1	Serum opsonin, L-ficolin, is detected in human lungs of transplant patients
2	following fungal infections and modulates inflammation and killing of A.
3	fumigatus
4	Running title: L-ficolin and immunity to A. fumigatus
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45 ABSTRACT

Background. Invasive aspergillosis (IA) is a life threatening systemic fungal infection in the 46 immunocompromised caused by Aspergillus fumigatus. The human serum opsonin, L-ficolin 47 has been observed to recognise A. fumigatus and could participate in fungal defence. 48 Methods. Using lung epithelial cells, primary human monocyte-derived macrophages 49 (MDM) and neutrophils from healthy donors, we assessed phagocytosis and killing of L-50 ficolin opsonized A. fumigatus live conidia by flow cytometry and microscopy. Additionally, 51 52 cytokines were measured by cytometric bead array and L-ficolin was measured in bronchoalveolar lavage (BAL) fluid from lung transplant recipients by ELISA. 53 L-ficolin opsonization increased conidial uptake and enhanced killing of A. 54 Results. *fumigatus* by MDM and neutrophils. Opsonization was also shown to manifest an increase in 55 IL-8 release from A549 lung epithelial cells but decrease IL-1β, IL-6, IL-8, 1L-10 and TNF-56 α release from MDM and neutrophils 24 h post-infection. The concentration of L-ficolin was 57 significantly higher in BAL of patients with fungal infection than in control subjects 58 (p=0.00087) and ROC curve analysis highlighted the diagnostic potential of L-ficolin for 59 lung infection (AUC=0.842; p<0.0001). 60 61 *Conclusions.* L-ficolin modulates the immune response to *A. fumigatus.* Additionally, for the first time, L-ficolin has been demonstrated to be present in human lungs. 62

Keywords. L-ficolin, *Aspergillus fumigatus*, macrophage, neutrophil, epithelial, phagocytosis,
cytokines, lung transplant

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67 Introduction

Aspergillus fumigatus (A. fumigatus) is a major worldwide prevalent pathogenic mold and the 68 69 primary cause of invasive pulmonary aspergillosis (IA) in immunocompromised hosts. [1]. In those at risk such as leukaemia, solid-organ and haematopoietic transplant patients or those 70 71 with neutropenia, IA is associated with a mortality rate of up to 30% if treated and 100% in 72 untreated patients [2-6]. Infection is initiated following the inhalation of small hydrophobic conidia from the environment which have the propensity to germinate into filamental 73 (hyphal) structures. These invade local tissues causing thrombosis, necrosis and 74 dissemination of the fungus to other organs such as the skin and brain, ultimately leading to 75

76 death [7-9].

Alveolar macrophages, neutrophils, complement and pattern recognition proteins; such as the
ficolins and collectins, all work synergistically to remove *Aspergillus*. The process of
phagocytosis by macrophages is an integral aspect in innate host defence against *A. fumigatus*conidia [10, 11]. Neutrophils have also been observed to be important in the early stages of
conidial removal, but are essential in the destruction of the large hyphal structures following
degranulation and the production of neutrophil extracellular traps (NETs) [12-14].

Ficolins are a family of proteins composed of an N-terminal collagen-like domain and a Cterminal fibrinogen-like domain with lectin activity (highly specific for *N*-acetylglucosamine
(GlcNAc)). Human serum L-ficolin has the potential to enhance phagocytosis via direct
binding to pathogens [15] but the protective roles of ficolins in *Aspergillus* defence are still
poorly characterised.

We have recently demonstrated that L-ficolin is able to enhance the binding of *Aspergillus*conidia to the lung epithelium, but little is known about the functional consequences
following ficolin opsonization [16]. We therefore utilised L-ficolin to investigate its roles in

91	phagocytosis and killing of A. fumigatus by phagocytes in addition to its role in modulating
92	cytokine production. In this study we have also shown for the first time that L-ficolin is
93	present in BAL from lung transplant patients suffering from fungal pneumonia compared to
94	uninfected controls. Additionally, we highlight the potential of L-ficolin as a tool for the
95	diagnosis of fungal infections following lung transplants.
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Materials and Methods

111 Patients and Ethical approval

Evidence of fungal infection was based on clinical European Organization for Research and Treatment of Cancer/Mycoses Study Group (EORTC/MSG) criteria [17]. BAL sampling of lung transplant patients from the Royal Brompton and Harefield NHS Trust was performed under Biomedical Research Unit ethics approval (RBH/AS1).

Ethical approval for blood donation by healthy participants was obtained from the Faculty of
Health Research Ethics Committee (Ref. Mechanisms of airway diseases – 2008042). Blood
was acquired through venepuncture of healthy participants who gave informed consent at the

time of collection. All donors were not on medication at the time of collection.

Informed consent was obtained from patients and human experimentation guidelines of the
United States Department of Health and Human Services were adhered to in the conduct of
clinical research.

123 Cells and reagents

All experiments were conducted using the A549 adenocarcinomic human alveolar basal 124 125 epithelial cell line, human monocyte-derived macrophages (MDM) or peripheral blood neutrophils. MDM and neutrophils were isolated from healthy donor blood via a 68% percoll 126 gradient modified from Walsh et al (1999) [18]. Monocytes were selected for by adherence to 127 tissue culture plastic ware for 1h and differentiated in RPMI-1640 supplemented with 10% 128 autologous serum and 50 I.U mL⁻¹ penicillin and 50 µg mL⁻¹ streptomycin over 5-9 days. 129 A549 cells and neutrophils were briefly maintained in RPMI-1640 supplemented with 10% 130 heat-inactivated foetal calf serum and 50 I.U mL⁻¹ penicillin and 50 µg mL⁻¹ streptomycin. 131 Polymorphonuclear preparations containing greater than 90% neutrophils and exhibiting 132

>98% viability (as determined by trypan blue staining) were placed in culture. Experiments
were all performed in serum-free conditions. Recombinant L-ficolin was purchased from
R&D Systems. FITC was purchased from Sigma-Aldrich. A clinical *A. fumigatus* strain
isolated from a respiratory specimen was used in all experiments and maintained/harvested as
previously described [16].

