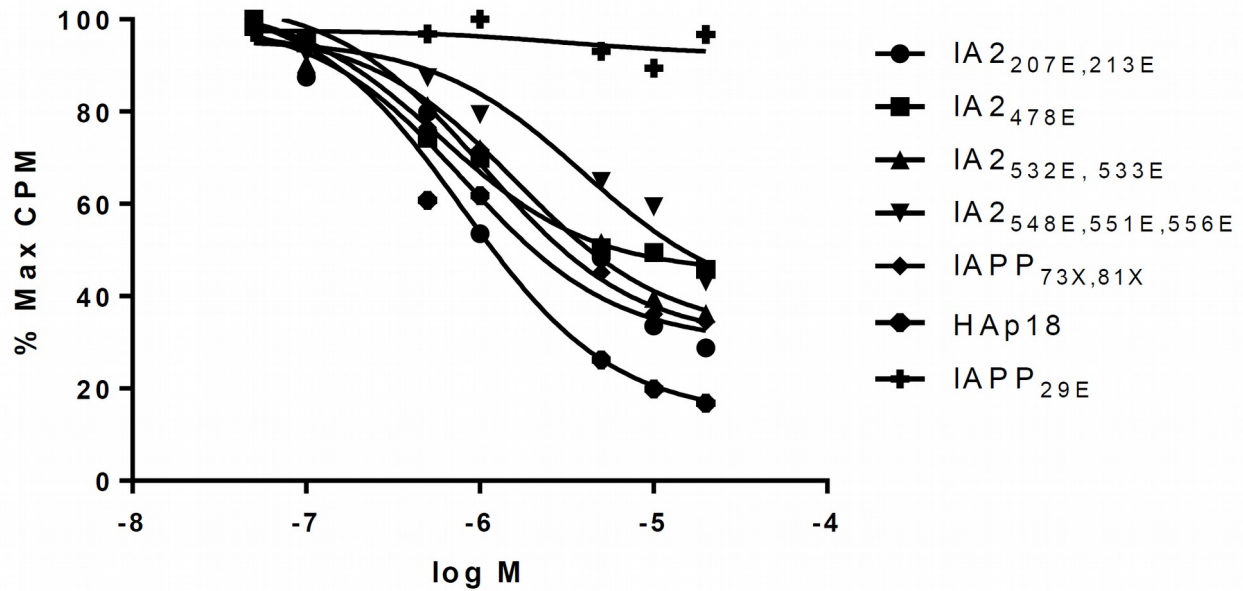


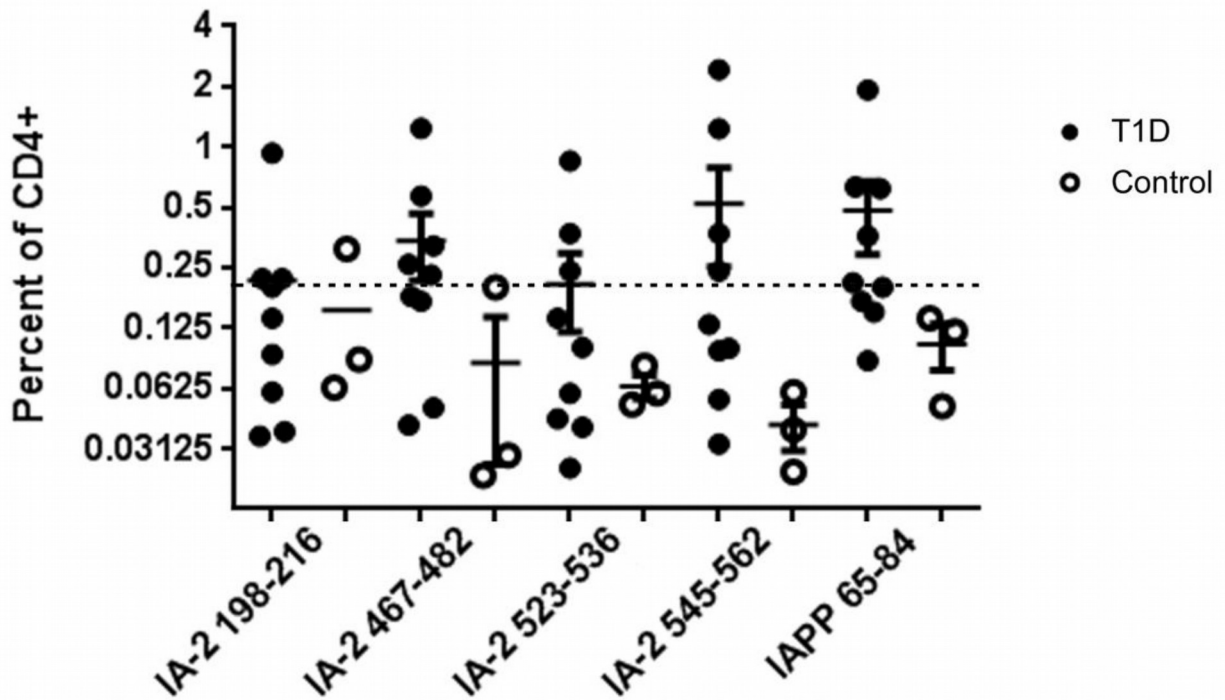
SUPPLEMENTARY DATA

**Supplementary Figure 1. Binding affinity of modified peptides to HLA-DQ8.** Increasing concentrations of modified peptides that contained predicted motifs were bound to DQ8 protein in competition with a biotinylated reference peptide. From these curves,  $IC_{50}$  values were determined as the concentration of peptide needed to displace 50% of the reference peptide (a lower  $IC_{50}$  value indicates stronger binding). The five putative epitopes shown (IA-2<sub>207E, 213E</sub>, IA-2<sub>478E</sub>, IA-2<sub>532E, 533E</sub>, IA-2<sub>548E, 551E, 556E</sub>, and IAPP<sub>73X, 81X</sub>) bound with affinities that were clearly higher than a non-binding control peptide (IAPP<sub>29E</sub>) and that approached or exceeded the binding of a positive control influenza peptide (HA p18).



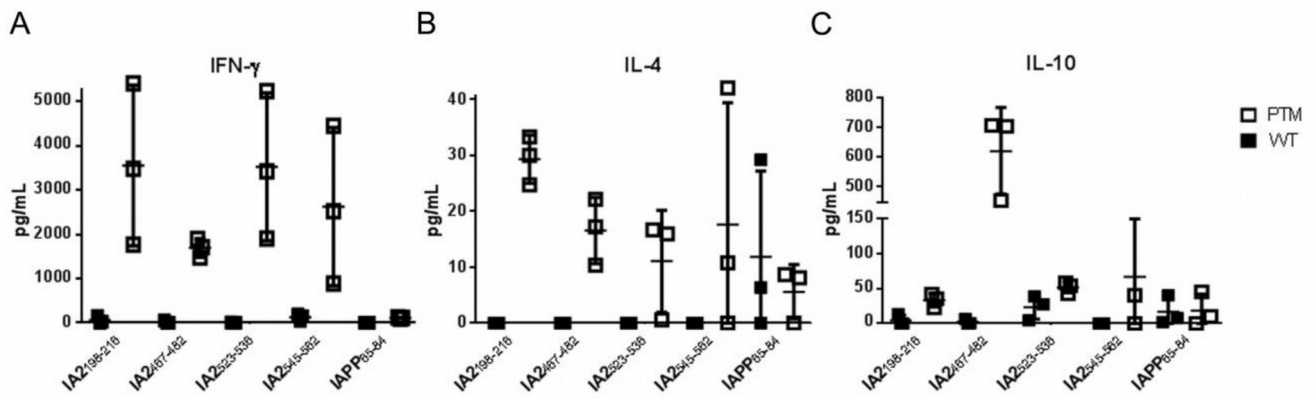
SUPPLEMENTARY DATA

**Supplementary Figure 2. In vitro responses to PTM peptides.** To identify immunogenic PTM peptides derived from IA-2 and IAPP, PBMC from 9 subjects with type 1 diabetes (T1D) and 3 controls (all with DQ8 haplotypes) were expanded by stimulating for two weeks with modified peptide (deamidated or citrullinated as indicated in Table 1) and then stained with the corresponding DQ8 tetramer. In general, the modified peptides elicited comparatively higher percentages of tetramer positive CD4+ T cells for subjects with diabetes than controls. Using twice the mean value of the controls as a cutoff (0.22%, indicated by dotted line), at least 3 positive responses were observed for each epitope from subjects with diabetes but only a single positive response was observed from controls ( $p=0.005$ , Fisher's exact test).



