Knockdown of SNW1 ameliorates brain microvascular endothelial cells injury by inhibiting NLRP3 inflammasome activation

Type
Research paper

Keywords
NLRP3 inflammasome, SNW1, brain microvascular endothelial cells

Abstract
Introduction
SNW domain containing 1 (SNW1), as a splicing factor to regulate the activity of transcription factors, has been reported to be involved in multiple disease processes, including neuroblastoma. Whereas, the latent function and concrete mechanism of SNW1 in brain microvascular endothelial cells (BMECs) have not been clarified.

Material and methods
BMECs were induced by oxidized low-density lipoprotein (ox-LDL), and high fat (HF)-fed rats were established. After SNW1 knockdown or NLR family pyrin domain containing 3 (NLRP3) overexpression, SNW1 and NLRP3 expressions were monitored via RT-qPCR, Western blot, or immunohistochemistry assays. Also, cell viability, apoptosis, and cholesterol efflux were determined via CCK-8, flow cytometry, and related kits; IL-18 and IL-3 levels were also certified by ELISA kits; and NLRP3 inflammasomes and cholesterol efflux-related proteins were identified by Western blot in vitro and in vivo.

Results
We discovered that ox-LDL or HF-feeding significantly elevated SNW1 and NLRP3 expressions, and prominently induced BMECs injury in BMECs or rat brain tissues. Subsequently, our data confirmed that SNW1 knockdown markedly accelerated cholesterol efflux and viability, and prevented apoptosis and NLRP3 inflammasomes, which also could be reversed by NLRP3 overexpression in ox-LDL-induced BMECs. In addition, we showed that SNW1 knockdown could signally induce cholesterol efflux and repress NLRP3 inflammasome activation in HF-fed rats.

Conclusions
We demonstrated that SNW1 knockdown has a great protection effect on the dysfunction of BMECs by inhibiting NLRP3. So, SNW1 might be a therapeutic target for BMECs injury.
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Running title: SNW1 in brain microvascular endothelial cells

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**Introduction**

Cerebrovascular disease (CVD) is a localized or diffuse neurological dysfunction caused by cerebral vascular wall lesions, and changes in blood composition or hemodynamics[1]. It was reported that major risk factors for CVD include hypertension, smoking, hypercholesterolemia, inflammation, diabetes, overweight/obesity, carotid arteriostenosis, metabolic syndrome, and hyperhomocysteinemia [2, 3]. With the development of neuroimaging, neurointervention, and microneurosurgery, although the diagnosis and treatment of CVD have greatly improved, it remains one of the leading causes of death and disability in humans[4]. According to statistics, there are about 2.7 million new cases of CVD and 1.3 million deaths in China every year[5]. Currently, the
therapeutic drugs for CVD mainly include anti-platelet aggregation drugs, statins, blood-activating and blood-stasis removing drugs, free radical scavenging agents, and other drugs[6]. Moreover, some innovative therapies such as liraglutide can reduce and potentially prevent cardiovascular events[7-9]. Although these drugs have some effects, their side effects should not be ignored. Therefore, how to effectively prevent and treat CVD remains a major public health problem.

The blood-brain barrier (BBB) is a unique structure of the central nervous system (CNS) and a necessary structure to maintain the stability of the brain environment and to avoid the invasion of harmful substances into brain tissue[10, 11]. The BBB mainly consists of brain microvascular endothelial cells (BMECs) tight junction, vascular endothelial cells in CNS, and processes and basal membranes of the perivascular glial cells[11, 12]. BMECs, as the main structure of the BBB, contribute to the exchange of substances inside and outside heart tissue in the central nervous system[13]. Researches proved that BMECs injury was closely associated with multiple diseases, such as ischemic stroke, neurodegenerative disease, and atherosclerosis [14-17]. Alao, changes in brain microvascular structure and function have been demonstrated to trigger and aggravate related neuronal injury[17, 18]. Therefore, further exploration of the molecular mechanism of functional changes of BMECs can provide a target for the therapy of cerebrovascular diseases.

Oxidized low-density lipoprotein (ox-LDL), as a predominant risk factor of atherosclerosis, has been reported to participate in the progression of cerebrovascular
disorders[19-21]. Ox-LDL participates in the process of cerebrovascular diseases through various mechanisms, for example, Ox-LDL causes vascular endothelial injury, increases the permeability of the BBB [22], and may serve as an indicator to reflect the level of oxidative stress[21]. Therefore, ox-LDL has been widely used to establish an *in vitro* model of cerebrovascular diseases[23-26].

