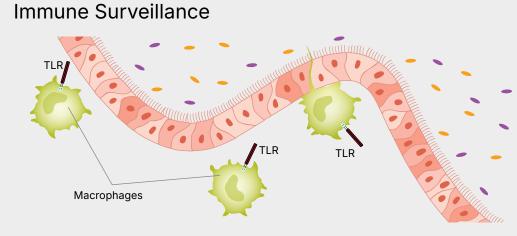
## bio-techne<sup>®</sup> RODSYSTEMS

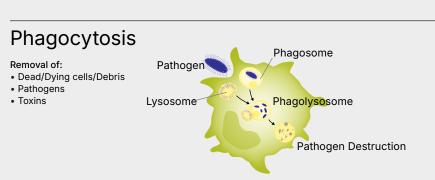
## The Complex Biology of Macrophages: Origins, Functions, & Activation States

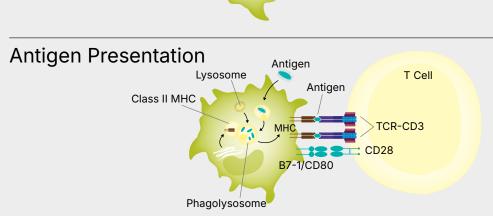
#### **Common Macrophage Markers**

B7-2/CD86 F4/80 (Mouse) LILRB4/CD85k/ILT3 Fc<sub>γ</sub> RI/CD64 M-CSF R/CD115 Fc<sub>γ</sub> RII/CD32 Fcy RIII/CD16 Galectin-3/Mac-CD15 (SSEA-1)/Lewis X GITR Ligand Integrin aL/CD11a

#### **Common Macrophage Functions**



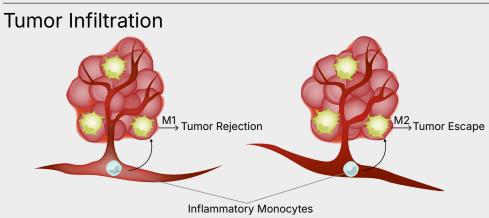


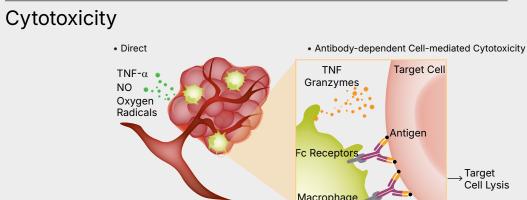


## **Cytokine Production**

#### Wound Healing and Tissue Remodeling

 Phagocytosis Antigen Presentation Pro-inflammatory Cytokine Proliferative: Fibroblast Recruitment/Activation ECM Formation Reepithelialization Neovascularization/Angiogenes • ECM Composition Modifications ECM Protein Synthesis Cytokines

