

## Increased T helper 17.1 cells in sarcoidosis mediastinal lymph nodes

*Caroline E. Broos<sup>1</sup>, Laura L. Koth<sup>2</sup>, Menno van Nimwegen<sup>1</sup>, Johannes C.C.M. in 't Veen<sup>3</sup>, Sandra M.J. Paulissen<sup>4</sup>, Jan Piet van Hamburg<sup>5</sup>, Jouke T. Annema<sup>6</sup>, Roxane Heller-Baan<sup>7</sup>, Alex Kleinjan<sup>1</sup>, Henk C. Hoogsteden<sup>1</sup>, Marlies S. Wijsenbeek<sup>1</sup>, Rudi W. Hendriks<sup>1</sup>, Bernt van den Blink<sup>1§</sup>, Mirjam Kool<sup>1§\*</sup>*

<sup>1</sup>Department of Pulmonary Medicine, Erasmus MC, Rotterdam, The Netherlands; <sup>2</sup>Department of Medicine, Division of Pulmonary and Critical Care, University of California, San Francisco, California 94143; <sup>3</sup>Department of Pulmonology, Franciscus Gasthuis & Vlietland, Rotterdam, The Netherlands; <sup>4</sup>Department of Rheumatology, Erasmus MC, Rotterdam, The Netherlands; <sup>5</sup>Department of Experimental Immunology, Amsterdam Rheumatology & Immunology Center, Academic Medical Center/University of Amsterdam, Amsterdam, The Netherlands, <sup>6</sup>Department of Pulmonology, Academic Medical Center/University of Amsterdam, Amsterdam, The Netherlands; <sup>7</sup>Department of Pulmonology, Ikazia Hospital, Rotterdam, The Netherlands.

<sup>§</sup> Shared senior authors

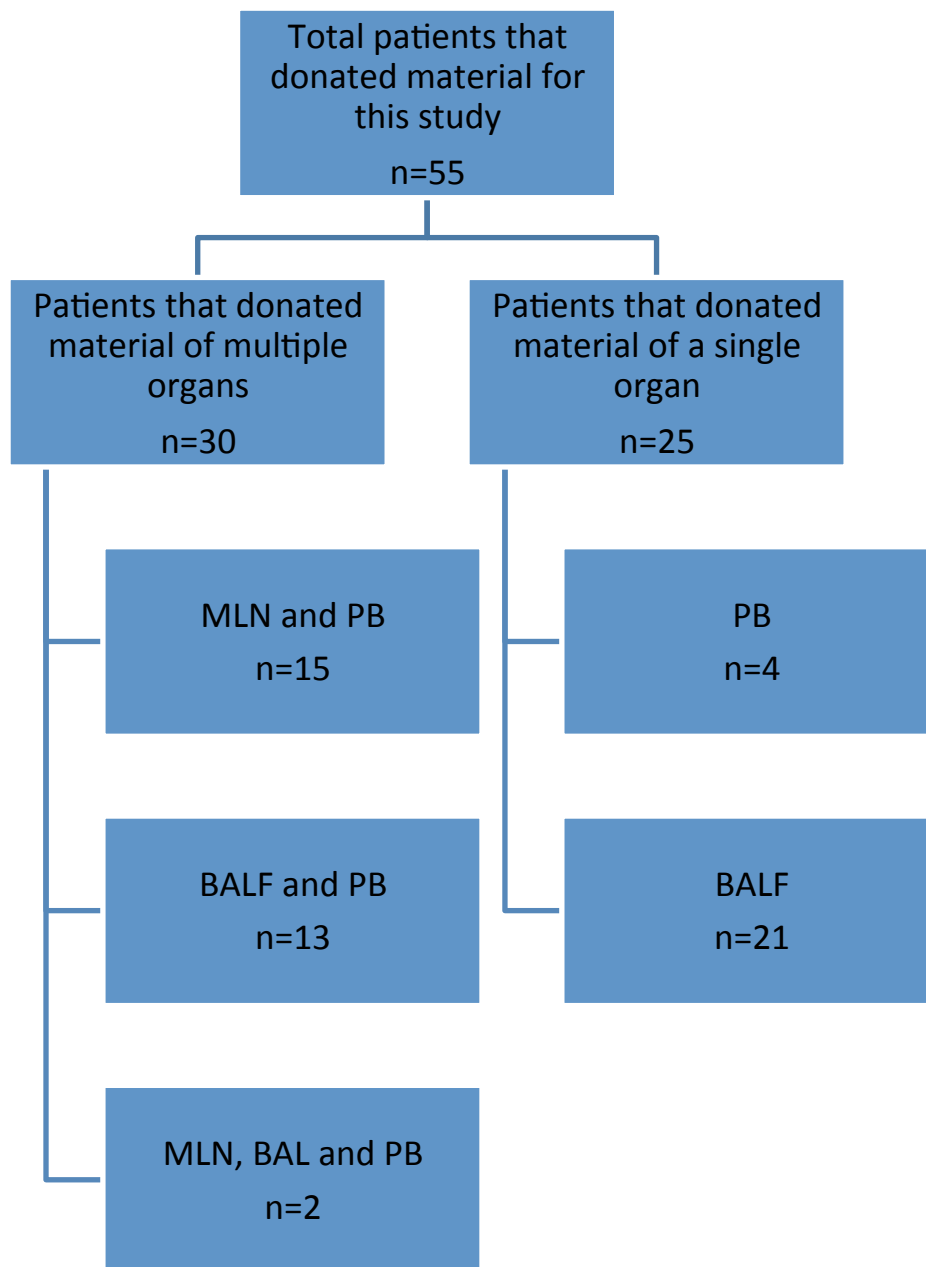
\* Reprint requests and address correspondence to: Mirjam Kool, Department of Pulmonary Medicine, Erasmus MC, 's-Gravendijkwal 230, 3015 CE, Rotterdam, Netherlands, Phone: +3110-7038526, Email: [m.kool@erasmusmc.nl](mailto:m.kool@erasmusmc.nl)