138 Detection of infection and L-ficolin in bronchoalveolar lavage

BAL fluid was collected from lung transplant recipients at Royal Brompton and Harefield 139 NHS Trust by instilling 200 mL sterile saline into distal airway segments under flexible 140 bronchoscopy. BAL return was centrifuged at 1500 rpm for 10 minutes. Aspergillus antigens, 141 indicative of invasive aspergillosis, were detected via the lateral-flow device as previously 142 described [19] and/or via detection of galactomannan (GM) using a Platelia[™] Aspergillus 143 antigen kit (Bio-Rad). For BAL samples, an index of < 0.5 was considered negative, an index 144 of ≥ 0.5 was considered positive for GM [20]. Samples were tested for a panel of respiratory 145 viruses (multiplex PCR) and bacteria by culture (B57, UK standard for microbiology 146 investigations) [21]. High resolution computed tomography (HRCT) chest imaging was 147 148 reviewed for evidence of findings consistent with fungal infection [21]. The presence of Lficolin in the BAL fluid of lung transplant patients was detected using a ficolin-2 human 149 ELISA kit (Hycult). Patients were categorised for possible, probable and proven invasive 150 fungal infection according to revised EORTC/MSG criteria [17]. 151

152 Phagocytosis assays

- 153 FITC-labelled live *A. fumigatus* conidia were opsonized with 5 μ g ml⁻¹L-ficolin as
- previously described [16]. MDM or human neutrophils were seeded in 24-well plates (Nunc)
- prior to challenge with ficolin-opsonized FITC-labelled *A. fumigatus* conidia (5 x 10^5 ;
- 156 conidia:cell ratio of 5:1) for 2 h at 37°C. Adherent cells were subsequently removed by the

use of trypsin/EDTA, gentle trituration and scraping. Neutrophils in suspension were pelleted 157 at 300 g for 5 mins. Cells were fixed in 4% PBS/formaldehyde for 10 min at RT before re-158 suspension in PBS. Phagocytosis was analysed by flow cytometry (Ex λ 488 nm, Em λ 533/30 159 nm) on a BD Accuri C6 flow cytometer with BD CFlow[®] Software (BD Biosciences) 160 collecting 5000 events. To yield quantitative counts, positively phagocytic cells were 161 identified and expressed as a percentage of all phagocytes present and the relative abundance 162 of conidia contained within the positively ingesting phagocytes was determined by the 163 relative fluorescence intensity (FL1-A) of the positively phagocytic cells. 164

165 Ficolin binding, visualising fungal growth and fungal killing assays

166 L-ficolin binding assays were conducted as previously described [16] and data was collected167 by flow cytometry as described above.

168 MDM or human neutrophils were seeded in 24-well plates prior to challenge with ficolin-

opsonized live *A. fumigatus* conidia (5 x 10^5 ; conidia:cell ratio of 5:1) for 24 h at 37°C as

above. Growth was observed using an Axiovert 40 CFL microscope (Zeiss) at 10x objective

171 for neutrophils and 20x objective for MDM.

172 Fungal killing was measured using a LIVE/DEAD[®] Fungal Viability Kit (Invitrogen). In

brief, fungi were stained with 15 μ M FUN-1 prior to the measurement of green fluorescence

174 (FL1-A, Ex λ 488 nm, Em λ 585/40nm), an increase in which, represents a reduction in fungal

175 viability. Fluorescence was quantified by flow cytometry as above.

176 Cytokine determination

Cytokine protein concentrations from the supernatants of *A. fumigatus* challenged A549,
MDM and neutrophils were determined using a BD cytometric bead array (CBA) Human
Inflammatory Cytokines kit (BD Biosciences). Data was gained by flow cytometry (Exλ 488

180	nm, Em λ 585/40nm) and (Ex λ 633 nm, Em λ 780/30 nm) on a BD Accuri C6 flow cytometer
181	with BD CFlow [®] Software, collecting 1800 events as outlined in the protocol.

182 Statistical analysis

Results were expressed as mean \pm SD. Descriptive and 2-tailed Students *t*-test analyses were performed using GraphPad prism software (version 5). One-way ANOVA's were performed using SigmaStat software (version 3.5). A value of p<0.05 was considered statistically significant. Receiver operating characteristics (ROC) curve analysis was conducted using MedCalc (version 13.1.1).

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189 **Results**

L-ficolin opsonization enhances phagocytosis and killing of A. fumigatus by human
monocyte-derived macrophages

- 192 We, and others, have previously acknowledged that L-ficolin is capable of binding to
- 193 *A.fumigatus* [16,22]. Here we verify that L-ficolin can recognize *A.fumigatus* live conidia
- 194 (p= 2.7×10^{-5} ; Figure 1A) and we demonstrate enhanced binding in acidic pH (5.7)
- 195 (p=0.00089; Figure 1B).
- 196

We have shown that the phagocytosis of conidia by the airway epithelial cell line, A549, is enhanced following L-ficolin opsonization [16]. Another integral cell type involved in the early defence against *Aspergillus* conidia are macrophages.

- 200 Initially, the ability of L-ficolin to enhance phagocytosis was investigated using FITC-
- 201 labelled A. fumigatus conidia opsonized with L-ficolin prior to incubation with adherent
- human MDM for 2 hours. MDM were gated (Figure 2A) and the percentage of FITC negative

and positive MDM were used to identify phagocytic cells (Figure 2B and Figure 2C). The proportion of phagocytic MDM was unaffected in physiological (pH 7.4) or acidic conditions (pH 5.7) (Figure 2D), however, the number of FITC labelled L-ficolin opsonized conidia ingested per MDM (based upon the median fluorescence intensity of phagocytic MDM) was significantly enhanced in inflammatory (pH 5.7) conditions but not at pH 7.4 (Figure 2E and Figure 2F) (p= 6.6×10^{-5}).

