 103 differentially expressed serum

glycoproteins at 24 h p.i. and 72 h p.i., respectively (Figures 2b, c and Tables S1, S2). No
significant differences in serum glycoprotein abundance were detected between PBS-treated
WT and CEABAC10 control mice and between WT and CEABAC10 animals 24 h p.i.
(Figure 2d, e). In contrast, at 72 h p.i., the serum glycoprotein composition between WT and
CEABAC10 mice revealed significant changes. Overall, 51 glycoproteins were differentially
abundant in serum with 14 showing higher abundance in CEABAC10 mice and 37 elevated in
WT animals (Figure 2f and Table S5). Pathway analysis with Qiagens IPA software revealed
a robust activation of the acute phase response in *C. albicans*-infected WT animals at 24 h p.i.
that further progressed at 72 h p.i., accompanied with changes in proteins associated with the
activity of the coagulation and complement system and LXR/RXR and FXR/RXR responses
(Figures 2g, h and Tables S3, S4). In comparison to WT animals, CEABAC10 mice revealed
a stronger acute phase response at 72 h p.i., and alterations of coagulation, complement und
prothrombin pathways (Figure 2i, Table S6). Consequently, the serum glycoproteome data
suggest an exacerbation of the systemic septic response in CEABAC10 mice initiated by
C. albicans infection.

2.2 Infected kidneys of CEABAC10 mice display pronounced purulent necrotizing
nephritis 72 h p.i.

To further explore disease progression, we next investigated inflammatory responses in
various organs after *C. albicans* infection in more detail. The kidney is the main target organ
in the murine intravenous model of systemic candidiasis[27]. Examination of hematoxylin-eosin
(HE)-stained kidney sections revealed renal inflammation 24 h p.i. in both WT and
CEABAC10 mice (Figure 3a, c, e-h). Subsequently, from 24 h to 72 h p.i., the extent of
kidney inflammation escalated in CEABAC10 but remained relatively stable in WT mice
(Figure 3b, d, e-h). This was evidenced by the higher inflammation score (Figure 3e), the
increased number of inflammatory foci (Figure 3f), and the larger total area of inflamed tissue
(Figure 3h). Interestingly, the mean area of inflammatory foci remained similar between WT
and CEABAC10 kidneys (Figure 3g). The heightened degree of kidney inflammation in
infected CEABAC10 mice was further underscored by significantly higher levels of pro-
inflammatory cytokines (IL-6, IL-1β, Figure 3i-j; IL-1α, Figure S5), chemo-attractants
(CCL2/MCP-1, Figure 3k; CCL3/MIP1 α, CXCL1/KC, Figure S5), and growth factors
(bFGF, GM-CSF, Figure S5) in CEABAC10 kidney homogenates at 72 h p.i.

In the kidneys of infected CEABAC10 mice, immune cell populations exhibit a notable
relative decrease in NK cells (Figure S6c), but a significant relative increase in neutrophils
(Figure 3l) at 72 h p.i.. There was an observed increase in fungal burden, measured as CFU
(Figure 3m), visualized by histology (Figure 3n, o), and quantified by automated image
analysis of the area covered by fungi (Figure S6f). Also, hyphal growth was increased in
CEABAC10 kidneys (Figure 3n, o, p, Figure S6g). Immunohistochemistry (IHC) showed that
CEACAM6 was exclusively present in neutrophils, monocytes, and macrophages in
CEABAC10 kidney sections (Figure 3q, r). Due to its high glycosylation[28], CEACAM6 is
proteolytically stable, and its presence was detectable in areas with high counts of
damaged/deceased immune cells at 72 h p.i., particularly on neutrophils (Figure 3q, r). IHC
analysis of consecutive sections for neutrophil elastase (Figure 3s), detectable only in viable
neutrophils, indicated that dead cells outnumbered viable neutrophils. Consequently, the
quantification of viable neutrophils by flow cytometry likely underestimated the extent of
increased neutrophil recruitment into inflamed CEABAC10 kidney tissue.

2.3   The expression of human CEACAM3 and CEACAM6 does not alter the response of bone marrow-derived neutrophils to *C. albicans in vitro*

Neutrophils play a pivotal role in the host response against *C. albicans*[3], yet they also contribute to pathogenesis by inflammation-driven tissue damage[29, 30]. The enhanced recruitment of neutrophils, coupled with a higher fungal burden and increased numbers of inflammatory foci in the kidneys of CEABAC10 mice, implied a potential reduction in the antifungal activity of these cells. Thus, we sought to investigate the response of bone marrow-derived neutrophils (BMN) to *C. albicans* infection *in vitro*. CEABAC10 BMN express CEACAM3 and CEACAM6 on their cell surface (Figure 4a, b), both of which regulate various human neutrophil functions such as pathogen recognition and uptake, modulation of apoptosis, and adhesion to endothelial cells[14, 31, 32, 33]. Given that CEACAM6 is also present in primary/azurophilic granules of human neutrophils and can be de-granulated to increase the cell surface expression level upon neutrophil activation[31], we assessed the expression of human CEACAM receptors on transgenic BMN by flow cytometry. Upon stimulation of CEABAC10-derived BMNs with *C. albicans*, a significant increase of both, human CEACAM3 and CEACAM6, on BMN cell surfaces was observed (Figure 4c, d), indicating similar behavior of the receptors in transgenic murine neutrophils.

The integrin CD11b/CD18 (CR3, αMβ2, MO-1, Mac-1) plays a crucial role in mediating neutrophil extravasation. CR3 can be activated and upregulated upon human neutrophil activation and ligation of CEACAM3 and CEACAM6[33]. Stimulation of BMNs with *C. albicans* led to a similar increase of cell surface-associated CD11b in both WT and CEABAC10 cells (Figure 4e), indicating similar activation states of BMNs after *C. albicans* recognition. Furthermore, no discernible differences related to spontaneous and *C. albicans*-induced neutrophil death, binding and phagocytosis of *C. albicans*, or fungal killing were observed in isolated BMNs from WT and CEABAC10 mice *in vitro* (Figure 4f-h). While a slightly higher basal level of reactive oxygen species (ROS) was detected in CEABAC10 BMNs, the quantities of ROS induced by *C. albicans* were comparable between WT and CEABAC10 BMNs (Figure 4i). Also, there was no significant difference in the release of proinflammatory CXCL1 (KC), but CEABAC10 BMNs exhibited a less variable and lower release of the degranulation marker myeloperoxidase (Figure 4j, k).

In summary, the expression of human CEACAM3 and CEACAM6 did not fundamentally alter the interaction of BMNs with *C. albicans in vitro*. However, the microenvironment of inflamed tissues may well influence neutrophil behavior *in vivo*, and the elevated numbers of neutrophils likely contribute to heightened inflammation and tissue damage.

2.4   CEABAC10 mice develop acute hepatic coagulation necroses, purulent necrotizing hepatitis, purulent splenitis, and brain hemorrhage during systemic candidiasis

Following intravenous infection of WT mice, *C. albicans* is typically cleared from the liver over time without causing visible tissue alterations[27], a trend also observed in our experiments (Figure 5a, c). In contrast, at necropsy 72 h p.i., prominent white areas were evident on the livers of 15 out of 18 CEABAC10 (Figure 5b, c). Histologically, these alterations correlated with multifocal acute coagulation necroses with immune cell infiltrations (Figure 5d-f). Notably, these lesions were strictly vascular associated, predominantly periportally localized, and nearly exclusive to CEABAC10 livers (Figure 5g). The onset of coagulation necroses and immune cell infiltrations was detected microscopically as early as 24 h p.i., intensifying in numbers and size by 72 h p.i. (Figure 5g), when they became macroscopically visible. Additionally, acute purulent necrotizing hepatitis was observed in 6 out of 11 CEABAC10 mice 72 h p.i., contrasting with the absence of such findings in WT animals (Figure 5h).

