

188 **SUPPLEMENTARY FIGURE LEGENDS**

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191 **Figure E1: Abundance of CD4⁺GATA3⁺ Th2 cells in IgG4-RD patients**

192 (A) Representative plot for GATA-3 expression in CD4⁺CD45RA⁻ gated cells from

193 patients with IgG4-RD compared with a healthy control.

194 (B) The frequency of CD4⁺GATA-3⁺ TH2 cells in atopic and non-atopic subsets of IgG4-

195 RD subjects compared to healthy controls (p-values for unpaired t-tests are shown; error

196 bars represent the standard deviation).

197 **Figure E2. Expanded CD4⁺CD27⁻CD62L⁻ cells are CD45RO⁺**

198 CD45RO levels on CD4⁺CD27⁻CD62L⁻ from 4 index patients P2, P12, P19 and P25

199 **Fig E3: Abundance of regulatory T cells in peripheral blood of IgG4-RD patients**

200 The numbers of CD4⁺CD45RO⁺CD39⁺CD25⁺Foxp3⁺ Treg cells in peripheral blood of IgG4-RD

201 subjects. P values are based on the Mann-Whitney test.

202 **Figure E4. In vitro culture of CD4⁺ CTLs from PBMCs of an IgG4-RD subject**

203 Flow-sorted CD4⁺SLAMF7⁺ CTLs from an IgG4-RD patient were stimulated with anti-

204 human CD3 and anti-human CD28 beads in presence of recombinant human IL-2 (20

205 ng/mL) and their phenotype was checked after 2 weeks of culture.

206 **Figure E5: CD4⁺ CTLs show surface expression of CD8 α**

207 Gating strategy to depict the CD8 α expression on CD4⁺T-bet⁺ CTLs from a

208 representative patient (P25).

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210 **Figure E6. CD4⁺ CTLs from IgG4-RD patients are functional killer cells**

211 The cytotoxicity of in vitro expanded CD4⁺ CTLs derived from two subjects (P11 and

212 P31) and CD4⁺CD45RO⁺ cells derived from a healthy control against an allogeneic EBV-

213 transformed B cell target cell line was measured after 12 hours of co-culture with or

214 without anti-CD3 (10 μ g/mL) using Annexin V staining at varying CD4⁺ CTL: target
215 ratios.

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217 **Figure E7. The TCR V β repertoire of expanded T_{EM} cells in IgG4-RD**

218 **(A)** Cumulative distribution of clone frequencies in CD4⁺ T_{EM} cells from the 4 IgG4-RD subjects
219 and 4 healthy controls in (A). The minimum number of clones accounting for 10% (D10) and 50%
220 (D50) of the clonal diversity are shown in the table below.

221 **(B)** Flow cytometry gating scheme used to validate the dominant expanded T_{EM} clones identified
222 by next-generation sequencing (subject P25 shown).

223 **(C)** V β -specific antibodies were used to compare the frequencies of the dominant T_{EM} clones
224 identified in subjects P25, P28 and P31, marked with a red boundary in (A), with the background
225 frequencies found in controls and non-T_{EM} cells in the respective patients.

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228 **Figure E8. Increased frequency of CD4⁺SLAMF7⁺ CTLs in peripheral blood of IgG4-
229 RD patients**

230 Frequency of total CD4⁺SLAMF7⁺ CTLs in IgG4-RD subjects (n = 101) compared to
231 healthy controls (n = 35). **Mann-Whitney test, p < 0.05.

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233 **Figure E9: Abundance of CD4⁺SLAMF7⁺ CTLs in atopic vs non-atopic IgG4-RD
234 patients**

235 The frequency of CD4⁺SLAMF7⁺ CTLs in atopic and non-atopic subsets of IgG4-RD
236 subjects compared to healthy controls (p-values for unpaired t-tests are shown; error
237 bars represent the standard deviation).

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240 **Figure E10. Expansion of CD4⁺SLAMF7⁺ CTLs in disease lesions of IgG4-RD**
241 **subjects.**

242 **(A)** Immunofluorescence staining of CD4⁺SLAMF7⁺ CTLs in the affected tissues of IgG4-
243 RD subjects (lacrimal gland biopsy from P3, lymph node biopsy from P11,
244 submandibular salivary gland P25, laryngeal biopsy from P27, nasal palate biopsy from
245 P31, retroperitoneal biopsy from P40 and nasal septum biopsy from P43). CD4 (red),
246 DAPI (blue) and SLAMF7 (green) staining are shown.

247 **(B)** Immunofluorescence staining of an affected submandibular salivary gland from an
248 IgG4RD subject (P25) for CD4, Vβ17 (red) and SLAMF7 (green) shown both individually
249 and as an overlay.

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251 **Figure E11. CD4⁺SLAMF7⁺ CTLs express granzyme A in disease lesions of IgG4-**
252 **RD subjects.**

253 **(A)** Immunofluorescence staining for granzyme A on CD4⁺SLAMF7⁺ CTLs in the affected
254 tissues of IgG4-RD subjects (lymph node biopsy from P11, nasal palate biopsy from
255 P31, retroperitoneal biopsy from P32). CD4 (red), DAPI (blue), SLAMF7 (green) and
256 Granzyme A (magenta) stainings are shown.

257

258 **Figure E12. Expanded CD4⁺ CTLs clones from IgG4-RD patients secrete IFN-γ**

259 Intracellular staining for IFN-γ and IL-4 in expanded clones of CD4⁺ CTLs identified using
260 Vβ and T-bet staining from two IgG4-RD patients after restimulation with PMA (100
261 ng/mL) and ionomycin (100 ng/mL).

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265 **Figure E13. Expanded CD4⁺ CTLs from IgG4-RD patients secrete IL-1 β .**

266 IL-1 β -producing CD4⁺ cells in the tissues of IgG4-RD subjects and controls. CD4
267 (red), DAPI (blue) and IL-1 β (green) staining are shown.

268 **Figure E14. Expanded CD4⁺ CTLs from IgG4-RD patients secrete TGF- β 1**

269 TGF- β 1-producing CD4⁺GzmA⁺ cells in the salivary gland tissues of 5 IgG4-DS subjects
270 and 5 controls (SS patients). CD4 (red), TGF- β 1(white), DAPI (blue) and Granzyme A
271 (green) staining are shown.

272 **Figure E15. The rituximab target CD20 is not expressed on CD4⁺ SLAMF7⁺ CTLs**

273 Flow cytometry revealed no detectable CD20 on CD4+CTLs. Three subjects (P25, P27
274 and P49 are shown).

275 **Figure E16. Expansion of CD4⁺SLAMF7⁺ CTLs in subjects with systemic sclerosis.**

276 Expansion of CD4⁺SLAMF7⁺ CTLs in patients with systemic sclerosis (n = 17).
277 Patients with diffuse scleroderma (n = 8) and limited scleroderma (n = 9) are also
278 shown separately. Boxplots display the 25th to 75th percentiles. P values are
279 based on the Mann-Whitney test.

