

# **Neutrophil cytoplasts induce Th17 differentiation and skew inflammation toward neutrophilia in severe asthma**

## Supplementary Materials

Nandini Krishnamoorthy<sup>1¶</sup>, David N. Douda<sup>1¶</sup>, Thayse R Brüggemann<sup>1</sup>, Isabell Ricklefs<sup>1</sup>, Melody G. Duvall<sup>1</sup>, Raja-Elie E. Abdunour<sup>1</sup>, Kimberly Martinod<sup>2</sup>, Luciana Tavares<sup>1</sup>, Xiao Wang<sup>3</sup>, Manuela Cernadas<sup>1</sup>, Elliot Israel<sup>1</sup>, David T. Mauger<sup>4</sup>, Eugene R. Bleecker<sup>5</sup>, Mario Castro<sup>6</sup>, Serpil C. Erzurum<sup>7</sup>, Benjamin M. Gaston<sup>8</sup>, Nizar N. Jarjour<sup>9</sup>, Sally Wenzel<sup>10</sup>, Eleanor Dunican<sup>11</sup>, John V. Fahy<sup>11</sup>, Daniel Irimia<sup>3</sup>, Denisa D. Wagner<sup>2</sup> and Bruce D. Levy<sup>1\*</sup> for the National Heart Lung and Blood Institute Severe Asthma Research Program-

### 3 Investigators

<sup>1</sup>Pulmonary and Critical Care Medicine Division, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, MA 02115, USA.

<sup>2</sup>Program in Cellular and Molecular Medicine, Division of Hematology and Oncology, Boston Children's Hospital, Boston, MA, USA;

<sup>3</sup>BioMEMS Resource Center, Massachusetts General Hospital, Harvard Medical School, MA, USA.

<sup>4</sup>Division of Statistics and Bioinformatics, Department of Public Health Sciences, Pennsylvania State University, Hershey, PA 17033, USA.

<sup>5</sup>Center for Genomics and Personalized Medicine Research, School of Medicine, Wake Forest University Winston-Salem, NC 27157, USA.

<sup>6</sup>Division of Pulmonary and Critical Care Medicine, Departments of Medicine and Pediatrics, Washington University, St. Louis, MO 63110, USA.

<sup>7</sup>Department of Pathobiology, Cleveland Clinic, Cleveland, OH 44195, USA.