The inflammatory nature of these lesions was evident through the higher relative numbers of
neutrophils and macrophages detected by flow cytometry in livers of CEABAC10 mice
(Figure 5i, j), accompanied by elevated levels of pro-inflammatory cytokines and chemokines
in liver homogenates (IL-6, CCL2/MCP-1, CCL3/MIP-1α, and CXCL10/IP-10; Figure 5k-m,
Figure S9). While the proportion of monocytes among hepatic immune cells was comparable
between WT and CEABAC10 mice, there was a tendency towards a relative reduction of NK
cell, T cell, and B cell numbers in CEABAC10 livers 72 h p.i. (Figure S10). Despite the
heightened inflammation in the livers of CEABAC10 mice, the total fungal burden in the liver
tissue was comparable to WT animals (Figure 5n). Similar to the kidneys, only neutrophils,
along with macrophages and monocytes stained positive for CEACAM6 (Figure S10), and
live, neutrophil elastase (NE)-positive granulocytes were outnumbered by dead CEACAM6-
posive neutrophils and macrophages 72 h p.i. (Figure S10).

In addition to the liver pathology, severe purulent splenitis was also observed in 8 out of 11
CEABAC10 mice at 72 h p.i., a condition only detected in 1 out of 7 WT mice (Figure 5r).
Despite this discrepancy in pathology, the composition of immune cell populations and fungal
load were not significantly different in spleens of infected WT and CEABAC10 mice (Figure
S12, Figure 5s).

Interestingly, four out of 18 CEABAC10 mice exhibited brain hemorrhage at 72 h p.i. at
necropsy, which was not seen in any of the 14 WT mice at 72 h (Figure S14). No difference in
the severity of encephalitis was observed between the two genotypes, although CEABAC10
brains displayed higher fungal burdens and higher hyphae scores (Figure S14). Similar to
other organs, CEACAM6 expression in the brain was restricted to neutrophils and some
macrophages (Figure S14), and dead CEACAM6-positive neutrophils and macrophages
outnumbered viable, neutrophil elastase (NE)-positive granulocytes (Figure S14).

2.5 CEACAM6 expression on monocytes, but not macrophages, leads to increased cytokine production in response to *C. albicans*

The activation of leukocytes induces an increased expression of CEACAMs on their surface[31].
In evaluating the activation of myeloid cells following systemic candidiasis, we focused on
assessing the expression of CEACAM6 that is expressed by neutrophils, monocytes, and
macrophages in CEABAC10 mice. The proportion of CEACAM6+ neutrophils increased from
approximately 80% to nearly 100% at 72 h p.i. in kidney, liver, and spleen (Figure 6a, d, g).
While CEACAM6+ monocytes were scarce in PBS control mice, their numbers increased to
approximately 50% of the total monocyte population in the kidney, liver, and spleen at 72 h
p.i. (Figure 6b, e, h).

In macrophages, the CEACAM6+ subpopulation remained remarkably stable during infection
in kidneys and spleen. Approximately 6% of all macrophages in the kidneys (Figure 6c) and
around 10% in the spleen (Figure 6i) were CEACAM6-positive cells. Interestingly, a
contrasting scenario unfolded in the liver: Here, a substantial proportion of CEACAM6+
macrophages (approximately 40%) was observed in PBS-treated control animals (Figure 6f).
However, this population dropped below 10% within 24 h p.i. and remained low at 72 h p.i.
(Figure 6f). One plausible explanation for the reduced proportion of CEACAM6+
macrophages is macrophage cell death, as only viable cells were quantified by flow
cytometry, and a substantial number of CEACAM6+ dead cells, including macrophages, were
visible in immunohistochemistry (Figure 5p).

Since the expression of CEACAM3 and CEACAM6 did not influence BMN interaction with
and response to *C. albicans*, we postulated that CEACAM6+ transgenic macrophages and

monocytes are crucial for the heightened inflammatory response observed in CEABAC10
mice during systemic candidiasis. We therefore studied responses to *C. albicans* infection in
transgenic and WT bone marrow-derived macrophages (BMDMs) *in vitro*. The majority of
BMDMs stained positive for CEACAM6 (Figure 7a, b). While phagocytosis of *C. albicans*
was slightly but significantly higher in CEABAC10 BMDMs (Figure 7c), *C. albicans*-
induced macrophage cell death was comparable between both WT and CEABAC10 BMDM
(Figure 7d). These findings suggest that macrophage expression of CEACAM6 *per se* is not
the primary factor responsible for the substantial number of dead hepatic macrophages
observed after infection *in vivo* (Figure 6f). Moreover, the release of the pro-inflammatory
cytokines IL-1β, IL-6, and TNFα was not significantly affected by CEACAM6 expression in
BMDMs (Figure 7d-f).

In CEABAC10 bone marrow-derived monocytes (BMMs), only the classical subset
(CD62L+/CD11c-), and not the non-classical subset (CD62L-/CD11c+) expressed CEACAM6
on the surface (Figure 8a-d). Nevertheless, this mixed population of CEABAC10-derived
BMMs with >50% CEACAM6+ cells demonstrated a significantly increased production of IL-
6 and CCL2/MIP-1α after *C. albicans* infection compared to WT BMMs, aligning with the
higher cytokine production observed in mouse tissues *in vivo*. In contrast, the amount of
secreted TNFα and IL-1β after infection was comparable in both WT- and CEABAC10-
derived BMMs irrespective of CEACAM6 expression.

The identification of a specific subset of macrophages expressing CEACAM6 in the livers of
transgenic mice aligns with the results from the analysis of human liver sections, where a
substantial portion of resident CD68+ macrophages[34] was also positive for CEACAM6
(Figure S17). Additionally, closely mirroring this pattern, about one-third of CD169+ alveolar
macrophages[35], as detected via flow cytometry in cell pellets from human bronchoalveolar
lavage samples, were CEACAM6-positive (Figure S18). In contrast to CEABAC10
monocytes (Figure 6b, 3, h), peripheral monocytes isolated from fresh blood of healthy
human volunteers showed no detectable surface expression of CEACAM6 (Figure S19).

3 Discussion

CEACAM family receptors play a crucial role in regulating immune functions during
infections and cancer[8, 28, 36]. CEACAM1 is recruited and activated by bacterial and viral
pathogens to suppress immune responses[8, 28, 36]. Conversely, CEACAM6 primarily functions
as an adhesin for human pathogens like AIEC, *Neisseria spec.*, and *Acinetobacter baumannii*,
permitting colonization and invasion of cells and tissues without directly affecting host
responses[10, 13, 21]. CEABAC10 mice[20] serve as a valuable model for studying interactions of
human pathogens with CEACAM3, CEACAM5, and CEACAM6 both *in vivo* and *in vitro*[13,
21, 22, 23, 37, 38]. In this study, we explore the impact of their expression on the host response to
systemic candidiasis.

CEABAC10 mice exhibited a heightened susceptibility and accelerated mortality in response
to systemic *C. albicans* infection. This increased vulnerability can be at least partially
attributed to an exacerbated systemic immune response, characterized by elevated cytokine
levels and an intensified acute phase response, in line with the contribution of progressive
sepsis to death of mice systemically infected with *C. albicans*[39]. In addition, increasing fungal
burden in the kidneys as the primary target organ[27] leads to renal failure[39]. Here, we found
that CEABAC10 kidneys were severely affected at 72 h p.i. with increased inflammation and
fungal burden, indicating that both augmented immunopathology and reduced ability to
control fungal growth contributed to the increased susceptibility of transgenic mice.

Neutrophils are crucial for the host defense against systemic candidiasis[3], and they express
functional CEACAM3[23] and CEACAM6[8, 28]. Thus, functional impairment of transgenic
neutrophils would explain the higher fungal burden, and increased recruitment of neutrophils
in CEABAC10 mice in response to the high fungal load likely resulted in increased renal
injury[40, 41]. However, we found no evidence of reduced anti-fungal activity of CEABAC10
BMNs *in vitro*. Possibly, neutrophil behavior *in vivo* is influenced by infection-specific
alterations of the tissue environment that were absent in BMN experiments *in vitro*. Our
serum glycoproteome analysis showed markedly dysregulated levels of several matrix
proteins and secreted/shed immunoregulatory receptors and enzymes in CEABAC10 serum,
including the key enzyme for heparan sulfate chain initiation, EXTL2. In mouse models for
vulvovaginal candidiasis, heparan sulfate in the vaginal environment of susceptible mice
serves as a competitive ligand for Mac-1 on neutrophils, effectively rendering the neutrophils
unable to bind to *Candida* to initiate killing[42]. Pathway analysis of the serum glycoproteomes
of WT and CEABAC10 mice 72 h p.i. further identified a dysregulation of the LXR/RXR
activation, which regulates neutrophil functions[43] as well as monocyte/macrophage cytokine
release[44, 45].