208 Additionally, light microscopy demonstrated that MDM inhibited conidial germination following opsonization by L-ficolin in inflammatory conditions (Figure 2G-J). L-ficolin in 209 the absence of phagocytes had no effect on A. *fumigatus* growth (data not shown). Moreover, 210 following gating (Figure 2K), fungal viability assays demonstrated a significant increase in 211 212 fungal killing following opsonization by L-ficolin in these conditions; as quantitated by flow cytometry (p=0.00249) (Figure 2L and Figure 2M). When ingested A.fumigatus and free 213 A.fumigatus populations were gated separately, death-associated green-yellow fluorescence 214 215 emitted by A.fumigatus within MDM was observed to be significantly greater compared to the un-associated fungi, highlighting potent intracellular killing (Supplementary Figure 1). 216

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219 L-ficolin opsonization enhances phagocytosis and killing of A. fumigatus by human

220 *neutrophils*

221 Neutropenia poses a significant risk factor for developing aspergillosis which led us to

investigate the importance of neutrophils in the recognition and removal of *A. fumigatus*conidia following ficolin opsonization.

The association of L-ficolin opsonized conidia with human neutrophils was investigated as per MDM-protocols. In this case, neutrophils were gated (Figure 3A) and the percentage of FITC negative and positive neutrophils were used to identify phagocytic cells (Figure 3B and
Figure 3C). Again, the percentage of cells phagocytosing was unaffected in physiological (pH
7.4) or acidic conditions (pH 5.7) (Figure 3D). However, as for the macrophages, flow
cytometric analysis indicated a significant increase in the number of conidia phagocytosed
per neutrophil following L-ficolin opsonization, but only in pH 5.7 conditions (p=0.01056)
(Figure 3E and Figure 3F).

Light microscopy demonstrated that in the absence of L-ficolin opsonization in pH 5.7 and 232 pH 7.4 or L-ficolin opsonization in pH 7.4 conditions, hyphal growth appeared very dense 233 (Figure 3G, 3H and 3J). Following opsonization by L-ficolin at pH 5.7, hyphal growth 234 235 appeared significantly less dense and clumping was observed (Figure 3I). Following gating (Figure 3K), the viability assays demonstrated a significant decrease in fungal viability 236 following opsonization by L-ficolin in these conditions (p=0.04324) (Figure 3L and Figure 237 238 3M). As for MDM, death-associated green-yellow fluorescence emitted by A.fumigatus within neutrophils was observed to be significantly greater compared to the unassociated fungi 239 (Supplementary Figure 2A). Conversely, the fluorescence of the free A.fumigatus in the 240 presence of neutrophils was significantly greater when compared to A.fumigatus in the absence 241 of neutrophils, suggesting augmentation of extracellular killing mechanisms (Supplementary 242 Figure 2B) 243

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L-ficolin opsonization modulates the secretion of inflammatory cytokines in response to A. fumigatus

We utilised cytometric bead arrays to investigate the concentration of IL-8, IL-1 β , IL-6, IL-10 and TNF- α secreted from A549 type II alveolar cells, MDM and human neutrophils following challenge by L-ficolin-opsonized *A. fumigatus* conidia. From the cytokine panel tested, IL-8 was the only cytokine significantly modulated in A549 cells in response to L-ficolin (Supplementary Figure 3). L-ficolin opsonization induced a significant increase in the secretion of pro-inflammatory IL-8 compared to challenge with unopsonized conidia after 8 h and 24 h (Supplementary Figure 3). L-ficolin in the absence of conidia induced a significant spike in IL-8 secretion at 8 h which was maintained up to 24 h (Supplementary Figure 3).

256 L-ficolin opsonization also modulated cytokine secretion from MDM. Following MDM

challenge with conidia opsonized by L-ficolin an anti-inflammatory effect was observed. The

258 secretion of IL-8, IL-1 β , IL-6, IL-10 and TNF- α from MDM cells 24 h post-infection were

- 259 decreased (Figure 4A-E). Again L-ficolin alone appeared capable of significantly increasing
- 260 the cytokine concentrations of all tested (Figure 4A-E).
- Additionally, L-ficolin opsonization led to significantly decreased secretion of IL-8, IL-1 β , IL-6 and TNF- α from neutrophils, compared to un-opsonized conidia (Figure 5A-E). We observed that IL-10 was only secreted at baseline levels regardless of any challenges (Figure 5D). L-ficolin was also observed to have the ability to increase the secretion of IL-8, IL-1 β and TNF- α in the absence of *A. fumigatus* (Figure 5A, B and E).
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L-ficolin is present in the bronchoalveolar lavage fluid of lung transplant recipients with fungal pneumonia

- Based upon our recent observations [16], it was important to investigate whether L-ficolin
 was detectable in the lungs of patients with invasive fungal infections, particularly as Lficolins have never formally been described to be present in lungs.
- 272 Here, we utilised an L-ficolin-specific ELISA to detect the presence of L-ficolin in the BAL
- samples of lung transplant recipients. In patients who were diagnosed with probable or
- proven invasive pulmonary fungal infection based on EORTC/MSG criteria and/or positive

275 fungal biomarkers (GM/lateral-flow), L-ficolin was detected at significantly higher

concentrations (p= 0.00087; Figure 6A) compared to uninfected control patients. L-ficolin
was only detected once in the BAL samples that tested negative for fungal growth or fungal
radiology features, albeit at a very low concentration (Figure 6A). An ROC curve analysis
was conducted to investigate whether the detection of L-ficolin could be used as a potential
biomarker/diagnostic tool for fungal infection in the lung. The area under the curve (AUC)
was calculated to be 0.842 which suggested there was an 84.2% chance that fungal infected
transplant patients would have L-ficolin present in their BAL fluid (p<0.0001; Figure 6B).

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284 Discussion

Our study focused on the functional consequences of L-ficolin opsonization of A. fumigatus; 285 in particular, its effect on Aspergillus-phagocyte interactions. In order to translate our in vitro 286 findings to clinical infections, we also investigated whether L-ficolin is present in human 287 lungs during fungal pneumonia. As a result a number of new observations have been made. 288 Firstly, L-ficolin opsonization led to enhanced uptake of A. fumigatus conidia by MDM and 289 neutrophils under inflammatory conditions. Secondly, this opsonization led to enhanced 290 inhibition of hyphal formation and an increase in A. fumigatus killing by MDM and 291 neutrophils. Thirdly, opsonization of A. fumigatus conidia by L-ficolin, evoked an anti-292 inflammatory cytokine response from MDM and neutrophils. Finally, for the first time we 293 provide evidence that L-ficolin is present in the BAL fluid of lung transplant recipients 294 295 diagnosed with fungal infections, which could potentially be used as a diagnostic tool for fungal infection in a clinical setting. 296

Initially, we showed that L-ficolin bound to *A. fumigatus* at low pH (5.7) which was similar to ficolin-A [16]. The ability of such pattern recognition molecules to function at decreased pH is important in the defence against microorganisms, with pH at the local site of infection
being observed to drop as low as pH 5.5 during inflammation [23].