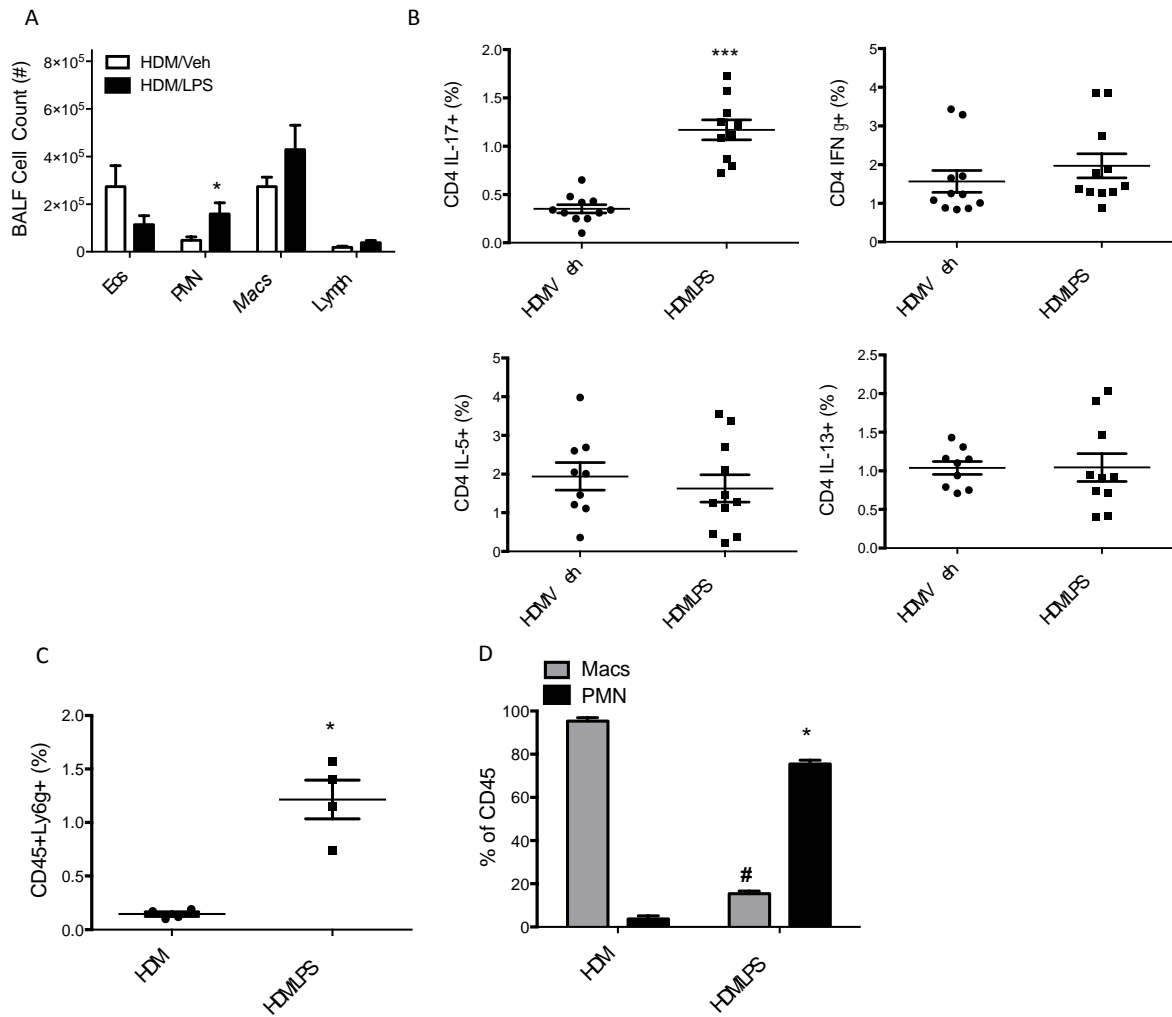
<sup>8</sup>Department of Pediatrics, Rainbow Babies and Children's Hospital, Case Western Reserve University, Cleveland, OH 44106, USA.

<sup>9</sup>Section of Pulmonary and Critical Care Medicine, University of Wisconsin School of Medicine, Madison, WI 53792, USA.

<sup>10</sup>Pulmonary, Allergy and Critical Care Medicine Division, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213, USA.

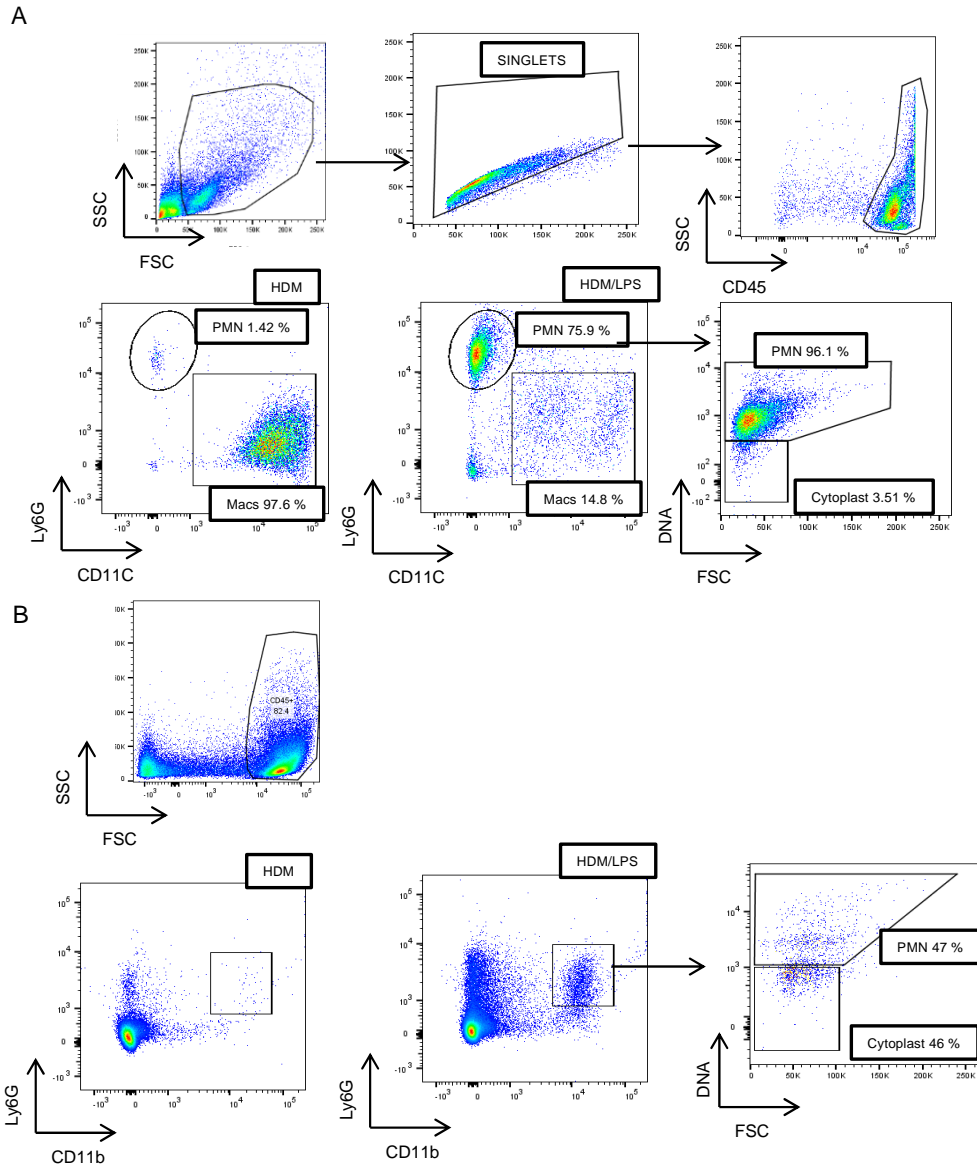
<sup>11</sup>Division of Pulmonary and Critical Care Medicine, Department of Medicine and the Cardiovascular Research Institute, University of California San Francisco, San Francisco, CA, 94143 USA.

