Supplemental Material



Fig. S1. Detailed HLA binding motif analysis. **(a)** proportion of HLA-A2 and -B7 phosphopeptides of given residue length. **(b)** Phosphate position in B7 and A2 phosphopeptides. Residue frequency (%) depicted in combined logoplots and heatmaps for: 41 9-mer HLA-B7 phosphopeptides in this study **(c)**; 164 9-mer phosphopeptides predicted to bind to HLA-B7 where pSer was at P4 (d); 1038 regular non-phosphorylated 9-mer HLA-B7 peptides from the Immune Epitope database (e); five 8-mer (f), twenty-one 10-mer (g) and eleven 11-mer (h) HLA-B7 phosphopeptides identified in this study. Heatmaps denote percentage frequency of residues at each position.



Fig. S2. T-cell memory subset mapping of anti-phosphopeptide responses in healthy donors. Representative FACS-sorted T-cell subset profile of freshly isolated, magnetically enriched CD8 T-cells from peripheral blood of healthy donors (upper panel). 100,000 T-cells from each compartment were cultured with phosphopeptides for 7-days. 7-day ELISpot analysis of each T-cell memory subset reveals level of immunity against each respective phosphopeptide in 3 donors. For Donor 3 we tested reactivity against the non-phosphopeptide.



Fig. S3. Leukemia-associated phosphopeptide-specific immunity is lacking in CLL patients. (a) Example of ELISpot of enriched CD8+ T-cells from a patient with CLL and a healthy donor against selected CLL-associated antigens. (b) Example of responses observed for phosphopeptide antigens (filled) and counterpart non-phosphorylated peptide in a healthy donor.

20

40

SFC/ 10⁶ PBMCs

60

80

0

GFI1-QPR(pS)PGPDYSL



Fig. S4. Deletion (rather than anergy) of anti-phosphopeptide immunity in five patients with CLL. Representative 24-hour ELISpot from enriched CD8 T-cells from a healthy donor (HD) and five patients with CLL who lacked anti-phosphopeptide immunity stimulated in presence or absence of IL-2. Responses to anti CD3 (positive control) and the HLA-B7 restricted phosphopeptide (pNCOA1) was assessed.



Fig. S5. Leukemia-associated phosphopeptide-specific immunity is lacking in AML patients but restored following SCT. ELISpot data for each phosphopeptide between AML patients pre- and post-transplant compared with healthy donors.



Fig. S6. Immunocompetence of patients with AML in complete remission prior to transplantation. Anti-CD3 responses measured by ELISpot among healthy donors (HD) and patients with AML whilst in complete remission pre-transplant

				Stage at					Time to first	Progression free		
Patient	Time Since			presentation			Genetic		treatment	survival after first		
ID	Sample	Age	Sex	(Binet stage)	CD38	Zap-70	aberration	lgVH	(days)	treatment	Timing of sample(s)	Treatment, status
CU 1	800	70			DOC	DOC	Normal		2207	Progressed through	Previously treated, slow progressive	Died, Chl, FC, methylpred, died of
CLLI	890	79		A	PU3	PU3	Normai	UIVI	2387	chlorambucil	disease	disease +4695
CLL2	420	71		А	NEG	NEG	NA	NA	Untreated	Untreated	Untreated	Alive day +506
C 11.2	1010	~			NEC				COF	Progressed 301 days	Linter etc. d	Alive, FCR, transformed to Hodgkins
CLL3	1048	64		А	NEG	NA	NA	NA	685	post first tx	Untreated	ABVD, day +1142
CLL4	945	75		А	NEG	NEG	Normal	М	Untreated	Untreated	Untreated	Alive day +5341
CLL5	688	63		А	NEG	NA	NA	NA	Untreated	Untreated	Untreated	Alive day +1749
C 11 C	500				NEC	NEC	Manual		2224	Diad as to	Prior to first treatment for	Died Childred of disease day, 2467
CLL6	586	86		А	INEG	NEG	Normai	IVI	3334	Died on tx	progressive disease	Died, Chi, died of disease day +3467
CLL7	359	70		А	NEG	NEG	NA	NA	Untreated	Untreated	untreated	Alive, day +1201
C1 1 0	250	67			NEC	NIA	12~	NIA	11.41	Not prograssed	Prior to first treatment for	Alive FCD day 11460
CLLO	339	0/		A	NEG	NA	134	NA	1141	Not progressed	progressive disease	Allve, FCR, day +1400
CLL9	897	78		А	NEG	NEG	Normal	М	Untreated	Untreated	Untreated	Alive day +6133
CU 10	1001	00		c	NIA	NIA	NA	NIA	0	Dortial response	All taken on treatment	Died Chi Odied of disease day (202
CLLIU	1091	89		L	NA	NA	INA	NA	0	Partial response	(chlorambucil)	Died, Chi, ruled of disease day +362
CLL11	540	65		В	NEG	POS	NA	NA	30	Progressed 631 days	Previously treated, progressive	Alive Chi FCO day 1300
										post first tx	disease	Alive, Clii, FCO, uay +1355
											18/2/09 - Prior to first treatment	
CLL12	1064	84		С	NEG	NEG	NA	NA	68	Not progressed	for progressive disease	Alive, Chl/R, day +1129
											6/1/10 - 4 months post treatment	
CLL13	523	63		А	NEG	NEG	NA	NA	Untreated	Untreated	6/1/10 - 4 months post treatment	Alive, day +993
CLL14	579	63		А	POS	NEG	NA	М	Untreated	Untreated	Untreated	Alive day +2708
IgVH, Immunoglobulin Variable Region Mutation status:- Mindicates mutated; UM, unmutated; NA, not assessed;												