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**SUPPLEMENTARY TABLE E1:
Clinical features of scleroderma patients studied.**

Type	Time since diagnosis	Organ involvement	Treatment	Serologies
Diffuse	40 months	Raynaud's, interstitial lung disease, skin	Mycophenolate mofetil	ANA (pattern unknown), RNP, Scl70
Diffuse	12 months	Skin, esophageal dysfunction, GERD, sclerodactyly	Hydroxychloroquine	ANA (speckled), Ro, La
Limited	120 months	Raynaud's, cutaneous & lingual telangiectasias, digital ulcers, bowel hypomotility	Calcium channel blockers, sildenafil	ANA (centromere)
Diffuse	108 months	Erosive synovitis (RA), sclerodactyly, telangiectasias, myopericarditis, restrictive lung disease	Methotrexate	ANA (nuclear), Ro, RF, CCP
Limited	126 months	Raynaud's, gastric antral vascular ectasia, facial telangiectasias, microscopic colitis	None	ANA (centromere)
Limited	84 months	Raynaud's, esophageal dysfunction, GERD	None	ANA (centromere), dsDNA (low titer)
Diffuse	36 months	Raynaud's, sclerodactyly, interstitial lung disease, inflammatory myopathy	Glucocorticoids, azathioprine	ANA (nucleolar)
Diffuse	60 months	Interstitial lung disease, mild pulmonary hypertension, skin thickening, sclerodactyly, capillary loop dropout	None	ANA (speckled)
Limited	180 months	Raynaud's, facial telangiectasias	Hydroxychloroquine	ANA (centromere)
Limited	36 months	Interstitial lung disease, GERD		ANA (centromere)
Limited	132 months	morphea, secondary Sjogren's	None	ANA (centromere)
Limited	24 months	Raynaud's, cutaneous telangiectasias	None	ANA (centromere)
Limited	Unknown	Raynaud's, narrowing of oral aperture, sclerodactyly	None	ANA (speckled)
Diffuse	4 months	Skin thickening	Methotrexate	ANA (homogeneous)
Limited	84 months	Raynaud's, calcinosis cutis, telangiectasias, esophageal dysmotility	None	ANA (centromere)

Diffuse	24 months	Diffuse skin thickening, sclerodactyly, Raynaud's, hypopigmentation, gastrointestinal dysmotility, diffuse rash, photosensitivity, alopecia,	Hydroxychloroquine, prednisone, azathioprine	ANA (pattern unknown)
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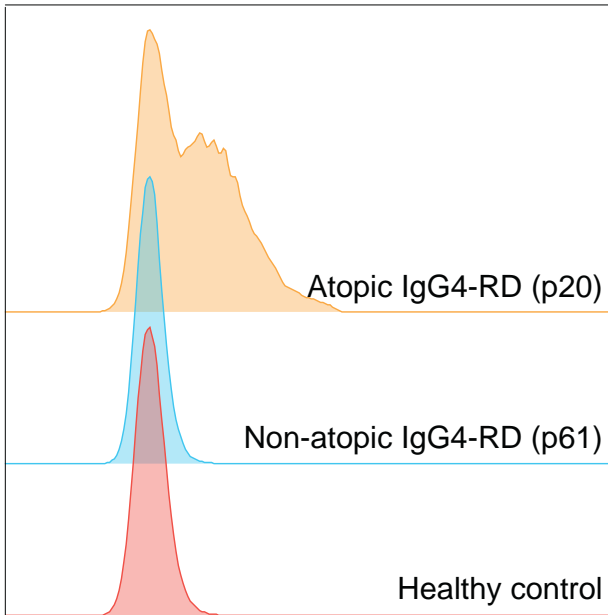
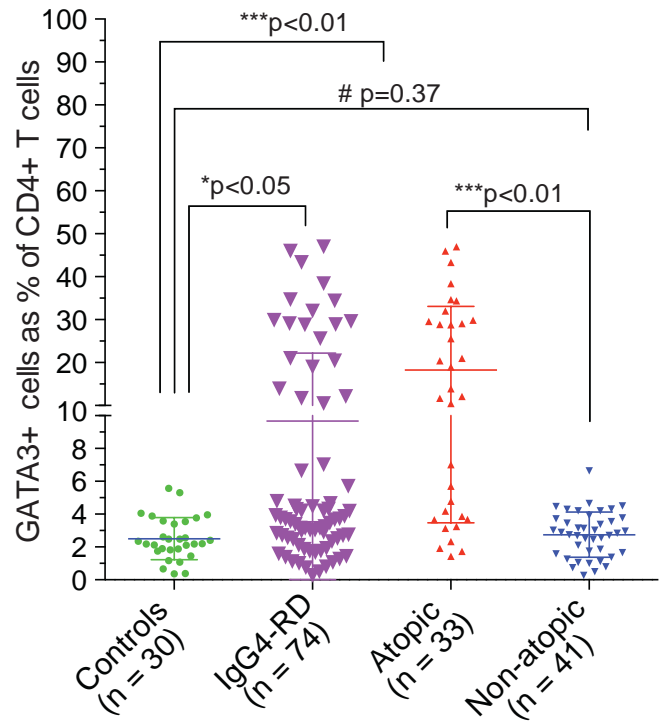
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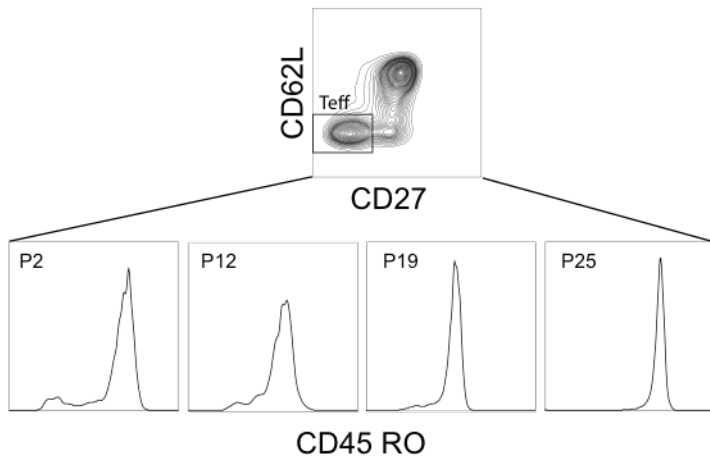
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Supplementary table E2. Categorization of IgG4-RD patients into Atopic vs Non-atopic.

