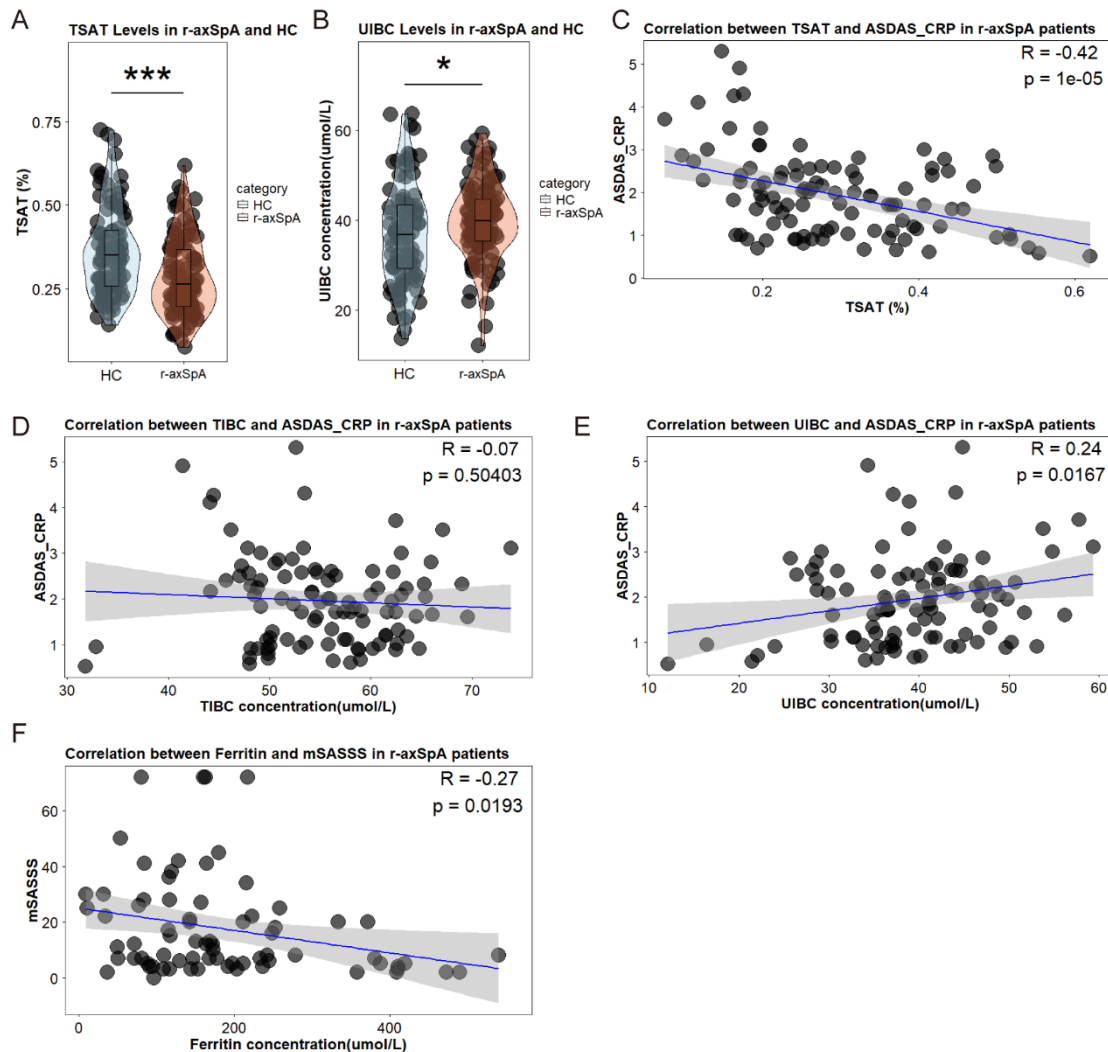


# Targeting Fibroblast Iron Uptake via SLC39A14 Prevents Pathological Tissue Remodeling in Inflammatory Arthritis

## Supplementary Figures



### Supplementary Figure S1. Additional iron metabolism parameters and their clinical correlations in r-axSpA

A, B Additional serum iron-related parameters in r-axSpA patients (n = 105) and healthy controls (HCs; n = 95).

(A) Transferrin saturation (TSAT, %).

(B) Unsaturated iron-binding capacity (UIBC, µmol/L).