Interestingly, CEABAC10 livers also showed clear inflammatory changes and tissue damage.
This was unexpected because in WT mice, liver infection is normally controlled by the
murine immune system, and tissue architecture is preserved without evident inflammatory
changes, except for the transient accumulation of both neutrophils and mononuclear
phagocytes[27]. Enhanced numbers of monocytic phagocytes can lead to tissue damage, as
shown by mouse liver injury exacerbated by CCL2-mediated monocyte/macrophage
recruitment[46]. In fact, our data suggested that CEABAC10 monocytes and macrophages were
the driving force behind the observed systemic inflammation and organ damage, acutely
affecting the liver. Recently, an increasing number of publications have focused on the role of
monocytic phagocytes in systemic candidiasis[3, 47]. Monocytes closely control the early host
reaction to *C. albicans* infection, primarily by secretion of various cytokines and chemokines,
including IL6 and CCL2/MIP-1α[48, 49, 50]. *Candida*-stimulated CEABAC10 bone marrow-
derived monocytes released substantially increased amounts of IL-6 and CCL2/MIP-1α,
consistent with their marked increase *in vivo* in infected CEABAC10 mice.

As the primary immune cells in naive tissues, tissue-resident macrophages are essential for
innate host defense against *C. albicans* infection[47]. CCL2 further enhances monocyte
recruitment to inflammatory sites, where they differentiate into macrophages[47, 51], as we found
in CEABAC10 livers 72 h p.i. CEABAC10 liver macrophages showed a contrasting behavior
with the loss of all CEACAM6$^+$ macrophages within 24 h p.i. and a strongly increased total
number of CEACAM6$^-$ macrophages. Regrettably, bone marrow-derived CEABAC10
macrophages were not a useful tool to study the role of macrophages during *Candida*
infection, probably due to the marked heterogeneity of macrophage populations as a function
of their microenvironment, as reviewed in detail previously[3, 47, 52]. However, in a CX3CR1
knock-out mouse model, the dysfunction of tissue macrophages was associated with a higher
fungal load in kidneys, higher neutrophil counts in kidneys, renal failure, and shortened
survival[53]. As in most murine studies of systemic *C. albicans* infection, the liver was not
further analyzed in this study[53] as it is usually not severely affected[27].

In CEABAC10 mice, the liver as key integrator of microbial responses[54] was likely central to
the exacerbation of sepsis progression via enhanced activation of the acute phase response
elicited by the increased levels of monocyte-derived IL-6. During microbial infection, IL-6
induces the liver to switch from tolerogenic towards immunogenic responses and initiate the
production of acute-phase proteins[54, 55]. In mice as well as in human patients, serum levels of
IL-6 are closely related to the severity and outcome of sepsis[56, 57]. In fact, IL-6 is the major

factor inducing a systemic inflammatory response syndrome in mouse models of sepsis[58],
furthered by inflammation and coagulation that promote organ dysfunction[26].

The rapid septic progression in CEABAC10 mice driven by the liver may have obscured
further roles of CEACAM6 receptors on monocytes and tissue macrophages in other organs[59].
For example, CEABAC10 brains showed increased fungal burden and hemorrhage.
C. albicans enters the brain by damaging the blood-brain-barrier[60], and microglia promote the
recruitment of neutrophils to the brain, which mediate fungal clearance[60, 61]. Further studies
will be needed to address the possible role of CEACAM6 expression on microglia and other
immune cells that may further impair blood vessel permeability.

This study confirms the results of our previous research on human neutrophils[14], which
showed that CEACAM6 expression plays a role in enhancing the responses triggered by other
receptors upon *C. albicans* infection rather than directly initiating a response. While
CEACAM1 shows very similar behavior to CEACAM6 in response to *C. albicans* infection
on human neutrophils[14], mice transgenic for human CEACAM1 show no difference in their
response to systemic candidiasis compared to their WT littermates[15]. Our data show that in
human neutrophils, CEACAM6 can influence different pattern recognition receptor pathways,
including Toll-like receptor (TLR), NOD-like receptor, and c-type lectin receptor signaling.
However, results from TLR2- and TLR-4-deficient mice infected with *C. albicans* remain
controversial, and in the consequences of TLR knock out for survival and fungal burden
depend on the genetic background, fungal strain, and infection dose[62]. Therefore, it remains
unclear if TLR interference by CEACAM6 might contribute to the increased susceptibility of
CEABAC10 mice. Dectin-1 deficiency renders mice susceptible to *C. albicans* infection due
to impaired neutrophil, monocyte, and macrophage recruitment and responses, including
impaired cytokine release, after infection even in the presence of opsonins[63]. This is in stark
contrast to increased recruitment of leucocytes and immunopathology observed with
CEABAC10 mice, making it unlikely that interference of CEACAM6 with Dectin-1 signaling
contributed to the observed phenotype.

Because of the intravenous route of infection used in this study, we believe that CEACAM6
expression on myeloid cells, particularly monocytes and monocyte-derived cells, rather than
mucosal CEACAM expression, lead to the exacerbated systemic inflammatory response
syndrome found in CEABAC10 mice. While there are some early publications indicating the
expression of CEACAM6 (also named CD66c, NCA-50/90, non-specific cross-reacting
antigen) on human monocytic cells and tissue macrophages[64, 65, 66], we were only able to
verify the expression of CEACAM6 in human tissue macrophages. The role of CEACAM6+
mononuclear phagocytes remains to be further elucidated in primary human cells. Also, the
possibility of CEACAM6+ monocyte subpopulations in systemically infected or septic
patients should be further explored.

4 Materials and Methods

4.1 *Candida albicans* strain and culture

Candida albicans Berkhout strain SC5314 was used for all experiments and was grown as
described[15]. In some cases, germ tubes were induced as described[15].

For FITC labelling, 10×10^7 yeast cells were suspended in 10 ml carbonate buffer (pH 9.5;
70% of sodium bicarbonate, 30% of sodium carbonate) and 100 µl of a FITC stock solution
(10 mg/ml in PBS) and incubated for one hour at 23°C, 150 rpm in the dark. Labeled yeast
cells were washed twice with PBS.

4.2   Mouse strains

FVB mice transgenic for the human CEACAM3, 5, 6, and 7 gene, CEABAC10[20], were crossed into the C57BL/6NRj background using Speed Congenics. The status of the background was supervised by GVG Genetic Monitoring (Leipzig, Germany). Mice were bred heterozygous and a minimum of 12 backcrosses were performed prior to the first experiment. The genotypes (CEABAC10+/- or wild type) were determined by PCR analysis of tail biopsies using the following primer pairs for the transgenic human CEACAMs (5'–3'): CEACAM3 (AACCCCAGGACAGCAGCTTC and GAGAGGCCTTTGTCCTGACC), CEACAM5 (CATTTGCAACAGCTACAGTC and AGTGCAGTGGTATCAGAAAC) CEACAM6 (TACTCAGCGTCAAAAGGAAC and AGAGACGTGGATCATCATCGTGA), CEACAM7 (TGATCCTCCTGATTGTCACA CTACTGGGCAATACAACAGT). Mouse interferon beta primers ATAAGCAGCTCCAGCTCCAA and GCAACCACCACTCATTCTGA were used as positive control. Wild type littermates were co-housed and used as controls. Mice were maintained under specific pathogen-free conditions at the animal facility *Forschungszentrum Beutenberg, Zentrale Experimentelle Tierhaltung*, University Hospital Jena, Germany, according to European and German animal welfare regulations.