Another key participant during infection induced inflammation is the macrophage, which is the most prominent phagocyte in the lung in the early stages of *A. fumigatus* infection [24]. We have demonstrated here that L-ficolin enhances conidial uptake by primary MDM from healthy donors. Opsonophagocytosis was enhanced at inflammatory pH, which is also optimal for ficolin binding.

The other essential phagocyte in the defence against *Aspergillus* is the neutrophil which is known to prevent fungal growth, although the mechanism has not been fully elucidated [25]. We have shown here that L-ficolin enhances neutrophil function by increasing conidial uptake following opsonization.

Our observations are adding to the knowledge of previous reports on L-ficolin enhancing the 310 opsonophagocytosis of not only bacteria such as *Salmonella typhimurium* and *Streptococcus* 311 agalactiae, but also of fungi [26, 27]. It is likely that ficolins work together with other pattern 312 recognition molecules (SP-A, SP-D and mannose-binding lectin (MBL)) and receptors 313 (dectin-1 and Toll-like receptor 2), which have also been observed to bind A. fumigatus 314 conidia and enhance phagocytic uptake [11, 16, 28-32]. Although binding and phagocytosis 315 is important, ultimately, killing of the fungi is crucial in order to sterilize infected tissues. 316 317 Macrophages are usually able to kill conidia in their acidic phagolysosomes [33], but if conidia escape this process and germinate into hyphae, they become too large a structure to 318 be phagocytosed. Neutrophils are then recruited to the site of infection (in response to IL-8) 319

where they assist the inhibition of fungal invasion by degranulation and the production of

fungistatic NETs following adherence to the hyphal cell wall [14, 24, 34].

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In our study we observed that L-ficolin opsonization potentiated the ability of macrophages 322 and neutrophils to significantly enhance fungal killing. Macrophages appeared more capable 323 of inhibiting germination of conidia in comparison to neutrophils. Gating separately on the 324 neutrophil/MDM populations containing A. fumigatus or the free A. fumigatus further 325 illuminated the roles of these cells in killing. These observations were in keeping with 326 327 previous reports that macrophages are involved in early conidial phagocytosis and killing whereas neutrophils are recruited for help at a later stage whereby extracellular killing 328 mechanisms are integral [35]. 329

This represents the first observation of the ability of ficolins to enhance killing of *A*.

fumigatus by phagocytes which is supporting observations of others who have reported this

as a characteristic of the related surfactant proteins [30]. The importance of surfactant

proteins was further highlighted by their protective role against *A. fumigatus* in an in vivo

model [31]. Additionally, MBL has been observed to be a key component in systemic

335 Aspergillus infections, further emphasizing that humoral pattern recognition molecules play

an important role in the defence against fungi [32, 36]. However, we are currently

investigating the role of L-ficolin in the *in vivo* defence against aspergillosis.

As indicated earlier, we have previously observed that ficolin-A opsonization leads to an increase in IL-8 secretion from A549 cells, a cytokine that is crucial for the recruitment of neutrophils during *Aspergillus* infection. It is known that in response to *A. fumigatus*, a plethora of cytokines are secreted from various host cells, including; IL-2, IL-5, IL-6, IL-8,

342 IL-13, IL-17A, IL-22, IFN-γ, TNF-α, GM-CSF and MCP-1 [24, 37-42].

In the present study, we found that L-ficolin opsonized conidia were also capable of inducing
an increase in IL-8 as previously observed for ficolin-A opsonized conidia [16]. In contrast,
opsonization of *A. fumigatus* by L-ficolin led to a significant decrease in IL-8, IL-1β, IL-6,

IL-10 and TNF-α production from MDM and neutrophils. In support of our observations, it
was recently observed that ficolin-A could act in an anti-inflammatory manner by binding to
lipopolysaccharide (LPS) and inhibiting LPS-mediated pro-inflammatory responses on
murine mast cells [43]. Additionally, the pattern recognition proteins SP-A and –D modulate
an anti-inflammatory cytokine profile in response to viruses, LPS-induced cytokine and nitric
oxide production, and allergens [44-46].

352 Our work represents the first observations that unbound ficolins may have the potential to increase cytokine secretion. The mechanisms of this interaction are still not fully understood 353 but it most likely depends on the orientation of ficolin binding. Interestingly, both SP-A and -354 D have been observed to function in both an anti- and pro-inflammatory manner, dependent 355 356 upon the interaction of their globular heads with SIRPa or their collagenous tails with 357 calreticulin/CD91, respectively [47]. Some data suggests that L-ficolin binds to calreticulin but there has been no demonstrable binding to SIRP α [48]. Another caveat to be aware of is 358 that in its native state, L-ficolin normally exists as quiescent polymers but the recombinant 359 360 form used in this study is in a depolymerised state and may not be completely representative of normal in vivo function. This is an area of research that is currently ongoing in our 361 laboratory. 362

363 The most important clinical observation of our study was the detection of the serum L-ficolin

in BAL of patients lungs diagnosed with invasive A.fumigatus infection. Moreover, L-ficolin

365 could also be detected in the lungs of recipient's infected with A.flavus, Penicillium

366 spp., Acremonium spp., Scedoporium apiospermum and at very low concentration in one

367 incidence of *S. aureus* infection. This ficolin has, until now, not been reported to be present in

the lung. We postulate that L-ficolin, which is normally produced by the liver, enters the

369 alveolar space during infection from the blood stream similarly to the related acute phase

370 protein, MBL (a serum collectin), which has also been found in the BAL fluid from infected

lungs [49]. Although the current sample size is small (39 patients), ROC analysis has
indicated that the presence of L-ficloin in the lungs of transplant patients could be linked with
fungal infection, but this diagnostic potential will need to be further investigated in larger
clinical trials.