Data are shown as individual values with violin and box plots (median, IQR).

Cohorts were age- and sex-matched; missing values and outliers (IQR method)

were excluded. Two-tailed Mann–Whitney U tests. \*P < 0.05, \*\*P < 0.01,

\*\*\*P < 0.001.

C, D, E Correlations between iron-related parameters and disease activity in

r-axSpA patients (n = 105).

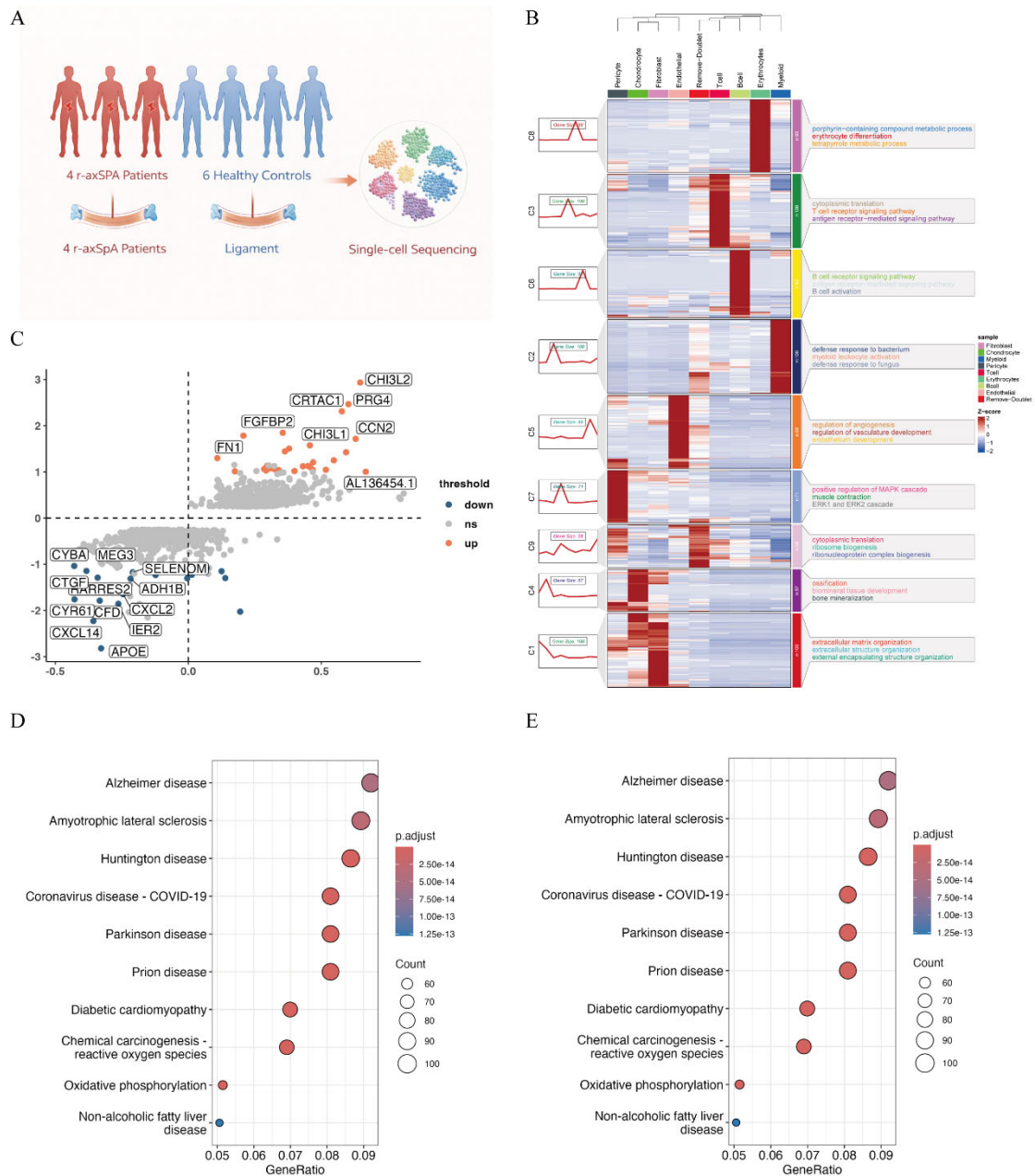
(C) Correlation between TSAT and Ankylosing Spondylitis Disease Activity Score based on C-reactive protein (ASDAS-CRP).