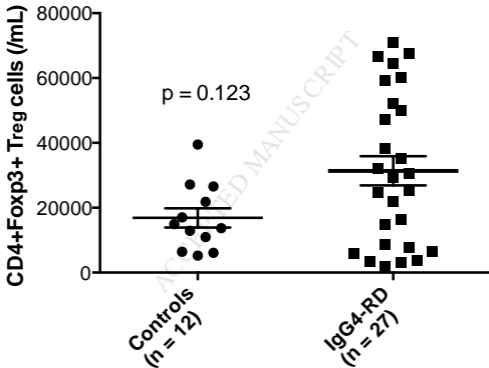
	Atopic patients (n=33)	Non-atopic patients (n=41)	All patients (n=74)
Mean age in years (range)	57.9 (30-84)	62.75 (33-88)	60.6 (30-88)
Male / Female ratio	2.3	1.732	2.1
Atopic symptoms, n (%)			
Rhinitis	18 (55%)		
Conjunctivitis	5 (7%)		
Asthma	9 (27%)		
Hives	3 (12%)		
Oral allergic syndrome	1 (3%)		
Eczema	2 (6%)		
Hay fever	2 (6%)		
Anaphylaxis	0		
Laboratory analysis, mean (range)			
Eosinophils (cells/mL) (< 500 cells/ μ L)	615 (40-1850)	316 (10-2000)	445 (10-1850)
Serum IgE (IU/mL) (< 100 IU/mL)	446 (5-1860)	236 (5-4570)	333 (5-1860)
Serum IgG4 (mg/dL) (< 121 mg/dL)	716 (11-4780)	273 (3-2200)	471 (3-4780)
Eosinophilia	(15/33)(45%)	(7/41)(17%)	(22/74)(17%)
Elevated IgE	(20/33)(61%)	(6/41)(15%)	(26/74)(15%)
Elevated IgG4	(26/33)(79%)	(12/41)(29%)	(38/74)(29%)

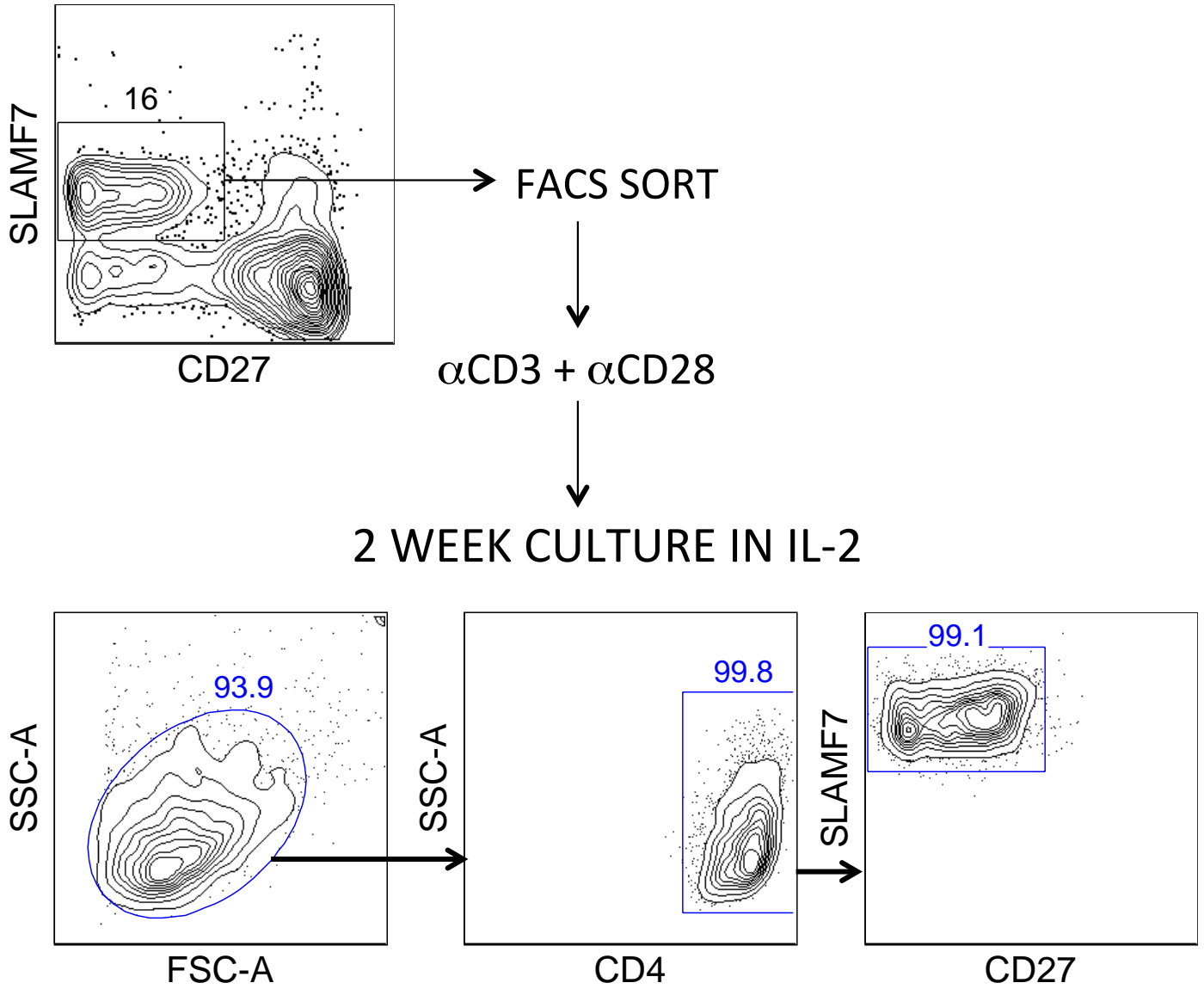
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A**CD4+CD45RA- gated****B****GATA-3+ Th2 cells**