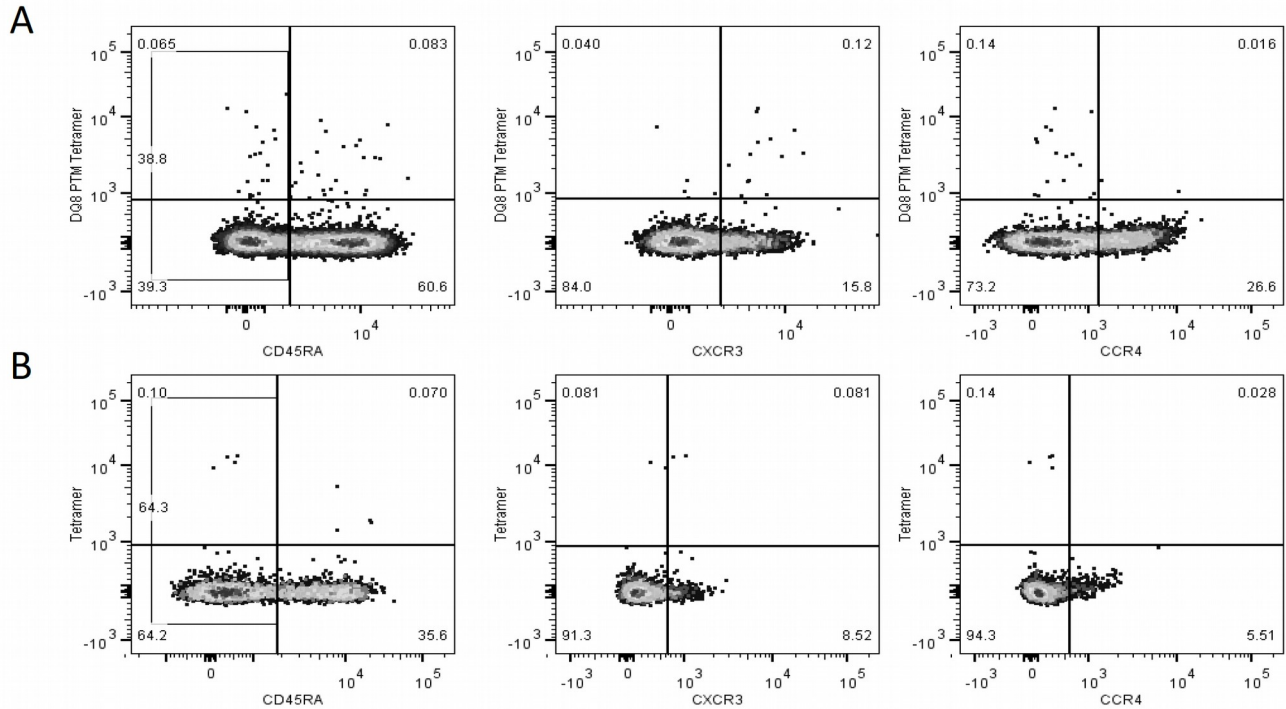
SUPPLEMENTARY DATA

**Supplementary Figure 3. Functional profiling of PTM specific T cell clones.** To characterize their cytokine profiles, T cell clones were stimulated in triplicate with modified peptide (open squares) or unmodified peptide (solid squares) and secreted concentrations of IFN- $\gamma$ , IL-4, and IL-10 were determined by ELISA. Levels of secreted IFN- $\gamma$ , IL4, and IL-10 were modest for unmodified peptides. The modified peptides elicited comparatively higher levels of IFN- $\gamma$  than IL4 or IL-10.



