Channeling macrophage polarization via selective translation inhibition by rocaglates

increases macrophage resistance to Mycobacterium tuberculosis

Sujoy Chatterjee[1#], Shivraj M. Yabaji[1#], Bidisha Bhattacharya[1], Emily Waligurski[1], Nandini

Vallavoju[2], Somak Ray[4], Lauren E. Brown[2], Aaron B. Beeler[2], Alexander R. Ivanov[4], Lester

Kobzik[3], John A. Porco Jr[2], and Igor Kramnik[1]*

[1]Pulmonary Center, Department of Medicine, Boston University School of Medicine, National

Emerging Infectious Diseases Laboratories (NEIDL), Boston University, Boston MA, 02118,

USA

[2]Department of Chemistry, Center for Molecular Discovery (BU-CMD), Boston University,

Boston, MA, 02215, USA

[3]Department of Environmental Health, Harvard School of Public Health, Boston, MA, 02115,

USA

[4]Barnett Institute of Chemical and Biological Analysis, Department of Chemistry and Chemical

Biology, Northeastern University. Boston, MA, 02115, USA

co-first authors

* Corresponding author, Email: ikramnik@bu.edu

Running title: Macrophage polarization using rocaglates

Abstract

Macrophages contribute to host immunity and tissue homeostasis via alternative activation programs. M1-like macrophages control intracellular bacterial pathogens and tumor progression. In contrast, M2-like macrophages shape reparative microenvironments that can be conducive for pathogen survival or tumor growth. An imbalance of these macrophages phenotypes may perpetuate sites of chronic unresolved inflammation, such as infectious granulomas and solid tumors.

We have found that plant-derived and synthetic rocaglates sensitize macrophages to low concentrations of the M1-inducing cytokine IFN-gamma and inhibit their responsiveness to IL-4, a prototypical activator of the M2-like phenotype. Treatement of primary macrophages with rocaglates increased their resilience to oxidative stress, stimulated autophagy and killing of intracellular mycobacteria. Thus, rocaglates represent a novel class of immunomodulators that can direct macrophage polarization towards the M1-like phenotype in complex microenvironments associated with hypofunction of type 1 and/or hyperactivation of type 2 immunity, e.g. chronic bacterial infections, allergies and, possibly, certain tumors.

Introduction

The increasing problem of infectious diseases caused by antibiotic-resistant bacteria has

intensified a search for novel therapeutic approaches. Among them are host-directed therapies

(HDT) aimed at either boosting immune-mediated bacterial control or reducing

immunopathology, broadly referred to as mechanisms of host resistance or disease tolerance,

respectively (1). Many intracellular bacterial pathogens reside in macrophages, the very cells of

innate immune system whose major function is to eliminate invading pathogens. This paradox is

enabled by macrophages' plasticity, which successful pathogens exploit to create cellular niches

for persistence and replication within inflamed tissue of susceptible hosts.

To combat intracellular bacteria, macrophages activate cell autonomous defense

mechanisms, such as phagocytosis, production of highly toxic reactive oxygen and nitrogen

species, bactericidal peptides, as well as phagosome maturation and autophagy to deliver the

ingested pathogens to lysosomes for destruction. This pro-inflammatory type of macrophage

activation can be induced by microbial ligands and proinflammatory cytokines. It is broadly

referred to as "classical" or M1 type, although this definition encompasses an array of related,

but non-identical macrophage activation states. Individuals whose macrophages fail to respond

to IFNγ, the prototypical M1 polarizing signal, are extremely susceptible to infections caused by

intracellular mycobacterial species, including an avirulent vaccine strain of *M.bovis* BCG and a

normally avirulent environmental non-tuberculous mycobacteria (NTM). The alternative

macrophage activation programs, broadly referred to as M2 type, are mediated by upregulation

of anti-inflammatory cytokines and characterized by an increased macrophage permissiveness

for intracellular bacteria. Activation of an alternative macrophage activation program, M2 type,

by IL-4 favors *M.tb* replication by suppressing autophagy and antigen presentation by the

infected macrophages. Overexpression of IL-4 in a mouse model in vivo leads to progression of

tuberculosis (TB) and formation of organized necrotic granulomas typical of human TB(2). The

M2-like differentiation of macrophages is also involved in local immune suppression within

tumor microenvironments and tumor promotion (3). However, the M2-like macrophages play

important homeostatic and adaptive physiological roles in immune regulation, tissue remodeling,

fibrosis and control of parasitic helminth infections(4). Within specific in vivo environments

macrophages may be exposed to multiple and often conflicting polarization signals. For

example, a helminth-induced type 2 immune response antagonizes host protective responses to

mycobacteria(5).

In vitro, the prototypic M1- and M2-like macrophage polarization states can be artificially

induced by treatment with cytokines or microbial ligands and represent polar antagonistic

phenotypes. Thus, pretreatment with IL-4 was shown to downregulate the macrophage

responsiveness to IFNγ (5-9) , while priming with IFNγ reduces their responses to IL-4(10). In

vivo, macrophage polarization is influenced not only by systemic cytokine levels, but also by

the composition and anatomy of specific lesions, such as TB granulomas or tumors that

serve as local sources of polarizing cytokines and growth factors. Despite the mutual

antagonism of these macrophage polarization programs, recent studies demonstrated

simultaneous presence of M1- and M2-like macrophages within TB lesions(11, 12). This

suggests that the balance of M1/M2 macrophage phenotypes locally within TB lesions may

determine trajectories of the individual granuloma progression(13). Spatial transcriptomic

analysis and immunochemistry revealed that the M2-like macrophage markers were more

abundant within the inner areas of TB granulomas (11, 12), whereas the IFNγ-producing T

cells were located mostly on the periphery of the organized granulomas(14). Because IFNγ is

a labile homodimer, the diffusion of its biologically active form within inflammatory lesions is

limited. Therefore, we searched for small molecules that enhance M1-like macrophage

polarization in synergy with low concentrations of IFNγ capable of directing granuloma

macrophages towards the M1-like activation and enhancing their anti-mycobacterial activity.

Screening small molecule libraries, we found several synthetic rocaglates that

potentiated pleiotropic effects of IFNγ on primary macrophages (15). Rocaglates are a class

of bioactive derivatives of natural products isolated from medicinal plants of the *Aglaia*

species that have been used in traditional Chinese medicine for treatment of fever, cough,

diarrhea and inflammation. In modern medicine, the therapeutic potential of synthetic

rocaglates has been evaluated for cancer therapy (16-19) and viral infections including

coronaviruses(20). Rocaglates bind to and suppress the RNA helicase activity of the eIF-4A

subunit of the eIF4F translation initiation complex and selectively inhibit cap-dependent

protein translation (16, 21). Also, the structurally related rocaglamide A (RocA) has been

shown to inhibit the Raf-MEK-ERK growth factor activated pathway by targeting prohibitins 1

and 2(22).

Although rocaglates are known as potent translation inhibitors, we found that in the

presence of IFNγ at concentrations as low as 0.1 U/ml, select rocaglates induced the

upregulation of IRF1 protein, a master regulator of IFNγ-activated pathways. In the present

study, we delineate mechanisms of the enhancement the M1 macrophage polarization by

active rocaglates, demonstrate that rocaglates also inhibit macrophage responsiveness to

CSF-1 and IL-4 and potentiate killing of virulent Mtb by primary macrophages.

Results

Macrophage activation by rocaglates is coupled to partial translational inhibition

To delineate the relationship between translation inhibition and macrophage activation

by rocaglates, we screened a library of synthetic rocaglate derivatives. Out of 86 compounds,

twenty-three induced significant *Irf1* mRNA upregulation in the presence of 0.2 U/ml of IFNγ.

Next, we determined the translation inhibitory concentrations IC$_{50}$ of these compounds using the

293TR-FLuc translation reporter cell line (16). We observed a tight negative correlation (r = -

0.6832) between the *Irf1* mRNA induction and IC$_{50}$ of those compounds (**Fig.1A, Suppl. Table**

1) demonstrating mechanistic link between the translational inhibition and *Irf1* co-stimulation

properties. To verify this relationship in primary macrophages, first we compared translation

inhibition activities of two structurally similar rocaglates CMLD010536 and CMLD010850

(**Fig.1B**) in mouse bone marrow-derived macrophages (BMDM) using a puromycin

incorporation assay (**Fig 1 C**)(23). CMLD010536 exerted greater translation inhibition than

CMLD010850 in primary macrophages. Next, we compared the induction of target genes by

these compounds (**Fig.1D**): CMLD010536 was significantly more potent as an inducer of *Irf1*

mRNA expression cooperatively with low dose of IFNγ, as well as of another, IFNγ-

independent, rocaglate target gene *Txnip* (16).

