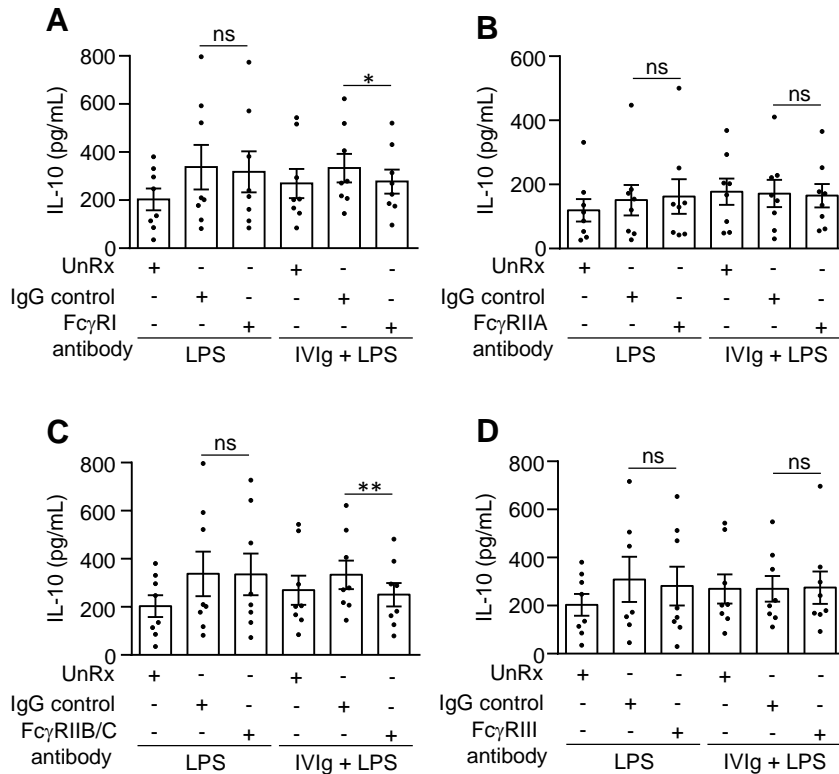


*Supplementary Material*

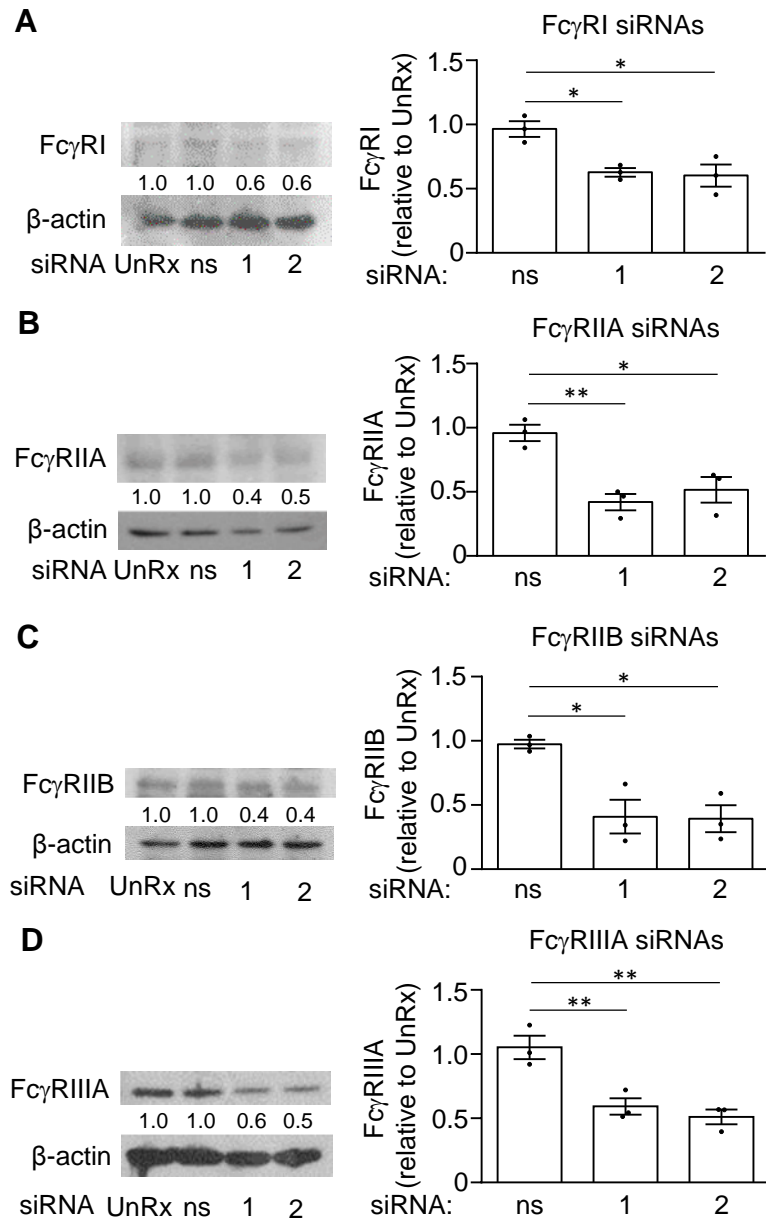
**IVIg and LPS Co-stimulation Induces IL-10 Production  
By Human Monocytes, Which Is Compromised  
By An FcγRIIA Disease-Associated Gene Variant**