SNW1, also known as SKIP, is a coactivator member of the SNW gene family[27]. SNW1, as a cofactor of transcription factors, can participate in precursor RNA splicing and recruit U2AF2 to mRNA[28]. Research has reported that SNW1 can interact with SNIP1 to regulate the stability of CyclinD1 mRNA[29]. Studies also showed that SNW1 has the mediated effects in the innate immune system. For example, SNW1 can participate in regulating the stress response of macrophages. Inhibition of SNW1 can also facilitate apoptosis of breast cancer cells[30] SNW1 is also involved in the regulation of the NF-κB signaling pathway[31]. It is reported that abnormal expression of SNW1 is relevant to rectal cancer, prostate cancer[32] and neuroblastoma[28]. Additionally, SNW1 overexpression can block normal neural crest development during embryonic development[33]. However, the influence and mechanism of SNW1 on CVD, especially BBB, have not been well elucidated. Therefore, our study aimed to further confirm the underlying influence and mechanism of SNW1 in CVD, principally BBB.

**Materials and Methods**

**Cell culture**
Mouse BMECs, from the Chinese Academy of Sciences (Shanghai, China), were hatched in RPMI1640 medium (Gibco, cat. no. 31800-014) with 10% fetal bovine serum (FBS, HyClone), 2 mmol/l glutamine (Sigma-Aldrich), 1 mmol/l sodium pyruvate (Sigma-Aldrich), 100 μg/ml streptomycin, and 50 μg/ml penicillin at 37°C and 5% CO₂. The cultured BMECs cells were given 0, 50, 100, or 150 mg/L ox-LDL (Yiyuan Biotech Co., Ltd., Guangzhou, China) for 18 h.

**Cell transfection**

siRNA against mouse SNW1 (si-SNW1) and the negative control (NC) were purchased from GenePharma (Shanghai GenePharma Co., Ltd. Shanghai, China). The sense sequence of si-SNW1 was 5’- GUCCAAAGACAAGGUCAUU TT-3’ and the control siRNA was, 5’- UUCUCCGAACGUGUCACGU TT-3’. The empty vector (EV) and NLRP3-overexpressed plasmids were acquired from Hanbio Biotechnology (Shanghai, China). siRNA and plasmids were transfected to BMECs using Lipofectamine 3000 (Invitrogen, Carlsbad, CA) according to the manufacturer’s protocol, and then incubated at 37°C for 48 h. Finally, the cells were collected and prepared for the following experiments.

**Animals**

20 healthy Sprague-Dawley (SD) rats (9-week-old, weighing 240g-260g) were kept in the environment of the **experimental animal center at a temperature (24°C±2°C), humidity (55%±5%), 12 h of light and 12 h of darkness**, and with sterile water. The SD rats were divided into the sham group (n=5) and the high-fat (HF) group (n=15). The
rats in sham and HF groups were fed with 25g normal diet and 25g HF diet every day for 12 weeks, respectively. Ethical permission for the animal experiments was obtained from the Ethics Committee of the 960th hospital of PLA (approval no. 2020068). HF-fed rats were injected with EV (1.5 mL) or SNW1 knockdown lentivirus vector (1.5 mL) in the tail. After 4 weeks of feeding, all rats fasted and serum, heart, brain tissue samples, and heart tissue were collected and stored at -80 °C for examination.

**RT-qPCR assay**

Total RNAs were collected from the treated BMECs via Trizol method. After identification, Bestar qPCR RT kit (DBI Bioscience) was utilized for reverse transcription, and then SYBR Green PCR Master Mix (Applied Biosystems) was applied for gene amplification based the manufacturers instruction. The genes were quantified using the $2^{-\Delta\Delta CT}$ method [34].