Taken together these data demonstrate that macrophage activation by rocaglates is

proportional to their translation inhibition activity. Importantly, general translational inhibitors,

such as cycloheximide and puromycin, do not cause IRF1 co-stimulation, as described in our

previous studies (15).

Activation of the p38 stress kinase and the integrated stress response pathways mediate

the macrophage activation by rocaglates

To further investigate the dynamics of translation inhibition by CMLD010536 in BMDM,

we used a puromycin incorporation assay. Puromycin incorporation during a one-hour pulse

was determined after 3, 9 and 24 h of rocaglate treatment using western blot with puromycin-

specific antibodies. The rocaglate treatment significantly reduced translation rates at all

timepoints in a dose-dependent manner (**Fig.2A**). However, the levels of ongoing translation

were similar at all of the timepoints demonstrating that translation inhibition was partial and

sustained over the time course of the rocaglate treatment. To identify proteins expressed in

BMDMs after 24 h of treatment with 100 nM of CMLD010536, we performed proteomic analysis

using mass spectrometry (**Suppl. Table 2**). The abundance of Sequestosome 1 (SQSTM1, aka

p62) protein was found to significantly increase. We confirmed the induction of p62 protein and

mRNA (**Fig.2 B** and 2**C),** demonstrating that treatment of BMDM with the rocaglate induced de

novo p62 protein and mRNA syntheses.

SQSTM1/p62 plays an important role in stress resilience by controlling selective

autophagy and anti-oxidant defense gene expression (24-33). Its expression can be induced by

various stressors. Our previous analysis of CMLD010536-activated pathways using gene

expression profiling suggested activation of stress kinase-mediated pathways (15). Therefore,

we tested whether p62 induction by CMLD010536 is mediated by stress-activated MAP kinases.

The p38 inhibitor (SB203580 at 10 uM), added 30 min prior to treatment with 100 nM

CMLD010536, completely abrogated *p62* mRNA upregulation. The effect of the JNK inhibitor

(SB600125) was less prominent, while ERK inhibition (U0126/PD98059) had no effect (**Fig.2D**).

The p38 MAPK inhibitor also abrogated the expression of another rocaglate-induced

inflammatory gene, *Txnip* (**Suppl. Fig.1A**). The MAP kinase inhibitors displayed similar effects

on the p62 protein levels (**Suppl.Fig.1B**). We also observed a dramatic downregulation of

another rocaglate-inducible mRNA, *Ptgs2*, by the p38 inhibitor (**Suppl.Fig.1C**). Next, we

compared the kinetics of p38 phosphorylation (**Fig.2E**) and *p62* mRNA upregulation (**Suppl.Fig.**

2A) during the course of the rocaglate treatment: rapid activation of p38, started at 15 min of the

treatment, reached a plateau at 30 – 120 min and declined by 4 h. Meanwhile, the *p62* mRNA

continued to increase 4 – 24 h of the treatment duration indicating that p38 phosphorylation was

necessary to initiate a signaling cascade leading to the p62 upregulation, but was dispensable

for its maintenance. Because p38 activation can be induced by reactive oxygen species (ROS),

we tested whether oxidative stress plays a role in the p38-mediated p62 induction by the

rocaglate. However, *Sqstm1/p62* mRNA induction was unaffected in the presence of ROS

scavenger N-acetyl-cysteine (NAC) (**Fig.2F**). Comparing the *p62*-inducing activities of

CMLD010536 with natural rocaglates silvestrol and rocaglamide A demonstrated that those

compounds had similar activities, while CMLD010850 did not induce *p62* mRNA expression

(**Fig.2G**). Notably, another suppressor of cap-dependent translation, rapamycin (which is known

to inhibit translation via inhibition of mTOR pathway), as well as the known translation

elongation inhibitor cycloheximide, both failed to stimulate the expression of *p62* (**Fig.2H**).

Cap-dependent protein translation can be inhibited by several stress-activated kinases

via phosphorylation of the translation initiation factor eIF2α, thus initiating a signaling cascade

known as the Integrated Stress Response (ISR). Inhibition of cap-*dependent* translation,

initiates a cap-*independent* translation of a stress response transcription factor ATF4 followed

by the upregulation of its downstream target ATF3. We observed that both ATF4 and ATF3

proteins (**Fig.2I**) and ATF3 mRNA (**Suppl.Fig.2B**) were upregulated at 16 – 24 h of the

CMLD010536 treatment.

Taken together, these data demonstrate that macrophage treatment with rocaglates

induces step-wise transcriptome and proteome remodeling. At the early initiation step (0.5 – 2

h), selective translation inhibition is associated with the activation of p38 stress kinase that

drives transcriptional upregulation of *p62*, *Ptgs2*, *Txnip* and other inflammatory genes. The

translation of ISR transcription factors and *p62* occurs with a delay at a later stage (16 – 24 h) of

rocaglate treatment. At this later stage, the activating effects of rocaglates on macrophages

mimic diverse stressors whose activities converge on a common stress response module – ISR.

These effects are consistent with the known ability of rocaglates to inhibit eIF4A helicase, a

component of the cap-dependent translation initiation complex. In contrast to other translation

inhibitors, such as cyclohexamide and mTOR inhibitors, the effect of rocaglates is partial and

more selective, allowing for the upregulation of proteins that activate stress adaptation

pathways.

The p38 activation mediates synergy of rocaglates with low concentrations of IFNγ

In the presence of low concentrations of IFNγ, CMLD010536 upregulates mRNA and protein

expression of *Irf1*, a key transcription factor in the IFNγ network. The upregulation of the *Irf1*

gene expression by IFNγ is mediated by the binding of STAT1 homodimers to the gamma-

activatable sequence (GAS) in the *Irf1* promoter. The STAT1 homodimer formation and

promoter binding require STAT1 phosphorylation at the canonical tyrosine-701 by JAK kinases,

an event that occurs upon the IFNγ dimer binding to its receptor (34, 35). However,

CMLD010536 did not increase STAT1 phosphorylation at the canonical tyrosine site in our

studies. Therefore, we tested whether the synergistic effect of the rocaglate on IRF1 induction

was mediated via alternative mechanism(s) involving MAP kinase activation. There is an

emerging evidence that serine (Ser-727) phosphorylation of STAT1 by stress-activated MAP

kinases p38 and JNK mediates various stress responses (36) and may account for nearly 80%

of IFNγ-induced transcriptional activity. Indeed, CMLD010536 boosted the levels of IRF1

protein in the presence of IFNγ at concentrations as low as 0.05 and 0.1 U/ml, and this boosting

effect was abrogated by p38 inhibition (**Fig.2J**). The p38 inhibitor also suppressed the *Irf1*

mRNA co-stimulation by the rocaglate (**Suppl.Fig.3A**). In contrast to the rocaglate treatment,

low concentrations of IFNγ alone did not induce the p38 phosphorylation (**Fig.2K**). Finally, we

found that the CMLD010536 treatment induced STAT1 Ser727 phosphorylation as early as

15 min, which was maintained for at least 4 hours (**Fig.2L**).

217   These data demonstrate that the p38 MAPK pathway activation by rocaglates plays a

central role in their synergy with IFNγ in macrophage activation. Importantly, this STAT1

modification does not increase DNA binding or nuclear translocation of STAT1 dimers (37-

39). Indeed, treatment with active rocaglates alone induced no *Irf1* mRNA upregulation(15) and

even suppressed the basal IRF1 protein expression (**Fig.2J).** Furthermore, the p38 inhibition did

not suppress the *Irf1* mRNA induction by standard doses of IFNγ alone (**Suppl.Fig.3B**). Thus,

the effect of rocaglates does not simply mimic the canonical IFNγ pathway. We propose that

low doses of IFNγ are necessary to initiate the STAT1 dimer formation and binding to the

IRF1 promoter, while the p38 activation by rocaglates and STAT1 Ser-727 phosphorylation

boosts and sustains the *Irf1* transcription, most likely, by facilitiating interactions of STAT1

with transcriptional co-activators.

Suppression of the alternative activation of macrophages by rocaglates

Once we determined that CMLD010536 boosted a pro-inflammatory (M1-like)

macrophage program, we investigated whether it could concurrently suppress the alternative

(M2-like) macrophage activation. In agreement with the known antagonistic relationship of these

modes of macrophage activation, pretreatment of macrophages with IFNγ abrogated their

response to the M2-polarizing cytokine IL-4, as measured by the *Arg1* mRNA expression

(**Fig.3A**). Similarly, the induction of the M2 polarization markers *Arg1* and *Fizz1* by IL-4 was

suppressed by CMLD010536 in a dose-dependent manner (**Fig.3B and Suppl.Fig.4A,**

respectively). Interestingly, this suppressor effect of the rocaglate does not require the co-

stimulation with IFNγ. It does correlate, however, with a rocaglate ability to inhibit protein

translation: at 0.1 mM concentration the alternative macrophage activation was suppressed by

CMLD010536, silvestrol and rocaglamide A, but not by CMLD010850 (**Fig.3C**), which is a much

less potent translational inhibitor and does not inhibit translation at this concentration (**Fig 1C**).