**Online Data Supplement**

### **Supplementary Figure E1.**

Flowchart describing the donated material (BALF, MLN, and/or PB) by the 55 sarcoidosis patients in this study.

## Supplementary Figure E1



**Supplementary Table E1. Overview antibodies**

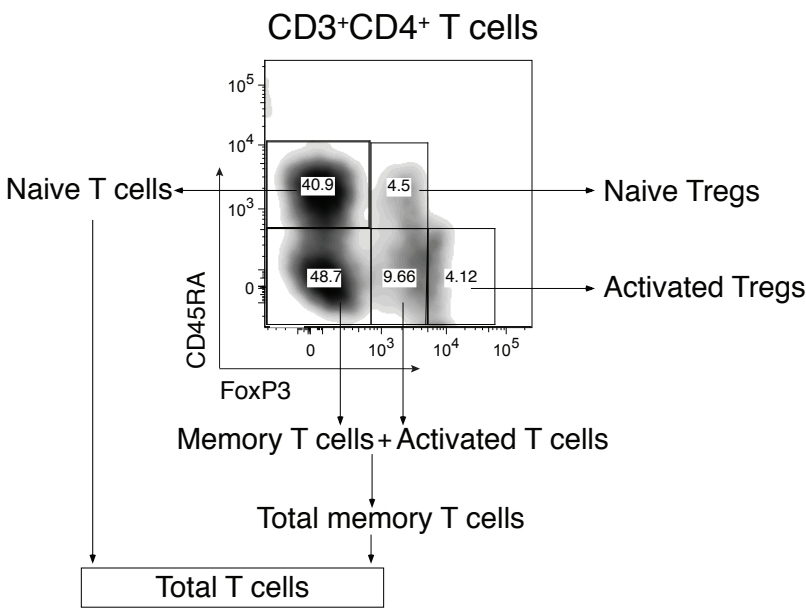
<b>Company</b>	<b>Antigen</b>	<b>Fluor chrome</b>	<b>Clone</b>
<b>eBiosciences</b>	CD3	APC-eFluor780	SK7
	CD4	AF700	OKT4
	FoxP3	PE	236A/E7
	CTLA4	PerCp-eFluor710	14D3
<b>BD biosciences</b>	CCR6	APC	11A9
	CXCR3	BV711	1C6/CXCR3
	Ki67	Pe-Cy7	B56
	CD28	BV605	CD28.2
	PD-1	BV786	EH12.1
	PD-1	BV711	EH12.1
	CD25	PE-Cy7	M-A251
	CD25	BV650	M-A251
	CD278 (ICOS)	BV650	DX29
	CCR4	FITC	205410
<b>Biolegend</b>	CXCR3	BV421	G025H7
<b>Invitrogen</b>	CD45RA	PE-Texas Red	MEM-56