Lisa K. Kozicky,<sup>1</sup> Susan C. Menzies,<sup>1</sup> Zheng Yu Zhao,<sup>1</sup> Tariq Vira,<sup>1</sup> Kiera Harnden,<sup>1</sup>  
Kwestan Safari,<sup>1</sup> Kate L. Del Bel,<sup>2</sup> Stuart E. Turvey,<sup>2</sup> and Laura M. Sly<sup>1\*</sup>

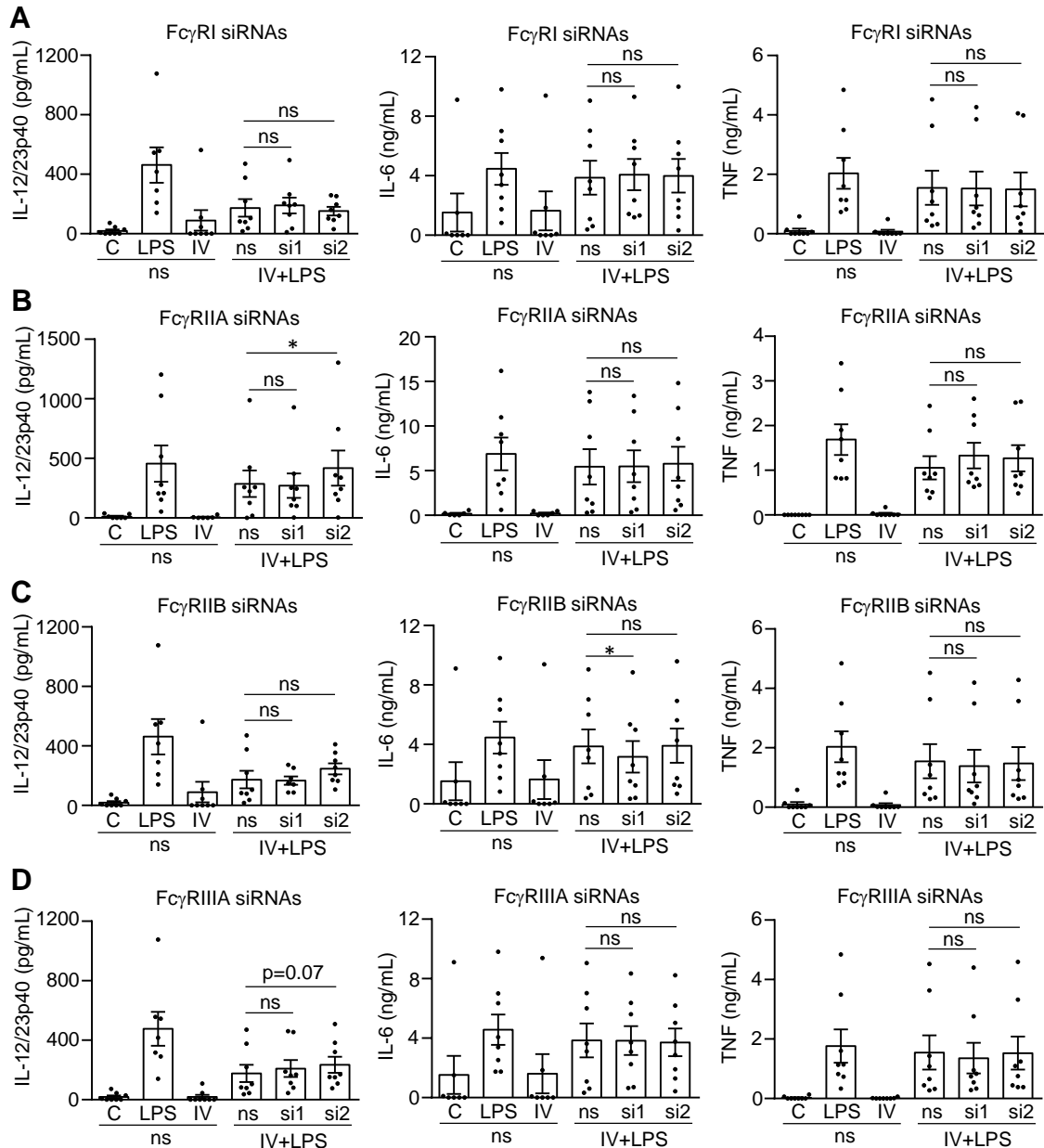
\* Correspondence: Laura M. Sly [laurasly@mail.ubc.ca](mailto:laurasly@mail.ubc.ca)