(D) Correlation between total iron-binding capacity (TIBC) and ASDAS-CRP.

(E) Correlation between UIBC and ASDAS-CRP.

Spearman's correlation coefficients (R) and P values are shown. Lines indicate linear regression with shaded 95% confidence intervals.

F Correlation between serum ferritin concentration and modified Stoke Ankylosing Spondylitis Spine Score (mSASSS) in a subset of r-axSpA patients with available spinal CT imaging (n = 77). Spearman's correlation (R) and P value are shown; line indicates linear regression with 95% confidence interval.



## Supplementary Figure S2. Supplemental analyses of single-cell transcriptomics in r-axSpA

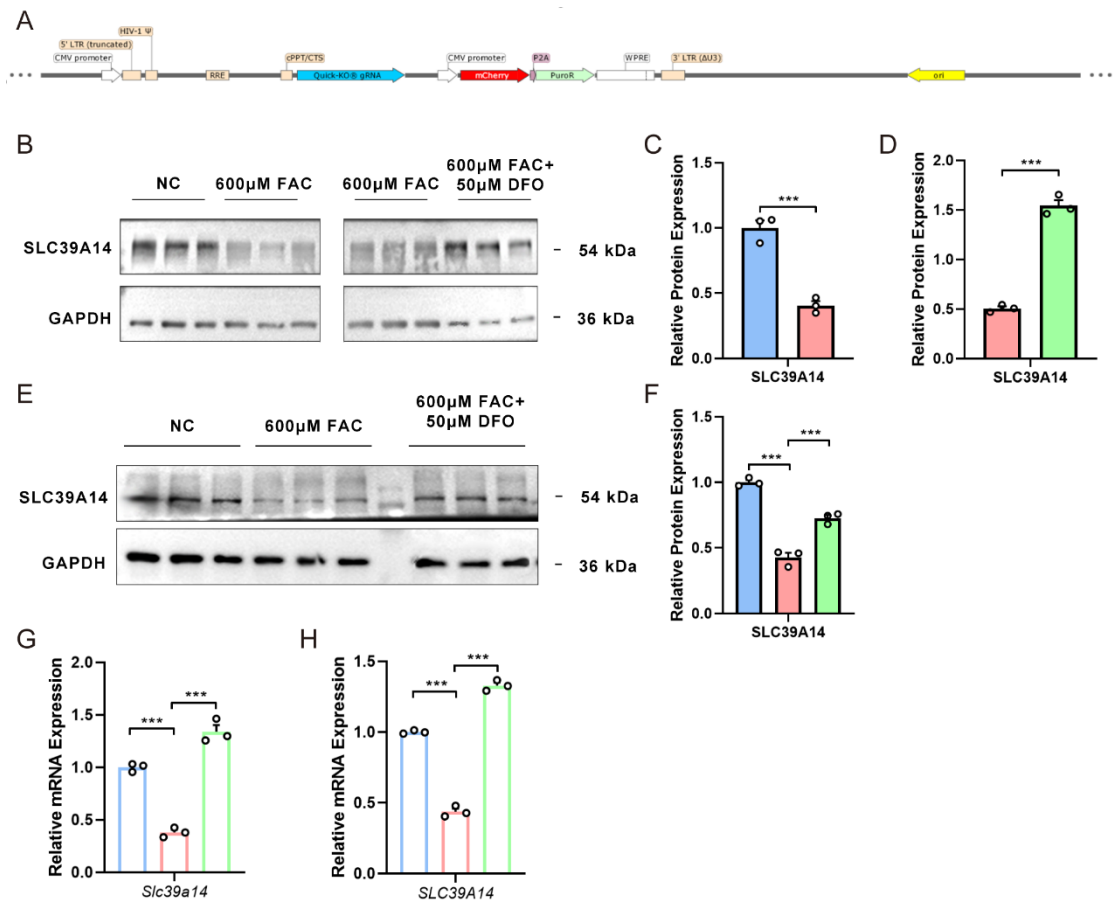
A UMAP visualization of single-cell RNA-seq data from ligament tissues of radiographic axial spondyloarthritis (r-axSpA;  $n = 4$  samples) and healthy controls (HCs;  $n = 6$  samples), showing major cell types including fibroblasts, pericytes, endothelial cells, myeloid cells, T cells, and B cells. Cell types were annotated based on canonical marker genes.