<sup>¶</sup>These authors contributed equally to the work.



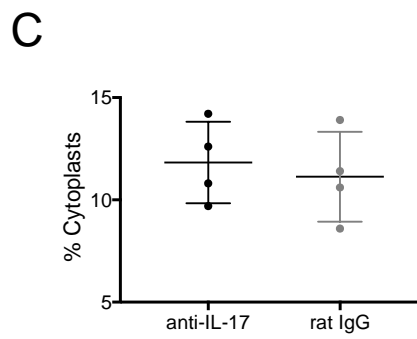
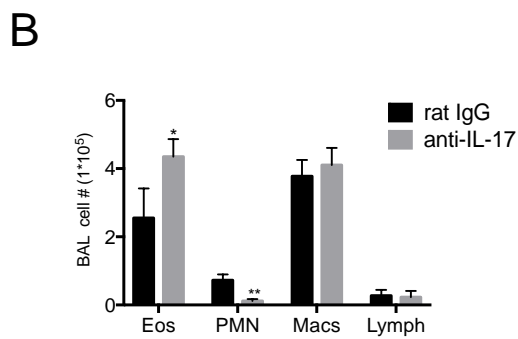
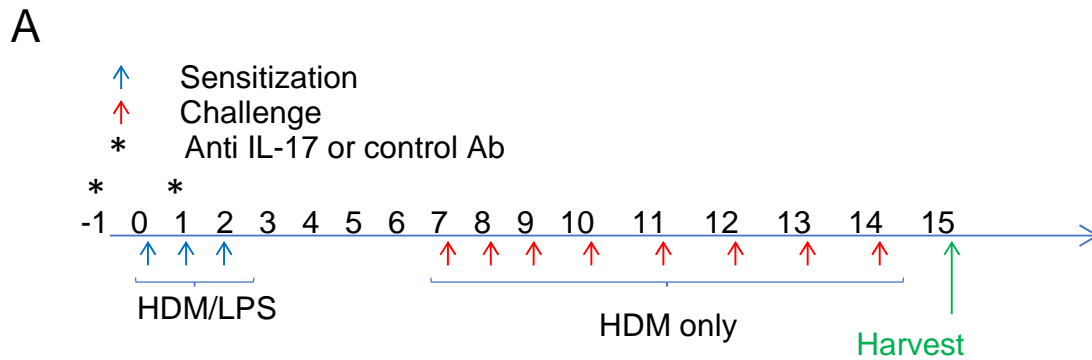
**Supplementary Figure S1.** A mouse model of mixed granulocytic inflammation from HDM airway challenge results from neutrophil recruitment and Th17 activation during sensitization.

