## Supplemental Figure Legends:

**Fig. S1: Low-dose C57BL/6 donor spleen cells induced autoantibody production and tissue collagen deposition.** Lethally irradiated BALB/c recipients were transplanted with C57BL/6 spleen cells (1.25x10<sup>6</sup>). **A:** 15 and 60 days after HCT, recipient serum samples were tested for presence of autoantibodies by staining recipient-type Rag-2<sup>-/-</sup> BALB/c skin and salivary gland tissues. Representative photomicrographs of GVHD recipient serum autoantibody staining of Rag-2<sup>-/-</sup> skin and salivary gland tissues are shown. Autoantibody staining is shown in green. One representative result is shown from 8 samples evaluated in each group. **B:** 60 days after HCT, skin tissues from GVHD recipients given C57BL/6 donor spleen cells and GVHD-free control TBCD-BM recipients were stained with trichrome for collagen (blue). A representative photomicrograph is shown from 1 of 6 recipients in each group.

**Fig. S2:** Induction of cGVHD in C57BL/6.SJL recipients by transplantation of MHCmatched C3H.SW splenic CD8<sup>+</sup> T and TBCD-BM cells. C57BL/6.SJL recipients were exposed to 1100 cGy TBI and transplanted with CD4<sup>+</sup> and CD44<sup>+</sup> cell-depleted naïve CD8<sup>+</sup> T cell-enriched splenocytes (~ 2 x 10<sup>6</sup> CD8<sup>+</sup> T cells). Recipients were monitored for bodyweight change, diarrhea, hair-loss, and survival. At 15 and 60 days after HCT, serum autoantibody was measured by staining recipient-type Rag-2<sup>-/-</sup> C57BL/6 skin and salivary gland tissues. 60 days after HCT, the percentage of CD4<sup>+</sup>CD8<sup>+</sup> thymocytes and histopathology of colon, jejunum, skin, and salivary gland was evaluated. Recipients showed no signs of diarrhea (data not shown). **A-C**: Percentage of bodyweight changes, hair-loss, and survival. Data are combined from a total of 8 recipients in 2 replicate experiments. **D**. Serum autoantibody staining of Rag-2<sup>-/-</sup> C57BL/6 skin and salivary gland tissues. DAPI staining is shown in blue, and autoantibody staining is shown in green. A representative photo is shown from 1 of 6 recipients in each group. **E**. A

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representative flow cytometry pattern of CD4<sup>+</sup>CD8<sup>+</sup> thymocytes is shown from 1 of 6 recipients in each group. **F.** A representative photomicrograph is shown from 1 of 6 recipients in each group. Arrows indicate: blunting crypts in the colon; loss and blunting of crypts in the jejunum; expansion of dermis and loss of hair-follicles and fat tissues in the dermis; infiltration and destruction of secretory follicles in the salivary gland.

**Fig S3:** Comparison of de novo-generated donor CD4<sup>+</sup> and CD8<sup>+</sup>T cells in mediating cGVHD (supplement for Fig. 6B). Lethally irradiated BALB/c recipients were transplanted with donor CD8<sup>+</sup> T cells (0.5 x10<sup>6</sup>) with TBCD-BM cells (2.5 x10<sup>6</sup>) from CD4<sup>+</sup> T cell- or CD8<sup>+</sup> T cell- deficient C57BL/6 donors. A representative result is shown from 1 of 6 recipients in each group. **A.** A representative flow cytometry pattern of de novo-generated T cells in the recipients given CD4<sup>+</sup> T cell-deficient or CD8<sup>+</sup> T cell-deficient BM cells. **B.** A representative photo of recipients given donor CD8<sup>+</sup> T cells and CD4<sup>+</sup> T cell-deficient or CD8<sup>+</sup> T cell-deficient BM cells. **C.** Serum autoantibody staining of Rag-2<sup>-/-</sup> skin and salivary gland tissues. **D.** Histopathology of skin and salivary gland tissues of recipients given donor CD8<sup>+</sup> T cells and CD4<sup>+</sup> T cell-deficient or CD8<sup>+</sup> T cell-deficient BM cells. **C.** Serum autoantibody staining of Rag-2<sup>-/-</sup> skin and salivary gland tissues. **D.** Histopathology of skin and salivary gland tissues of recipients given donor CD8<sup>+</sup> T cells and CD4<sup>+</sup> T cell-deficient or CD8<sup>+</sup> T cell-deficient or CD8<sup>+</sup>

## Fig. S4: Comparison of anti-CD4 and rat IgG in preventing cGVHD (supplement for Fig.

**6C).** Lethally irradiated recipients were transplanted with donor  $CD8^+$  T cells (0.5 x10<sup>6</sup>) and TBCD-BM cells from wild-type C57BL/6 donors. On 15 and 30 days after HCT, recipients were injected with anti-CD4 mAb or control rat IgG (500µg/mouse). Data were combined from a total of 8 recipients in each group from two replicate experiments. **A.**  $CD4^+$  T depletion and recovery

after anti-CD4 mAb treatment (N=8). **B.** A representative photo of recipients treated with anti-CD4 or control rat-IgG. **C.** Serum autoantibody staining of Rag-2<sup>-/-</sup> skin and salivary gland tissues (N=6). **D.** Representative photomicrograph of histopathology (N=6). Arrows indicate expansion of dermis and loss of fat in the skin, and infiltration and destruction of salivary gland secretory follicles. **E.** Percentage and yield of CD4<sup>+</sup>CD8<sup>+</sup> thymocytes in recipients treated with anti-CD4 mAb or rat IgG (N=6).

Supplemental Figures:



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Fig. S3