The upregulation of the IL-4-inducible genes is mediated by the transcription factor

STAT6. Using electrophoretic mobility shift assay (EMSA) with a STAT6 consensus sequence

oligonucleotide probe, we determined that pretreatment with 30 and 100 nM of CMLD010536

prior to IL-4 stimulation inhibited STAT6 DNA binding (**Fig.3D**). This effect was not associated

with a decrease in the total STAT6 protein levels (**Fig.3E,** upper panel). However, nuclear

STAT6 protein was somewhat reduced (Fig.3E, lower panel). These observations suggested

that the suppression of the STAT6 DNA binding activity was a regulatory phenomenon that

could not be simply attributed to inhibition of the STAT6 protein translation. Therefore, we

sought to determine whether the suppressor activity was mediated by MAP kinases. The p38

inhibitor, however, did not restore the expression of *Arg1* inhibited by CMLD10536 (**Fig.3F**).

Instead, we observed that the rocaglate treatment mimicked the inhibitory effect of the ERK

inhibitor U0126 on IL4-induced *Arg1* mRNA expression (**Fig.3G**). Indeed, the rocaglate

treatment completely abrogated the ERK1/2 phosphorylation in IL4-stimulated macrophages

without affecting the total ERK1/2 levels (**Fig.3H**). Although it remains to be determined whether

rocaglates inhibit ERK activation directly, or block upstream activators of ERK, this finding is

consistent with the previously described role of ERK1/2 in the alternative macrophage

activation. One of the relevant direct rocaglate targets in this pathway could be Myc, whose

activity is necessary for M2-like macrophage polarization (40, 41) and whose translation was

shown to be selectively inhibited by rocaglates(42).

Next, we wanted to determine whether the rocaglates treatment induces transient or

stable suppression of the M2-like phenotype. As shown in **Fig.3I**, pre-treatement and removal of

the rocaglate prior to the IL-4 stimulation had a substantially weaker inhibitory effect on the *Arg1*

gene expression, as compared to simultaneous treatment with the rocaglate and IL-4. When we

increased the interval between the rocaglate treatment and IL-4 stimulation to 24 h, the

inhibitory effect of the rocaglate pretreatment disappeared completely (**Fig.3J**). Similar effects

were observed when *Fizz1* gene expression was used as an M2 polarization marker

(**Suppl.Fig.4B and 4C**). Thus, the rocaglate inhibition of IL-4 responses is transient and can be

completely reversed after their removal.

271   These experiments demonstrated that, unlike the rocaglates' effects on the pro-

inflammatory gene expression, the inhibition of alternative macrophage activation by rocaglates

is driven by a separate, p38-independent, pathway. Selective translation inhibition by

rocaglates, however, is required for the activation of both pathways. Perhaps, they represent

two modules of a coordinated physiological response of macrophages to attenuated protein

translation – a common sign of, and an adaptation to, ongoing stress.

Macrophage activation by rocaglates improves bacterial control

280   The ability of rocaglates to synergize with low concentrations of IFNγ, inhibit the

alternative macrophage activation and activate protective stress responses, make this class of

compounds an attractive candidate for host-directed therapy of infections caused by intracellular

bacterial pathogens. The SQSTM1/p62 protein, which is induced by rocaglates in an p38-

dependent, but IFNγ-independent manner, coordinates activation of central stress response

pathways: antioxidative defense and autophagy (24, 25, 28-33, 43). It is a major adaptor protein

that targets intracellular bacteria to LC3-positive autophagosomes(44). Previously, we have

reported that the rocaglate treatment stimulates autophagic flux and increases the lipidated form

of LC3 associated with autophagosome maturation (15). To test whether rocaglate treatment

could enhance macrophage resistance to intracellular bacteria, we treated BMDM with

CMLD010536 (50 nM), infected them with *Mycobacterium bovis* BCG, and determined their

bacterial loads and viability at 24 h p.i.. The rocaglate treatment significantly reduced the

bacterial loads, as determined by quantitative PCR of the bacterial genomes (**Fig.4A),** and

viability, as determined by CFU plating (**Suppl. Fig.5A**). Using fluorescent *M. bovis* BCG

(BCG:*gfp*) and staining with Lysotracker, we visualized the delivery of the invading bacteria to

lysosomes at 1, 24 and 48 h post infection. Indeed, pretreatment with CMLD010536 significantly

increased the BCG:*gfp* colocalization with lysosome at 24 and 48 h (**Fig.4B** and **4C**). These

data demonstrate that rocaglate-mediated macrophage activation significantly increased

clearance of a vacuolar intracellular bacteria (BCG).

Compared to avirulent vaccine BCG, virulent *Mycobacterium tuberculosis* (Mtb) is more

resilient to macrophage attack. In naïve macrophages, the bacteria block phagosome –

lysosome fusion, then escape from phagosomes to the cytoplasm, grow and eventually destroy

the host cells. Because of a slow replication rate of the bacteria this cycle takes several days,

unless a high MOI is used. To test whether rocaglates would improve the macrophage ability to

control virulent Mtb in vitro, we used low multiplicity of infection (MOI) and extended the time

post infection (p.i.) to 72 h. However, the viability of BMDMs infected with Mtb and treated with

CMLD10536 at 25 – 50 mM for 3 days was low. Even in the absence of infection, the

rocaglates treatment increased cell death by that time (**Suppl.Fig.5B**). The BMDMs population

prepared in our laboratory is critically dependent on CSF1 for survival (45). Nevertheless,

increasing the CSF1-containing conditioned media 3-fold did not improve cell survival in the

presence of rocaglates. We also observed that ERK1/2 phosphorylation, which is downstream

of CSF1 receptor (CSF1R) signaling, could not be restored in the rocaglates-treated cells by

increasing CSF1 (**Fig.4D**). Finally, we found that rocaglates suppressed the expression of CSF1

receptor (**Fig.4E**). Therefore, we attempted to identify alternative survival factors and compared

the survival of the rocaglates-treated BMDMs in the presence of GM-CSF, IFNγ and IL-4

(**Fig.4F**). Surprisingly, IL-4 significantly improved the the macrophage survival within 72 h, as

compared to GM-CSF and IFNγ. However, IL-4 did not restore macrophage proliferation in the

presence of the rocaglate (**Suppl.Fig.5D**). The pro-survival effect of IL-4 on rocaglate-treated

BMDMs was not mediated by either STAT6 or ERK1/2, since both were inhibited by rocaglate in

the presence of IL-4 (**Fig.3D and 3H**). Possibly, this effect is mediated by activation of the Akt

pathway downstream of the IL-4 receptor(46).

The pro-survival effect of IL-4 was also observed in Mtb-infected BMDM cultures at 72 h

p.i.(**Fig.4G**). In contrast, GM-CSF failed to improve the macrophage survival in these settings

(**Suppl.Fig.5C**). Therefore, we tested the effects of rocaglates on Mtb replication in

macrophages in the presence of IL-4. The bacterial loads were estimated using an optimized

quantitative PCR method developed in our laboratory (Yabaji et al., submitted for publication).

We observed an approximately 2-fold increase between $0 - 72$ h p.i. in naïve macrophages

(**Fig.4H**). Pretreatement with IL4 had no effect on the bacterial uptake. In the presence of IL-4,

the bacterial loads increased by 72 h p.i , as compared to naïve macrophages. In contrast, no

bacterial growth was observed in BMDMs treated with rocaglate and IL-4, and the bacterial

loads at 72 h p.i. were significantly lower as compared to naïve and IL-4-treated macrophages.

Thus, rocaglate improves macrophage ability to control Mtb growth even in the presence of a

M2-polarizing cytokine. Notably, ARG1-positive (M2-polarized) macrophages have been

detected in TB granulomas in mice, non-human primates and humans (47). Therefore, this

rocaglate activity may be beneficial in the context of active disease.

To begin testing effects of rocaglates in vivo, we have chosen a model of acute

respiratory challenge with *Streptococcus pneumoniae* (serotype 3)(48). Alveolar macrophages

(AM) play an important role at the early phase of this infection (49, 50). It is also worth noting

that in naïve hosts the AM displays an M2-like phenotype. We wondered whether rocaglate

pretreatment could prime macrophages for more efficient control of the acute bacterial infection.