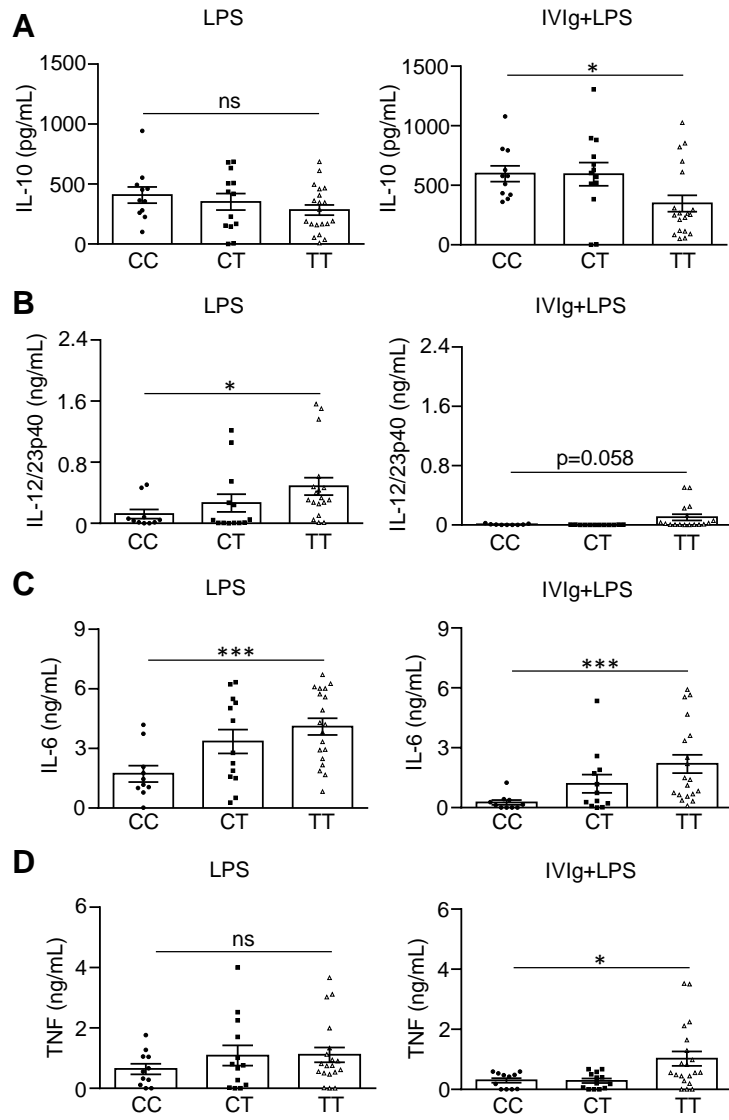
**Supplemental Figure 1. Fc $\gamma$ RI and Fc $\gamma$ RIIB are required for IVIg-induced IL-10 production in response to LPS.** Monocytes were untreated (UnRx) or pre-treated for 1 h with an IgG isotype control or a blocking antibody against (A) Fc $\gamma$ RI (100  $\mu$ g/mL), (B) Fc $\gamma$ RIIA (50  $\mu$ g/mL), (C) Fc $\gamma$ RIIB/C (100  $\mu$ g/mL), or (D) Fc $\gamma$ RIII (50  $\mu$ g/mL). Cells were stimulated with LPS (100 ng/mL) or (IVIg (5 mg/mL) + LPS (100 ng/mL)) for 24 h. Clarified cell supernatants were assayed for IL-10. Monocytes were derived from 1 participant for each of 8 independent experiments, and were assayed in duplicate. \* $p < 0.05$ , \*\* $p < 0.01$  and ns = not statistically different. Statistical analyses were performed using a repeated measures one-way ANOVA with Dunn's multiple comparisons correction.



