# **Supplementary Information for**

Epigenetic regulator UHRF1 suppressively orchestrates pro-inflammatory gene expression in rheumatoid arthritis.

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#### Supplemental Figure 1: Uhrf1 is highly expressed in arthritis-derived SF.

(A and B) KEGG pathway analysis of (A) up- and (B) down-regulated gene probes in CAIA ankle tissue by microarray analysis. The top 10 terms that showed significant enrichment are illustrated with gene counts and P values. (C and D) Immunofluorescent staining for Uhrf1 (Red), GFP (Green) and DAPI (Blue) in (C) Col6a1Cre; Rosa26-EGFP and LysMCre; Rosa26-EGFP after STA induction and (D) Uhrf1 (Red), Fap (Green), F4/80 (Green) and DAPI (Blue) in WT normal ankle tissue. Arrows indicate Uhrf1<sup>+</sup> GPF<sup>+</sup> and Uhrf1<sup>+</sup> Fap<sup>+</sup> cells. Scale bar represents 50 µm. (E and F) RT-qPCR measurement of mRNA expression of SF markers (Cdh11, Col6a1, Tnfsf11), macrophage markers (Cd68, Emr1, Tnfrsf11a) and Uhrf1 in primary cultures of SF and SM derived from (E) CAIA ankle and (F) STA ankle. Mean±SD is shown. N.S.; not significant. \*\* indicates P<0.01 by unpaired ttest. Data in (C) and (D) were obtained from more than 2 independent experiments and technically replicated. Data in (E) and (F) were obtained from 4-5 independent experiments.

Supplemental Figure 2: SF-specific *Uhrf1* depletion has pathological effects but not under healthy conditions.

(A) Macroscopic images of SF-specific *Uhrf1* knockout mice (*Uhrf1*<sup>ΔCol6a1</sup>) and littermate control mice ( $Uhrf1^{fl/fl}$ ). (**B**) Quantification of body weight of 7-week-old  $Uhrf1^{fl/fl}$  and Uhrfl<sup>ΔCol6a1</sup> mice (n=23). (C) Hematoxylin-eosin (H.E.) and Masson's trichrome (M.T.) staining of intestine, liver, lung and kidney tissue from Uhrfl<sup>fl/fl</sup> and Uhrfl<sup>ΔCol6a1</sup> mice under healthy conditions. Scale bar represents 100 µm. (D) Immunofluorescent staining for Uhrf1 (Red), Pdpn (Green) and DAPI (Blue) in thymus and lymph nodes from Uhrf1<sup>fl/fl</sup> and Uhrfl<sup>ACol6a1</sup> mice. Scale bar represents 50 µm. (E) Left, safranin O, fast green and eosin staining of ankle tissue on day 10 after arthritis induction. Scale bar represents 50 µm. Right, relative cartilage area (safranin O positive region) per field in normal (n=3-4), CAIA (n=4-5) and STA (n=7-8) Uhrfl<sup>fl/fl</sup> and Uhrfl<sup>ΔCol6a1</sup> mice. (F) TRAP staining of ankle tissue on day 10 after arthritis induction. Scale bar represents 50 µm. (G) Left, binarized image of TRAP staining. Scale bar represents 50 µm. Right, relative TRAP-positive area in the entire ankle area (as in Panel F) in normal (n=3-4), CAIA (n=4-5) and STA (n=7) Uhrf1<sup>fl/fl</sup> and *Uhrfl*<sup> $\Delta Col6a1$ </sup> mice. (H) Representative  $\mu CT$  image of arthritic ankles from *Uhrfl*<sup>fl/fl</sup> and</sup> Uhrf1<sup>ACol6a1</sup> mice. Arrowhead indicates bone damage. Scale bar represents 1 mm. Mean±SD is shown. \* and \*\* indicate P < 0.05 and P < 0.01 versus Uhrfl<sup>fl/fl</sup>, respectively, by unpaired *t*-test. Data in (B), (E) to (G) were obtained from 3-8 independent experiments.

Data in (C) and (D) were obtained from 3 independent experiments and technically replicated. Data in (H) were obtained from more than 2 independent experiments.