## Supplementary Figure E2

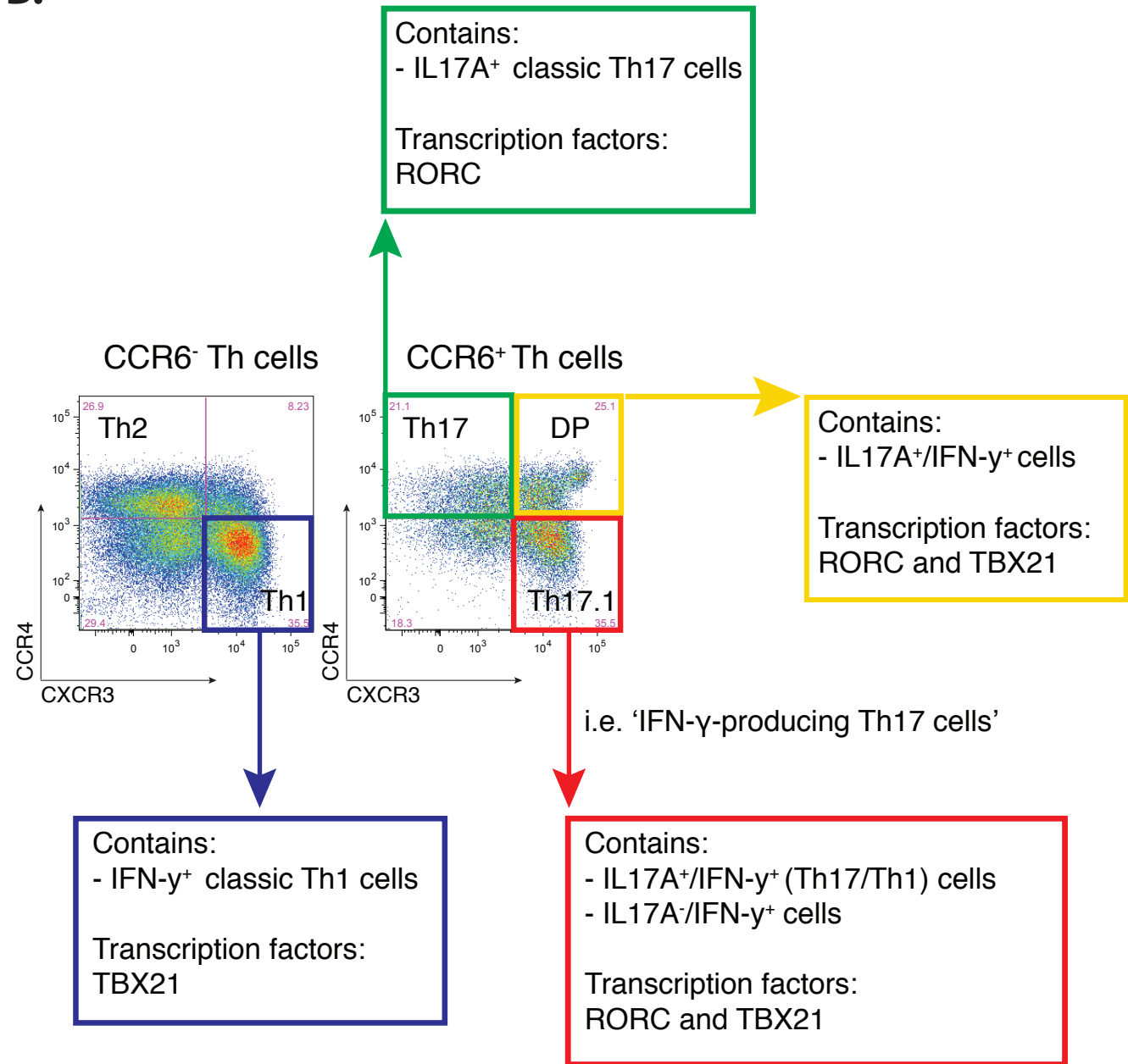
A. Five  $CD3^+CD4^+$  T cell populations were characterized according to CD45RA and intracellular FoxP3 expression[1], i.e.  $CD45RA^+FoxP3^-$  naïve T cells,  $CD45RA^-FoxP3^-$  memory T cells,  $CD45RA^-FoxP3^{int}$  activated (non-suppressive/-regulatory) T cells,  $CD45RA^+FoxP3^{int}$  naïve regulatory T cells and  $CD45RA^-FoxP3^{high}$  activated Tregs. The total memory T cell pool consists of memory T cells plus activated T cells. The total (non-suppressive/-regulatory) T cell pool consists of naïve T cells plus total memory T cells. B. Th cell subsets can be classified according to chemokine-receptor expression[2-6].  $CCR6^-$  memory T cell subsets, including  $CCR4^-CXCR3^+$  Th1 cells and  $CCR4^+CXCR3^-$  Th2 cells; and  $CCR6^+$  T cell subsets, which include  $CCR4^+CXCR3^-$  Th17 cells,  $CCR4^+CXCR3^+$  DP Th cells and  $CCR4^-CXCR3^+$  Th17.1 cells. Th17.1 cells (i.e. IFN- $\gamma$ -producing Th17 cells) contain both IL-17A $^+$ /IFN- $\gamma^+$  (Th17/Th1) cells and IFN- $\gamma$ -single-positive cells.  $CCR6^+CCR4^+CXCR3^+$  DP cells are thought to reflect an intermediate Th17 and Th17.1 cell population[4 5 7], expressing both ROR $\gamma$ t/IL-17A and T-bet/IFN- $\gamma$  in patients with rheumatoid arthritis (RA)[7]. *Abbreviations:* CCR: C-C chemokine receptor, CXCR: CXC chemokine receptor, DP: double-positive, Th: T helper, Treg: regulatory T cells.