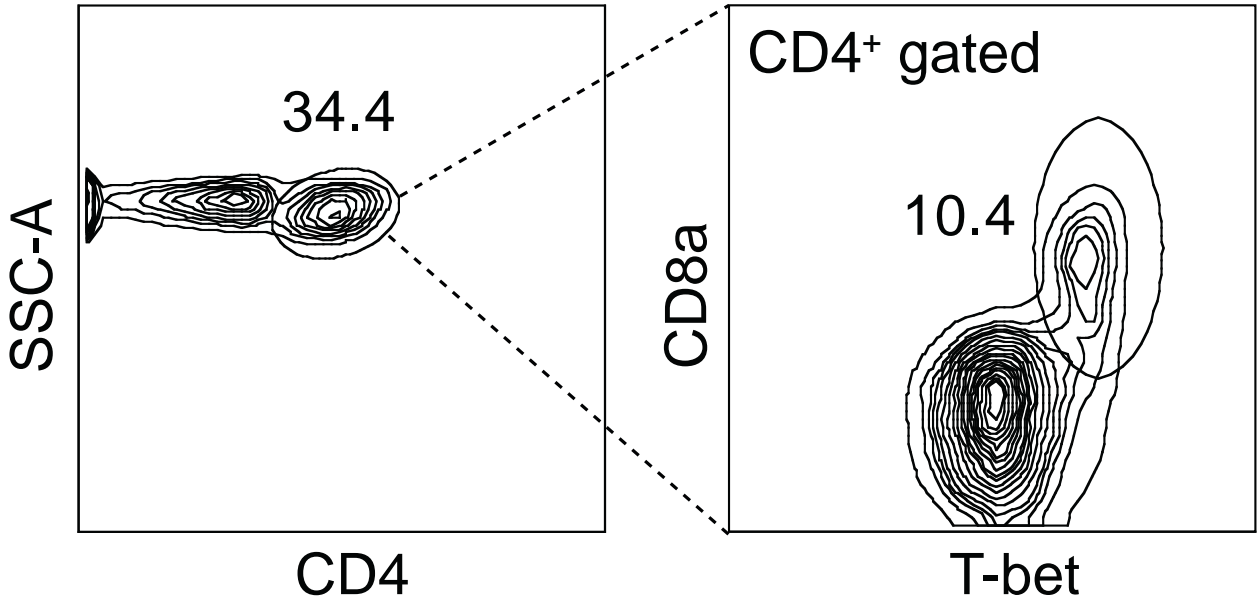


Treg (cell counts)

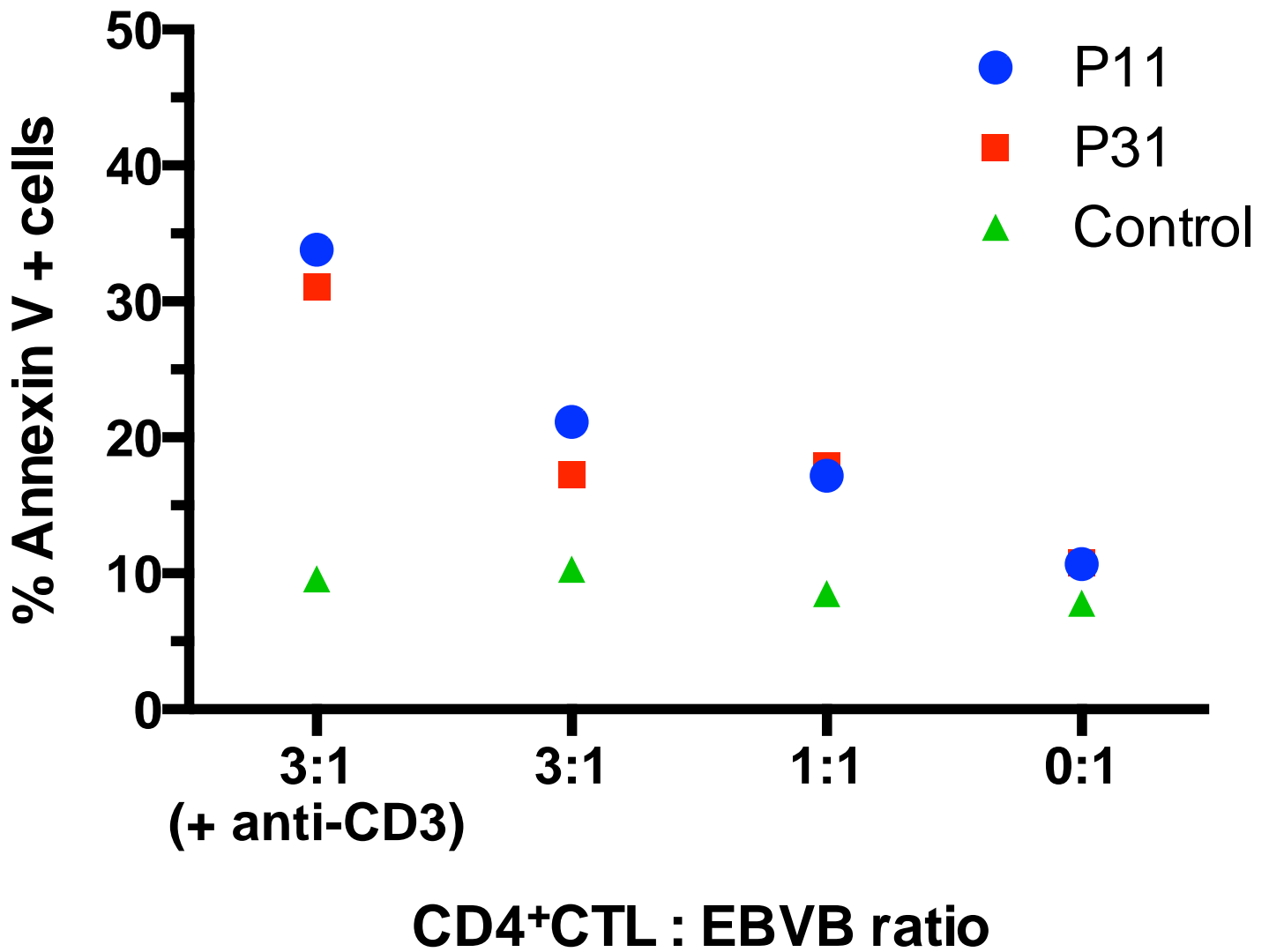


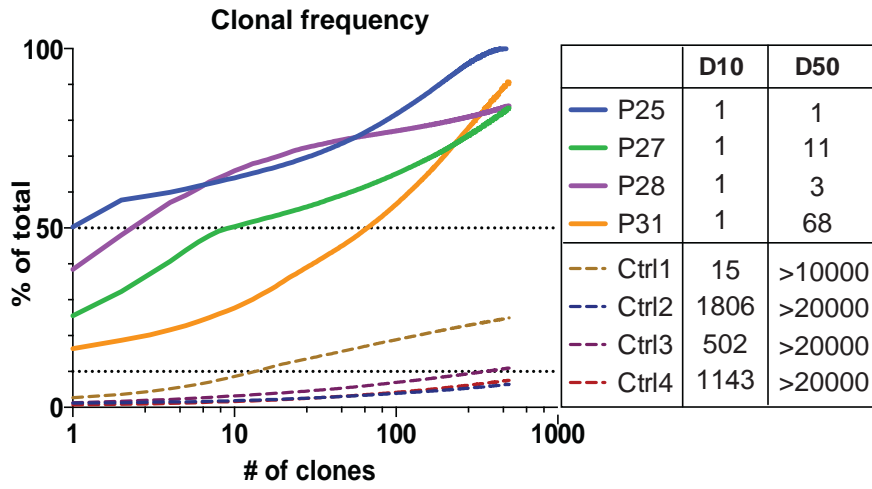
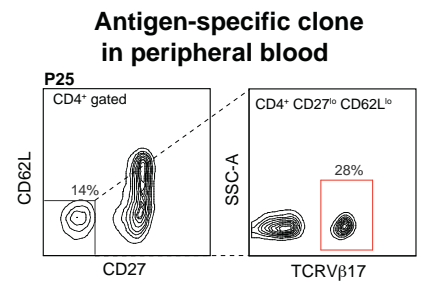
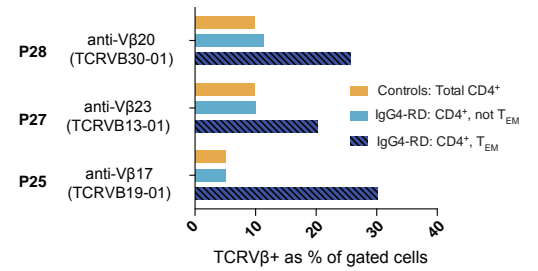