B Heatmap of differentially expressed genes (DEGs) between r-axSpA and HCs fibroblasts, highlighting increased expression of selected iron metabolism– and extracellular matrix (ECM)–related genes in r-axSpA fibroblasts. DEGs were identified using Seurat Wilcoxon rank-sum testing

(FDR < 0.05, |log<sub>2</sub>FC| > 1).

C KEGG pathway enrichment analysis of fibroblast DEGs (defined in B), highlighting pathways related to inflammation, mineral absorption, and ferroptosis.

D, E Dot plots showing cell-type-specific expression patterns of iron metabolism-related genes in myeloid cells (D) and pericytes (E), indicating that few iron metabolism-related genes met the DEG criteria in these compartments compared with fibroblasts.



### Supplementary Figure S3. Regulation of SLC39A14 Expression in Fibroblasts Under Iron Overload Conditions

A Schematic representation of the CRISPR–Cas9–mediated *Slc39a14* knockout strategy in TTD6 fibroblasts.

B, C, D Regulation of SLC39A14 protein expression in mouse fibroblasts following iron loading.

(B) Representative immunoblot of SLC39A14 protein levels in TTD6 fibroblasts treated with ferric ammonium citrate (FAC, 600  $\mu$ M) with or without deferoxamine (DFO, 50  $\mu$ M).

(C) Quantification of SLC39A14 protein levels in TTD6 fibroblasts, normalized to GAPDH.

(D) Quantification of the corresponding protein levels, showing the effects of FAC and DFO treatments.

E, F Regulation of SLC39A14 protein expression in primary human ligament fibroblasts under iron overload conditions.

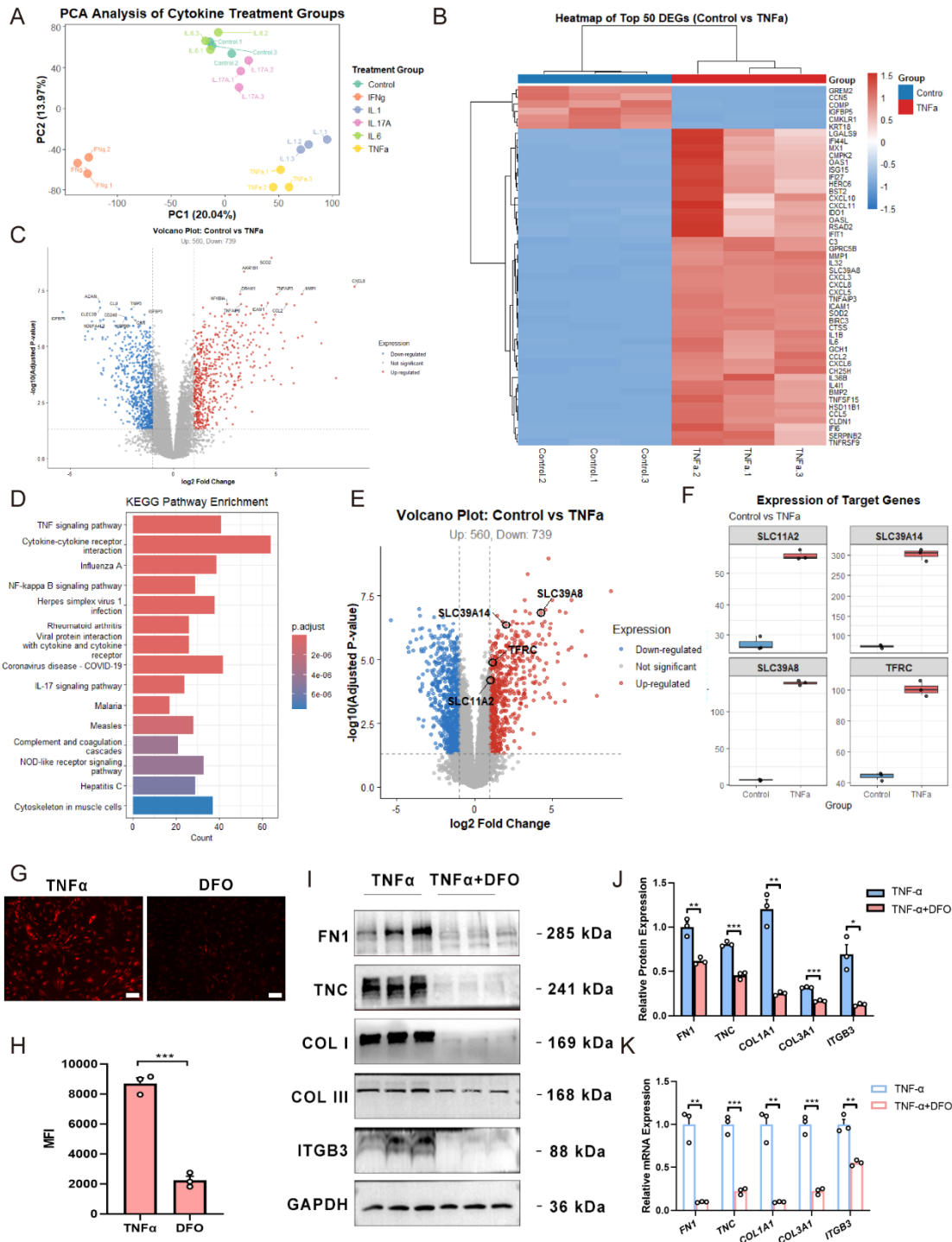
(E) Representative immunoblot of SLC39A14 protein levels in human ligament fibroblasts treated with FAC (600  $\mu$ M)  $\pm$  DFO (50  $\mu$ M).