In conclusion, L-ficolin is present in fungal infected lungs of transplant patients and has
immunomodulatory properties that highlight an important role in the innate defence against *Aspergillus* through enhancing opsonophagocytosis by macrophages and neutrophils,
increasing fungal killing and manifesting an anti-inflammatory cytokine profile postinfection. Future research will be concerned with understanding the signalling pathways
involved in immune defence and utilizing ficolin-deficient transgenic animal models to
elucidate the function of ficolins in the defence against *Aspergillus in vivo*.

382

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387

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393 **References**

- 1. Morgan J, Wannemuehler KA, Marr KA, et al. Incidence of invasive aspergillosis
- following haematopoietic stem cell and solid organ transplantation: interim results of a
- prospective multicenter surveillance program. *Med Mycol* **2005**; 43:S49-S58.
- 2. Denning DW. Invasive aspergillosis. *Clin Infect Dis* **1998**; 26:781-803.
- 398 3. Marr KA, Carter RA, Boeckh M, Martin P, Corey L. Invasive aspergillosis in allogeneic
- stem cell transplant recipients; changes in epidemiology and risk factors. *Blood* **2002**;
- 400 100:4358-66.
- 401 4. Wiederhold NP, Lewis RE, Kontoyiannis DP. Invasive aspergillosis in patients with
- 402 hematologic malignancies. *Pharmaco* **2003**; 23:1592-610.
- 403 5. Pagano L, Caira M, Candoni A, et al. Invasive aspergillosis in patients with acute myeloid
- 404 leukaemia: a SEIFEM-2008 registry study. *Haemotol* **2010**; 95:644-50.
- 405 6. Segal BH. Aspergillosis. N Engl J Med **2009**; 360:1870-84.
- 406 7. Martin T, Frevert C. Innate immunity in the lungs. *Proc Am Thorac Soc* 2005; 2:403-11.
- 407 8. Falvey D, Streifel A. Ten-year air sample analysis of Aspergillus prevalence in a
- 408 University hospital. J Hosp Infect 2007; 67:35-41.
- 409 9. Schelenz S, Goldsmith DJ. Aspergillus endophthalmitis: an unusual complication of
- disseminated infection in renal transplant patients. J Infect **2003**; 47:336-43.
- 411 10. Ibrahim-Granet O, Jouvion G, Hohl TM, et al. In vivo bioluminescence imaging and
- 412 histopathologic analysis reveal distinct roles for resident and recruited immune effector
- 413 cells in defense against invasive aspergillosis. BMC Microbiol **2010**; 10:105.
- 414 11. Luther K, Torosantucci A, Brakhage AA, Heesemann J, Ebel F. Phagocytosis of
- 415 Aspergillus fumigatus conidia by murine macrophages involves recognition by the dectin-1
- 416 beta-glucan receptor and Toll-like receptor 2. Cell Microbiol **2007**; 9:368-81.

- 417 12. Aratani Y, Kura F, Watanabe H, et al. Relative contributions of myeloperoxidase and
- 418 NADPH-oxidase to the early host defense against pulmonary infections with Candida
- 419 albicans and Aspergillus fumigatus. Med Mycol **2002**; 40:557-63.
- 420 13. Segal BH, Han W, Bushey JJ, et al. NADPH oxidase limits innate immune responses in
 421 the lungs in mice. PLoS ONE 2010; 5:e9631.
- 422 14. Bruns S, Kniemeyer O, Hasenberg M, et al. Production of extracellular traps against
- 423 Aspergillus fumigatus in vitro and in infected lung tissue is dependent on invading
- 424 neutrophils and influenced by hydrophobin RodA. PLoS Pathog **2010**; 6:e1000873.
- 425 15. Taira S, Kodama N, Matsushita M, Fujita T. Opsonic function and concentration of
- 426 human serum ficolin/P35. *J Med Sci* **2000**; **46**:13-23.
- 427 16. Bidula S, Kenawy H, Ali Y, Sexton D, Schwaeble W, Schelenz S. Role of ficolin-A and
- 428 lectin complement pathway in the innate defense against pathogenic *Aspergillus* species.
- 429 Infect Immun 2013; 81:1730-40.
- 430 17. De Pauw B, Walsh TJ, Donnelly JP, et al. Revised definitions of invasive fungal disease
- 431 from the European Organization for Research and Treatment of Cancer/Invasive Fungal
- 432 Infections Cooperative Group and the National Institute of Allergy and Infectious Diseases
- 433 Mycoses Study Group (EORTC/MSG) Consensus Group. Clin Infect Dis **2008**; 46:1813-21.
- 434 18. Walsh GM, Sexton DW, Blaylock MG, Convery CM. Resting and cytokine-stimulated
- 435 human small airway epithelial cells recognize and engulf apoptotic eosinophils. Blood **1999**;
- 436 94:2827-35.
- 437 19. Thornton CR. Development of an immunochromatographic lateral-flow device for rapid
- 438 serodiagnosis of invasive aspergillosis. Clin Vaccine Immunol **2008**; 15:1095-105.
- 439 20. D'Haese J, Theunissen K, Vermeulen E, et al. Detection of galactomannan in
- 440 bronchoalveolar lavage fluid samples of patients at risk for invasive pulmonary aspergillosis:
- analytical and clinical validity. J Clin Microbiol **2012**; 50:1258-63.