~ 50 FOLD INCREASE IN CELL NUMBER

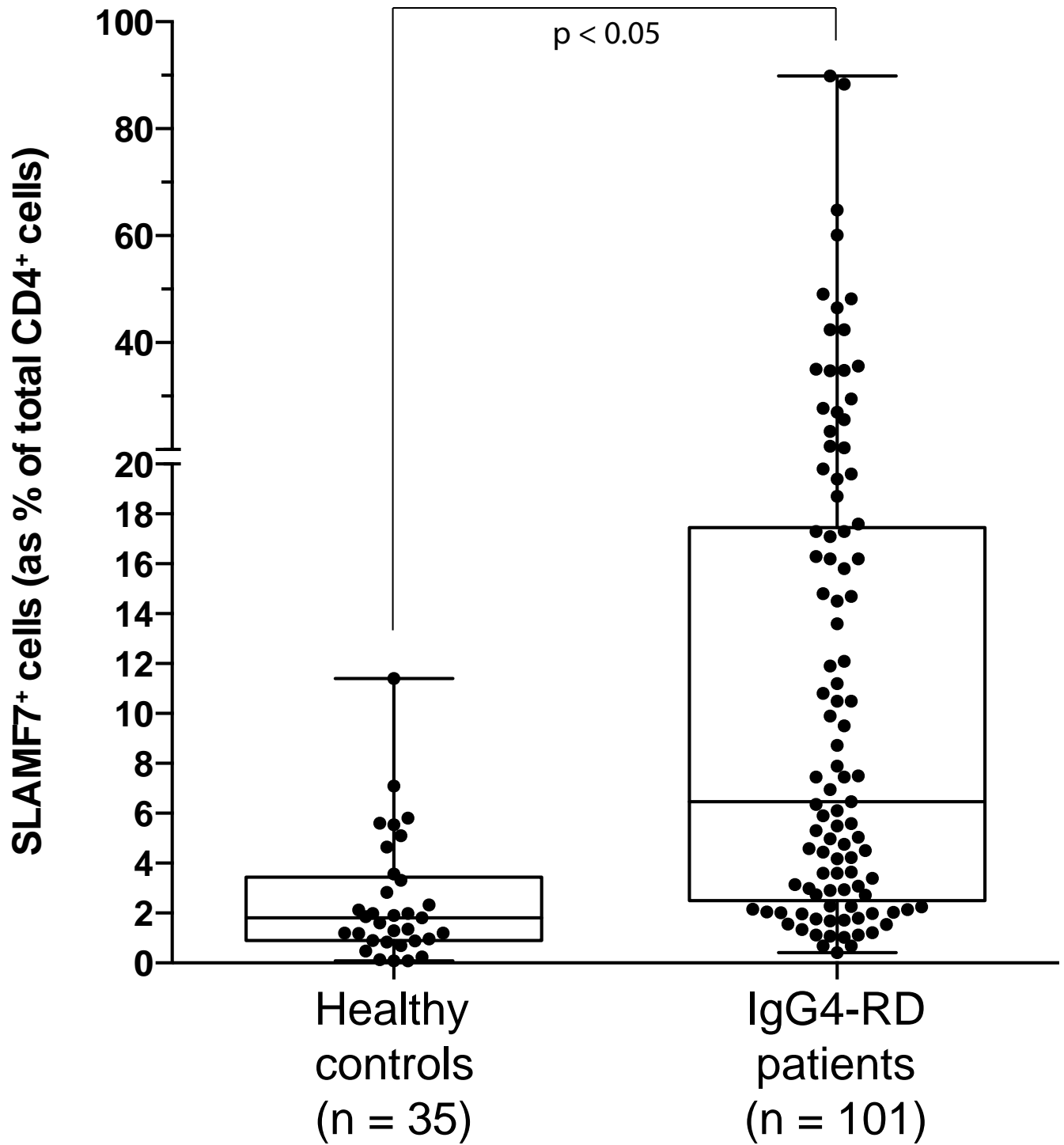


CD4⁺CTL Killing assay