(F) Quantification of SLC39A14 protein levels in human ligament fibroblasts, normalized to GAPDH.

G *Slc39a14* mRNA expression in TTD6 fibroblasts treated with FAC and DFO, assessed by qRT-PCR and normalized to *GAPDH*.

H *SLC39A14* mRNA expression in primary human ligament fibroblasts under the same treatment conditions, assessed by qRT-PCR and normalized to *GAPDH*.

Data are presented as mean  $\pm$  s.e.m.; n denotes replicate wells per condition (as indicated in the figure). Statistical significance was assessed using two-tailed unpaired Student's t-tests. Asterisks indicate statistical significance: \*P < 0.05, \*\*P < 0.01, \*\*\*P < 0.001.



## Supplementary Figure S4. TNF $\alpha$ -dependent regulation of iron metabolism and fibrotic responses

A Principal component analysis (PCA) of bulk RNA-seq profiles from primary human spinal ligament fibroblasts treated with the indicated cytokines (IL-1 $\beta$ , IL-6, IL-17A, TNF $\alpha$ , and IFN $\gamma$ ) or untreated controls (n = 3 per condition).

B Heatmap of the top 50 differentially expressed genes (DEGs) comparing TNF $\alpha$ -treated versus control fibroblasts.

C Volcano plot of DEGs for control versus TNF $\alpha$ .

D KEGG pathway enrichment analysis of TNF $\alpha$ -responsive DEGs.

E Volcano plot highlighting selected iron-handling genes (*SLC39A14*, *SLC39A8*, *SLC11A2*, and *TFRC*).

F Expression levels of representative iron transporter genes in control versus TNF $\alpha$ -treated fibroblasts.

G Representative FerroOrange staining showing intracellular labile iron in fibroblasts treated with TNF $\alpha$  with or without deferoxamine (DFO). Scale bars, 200  $\mu$ m.

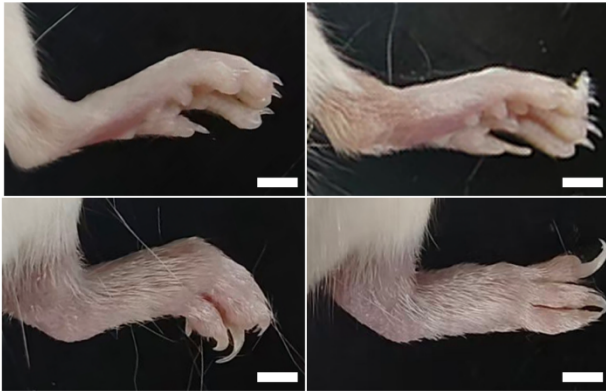
H Flow cytometric quantification of FerroOrange mean fluorescence intensity (MFI).

I Immunoblotting of ECM-related proteins (FN1, TNC, COL I, COL III, and ITGB3) in fibroblasts treated with TNF $\alpha$   $\pm$  DFO; GAPDH serves as a loading control.