SUPPLEMENTARY DATA

**Supplementary Figure 4. Ex vivo phenotype of PTM specific T cells.** A magnetic enrichment procedure was used to visualize T cells specific for modified epitopes directly ex vivo. PBMCs were isolated and co-stained ex vivo with tetramer and antibodies to characterize their surface phenotype. Each of the panels shown has been gated based on size, viability, lack of CD14/CD19 expression and CD4 expression. CXCR3 and CCR4 versus tetramer plots are further gated to include only CD45RA- (memory) cells. The percentages shown in each quadrant indicate the percentage of tetramer positive cells that are positive for the corresponding surface marker (A) Ex vivo phenotype of tetramer positive T cells for an unmanipulated sample from a DQ8+ subject with T1D. (B) Ex vivo phenotype of tetramer positive T cells for an unmanipulated sample from a DQ8+ healthy subject.



SUPPLEMENTARY DATA

**Supplementary Table 1. Information on DQ8+ subjects with diabetes used for study**

<b>Subject</b>	<b>Age<sup>a</sup></b>	<b>Gender</b>	<b>Time since</b>	<b>Auto-antibody status<sup>b</sup></b>
T1D #1	48	M	4.6 years	IAA, ZnT8
T1D #2	12	F	0.9 years	IAA, ZnT8
T1D #3	29	M	13.0 years	IA2, IAA, GAD
T1D #4	13	M	1.6 years	IA2, IAA, GAD, ZnT8
T1D #5	18	M	14.6 years	IAA, ZnT8
T1D #6	17	M	11.0 years	IAA, GAD, ZnT8
T1D #7	28	M	4.4 years	IAA, ZnT8
T1D #8	16	M	4.5 years	IA2, IAA
T1D #9	27	M	2.0 years	GAD, IAA

a The mean age of patients was 23.1 years. The average time since diagnosis was 6.3 years.

b GAD denotes glutamic acid decarboxylase 65, IAA denotes insulin, IA2 denotes tyrosine phosphatase-related islet antigen 2, ZnT8 denotes zinc transporter 8

SUPPLEMENTARY DATA

**Supplementary Table 2. Information on DQB1\*03:02 healthy subjects used for study**

<b>Subject ID</b>	<b>Age</b>	<b>Gender</b>
Control #1	64	F
Control #2	57	F
Control #3	33	M
Control #4	56	F
Control #5	36	M
Control #6	44	M
Control #7	40	M
Control #8	33	F

The mean age of controls was 45.3 years

Healthy subjects under the age of 18 could not be recruited

SUPPLEMENTARY DATA

**Supplementary Table 3. Summary of characteristics of human donors.**

<b>Islet Donors</b>			
<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Islet Purity</b>
H116	46 years	Male	80%
HP391	46 years	Female	80%
T14001	1 day	Female	30%
<b>PLN Donors</b>			
<b>ID</b>	<b>Age</b>	<b>Gender</b>	<b>Disease Duration</b>
T1D.7	27 years	Male	17 years
T1D.12	23 years	Male	8 years

The characteristics of islet donors (non-diabetic) and PLN donors (diabetic) are shown.

