

Supplemental Figure 1. BDCA1⁺ DCs have a modest but significant effect on efferocytosis. PBMCs were assay for phagocytosis in the presence or absence of BDCA1+ DCs. (A) Flow cytometry scheme (B) Quantification MFI pHrodo.



Supplemental Fig. 2. Differentially expressed genes in SCARF1^{Lo} and SCARF1^{Hi} cells. (A) PBMCs (2x10⁶) were incubated with apoptotic cells (2x10⁶) for 4 hours. Cells were stained for flow cytometry and sorted into RNA lysis buffer. Shown is a representative experiment out of n=4. (B) Heatmap of Top 150 Nanostring genes. Live BDCA1⁺ DCs were sorted into SCARF1 negative (SCARF1^{Lo}) or SCARF1 positive (SCARF1^{Hi}) cells. mRNA was extracted, and the genetic profiling was measured using a Nanostring immunology panel. Gene expression as log 2 after normalization using Morpheus software. Shown is a representative heatmap of a single Nanostring assay (n=4). U, unstimulated. P values by Student's *t*-test.



Supplemental Figure 3. IgG depletion restores efferocytosis. Ablation of IgG increases apoptotic cell uptake in SLE patients. (A) Diagram of experimental design. (B-D) IgG and autoantibodies to SCARF1 depleted from serum. We depleted 20% serum in RPMI, healthy or SLE, using 100µL of Protein A/G agarose beads columns. IgG depletion was confirmed by Coomasie stain (B) and Western Blot (C). SCARF1 binding was analyzed by Dot Blot. Recombinant protein was transfer to nitrocellulose membrane, and full or depleted serum was used as a primary antibody. Human IgG was used as secondary antibody. Representative blot (n=13 SLE and n=8 Healthy). Anti-SCARF1 was use a control. (E-H) Ig-Depletion restores efferocytosis in SLE patient serum. PBMCs (1x10⁶/mL) were incubated with full serum, or Igdepleted serum for 20–24 hours. FBS was used as serum control. (E-F) Flow cytometry schematic. Cells were incubated for 3 hours with pHrodo red-labeled apoptotic cells (2x10⁶/mL). Cells were stained and analyzed by flow cytometry. (G-H) Representative histograms of pHrodo expression to measure phagocytosis. Blue line, full serum; Red line, Igdepleted serum. Total number of CD11c⁺BDCA1⁺SCARF1⁺ measure by flow cytometry in the presence of full serum or Iq-depleted serum. Data represent the mean (±SEM) of 2 independent experiments n=13 SLE and n=8 Healthy, by Two-way ANOVA.

Supplemental Table 1.				
Prevalence of SCARFT in clinical ma	kers duri	ng SLE uis Scarf1	Sease Scarf1	
		ah	ah	n
	Overall	positive	negative	value
	146	30	116	Value
	131	00		
Female, n (%)	(90)	30 (100)	101 (87)	0.04
	45	42		
Age, mean (SD)	(14.5)	(16.5)	45 (13.9)	0.34
SLE features, n (%)				
Rashes/ alopecia	87 (60)	17 (57)	70 (60)	0.41
Photosensitivity	32 (22)	5 (17)	27 (23)	0.45
· · · · ·	107			
Arthritis	(73)	20 (67)	87 (75)	0.36
Hematologic	51 (35)	13 (43)	38 (33)	0.28
Serositis	40 (27)	9 (30)	31 (27)	0.72
Oral ulcers	22 (15)	4 (13)	18 (16)	0.77
Nephritis	46 (32)	10 (33)	36 (31)	0.81
Antiphospholipid antibody				
syndrome	23 (16)	4 (13)	19 (16)	0.68
Cardiovascular	9 (6)	2 (7)	7 (6)	0.90
Neurologic	16 (11)	2 (7)	14 (12)	0.40
Raynaud's	39 (27)	6 (20)	33 (28)	0.35
Vasculitis	6 (4)	0	6 (5)	0.35
Serology (n, %)				
	138			
ANA	(95)*	29 (97)	109 (94)	0.56
dsDNA	91 (62)	25 (83)	66 (57)	<0.01
Smith	57 (39)	19 (63)	38 (33)	<0.01
RNP	68 (47)	20 (67)	48 (41)	0.01
SSA (Ro)	46 (32)	11 (37)	35 (30)	0.49
SSB (La)	24 (16)	5 (17)	19 (16)	0.97
Antiphospholipid antibodies	37 (25)	4 (13)	33 (28)	0.09
Hypocomplementemia	65 (45)	15 (50)	50 (43)	0.50
Current SLE activity, n (%)				
Active	45 (31)	9 (30)	36 (31)	0.91
Remission or Low disease activity	78 (53)	17 (57)	61 (53)	0.69
Unknown	23 (16)	4 (13)	19 (16)	0.68
Current SLE Medications, n (%)				
Glucocorticoids	45 (31)	12 (40)	33 (28)	0.22
Hydroxychloroquine	83 (57)	20 (67)	63 (54)	0.22
Oral immunosuppressant	50 (34)	7 (23)	37 (32)	0.36
Biologic immunosuppressant	13 (9)	3 (11)	10 (9)	0.81
*missing value in 7				