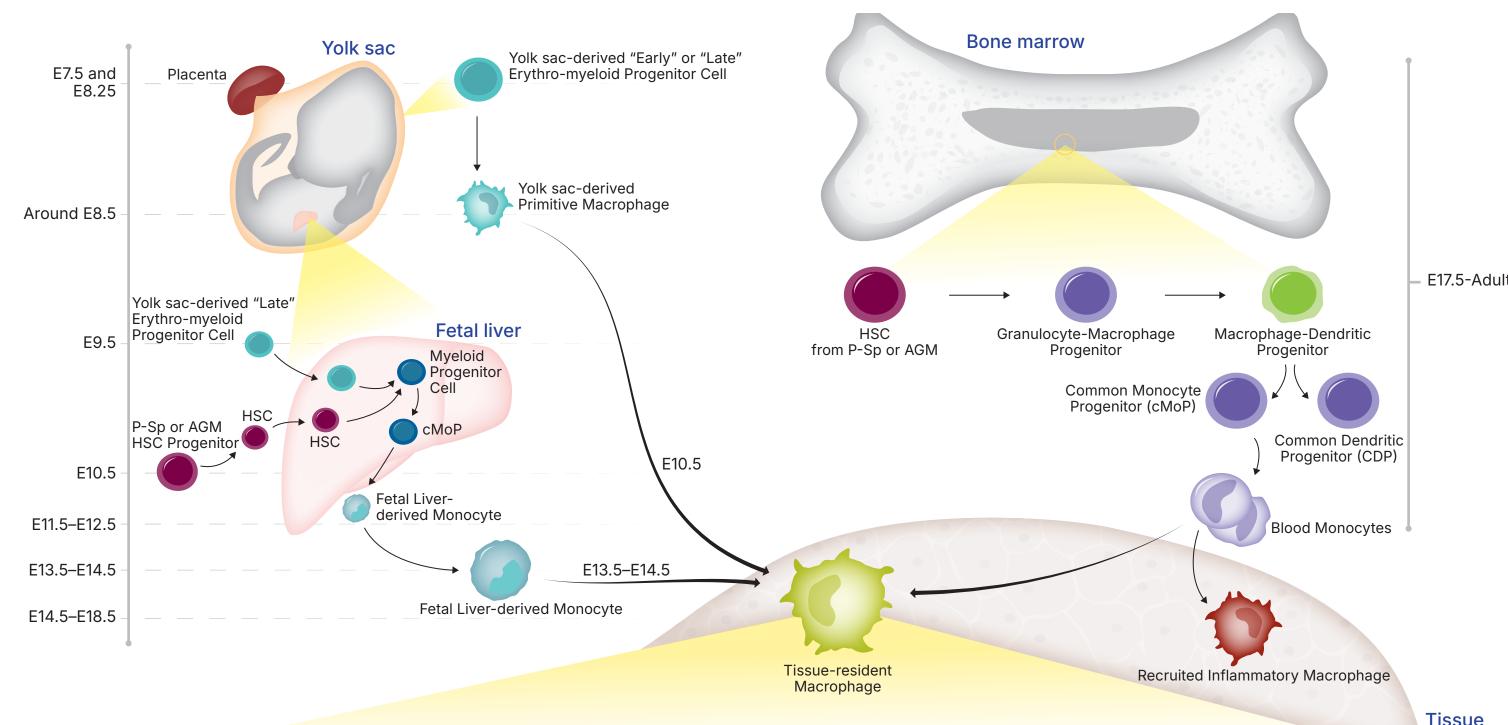




#### The Origins of Mouse Tissue-Resident **Macrophages Redefined**

During development and throughout life, macrophages reside in many tissues of the body, contributing to both the maintenance of tissue homeostasis and the immune response following injury or pathogenic insult. In the late 1960s, van Furth and Cohn proposed that tissue-resident macrophages develop primarily from circulating, bone marrow-derived blood monocytes. This model was widely accepted until recent fate-mapping studies demonstrated that several tissue-resident macrophage populations in mice arise from HSC-independent embryonic precursors and are maintained by self-renewal. The earliest macrophages or primitive progenitors arise from early and late erythro-myeloid progenitors (EMPs) generated in the extra-embryonic yolk sac during primitive hematopoiesis at embryonic age 7.5 and 8.25 (E7.5 and E8.25). These EMPs can give rise to yolk sac-derived macrophages without passing through a monocytic intermediate and are the first to seed the fetal tissues following initiation of the blood circulation. With the exception of microglial cells in the brain, the primitive macrophages in most fetal tissues are subsequently replaced either partially or completely by fetal liver-derived monocytes. Fetal liver monocytes are generated from EMPs derived from either the yolk sac or hemogenic endothelium of the placenta and umbilical cord, or from hematopoietic stem cells (HSCs) generated in the para-aortic splanchnopleura (P-Sp) and aorta-gonad-mesonephros (AGM) regions of the embryo. These progenitors migrate to the fetal liver in two successive waves around E9.5 (EMPs) and E10.5/E11 (immature and mature HSCs) and expand, giving rise to fetal liver monocytes, which enter the circulation and differentiate into macrophages in peripheral tissues. In some tissues, including the liver, lung, skin, spleen, and peritoneum, fetal liver monocyte-derived macrophages maintain the ability to self-renew into adulthood and establish the tissue-resident population. In other tissues, such as the dermis and gut, fetal liver monocyte-derived macrophages are gradually replaced by the recruitment of bone marrow-derived monocytes generated from adult hematopoiesis beginning around E17.5.