SUPPLEMENTARY DATA

**Supplementary Table 4. Prediction Matrix for binding to DQ8**

<b>P1<sup>a</sup> residu</b>	<b>C<sub>p1</sub><sup>b</sup></b>	<b>P4<sup>a</sup> residue</b>	<b>C<sub>p4</sub><sup>b</sup></b>	<b>P6<sup>a</sup> residue</b>	<b>C<sub>p6</sub><sup>b</sup></b>	<b>P7<sup>a</sup> residue</b>	<b>C<sub>p7</sub><sup>b</sup></b>	<b>P9<sup>a</sup> residue</b>	<b>C<sub>p9</sub><sup>b</sup></b>
G	0.12	G	0.43	G	0.10	G	0.36	G	0.21
A	0.31	A	1.00	A	1.14	A	0.96	A	0.05
V	0.58	V	0.64	V	0.70	V	0.87	V	0.10
L	0.70	L	0.84	L	0.50	L	0.67	L	0.13
I	1.03	I	0.55	I	0.64	I	0.68	I	0.15
M	0.65	M	0.58	M	0.91	M	0.77	M	0.42
P	0.08	P	0.21	P	0.85	P	0.33	P	0.24
F	0.51	F	1.03	F	0.10	F	0.90	F	0.51
W	0.36	W	0.51	W	0.28	W	0.76	W	0.29
S	0.38	S	0.60	S	0.62	S	0.90	S	0.02
T	0.43	T	0.60	T	1.12	T	0.86	T	0.08
N	0.22	N	0.39	N	0.18	N	0.81	N	0.38
Q	0.49	Q	0.15	Q	0.61	Q	0.45	Q	0.20
Y	0.71	Y	0.56	Y	0.34	Y	0.89	Y	0.17
C	0.30	C	0.45	C	0.28	C	0.42	C	0.34
K	0.03	K	0.02	K	0.47	K	0.53	K	0.38
R	0.03	R	0.01	R	0.35	R	0.35	R	0.15
H	0.24	H	0.46	H	0.25	H	0.52	H	0.42
D	0.63	D	0.28	D	0.56	D	0.89	D	1.28
E	0.92	E	0.10	E	0.83	E	0.93	E	2.00
X	0.09	X	0.09	X	0.1	X	0.1	X	0.15

<sup>a</sup> P1, P4, P6, P7, and P9 denote binding pocket 1, binding pocket 4, binding pocket 6, binding pocket 7, and binding pocket 9 of HLA-DQ8. <sup>b</sup> C<sub>p1</sub>, C<sub>p4</sub>, etc. denotes the predicted influence of each residue on binding to the corresponding pocket. The relative binding affinity of any peptide is predicted as C<sub>p1</sub>×C<sub>p4</sub>×C<sub>p6</sub>×C<sub>p7</sub>×C<sub>p9</sub>