- 442 21. Investigation of Bronchoalveolar Lavage, Sputum and Associated Specimens. UK
- Standards for Microbiology Investigations. 2014; B57:<u>http://www.hpa.org.uk/SMI/pdf</u>. Date
 accessed 21/12/14.
- 22. Ma YJ, Doni A, Hummelshøj T, et al. Synergy between ficolin-2 and pentraxin 3 boosts
 innate immune recognition and complement deposition. *J Biol Chem* 2009; 284:28263-75.
- 447 23. Martinez D, Vermeulen M, Trevani A, et al. Extracellular acidosis induces neutrophil
- 448 activation by a mechanism dependent on activation of phosphatidylinositol 3-kinase/Akt and
- 449 ERK pathways. *J Immunol* **2006**; **176**:1163-71.
- 450 24. Schelenz S, Smith DA, Bancroft GJ. Cytokine and chemokine responses following
- 451 pulmonary challenge with Aspergillus fumigatus: obligatory role of TNF-alpha and GM-CSF
- 452 in neutrophil recruitment. Med Mycol 1999; 37:183-94.
- 453 25. Mircescu MM, Lipuma L, van Rooijen N, Pamer EG, Hohl TM. Essential role for
- 454 neutrophils but not alveolar macrophages at early time points following Aspergillus
- 455 fumigatus infection. J Infect Dis 2009; 200:647-56.
- 456 26. Matsushita M, Endo Y, Taira S, et al. A novel human serum lectin with collagen- and
- 457 fibrinogen-like domains that functions as an opsonin. *J Biol Chem* **1996**; 271:2448-54.
- 458 27. Fujieda M, Aoyagi Y, Matsubara K, et al. L-ficolin and capsular polysaccharide-specific
- 459 IgG in cord serum contribute synergistically to opsonophagocytic killing of serotype III and
- 460 V group B streptococci. *Infect Immun* **2012**; 80:2053-60.
- 461 28. Aimanianda V, Bayry J, Bozza S, et al. Surface hydrophobin prevents immune
- recognition of airborne fungal spores. Nature **2009**; 460:1117-21.
- 463 29. Allen MJ, Harbeck R, Smith B, Voelker DR, Mason RJ. Binding of rat and human
- surfactant proteins A and D to Aspergillus fumigatus conidia. Infect Immun 1999; 67:4563-9.

- 30. Madan T, Eggleton P, Kishore U, et al. Binding of pulmonary surfactant proteins A and D
 to Aspergillus fumigatus conidia enhances phagocytosis and killing by human neutrophils
 and alveolar macrophages. Infect Immun 1997; 65:3171-9.
- 468 31. Madan T, Kishore U, Singh M, et al. Protective role of lung surfactant protein D in a
- 469 murine model of invasive pulmonary aspergillosis. Infect Immun **2001**; 69:2728-31.
- 470 32. Kaur S, Gupta VK, Thiel S, Sarma PU, Madan T. Protective role of mannan-binding
- 471 lectin in a murine model of invasive pulmonary aspergillosis. Clin Exp Immunol 2007;
- 472 148:382-9.
- 33. Ibrahim-Granet O, Philippe B, Boleti H, et al. Phagocytosis and intracellular fate of
 Aspergillus fumigatus conidia in alveolar macrophages. Infect Immun 2003; 71:891-903.
- 475 34. Bianchi M, Hakkim A, Brinkmann V, et al. Restoration of NET formation by gene
 476 therapy in CGD controls aspergillosis. Blood 2009; 114:2619-22.
- 477 35. Schaffner A. Host-parasite relation in invasive aspergillosis. Nihon Ishinkin Gakkai
 478 Zasshi 2002; 43:161.
- 479 36. Lambourne J, Agranoff D, Herbrecht R, et al. Association of mannose-binding lectin
 480 deficiency with acute invasive aspergillosis in immunocompromised patients. Clin Infect Dis
 481 2009; 49:1486-91.
- 37. Zhang Z, Liu R, Noordhoek J, Kauffman H. Interaction of airway epithelial cells (A549)
 with spores and mycelium of *Aspergillus fumigatus J Infect* 2005; 51:375-82.
- 38. Balloy V, Sallenave J, Wu Y, et al. *Aspergillus fumigatus* -induced Interleukin-8
 synthesis by respiratory epithelial cells is controlled by the phosphatidylinositol 3-kinase, p38
 MAPK, and ERK 1/2 pathways and not by the toll-like receptor-MyD88 pathway. *JBiol Chem* 2008; 283:30513-21.

- 39. Koth L, Rodriguez M, Bernstein X, et al. *Aspergillus* antigen induces robust Th2 cytokine
 production, inflammation, airway hyperreactivity and fibrosis in the absence of MCP-1 or
 CCR2. *Resp Res* 2004; 5:12.
- 491 40. Grazziutti ML, Rex JH, Cowart RE, Anaissie EJ, Ford A, Savary CA. Aspergillus
 492 fumigatus conidia induce a Th1-type cytokine response. J Infect Dis 1997; 176:1579-83.
- 493 41. Werner JL, Gessner MA, Lilly LM, et al. Neutrophils produce interleukin 17A (IL-17A)
- 494 in a dectin-1- and IL-23-dependent manner during invasive fungal infection. Infect Immun
 495 2011; 79:3966-77.
- 496 42. Gessner MA, Werner JL, Lilly LM, et al. Dectin-1-dependent interleukin-22 contributes
- to early innate lung defense against Aspergillus fumigatus. Infect Immun **2012**; 80:410-7.
- 498 43. Ma YJ, Kang HJ, Kim JY, Garred P, Lee MS, Lee BL. Mouse mannose-binding lectin-A
- and ficolin-A inhibit lipopolysaccharide-mediated pro-inflammatory responses on mast cells.
 BMB Rep 2013; 46:376-81.
- 44. Harrod KS, Trapnell BC, Otake K, Korfhagen TR, Whitsett JA. SP-A enhances viral
 clearance and inhibits inflammation after pulmonary adenoviral infection. Am J Physiol
 1999; 277:L580-8.
- 45. Borron P, McIntosh JC, Korfhagen TR, Whitsett JA, Taylor J, Wright JR. Surfactantassociated protein A inhibits LPS-induced cytokine and nitric oxide production in vivo. Am J
 Physiol Lung Cell Mol Physiol 2000; 278:L840-7.
- 507 46. Schleh C, Rothen-Rutishauser BM, Blank F, et al. Surfactant protein D modulates
 508 allergen particle uptake and inflammatory response in a human epithelial airway model. *Resp*509 *Res* 2012; 13:8.
- 510 47. Gardai SJ, Xiao YQ, Dickinson M, et al. By binding SIRPalpha or calreticulin/CD91,
- 511 lung collectins act as dual function surveillance molecules to suppress or enhance
 512 inflammation. Cell 2003; 115:13-23.