4.3   Ethics statement

Animal studies were performed in strict accordance with European (The Council of Europe's European Convention, March 18, 1986, with the revised Annex A 2010/63/EU; The European Parliament and Council Directive 2010/63/EU d 22.09.2010) and German animal welfare regulations and the recommendations of the Society for Laboratory Animal Science (GV-Solas). All experiments were approved by the ethics committee "Beratende Kommission nach §15 Abs. 1 Tierschutzgesetz" and the responsible Federal State authority *Thüringer Landesamt für Verbraucherschutz*, Bad Langensalza, Germany (Permit No. 02-019/14).

Studies with human materials were conducted according to the principles expressed in the Declaration of Helsinki. Written informed consent to participate in this study or to allow the use of residual material for research purposes was obtained. Protocols and use of cells for this study were reviewed and approved by the institutional ethics committee of the Ethics Committee of the Friedrich Schiller University Jena, Medical Faculty (permission numbers 5070-02/17 and 2020–1773).

4.4   Systemic *C. albicans* infection model

Systemic infection was performed as described previously[15]. Briefly, co-housed young adult CEABAC10-transgenic mice (CEA) and their wild type littermates (WT) were injected with 2.5×10^4 CFU *C. albicans* /g body weight or 1×10^4 CFU *C. albicans*/g body weight via the lateral tail vein. After the infection, mice were scored at least twice a day and sacrificed when reaching a humane endpoint as described[15]. Log Rank comparison of the survival curves was performed with the GraphPad PRISM 5 software.

For analyses at pre-defined time points after infection, mice were infected as described above with 1×10^4 CFU *C. albicans* /g body weight ("Ca"). Control mice received endotoxin-free buffered saline solution ("PBS", InVivoPure pH 6.5 Dilution Buffer, Hoelzel Diagnostika GmbH, Germany; vehicle control). After infection, the health status of the mice was examined as described[15], and mice were sacrificed after 24 h (PBS and Ca) or 72 h (Ca). Since the vehicle control, PBS, does not result in any immune reaction[15], and any reaction due to the stress of the application would be only short-lived, no additional PBS group was analyzed at 72 h. Note that one PBS-injected CEABAC10 mouse was removed from all

analyses after histological analysis identified a high-grade hydronephrosis with associated,
presumably ascending pyelonephritis that was not associated with the experiment.

4.5 Post mortem analyses

When mice reached deep anesthesia, blood was taken retro-orbital and analyzed in an
automated hemocytometer (Mindray 5300Vet Hematology Analyzer). Peripheral blood for
the determination of cytokine levels and glycoproteome analysis (see below) was obtained via
cardiac puncture, kept at room temperature for 1 h and centrifuged at $1500 \times g$ for 15 min
without break in order to obtain serum. Aliquots were kept at -80°C until further analysis.

During necropsy, kidneys, spleen, liver, and brain were removed, weighed and either fixed
immediately in Roti Histofix 4% (Carl Roth GmbH, Germany) and transferred into ethanol
the next day, or kept on ice in 1-3 ml PBS until homogenization. For pathohistological
analysis, a representative section from all organs was stained with hematoxylin and eosin and
evaluated histopathological. For visualization of fungal structures, a PAS reaction and Grocott
methenamine silver staining were performed. Histological preparations were digitalized with
an Aperio CS2 (Whole Slide Scanner, Leica), and size, area, and numbers of inflammatory
foci of the kidneys were quantified using the Image-Scope software (Leica). For development,
validation, evaluation, and statistical analysis, all embedded in the visual programming
language JIPipe[67] (https://jipipe.hki-jena.de/), where the automated image processing of
Candida albicans in mouse kidneys was realized using deep learning, please refer to
Supplemental Methods. DAB (3, 3'-diaminobenzidine) immunohistochemistry on paraffin
sections was performed after dewaxing (3 × xylol, 100% ethanol, 96% ethanol, 70% ethanol,
distilled water, 10 min, respectively), followed by citrate buffer, pH 6.0, at 96°C for 30 min.
After cooling, sections were washed with PBS and blocked with 1% BSA/PBS. Consecutive
sections were and incubated with 10 µg/ml 1H7-4B, anti-NE (neutrophil elastase) antibody
(Abcam, ab68672), and IgG control antibody (BioGenex, Rabbit NEGATIVE CONTROL)
respectively, followed by goat-anti-rabbit-Conjugate (Vector, VEC-BA-1000) and developed
using DAB (Carl Roth GmbH, Germany).

CFUs were determined by plating dilutions of organ homogenates on yeast extract-peptone-
dextrose (YPD) agar plates with 80 µg/ml chloramphenicol. The detection limits were as
follows: 50 CFU/g kidney and liver, respectively; 100 CFU/g spleen; 85 CFU/g brain. For
Multiplex analysis (Cytokine Mouse Magnetic 20-Plex Panel for the Luminex platform,
Thermo Fischer GmbH, Germany) or ELISA (mouse IL-6, IL-1β and TNF-A Ready Set Go,
both eBioscience, Germany; mouse IFNγ, BD Biosciences, Germany), homogenates were
centrifuged immediately at $3000 \times g$, 4°C for 10 min and aliquots of supernatants were kept at
-80°C until analysis.

For analysis of bone marrow cells, femurs were removed and kept in PBS on ice until cell
isolation procedures. The expression of human CEACAMs in bone marrow-derived
leukocytes fixed in 4% PFA/PBS was determined by flow cytometry. Cells were blocked in
500 µl of 10% BSA/PBS overnight at 4°C, treated with 1:30 mouse Fc block (eBioscience)
for 30 min at 4°C, and stained and analyzed as described in the respective (supplemental)
figure legends with the following antibodies and the corresponding isotype controls,
respectively: Ly6C PE-Cy 7, Ly6G-APC, huCD66acde-PE (all REA, Miltenyi Biotec), B220
PerCP-Cy 5.5, CD3-APC (both eBioscience). Samples were analyzed on an Attune Acoustic
Focusing Cytometer (Life Technologies, Thermo Fisher Scientific) using the FlowJo software
version 10.0.6.

The expression of human CEACAMs in viable immune cell populations isolated from kidney,
liver, and spleen was determined by flow cytometry. Cells were stained and analyzed on an
Attune Acoustic Focusing Cytometer (Life Technologies, Thermo Fisher Scientific) using the
Attune software v2.1 as described in the respective (supplemental) figure legends with the
following antibodies or the corresponding isotype controls: CD45-PE, Ly-6G-PerCP-Vio700,
CD3ε-PE-Vio770, CD19-APC, F4/80-FITC, CD45-PE, CD11c-PE-Vio770, CD335-APC (all
REA, Miltenyi Biotec), and viability dye eFluor780 (eBioscience).