**Supplementary Table 5. Sequences and binding affinity for peptides that bind DQ8**

Peptide	Modification <sup>a</sup>	Sequence <sup>b</sup>	Modified IC <sub>50</sub> (μM) <sup>c</sup>
GAD 17-36	31E, 34E	SGDSENPGTARAWCEVAEK <b>F</b>	3.9
GAD 97-116	112E	LLPACDGERPTLAFLEDV <b>M</b> N <sup>d</sup>	2.3
GAD 145-164	152E, 154E, 164E	YNWELADEPENLEEIL <b>M</b> HCE	3.5
GAD 177-196	181E	RYFNELSTGLDMVGLAAD <b>W</b> L	2.3
GAD 313-332	324E	SDLERRILEAKEKGFVP <b>F</b> LV	5.5
IGRP 89-103	100E	IYPNHSSPCLEEF <b>P</b> T	1.4
IGRP 188-203	200E	LVAEAFEHTPGI <b>E</b> TAS	14.8
IA2 49-66	55E, 61E, 63E	HLEVCIEDGLFG <b>E</b> CEVGV	1.6
IA2 64-83	68E, 74E, 81E	VGVG <b>E</b> ARPLLEVTSPV <b>L</b> ERL <sup>d</sup>	1.5
IA2 98-114	103E, 108E	HDDL <b>T</b> EYVISE <b>E</b> MERIP	2.8
IA2 198-216	207E, 213E	SLSYEPALLEPYLF <b>H</b> EFGS	3.0
IA2 319-333	330E	DRG <b>E</b> KPASP <b>A</b> VE <b>P</b> DA	0.7
IA2 467-482	478E	AA <b>E</b> EYGYIV <b>T</b> DEK <b>P</b> LS <sup>d</sup>	6.8
IA2 523-536	532E, 533E	Q <b>N</b> LSLAD <b>V</b> T <b>E</b> E <b>A</b> GL <sup>d</sup>	2.8
IA2 545-562	548E, 551E, 556E	T <b>G</b> LE <b>I</b> LET <b>G</b> VG <b>E</b> RE <b>E</b> AAA	16.8
IA2 709-723	714E, 720E	LAK <b>E</b> WEALCAY <b>E</b> A <b>E</b> P	1.2
IA2 778-792	784E	PAYI <b>A</b> TEG <b>P</b> LS <b>H</b> TI <b>A</b>	5.8
IAPP 1-20	7E	M <b>G</b> IL <b>K</b> LE <b>V</b> FLIVLS <b>V</b> AL <b>N</b> HL	17.2
ChgA 4-18	15E	AA <b>V</b> L <b>A</b> LL <b>L</b> C <b>A</b> GE <b>V</b> T <b>A</b>	16.8
ChgA 100-113	111E	FE <b>D</b> ELSE <b>V</b> LE <b>N</b> ESS	3.4
ChgA 141-155	152E	K <b>S</b> GE <b>A</b> T <b>D</b> G <b>A</b> R <b>P</b> E <b>A</b> L <b>P</b>	11.6
ChgA 197-211	198E, 208E	<b>P</b> E <b>A</b> EG <b>D</b> SE <b>G</b> L <b>S</b> E <b>G</b> L <b>V</b>	1.7
ChgA 303-322	214E	K <b>E</b> EE <b>E</b> EM <b>A</b> V <b>V</b> PE <b>G</b> L <b>F</b> R <b>G</b> G <b>K</b> S	2.2
ChgA 325-339	327E	L <b>E</b> EE <b>E</b> ER <b>L</b> S <b>K</b> E <b>W</b> E <b>D</b> S	9.0
Proinsulin 49-68	62E, 65E	F <b>Y</b> TP <b>K</b> TR <b>R</b> E <b>A</b> ED <b>L</b> E <b>V</b> GE <b>V</b> E <b>L</b> <sup>d</sup>	12.2
Proinsulin 65-84	65E, 78E	<b>E</b> VEL <b>G</b> GG <b>P</b> G <b>A</b> GS <b>L</b> E <b>P</b> L <b>A</b> LE <b>G</b>	10.0
Proinsulin 73-92	78E, 87E	G <b>A</b> GS <b>L</b> E <b>P</b> L <b>A</b> LE <b>G</b> S <b>L</b> E <b>K</b> R <b>G</b> I <b>V</b>	17.8
Proinsulin 89-108	94E, 104E	R <b>G</b> I <b>V</b> E <b>E</b> C <b>T</b> S <b>I</b> C <b>S</b> L <b>Y</b> E <b>L</b> E <b>N</b> Y	2.13
GAD 89-108	105X	Y <b>A</b> FL <b>H</b> AT <b>D</b> LL <b>P</b> AC <b>D</b> G <b>E</b> X <b>P</b> T <b>L</b>	3.7
GAD 97-116	105X	LL <b>P</b> AC <b>D</b> G <b>E</b> X <b>P</b> T <b>L</b> AF <b>L</b> Q <b>D</b> V <b>M</b> N	1.2
GAD 249-268	255X	Y <b>A</b> M <b>M</b> I <b>A</b> X <b>F</b> K <b>M</b> F <b>P</b> E <b>V</b> K <b>E</b> K <b>G</b> M <b>A</b>	2.6
GAD 529-548	536X	V <b>A</b> P <b>V</b> I <b>K</b> A <b>X</b> M <b>M</b> E <b>Y</b> G <b>T</b> T <b>M</b> V <b>S</b> Y <b>Q</b>	1.6
IA2 551-565	557X	Q <b>T</b> G <b>V</b> G <b>Q</b> X <b>E</b> E <b>A</b> A <b>V</b> L <b>P</b>	4.2
IAPP 65-84	73X, 81X	V <b>G</b> S <b>N</b> T <b>Y</b> G <b>K</b> X <b>N</b> A <b>V</b> E <b>V</b> L <b>K</b> X <b>E</b> P <b>L</b>	23.1
ChgA 81-95	90X	D <b>L</b> A <b>L</b> Q <b>A</b> K <b>E</b> X <b>A</b> H <b>Q</b> Q <b>K</b>	18.1

<sup>a</sup> X denotes citrulline. <sup>b</sup> The residue that modulates recognition when modified is bolded in each sequence. <sup>c</sup> IC<sub>50</sub> represents the peptide concentration that displaces half of the reference peptide. <sup>d</sup> Reported as a candidate HLA-DQ8 epitope by van Lummel et al. (23).