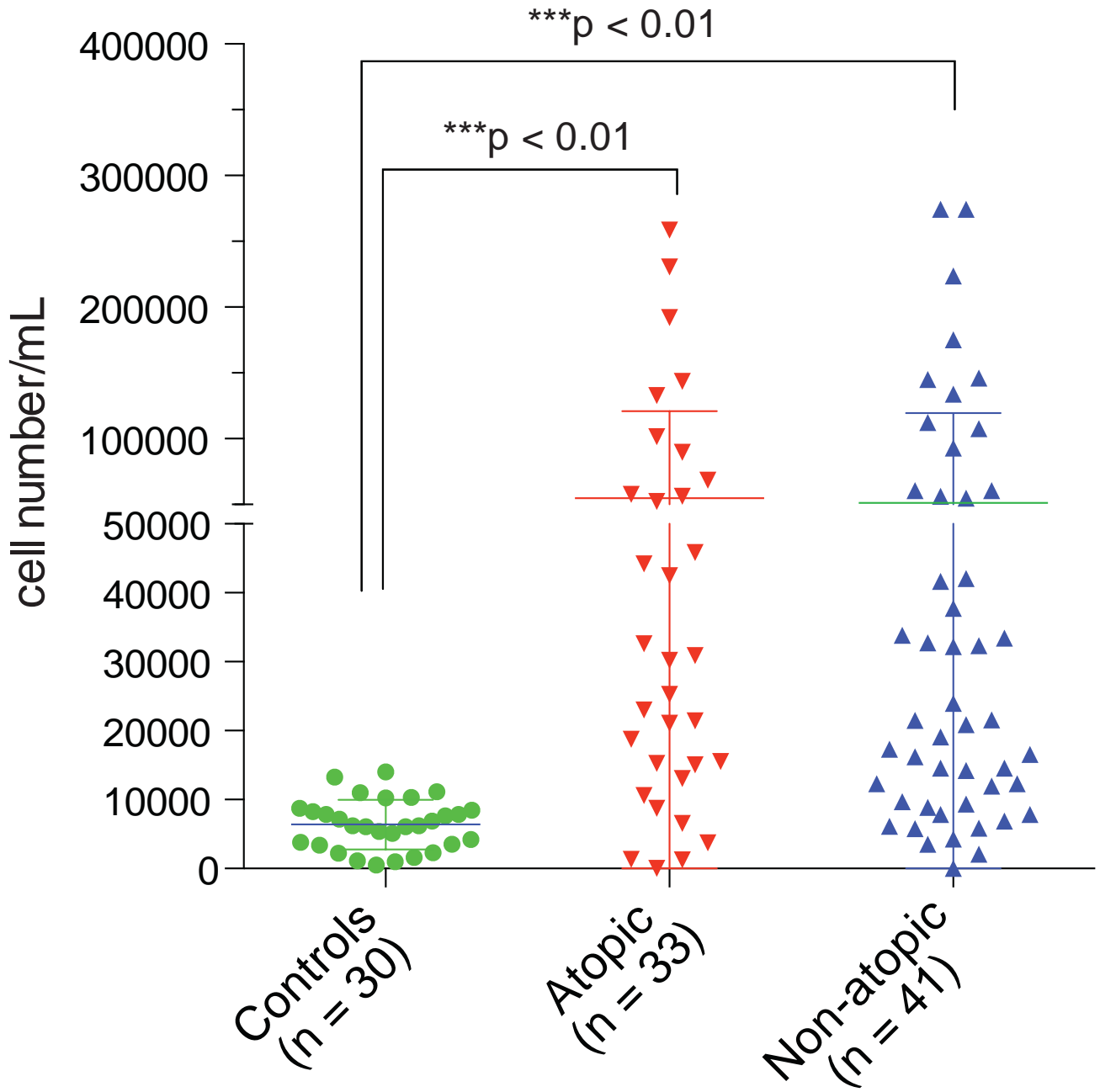


A**B****C**

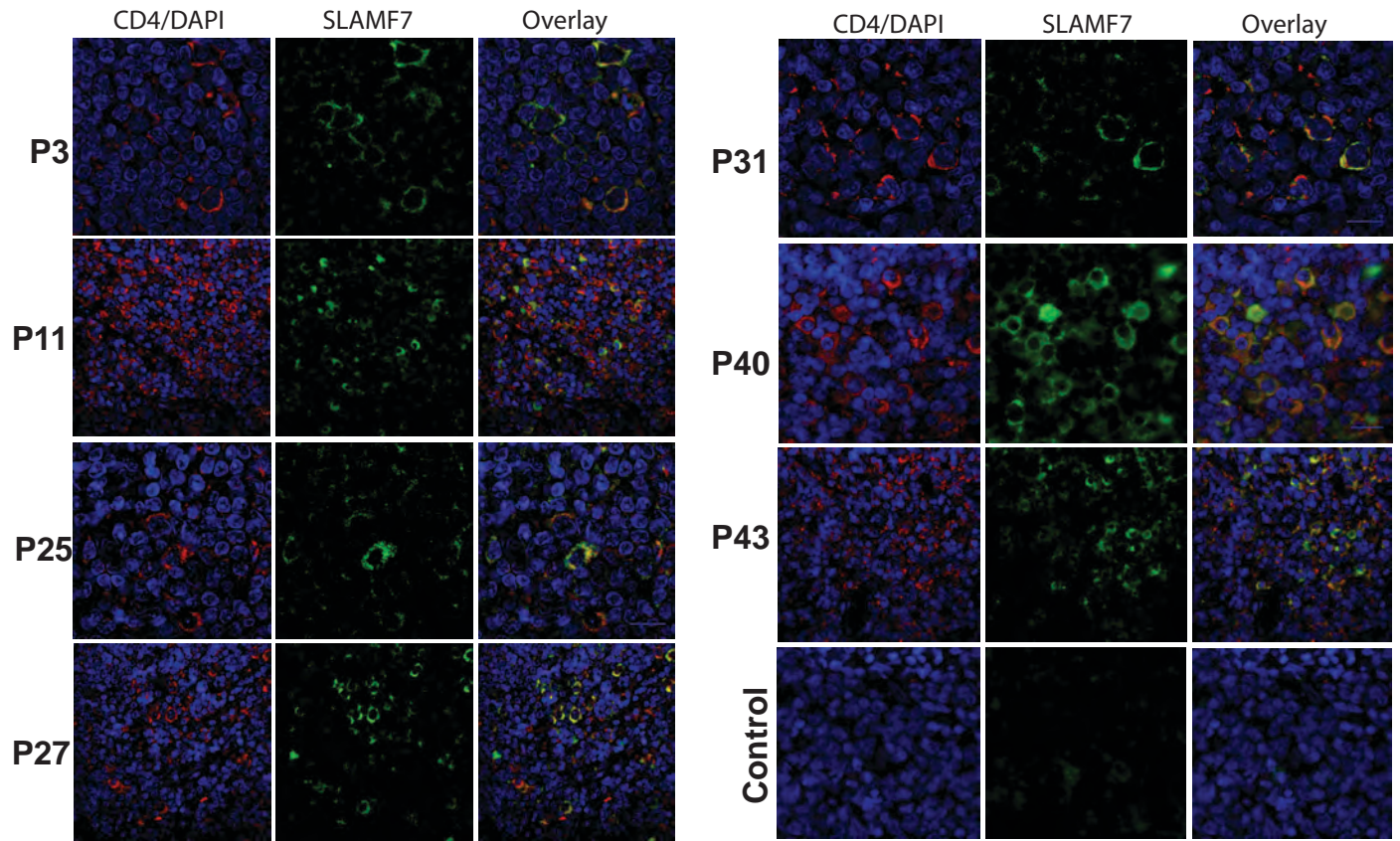
SLAMF7⁺ (% of total CD4⁺)