Outbred CD-1 IGS male mice were treated with CMLD010536 (25 g/kg, i.p.) at 48, 24 and 0

hours before the respiratory challenge with *Strep. pneumoniae*. At 24 h p.i., bronchoalveolar

lavage (BAL) was performed to harvest 2 ml of BAL fluid. We observed significant reduction of

live bacteria (as determined by BAL CFU counts, **Suppl.Fig.6** left panel) and BAL cell numbers

(**Suppl.Fig.6**, right panel) in rocaglate pretreated mice as compared to vehicle-treated controls.

These results show that rocaglate pretreatment increased bacterial control and reduced

inflammatory cell recruitment to the lungs at the early stage of respiratory infection with *Strep.*

pneumoniae.

<center>**Discussion**</center>

Taken together, our data demonstrate that rocaglates mimic pleiotropic effects of IFNγ

on primary macrophages. These effects are dependent on their translation inhibition activity and

are partially mediated by the activation of p38 MAPK, p62 and integrated stress response

modules. In contrast, they cause suppression of alternative macrophage activation and growth

factor responses mediated by STAT6, CSF-1 receptor and ERK. Thus, exposure of primary

macrophage to rocaglates restricts their differentiation, channeling it towards the M1-like

phenotype, and boosts their stress resilience and increases the control of intracellular bacteria,

as depicted in Fig.5.

It is also noteworthy that biological outcomes of rocaglates on primary macrophages

are distinct from their better studied effects on tumor cells. Our findings highlight that

translational inhibition is necessary but not sufficient to potentiate the rocaglate effect in

macrophages, since the general translational inhibitor cycloheximide and mTOR inhibitors

failed to recapitulate the rocaglate-induced phenotypes. In primary macrophages, rocaglate

treatment did not block translation completely. Rather, partial shutdown of translation led to

reprogramming the macrophage proteome, such that proteins involved in M1-like

macrophage activation and stress resilience were upregulated.

Mechanistically, synthetic and natural rocaglamide derivatives have been shown to

inhibit translation by binding to a component of the eIF4F translation initiation complex – the

RNA helicase eIF4A – that prevents its incorporation into the eIF4F complex (51). However, not

all protein translation is equally sensitive to the inhibition of eIF4A helicase activity. Translation

of mRNA species containing structural barriers, such as stem- loop structures or protein –

polypurine RNA complexes, within their mRNA 5ˊ UTR is most sensitive to eIF4A inhibition(52,

<center>15</center>

53). Among the most eIF4A-dependent and rocaglate- sensitive transcripts in acute

lymphoblastic leukemia cells were oncogene-encoding transcripts and superenhancer-

associated transcription factors, such as Myc (42). Because various stressors converge on a

common pathway known as Integrated Stress Response (ISR) leading to inhibition of cap-

dependent protein translation, we hypothesize that the eIF4A-mediated selective

downregulation of protein translation enables rapid adjustment of the anabolic pathways at

translational level to match environmental inputs. Therefore, small molecules that

downregulate the eIF4A RNA helicase activity may mimic those stress signals causing

adaptive and reversible proteome remodeling.

We found that rocaglates potently inhibit ERK phosphorylation, a key activation step in

the growth factor signal transduction relay. Phosphorylated ERK promotes cell proliferation and

provides anabolic and pro-survival signals primarily via phosphorylation of transcription factors

Myc and CREB. Because Myc is known to be critically important for the induction and

maintenance of the "trophic" M2-like macrophage state (40, 41), ERK inhibition is likely to

downregulate the Myc-dependent pathways involved in M2 polarization. According to the

literature, ERK can also directly phosphorylate STAT6 and increase its DNA binding and

transcriptional activities (54). We also observed that rocaglates inhibited IL-4-induced STAT6

DNA binding. Thus, profound inhibition of ERK phosphorylation by rocaglates may explain or

significantly contribute to inhibition of both the STAT6- and Myc-dependent pathways of the M2

polarization and, thus, suppress both the induction and maintenance of the M2-like macrophage

phenotype.

The canonical eIF4A-dependent translation inhibition by rocaglates may provide a

stress-like "conservation of resources" signal that leads to the inhibition of ERK phosphorylation

and, thus, to the coordinated downregulation of several anabolic pathways. Yet another

mechanism may be associated with a recently described alternative target of rocaglates –

prohibitin. Rocaglates have been shown to bind prohibitins directly and prevent their interaction

with c-Raf, thereby, inhibiting Raf activation and Raf-MEK-ERK signaling in Jurkat tumor cell

line. (22). This pathway may lead to translation inhibition by rocaglates via an eIF4A-

independent, but ERK-dependent, pathway, since MEK-ERK signaling has been shown to

promote cap-dependent translation via phosphorylation of eIF4E, the key translation initiation

factor(22). Whether the rocaglate binding to prohibitin mediates ERK inhibition and/or translation

inhibition in macrophages remains to be established(55). Our data suggest an alternative

pathway of ERK down regulation in macrophages can occur via downregulation of CSF1R, a

receptor for a major macrophage growth factor.

We demonstrate that rocaglates do not independently initiate the main IFNγ receptor-

mediated pathway via STAT1 activation. Instead, they boost effects of IFNγ at concentrations as

low as 0.05 -0.2 U/ml. Perhaps, low doses of IFNγ are necessary to provide the canonical Q701

STAT1 phosphorylation by JAK kinases at the IFNγ receptor, which is further amplified by

rocaglates. This amplification of IFNγ signaling cannot be explained by reciprocal inhibition of

the IL-4 - STAT6 axis by rocalates, because a specific STAT6 inhibitor AS1517499 does not

recapitulate this effect (**unpublished data**). Rather, rocaglates induce a synergistic signal via

p38 MAPK activation leading to additional STAT1 phosphorylation at Ser 727 (**Fig.2L**). This

synergy mediates the upregulation of IRF1 mRNA expression. Obviously, the IRF1 protein

translation is unimpeded by the rocaglates and, therefore, this central transcription factor in

IFNγ network is significantly upregulated. Taken together, our data demonstrate that biological

effects of rocaglates on primary macrophage activation are mechanistically linked to translation

inhibition and mediated via modulation of MAPK signaling cascades – induction of pro-

inflammatory and stress responses by p38 and suppression of anabolic pathways mediated by

ERK that modulate IFNγ and IL-4 cytokine signaling via STAT1 and STAT6 modifications,

respectively.

The biological effects of the rocaglate treatment are not limited to IRF1 induction. They

significantly overlap with pleiotropic effects of IFNγ on macrophages, including translation

inhibition, induction of autophagy and anti-oxidant defenses, as well as suppression of anabolic

pathways mediated by IL-4, CSF1R and ERK (**Suppl.Table 3).** This coordinated macrophage

reprogramming resembles stress preconditioning .The exposure to low, subthreshold, doses

of stress prior to encountering more potent stressors was shown to increase stress resilience

and prevent subsequent damage by higher doses of stressors in many biological systems.

This phenomenon has been termed "hormesis" (56). In this conceptual framework, the effect of

rocaglates may be viewed as anticipatory cross-protection against various stressors, including

intracellular bacteria.

The dissection of signal transduction pathways activated by rocaglates demonstrate

that most of their biological effects are achieved via regulatory pathways distinct from those

activated by standard concentrations of IFNγ and can be interferon-independent. Therefore,

rocaglates may bypass typical signal transduction initiated by the IFNγ binding to the

IFNγ receptor. This property of rocaglates may be particularly important for directing

macrophage polarization when the receptor signaling is disrupted by mutations, microbial

factors or negative biological regulators.

The above data suggest that rocaglates may represent a novel class of HDTs with

broad applications in vivo. Rocaglates are active against protozoan infections, such as

malaria(57) and visceral leishmaniasis (58). In mycobacterial infections, these small

molecules may penerate mycobacterial granulomas better than IFNγ and compensate for its

decreased bioavailability, especially in HIV-TB co-infections. Helminth co-infections inducing

the M2 macrophage polarization, increase susceptibility to mycobacterial infections (6). In these

settings, the ability of rocaglates to guide monocyte/macrophages towards M1-like phenotype

and inhibit triggers of the alternative, M2-like, activation may be particularly useful. Silvestrol has

been shown to display a broad spectrum of antiviral activities including Corona-, Ebola-, Zika-,

Picorna-, Hepatis E and Chikungunya viruses (20, 59). Recent analysis of a SARS-CoV-2

protein interaction map predicted that the rocaglate target eIF4A could be the antiviral drug

target(60). Our data suggest that rocaglates may also be useful for boosting macrophage-

mediated immunity and preventing bacterial pneumonias following viral infections.