SUPPLEMENTARY DATA

**Supplementary Table 6. Binding affinities for substituted IA2 and IAPP peptides**

Peptide	Modification	Amino acid sequence <sup>a,b</sup>	IC <sub>50</sub> (μM) <sup>c,d</sup>
IA2 <sub>198-216</sub>	207E, 213E	SLSYEPALLEPYLFHEFGS	3.0
	207E, 213Q	SLSYEPALLEPYLFHQFGS	n.b.
	207Q, 213E	SLSYEPALLQPYLEFHEFGS	6.0
IA2 <sub>523-536</sub>	532E, 533E	QNLSLADVTEEAGL	2.8
	532E, 533Q	QNLSLADVTEQAGL	4.2
	532Q, 532E	QNLSLADVTTQEAGL	n.b.
IA2 <sub>545-562</sub>	548E, 551E, 556E	TGLEILETG <b>V</b> GEREEAAA	16.8
	548E, 551Q, 556Q	TGLEILQT <b>G</b> VQREEAAA	18.9
	548Q, 551E, 556Q	TGLQILETG <b>V</b> QREEAAA	31.3
	548E, 551Q, 556E	TGLQILQT <b>G</b> VEREEAAA	18.6
IAPP <sub>65-84</sub>	73Cit, 81Cit	VGSNTY <b>G</b> KXNAVEVLK <b>X</b> EPL	23.1
	73Cit, 81R	VGSNTY <b>G</b> KXNAVEVLK <b>R</b> EPL	31.3
	73R, 81Cit	VGSNTY <b>G</b> KR <b>N</b> A VEVLK <b>X</b> EPL	n.b.

<sup>a</sup> The modified residue is bolded in each sequence. <sup>b</sup> X indicates citrulline. <sup>c</sup> IC<sub>50</sub> represents the peptide concentration that displaces half of the reference peptide. <sup>d</sup> n.b. indicates non-binding, or >50 μmol/L in our assay.

**Supplementary Table 7. Responsiveness of PTM-reactive T cells to primary human islets**

Patient Sample	T Cell Clones									
	C74 (IA2 <sub>198-216</sub> )		C84 (IA2 <sub>467-482</sub> )		C86 (IA2 <sub>523-536</sub> )		C90 (IA2 <sub>545-562</sub> )		C107 (IAPP <sub>65-84</sub> )	
	Ctrl. <sup>a</sup>	Thaps <sup>a</sup>	Ctrl. <sup>a</sup>	Thaps <sup>a</sup>	Ctrl. <sup>a</sup>	Thaps <sup>a</sup>	Ctrl. <sup>a</sup>	Thaps <sup>a</sup>	Ctrl. <sup>a</sup>	Thaps <sup>a</sup>
H116	0.0 ± 0.0	16.2 ± 3.4	7.8 ± 3.5	46.0 ± 3.0	0.0 ± 0.0	26.2 ± 1.3	0.1 ± 0.2	42.5 ± 1.9	35.6 ± 4.0	971.3 ± 69.6
HP391	4.7 ± 1.2	483.5 ± 12.8	0.5 ± 0.9	1278.0 ± 36.5	0.0 ± 0.0	408.7 ± 2.7	0.0 ± 0.0	466.9 ± 2.6	4.7 ± 1.2	1068.3 ± 26.8
T14001	0.0 ± 0.0	404.6 ± 22.7	4.4 ± 2.4	1752.8 ± 57.2	2.3 ± 0.4	246.1 ± 6.2	0.0 ± 0.0	442.4 ± 30.3	0.0 ± 0.0	1017.7 ± 18.2

<sup>a</sup>Data shown are mean IFN $\gamma$  secretion  $\pm$  S.D. of triplicates. Similar to what is shown in Figure 3B-F, experimental controls lacking T cells, APC, or islets did not lead to IFN $\gamma$  secretion for any of the assay conditions shown here.