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24 Supplemental Figure 2. Ferritinophagy enhances iron bioavailability and intracellular M. 25 tuberculosis growth. (A) Immunoblot analysis of FTH1 and FTL at various time points (24, 48, and 72 h) in ferrous lactate (20  $\mu$ M)-pretreated THP-1-derived macrophages. (B) 26 Representative images of H37Ra-infected macrophages stained with NCOA4 and FTH1 (scale 27 bars, 4 µm). (C) THP-1-derived macrophages were transfected with NCOA4 siRNA (50 nM). 28 29 Scrambled siRNA was used as a negative control. Cell death was determined using an annexin 30 V/propidium iodide (PI) kit following H37Ra infection (MOI = 10:1) for 6, 12, and 24 h by 31 flow cytometry. (D and E) Representative images of H37Ra-infected macrophages stained with 32 FTH1, NCOA4, and Lyso-tracker (scale bars, 4 µm). (F) Immunoblot analysis of NCOA4 and FTH1 in macrophages infected with H37Ra (MOI = 10) for 24 h, followed by bafilomycin A1 33 (100 nM) and chloroquine (25  $\mu$ M) treatment for a further 3 h. (G) Detection of free iron by 34 35 Calcein-AM in macrophages infected with H37Ra (MOI = 10) for 72 h or treated with controls 36 including ferrous lactate (200  $\mu$ M) and iron chelation, DFO (25  $\mu$ M). (H) Detection of free iron by FeRhoNox in NCOA4-knockdown macrophages in the presence or absence of 25 µM DFO 37 after H37Rv infection for 72 h. (I) Detection of intracellular H37Ra CFU levels in NCOA4-38 knockdown macrophages in the presence or absence of various concentrations of DFO (10, 25, 39 and 50  $\mu$ M) after infection for 72 h. (J) Detection of intracellular H37Rv CFU levels in 40 NCOA4- and FTH1-knockdown macrophages in the presence or absence of DFO (25 µM) after 41 infection for 72 h. Data are presented as means  $\pm$  SD, \*P < 0.05, \*\*P < 0.01, \*\*\*P < 0.001, 42 43 \*\*\*\*P < 0.0001, by one-way ANOVA with Tukey's post hoc test (G) or Student's two-tailed 44 unpaired t-test (C, H-J).



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47 Supplemental Figure 3. M. tuberculosis-induced NCOA4 is regulated by HERC2-48 mediated proteolysis. (A) Immunoblot analysis of HERC2 in the cytoplasmic and nuclear fractions of control and H37Ra-infected macrophages. (B) Representative images of H37Ra-49 infected macrophages stained with HERC2 and NCOA4 (scale bars, 4 µm). (C) Immunoblot 50 analysis and immunoprecipitation of NCOA4 and HA-Ub in macrophages transfected with HA-51 Ub plasmid followed by H37Ra (MOI = 10) infection for 24 h. ( $\mathbf{D}$  and  $\mathbf{E}$ ) Immunoblot analysis 52 of NCOA4 in macrophages infected with H37Ra (MOI = 10) for 6, 12, and 24 h in the presence 53 54 or absence of MG-132 (2  $\mu$ M) (E) or in macrophages infected with or without H37Ra (MOI = 55 10) for 24 h, followed by MG-132 (10  $\mu$ M) treatment for a further 3 h (**D**).







Supplemental Figure 4. M. tuberculosis-induced proteasomal degradation of HERC2 depends on TRIM21. (A) Immunoblot analysis of HERC2 and NCOA4 in THP-1-derived macrophages infected with H37Ra (MOI = 10) for 24 h, followed by bafilomycin A1 (100 nM) or chloroquine (25 µM) treatment for a further 3 h. (B) Immunoblot analysis and immunoprecipitation of HERC2 and HA-Ub in macrophages transfected with HA-Ub plasmid, followed by H37Ra (MOI = 10) infection for 24 h. (C) Immunoblot analysis and immunoprecipitation of HERC2 and TRIM21 in macrophages infected with H37Ra (MOI = 10) for 24 h. (D) Representative images of H37Ra-infected macrophages stained with HERC2 and TRIM21 (scale bars, 4 µm). (E) Immunoblot analysis of HERC2 and TRIM21 in macrophages transfected with TRIM21 siRNA and then infected with H37Ra (MOI = 10) for 24 h.