4.6 Glycoproteome analysis

Glycoprotein enrichment from serum: After thawing, 20 µl serum were added to 20 µl 4%
SDS in PBS and heated for 5 min at 95°C. After cooling to room temperature, 60 µl of PBS
were added and the mixture was centrifuged at 20.000 x g for 10 min at RT. The supernatant
was used to enrich for glycoproteins as described[68]. Trypsin-released peptides and PNGase F-
released N-glycopeptides were collected and dried in a SpeedVac (ThermoScientific).
Shotgun MS-proteomics: Samples were reconstituted in 0.3% formic acid and peptide
concentrations were measured using a NanoDrop spectrometer. 2.5 µg of tryptic and of
deglycosylated peptides (former N-glycopeptides) were analyzed in each LC-MS/MS run in
duplicates on an Orbitrap Fusion (Thermo Scientific) coupled to a Dionex Ultimate 3000
(Thermo Scientific) by a nanoelectrospray ion source. Samples were loaded on a 2 cm C18
trap column (Acclaim PepMap100, Thermo Scientific) and separated using a 2.5 h non-linear
gradient (2-80% acetonitrile/0.1% formic acid, flow rate 300 nl/min) on a 50 cm C18
analytical column (75 µm i.d., PepMap RSLC, Thermo Scientific). Full MS scans were
acquired with resolution 120.000 at m/z 400 in the Orbitrap analyzer (m/z range 370-1570,
quadrupole isolation, isolation window 1.6). MS1 parent ions were fragmented by higher
energy collisional dissociation (HCD, 30% collision energy) and 20 fragment ion spectra were
acquired in the ion trap in rapid mode. The following conditions were used: spray voltage of
2.0 kV, heated capillary temperature of 275°C, S-lens RF level of 60%, maximum ion
accumulation times of 50 ms (AGC 1 x 106) for full scans and 35 ms (AGC 1 x 104) for
HCD. Protein Identification and Quantification: All RAW files were searched against the
human UniProt database (Version 05.2016, reviewed sequences) with MaxQuant version
1.5.5.1 (Max Planck Institute of Biochemistry[69]. The parameters were set as follows: main
search peptide tolerance: 4.5ppm; enzyme: trypsin, max. 2 missed cleavages; static
modification: cysteine carbamidomethylation; variable modification in the tryptic peptide
fraction: methionine oxidation; variable modification in PNGase F fractions: methionine
oxidation and asparagine deamidation. PSM (peptide specific matches) and protein FDR was
set to 0.01. For advanced identification the Second Peptide Search in MS2 spectra and the
Match Between Runs feature were enabled. Label-free quantification of proteins with
normalization was done in MaxQuant[69]. LFQ min. ratio count was set to one. Peptides from
both fractions were integrated in the LFQ protein intensity calculations. Only unique and
razor peptides, unmodified or modified, were used for quantification. LFQ protein intensities
(see Supplementary Table S7) were then loaded into the Perseus framework (Max Planck
Institute of Biochemistry)[70]. Known contaminants and reverse identified peptides/ proteins
were discarded. Intensities were log(2) transformed and missing values were imputed from
the normal distribution of the data set (width: 0.3, downshift 1.8). Two-sample T-test was
used to calculate statistical differences of protein abundances in the compared groups. P-
values were adjusted according to Benjamini and Hochberg[71], and proteins demonstrating at
least a two-fold expression difference and an adjusted p-value < 0.05 were considered to be
significantly changed in abundance. The mass spectrometry proteomics data have been
deposited to the ProteomeXchange Consortium via the PRIDE partner repository[72] with the
dataset identifier PXD061893 (reviewer account: Username: reviewer_pxd061893@ebi.ac.uk,
Password: ueEk3ftjm3Eq).

4.7 Isolation and analysis of bone marrow-derived neutrophils (BMNs)

Young adult mice were sacrificed by CO_2 inhalation. BMN were isolated and assessed for purity and viability as described[15]. All assays were performed with freshly prepared BMN in Eppendorf tubes blocked with 10% BSA/PBS, for at least 1 h at 37°C.

Concentration of released MPO was determined in cell culture supernatants from BMN that were either left untreated or stimulated with live *C. albicans* yeast cells (MOI 10) for 60 min using the mouse MPO ELISA kit (Hycultec GmbH).

C. albicans killing assay was performed using the Colorimetric Cell Viability Kits III (XTT) from Promokine, Germany. 2×10^5 neutrophils in 100 µl RPMI/10% FBS were left unstimulated or were stimulated with 2×10^5 *C. albicans* cells per well (MOI 1) in a 96 well plate, for 30 min at 37°C, 5% CO_2. *C. albicans* solution for standards (input) was kept on ice for the incubation times. Just before the following procedures, *C. albicans* standards (sensitivity: 6,500 CFU) were transferred to the 96 well plate. Triton X-100 was added to all wells to reach a final concentration of 0,3% and incubated for 10 min at 37°C, 5% CO_2, in order inactivate neutrophils. Viable *C. albicans* cells were quantified by the addition of 50 µl XTT reaction mixture per well and incubation for 3-4 h at 37°C, 5% CO_2. Absorbance was measured using a TECAN M200 at 450 nm and 630 nm (background). For calculations of *C. albicans* CFUs, background and blanks were subtracted.

Phagocytosis assays were performed as described[15]. Briefly, BMN were stimulated with FITC-labeled *C. albicans* yeast cells (MOI 20) for 20 min, fixed and counterstained for Hoechst33342 (Thermo Scientific), mouse anti-mouse CEACAM1 expressed on WT and CEABAC10 BMN (MSCC1, monoclonal mouse IgG1, Bernhard B. Singer, Essen / highly cross-adsorbed goat anti-mouse-Alexa546, Invitrogen) and extracellular *Candida* cells (rabbit-anti Candida, BP1006, Acris antibodies / highly cross-adsorbed goat anti-rabbit-Alexa633, Invitrogen). Micrographs were analyzed for phagocytosis by counting BMNs without contact to *Candida* cells, BMN with attached, extracellular *Candida* cells (FITC staining and anti-*Candida* antibody staining) and BMN with intracellular (phagocytosed) *Candida* cells (FITC staining only) with a confocal laser scanning microscope (Zeiss LSM 710) using the ZEN 2010 software (both Carl Zeiss Microscopy GmbH).

All flow cytometric analyses of BMN were performed on an Attune Acoustic Focusing Cytometer (Life Technologies, Thermo Fisher Scientific) using the Attune software v2.1.

The expression of CD11b, and human CEACAM3 and CEACAM6 and their relative fluorescence intensities on BMN was determined in cells either left untreated or stimulated with UV-killed *C. albicans* germ tubes (MOI 10) for 60 min. Cells were stained using viability dye eFluor780 (eBiosciences), anti-CD11b-APC (clone REA592, Miltenyi Biotec), and either 308/3-3 (anti-human CEACAM3/5, LeukoCom, Essen, Germany) / highly cross-adsorbed goat anti-mouse IgG1-PE (eBiosciences), or 1H7-4B (anti-human CEACAM6, LeukoCom, Essen, Germany) / highly cross-adsorbed goat anti-mouse IgG1-PE (eBiosciences), respectively. Note that 308/3-3 cross-reacts to CEACAM5[14] that is not expressed on neutrophils (therefore we refer to 308/3-3 as "CEACAM3-specific" in the context of this publication). For the analysis of flow cytometry data, dead cells were excluded due to possible false positive staining.

For analysis of apoptosis, BMN were either left untreated for 2 h, or were treated for 2 h with UV-killed *C. albicans* germ tubes (MOI 10) and stained using the Annexin V Detection Kit

APC (eBiosciences). Cells negative for Annexin V and propidium iodide were considered
viable.

Analysis of intracellular reactive oxygen species was performed as described[15]. Briefly, BMN
were pre-incubated for 15 min with 1.5 µg/ml dihydro-rhodamine 123 (DHR, Biomol GmbH)
in calcium- and magnesium-free PBS/2.5% BSA and either left untreated or stimulated with
UV-killed *C. albicans* germ tubes (MOI 10) for another 15 min. Cells were washed in
calcium- and magnesium-free PBS, fixed in 1% PFA/PBS for 10 min, blocked with PBS/50%
heat-inactivated fetal bovine serum, and washed with PBS/2% heat-inactivated fetal bovine
serum.

4.8   Differentiation and analysis of bone marrow-derived monocytes (BMM) and
**   macrophages (BMDM)**

Young adult mice were sacrificed by CO_2 inhalation. Isolated bone marrow cells were
differentiated into BMM (non-adherent cells, 5-7 days) and BMDM (adherent cells, 7 days) in
RPMI/25 ng/ml recombinant mouse M-CSF (ImmunoTools GmbH, Friesoythe, Germany).
The medium was exchanged every other day (non-adherent cells were collected by
centrifugation). CEACAM6 expression was determined by flow cytometry using eFluor 780
(eBioscience, USA), and the following antibodies (all Miltenyi Biotec): CD66c-PE / REA414
(CEACAM6), F4/80-FITC / REA126, CD11b-APC / REA892, CD11c-PE-Vio770/REA754,
CD62L-APC / REA828 as described in the respective (supplemental) figure legends. All flow
cytometric analyses of BMN and BMDM, respectively, were performed on an Attune
Acoustic Focusing Cytometer (Life Technologies, Thermo Fisher Scientific) using the Attune
software v2.1.