# Supplemental Figure 3: Myeloid cell-specific *Uhrf1* depletion does not result in an arthritic phenotype.

(A) Uhrf1 mRNA expression in bone marrow-derived macrophages (BMDM) from Uhrf1<sup>fl/fl</sup> and Uhrf1<sup>ALySM</sup> mice (n=3). (**B** and **C**) Development of (B) hind paw thickness and (C) clinical score in Uhrf1<sup>fl/fl</sup> and Uhrf1<sup>ALySM</sup> mice after STA induction (n=8-9). (**D** and **E**) Representative (D) safranin O, fast green and eosin staining and (E) TRAP staining in ankle tissue on day 10 after STA induction. Scale bar represents 1 mm. Mean±SD is shown. *N.S.*; not significant versus Uhrf1<sup>fl/fl</sup>. \* indicates *P*<0.05 by unpaired *t*-test. All data were obtained from 3-9 independent experiments.

#### Supplemental Figure 4: GO and pathway analysis in *Uhrf1*<sup>4Col6a1</sup> SF.

(A and B) (A) KEGG pathway analysis and (B) GO analysis among down-regulated genes using DAVID Bioinformatics Resources. Significantly enriched terms are illustrated by gene counts and P values. (C) Venn diagram to compare genes exhibiting down-regulation

following Uhrfl depletion in SF, chondrocytes and hematopoietic stem cells (HSC) based on RNA-seq data from this study and public databases (GSE92641, GSE85450). (D) GO biological processes among 105 up-regulated genes with peaks assigned using DAVID Bioinformatics Resources. Enriched pathways are illustrated by gene counts and P values. (E) Venn diagram for 89 down-regulated genes in  $Uhrfl^{\Delta Col6a1}$  SF and 39 genes having Uhrf1-mediated methylated DNA peaks within the gene body. (F) KEGG pathway analysis of 39 down-regulated genes with peaks assigned using DAVID Bioinformatics Resources. Significantly enriched pathways are illustrated by gene counts and P values. (G) Left, flow cytometry analysis to analyze proportion of leukocytes in *Uhrf1*<sup>f1/f1</sup> and *Uhrf1*<sup>ΔCol6a1</sup> derived from STA mice on day 4 (n=6-8) and day 10 (n=9-10). Right, quantification of CD45<sup>+</sup> CD4<sup>-</sup> Ccr6<sup>+</sup> cells, CD45<sup>+</sup> CD4<sup>+</sup> Ccr6<sup>-</sup> cells and CD45<sup>+</sup> CD4<sup>-</sup> Ccr6<sup>-</sup> cells among CD45<sup>+</sup> cells. Mean±SD is shown. \* and \*\* indicate P<0.05 and P<0.01, respectively, by ANOVA followed by Tukey's test in (G). Data in (A) to (F) were obtained from combined read data derived from 3 independent experiments. Data in (G) was obtained from 6-10 independent experiments.

Supplemental Figure 5: Correlation between UHRF1 expression level and RA severity.

(A) Expression levels of DNMTs (DNMT1, DNMT3A and DNMT3B) mRNA in synovium obtained from OA (n=32) and RA (n=30) patients. (B) Spearman's correlation between UHRF1 mRNA expression in RA synovium and TJC28 (tender joint count 28), SJC28 (swollen joint count 28) and Patient's VAS (visual analogue scale) (n=30). (C to E) Spearman's correlation between (C) DNMT1, (D) DNMT3A and (E) DNMT3B mRNA expression in RA synovium and DAS28-CRP, CRP, Age, TJC28, SJC28 and Patient's VAS (n=30-31). (F) Immunofluorescent staining for UHRF1 (Red), PDPN (Green) and DAPI (Blue) in OA and RA synovium. Scale bar represents 30 µm. (G) UHRF1 and CCL20 mRNA expression levels in OASF treated with UHRF1 siRNA (n=5). (H) Flow cytometry analysis to analyze proportion of Th17 cells (CD45<sup>+</sup> CD4<sup>+</sup> CCR6<sup>+</sup>) in OA and RA synovium tissue. Mean±SD is shown. N.S.; not significant versus OA by Mann-Whitney U test in (A). \* indicates P < 0.05 by ANOVA followed by Tukey's test in (G). Data in (A) to (D), (G) and (H) were obtained from 5-32 independent experiments.

Supplemental Figure 6: UHRF1 negatively modulates gene expression of multiple RA-

### exacerbating factors in RA synovium.

Among genes involved in maintaining DNA methylation, UHRF1 expression level is elevated in SF, particularly under RA pathogenesis, but not OA. Sufficient levels of UHRF1 can reduce mRNA expression levels of genes that encode multiple RAexacerbating factors such as RA-related, cytokine-related and anti-apoptosis-related genes by altering DNA methylation. In contrast, insufficient UHRF1 expression levels are associated with progression of RA pathogenesis. These results suggest that UHRF1 stabilization could be a new strategy to develop RA therapeutics.



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