# Supplementary Figure E2.

A.



B.



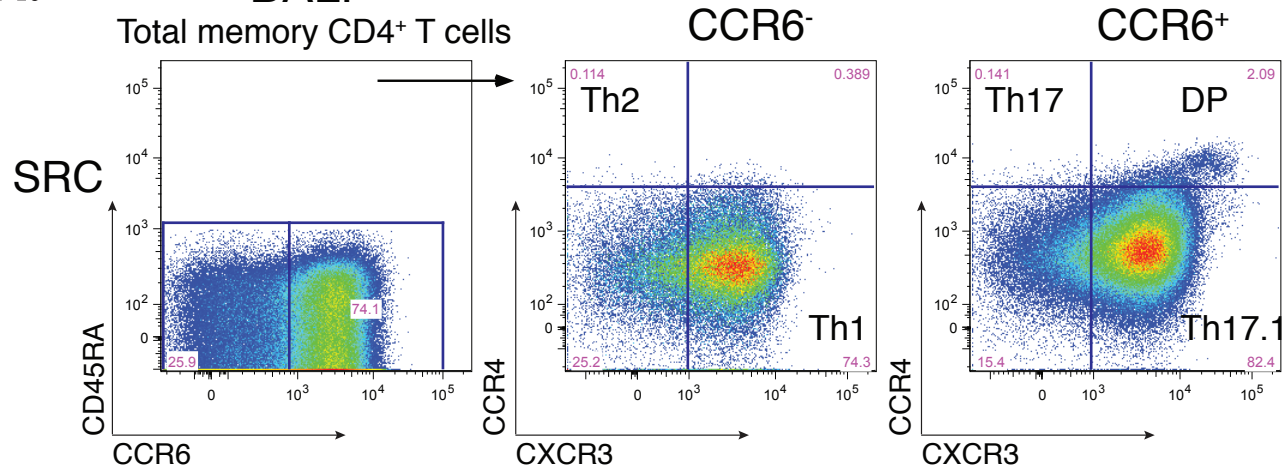
### **Supplementary Figure E3**

Representative flow cytometry analysis of BALF (A) and MLN (B) from one sarcoidosis patient and one control. *Abbreviations:* CCR: C-C chemokine receptor, BALF: broncho-alveolar lavage fluid, MLN: mediastinal lymph nodes, SRC: sarcoidosis, Ctrl: control.