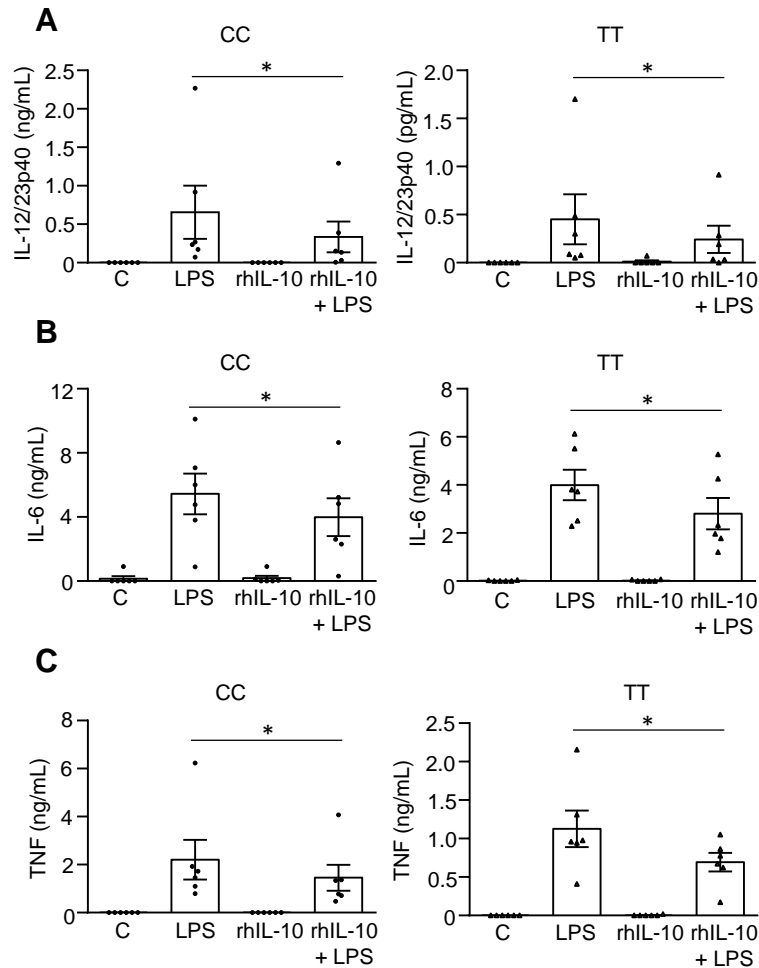
**Supplemental Figure 2. Fc $\gamma$ RI, Fc $\gamma$ RIIA, Fc $\gamma$ RIIB, and Fc $\gamma$ RIIIA expression is reduced with siRNAs.** Monocytes were untreated (UnRx) or pre-treated for 48 h with a non-silencing siRNA (ns) or 2 different siRNAs (si1 or si2) to the Fc $\gamma$ RI (A), Fc $\gamma$ RIIA (B), Fc $\gamma$ RIIB (C), or Fc $\gamma$ RIIIA (D). Cell lysates were prepared, separated by SDS-PAGE and analyzed by western blotting using antibodies to each receptor and  $\beta$ -actin, as a loading control. Results are from  $n = 3$  experiments; monocytes were derived from 1 participant for each of 3 independent experiments. Densitometry for receptor expression normalized to  $\beta$ -actin and relative to untreated control (UnRx); are averaged from  $n = 3$  independent experiments and are shown as mean  $\pm$  SEM. \* $p < .05$  and \*\* $p < .01$ . Statistical analyses were performed using a one-way ANOVA with Dunnett's multiple comparisons correction.