(A) Differential BAL cell count on day 15. (B) Mediastinal lymph nodes (MLN) were harvested on day 7 and dissociated cells were restimulated with PMA and ionomycin. CD4<sup>+</sup> T cells expressing IL-17, IFN-g, IL-5 and IL-13 expressed as % of CD45<sup>+</sup> cells (n = 10 mice, Student's *t* test). (C and B) BAL fluid and MLN were harvested at the end of sensitization (Day 3). Representative graphs showing BALF leukocyte differential (C) and MLN (D) on protocol day 3 from HDM/Veh or HDM/LPS sensitized mice expressed as % of CD45<sup>+</sup> cells. Data are representative of two independent experiments with n<sub>≥</sub>3. \**p* < 0.05, #*p* < 0.01, \*\*\**p* < 0.001 by two-tailed unpaired Student's *t* test.



**Supplementary Figure S2. Gating strategy to identify neutrophils and cytoplasts.**

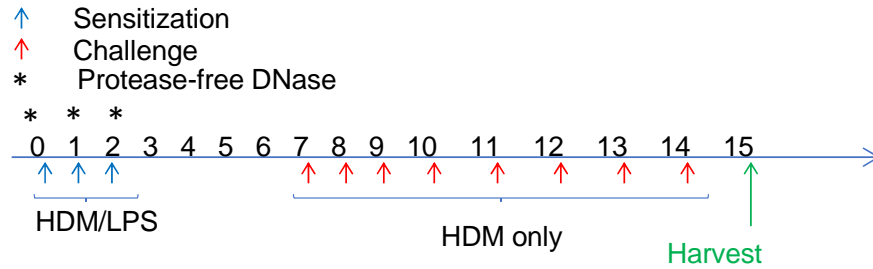
BALF and MLN were harvested on protocol day 3 from HDM/LPS mice. CD45<sup>+</sup>CD11b<sup>+</sup>Ly6g<sup>+</sup>DNA<sup>+</sup> neutrophils and CD45<sup>+</sup>CD11b<sup>+</sup>Ly6g<sup>+</sup>DNA<sup>-</sup> cytoplasts were identified from (A) BALF and (B) MLN



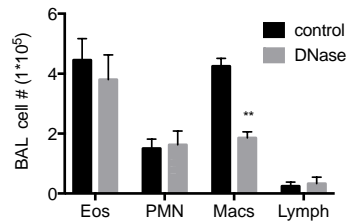
**Supplementary Figure S3.** Anti-IL-17 administration during the sensitization phase blunts neutrophilia without impacting cytoplast generation.

(A) Schematic diagram showing anti-IL-17 or control antibody administration during allergen sensitization. (B) Differential BALF cell count on day 15. (C) Cytoplast generation from the BALF was evaluated (CD45<sup>+</sup>CD11b<sup>+</sup>Ly6g<sup>+</sup>DNA<sup>-</sup>) on day 3. Data are representative of two independent experiments with  $n \geq 3$ . \* $p < 0.05$ , \*\* $p < 0.01$  by two-tailed unpaired Student's *t* test.