22

513	48. Kuraya M, Ming Z, Liu X, Matsushita M, Fujita T. Specific binding of L-ficolin and H-
514	ficolin binding to apoptotic cells leads to complement activation. Immunobiology 2005;
515	209 :689-97.
516	49. Summerfield JA. The role of mannose-binding protein in host defence. Biochem Soc
517	Trans 1993 ; 21:473-7.
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528 Figure legends

Figure 1. L-ficolin binding to live *A. fumigatus* **conidia.** Live *A. fumigatus* conidia (5 x10⁵) 529 were opsonized with 5 μ g ml⁻¹ L-ficolin in the presence or absence of Ca²⁺ and in a range of 530 pH's from 3.7-10.7 prior to staining and flow cytometric analysis. (A) Binding of L-ficolin to 531 A. fumigatus in the presence or absence of Ca^{2+} . AF represents A. fumigatus alone. + Abs 532 represents the antibody background fluorescence. BSA was used as a negative control for 533 binding. (B) Binding of L-ficolin to A. fumigatus in pH 3.7-pH 10.7 conditions. Results are 534 representative of the average of all data points gained from three independent experiments. 535 Error bars represent SD and significance was determined via two-tailed Students *t*-test. An 536 asterisk indicates a significant difference: p < 0.05. MFI, median fluorescence intensity; AF, A. 537 fumigatus, Abs, antibodies. 538

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Figure 2. Phagocytosis and fungal viability following incubation of L-ficolin-opsonized 540 *A. fumigatus* conidia with monocyte-derived macrophages. FITC-labelled or live freshly 541 harvested A. fumigatus conidia (5 x 10^5) were opsonized with 5 µg ml⁻¹ L-ficolin prior to 542 incubation with MDM (conidia:MDM ratio of 5:1) in pH 5.7 and pH 7.4 conditions for 2 h 543 or 24 h for phagocytosis and viability assays, respectively. (A) Gate P1 on MDM used to 544 produce figures B-F. Some points were removed for clarity. (B) Representative flow data 545 depicting % MDM phagocytosing in the absence of FITC-labelled A. fumigatus conidia (Q1). 546 (C) or in the presence of FITC-labelled A. fumigatus conidia (Q1). (D) The percentage of 547 MDM phagocytosing conidia in pH 5.7 or pH 7.4 conditions in the presence or absence of L-548 ficolin. (E) Representative histogram depicting the uptake of conidia in pH 5.7 conditions in 549 the presence or absence of L-ficolin. (F) The relative number of phagocytosed FITC-labelled 550 conidia (based upon the median fluorescence intensity; FL1-A) either un-opsonized (-L-551

ficolin) or following opsonization by L-ficolin (+L-ficolin). (G) Hyphal germination 552 following incubation of un-opsonized conidia in pH 5.7. The black arrows point to 553 macrophages containing conidia which makes macrophages appear dark. The white arrow 554 heads are used to trace single hyphae from MDM. Many hyphae are visible, some of which 555 are blurry as they are growing in three-dimensions and are out of the focal plane. Or. (H) in 556 pH 7.4. (I) Hyphal germination following incubation of L-ficolin opsonized conidia in pH 557 5.7. Hyphae are present although growth is much less dense. Or. (J) in pH 7.4. (K) Gate P2 558 on MDM and A. fumigatus used to produce figures L and M. (L) Representative histogram 559 depicting the killing of conidia in pH 5.7 conditions in the presence or absence of L-ficolin. 560 561 Increased FL1-A depicts enhanced killing. (M) Viability of un-opsonized or L-ficolin opsonized conidia after incubation with MDMs. Results are representative of the average of 562 all data points gained from three independent experiments. Error bars represent SD and 563 significance was determined via two-tailed Students *t*-test. An asterisk indicates a significant 564 565 difference: *p*<0.05. FITC, fluorescein isothiocyanate; MDM, monocyte-derived macrophage; MFI, median fluorescence intensity; AF, A. fumigatus; SSC-A, side scatter; FSC-A, forward 566 scatter; FL1-A, fluorescence. 567

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Figure 3. Phagocytosis and fungal viability following incubation of ficolin-opsonized A. 569 *fumigatus* conidia with human neutrophils. FITC-labelled or live freshly harvested A. 570 *fumigatus* conidia (5 x 10^5) were opsonized with 5 µg ml⁻¹ L-ficolin prior to incubation with 571 neutrophils (conidia:neutrophil ratio of 5:1) in pH 5.7 and pH 7.4 conditions for 2 h or 24 h 572 for phagocytosis and viability assays, respectively. (A) Gate P1 on neutrophils used to 573 produce figures **B-F** (**B**) Representative flow data depicting % neutrophils phagocytosing in 574 the absence of FITC-labelled A. fumigatus conidia (Q1). (C) or in the presence of FITC-575 labelled A. fumigatus conidia (Q1). (D) The percentage of neutrophils phagocytosing conidia 576

in pH 5.7 or pH 7.4 conditions in the presence or absence of L-ficolin. (E) Representative 577 histogram depicting the uptake of conidia in pH 5.7 conditions in the presence or absence of 578 L-ficolin. (F) The relative number of phagocytosed FITC-labelled conidia (based upon the 579 median fluorescence intensity; FL1-A) either un-opsonized (-L-ficolin) or following 580 opsonization by L-ficolin (+L-ficolin). (G) Hyphal germination following incubation of un-581 opsonized conidia in pH 5.7 or. (H) in pH 7.4. (I) Hyphal germination following incubation 582 of L-ficolin opsonized conidia in pH 5.7 or. (J) in pH 7.4. (K) Gate P2 on neutrophils and A. 583 fumigatus used to produce figures L and M. (L) Representative histogram depicting the 584 killing of conidia in pH 5.7 conditions in the presence or absence of L-ficolin. Increased FL1-585 A depicts enhanced killing. (M) Viability of un-opsonized conidia or L-ficolin opsonized 586 conidia after incubation with neutrophils. Results are representative of the average of all the 587 data points gained from three independent experiments. Error bars represent the SD and 588 significance was determined via two-tailed Students *t*-test. An asterisk indicates a significant 589 590 difference: p<0.05. FITC, fluorescein isothiocyanate; SSC-A, side scatter; FSC-A, forward scatter; FL1-A, fluorescence. 591