For stimulation, *C. albicans* was opsonized (2×10^8 / 1 ml of serum, incubation on ice for at
least one hour, removal of serum by RPMI wash). In all stimulations longer than 6 h,
treatment of the cells with Amphotericin B was included to prevent excessive growth of
hyphae (1 µg/ml, added after 1 h of stimulation). For the phagocytosis assay, *C. albicans* cells
were labelled with fluorescein isothiocyanate (FITC) prior to the experiment (see above).

For ELISAs, 5×10^5 BMN and BMDM, respectively, in 500 µl medium were seeded in 24-
well-plates, and were either left untreated, or were stimulated for 24 h at MOI 1.
Concentrations of mouse cytokines IL-1β (eBioscience), IL-6 (Thermo Scientific), CCL2
(Becton Dickinson), and TNFα (Thermo Scientific) were determined according to
manufacturer's instructions.

To quantify the overall *C. albicans*-induced cell death, BMDM were seeded in 48-well-plates
at a density of 2.5×10^5 cells in 250 µl of medium. Following 24 h of *C. albicans* stimulation
at MOI 1, SYTOX^{TM} Green (Invitrogen, USA) was added to the cells to a final concentration
of 200 nM and incubated for 10 min in the dark at 37 °C 5 % CO_2. Two images per well were
taken at 20x magnification using the Vert.A1 + AxioCam MRc (Carl Zeiss, Germany) and
exported as .tiff files from ZEN software (Carl Zeiss, Germany). Cells were counted using the
multi-point tool in Image J (open source). Phase-contrast images were used to count all cells
and dead cells were counted in the SYTOX^{TM} Green channel.

For analysis of phagocytosis, 2.5×10^5 BMDM/well were seeded in collagen-coated 8-well-
chambers (Permanox, Nunc Lab-TEK, Thermo Scientific) in 500 µl of medium and
stimulated at an MOI 5 with FITC-labeled *C. albicans* for 20 min. Cells were washed twice
with pre-warmed PBS, fixed with 250 µl 4% paraformaldehyde in PBS for 20 min at RT, and
blocked with 200 µl 10 % BSA/PBS at 4°C overnight. Mouse Fc-block (eBioscience) was

added for 30 min, and rabbit-anti-*Candida* antibody (BP1006, Acris antibodies) was added at
5 µg/ml for 1 h. Cells were washed three times with PBS, and goat anti-rabbit-Alexa Fluor
633 antibody (1:200, Invitrogen) and Hoechst33342 (1:1000, Thermo Scientific) in 5%
BSA/PBS were added. Cells were washed three times with PBS, chambers were removed, and
the slides were dipped consecutively in PBS, water and 70 % ethanol. After drying, slides
were mounted with Vectashield mounting medium and allowed to harden in the dark
overnight at RT and sealed using nail polish. Samples were analyzed with a Cell Observer Z1
microscope (Carl Zeiss, Germany) using the ZEN2010 software. Intracellular Ca and BMDM-
associated extracellular Ca were counted, and the number of extracellular Ca was divided by
the number of intracellular plus associated Ca, giving the phagocytosis index.

4.9   Human liver section analysis

Human PFA-fixed, paraffin-embedded liver sections were incubated at room temperature
consecutively with xylol (2x 15 min), 100% ethanol, 96% ethanol, 70% ethanol, and with
distilled water (each for 10 min), followed by Tris-EDTA buffer, pH 9.0, at boiling
temperature for 15 min. After cooling, sections were washed with PBS and blocked with 1%
BSA/PBS, incubated with monoclonal rabbit-anti-CD68 antibody (EPR20545, Abcam) and
mouse anti-CEACAM6 1H7-4B, (LeukoCom, Essen, Germany) at 10 µg/ml in 0.5% BSA
over night at 4°C in a humid chamber, washed and incubated with "Goat anti-Rabbit IgG
(H+L) Cross-Adsorbed Secondary Antibody -Alexa Fluor 660" (Thermo Scientific), "Alexa
Flour 546 Goat anti Mouse IgG (H+L)" (Invitrogen GmbH), each 1:200 in 0.5% BSA, and
1:5000 Hoechst 33342" (Thermo Scientific) for 1h at RT. Slides were washed twice with
PBS. After drying, slides were mounted with Vectashield mounting medium (Biozol),
allowed to harden in the dark overnight at RT, and sealed using nail polish. Samples were
analyzed with an Axio Observer.Z1/7 microscope using the ZEN 2010 software (both Carl
Zeiss Microscopy GmbH).

4.10   Human alveolar macrophage analysis

663 Cells from human bronchoalveolar lavage were stained for CD169-PE (marker for alveolar
664 macrophages), CD66b-FITC (marker for human neutrophils), and CEACAM6 (CD66c-PE-
665 Vio770) (all REA, Miltenyi Biotec) and analyzed on an Attune Acoustic Focusing Cytometer
666 (Life Technologies, Thermo Fisher Scientific) using the Attune software v2.1.

4.11   Human peripheral monocyte analysis

668 Human PBMCs were isolated and stained directly using anti-CD14-FITC (REA, Miltenyi
669 Biotec), anti-CD66c.PE-Vio770 (CEACAM6, REA, Miltenyi Biotec, and eFluor780. Cells
670 were analyzed on an on an Attune Acoustic Focusing Cytometer (Life Technologies, Thermo
671 Fisher Scientific) using the Attune software v2.1.

4.12   Statistical analysis

Except for proteomics data, statistical analysis was performed using GraphPad Prism 5.04
Software. For parametric data with 2 groups, unpaired, two-tailed Students t-test was
performed; for matched pairs, a paired two-tailed Students t-test was performed. For non-
matched parametric data with more than 2 groups, one-way ANOVA with Bonferroni post-
tests was performed. In case of exponential data (CFUs, relative fluorescence intensity)
log(10) transformed data were used for statistical analysis. In case of samples with no
detectable CFU counts, statistical analysis was performed twice, inserting either 0.1 or the
respective detection limit; the outcome was "not significant" in both cases. In the present
manuscript, p values for the former analysis are given.

5   Data Availability

The datasets generated during and/or analyzed during the current study are available in the ProteomeXchange Consortium via the PRIDE partner repository72 with the dataset identifier PXD061893 (reviewer account: Username: reviewer_pxd061893@ebi.ac.uk, Password: ueEk3ftjm3Eq). Code used for image analysis (see supplemental Material / supplemental method) is available at: https://asbdata.hki-jena.de/Klaile_PraetoriusEtAl2023_NatCommun

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7   Author Contributions

EK and HS conceived the study. EK, MMM, JS, AKB, SB, JE, TEK, SK and IDJ performed experiments. EK, MMM, JS, AKB, SB, JE, SK, AG, KD, OK, JPP, and MTF analyzed data. EK drafted the manuscript. EK, MMM, JS, AKB, SB, JE, TEK, SK, KD, OK, JPP, MTF, TB, AG, GM, IDJ and HS revised and approved the manuscript.

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9   Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

10   Contribution to the Field Statement

Systemic *C. albicans* infections result in an extremely high morbidity and mortality and still pose a major challenge regarding early diagnosis and treatment. Three myeloid cell types are first responding to systemic microbial infections: neutrophils, monocytes, and macrophages. The CEABAC10 transgenic mice express *Candida* receptors of the human CEACAM receptor family on their innate immune cells and on their mucosa. In the present study we show for the first time that the expression of human CEACAM6 on monocytes and macrophages can be essential to the regulation of the host response to pathogens. So far, only the expression of different CEACAM receptors on neutrophils and in mucosal epithelial cells was described to regulate the innate immune response to microbial infection. This work therefore points toward a completely new direction regarding the CEACAM-dependent regulation of immune responses.