A

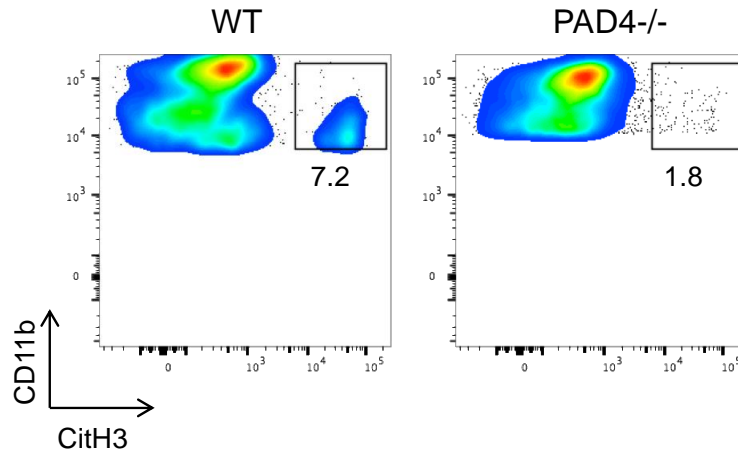


B



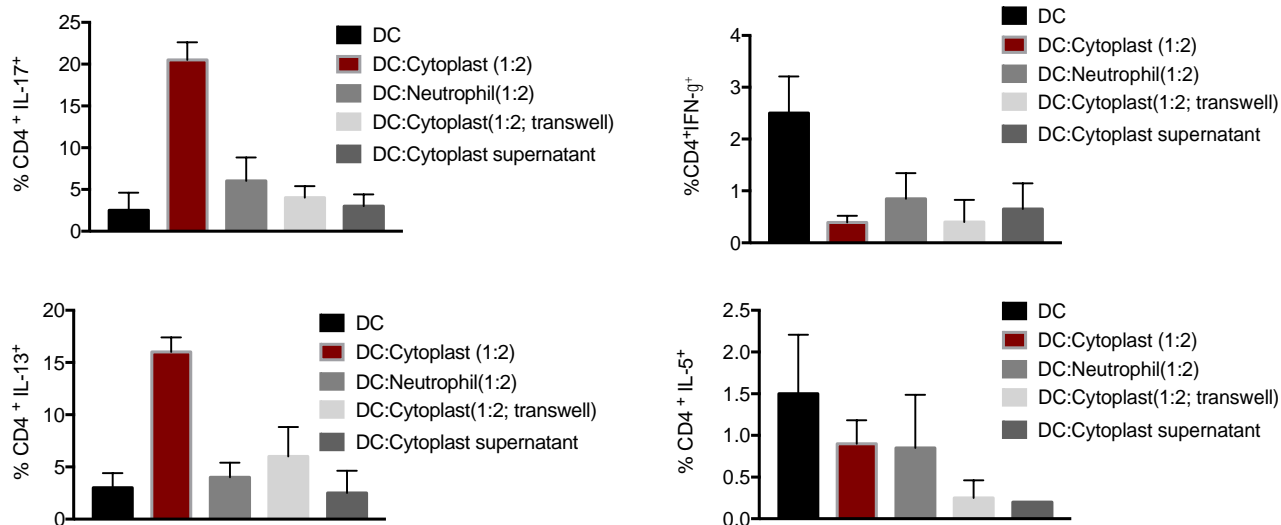
**Supplementary Figure S4.** Protease free-DNase does not impact neutrophilia.

(A) Schematic diagram showing administration of Protease free-DNase during allergen sensitization. (B) Differential BALF cell count on day 15. Data are representative of two independent experiments with  $n \geq 3$ . \*\* $p < 0.01$  by two-tailed unpaired Student's  $t$  test.