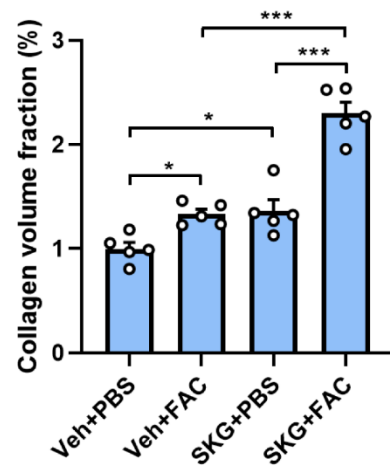
J Densitometric quantification of the immunoblotting results in (I).

K qRT-PCR analysis of ECM-related transcripts in fibroblasts treated with TNF $\alpha$   $\pm$  DFO. Statistical significance is indicated as \*P < 0.05, \*\*P < 0.01, and \*\*\*P < 0.001.

A



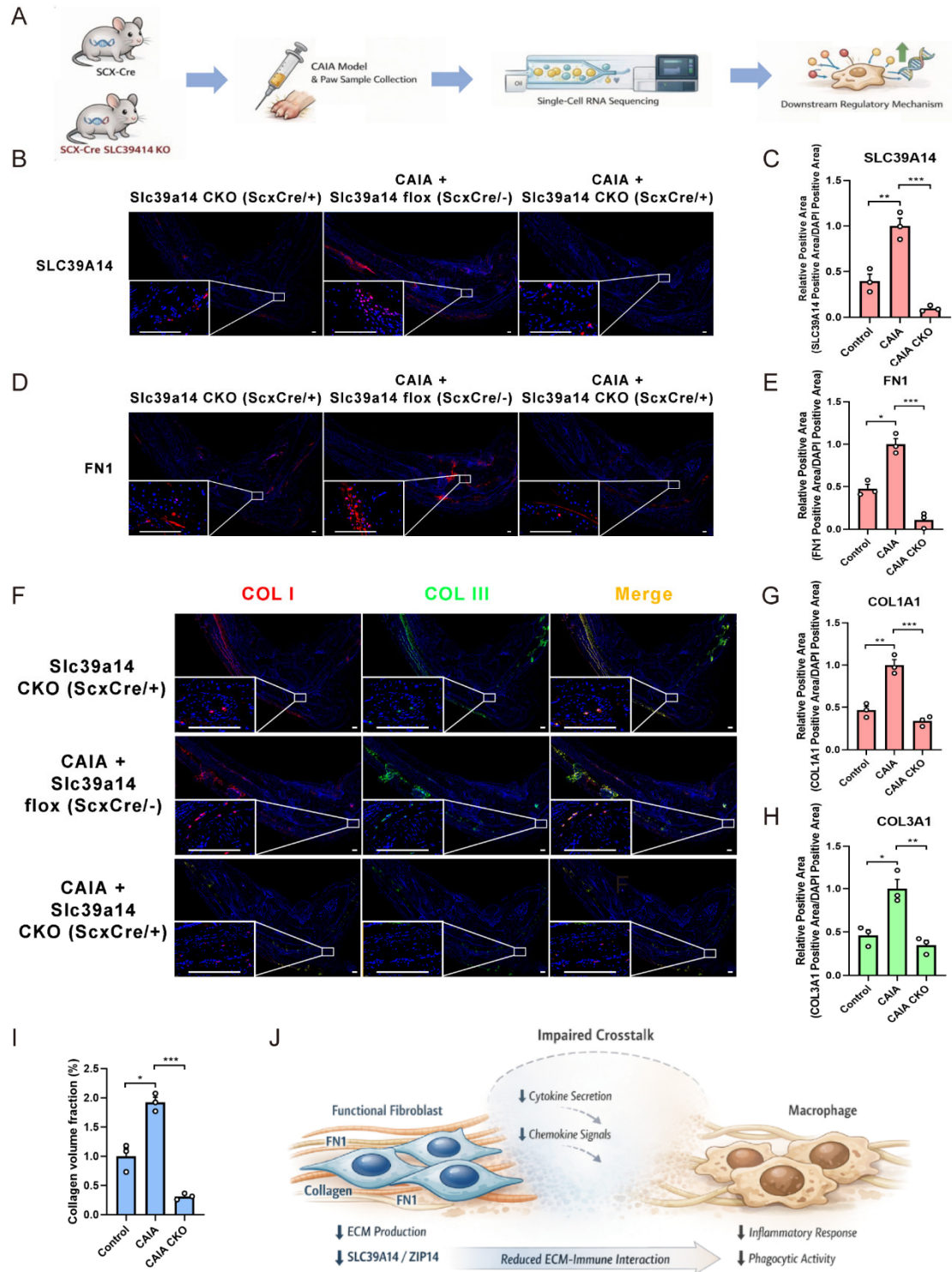
B



**Supplementary Figure S5. Local iron overload aggravates hind paw swelling and collagen deposition in SKG arthritis.**

A Representative gross images of hind paws from the four experimental groups (Veh+PBS, Veh+FAC, SKG+PBS, and SKG+FAC) following two intra-articular injections of ferric ammonium citrate (FAC) or phosphate-buffered saline (PBS) during the first week after arthritis induction. Scale bars, 2 mm.

B Quantification of collagen volume fraction (%) in ankle joints from the indicated groups. Each dot represents one mouse (n = 5 per group); bars show mean  $\pm$  s.e.m. Statistical significance is indicated as \*P < 0.05 and \*\*\*P < 0.001.