Recently, it has been suggested that COVID-19 pandemics may lead to reactivation of

latent TB infection and an upsurge of TB in endemic areas(61). In these settings, treatment of

TB patients infected with COVID-19 with a rocaglate, may also reduce risks of TB progression,

as compared to corticosteroids.

The rocaglates' ability to direct M1-like macrophage polarization also warrants their

evaluation in chronic non-infectious pathologies, where macrophages are exposed to complex,

often conflicting environmental signals. Tumor associated macrophages (TAM) stimulate

tumor cell proliferation, angiogenesis, metastasis and resistance to therapy. Those properties

have been associated with M2-like differentiation of monocytes guided by cytokines, CSF-1

among them, within tumor microenvironments(62-64). Thus, in solid tumors, rocaglates may

target both the tumor cells decreasing their proliferation and myeloid cells that comprise the

immune and inflammatory milieu. In asthma, allergic reactions may be associated with chronic

bacterial infections. Currently, asthma therapy relies on immune suppression by corticosteroids.

However, prolonged treatment with steroids has numerous undesirable side effects, including

chronic pulmonary infections caused by opportunistic mycobacteria and fungi that further

exacerbate pulmonary pathology (65). The important theoretical advantage of rocaglates as

compared to corticosteroids is that rocaglates would shift the balance of macrophage

activation towards M1-like phenotype without suppressing mechanisms of macrophage

resistance to bacterial and viral infections. Thus, rocaglates may represent a novel class of

HDTs broadly applicable to diseases associated with hypofunction of type 1 and/or

hyperactivation of type 2 immunity, e.g., chronic bacterial infections, allergies and, possibly,

certain tumors.

 Figure legends

Figure 1. Translation inhibition is required for rocaglate to activate BMDM.

(A) Twenty three rocaglate analogues were examined (at 0.3 µM for 24 h) for their translation

inhibition activity and induction of *Irf1* mRNA expression in the presence of 0.1 U/ml of IFNγ.

The correlation coefficient was calculated using GraphPad Prism 8.

(B) Chemical structure of small molecules CMLD010536 and CMLD010850.

(C) Translation inhibition by rocaglates in BMDMs assessed using puromycin incorporation

assay. BMDMs were treated with indicated concentrations of CMLD010536 and CMLD010850

for 2 h followed by puromycin (5 µg/ml) for 1 h . Puromycin incorporation was monitored by

Western blot using puromycin-specific antibody.

(D) BMDMs were treated with 100 nM CMLD010536 (labeled as 536) and CMLD010850

(labeled as 850). The *Irf1* (in the presence of IFNγ) and *Txnip* (without IFNγ) mRNAs induction

was assessed using quantitative real time RT-PCR (qRT-PCR). The data are represented as

mean ± SEM and *p value* ≤0.05 was considered statistically significant.

Figure 2. Selective translation inhibition by rocaglate remodels macrophage proteome

and upregulates stress response proteins.

(A) BMDMs were treated with 0.1 and 0.3 µM CMLD010536 for 2, 8 and 23 h followed by a

treatment with puromycin (5 µg/ml) for additional 1 h. Incorporation of puromycin was monitored

by Western blot using puromycin-specific antibody.

(B) BMDMs were treated with CMLD010536 (0, 25, 50 and 100 nM) for 6 and 24 h. The

expression of p62 protein was measured by Western blot using p62 specific antibody.

(C) The *p62* mRNA induction in BMDMs treated with CMLD010536 (at 25, 50 and 100 nM) for

6 h. The *p62* mRNA levels were determined using qRT-PCR and expressed as a fold change

compared to untreated cells.

(D) Effect of MAPK inhibitors SB203580 (p38), SB600125 (JNK) andU0126 (ERK) on *p62*

mRNA expression in BMDM treated with 100 nM CMLD010536 for 6 h. Inhibitors were added

to a final concentration 10 µM, 30 min prior to the rocaglate treatment. The *p62* mRNA levels

were determined using qRT-PCR and expressed as fold induction compared to untreated

BMDMs.

(E) The kinetics of p38 phophorylation in BMDMs treated with 0.3 µM CMLD010536 was

determined by Western blot using phospho-p38 specific antibody.

(F) The expression of *p62* mRNA induced by CMLD010536 (100 nM for 6 h) was not affected in

the presence of ROS scavenger NAC (40 nM). The mRNA levels were determined using qRT-

PCR. NAC was added 1 h before the rocaglate treatment.

(G) Effect of the rocaglate derivatives CMLD010536 (536), sivestrol (sil), rocaglamide A (RocA)

and CMLD010850 (850) on *p62* mRNA expression. BMDMs were treated with each compound

at 100 nM for 24 h. The *p62* mRNA levels were measured by qRT-PCR and expressed as the

fold change compared to untreated cells.

(H) Effects of CMLD010536, rapamycin and cycloheximide added to final concentrations 100

and 300 nM for 6 h on the *p62* mRNA expression. The p62 levels were determined as in G.

(I) The kinetics of the ATF3 and ATF4 protein levels in BMDMs treated with 100 nM

CMLD010536 as determined by Western blot.

(J) The effect of the p38 inhibitor SB203580 (10 µM) on IRF1 protein induction by

CMLD010536 (300 nM) in synergy with low concentrations of IFNγ (0.05 or 0.1 U/ml). The

inhibitor was added to BMDMs 30 min prior to stimulation with the rocaglate and IFNg. The

IRF1 protein levels were determined after 6 h by Western blot using IRF1-specific antibody. The

relative densitometric values of IRF1 bands' areas were determined after normalization and are

shown as ratio to non-stimulated controls above the blot.

(K) Treatment with 0.1 U/ml alone did not induce the p38 phosphorylation in BMDMs as

compared to cells treated with 0.1 U.ml of IFNγ in combination with CMLD010536 (0.3 µM).

BMDMs were treated with 0.1 U/ml of IFNγ either in the absence or presence of the rocaglate

and phospho-p38 levels were determined by Western blot using phospho-p38 specific antibody.

(L) BMDMs were treated with 0.3 µM CMLD010536 and phosphorylation of STAT1 at Ser727 at

indicated timepoints was monitored by Western blot using phospho-Ser727-specific antibody.

Figure 3. Suppression of the alternative macrophage activation by rocaglates.

(A) Pretreatment with IFNg suppresses macrophage responses to IL-4. BMDMs were

pretreated with increasing concentrations of IFNγ for 4h and stimulated with 25 ng/ml IL4 for

additional 20 h. The expression of *Arg1* mRNA was measured using qRT-PCR. Fold induction

was calculated using the IL4 untreated controls.

(B) BMDMs were pretreated with indicated concentrations of CMLD010536 for 4h, stimulated

with IL4 and analyzed for *Arg1* mRNA expression as in A.

(C) BMDMs were pretreated with different rocaglate derivatives (at 100nM) for 4 h followed by

treatment with 25 ng/ml IL-4 for 20 h. The *Arg1* mRNA induction was determined as in A.

(D) Effect of CMLD010536 on the IL4-induced STAT6 binding activity in BMDMs was monitored

using EMSA. BMDMs were pretreated with the indicated rocaglate concentrations for 2 h and

stimulated with IL4 (25 ng/ml) for additional 4 h. Nuclear extracts were prepared and STAT6

promoter binding activity was monitored by EMSA using STAT6 specific DNA probe.

Competition with unlabelled STAT6 probe (C) demonstrates the specificity of the shifted band.

(E) Rocaglate do not inhibit STAT6 protein upregulation by IL4. BMDMs were treated with

indicated concentrations of CMLD010536 for 2 h followed by a treatment with IL4 (25 ng/ml) for

additional 4 h. Total (upper panel) and nuclear (lower panel) STAT6 protein levels were

measured by Western blot. The total STAT6 protein levels were not affected by the rocaglate

treatments, while the nuclear STAT6 levels appear to be reduced.

(F) The induction of the *Arg1* mRNA by IL4 (25 ng/ml) was suppressed by CMLD010536 (100

nM) and this suppression was not abbrogated by the p38 inhibitor SB203580 (10 µM). The *Arg1*

mRNA was measured using qRT-PCR at 24 h.

(G) The induction of the *Arg1* mRNA by IL4 (25 ng/ml) was not affected by the JNK inhibitor

(SB600125), but was suppressed by the ERK inhibitor (U0126) to a degree similar to

CMLD010536 (100 nM). The inhibitors were added 30 min prior to IL-4 and the *Arg1* mRNA

expression was measured using qRT-PCR at 24 h.