11 Figures and Figure Legends

Figure 1: CEABAC10 mice are more susceptible to systemic *C. albicans* infection. (a)
CEABAC10 mice (N=8) and wild type littermates (N=8) were injected with 1×10^4 CFU
C. albicans /g body weight and were analyzed for survival (one experiment). Note that
significant results were also obtained after injection of 2.5×10^4 CFU/g body weight (Figure
S1). (b-f) CEABAC10 mice and wild type littermates were either injected with PBS or
infected with 1×10^4 CFU/g body weight, respectively, and were sacrificed after 24 h or 72 h.
Cytokine levels in peripheral blood were determined for IL-6 (b), TNFα (c) and GM-CSF (d)
by multiplex assay (Luminex) or ELISA. Additional cytokines are shown in Figure S2.
Numbers of neutrophils (e) and monocytes (f) in peripheral blood were analyzed in an
automated hemocytometer (additional blood parameters in Figure S4). Statistics: (a) Log rank
test (Mantel Cox); (b-f) One-Way-ANOVA and Bonferronis' Multiple Comparison Test:
*p<0.05 ****p<0.001. Data are from one experiment (a) or combined from two independent
experiments (b-f). (b-f) Data points with mean and standard deviation.

Figure 2: Enhanced acute phase response in CEABAC10 mice after 72 h systemic
***C. albicans* infection.** CEABAC10 mice and wild type littermates were either injected with
PBS or infected with 1×10^4 CFU/g body weight, respectively, and were sacrificed after 24 h
or 72 h (N=6 per group, combined from two independent experiments). Glycoproteins were
isolated from serum and analyzed via mass spectrometry. (a) Principal component analysis of
identified proteins. Note that PBS injected mice and mice 24 h p.i. and 72 h p.i. separate,
respectively, (dashed red lines) but that CEABAC10 samples only separate from WT samples
72 h p.i. (dashed green oval). (b, c) Volcano plots of contrasts of WT samples 24 h p.i. (b) and
72 h p.i. (c) vs. WT PBS, respectively. Plots display –log(p-value) versus the mean difference
(log(2) fold-change). Red dots indicate statistically significant changes. All proteins detected
and their corresponding values are listed in Tables S1 (b) and S2 (c). (d-f) Volcano plots of
contrasts of CEABAC10 vs. WT samples from PBS controls (d), 24 h p.i. (e), or 72 h p.i. (f).
Plots display –log(p-value) versus the mean difference (log(2) fold-change). Red dots indicate
statistically significant changes. All proteins detected and their corresponding values (f) are
given in Table S4. Note that in (d) and (e) no significant alterations were observed. (g-i)
Pathway analysis of fold-changes in glycoprotein levels found in (b), (c), and (f), respectively.
Asterisks (*) mark extracellular pathways. Bars are color coded for z-scores: red = positive z-
score (activated); blue = negative z-score (inhibited); white = z-score equals 0; grey: no
activity pattern available. Statistical analysis: MaxQuant, Perseus, and IPA software (settings:
materials and methods section).

Figure 3: CEABAC10 mice show enhanced kidney inflammation during systemic
***C. albicans* infection.** CEABAC10 mice and wild type littermates were either injected with PBS or infected with 1×10^4 CFU/g body weight, respectively, and were sacrificed after 24 h or 72 h. (a-h) Kidney sections were hematoxylin-eosin-stained and analyzed. (a-d) Representative sections of WT and CEABAC10 kidneys. Sections were scored for the degree of renal inflammation (e) and analyzed for inflammatory foci (f, g) and total area of inflammation (h). (i-k, m) Concentrations of IL-6 (i), IL-1β (j) and CCL2/MCP-1 (k), and CFUs (m) were determined in kidney homogenates by multiplex assay (Luminex)/ELISA and serial plating, respectively (additional cytokines in Figure S5). (l) % Ly6G⁺ neutrophils of CD45⁺ leukocytes isolated from kidneys analyzed by flow cytometry (additional immune cell populations in Figure S6, gating in Figure S7). (n, o) Representative Grocott-silver-stained sections 72 h p.i and blow-ups of the indicated regions. (p) Grocott-silver-stained sections were scored for the occurrence of hyphal growth. Note that non-infected kidneys (8 WT and 8

CEABAC10 / PBS) did not show fungal growth (l, o). (q-s) Immunohistochemical staining of
consecutive sections of CEABAC10 kidneys 72 h p.i for CEACAM6 (q, r) or neutrophil
elastase (s), respectively. Panels display representative images (N=3). Note that only viable
neutrophils are NE[+], but that CEACAM6^{+} cells include viable and dead neutrophils,
monocytes, and macrophages, and that CEACAM6^{+} cells (r) outnumber viable neutrophils (s)
by ca. one or two orders of magnitude. Statistics: (e, o) Kruskal-Wallis and Dunn's Multiple
Comparison Test, #p<0.05, ##p<0.01; (f-l, p) One-Way-ANOVA and Bonferronis' Multiple
Comparison Test: *p<0.05 **p<0.01 ***p<0.005 ****p<0.001. (e-k) Data points with mean
and standard deviation. (m, p) Data points with median and mean, respectively. Data are
combined from two independent experiments.

Figure 4: WT and CEABAC10 bone marrow-derived neutrophils display similar
reactions to *C. albicans*. (a-e) Degranulation and CEACAM surface expression. WT and
CEABAC10 BMN were either left untreated or stimulated with *C. albicans* for 1 h, stained
for CD11b and either CEACAM3 (a, c), or CEACAM6 (b, d), respectively, and analyzed by
flow cytometry (gating in Figure S8). (a, b) Representative results, grey line: isotype control,
black lines: CEACAM3 and CEACAM6, respectively. (c-e) Log data of the relative
fluorescence intensity (RFI) with mean and SD. (f) Spontaneous and *C. albicans*-induced cell
death after 2 h. Viability was assessed by exclusion of PI and annexin V staining via flow
cytometry (% viable BMN with mean and SD). (g) *C. albicans* killing efficiency after 30 min
analyzed by XTT assay (% surviving CFUs from the input with mean and SD). (h)
C. albicans binding/phagocytosis (20 min, FITC-labeled yeast cells at MOI 10, stained for
extracellular *C. albicans* via specific antibody) was analyzed by fluorescence microscopy for
cells with no contact to *C. albicans* (no), with *C. albicans* bound exclusively extracellular
(ext.), and phagocytosed, intracellular *C. albicans* (int.) (% BMN with mean and SD). For
each experiment, at least 100 BMN were counted per group. (i) Spontaneous and *C. albicans* -
induced production of reactive oxygen species (ROS) after 20 min measured via DHR assay
by flow cytometry (log data of RFI with mean and SD. (k, l) Spontaneous and *C. albicans*-
induced CXCL1/KC (k) and myeloperoxidase (MPO) (l) release in cell culture supernatants
after 24 h with mean and SD. Statistics: (c, d, g) unpaired, two-sided Student's T test; (e, f, h,
i, j, k) One-Way-ANOVA and Bonferronis' Multiple Comparison Test: *p<0.05 **p<0.01;
log data were used for statistical analysis of (c-e, i). (c-k) Data points with mean and standard
deviation.

Figure 5: CEABAC10 livers display enhanced inflammation, acute coagulation necroses with immune cell infiltration, and multifocal hemorrhage during systemic *C. albicans* infection. CEABAC10 mice and wild type littermates were either injected with PBS or infected with 1×10^4 CFU/g body weight, respectively, and were sacrificed after 24 h or 72 h. (a-c) Occurrence of macroscopic pathologic liver abnormalities (white areas) observed during necropsy 72 h p.i. (18 CEA, 14 WT). (a, b) Representative images. (c) Livers without macroscopic abnormalities (open bars), and livers displaying white areas 72 h p.i. (filled bars). (d-h) Liver sections were hematoxylin-eosin-stained and analyzed. (d-f) Representative CEABAC10 liver section 72 h p.i., showing acute coagulation necroses with immune cell infiltration and multifocal hemorrhage. (g, h) Sections were scored for the degree of acute coagulation necroses (g) and for the grade of acute purulent necrotizing hepatitis (h). (i, j) % Ly6G+ neutrophils (i), and F4/80+ macrophages (j) of CD45+ leukocytes isolated from livers (additional immune cell populations in Figure S10, gating in Figure S11). (k-m) Concentrations of IL-6 (k), CCL2/MCP-1 (l) and CCL3/MIP-1alpha (m) were determined in liver homogenates (additional cytokines in Figure S9). (n) CFUs in liver homogenates. (o-q) Immunohistochemical staining of consecutive CEABAC10 liver sections 72 h p.i. for CEACAM6 (o, p) or neutrophil elastase (NE) (q), respectively (representative sections, N=3). Note that only viable neutrophils are NE+, but that CEACAM6+ cells include viable and dead neutrophils and macrophages/monocytes, and that CEACAM6+ cells (p) outnumber viable neutrophils (q) by one or two orders of magnitude. (r) Spleen sections were hematoxylin-eosin-stained and scored for splenitis. (s) CFUs were determined in spleen homogenates. Note that livers and spleens from uninfected animals (8 WT and 8 CEABAC10 for PBS, respectively) did not display any fungal growth and that none of the infected liver and spleen samples displayed any hyphal growth. Data are combined from two (g-n, r, s) or four (c) independent experiments. Statistics: (c) Fisher's Exact Test, two-sided $$$$ p<0.001; (g, h, r) Kruskal-Wallis and Dunn's Multiple Comparison Test, #p<0.05 ##p<0.01; (i-n, s) One-Way-ANOVA and Bonferronis' Multiple Comparison Test: *p<0.05 **p<0.01. For (l, s), log data were used for statistical analysis. (g-n, r, s) Data points with mean and standard deviation.

