

Supplemental material

Aden et al.,<https://doi.org/10.1084/jem.20171029>

Figure S2. IL-22 induced ER stress impairs intestinal regeneration (related to Fig. 1). (A) HT-29 monolayers were wounded with coinciding addition of increasing doses of TM for 24 h. Relative wound closure was analyzed after 24 h ($n = 6$ each). (B) HT-29 cellular monolayers were established, wounded, and treated with rhIL-22 (100 ng/ml), TM (1 µg/ml), or rhEGF (100 ng/ml). Relative wound closure was assessed after 8, 24, and 48 h (n = 4 each). (C) HT-29 monolayers were either stimulated with rhIL-22 (100 ng/ml) 24 h prior (pre) or coinciding (co) or both to wound induction. Relative wound closure was assessed 24 h after wounding ($n = 4$ each). (D–F) HT-29 monolayers were prestimulated with rhIL-22 for 24 h, medium changed, and wounded. After wounding, cells were treated with or without TM (1 µg/ml), and wound healing was assessed after 24 h ($n = 4$ each). Statistical analyses of relative wound closure (D), corresponding representative pictures are shown ($n = 4$ each; bars, 100 µm; E), and IL-8 ELISA of supernatants (F). (G) HT-29 cells were stimulated with rhIL-22 (100 ng/ml) in the presence or absence of STAT3 inhibitor S3I-201 (iSTAT3, 50 µM) or rapamycin (Rapa, 10 nM) for 24 h, medium was changed, and cells were stimulated with TM for another 24 h ($n = 4$ each). Statistical analyses of relative wound closure and IL-8 ELISA of supernatants were shown. (H and I) HT-29 cells pretreated for 24 h with IL-22 and iSTAT3 (H) or Rapamycin (I), followed by medium change and stimulation with TM (1 µg/ml) for 6 h (n = 4 each), and expression of $sXBP1$ was assessed by qPCR. (J) HT-29 cells were pretreated with IL-22 for 24 h, followed by medium change and stimulation with bafilomycin A (BafA, 5 nM) for 24 h (n = 4 each). Relative wound healing and corresponding IL-8 secretion are shown. (K and L) HT-29 cells were stimulated with rhIL-22 (100 ng/ml) in the presence or absence of STAT3 inhibitor S3I-201 (iSTAT3, 50 µM) and TM (1 µg/ml) for 24 h. Western blot against antibodies detecting γH2AX and GAPDH is shown (K). Isolated mRNA was subjected to qPCR detecting CXCL10 expression (L). Results represent three (A-J) or two (K and L) independent experiments. Significance determined using two-tailed Student's t test and expressed as the mean \pm SEM. *, P < 0.05; **, P < 0.01; ***, P < 0.001.

Figure S3. Additional data on cell death assay and organoid sequencing (related to Figs. 1 and 2). (A) Representative pictures of intestinal organoids derived from Atg16l1^{fl/fl} and Atg16l1^{ΔIEC} mice and treated with rmIL-10 (100 ng/ml) or TM (500 ng/ml) for 24 h stained with propidium iodide (PI). Bars, 200 μm. (B) Flow cytometry assessment of dead cells from intestinal organoids (Atg16l1^{fl/fl}, Atg16l1^{ΔIEC}) stimulated with rmIL-10 (100 ng/ml) or TM (500 ng/ml) for 24 h using PI (n = 4 each). (C) Heat map showing top 25 uniquely up- and 25 down-regulated genes in Atg16l1^{fl/fl} organoids treated with rmIL-22 (10 ng/ ml). (D) Heat map showing top 25 up- and 25 down-regulated genes in untreated Atg16l1^{fl/fl}, Atg16l1^{ΔIEC} intestinal organoids. (E) GO-term analysis using the input of top 250 uniquely up- and 250 down-regulated genes in Atg16l1fl/fl intestinal organoids stimulated with rmIL-22 (10 ng/ml) for 24 h. (F) GO-term analysis using the input of top 250 up- and 250 down-regulated genes in untreated Atg16l1^{fl/fl} compared with untreated Atg16l1^{ΔIEC} intestinal organoids. Results represent two (A and B) independent experiments. Significance determined using two-tailed Student's t test and expressed as the mean ± SEM. **, $P < 0.01$; ***, $P < 0.001$.