(H)   The rocaglate treatment abrogates ERK1/2 phosphorylation in IL-4 stimulated

macrophages. BMDMs were pre-treated with CMLD010536 (100 nM) for 12 h and stimulated

with IL4 (100 ng/ml). Phospho and total ERK1/2 proteins were measured using Western blot

after the indicated periods of the IL-4 stimulation.

(I and J) The suppression of the BMDM response to IL-4 by the rocaglate is reversible. BMDMs

were pretreated with CMLD010536 (100 nM) for 24 h, washed and stimulated with IL-4 (100

ng/ml) either alone or in the presence of CMLD010536 (100 nM). The cells not treated with

CMLD010536 and stimulated with IL-4 were used as a positive control. The expression of *Arg1*

mRNA was measured by using qRT-PCR as above. In (J) BMDMs were pretreated and washed

as in I, but were rested for additional 24 h before stimulation with IL-4. BMDMs cultured in the

presence of the rocaglate for the duration of the experiment served as a control for suppression.

The data are represented as mean ± SEM and *p values* ≤0.05 were considered significant.

Figure 4. Rocaglates stimulate antimycobacterial defenses in BMDMs

(**A**) BMDMs were pretreated with CMLD010536 (50 nM) for 24 h and subsequently infected with

M. bovis BCG at MOI 1 and 3. The intracellular BCG loads were measured 24 h post infection

by determining genome equivalents using qPCR with BCG-specific primers and Taqman probe.

(**B and C**) Rocaglates promote phagosome-lysosome fusion. BMDMs were pretreated with 25

nM CMLD010536 for 6 h and infected with *M. bovis* BCG expressing *gfp* (BCG:*gfp*) at MOI 1.

At 1, 24 and 48 h p.i. the cells were strained with Lysotracker Red for 1 h, processed for

imaging by confocal microscopy and analyzed for co-localization of lysosomes with

phagosomes containing BCG:*gfp*. The percentage of BCG-positive phagosomes co-localization

wth lysosomes and representative images are presented in panels B and C, respectively. The

data in B are represented as mean + SEM (n=50, phagosomes), $p<0.05$.

(**D and E**) Rocaglate inhibit ERK phosphorylation induced by CSF1-containing media

(LCCM)(D) and the expression of CSF1R (E). BMDMs were pre-treated with 100 nM

CMLD010536 for 12 h and subsequently treated with 30% LCCM for the indicated periods of

time. (**D**) Phospho- and total ERK1/2 protein levels were determined by Western blot. **(E)**

BMDMs were treated with indicated concentrations of CMLD010536 for 24 h and CSF1R

protein levels were determined by Western blot.

(**F**) BMDMs were treated with 25 nM CMLD010536 either alone or in combination with IL-4 (100

ng/mL), GM-CSF (100 ng/mL) or IFNg (10 and 100 U/mL) for 72 h. Total cell numbers (left Y

axis) and percentage cell death (right Y axis) were analysed using LIVE/DEAD STAINIG and

automated micropscopy . The dotted line indicates the cell number at day 0.

(G). IL-4 improves the survival of the rocaglate treated and Mtb-infected macrophages. BMDMs

were pretreated with IL-4 (100 ng/mL) for 16 h and infected with Mtb H37Rv at MOI 1.

CMLD010536 (25 nM) was added 2 h p.i. either alone or in combination with IL-4 (100 ng/mL).

Total cell numbers and percent of dead cells at 72h p.i. were determined as in F. The dotted

line denotes the cell numbers immediately after the Mtb infection and washing off the

extracellular bacteria (day 0).

(H) The rocaglate treatment reduces the Mtb load in the presence of IL-4. The intracellular

bacterial loads were determined after 2 h phagocytosis (Day 0), and at days 1 and 3 p.i. using

qPCR and normalized using BCG spike as an internal control. The Mtb loads are presented as

fold change compared to Mtb uptake by untreated BMDMs at 0h. The data are represented as

mean ± SEM; *p value* ≤0.05 was considered statistically significant.

Figure 5: Pleiotropic effects of rocaglates' on primary macrophages partially mimic IFNγ.

Selective translation inhibition by an active rocaglate (R) induces p38-dependent and

independent effects. The p38-depndent effects include synergy with low concentrations of IFNγ

(via STAT1phosphorylation at Ser 727 and upregulation of IRF1), as well as an IFNγ-

independent induction of several inflammatory and stress response genes including

SQSTM1/p62 protein. The p62 protein induces stress adaptation responses including anti-

oxidant defense and autophagy. The p38-independent efffects include inhibition of anabolic

pathways mediated by the CSF1 receptor, the IL-4 and STAT6 axis and the ERK1/2 MAPK. In

toto, macrophage response to selective protein translation inhibition amounts to adaptive

proteome remodelling, inhibition of cell growth and increased expression of stress response

proteins. This adaptive response improves macrophage stress resilience and resistance to

intracellular mycobacteria.

                          Materials and Methods

Mice

C57BL/6□J mice were obtained from the Jackson Laboratory (USA). All experiments were

performed with the full knowledge and approval of the Standing Committee on Animals at

Boston University (IACUC protocol number AN15276).

Bacterial strains

The wild type *M. tuberculosis* H37Rv, *M. bovis* BCG Pasteur and recombinant *M. bovis* BCG

expressing *gfp* strains were grown at 37°C in Middlebrook 7H9 broth (BD Biosciences) or on

7H10 agar plates (BD Biosciences), respectively. The both solid and liquid media contained

contained glycerol (0.5% v/v) and Tween 80 (0.05%). The MB7H9 broth was enriched using

10% ADC and MB7H10 agar was enriched using with 10% OADC. The *M. bovis* BCG strain

expressing *gfp* were grown with 50 μg/mL Hygromycin B.

BMDM culture

Isolation of mouse bone marrow and culture of BMDMs were carried out as previously

described(66).

Gel shift assay

The nuclear extracts were prepared by nuclear extraction kits (Signosis Inc). Gel shift assays

were done with EMSA kits (Signosis Inc). 5 μg nuclear extracts were incubated with 1× binding

buffer and biotin-labeled probe for 30 min at room temperature. The samples were

electrophoresed on a 6 % polyacrylamide gel in 0.5 % TBE at 120 V for 45 min and transferred

onto a nylon membrane in 0.5 % TBE at 300 mA for 1 h. After transfer and UV cross-linking, the

membrane was detected with Streptavidin–HRP.

Immunoblotting

Equal amounts of protein extracts were separated by SDS-PAGE and transferred to PVDF

membrane (Millipore). Bands were detected with enhanced chemiluminescence (ECL) kit

(Perkin Elmer).

RNA isolation and quantitative PCR

Total RNA was isolated using the RNeasy Plus mini kit (Qiagen). cDNA synthesis was

performed using the SuperScript II (Invitrogen). Quantitative real-time RT-PCR (qRT-PCR)

was performed with the GoTaq qPCR Mastermix (Promega) using the CFX-90 real-time PCR

System (Bio-Rad).

Hoechst/PI staining method for cell cytotoxicity

For cell viability assays BMDMs were plated in 96 well tissue culture plates. The supernatant

was aspirated and to each well 100 µl PBS containing Hoechst (Invitrogen, 10 µM) and PI

(Calbiochem, 2 µM) were added. The % of total and dead cells was calculated by

automated cell cytometer.

Reporter assay for measuring translation inhibition

293TR-Fluc cells, a gift of Dr. Whitesell (16) were grown to confluence. Compounds were

added at different dilutions and kept for 18 h. 100 ul of Nanolight Firefly Luc Assay reagent

was added to the wells and the luminescence was measured using a Tecan-plate reader

after 2 mins. Cells treated with DMSO served as negative controls and with 100 µg/mL

cycloheximide served as positive controls. Percentage of translation inhibition for each

compound was calculated in triplicates from two independent experiments.

Puromycin incorporation assay

Puromycin labelling for measuring the intensity of translation was performed as described(67).

In brief, 5 µg/ml puromycin (Sigma,) was added in the culture medium and incubated for 1 h at

37 °C and 5% CO_2. Immunoblotting was performed with the anti-puromycin antibody

clone12D10 (1:10000) (Millipore).

Phagosome–lysosome fusion assay

The cells were pretreated with CMLD010536 (25 nM) for 6 h and subsequently infected with *M.*

bovis BCG expressing *gfp* (BCG:*gfp*) for 1 h at MOI 1. To remove the extracellular bacteria, the

cells were treated with 200 ug/ml of amikacin for 1 h. After 1 h, 24 h and 48 h post-infection,

cells were stained with 200 nM of LysoTracker red dye for 1 h at 37 °C and analyzed using

Zeiss LSM 710-Live Duo scan confocal microscope. The images were processed using FIJI

software and the percentage of co-localization of BCG:*gfp* containing phagosomes with

LysoTracker red dye was calculated by dividing the number of co-localized phagosomes by the

total number of phagosomes. At least 50 cells are measured at each condition and the mean ±

SEM (*p value* was ??<??>0.05) was calculated using GraphPad Prism.