# Supplementary Figure E3.

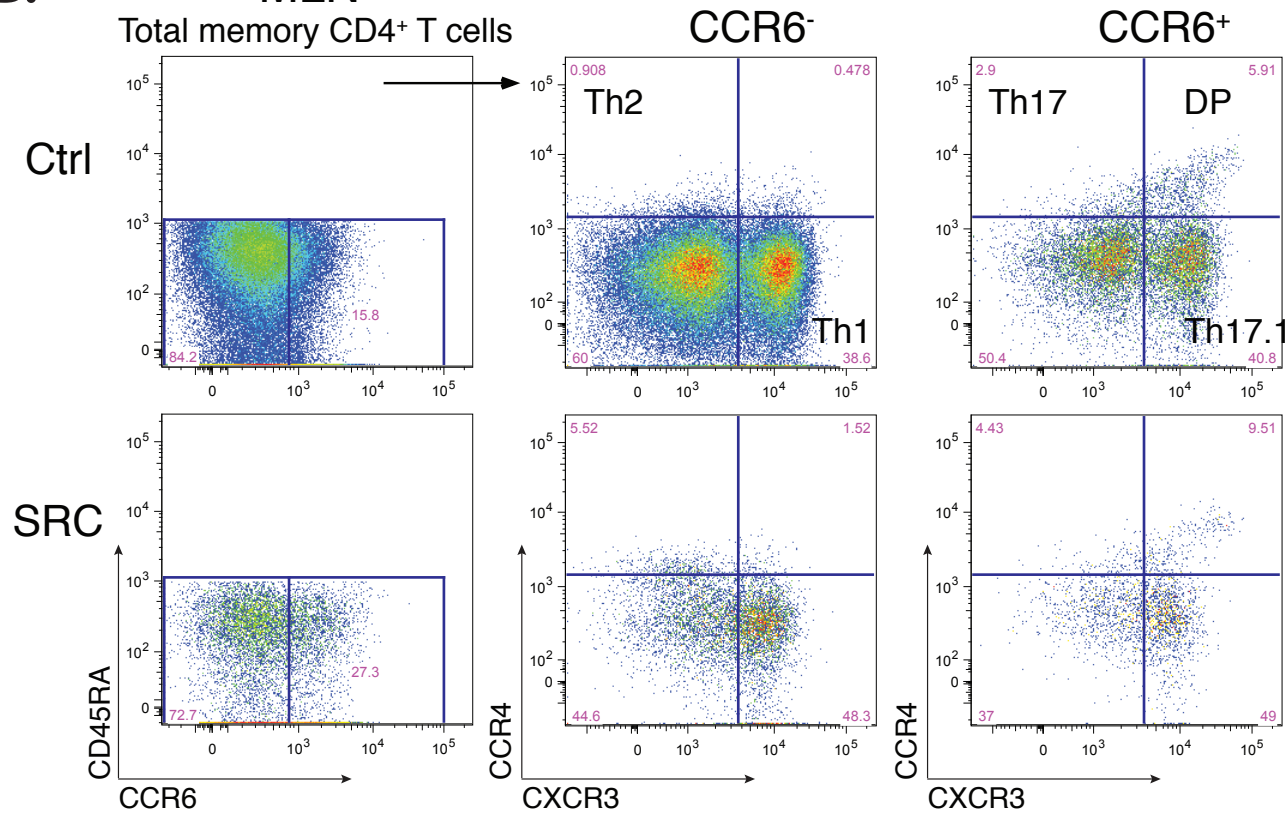
**A.**

**BALF**



**B.**

**MLN**





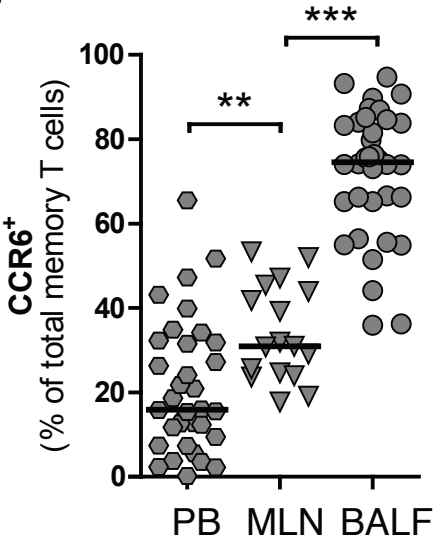
### Supplementary Figure E4

Proportions of total CCR6<sup>+</sup> and Th1 cells were determined in total memory CD4<sup>+</sup> T cells from sarcoidosis PB, MLN and BALF. A-B. Proportions of total CCR6<sup>+</sup> and Th1 cells of total memory CD4<sup>+</sup> T cells.

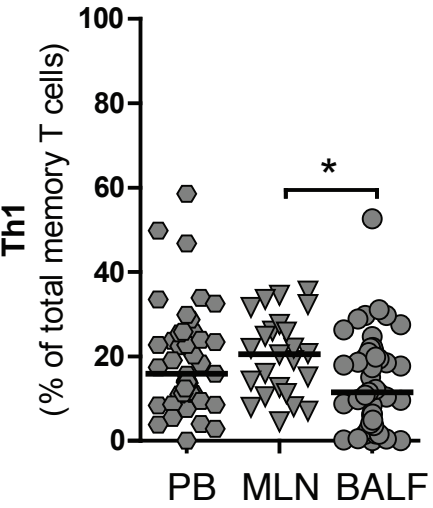
*Statistics:* Horizontal lines indicate median values and significance was determined using a Mann-Whitney U test, \*  $p < 0.05$  \*\*  $p < 0.01$  \*\*\*  $p < 0.001$ . Data are from 34 (PB), 17 (MLN) and 36 (BALF) patients. *Abbreviations:* CCR: C-C chemokine receptor, PB: peripheral blood, MLN: mediastinal lymph nodes, BALF: broncho-alveolar lavage fluid, DP: double-positive, Th: T helper.

Supplementary Figure E4.

A.