Figure S4. Interplay of ER stress and autophagy is linked to increased IL-22–induced STING/IFN-I activation (related to Figs. 4 and 5). (A and B) Isolated intestinal epithelial cells from IL-22-treated Atg16l1^{fl/fl} or Atg16l1^{ΔIEC} mice were subjected to immunoblot analysis and probed against pTBK1, TBK1, and GAPDH (A; n = 3/3/3/3). Isolated intestinal epithelial cells from IL-22-treated Atg16l1^{0/R/}Xbp1^{0/R} and Atg16l1^{ΔIEC}/Xbp1^{ΩIEC} mice were subjected to immunoblot analysis and probed against pTBK1, TBK1, and GAPDH (B; $n = 3/3/3/3$). LE: Longer exposure. (C) Negative control for determination of pTBK1 and E-cadherin specificity. Small intestinal sections from Atg16l1^{ΔIEC}/Xbp1^{ΔIEC} + IL-22-treated mice were anti-rabbit Alexa Fluor 546 (red, secondary to pTBK1) and anti-mouse Alexa Fluor 488 (green, secondary to E-cadherin) and counterstained with DAPI. Bars, 100 μ m. (D) Gene expression of Cxcl1, Cxcl10, Tnf, and Sting in small intestinal organoids (Atg16l1^{fl/fl}, Atg16l1^{ΔIEC}, Atg161^{ΔIEC}/Ormdl3^{ΔIEC}) treated with rmIL-22 (100 ng/ml) for 24 h (n = 4). (E) Gene expression of Cxcl10, Tnf in small intestinal organoids (C57BL/6) treated with rmIL-22, rmIL-10, and rmIL-19 (all 100 ng/ml) for 24 h (n = 4 each). (F) Western blot of C57BL/6 WT intestinal organoids stimulated IL-22, IL-10, and IL-19 (100 ng/ml) for 30 min. Protein lysates were probed against pSTAT3, STAT3, and GAPDH as loading control. Results are representative for $n = 2$ biological replicates (C and D). Significance determined using two-tailed Student's t test (C and D) and expressed as the mean ± SEM. **, P < 0.01.

Figure S5. Impact of IFN-I signaling on ileitis in Atg16I1^{ΔIEC} mice independent of exogenous IL-22 administration (related to Fig. 8). (A) Flow cytometry assessment of dead cells from intestinal organoids (Atg16lI^{n/π}, Atg16lI^{ΔIEC}) stimulated with rmIFN-β (1,000 U/ml) for 24 h using PI (n = 3 per group). **(B)** Representative FACS plots of PI-stained dissociated epithelial cells from intestinal organoids derived from Atg16l1fl/fl and Atg16l1^{ΔIEC} mice and treated with rmIFN-β (1,000 U/ml) for 24 h. Data are representative for a minimum of $n = 2$ individual experiments (A and B). (C) Stimulation scheme of Atg16l1^{fl/fl} and Atg16l1^{ΔIEC} mice treated with anti-IFNAR antibody or corresponding IgG control (n = 8/7/9/7). Mice received i.p. anti-IFNAR antibody or IgG (10 mg/kg bodyweight) at day 0, 2, 4, and 6. All mice were sacrificed at day 10. (D and E) Histological evaluation of colonic section with representative pictures (D) and absolute quantification for H&E (E). Bars: 500 µm (upper); 200 µm (lower). $(F-I)$ Histological evaluation of small intestinal sections with representative pictures and absolute quantification for H&E (F and G) and TUNEL (H and I). Bars, 100 µm. Significance determined using two-tailed Student's t test (A, E, G, and I) and expressed as the mean \pm SEM. * , P < 0.05; ** , P < 0.01; *** , P < 0.001.

Tables S1–S6 are included as separate text files. Tables S7 and S8 are included as separate Word files. Table S1 shows upregulated genes in untreated Atg16l1^{fl/fl} intestinal organoids compared to Atg16l1^{ΔIEC}. Table S2 shows downregulated genes in untreated Atg16l1^{fl/fl} intestinal organoids compared to Atg16l1^{ΔIEC}. Table S3 shows genes uniquely upregulated in Atg16l1^{fl/fl} + IL-22treated intestinal organoids. Table S4 shows genes uniquely downregulated in Atg16l1^{fl/fl} + IL-22-treated intestinal organoids. Table S5 shows genes uniquely upregulated in Atg16l1^{AIEC} + IL-22-treated intestinal organoids. Table S6 shows genes uniquely downregulated in Atg16l1ΔIEC + IL-22–treated intestinal organoids. Table S7 shows SYBR Green primers used for qRT-PCR. Table S8 shows TaqMan probes used for qRT-PCR.

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