Tissue-resident macrophages are a versatile, heterogeneous group of cells that support multiple tissue functions. Most of our knowledge about these cells has come from studies in mice, which suggest that the phenotypes and functional programs of tissue macrophages are determined by signals that they receive in their tissue microenvironments. Aside from providing the first line of defense against invading pathogens, tissue-resident macrophages have a fundamental role in maintaining tissue integrity and homeostasis. In addition, they may have specialized functions based on their locations and distinct gene expression profiles. For example, osteoclasts are bone-resident macrophages that specialize in bone resorption, while red pulp macrophages in the spleen specialize in heme degradation and iron recycling. Abnormalities in macrophage functions have been associated with a wide range of chronic inflammatory and autoimmune diseases including obesity and type II diabetes, asthma, atherosclerosis, fibrosis, cancer, inflammatory bowel disease, multiple sclerosis, and rheumatoid arthritis, suggesting that macrophages may serve as therapeutic targets. This possibility, however, requires a greater understanding of the differences in the development, phenotypes, and functions of tissue-resident macrophages.



Central Nervous System

Perivascular Spac

Brain Parenchyma

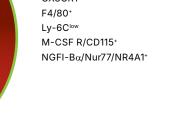
Neurodegeneration

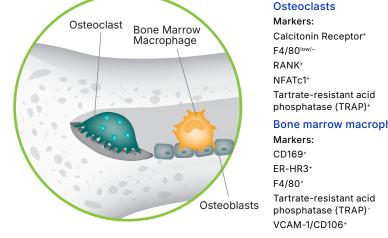
#### Markers, Origins, & Specialized Functions of Select Mouse Tissue-resident Macrophages

CD45+ F4/80+

# associated macrophages

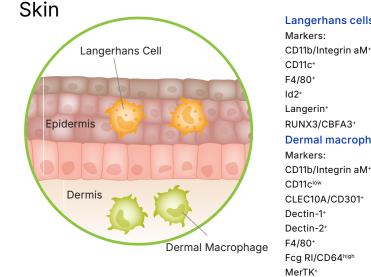
Ly-6C<sup>low</sup> Monocytes Markers: CD11b/Integrin  $\alpha M^{high}$ 





derived monocytes

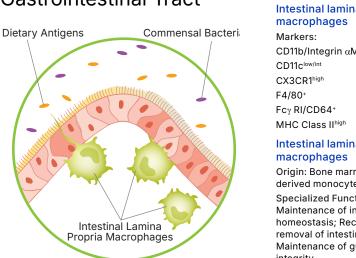
#### Origin: Yolk sac-derived Specialized Functions: Brain development Provision of neurotrophic factors: Removal of dead neurons and synaptic pruning Associated Deficiencies or Pathologies



Langerin<sup>+</sup> RUNX3/CBFA3+ Dermal macrophages CD11b/Integrin aM+ CLEC10A/CD301 Dectin-1 Dectin-2 F4/80 Fcg RI/CD64hig MerTK+

Langerhans cells Dermal macrophages Origin: Yolk sac-derived or fetal liverderived monocytes Specialized Functions: Immune surveillance Associated Deficiencies or Pathologies: Defects in wound healing, fibrosis

#### **Gastrointestinal Tract**



CX3CR1high F4/80+ Fcγ RI/CD64+ MHC Class IIhigh Intestinal lamina propria macrophages Origin: Bone marrow derived monocytes Specialized Functions: Maintenance of intestinal homeostasis; Recognition and removal of intestinal pathogens; Maintenance of gut epithelial integrity Associated Deficiencies or Pathologies: Inflammatory