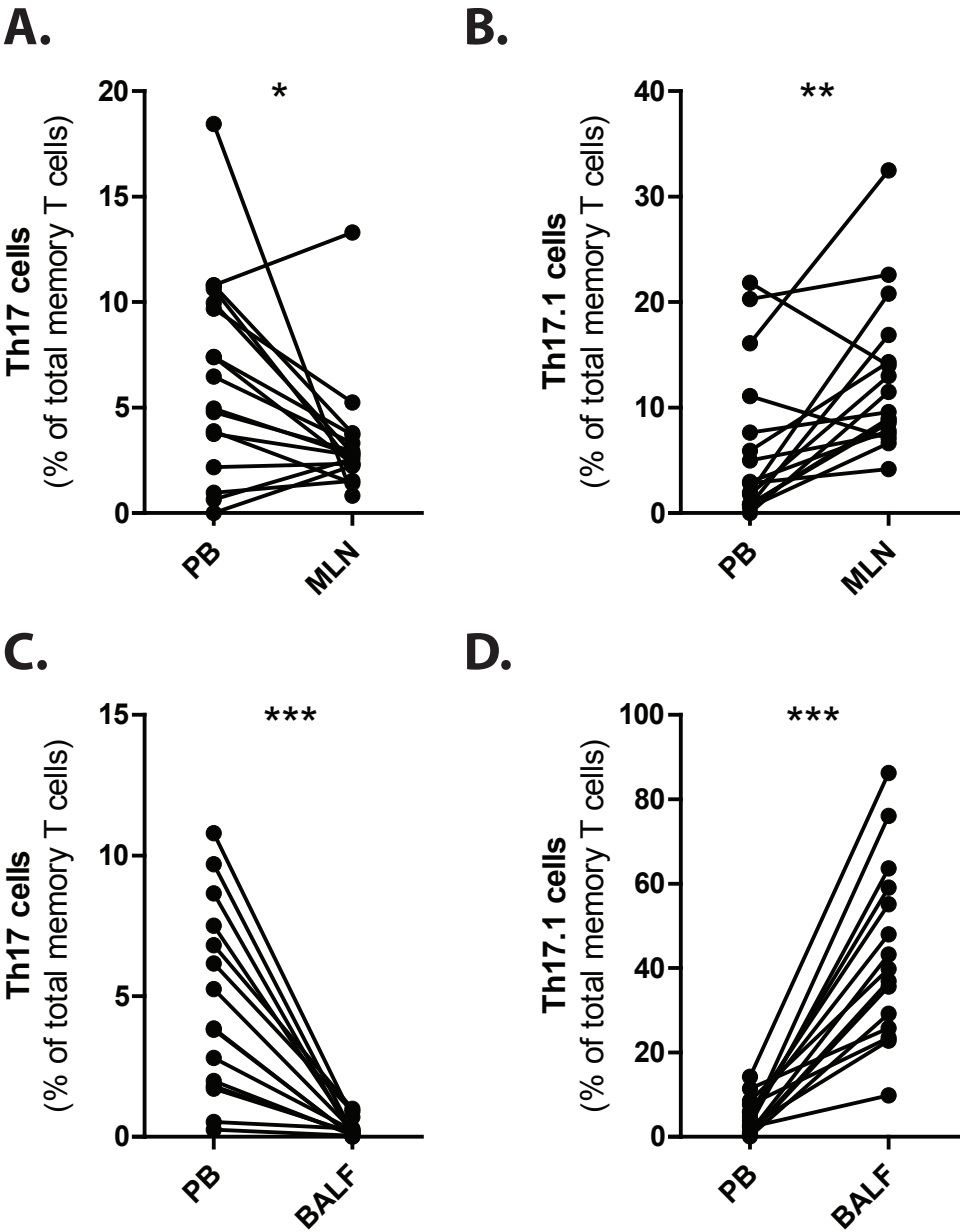
B.



### Supplementary Figure E5

Proportions Th17 and Th17.1 cells were determined in total memory CD4<sup>+</sup> T cells from sarcoidosis patient that donated either both PB and MLN (n=17) or PB and BALF (n=15). A-B. Proportions of Th17 and Th17.1 cells of total memory CD4<sup>+</sup> T cells in PB and MLN of 17 sarcoidosis patients. C-D. Proportions of Th17 and Th17.1 cells of total memory CD4<sup>+</sup> T cells in PB and BALF of 15 sarcoidosis patients. *Statistics:* Significance between median values of paired samples was determined using a Wilcoxon signed rank test, \*  $p < 0.05$  \*\*  $p < 0.01$  \*\*\*  $p < 0.001$ . *Abbreviations:* PB: peripheral blood, MLN: mediastinal lymph nodes, BALF: broncho-alveolar lavage fluid, Th: T helper.

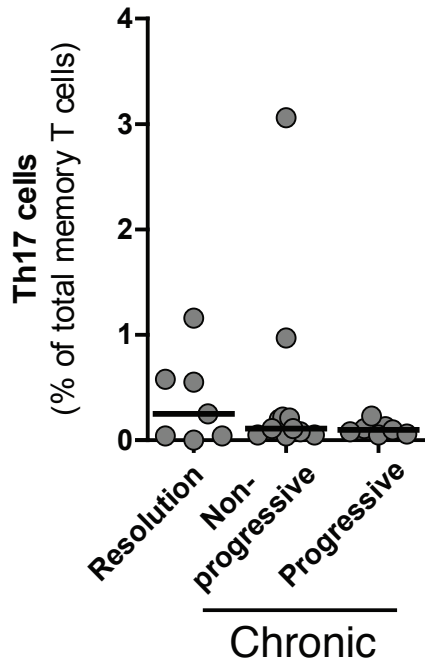
Supplementary Figure E5.