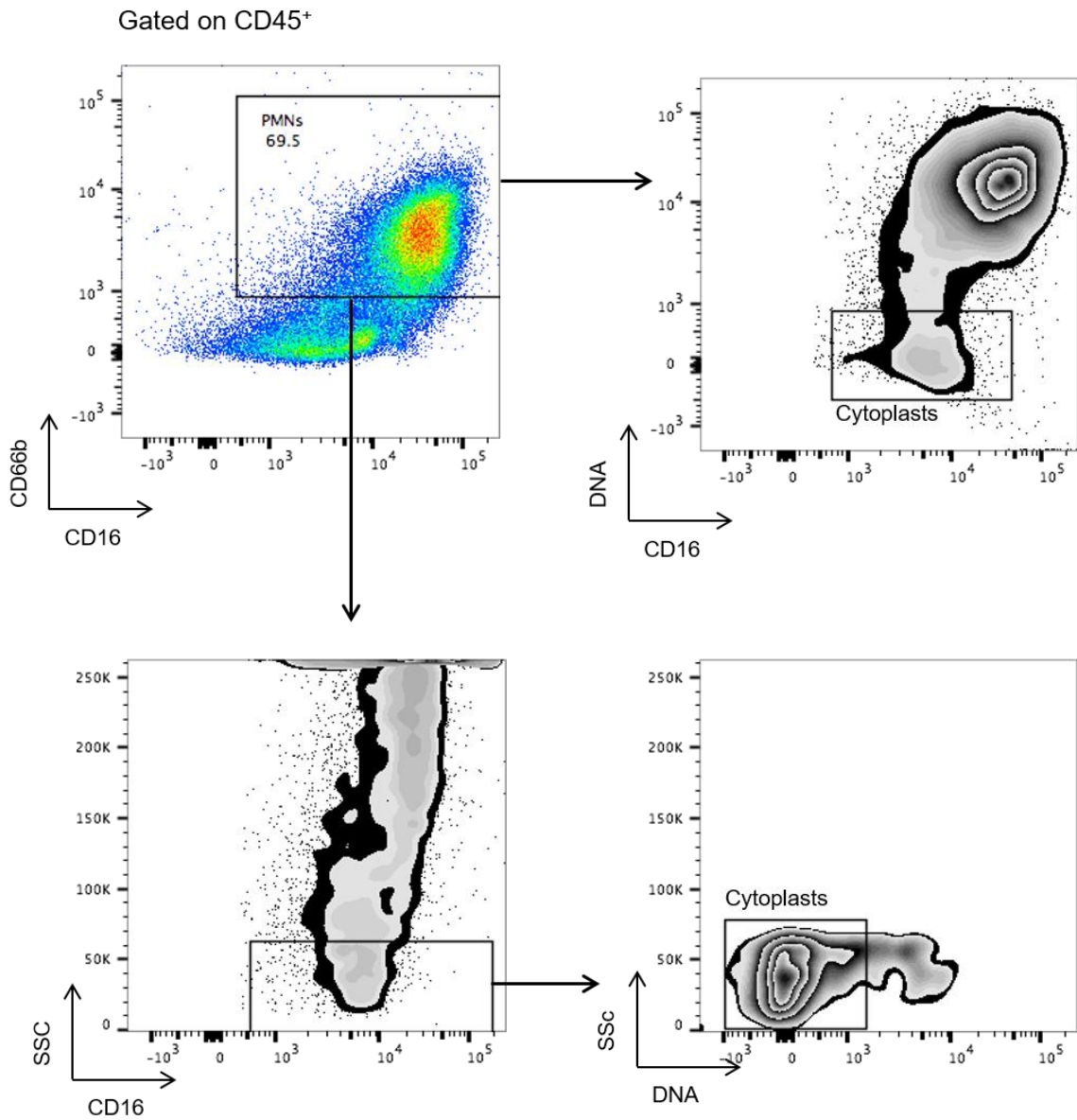
**Supplementary Figure S5.** Citrullinated histone identified on neutrophils from WT mice.

BALF were harvested on protocol day 3 from HDM/LPS mice. Citrullinated histone on neutrophils were identified by flow cytometry.



**Supplementary Figure S6.** Cytoplasts promote T cell responses via contact-dependent mechanism.

Neutrophils and cytoplasts were sorted from BALF of HDM/LPS sensitized mice and co-cultured with DC from HDM/LPS sensitized mice along with naïve T cells from DO11.10 mice. In some experimental conditions the cytoplasts were separated from the DC by a transwell. Conditioned supernatant from cytoplast culture for 24 hours was added to the DC:T cell co-culture. The cytokine production from the different conditions following re-stimulation with PMA/ionomycin is graphed.



**Supplementary Figure S7.** Gating strategies for detection of cytoplasts in human BALF from severe asthmatics.

CD45<sup>+</sup>CD66b<sup>+</sup>CD16<sup>+</sup>DNA<sup>-</sup>SSC<sup>lo</sup> cytoplasts were identified from BALF of human subjects with severe asthma