Red pulp macrophage

CD11b/Integrin αM<sup>10</sup>

CD36/SR-B3\*

CD68/SR-D1

MMR/CD206

SIRPα/CD172a

VCAM-1/CD106

Marginal zone macrophages

CD163+

Dectin-2+

# Marginal Zone

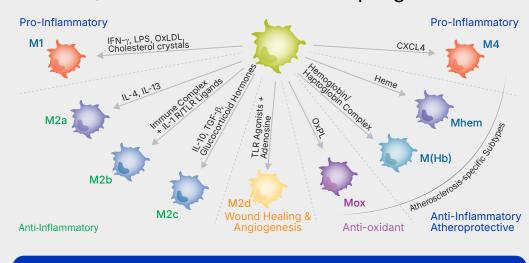
CD68/SR-D1+ Dectin-2+ F4/80<sup>low</sup> LXRα/NR1H3 SIGNR1/CD209b+ Origin: Fetal liver-derived monocytes TIM-4+ Specialized Functions: Clearance of aged or Marginal metallophili lamaged erythrocytes; Capture of blood-borne macrophages lebris; Heme degradation; Iron recycling Associated Deficiencies or Pathologies: Impaired CD68/SR-D1 iron homeostasis and erythrocyte clearance F4/80low LXRα/NR1H3+ Origin: Bone marrow-derived monocytes Siglec-1/CD169<sup>4</sup> Specialized Functions: Clearance of pathogens present in the circulation; Retention of marginal zone macrophages CD68/SR-D1

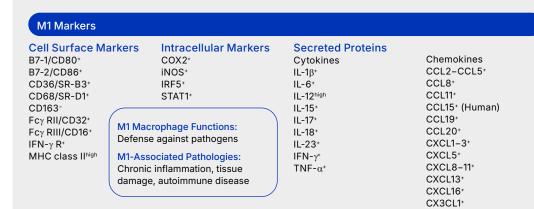
White pulp (tingible body)

#### **Models of Macrophage Activation**

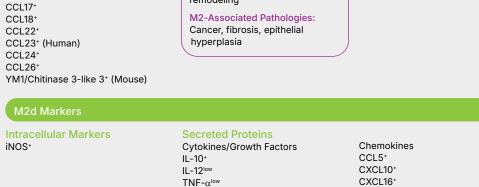
Following development, macrophages encounter diverse stimuli, which can alter their transcriptional programs leading to an activated state. The classic view of macrophage activation is described in a dichotomous model. According to this model, classical (M1) macrophage activation is induced by IFN- $\gamma$  or lipopolysaccharide (LPS) and promotes a pro-inflammatory response, while alternative (M2) macrophage activation is induced by IL-4, IL-10, or IL-13 and stimulates an anti-inflammatory response. Slight phenotypic variations noted in the as M2a. M2b. M2c. and M2d. which were defined based on the stimuli used for expanded model of macrophage activation is too simplistic to account for the range expression analysis (bottom below). This model suggests that a spectrum of activation states spanning the M1/M2 states can occur in response to diverse signals including ontogeny-related signals, tissue-specific signals, and stress signals, which are integrated to determine the macrophage response.

#### Classical/Alternative Model of Macrophage Activation

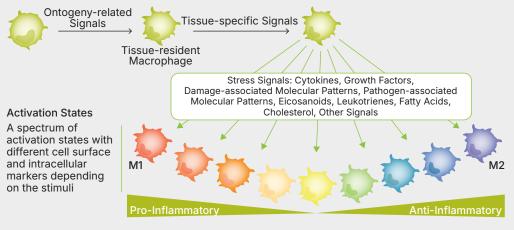


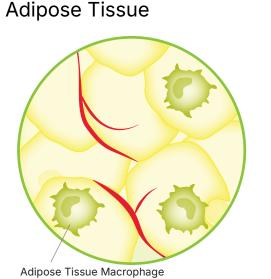






#### New Multidimensional Model of Macrophage Activation





Adipose tissue-associated macrophages

Specialized Functions: Adipogenesis; Adaptive thermogenesis

Associated Deficiencies or Pathologies: Obesity, insulin resistance, diabetes,

Regulation of insulin sensitivity and glucose tolerance

Origin: Not clear

Liver

Blood

Ly6C<sup>low</sup> monocytes

Lung

Origin: Bone marrow-derived monocytes

Macrophages

Specialized Functions: Immune surveillance: Maintenance of vascular integrity

Alveolar macrophages

CD11b/Integrin αM<sup>Iow/-</sup>

DEC-205/CD205int

Galectin-3/Mac-2+

CD68/SR-D1+

CD200 R1+

Dectin-1+

F4/80 low

MARCO+

PPAR<sub>√</sub>+

Siglec-Fhigh

Markers:

CD68/SR-D1<sup>+</sup>

MHC class II+

CD200 R1+/-

F4/80+

MHC class IIIow

MMR/CD206higl

CD11b/Integrin αMin

Interstitial macrophages

Origin: Presumed to be bone marrow derived monocytes Specialized Functions: Bone resorption and remodeling; Maintenance of the HSC niche Associated Deficiencies or Pathologies:

Large Peritoneal

Macrophage Small Perito

Serosal Tissues

Pleural macrophages

Origin: Bone marrow-derived monocytes

Large peritoneal macrophages

in the gut by peritoneal B1 cells

Small peritoneal macrophages

Origin: Bone marrow-derived monocytes

Specialized Functions: Immune surveillance

Specialized Functions: Immune surveillance

Origin: Yolk sac-derived or fetal liver-derived

Specialized Functions: Regulation of IgA production

Origin: Yolk sac-derived or fetal liver-Specialized Functions: Support erythropoeisis; Maintenance of the HSC niche Associated Deficiencies or Pathologies:

#### Pleural macrophages CD11b/Integrin aMhigh F4/80<sup>high</sup> Tim-4+ Large peritoneal macrophages CD11b/Integrin $\alpha M^{\text{high}}$ DC-SIGN/CD209 F4/80high GATA-6+ MHC class IIIow/-L-Selectin/CD62L-TIM-4+ Small peritoneal macrophages

Markers: CD11b/Integrin  $\alpha M^{low}$ 

CD11c DC-SIGN/CD209 F4/80<sup>low</sup> MHC class IIhigh L-Selectin/CD62L+

MHC class IIIon MMR/CD206+ Siglec-1/CD169high Origin: Bone marrow-derived monocytes

AIF-1/Iba1+

AIF-1/Iba1+

CD45high

CD163+

Markers:

CD45high

F4/80

AIF-1/Iba1+

CD11b/Integrin αM+

Perivascular macrophages

Meningeal macrophages

Origin: Bone marrow-derived monocytes

Origin: Bone marrow-derived monocytes

Specialized Functions: Immune surveillance

Specialized Functions: Immune surveillance

MMR/CD206

SR-AI/MSR+

F4/80

CD45low

CD11b/Integrin αM

CD11b/Integrin αM+

Perivascular macrophages

Origin: Bone marrow-derived monocytes Specialized Functions: Clearance of pathogens present in the circulation White pulp macrophages Specialized Functions: Clearance of apoptotic B cells

Red pulp macrophages

Marginal zone macrophages

NOTE: This poster conveys a general overview and should be considered neither comprehensive nor definitive. The details of this information are understood to be subject to interpretation.

MFG-E8+

TIM-4+



Origin: Yolk sac-derived or fetal liverderived monocytes Specialized Functions: Clearance of aged erythrocytes, blood-borne particles, toxins, and microorganisms; Tissue homeostasis

and remodeling in the liver; Metabolic

Hepatic fibrosis, fatty liver disease

**Associated Deficiencies or Pathologies** 

function in the liver

erythrocyte clearance

R&D Systems™ Novus Biologicals™ Tocris Bioscience™ ProteinSimple™ ACD™ ExosomeDx™ Asuragen® Lunaphore™

Motile liver macrophages Origin: Bone marrow-derived monocytes Specialized Functions: Immune surveillance Associated Deficiencies or Pathologies:

B7-1/CD80low/-

CD68/SR-D1+

PPARδ⁺

CD11b/Integrin αM<sup>10</sup>

Galectin-3/Mac-2+

Motile liver macrophages

Siglec-1/CD169

B7-1/CD80high

CD11b/Integrin αM<sup>4</sup>

Alveolar macrophages microorganism Pulmonary alveolar proteinosis

derived monocytes

dendritic cell function

Origin: Fetal liver-derived monocytes Specialized Functions: Recycling of surfactant molecules; Immune surveillance of inhaled pathogens; Clearance of allergens, dust, and

Associated Deficiencies or Pathologies: Interstitial macrophages Origin: Fetal liver- and bone marrow

## Specialized Functions: Regulation of

Learn more

### Wall Poster