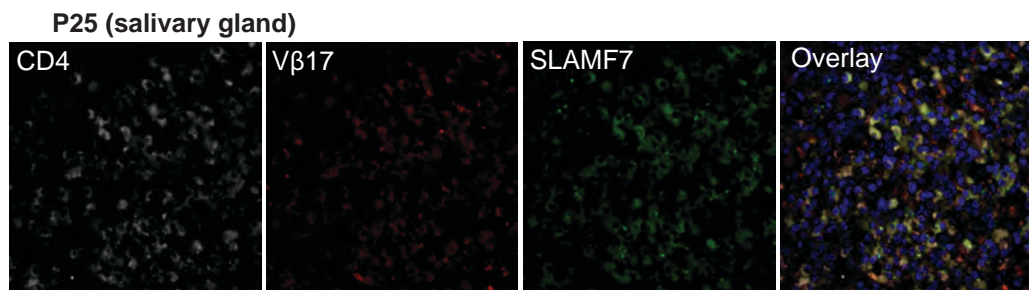
CD4+ CTL cell counts

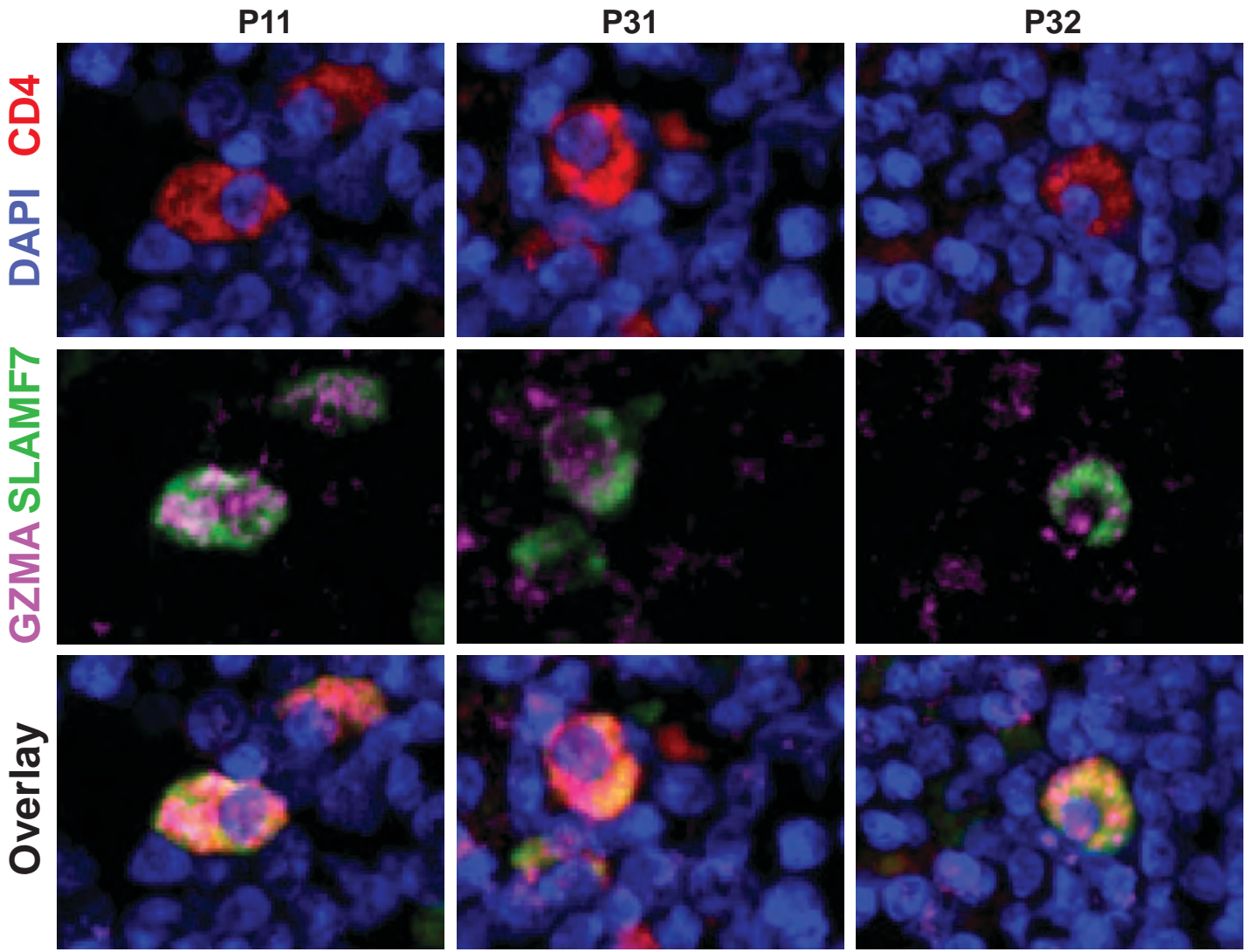


A



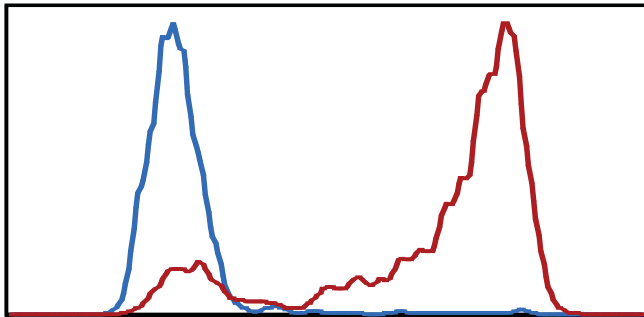
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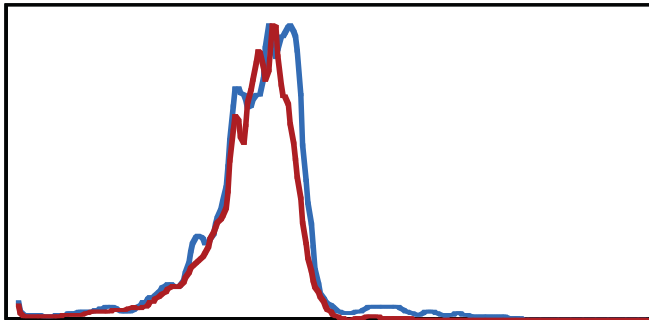