## Supplementary Figure S6. Validation of Scx-lineage SLC39A14 deletion and its effects on ECM remodeling

A Workflow schematic for CAIA induction, paw sample collection, scRNA-seq profiling, and downstream analyses.

B Representative immunofluorescence staining of SLC39A14/ZIP14 and FN1 in joint sections from control, CAIA, and CAIA+CKO mice (boxed regions shown at higher magnification in insets). Scale bars, 200  $\mu$ m.

C, D Quantification of SLC39A14/ZIP14-positive area (C) and FN1-positive area (D), normalized to DAPI-positive area. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$  by two-tailed unpaired t-test.

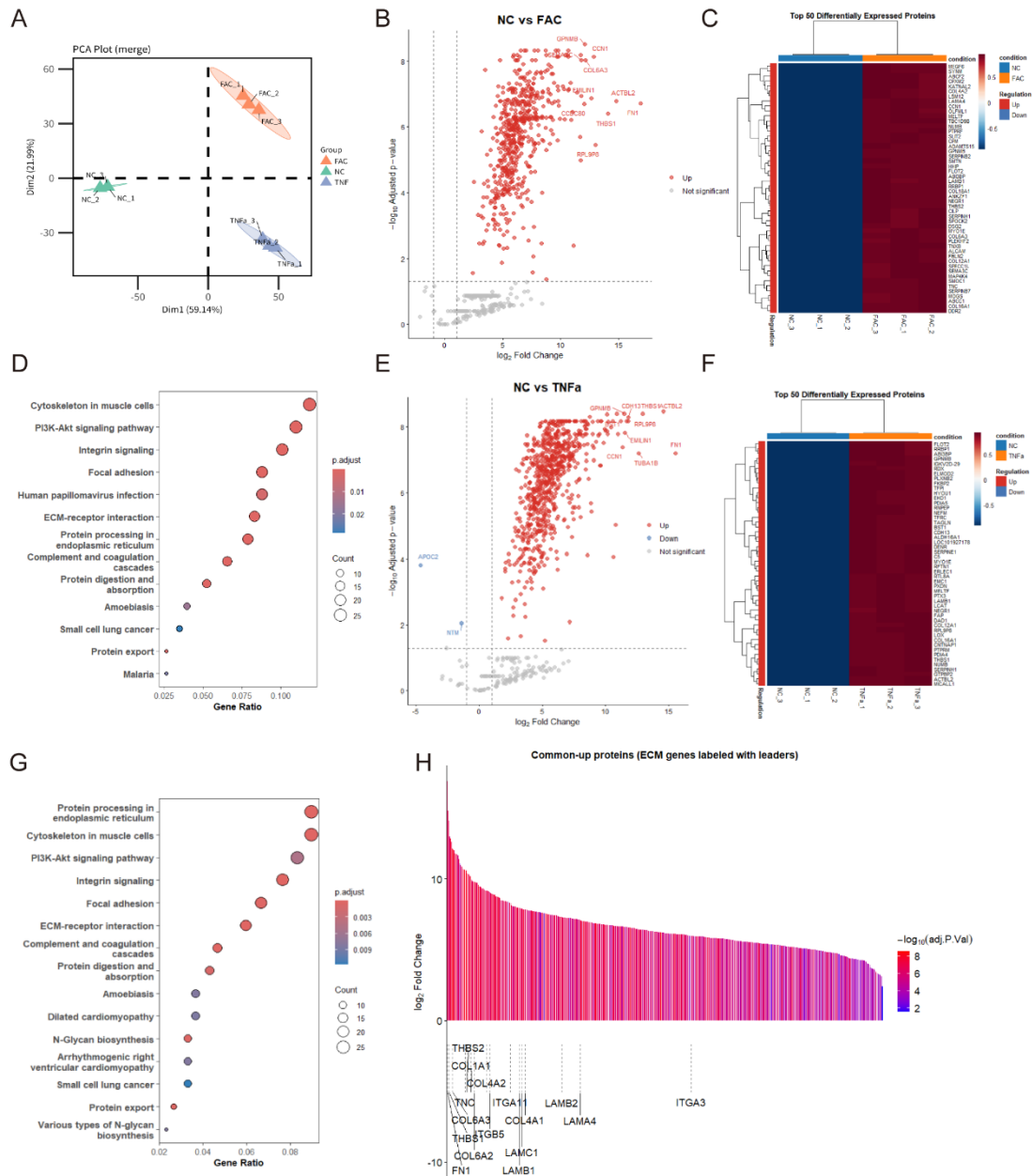
E Co-immunofluorescence staining of COL I (red) and COL III (green) with merged images across groups. Scale bars, 200  $\mu$ m.