Figure 6: Increased numbers of CEACAM6+ myeloid cells in organs of CEABAC10
mice during systemic *C. albicans* infection, and loss of CEACAM6+ liver macrophages.
CEABAC10 mice were either injected with PBS or infected with 1×10^4 CFU/g body weight,
respectively, and were sacrificed after 24 h or 72 h. Immune cells were isolated from kidneys,
liver, and spleen, and stained for viability dye/CD45/CD11b/Ly6G, and viability
dye/CD45/F4/80/Ly6C/CD11c, respectively. Neutrophils, monocytes, and macrophages were
analyzed for their percentage of human CEACAM6-positive cells (gating: see Figure S15).
Graphs give the percentage of CEACAM6-positive cells of the respective cell type with mean
and standard deviation. Data are from one experiment. Statistics: One-Way-ANOVA and
Bonferronis' Multiple Comparison Test: *p<0.05 **p<0.01 ***p<0.005 ****p<0.001.

Figure 7: Enhanced phagocytosis but unaltered *C. albicans*-induced cell death of CEACAM6⁺ bone marrow-derived macrophages. (a, b) Bone marrow-derived macrophages (BMDM) from CEABAC10 mice were analyzed via flow cytometry. Single viable cells were gated for F4/80⁺/CD11b⁺ macrophages (a) and analyzed for their CEACAM6 expression (b); for complete gating see Figure S16. Graphs are representative of three independent experiments (mean and standard deviation: 88.9%±5.1%CEACAM6⁺ BMDM). (c) WT and CEABAC10 BMDM were incubated with FITC-labeled *C. albicans* at MOI 5 for 20 min, fixed, and stained for extracellular *C. albicans*. Images were analyzed for *C. albicans* bound externally to BMDM, and phagocytosed/intracellular *C. albicans*. The graph gives the phagocytosis efficiency in %: intracellular *C. albicans* / (externally bound + intracellular *C. albicans*) × 100. N=3, at least 100 cells were analyzed per sample. (d) WT and CEABAC10 BMDM were either left unstimulated or incubated with *C. albicans* at MOI 1 for 24 h and analyzed for the percentage of dead cells by Sytox green staining; at least 100 cells were analyzed per sample. (e-g) WT and CEABAC10 BMDM were either left unstimulated or incubated with *C. albicans* at MOI 1 for 24 h. Concentrations of IL-1β (e), IL-6 (f), and TNFα (g), were determined in cell culture supernatants via ELISA. Graphs give data points with mean and SD. Statistics: (c) unpaired two-sided Student's T test; (d-g) One-Way-ANOVA and Bonferronis' Multiple Comparison Test. (c-g) Data points with mean and standard deviation.

Figure 8: Bone marrow-derived CEACAM6+ classical monocytes release enhanced amounts of IL-6 and CCL2 in response to *C. albicans* infection. (a-d) Bone marrow-derived monocytes (BMM) from CEABAC10 mice were analyzed by flow cytometry. Single viable BMM were gated into CD11c+/CD62L- non-classical monocytes, CD11c+/CD62L+ intermediate monocytes, and CD11c-/CD62L+ classical monocytes (a), and analyzed for their CEACAM6 and CD11b expression (b-d, respectively). For complete gating see Figure S16. Graphs are representative of three independent experiments (mean and standard deviation: CEACAM6+ non-classical monocytes = 1,6%±0.4%; CEACAM6+ intermediate monocytes = 36.9%±3.8%; CEACAM6+ classical monocytes = 83.4%±6.4%). (e-h) WT and CEABAC10 BMM were either left unstimulated or incubated with *C. albicans* at MOI 1 for 24 h. Concentrations of CCL2/MCP-1 (e), IL-6 (f), TNFα (g), and IL-1β (h), were determined in cell culture supernatants. Graphs give data points with mean and standard deviation. Statistics: One-Way-ANOVA and Bonferronis' Multiple Comparison Test, **p<0.01.

12   Supplementary Material

Supplementary Figures and Method (PDF file):

Figure S1: CEABAC10 mice are more susceptible to systemic *C. albicans* infection. Survival
analysis with an infection dose of 2.5×10^4 CFU/g body weight. Related to Figure 1.

Figure S2: CEABAC10 mice display enhanced cytokine levels in peripheral blood during
systemic *C. albicans* infection. Multiplex/ELISA. Related to Figure 1.

Figure S3: No differences in bone marrow compositions between WT and CEABAC10 mice
during systemic *C. albicans* infection. Flow cytometry.

Figure S4: CEABAC10 mice have reduced white blood cell and platelets in counts in their
peripheral blood during systemic *C. albicans* infection. Automated cytometric analysis of
peripheral blood. Related to Figure 1.

Figure S5: CEABAC10 mice have enhanced cytokine concentrations in their kidneys during
systemic *C. albicans* infection. Multiplex/ELISA. Related to Figure 3.

Figure S6: Immune cell populations in kidneys of WT and CEABAC10 mice during systemic
C. albicans infection and automated image analysis of *Candida* cells kidney sections. Related
to Figure 3.

Figure S7: Gating of immune cell populations in kidneys. Related to Figure 3 and Figure S6.

Figure S8: BMN gating. Related to Figure 4.

Figure S9: CEABAC10 mice have enhanced CCL3 and CXCL10 concentrations in their
livers during systemic *C. albicans* infection. Multiplex/ELISA. Related to Figure 5.

Figure S10: Immune cell populations in livers of WT and CEABAC10 mice during systemic
C. albicans infection. Flow cytometry and IHC. Related to Figure 5.

Figure S11: Gating of immune cell populations in livers. Related to Figure 5 and Figure S10.

Figure S12: Immune cell populations in spleen during systemic *C. albicans* infection. Flow
cytometry and IHC. Related to Figure 5.

Figure S13: Gating of immune cell populations in spleens. Related to Figure S12.

Figure S14: CEABAC10 mice display brain hemorrhage but no increase in encephalitis 72 h
post-*C. albicans* infection. Fungal load, histopathologic analysis, IHC.

Figure S15: Gating of CEACAM6$^+$ myeloid cells in organs of CEABAC10 mice during
systemic *C. albicans* infection. Related to Figure 6

Figure S16: Gating of bone marrow-derived macrophages and monocytes. Related to Figures
7 and 8.

Figure S17: CEACAM6 expression on human liver macrophages$^+$.

Figure S18: CEACAM6 expression on human alveolar macrophages.

Figure S19: No CEACAM6 expression on human peripheral monocytes.

Supplementaal Method: Automated image analysis of *C. albicans* cells in kidney sections.
Development, evaluation and detailed results.

Supplementary Tables (XLSX file):

Supplementary Tables S1, S2, S3, S4, S5, and S6: Serum glycoproteome analyses.
Comparisons of glycoproteomes and pathway analysis of these comparisons, Tables S1, S2,
S3, S4, S5 and S6 relate to Figure 2b, 2c, 2g, 2h,2f, and 2i, respectively.

Supplementary Table S7: Protein groups (results of glycoproteome analysis).

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