**Supplemental Figure 3. Fc $\gamma$ RI, Fc $\gamma$ RIIA, Fc $\gamma$ RIIB, or Fc $\gamma$ RIIA are not required for (IVIg + LPS)-induced reduction of pro-inflammatory cytokines.** Monocytes were pre-treated for 48 h with a non-silencing siRNA (ns) or 2 different siRNAs (si1 or si2) to the Fc $\gamma$ RI (A), Fc $\gamma$ RIIA (B), Fc $\gamma$ RIIB (C), or Fc $\gamma$ RIIA (D). Monocytes pre-treated with the ns siRNA control were unstimulated (control (C)) or stimulated with LPS (100 ng/mL), IVIg (5 mg/mL), or both, for 24 hours, while the monocytes pre-treated with si1 or si2 were stimulated with IVIg (5 mg/mL) + LPS (100 ng/mL). Clarified cell supernatants were assayed for IL-12/23p40, IL-6, and TNF. Data are mean  $\pm$  SEM. Results are representative of  $n = 8$  experiments; monocytes were derived from 1 participant for each of 8 independent experiments, and were assayed in duplicate. \* $p < 0.05$  and ns = not statistically different. Statistical analyses were performed using a repeated measures one-way ANOVA with Dunn's multiple comparisons correction.



**Supplemental Figure 4. Monocytes from people with the Fc $\gamma$ RIIA disease associated gene variant have lower anti-inflammatory responses to (IVIg+LPS).** Monocytes from healthy control participants were stimulated with LPS (100 ng/mL) or (IVIg (5 mg/mL) + LPS (100ng/mL)) for 24 h. Participants were genotyped for the Fc $\gamma$ RIIA H131R polymorphism (rs1801274); CC = does not have the disease associated gene variant (low affinity), CT = heterozygous for the disease associated gene variant, and TT = homozygous for the disease associated gene variant (high affinity), and data were stratified based on genotype. Clarified cell supernatants were assayed for (A) IL-10, (B) IL-12/23p40, (C) IL-6, and (D) TNF. Data are mean  $\pm$  SEM from  $n = 11$  CC participants,  $n = 13$  CT participants, and  $n = 20$  TT participants performed as independent experiments, assayed in duplicate. \* $p < .05$ , \*\* $p < .001$ , and ns = not statistically significant. Statistical analyses were performed using non-parametric, unpaired  $t$ -tests.



**Supplemental Figure 5. IL-10 reduced LPS-induced pro-inflammatory cytokine production by monocytes from people with either Fc $\gamma$ RIIA gene variant.** Monocytes from healthy control participants with the non-risk genotype (CC) and risk genotype (TT) were untreated (C) or stimulated with LPS (100 ng/mL), recombinant human IL-10 (rhIL-10) (400 pg/mL) or (rhIL-10 (400 pg/mL) + LPS (100 ng/mL)) for 24 h. Clarified cell supernatants were assayed for (A) IL-12/23p40, (B) IL-6, and (C) TNF. Data are mean  $\pm$  SEM from  $n = 6$  participants per genotype, performed as independent experiments, and assayed in duplicate. \* $p < 0.05$  for the comparisons indicated. Statistical analyses were performed using a non-parametric, paired  $t$ -test.