F, G Quantification of COL3A1-positive area (F) and COL1A1-positive area (G), normalized to DAPI-positive area. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$  by two-tailed unpaired t-test.

H Model summarizing that loss of fibroblast SLC39A14/ZIP14 reduces ECM production and impairs pathological stromal-immune crosstalk, thereby attenuating inflammatory amplification and tissue remodeling.

I Quantification of collagen volume fraction in joint sections from control, CAIA, and CAIA+CKO mice. Data are presented as percentage of total tissue area. P values are derived from two-tailed unpaired t-test.

J Diagram illustrating that loss of SLC39A14/ZIP14 in fibroblasts disrupts the ECM remodeling process by impairing stromal-immune crosstalk, which in turn reduces ECM production and attenuates inflammatory amplification and tissue remodeling.



### Supplementary Figure 7. Proteomic Analysis of ECM Conditioned by FAC and TNF $\alpha$ Treatments

A PCA plot illustrating the proteomic profiles of ECM derived from fibroblasts treated with FAC and TNF $\alpha$ , compared to normal control (NC). The plot demonstrates clear separation between the three groups, indicating distinct proteomic changes in response to the treatments.

B Volcano plot comparing differential protein expression in ECM from FAC-treated fibroblasts relative to NC. The plot shows significant upregulation of multiple ECM-related proteins, highlighting key proteins such as COL1A1

and FN1.

C Heatmap of the top 50 differentially expressed proteins in ECM derived from FAC-treated fibroblasts compared to NC. The proteins are clustered based on expression patterns, with ECM-related proteins showing substantial upregulation in FAC-treated ECM.

D KEGG pathway enrichment analysis of the upregulated proteins in ECM derived from FAC-treated fibroblasts. Significant pathways include ECM-receptor interaction, focal adhesion, and PI3K-Akt signaling pathway, suggesting alterations in ECM dynamics and cell signaling.

E Volcano plot comparing differential protein expression in ECM from TNF $\alpha$ -treated fibroblasts relative to NC. Similar to the FAC treatment, significant upregulation of ECM-related genes such as *COL1A1* and *FNI* is observed.

F Heatmap of the top 50 differentially expressed proteins in ECM derived from TNF $\alpha$ -treated fibroblasts compared to NC. The heatmap shows a pattern of upregulated ECM-related proteins in TNF $\alpha$ -conditioned ECM.

G KEGG pathway enrichment analysis of the upregulated proteins in ECM derived from TNF $\alpha$ -treated fibroblasts. Enriched pathways include ECM-receptor interaction, focal adhesion, and PI3K-Akt signaling pathway, highlighting the common signaling mechanisms activated by both FAC and TNF $\alpha$  treatments.

H Waterfall plot showing the top upregulated ECM-related proteins common to both FAC and TNF $\alpha$  treatments. ECM genes like *FNI*, *COL1A1*, and *LAMC1* are highlighted, with *FNI* showing the highest fold change.