**Western blot**

We first used RIPA (1:100, cat no. P0013B) with a protease inhibitor (cocktail) to harvest total proteins. After centrifugation and re-suspension, the protein concentration was identified using BCAKit (Beyotime, China). 40 μg proteins were separated through 10% SDS-PAGE and transferred to PVDF membranes (Roche). After blocking, the proteins in membranes were placed in the corresponding primary antibody at 4 °C for the night, and then the secondary antibody (Abcam, cat. no. ab6802) for 1.5 h. Subsequently, protein blots were viewed using the Electrochemiluminescence (ECL) system (Thermo Fisher Scientific). The primary antibodies were from Abcam.
**Immunofluorescence (IF) assay**

After washing, the collected BMECs were fixed with 4% paraformaldehyde (Sigma Aldrich, cat. no. P6148) for 20 min and permeated with 0.5% Triton X-100 (Sigma Aldrich) for 20 min. After sealing with 5% BSA (Sigma-Aldrich, cat no. A9418), cells were exposed to anti-SNW1 (1:50, Abcam) overnight at 4°C, and the fluorescent second antibody (Abcam) for 1 h. Then the nuclei were stained with 10 g/mL DAPI, and the images were immediately observed using a fluorescent microscope.

**ELISA assay**

In accordance with the manufacturer’s instructions, IL-18 and IL-33 levels in BMECs were quantified using the mouse IL-18 ELISA kit (Ek-Bioscience, cat. no. Ek-M20162) and mouse IL-33 ELISA kit (R&D, cat. no. M3300), and IL-18 and IL-33 levels in rat serum were tested using the rat IL-18 ELISA kit (cat. no. YS03637B) and rat IL-33 ELISA kit (FineTest, cat. no. ER1903).

**Cholesterol efflux**

In line with the manufacturer’s instructions, cholesterol efflux was determined using the cell-based cholesterol efflux assay kit (Abnova, cat. no. KA4542).

**CCK-8 assay**

BMECs (5×10³ cells/well) in 96-well plate were treated following the specified processing method, and then processed with 15 μL CCK-8 solution for 0, 24, 48, and 72 h. After incubation for 3 h, the absorbance was monitored with a microplate reader at 450 nm.
Flow cytometry

The processed BMECs were harvested through centrifugation and resuspended in the binding buffer. After counting, the BMECs had 5μL Annexin V-FITC and 5μL PI (BD Biosciences) added for 10 min in the dark. Then the apoptotic cells were tested by Flow cytometry (CytoFLEX, Beckman Coulter, Inc.) and analyzed with CELLQuest software (Becton Dickinson).

Oil red O staining

The aortic arch of the hearts of HF-fed rats were collected and fixed with 4% paraformaldehyde (Sigma Aldrich, cat. no. P6148) for 30 min, and then stained with 5% Oil Red O (Sigma) for 30 min. After washing, the lipid tartalom in the images was observed by a microscope.

Immunohistochemistry (IHC) assay

After fixing, the samples were dehydrated, paraffin-embedded, and sliced into 4μm thick sections using a rotary microtome (Leica, GER). Then the sections were waxed in a baking machine at 42.5 °C for 40 min, processed with xylene, citrate buffer for 3 min, and H₂O₂ for 10 min. After washing, the sections were given primary antibodies at 4 °C for 12 h, and second antibody at 37°C for 30 min. The sections were had DAB solution added, Harris hematoxylin for 30s, and 1% hydrochloric acid alcohol. Then the sections were dehydrated, became transparent, and dried. The results were obtained using an inverted microscope (Nikon Eclipse TI-SR, Japan).

Statistical Analysis
Results

ox-LDL markedly upregulated SNW1 and NLRP3 in BMECs

To investigate the possible mechanism of ox-LDL inducing oxidative injury of BMECs, BMECs were processed with 0, 50, 100, or 150 mg/L ox-LDL. In accordance with RT-qPCR and Western blot results, it was found that SNW1 expression was prominently heightened in the ox-LDL group versus that in the blank group, and the increase of SNW1 expression was positively correlated with the dose of ox-LDL in BMECs \((P<0.05, P<0.01, P<0.001, \text{ Fig. 1A-1C})\). Also, the results also found that as the concentration of ox-LDL increased, the protein level of NLRP3 was prominently elevated in BMECs \((P<0.05, P<0.01, P<0.001, \text{ Fig. 1B and 1C})\). Therefore, our data showed that SNW1 and NLRP3 were connected with ox-LDL in BMECs.

ox-LDL signally suppressed viability and increased cholesterol efflux in BMECs

Next, the influences of ox-LDL on viability and cholesterol efflux in BMECs were determine. As CCK-8 results exhibited, cell viability was markedly reduced in the ox-LDL treatment group relative to the blank group, in particular, in the 150 mg/L ox-LDL treatment group \((P<0.01, P<0.001, \text{ Fig. 1D})\). In addition, the data showed
that ox-LDL dramatically raised cholesterol efflux in BMECs, especially at 50 mg/L ox-LDL ($P<0.01$, $P<0.001$, Fig. 1E). Overall, these data found that ox-LDL induction can result in a significant inhibition of viability and a remarkable enhancement of cholesterol efflux in BMECs.