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Figure 4. Inflammatory cytokine release from monocyte-derived macrophages following 593 challenge by un-opsonized or L-ficolin-opsonized conidia. Supernatants were collected 594 after 8h and 24 h time points during challenge with live A. fumigatus conidia (5 x 10^5) either 595 un-opsonized or L-ficolin opsonized (5 µg ml⁻¹) prior to the conduction of cytometric bead 596 arrays. (A) The concentration of IL-8 secreted. (B) The concentration of IL-1 β secreted. (C) 597 The concentration of IL-6 secreted. (D) The concentration of IL-10 secreted. (E) The 598 concentration of TNF- α secreted. Following *A. fumigatus* challenge. **MDM** is representative 599 of MDM alone. +L-ficolin represents MDM in the presence of L-ficolin alone. +AF and 600 +AF+L-ficolin are representative of un-opsonized A. fumigatus or L-ficolin opsonized 601

602 conidia, respectively. Results are representative of the average of all the data points gained 603 from three independent experiments. Error bars represent the SD. Significance was 604 determined via one-way ANOVA and pair-wise comparisons were conducted using the 605 Student-Newman-Keuls method. An asterisk indicates a significant difference: p<0.05. 606 MDM, monocyte-derived macrophage; IL, interleukin.

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Figure 5. Inflammatory cytokine release from neutrophils following challenge by 608 un-609 opsonized or L-ficolin opsonized conidia. Supernatants were collected after 8h and 24 h 610 time points during challenge with live A. fumigatus conidia (5 x 10^5) either un-opsonized or L-ficolin opsonized (5 μ g ml⁻¹) prior to the conduction of cytometric bead arrays. (A) The 611 concentration of IL-8 secreted. (B) The concentration of IL-1 β secreted. (C) The 612 concentration of IL-6 secreted. (D) The concentration of IL-10 secreted. (E) The 613 concentration of TNF-a secreted. Following A. fumigatus challenge. Neutrophils is 614 representative of neutophils alone. +L-ficolin represents neutrophils in the presence of L-615 ficolin alone. +AF and +AF+L-ficolin are representative of un-opsonized A. fumigatus or L-616 ficolin opsonized conidia, respectively. Results are representative of the average of all the 617 data points gained from three independent experiments. Error bars represent the SD. 618 Significance was determined via one-way ANOVA and pair-wise comparisons were 619 conducted using the Student-Newman-Keuls method. An asterisk indicates a significant 620 difference: *p*<0.05. IL, interleukin. 621

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623 Figure 6. L-ficolin is found in the bronchoalveolar lavage fluid of lung transplant

624 recipients. BAL fluid was collected following bronchoscopies from lung transplant

625 recipients. (A) BAL samples were considered **positive** or **negative** for invasive fungal

infection dependent upon patients classification according to EORTC/MSG criteria. All samples were tested for fungal infection via *Aspergillus* antigen detection, radiology and culture. (**B**) ROC curve analysis for L-ficolin detection in fungal-infected transplant patients compared to non-infected transplant patients. Results are representative of the data points gained from three independent experiments (19 positive and 20 negative patients). Bars represent the median and significance was determined via two-tailed Students *t*-test (p= 0.00087). Abbreviation: BAL, bronchoalveolar lavage.

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634 Supplementary Figure 1. Intracellular and extracellular killing of L-ficolin opsonized635 conidia by MDM.

Live freshly harvested A. *fumigatus* conidia (5 x 10^5) were opsonized with 5 µg ml⁻¹ L-

ficolin prior to incubation with MDM (conidia:MDM ratio of 5:1) in pH 5.7 and

637 pH 7.4 conditions for 24 h. (A) The death-associated green-yellow fluorescence emitted by

638 intracellular L-ficolin opsonized or un-opsonized *A. fumigatus*, after incubation with MDM.

- 639 (B) The death-associated green-yellow fluorescence emitted by extracellular L-ficolin
- 640 opsonized or un-opsonized A. fumigatus, after incubation with MDM. Results are

representative of the average of all the data points gained from three independent

642 experiments. Error bars represent the SD and significance was determined via two-tailed Students t-test. An asterisks indicated difference: p < 0.05.

644 Supplementary Figure 2. Intracellular and extracellular killing of L-ficolin opsonized 646 conidia by neutrophils.

645 Live freshly harvested A. fumigatus conidia (5 x 10^5) were 647 opsonized with 5 µg ml⁻¹

646 L-ficolin prior to incubation with neutrophils (conidia:neutrophil ratio of 5:1) in pH 5.7 and

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647	pH 7.4 conditions for 24 h. (A) The death-associated green-yellow fluorescence emitted by
648	intracellular L-ficolin opsonized or un-opsonized A. fumigatus, after incubation with
649	neutrophils. (B) The death-associated green-yellow fluorescence emitted by
650	extracellular L-ficolin opsonized or un-opsonized A. fumigatus, after incubation with
651	neutrophils. Results are representative of the average of all the data points gained from three
652	independent experiments. Error bars represent the SD and significance was determined via
653	two-tailed Students t-test. An asterisks indicated difference: $p < 0.05$.

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655 Supplementary Figure 3. IL-8 production from A549 cells following challenge by 656 unopsonized or L-ficolin opsonized conidia.

Supernatants were collected after 8h and 24 h 657 time points during challenge with live 657 *A.fumigatus* conidia (5 x 10^5) either un-opsonized or 658 L-ficolin opsonized (5 μ g ml⁻¹ 658 prior to the conduction of cytometric bead array for the measurement of IL-8. A549 is 659 representative of A549 cells alone. +L-ficolin represents A549 cells in the presence of L-660 ficolin alone. +AF and +AF+L-ficolin are representative of un-opsonized A.fumigatus or 661 L-ficolin opsonized conidia, respectively. Results are representative of the average of all the 662 data points gained from three independent experiments. Error bars represent the SD. 663 Significance was determined via one-way ANOVA and pair-wise comparisons were 664 conducted using the Student-Newman-Keuls method. An asterisk indicated a significant 665 difference: p<0.05. 666