**Supplemental Table S1. Patient Characteristics\***

	HD	NSA	SA	HD vs NSA	HD vs SA	NSA vs SA
<b>No. of subject</b>	25	28	41			
<b>Clinical data</b>						
age	41.36 +/- 2.75	38.37 +/- 2.28	42.65 +/- 2.17	ns	ns	ns
% Male	9 (38%)	9 (31%)	12 (30%)	ns	ns	ns
% African American	5 (21%)	6 (21%)	10 (25%)	ns	ns	ns
% White	17 (71%)	23 (79%)	29 (73%)	ns	ns	ns
BMI	28.28 +/- 1.13	30.12 +/- 1.36	30.45 +/- 1.11	ns	ns	ns
<b>Symptom control</b>						
% uncontrolled symptoms	-	20 (69%)	40 (100%)	-	-	<0.001
ACQ	-	1.16 +/- 0.17	2.05 +/- 0.17	-	-	<0.001
ACT	-	19.69 +/- 0.64	14.55 +/- 0.81	-	-	<0.001
<b>Lung function</b>						
FEV1 % predicted	101.86 +/- 2.19	88.02 +/- 2.82	72.52 +/- 2.77	0.005	<0.001	<0.001
FVC % predicted	102.17 +/- 2.85	97.97 +/- 3.27	86.60 +/- 2.67	ns	0.001	0.014
FEV1/FVC %predicted	99.73 +/- 1.14	90.06 +/- 1.72	83.10 +/- 1.61	<0.001	<0.001	0.005
<b>Medication</b>						
Inhaled corticosteroids	-	19 (66%)	38 (95%)	-	-	0.001
Oral steroids	-	0	11 (28%)	-	-	0.002
Long acting beta antagonists	-	12 (41%)	35 (88%)	-	-	<0.001
Long acting anticholinergic medication	-	0	2 (5%)	-	-	ns
Leukotriene receptor antagonists	-	6 (21%)	15 (38%)	-	-	ns
Biologics	-	0	5 (13%)	-	-	0.048
<b>BALF leukocyte differentials</b>						
Total cell count, millions/ml	4.70 +/- 0.63	3.87 +/- 0.53	7.79 +/- 2.70	ns	ns	ns
Lymphocytes, %	6.58 +/-0.98	5.23 +/- 0.92	8.12 +/- 1.05	ns	ns	ns
Neutrophils, %	1.72 +/- 0.47	1.49 +/- 0.30	4.78 +/- 0.93	ns	0.014	0.004
Macrophages, %	91.41 +/- 1.34	92.20 +/- 0.98	84.65 +/- 1.84	ns	0.011	0.002
Eosinophils, %	0.28 +/- 0.11	1.09 +/- 0.40	2.46 +/- 1.01	ns	ns	ns

\*HD - Health Donor, NSA – Non-Severe Asthma, SA - Severe Asthma, ACQ - Asthma Control Questionnaire, ACT- Asthma Control Test, FEV1- forced expiratory volume in 1 second, FVC-forced vital capacity; Uncontrolled symptoms were defined as the occurrence of one of the following: 2 or more steroid bursts, hospitalization, intensive care unit admission, use of a ventilator within the last year. FEV1 % predicted less than 80%, ACT less than 20, or self-reported worsening with tapering steroids. Values represent the mean ± SEM. One-way ANOVA for comparisons between 3 groups and unpaired Student's *t* test when only 2 groups are compared (e.g., medications).

**Supplemental Table S2. Neutrophil and DNA high asthma patient symptoms, lung function and comorbidities\***

	<b>PMN<sup>low</sup> DNA<sup>low</sup> (n=50)</b>	<b>PMN<sup>high</sup> DNA<sup>high</sup> (n=6)</b>	<b>p value</b>
<b>Symptom Scores</b>			
ACQ	1.5 ± 0.15	2.17 ± 0.28	NS
ACT	17.2 ± 0.69	15 ± 2.27	NS
<b>Lung Function</b>			
FEV1 (%predicted)	79.93 ± 2.61	83.38 ± 4.44	NS
FVC (%predicted)	92.96 ± 2.66	90.37 ± 4.40	NS
<b>Comorbidities</b>			
Exacerbations (≥ 4 per year)	6 (12%)	3 (50%)	0.017
Sinusitis	10 (20%)	5 (83%)	0.001
GERD	19 (40%)	5 (83%)	NS

\*Asthma subjects were categorized by BAL levels of neutrophils (PMN) and DNA. PMN<sup>low</sup> was defined as < 5% of total BAL cells. DNA<sup>low</sup> was defined as < 0.1 mg/mL BALF. Measures of symptoms, lung function, and comorbidities were compared between the two groups and differences were assessed by Student's *t* test or chi square test as appropriate. Data are shown as mean ± SEM or number of subjects (% of total). Abbreviations: ACQ, asthma control questionnaire; ACT, asthma control test; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; GERD, gastroesophageal reflux disease.

### **Supplementary Videos:**

**Video S1 (.avi format)** Murine lung neutrophils were flow sorted following HDM/LPS treatment (3 days exposure) and chemotaxis to LTB<sub>4</sub> was monitored in a microfluidic chamber.

**Video S2 (.avi format)** Murine lung cytoplasts were flow sorted following HDM/LPS treatment (3 days exposure) and chemotaxis to LTB<sub>4</sub> was monitored in a microfluidic chamber.