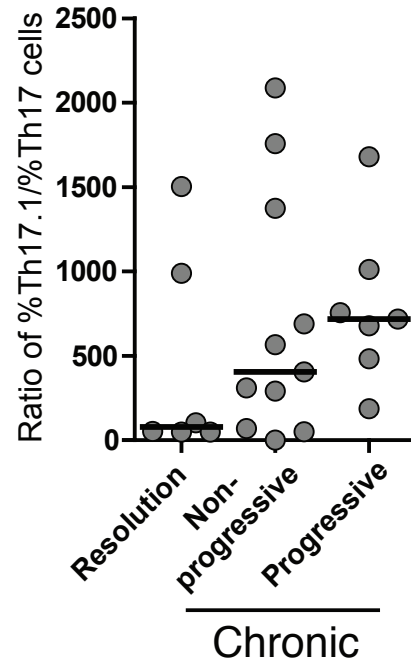
### Supplementary Figure E6

Disease course of a subgroup (n=25) of patients was determined 2 years after study inclusion. Resolution of disease (n=7) was defined by the absence of abnormalities on the chest X-ray and clinical symptoms. Patients with residual abnormalities on chest X-ray, but without need for treatment were designated as non-progressive chronic (n=11); and patients with need for treatment as progressive chronic (n=7)[8]. A. Proportions Th17 cells of total memory CD4<sup>+</sup> T cells at time of diagnosis. B. Ratio of proportions Th17.1 versus Th17 cells. *Statistics:* Data are presented as boxplots and whiskers that show the 10-90 percentile of the data. Significance was determined using a Mann-Whitney U test. *Abbreviations:* BALF: broncho-alveolar lavage fluid, Th: T helper, SRC: sarcoidosis.

**A.**



**B.**



## REFERENCES

1. Miyara M, Yoshioka Y, Kitoh A, et al. Functional Delineation and Differentiation Dynamics of Human CD4<sup>+</sup> T Cells Expressing the FoxP3 Transcription Factor. *Immunity* 2009;**30**(6):899-911
2. Acosta-Rodriguez EV, Rivino L, Geginat J, et al. Surface phenotype and antigenic specificity of human interleukin 17-producing T helper memory cells. *Nat Immunol* 2007;**8**(6):639-46 doi: ni1467 [pii]  
10.1038/ni1467[published Online First: Epub Date] |.
3. Ramesh R, Kozhaya L, McKevitt K, et al. Pro-inflammatory human Th17 cells selectively express P-glycoprotein and are refractory to glucocorticoids. *J Exp Med* 2014;**211**(1):89-104 doi: jem.20130301 [pii]  
10.1084/jem.20130301[published Online First: Epub Date] |.
4. Paulissen SM, van Hamburg JP, Dankers W, Lubberts E. The role and modulation of CCR6<sup>+</sup> Th17 cell populations in rheumatoid arthritis. *Cytokine* 2015;**74**(1):43-53 doi: S1043-4666(15)00057-5 [pii]  
10.1016/j.cyto.2015.02.002[published Online First: Epub Date] |.
5. Lubberts E. The IL-23-IL-17 axis in inflammatory arthritis. *Nat Rev Rheumatol* 2015 doi: nrrheum.2015.53 [pii]  
10.1038/nrrheum.2015.53[published Online First: Epub Date] |.
6. Ramstein J, Broos CE, Simpson LJ, et al. Interferon-gamma-producing Th17.1 Cells are Increased in Sarcoidosis and More Prevalent Than Th1 Cells. *Am J Respir Crit Care Med* 2015 doi: 10.1164/rccm.201507-1499OC[published Online First: Epub Date] |.
7. Paulissen SM, van Hamburg JP, Davelaar N, et al. CCR6(+) Th cell populations distinguish ACPA positive from ACPA negative rheumatoid arthritis. *Arthritis Res Ther* 2015;**17**:344 doi: 10.1186/s13075-015-0800-5  
10.1186/s13075-015-0800-5 [pii][published Online First: Epub Date] |.
8. Prasse A, Zissel G, Lützen N, et al. Inhaled vasoactive intestinal peptide exerts immunoregulatory effects in sarcoidosis. *American journal of respiratory and critical care medicine* 2010;**182**(4):540-48