Anti-LPS antibodies protect against *K. pneumoniae* by empowering neutrophil mediated clearance without neutralizing TLR4

^{1#}Taylor S Cohen, ^{1#}Mark Pelletier, ²Lily Cheng, ¹Meghan E Pennini, ¹Jessica Bonnell, ¹Romana Cvitkovic, ³Chew-shun Chang, ³Xiaodong Xiao, ⁴Elisabetta Cameroni, ⁴Davide Corti, ¹Elena Semenova, ¹Paul Warrener, ¹Bret R Sellman, ¹JoAnn Suzich, ^{1*}Qun Wang, ^{1*}C. Kendall Stover

¹Infectious Disease and Vaccines, ²Translational Science, ³ADPE, MedImmune, Gaithersburg, MD, 20878

⁴Humabs BioMed SA, Via Murate 5a, 6500 Bellinzona, Switzerland

These authors contributed equally to this manuscript

* co-corresponding authors

Contact information: Qun Wang: email: Qun.Wang@fda.hhs.gov Phone: (301) 796-2640 C. Kendall Stover: email: stoverK@medimmune.com Phone: (301) 398-5529 Mailing Address: One Medimmune Way Gaithersburg, MD 20878

Conflict of Interest Statement:

All authors are employees of, or have received funding from, MedImmune, a member of the AstraZeneca group.

Supplemental Figures





Supplemental Figure 1: Characterization of anti-LPS antibodies. (A) Killing of K.



Supplemental Figure 2: Increasing concentrations of LPS neutralizing mAb fail to protect against *K. pneumoniae* pneumonia. (A) Survival of C57BL/6 mice prophylactically immunized 24h prior to infection (5e7 CFU KP113115) with c-lgG or anti-LPS mAbs KPE33 and 54H7. (B) Survival of C3H/HeOuJ mice prophylactically immunized 24h prior to infection(5e7 CFU KP1131115). (C) Survival of C3H/HeJ mice prophylactically immunized 24h prior to infection (5e7 CFU KP113115) with c-lgG or anti-LPS mAbs KPE33 and 54H7. Statistical significance was determined by log rank test (Survival, ** p = 0.0093, **** p < 0.0001 vs. c-lgG). (A-C) Data combined from 2 independent experiments (N \ge 16).



Supplemental Figure 3: Anti-LPS mAbs reduce levels of cytokines in the lung. (A-D) Multiplex ELISA measurement of cytokine expression 8, 24, and 48h following infection of mice with *K. pneumoniae* (1e4 CFU KP8045). mAbs were delivered 24h prior to infection. Statistical significance (p < 0.05) was determined by ANOVA followed by Dunn's test (* p < 0.05, ** p <0.01. *** p < 0.001, **** p < 0.0001 mAb vs c-lgG). Data representative of at least 2 independent experiments.



Supplemental Figure 4: Hematoxylin and eosin stained lung sections from prophylactically immunized mice.

Hematoxylin and eosin stained lung sections from prophylactically immunized C57BL/6 mice (54H7, KPE33 or c-lgG 24h prior to infection). Lungs were harvested 8, 24, or 48h post infection with *K. pneumoniae* (1e4 CFU KP8045). Magnification 200x.



Supplemental Figure 5: Inhibiting Fc interaction with KPE33 prevents bacterial clearance. (A) Numbers of neutrophils (PMNs) recovered from the lungs of mice treated 24h prior to infection with anti-Ly6G or c-IgG then infected with KP8045 (24h). Representative FACS plots shown below. (B) Numbers of *K. pneumoniae* recovered from the lungs of prophylactically immunized C57BL/6 mice 24h prior to infection (24h, 1e4 CFU KP8045). Statistical significance determined by ANOVA with post hoc Dunn's test. Data representative of at least 2 independent experiments.



Supplemental Figure 6: LPS neutralization impairs IL-17 signaling in the lung.

(A) Numbers of IL-17⁺ $\gamma \delta TCR^+$ Tcells in the lungs of mice prophylactically treated with c-lgG, KPE33 or 54H7 8 and 24h following infection. (B) Levels of IL-22 in the BALF 24h following infection of mice prophylactically treated with c-lgG, 54H7 or KPE33. Statistical significance determined by ANOVA with post hoc Dunn's test. Data representative of at least 2 independent experiments.



Supplemental Figure 7: FACS gating strategy.