

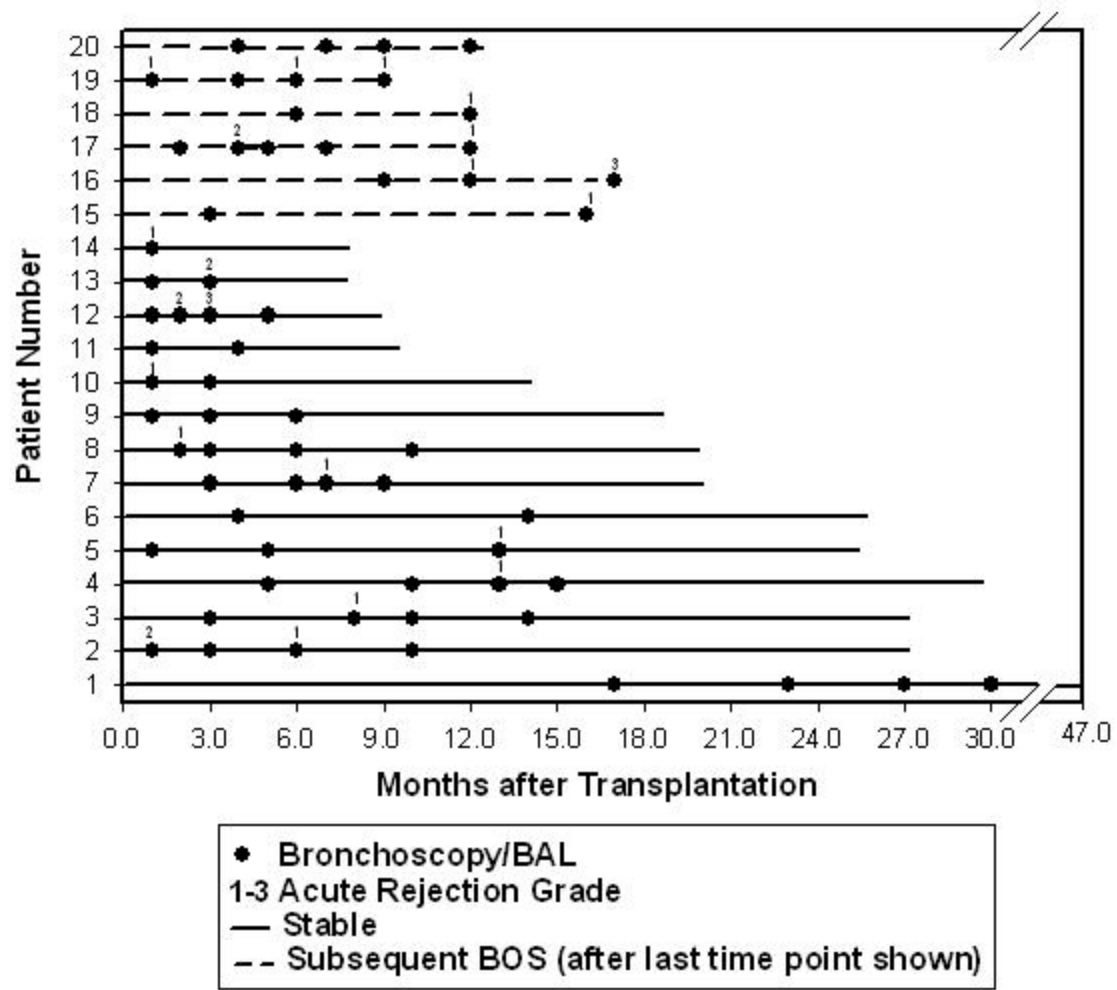
approximately 1 year post-transplantation in stable patients versus BOS patients (before development of BOS) were averaged in each group and displayed as median and interquartile ranges. D. The protein level of CCL22 from the all BAL samples from each stable or BOS patient prior to development of BOS were averaged and a single value was used per patient. Results represent the median and the interquartile ranges of this value in all stable versus all BOS patients.

Figure 3. A threshold value of 3.2% for BAL FoxP3⁺ cells among CD4⁺ cells is associated with the development of, versus freedom from, BOS. The composite level of BAL CD4⁺FoxP3⁺ percentages was assessed for both the stable patients and the BOS patients prior to BOS development. A threshold level of 3.2% was identified to distinguish the two groups with respect to the subsequent development of BOS.

Figure 4. Increased proportion of CD4⁺FoxP3⁺ cells during AR correlates with lower incidence of BOS. **A.** The percentages of FoxP3-expressing cells among CD4⁺ cells were assessed in blood and BAL obtained from patients at the time of AR episodes and compared to samples obtained from patients who did not develop AR episodes. **B.** The percentages of FoxP3-expressing cells among CD4⁺ cells in BAL during episodes of AR were compared in patients who resolved the AR and reverted to a stable phenotype versus those who developed BOS.

Supplemental Figure 1. Time course of patient follow up and AR episodes. For each patient, the duration of clinical follow up after lung transplantation, the timing of each

bronchoscopy and the time of diagnosis of AR episodes with their grade is shown. In the BOS group, BOS was diagnosed at the last time point shown in this figure.



Supplemental Figure 1