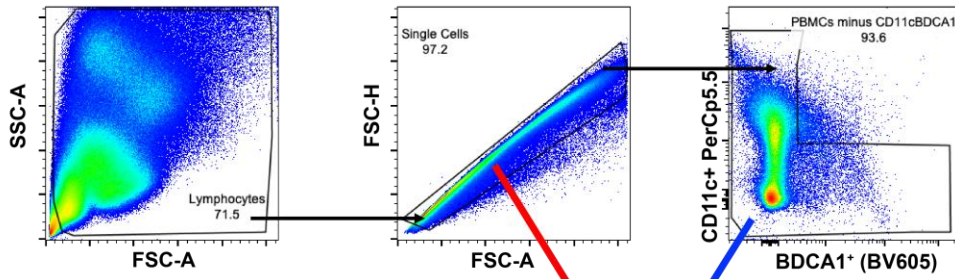
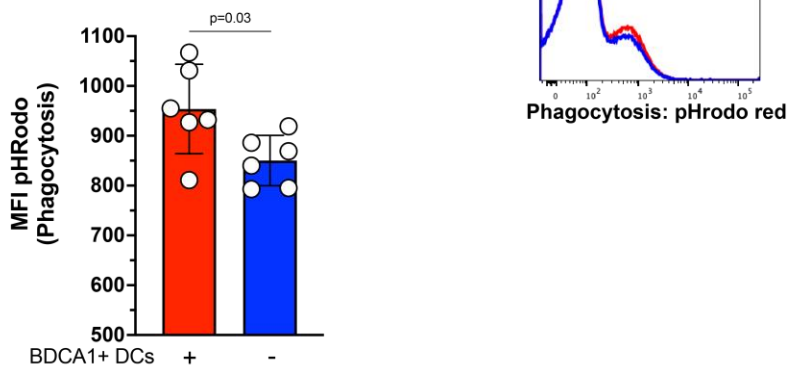
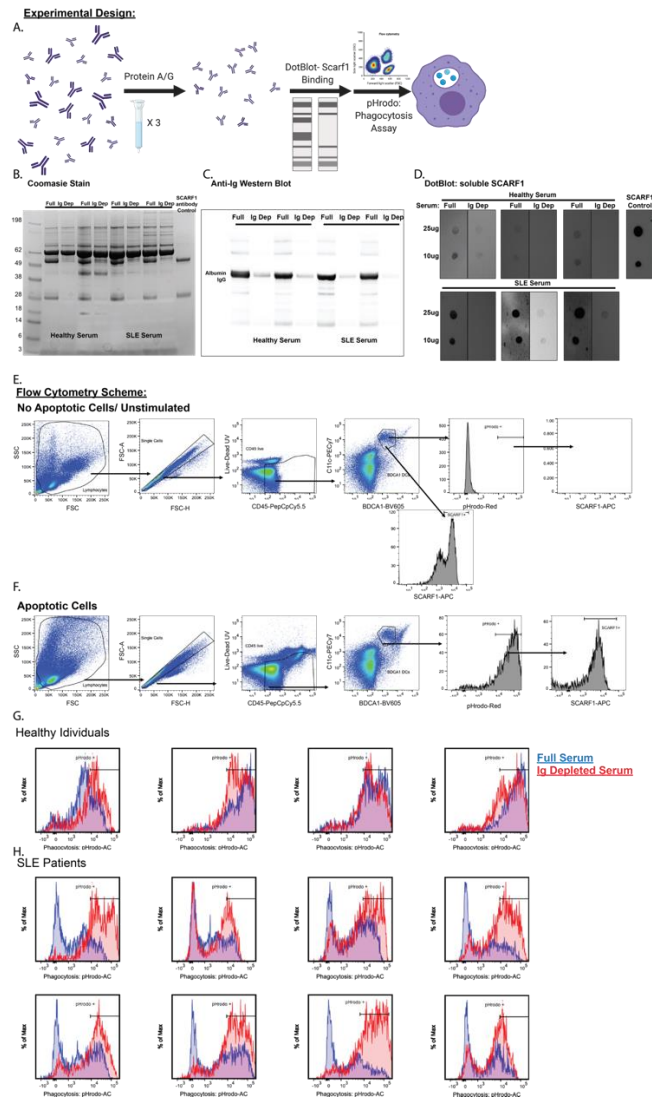