NA, Not available; FC, fludarabine+cyclophosphamide; FCR, fludarabine+cyclophopshamide+rituximab; FCO, fludarabine+cyclophopshamide+ofatumumab; Chl, chlorambucil; Chl/R, chlorambucil+rituximab; Methylpred, methylprednisolone

 Table S1. CLL patient characteristics.

AML									Clinical Condition at the		
Patient ID	Age	Gender	Diagnosis and Treatment	Cytogenetics	Transplant History	Samples Analyzed	GvHD	ALC	end of study (12/2012)		
AML1	65	М	AML, ADE x2	monosomy 7	MUD	21 months post SCT	No	1.2	23 months post transplant:		
									Death due to Relapse †		
AML2	67	F	AML, DAx3, CR1	normal	MUD	11 months post SCT	No	1.3	26 months post transplant: In		
									Remission and well		
AML3	64	F	AML DA x2, MIDAC, CR1	FLT3pos	2 Cord Bloods	9 months post SCT	No	1.3	26 months post transplant: In		
									Remission and well		
AML4	67	м	AML MIDAC x3 CR1	normal	Sibling	10 months post SCT	Skin	2.3	10 months post transplant:		
									Relapsed. Patient died 13		
									months post trasnplant		
AML5	62	F	AML, DAX2, MACE	normal	MUD	21 months post SCI	No	1.3	39 months post transplant: In		
AMLE			AMI DA/Musistera DA CB1		MUD	2 months neat CCT	No		2 months next transplant:		
AIVILO	65	M	AIVIL DA/Wyelolarg, DA CRT	normal	WIOD	5 months post SCT	INU	1.5	S months post transplant.		
		-			MUD	7 months post SCT	Gut		25 months post transplant: In		
	54	F	AME, AME IT (ADE 22) CRT	monosomy /	WIOD	7 montins post 301	Gui	0.9	Remission and well		
AMI 8	FC		MDS transformed to AMI [DAx2	normal	MUD	6 months nost SCT	Skin now resolved	1	25 months post transplant: In		
7 IVIEO	50	IVI	MACE MIDACI [ARA-C] CB2	normai	WOD		ORIT HOW TOSONOU	1	Remission and well		
AML9	51	F	MDS no treatment	trisomy 6	Sibling	113 months post SCT	Eves, mouth, skin and	22	131 months post transplant: In		
	51			thisonly o			liver	2.2	Remission and well		
AML10	66	F	AML, [AML 16] [FLAG x2] CR2	normal	MUD	34 months post SCT	Skin and gut	27	46 months post transplant: In		
	00	·		lioindi		·	Ŭ	2.7	Remission and well		
AML11	67	F	AML, [DA x2, MIDAC] [normal	2 Cord Bloods	9 months post SCT	Gut	5.4	27 months post transplant: In		
			FLAG/Myelotarg, FLAG] [FLAG x 2]						Remission and well		
			CR3								
AML12	41	М	AML, DA x 2, MIDAC, CR1	normal	Sibling	15 months post SCT	Skin	1.8	31 months post transplant: In		
									Remission and well		
MUD, matche	d unrelate	ed donor; AD	E, Ara-C, daunorubicin, etoposide; FLAG,	fludarabine, Ara-C,	idarubicin; DA, daunorut	bicin, Ara-c; MIDAC; amsa	crine, Ara-C, etoposide, m	itozantro	ne; CR = complete remission.		
(CR1,2,3 = 1st 2nd or 3rd CR). ALC = absolute lymphocyte count (x10 ⁹ /L)											

 Table S2. AML patient characteristics.

Supplementary Methods