Supplemental Figure 5. NCOA4 deficiency in myeloid cells increases host inflammation response but does not affect lymphocyte, monocyte/macrophage, or neutrophil recruitment in response to *M. tuberculosis* infection. (A) PCR amplification showing the presence of the wild-type *Ncoa4* allele at 350 bp (*Ncoa4*<sup>+/+</sup>) and the disrupted *Ncoa4* allele at 700 bp ( $Ncoa4^{-/-}$ ). (B) The percentages of lymphocytes (CD3<sup>+</sup>), monocytes (Ly6C<sup>+</sup>CD11b<sup>+</sup>), macrophages (CD11b<sup>+</sup>F4/80<sup>+</sup>), and neutrophils (CD11b<sup>+</sup>Ly6G<sup>+</sup>) in lungs from Ncoa4<sup>+/+</sup> and Ncoa4<sup>-/-</sup> mice infected with H37Rv were determined by flow cytometry. (C) Inflammation cytokines in the lung homogenates 4- and 8-weeks post-infection (w.p.i.) were detected by Luminex. Data are presented as means  $\pm$  SD, \*P < 0.05, by Student's two-tailed unpaired t-test (**B** and **C**).

| Cohort                | No.      | Age       | Sex         | Bacteriologically<br>confirmed <sup>a</sup> | Histopat<br>hology <sup>b</sup> | Duration of anti-TB<br>treatment before sample<br>collection (months) |
|-----------------------|----------|-----------|-------------|---|---------------------------------|---|
| Therapeutic           | T1       | 48        | Male        | Yes   | +                               | 2   |
| resection             | T2       | 35        | Male        | N/A   | +                               | 15  |
|                       | T3       | 37        | Male        | Yes   | +                               | 6   |
|                       | T4       | 22        | Male        | Yes   | +                               | 12  |
|                       | T5       | 41        | Female      | Yes   | +                               | 13  |
|                       | T6       | 63        | Male        | Yes   | +                               | 2   |
|                       | T7       | 33        | Male        | Yes   | +                               | <1  |
|                       | T8       | 46        | Male        | Yes   | +                               | 6   |
|                       | T9       | 53        | Male        | Yes   | +                               | 2   |
| Diagnostic            | D1       | 56        | Male        | Yes   | +                               | None  |
| biopsy                | D2       | 45        | Male        | N/A   | +                               | None  |
|                       | D3       | 53        | Male        | N/A   | +                               | None  |
|                       | D4       | 42        | Male        | Yes   | +                               | None  |
|                       | D5       | 39        | Male        | N/A   | +                               | None  |
|                       | D6       | 40        | Male        | N/A   | +                               | None  |
| 114 <sup>a</sup> Bact | eriolog  | ically co | onfirmed by | y acid-fast bacillus, N                     | Itb culture, a                  | nd nucleic acid   |
| 115 ampli             | fication | tosting   |             |   |                                 |   |

Supplementary Table 1. Demographic characteristics of the study populations. 

amplification testing. 

<sup>b</sup> Histopathology confirmed by the presence of typical caseous granuloma and multiple 

Langhans giant cells. 

N/A: not applicable. 

| Protein | Score | Mass  | Matches | Sequences | emPAI |
|---------|-------|-------|---------|-----------|-------|
| TRIM21  | 445   | 55162 | 35 (21) | 15 (11)   | 0.94  |
| TRIM25  | 53    | 72581 | 5 (3)   | 5 (3)     | 0.13  |
| ISG15   | 39    | 17933 | 2(1)    | 2 (1)     | 0.18  |
| UNKL    | 33    | 75435 | 5(1)    | 2(1)      | 0.04  |

Supplementary Table 2. Potential E3 ligases for HERC2 identified by mass spectrometry
analysis