Macrophage infection and determination of intracellular bacterial loads

BMDM were infected with the mycobacteria in 96 well plate at preferred multiplicity of infection

(MOI) by suspending bacteria in BMDM specific medium. The infected cells were centrifuged for

5 min at 200xg and incubated at 37°C with 5% CO2 for 1 h and extracellular bacteria were killed

off by incubating the cells in medium containing 200 µg/ml amikacin for 1 h. Further BMDM were

washed 3 times with 1% PBS containing 2% FBS and incubated at 37°C with 5% CO2 until

further analysis. The intracellular bacterial load was determined using quantitative real time

PCR and standard CFU methods. BMDM were lysed using 0.05% Tween 80 in 1X PBS for 5

min at room temperature. The lysates were serially diluted and used for plating on Middlebrook

7H10 agar. DNA for quantitative PCR method was isolated using modified Mtb lysis buffer and

magnetic bead purification, as described in detail in Yabaji *et al.*, submitted for publication).

Statistical analysis

697   The densitometric analyses were performed using ImageJ 2.0 software and all the graphs were

698   plotted using Graphpad Prism 8. For multiple treatment experiments, Students's unpaired t-test

699   and one-way ANOVA analysis was performed in Graphpad Prism 8. The *P values* of ≤0.05

700   were considered statistically significant.

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References:

1. Wallis RS, and Hafner R. Advancing host-directed therapy for tuberculosis. *Nat Rev*
Immunol. 2015;15(4):255-63.
2. Heitmann L, Abad Dar M, Schreiber T, Erdmann H, Behrends J, McKenzie AN, et al.
The IL-13/IL-4Ralpha axis is involved in tuberculosis-associated pathology. *J Pathol.*
2014;234(3):338-50.
3. Chanmee T, Ontong P, Konno K, and Itano N. Tumor-associated macrophages as major
players in the tumor microenvironment. *Cancers (Basel).* 2014;6(3):1670-90.
4. Sica A, and Mantovani A. Macrophage plasticity and polarization: in vivo veritas. *J Clin*
Invest. 2012;122(3):787-95.
5. Potian JA, Rafi W, Bhatt K, McBride A, Gause WC, and Salgame P. Preexisting
helminth infection induces inhibition of innate pulmonary anti-tuberculosis defense by
engaging the IL-4 receptor pathway. *J Exp Med.* 2011;208(9):1863-74.
6. Salgame P, Yap GS, and Gause WC. Effect of helminth-induced immunity on infections
with microbial pathogens. *Nat Immunol.* 2013;14(11):1118-26.
7. Harris J, De Haro SA, Master SS, Keane J, Roberts EA, Delgado M, et al. T helper 2
cytokines inhibit autophagic control of intracellular Mycobacterium tuberculosis.
Immunity. 2007;27(3):505-17.
8. Patel SY, Ding L, Brown MR, Lantz L, Gay T, Cohen S, et al. Anti-IFN-gamma
autoantibodies in disseminated nontuberculous mycobacterial infections. *J Immunol.*
2005;175(7):4769-76.
9. Browne SK, and Holland SM. Anticytokine autoantibodies in infectious diseases:
pathogenesis and mechanisms. *Lancet Infect Dis.* 2010;10(12):875-85.
10. Venkataraman C, Leung S, Salvekar A, Mano H, and Schindler U. Repression of IL-4-
induced gene expression by IFN-gamma requires Stat1 activation. *J Immunol.*
1999;162(7):4053-61.
11. Cadena AM, Fortune SM, and Flynn JL. Heterogeneity in tuberculosis. *Nat Rev Immunol.*
2017;17(11):691-702.
12. Carow B, Hauling T, Qian X, Kramnik I, Nilsson M, and Rottenberg ME. Spatial and
temporal localization of immune transcripts defines hallmarks and diversity in the
tuberculosis granuloma. *Nat Commun.* 2019;10(1):1823.
13. Marino S, Cilfone NA, Mattila JT, Linderman JJ, Flynn JL, and Kirschner DE.
Macrophage polarization drives granuloma outcome during Mycobacterium tuberculosis
infection. *Infect Immun.* 2015;83(1):324-38.
14. Sakai S, Mayer-Barber KD, and Barber DL. Defining features of protective CD4 T cell
responses to Mycobacterium tuberculosis. *Curr Opin Immunol.* 2014;29:137-42.
15. Bhattacharya B, Chatterjee S, Devine WG, Kobzik L, Beeler AB, Porco JA, Jr., et al.
Fine-tuning of macrophage activation using synthetic rocaglate derivatives. *Sci Rep.*
2016;6:24409.
16. Santagata S, Mendillo ML, Tang YC, Subramanian A, Perley CC, Roche SP, et al. Tight
coordination of protein translation and HSF1 activation supports the anabolic malignant
state. *Science.* 2013;341(6143):1238303.

17. Hwang BY, Su BN, Chai H, Mi Q, Kardono LB, Afriastini JJ, et al. Silvestrol and
episilvestrol, potential anticancer rocaglate derivatives from Aglaia silvestris. *J Org*
Chem. 2004;69(10):3350-8.
18. Kim S, Hwang BY, Su BN, Chai H, Mi Q, Kinghorn AD, et al. Silvestrol, a potential
anticancer rocaglate derivative from Aglaia foveolata, induces apoptosis in LNCaP cells
through the mitochondrial/apoptosome pathway without activation of executioner
caspase-3 or -7. *Anticancer Res.* 2007;27(4B):2175-83.
19. Kim S, Salim AA, Swanson SM, and Kinghorn AD. Potential of
cyclopenta[b]benzofurans from Aglaia species in cancer chemotherapy. *Anticancer*
Agents Med Chem. 2006;6(4):319-45.
20. Müller C, Schulte FW, Lange-Grünweller K, Obermann W, Madhugiri R, Pleschka S, et
al. Broad-spectrum antiviral activity of the eIF4A inhibitor silvestrol against corona- and
picornaviruses. *Antiviral research.* 2018;150:123-9.
21. Bordeleau ME, Robert F, Gerard B, Lindqvist L, Chen SM, Wendel HG, et al.
Therapeutic suppression of translation initiation modulates chemosensitivity in a mouse
lymphoma model. *J Clin Invest.* 2008;118(7):2651-60.
22. Polier G, Neumann J, Thuaud F, Ribeiro N, Gelhaus C, Schmidt H, et al. The natural
anticancer compounds rocaglamides inhibit the Raf-MEK-ERK pathway by targeting
prohibitin 1 and 2. *Chem Biol.* 2012;19(9):1093-104.
23. Rodrigo CM, Cencic R, Roche SP, Pelletier J, and Porco Jr. JA. Synthesis of
Rocaglamide Hydroxamates and Related Compounds as Eukaryotic Translation
Inhibitors: Synthetic and Biological Studies. *Journal of Medicinal Chemistry.*
2012;55(1):558-62.
24. Katsuragi Y, Ichimura Y, and Komatsu M. p62/SQSTM1 functions as a signaling hub
and an autophagy adaptor. *FEBS J.* 2015;282(24):4672-8.
25. Moscat J, and Diaz-Meco MT. Feedback on fat: p62-mTORC1-autophagy connections.
Cell. 2011;147(4):724-7.
26. Knaevelsrud H, and Simonsen A. Fighting disease by selective autophagy of aggregate-
prone proteins. *FEBS Lett.* 2010;584(12):2635-45.
27. Johansen T, and Lamark T. Selective autophagy mediated by autophagic adapter proteins.
Autophagy. 2011;7(3):279-96.
28. Taguchi K, Motohashi H, and Yamamoto M. Molecular mechanisms of the Keap1-Nrf2
pathway in stress response and cancer evolution. *Genes Cells.* 2011;16(2):123-40.
29. Jaramillo MC, and Zhang DD. The emerging role of the Nrf2-Keap1 signaling pathway
in cancer. *Genes Dev.* 2013;27(20):2179-91.
30. Padmanabhan B, Tong KI, Ohta T, Nakamura Y, Scharlock M, Ohtsuji M, et al.
Structural basis for defects of Keap1 activity provoked by its point mutations in lung
cancer. *Mol Cell.* 2006;21(5):689-700.
31. Fukutomi T, Takagi K, Mizushima T, Ohuchi N, and Yamamoto M. Kinetic,
thermodynamic, and structural characterizations of the association between Nrf2-DLGex
degron and Keap1. *Mol Cell Biol.* 2014;34(5):832-46.
32. Komatsu M, Kurokawa H, Waguri S, Taguchi K, Kobayashi A, Ichimura Y, et al. The
selective autophagy substrate p62 activates the stress responsive transcription factor Nrf2
through inactivation of Keap1. *Nat Cell Biol.* 2010;12(3):213-23.