A**B**

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 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 100 μ L of Protein A/G agarose beads columns. IgG depletion was confirmed by Coomassie 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 Ig-depleted 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, Ig-depleted serum. Total number of CD11c⁺BDCA1⁺SCARF1⁺ measure by flow cytometry in the presence of full serum or Ig-depleted serum. Data represent the mean (\pm SEM) of 2 independent experiments n=13 SLE and n=8 Healthy, by Two-way ANOVA.

| Supplemental Table 1. | | | | |
|---|----------------|-----------------------------------|-----------------------------------|--------------------|
| Prevalence of SCARF1 in clinical makers during SLE disease | | | | |
| | Overall | Scarf1 ab positive | Scarf1 ab negative | p value |
| | 146 | 30 | 116 | |
| Female, n (%) | 131 (90) | 30 (100) | 101 (87) | 0.04 |
| Age, mean (SD) | 45 (14.5) | 42 (16.5) | 45 (13.9) | 0.34 |
| SLE features, n (%) | | | | |
| <i>Rashes/ alopecia</i> | 87 (60) | 17 (57) | 70 (60) | 0.41 |
| <i>Photosensitivity</i> | 32 (22) | 5 (17) | 27 (23) | 0.45 |
| <i>Arthritis</i> | 107 (73) | 20 (67) | 87 (75) | 0.36 |
| <i>Hematologic</i> | 51 (35) | 13 (43) | 38 (33) | 0.28 |
| <i>Serositis</i> | 40 (27) | 9 (30) | 31 (27) | 0.72 |
| <i>Oral ulcers</i> | 22 (15) | 4 (13) | 18 (16) | 0.77 |
| <i>Nephritis</i> | 46 (32) | 10 (33) | 36 (31) | 0.81 |
| <i>Antiphospholipid antibody syndrome</i> | 23 (16) | 4 (13) | 19 (16) | 0.68 |
| <i>Cardiovascular</i> | 9 (6) | 2 (7) | 7 (6) | 0.90 |
| <i>Neurologic</i> | 16 (11) | 2 (7) | 14 (12) | 0.40 |
| <i>Raynaud's</i> | 39 (27) | 6 (20) | 33 (28) | 0.35 |
| <i>Vasculitis</i> | 6 (4) | 0 | 6 (5) | 0.35 |
| Serology (n, %) | | | | |
| <i>ANA</i> | 138 (95)* | 29 (97) | 109 (94) | 0.56 |
| <i>dsDNA</i> | 91 (62) | 25 (83) | 66 (57) | <0.01 |
| <i>Smith</i> | 57 (39) | 19 (63) | 38 (33) | <0.01 |
| <i>RNP</i> | 68 (47) | 20 (67) | 48 (41) | 0.01 |
| <i>SSA (Ro)</i> | 46 (32) | 11 (37) | 35 (30) | 0.49 |
| <i>SSB (La)</i> | 24 (16) | 5 (17) | 19 (16) | 0.97 |
| <i>Antiphospholipid antibodies</i> | 37 (25) | 4 (13) | 33 (28) | 0.09 |
| <i>Hypocomplementemia</i> | 65 (45) | 15 (50) | 50 (43) | 0.50 |
| Current SLE activity, n (%) | | | | |
| <i>Active</i> | 45 (31) | 9 (30) | 36 (31) | 0.91 |
| <i>Remission or Low disease activity</i> | 78 (53) | 17 (57) | 61 (53) | 0.69 |
| <i>Unknown</i> | 23 (16) | 4 (13) | 19 (16) | 0.68 |
| Current SLE Medications, n (%) | | | | |
| <i>Glucocorticoids</i> | 45 (31) | 12 (40) | 33 (28) | 0.22 |
| <i>Hydroxychloroquine</i> | 83 (57) | 20 (67) | 63 (54) | 0.22 |
| <i>Oral immunosuppressant</i> | 50 (34) | 7 (23) | 37 (32) | 0.36 |
| <i>Biologic immunosuppressant</i> | 13 (9) | 3 (11) | 10 (9) | 0.81 |
| *missing value in 7 | | | | |