Silencing of SNW1 prominently raised cholesterol efflux and viability, and suppressed apoptosis and NLRP3 inflammasomes in ox-LDL-induced BMECs

Based on the upregulation of SNW1 in ox-LDL-induced BMECs, we speculated that SNW1 can affect the function of ox-LDL-induced BMECs. To confirm this hypothesis, we silenced SNW1 in ox-LDL-induced BMECs using siRNAs. The RT-qPCR and Western blot data showed that the transfection of SNW1 siRNAs could lead to a remarkable downregulation of SNW1 in BMECs, especially siRNA#1 (Fig. 2A and 2B). Thus, SNW1 siRNA#1 was applied in the subsequent experiments.

Subsequently, the IF results signified that silencing of SNW1 lowered SNW1 expression in BMECs, which had been increased by ox-LDL (Fig. 2C). Additionally, it was found that ox-LDL could markedly elevate IL-18 and IL-33 levels in BMECs, which could also be significantly attenuated by SNW1 knockdown in BMECs. In addition, cholesterol efflux was prominently enhanced in the SNW1 siRNAs group versus that in the NC group in ox-LDL-induced BMECs (Fig. 2D). Subsequently, flow cytometry was used to estimate the apoptotic change in ox-LDL-induced BMECs, and the data disclosed that relative to the blank group, cell apoptosis was notably
enhanced in the ox-LDL treatment group, while this enhancement was markedly reversed by SNW1 knockdown in BMECs ($P<0.01$, Fig. 2E). More importantly, it was found that ox-LDL treatment upregulated cholesterol efflux-related proteins (ABCA1 and ABCG1), which could also be further increased by SNW1 knockdown in BMECs. SNW1, NLRP3, and IL-1β expressions were markedly elevated in the ox-LDL group versus the blank group, while the expressions of these proteins could then be weakened by SNW1 knockdown in BMECs ($P<0.05$, $P<0.01$, Fig. 2F). Finally, the CCK-8 data denoted that the viability of BMECs was markedly reduced in the ox-LDL group relative to the blank group, while the reduction of cell viability mediated by ox-LDL could be reversed by SNW1 silencing in BMECs ($P<0.05$, $P<0.001$, Fig. 2G). On the whole, these findings signified that SNW1 knockdown could dramatically protect BMECs injury induced by ox-LDL and repress NLRP3 inflammasome activation.

**Knockdown of SNW1 dramatically increased cholesterol efflux and viability, and prevented apoptosis and inflammasome activation by inhibiting NLRP3 in ox-LDL-induced BMECs**

Moreover, we studied whether NLRP3 can participate in the influence of SNW1 on ox-LDL-induced BMECs injury through a series of experiments. After SNW1 silencing, ox-LDL-treated BMECs were transfected with NLRP3 overexpression plasmids. First, Western blot data showed that upregulation of cholesterol efflux-related proteins (ABCA1 and ABCG1), which was mediated by SNW1 knockdown, could be
significantly reversed by NLRP3 overexpression in ox-LDL-induced BMECs. NLRP3 overexpression also could dramatically elevate SNW1, NLRP3, IL-1β expressions, which had been downregulated by SNW1 silencing in ox-LDL-induced BMECs ($P<0.05$, $P<0.01$, Fig. 3A). Similarly, the IF results also demonstrated that the decrease of SNW1 expression, which was mediated by SNW1 knockdown, could be markedly attenuated by NLRP3 overexpression in ox-LDL-induced BMECs (Fig. 3B). In addition, it was found that knockdown of SNW1 increased cholesterol efflux, whereas this change was neutralized by SNW1 silencing in ox-LDL-induced BMECs ($P<0.05$, $P<0.01$, Fig. 3C). Simultaneously, it was found that overexpression of NLRP3 increased IL-18 and IL-33 levels in ox-LDL-induced BMECs, which had been decreased by knockdown of SNW1 ($P<0.05$, $P<0.01$, Fig. 3D and 3E). Furthermore, the data showed that inhibition of SNW1 silencing on apoptosis could be reversed by NLRP3 overexpression in ox-LDL-induced BMECs ($P<0.05$, Fig. 3F). SNW1 knockdown enhanced cell viability, and this enhancement was neutralized by NLRP3 overexpression in ox-LDL-induced BMECs ($P<0.05$, $P<0.001$, Fig. 3G). In summary, we found that the protective effect of SNW1 knockdown on ox-LDL-induced BMECs injury was achieved by inhibiting NLRP3.

