SUPPLEMENTARY DATA

Supplementary Table S1. T cell phenotypes requiring further replication.

Specificity	T cell	Observation	Assay	Cell number Repli		olicated	Proposed next steps	Reference
	phenotype			(PBMC)	Same lab	Independent lab		
Antigen non- specific (agnostic)	CD4 CD25+CD127hi memory T cell frequency	Increased frequency of CD4+CD45RO+CD25+CD127hi T cells in conjunction with IDAA1c, HbA1c, or C-peptide at diagnosis correlates with a longer remission period after diagnosis.	Flow cytometry	1-5 x 10 ⁶	No	No	Confirm in a replication cohort- underway through TrialNet	(1)
	CD4 T cell co- activation transcript signature	Transcript signature of increased CD4 T cell co-stimulation during disease progression in longitudinal samples from subjects during Ab seroconversion and subjects preceding and at diagnosis compared with healthy controls	RNAseq	unknown (<1 x 10 ⁶)	No	No	Confirm in a replication cohort- underway through JDRF	(2)
	CD4 Treg apoptosis	Higher frequency of apoptotic CD4+CD25hi T cells in multiple Ab+ and new onset T1D compared with single Ab+ and longstanding T1D, as well as non-diabetic controls. Apoptosis diminishes after the honeymoon period consistent with loss of beta cell antigen.	Flow cytometry	1-5 x 10 ⁶	Yes	No	Replication in an independent lab and further biomarker validation	(3; 4)
	CD4 and CD8 CD45RA+/RO+ T cell frequency	Increase in CD4 and CD8 CD45RA+CD45RO+ double positive cells in recent onset T1D compared to matched controls. CD4 double positive also increased compared to controls in prediabetic twins.	Flow cytometry	1-5 x 10 ⁶	Yes	No	Replication of result using expanded memory subset markers; biomarker confirmation	(5; 6)
	CD8 short lived effector-like T cell frequency	Increased frequency of CD8+CD28-CD57+CD27-CD127-T cells (associated with CMV viral infection) in at-risk autoantibody positive progressors compared to Ab- subjects and Ab+ non-progressors.	Flow cytometry	1-5 x 10 ⁶	No	No	Confirm in a replication cohort in an independent lab	(7)
T cell receptor	CD4 and CD8 polyclonal TCR diversity	TCR repertoires of both CD4 and CD8 T cells in T1D patients were less diverse compared with those of T2D patients and non-diabetic controls.	TCR sequencing	unknown (10 mL of peripheral blood)	No	No	Confirm in a larger replication cohort in an independent lab	(8)
	Naïve T cell TCR diversity	TCR repertoires in true naïve CD4 T cells in T1D patients were more diverse with reduced clonality compared with those in non-diabetic controls; TCRB CDR3 length was significantly shorter in T1D compared with non-diabetic control subjects in CD4 naive, central memory, Treg, and stem cell memory T cells.	TCR sequencing	True naïve, regulatory, central memory, and stem cell-like memory CD4 T cells isolated from a mean of 9.4 x 10 ⁶ PBMC	No	No	Confirm in a larger replication cohort in an independent lab	(9)
Antigen specific	Islet antigen CD4 T cell activation and clonal expansion	Increased frequency of islet reactive CD4 T cells with a phenotype of recent activation in established T1D compared with healthy controls. Increased clonal expansion of islet reactive CD4 T cells in established T1D vs. healthy controls based on shared TCR clonotypes.	CD154 activation assay and single cell RNA sequencing	4 x 10 ⁷	Yes	No	Confirm in a replication cohort in an independent lab. Extend to disease progression.	(10; 11)
	CD8+CD57+ islet Tem frequency	Change in frequency of islet reactive CD8+CD57+ Tem cells positively correlated with change in c-peptide levels in longitudinal samples from new onset T1D subjects ≤12y	Class I multimers and flow cytometry	1-5 x 10 ⁶	No	No	Confirm in a replication cohort in an independent lab	(12)

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Abbreviations: IDAA1c, insulin dose adjusted glycosylated hemoglobin; HbA1c, glycosylated hemoglobin; Ab, autoantibody; TCR, T cell receptor, T2D, type 2 diabetes; TCRB, TCR beta chain, CDR3, complementarity determining region 3.

SUPPLEMENTARY DATA

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