— T-bet^{-ve}

#P25 CD4⁺ TCR-Vβ17⁺



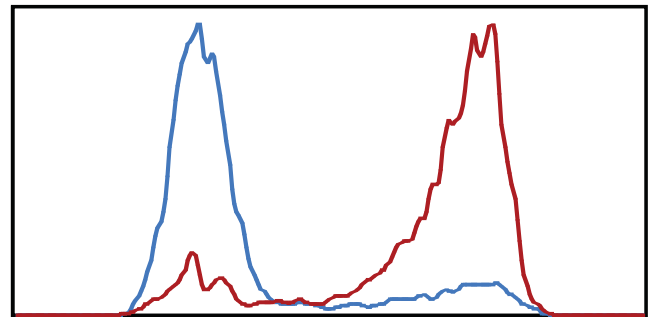
IFN -γ



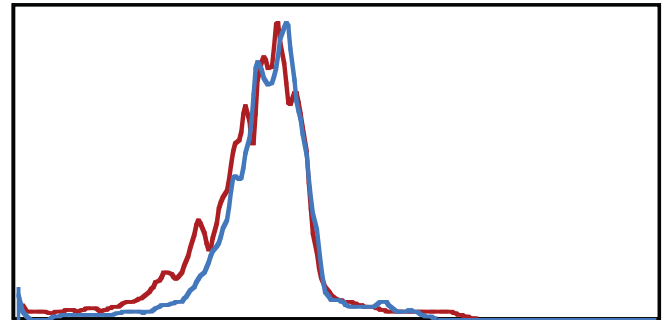
IL-4

— T-bet^{+ve}

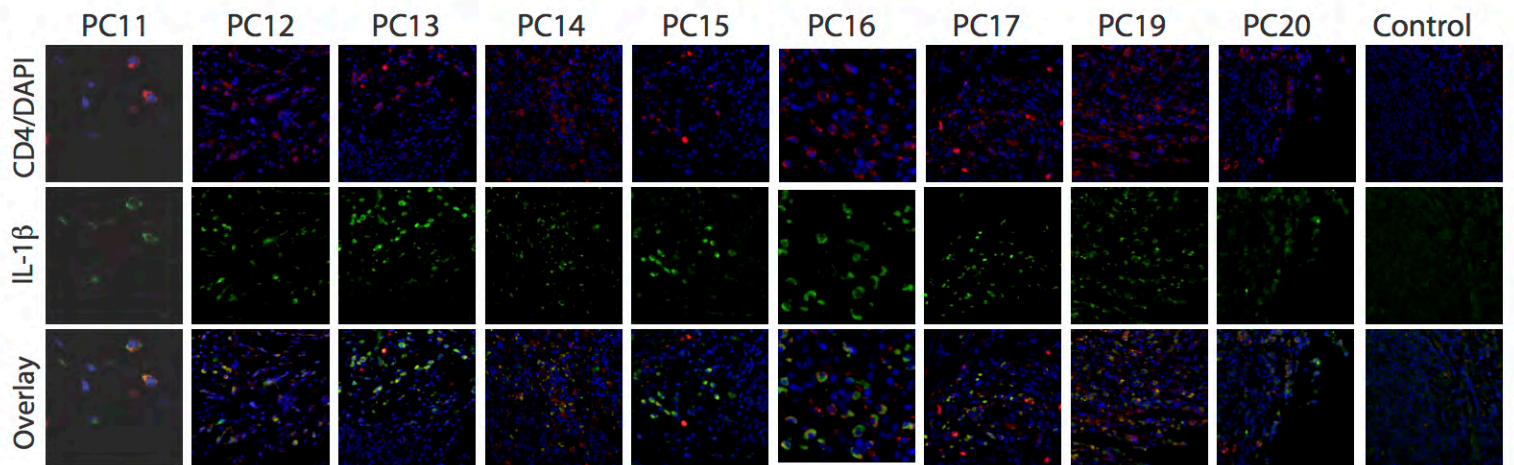
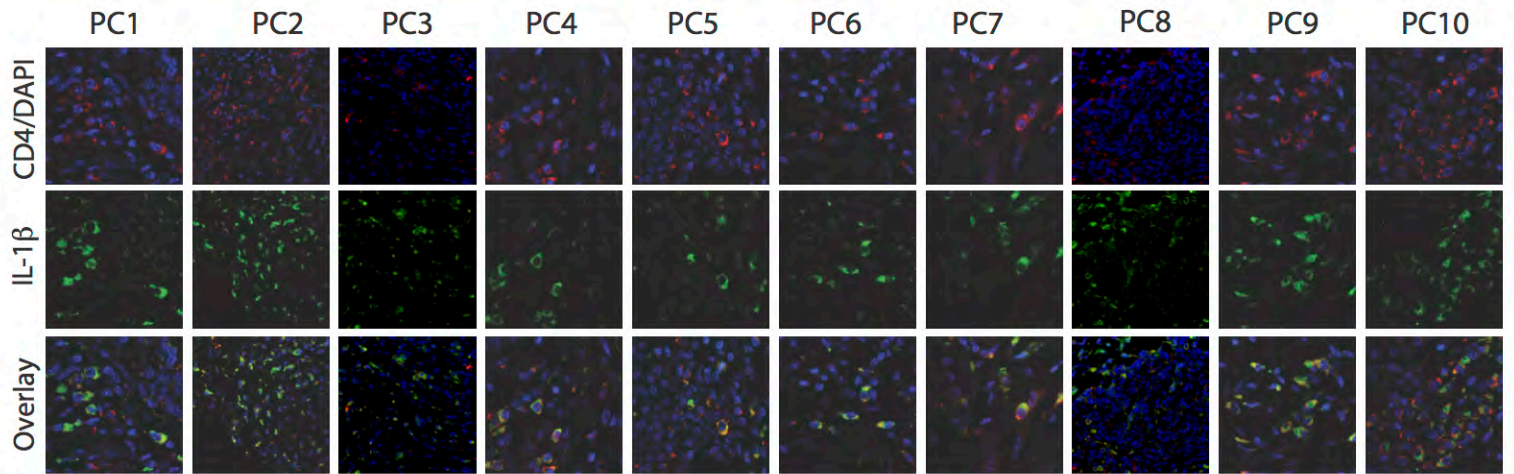
#P40 CD4⁺ TCR-Vβ2⁺



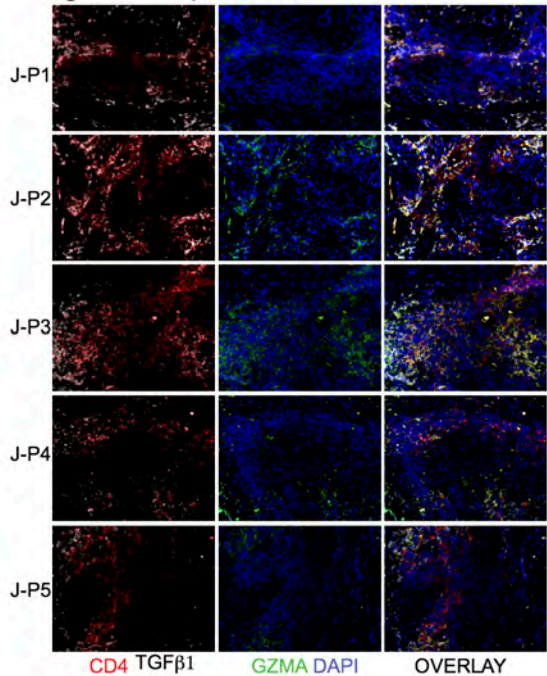
IFN -γ



IL-4



IgG4-DS patients



Sjroger's syndrome patients