**SNW1 knockdown elevated cholesterol efflux and reduced NLRP3 inflammasome activation in HF-fed rats**

Based on the above *in vitro* experiments, we further verified the role of SNW1 in HF-fed rats. We first injected HF-fed rats with SNW1 knockdown lentivirus and empty
vector (EV), respectively. As illustrated in **Fig. 4A**, the levels of SNW1 in heart and brain tissues, NLRP3 and IL-1β were elevated in the HF group in comparison with the sham group, while the elevated levels of these proteins could be significantly reduced by SNW1 knockdown in HF-fed rats. Similarly, HF feeding caused the expressions of ABCA1 and ABCG1 to rise in rats, while SNW1 knockdown further increased ABCA1 and ABCG1 expressions in HF-fed rats. Likewise, we found that IL-18 and IL-33 levels were higher in the HF group than that in the sham group, while HF-feeding mediated elevation of IL-18 and IL-33 levels could be partially reversed by SNW1 knockdown in rats (**Fig. 4B and 4C**). Next, Oil red O staining results showed that HF-feeding increased lipid tartalom in rats, while SNW1 knockdown markedly attenuated lipid tartalom, which was mediated by HF-feeding (**Fig. 4D**). Above all, the immunohistochemical analysis revealed that the protein levels of NLRP3 and SNW1 were dramatically increased in HF-fed rats versus that in sham rats, while this increase mediated by HF-feeding could be markedly lowed by SNW1 knockdown in the rat brain tissues (**Fig. 4E and 4F**). As a whole, we are convinced that SNW1 knockdown could also enhance cholesterol efflux and inhibit NLRP3 inflammasome activation *in vivo*.

**Discussion**

BMECs, as a class of highly specialized endothelial cells, are crucial in maintaining BBB function, dynamic balance of the cerebral microvascular system, and normal cerebral blood flow[11]. ox-LDL is an oxidative stress-damaging protein that can markedly cause intracellular lipid deposition[35]. In accordance with the reports,
ox-LDL can activate NADPH oxidase (Nox) on BMECs and produce a mass of reactive oxygen species (ROS), leading to increased permeability of endothelial cells, which further causes lipid peroxidation to aggravates cellular injury[36, 37]. Also, ox-LDL can suppress nitric oxide synthase (NOS) activity in endothelial cells, accelerate nitric oxide (NO) degradation, and cause endothelial cell dysfunction[38]. ox-LDL can also induce expression of pro-inflammatory factors in endothelial cells and weaken the defensive effect of the antioxidant system. ox-LDL has been applied in multiple studies to induce BMEC injury, and Ox-LDL-induced BMEC cells were commonly used to construct cerebrovascular cell injury model in vitro[26, 39]. In our study, we also used ox-LDL to induce oxidative injury of BMECs, and the data signified that ox-LDL could prevent viability and accelerate cholesterol efflux in BMECs. Therefore, we studies the induction effect of OX-LDL on oxidative damage of BMECs. Interestingly, we also discovered that ox-LDL could prominently heighten expressions of SNW1 and NLRP3 in BMECs. Thus, we speculated that SNW1 and NLRP3 were involved in ox-LDL-induced oxidative injury in BMECs. SNW1, as a multifunctional protein involved in the regulation of multiple gene expression, has been reported to be associated with cell growth and cycle, apoptosis, as well as inflammatory response[28, 32, 40]. Currently, SNW1 has also been found to be relevant to diversified diseases, such as malignant pleural mesothelioma[41], hepatic carcinoma[42], breast cancer[43], and bladder cancer[44]. In our study, we first found that silencing SNW1 could prominently facilitate viability and prevent apoptosis of ox-LDL-induced BMECs. In
addition, SNW1 knockdown could also enhance cholesterol efflux in ox-LDL-induced BMECs and HF-fed rats. Therefore, it was shown that knockdown of SNW1 has a significant mitigation effect on ox-LDL-induced oxidative stress injury in BMECs.