801 33. Lau A, Wang XJ, Zhao F, Villeneuve NF, Wu T, Jiang T, et al. A noncanonical mechanism of Nrf2 activation by autophagy deficiency: direct interaction between Keap1 and p62. *Mol Cell Biol.* 2010;30(13):3275-85.

804 34. Meraz MA, White JM, Sheehan KC, Bach EA, Rodig SJ, Dighe AS, et al. Targeted disruption of the Stat1 gene in mice reveals unexpected physiologic specificity in the JAK-STAT signaling pathway. *Cell.* 1996;84(3):431-42.

807 35. Decker T, Kovarik P, and Meinke A. GAS elements: a few nucleotides with a major impact on cytokine-induced gene expression. *J Interferon Cytokine Res.* 1997;17(3):121-34.

810 36. Dudley AC, Thomas D, Best J, and Jenkins A. The STATs in cell stress-type responses. *Cell Commun Signal.* 2004;2(1):8.

812 37. Wen Z, Zhong Z, and Darnell JE, Jr. Maximal activation of transcription by Stat1 and Stat3 requires both tyrosine and serine phosphorylation. *Cell.* 1995;82(2):241-50.

814 38. Kovarik P, Stoiber D, Novy M, and Decker T. Stat1 combines signals derived from IFN-gamma and LPS receptors during macrophage activation. *EMBO J.* 1998;17(13):3660-8.

816 39. Goh KC, Haque SJ, and Williams BR. p38 MAP kinase is required for STAT1 serine phosphorylation and transcriptional activation induced by interferons. *EMBO J.* 1999;18(20):5601-8.

819 40. Pello OM. Macrophages and c-Myc cross paths. *Oncoimmunology.* 2016;5(6):e1151991.

820 41. Pello OM, De Pizzol M, Mirolo M, Soucek L, Zammataro L, Amabile A, et al. Role of c-MYC in alternative activation of human macrophages and tumor-associated macrophage biology. *Blood.* 2012;119(2):411-21.

823 42. Wolfe AL, Singh K, Zhong Y, Drewe P, Rajasekhar VK, Sanghvi VR, et al. RNA G-quadruplexes cause eIF4A-dependent oncogene translation in cancer. *Nature.* 2014;513(7516):65-70.

826 43. Rogov V, Dotsch V, Johansen T, and Kirkin V. Interactions between autophagy receptors and ubiquitin-like proteins form the molecular basis for selective autophagy. *Mol Cell.* 2014;53(2):167-78.

829 44. Zheng YT, Shahnazari S, Brech A, Lamark T, Johansen T, and Brumell JH. The adaptor protein p62/SQSTM1 targets invading bacteria to the autophagy pathway. *J Immunol.* 2009;183(9):5909-16.

832 45. Chitu V, Yeung YG, Yu W, Nandi S, and Stanley ER. Measurement of Macrophage Growth and Differentiation. *Current protocols in immunology.* 2011;92(1):14.20.1-14.20.6.

835 46. Vergadi E, Ieronymaki E, Lyroni K, Vaporidi K, and Tsatsanis C. Akt Signaling Pathway in Macrophage Activation and M1/M2 Polarization. *The Journal of Immunology.* 2017;198(3):1006-14.

838 47. Mattila JT, Ojo OO, Kepka-Lenhart D, Marino S, Kim JH, Eum SY, et al. Microenvironments in Tuberculous Granulomas Are Delineated by Distinct Populations of Macrophage Subsets and Expression of Nitric Oxide Synthase and Arginase Isoforms. *Journal of immunology (Baltimore, Md : 1950).* 2013;191(2):773-84.

842 48. Yang Z, Huang Y-CT, Koziel H, de Crom R, Ruetten H, Wohlfart P, et al. Female resistance to pneumonia identifies lung macrophage nitric oxide synthase-3 as a therapeutic target. *eLife.* 2014;3:265.

49.   Dockrell DH, Marriott HM, Prince LR, Ridger VC, Ince PG, Hellewell PG, et al.
Alveolar macrophage apoptosis contributes to pneumococcal clearance in a resolving
model of pulmonary infection. *J Immunol.* 2003;171(10):5380-8.

50.   Gordon SB, Irving GR, Lawson RA, Lee ME, and Read RC. Intracellular trafficking and
killing of Streptococcus pneumoniae by human alveolar macrophages are influenced by
opsonins. *Infect Immun.* 2000;68(4):2286-93.

51.   Cencic R, Carrier M, Galicia-Vazquez G, Bordeleau ME, Sukarieh R, Bourdeau A, et al.
Antitumor activity and mechanism of action of the cyclopenta[b]benzofuran, silvestrol.
PLoS One. 2009;4(4):e5223.

52.   Iwasaki S, Floor SN, and Ingolia NT. Rocaglates convert DEAD-box protein eIF4A into
a sequence-selective translational repressor. *Nature.* 2016;534(7608):558-61.

53.   Iwasaki S, Iwasaki W, Takahashi M, Sakamoto A, Watanabe C, Shichino Y, et al. The
Translation Inhibitor Rocaglamide Targets a Bimolecular Cavity between eIF4A and
Polypurine RNA. *Molecular cell.* 2019;73(4):738-48.e9.

54.   So EY, Oh J, Jang JY, Kim JH, and Lee CE. Ras/Erk pathway positively regulates
Jak1/STAT6 activity and IL-4 gene expression in Jurkat T cells. *Mol Immunol.*
2007;44(13):3416-26.

55.   Chu J, Galicia-Vázquez G, Cencic R, Mills JR, Katigbak A, Porco JA, et al. CRISPR-
Mediated Drug-Target Validation Reveals Selective Pharmacological Inhibition of the
RNA Helicase, eIF4A. *CELREP.* 2016;15(11):2340-7.

56.   Calabrese EJ. Hormesis: why it is important to toxicology and toxicologists. *Environ*
Toxicol Chem. 2008;27(7):1451-74.

57.   Langlais D, Cencic R, Moradin N, Kennedy JM, Ayi K, Brown LE, et al. Rocaglates as
dual-targeting agents for experimental cerebral malaria. *Proceedings of the National*
Academy of Sciences of the United States of America. 2018;8:201713000.

58.   Chaparro V, Leroux L-P, Masvidal L, Lorent J, Graber TE, Zimmermann A, et al.
Translational profiling of macrophages infected with Leishmania donovani identifies
mTOR- and eIF4A-sensitive immune-related transcripts. *PLoS pathogens.*
2020;16(6):e1008291.

59.   Blum L, Geisslinger G, Parnham MJ, Grünweller A, and Schiffmann S. Natural antiviral
compound silvestrol modulates human monocyte☐derived macrophages and dendritic
cells. *Journal of Cellular and Molecular Medicine.* 2020;24(12):6988-99.

60.   Gordon DE, Jang GM, Bouhaddou M, Xu J, Obernier K, White KM, et al. A SARS-CoV-
2 protein interaction map reveals targets for drug repurposing. *Nature.* 2020:1-13.

61.   Nordling L. HIV and TB increase death risk from COVID-19, study finds—but not by
much. *Science (New York, NY).* 2020.

62.   Schmid MC, and Varner JA. Myeloid cells in the tumor microenvironment: modulation
of tumor angiogenesis and tumor inflammation. *J Oncol.* 2010;2010:201026.

63.   Murray PJ. Nonresolving macrophage☐mediated inflammation in malignancy. *FEBS*
Journal. 2018;285(4):641-53.

64.   Grivennikov SI, Greten FR, and Karin M. Immunity, inflammation, and cancer. *Cell.*
2010;140(6):883-99.

65.   Fritscher LG, Marras TK, Bradi AC, Fritscher CC, Balter MS, and Chapman KR.
Nontuberculous Mycobacterial Infection as a Cause of Difficult-to-Control Asthma: A
Case-Control Study. *Chest.* 2011;139(1):23-7.

66.   Pan H, Mostoslavsky G, Eruslanov E, Kotton DN, and Kramnik I. Dual-promoter
891   lentiviral system allows inducible expression of noxious proteins in macrophages. *J*
892   *Immunol Methods.* 2008;329(1-2):31-44.
893   67.   Schmidt EK, Clavarino G, Ceppi M, and Pierre P. SUnSET, a nonradioactive method to
894   monitor protein synthesis. *Nature methods.* 2009;6(4):275-7.
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Figure 1

Figure 2

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Figure 4

Figure 5