Recent study reveals that SNW1 were associated with inflammatory responses. SNW1 acts an important role in the pathogenesis of rheumatoid arthritis (RA) and might act as potential biomarker for RA[45]. SNW1 could inhibit influenza A virus (IAV) replication by inducing pro-inflammatory factors expression, such as IL-6, IFN-β [40]. More interestingly, a recent study has demonstrated that SNW1 is indispensable for the transcriptional elongation of NF-κB target genes such as the interleukin 8 (IL-8) and TNF genes[31].

Inflammasomes are multiprotein complexes, which were initiated and assembled by specific pattern recognition receptors (PRRs) of the cytoplasm[46, 47]. NLRP3 inflammasome, as the most widely studied inflammasome, is a protein complex composed of NLRP3, apoptosis-related speckled protein (ASC) and caspase-1[48]. While, there are evidences that NLRP3-inflammasomes are associated with BBB. For example, Ruscogenin can ameliorate BBB dysfunction induced by cerebral ischemia through NLRP3 Inflammasome[60]. Glibenclamide can attenuate the disrupted BBB via preventing NLRP3 inflammasome activation[61]. Hypertonic saline can reduce ischemic BBB permeability by mediating NLRP3 inflammasomes[62]. NLRP3 inflammasomes can induce the secretion and release of IL-1β and IL-18 by identifying pathogenic microorganisms, resulting in the inflammatory response[47, 49]. Also,
NLRP3 inflammasomes can induce other inflammatory cytokines (such as IL-1β and IL18) and adhesion molecules, and further expand the inflammatory response in a cascade, causing tissue injury[50]. NLRP3 inflammasomes have been reported to play a significant role in brain injury[51]. For instance, isoliquiritigenin can ease brain injury via NLRP3 inflammasome[52] inhibition of IRE1α which can affect hypoxic-ischemic brain injury by lowering NLRP3 inflammasome activation[53]. Interference of NLRP3-inflammasomes might be an effective method for neuroprotection after stroke[54].

Multiple studies showed that NF-κB, as an upstream factor of NLRP3, can significantly upregulate NLRP3 [55-57]. Interestingly, SNW1 is a transcriptional regulator of the NF-κB pathway[31]. Here, we found that SNW1 knockdown can downregulate NLRP3 and IL-1β expressions in ox-LDL-induced BMECs and HF-fed rats, suggesting that SNW1 knockdown could prevent NLRP3 inflammasome activation, leading to decrease NLRP3-mediated IL-1β secretion. One likely possibility is that SNW1 regulated the NF-κB pathway, and NF-κB up-regulated the NLRP3 inflammasome response. As a crucial nuclear transcription regulator, NF-κB is involved in various physiological and pathological processes such as inflammation, stress response, cell proliferation, differentiation, apoptosis, and tissue damage and repair[58, 59]. In the current study, inhibition of SNW1 also could facilitate cholesterol efflux and proliferation, and suppress apoptosis of ox-LDL-induced BMECs by inhibiting NLRP3 inflammasome activation.
Conclusion

Our study might be the first to uncover the function and mechanism of SNW1 knockdown in CVD. As the results showed, knockdown of SNW1 could dramatically attenuate ox-LDL-induced OGD/R-induced injury to BMECs by blocking NLRP3 inflammasome activation in vitro and in vivo. Therefore, this study expands our understanding of SNW1, suggesting that SNW1 knockdown might be a latent therapeutic target for CVD and the SNW1 inhibitor might be a potential therapeutic candidate for the treatment of CVD.

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The author(s) received no specific funding for this study.

Conflicts of Interest

The authors declare that they have no conflicts of interest to report regarding the present study.

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Figure legends
Fig. 1. ox-LDL markedly upregulated SNW1 and NLRP3, suppressed viability, and increased cholesterol efflux in BMECs. (A) SNW1 expression was monitored via RT-qPCR in BMECs after processing with 0, 50, 100, or 150 mg/L ox-LDL. (B) Western blot identification of SNW1 and NLRP3 proteins in ox-LDL-treated BMECs. (C) Quantitative analysis of SNW1 and NLRP3 expressions on account of the protein gray values. (D) ox-LDL-mediated cell viability was certified through CCK-8 in BMECs. (E) After 0, 50, 100, or 150 mg/L ox-LDL, cholesterol efflux was validated using the corresponding kit. *P<0.05, **P<0.01, ***P<0.001.
Fig. 2. Silencing of SNW1 prominently raised cholesterol efflux and viability, and suppressed apoptosis and NLRP3 inflammasomes in ox-LDL-induced BMECs. The silencing effect of SNW1 was identified via RT-qPCR (A) and Western blot (B) in BMECs after transfection with siRNA#1, #2, and #3. (C) The expression of SNW1 was verified via IF assay in ox-LDL-induced BMECs, which were transfected with si-NC and si-SNW1 (siRNA#1). Magnification, ×200; Scale bar=20μm. (D) The impacts of SNW1 knockdown on IL-18, IL-33, and cholesterol efflux were assessed by applying
respective kits in ox-LDL-treated BMECs. (E) Change in the apoptosis of BMECs was determined via flow cytometry after SNW1 knockdown. (F) Expression changes of ABCA1, ABCG1, SNW1, NLRP3, and IL-1β proteins were verified with Western blot in ox-LDL-mediated BMECs after SNW1 silencing. (G) After transfection with SNW1 siRNAs, cell viability was tested using CCK-8 in ox-LDL-treated BMECs. *P<0.05, **P<0.01, ***P<0.001 vs. the blank group; #P<0.05, ##P<0.01 vs. the ox-LDL+NC group.
Fig. 3. Knockdown of SNW1 dramatically increased cholesterol efflux and viability, and prevented apoptosis and inflammasome activation by inhibiting NLRP3 in ox-LDL-induced BMECs. ox-LDL-treated BMECs were transfected with SNW1 siRNAs or/and NLRP3-overexpressed plasmid, respectively. (A) Detection of F
ABCA1, ABCG1, SNW1, NLRP3, and IL-1β proteins through Western blot in BMECs in each group. The protein levels of each group with Western blot results were quantitatively analyzed. (B) Identification of SNW1 expression and location via IF assay in the processed BMECs. (C) After SNW1 knockdown or/and NLRP3 overexpression, cholesterol efflux was analyzed using the kit in BMECs. (D) IL-18 and (E) IL-33 levels were tested with ELISA kits. (F) Flow cytometry was used for apoptosis detection in the disposed BMECs. (G) After transfection, CCK-8 was used to monitor the viability of ox-LDL-treated BMECs. *P<0.05, **P<0.01, ***P<0.001 vs. the blank group; #P<0.05, ##P<0.01 vs. the ox-LDL+NC group; $P<0.05, $$P<0.01 vs. the ox-LDL+siRNA+Vector group.
Fig. 4. SNW1 knockdown elevated cholesterol efflux and reduced NLRP3 inflammasome activation in HF-fed rats. Rats fed with high-fat were injected with empty vector (EV) or SNW1 knockdown lentivirus, respectively. (A) SNW1, ABCA1, ABCG1, NLRP3, and IL-1β levels were determined through Western blot in HF-fed rats after SNW1 knockdown. Each protein was quantitatively calculated using each gray value. The concentrations of IL-18 (B) and IL-33 (C) were identified via ELISA kits. (D)
After SNW1 knockdown, the lipid content was evaluated by Oil red O staining in the aortic arch of the hearts of HF-fed rats. The expressions NLRP3 (E) and SNW1 (F) were confirmed using immunohistochemical analysis in brain tissues of HF-fed rats after SNW1 knockdown.
A. Immunoblot analysis of SNW1, ABCA1, ABCG1, NLRP3, and IL-1β in heart-SNW1 and heart tissues.

B. ELISA quantification of IL-1β, IL-18, and IL-23 in Sham, HF, HF+EV, and HF+SNW1 KD groups.

C. Oil Red O staining of Sham, HF, HF+EV, and HF+SNW1 KD adipose tissue.

D. Immunofluorescence of NLRP3 in Sham, HF, HF+EV, and HF+SNW1 KD cardiomyocytes.

E. Immunofluorescence of SNW1 in Sham, HF, HF+EV, and HF+SNW1 KD cardiomyocytes.