

## **Supplement**

### **Donor T-cell isolation**

Splenocytes and lymph nodes were used to purify donor T-cells using biotin-labeled anti-CD19 (1D3), CD45R (RA3-6B2), CD11b (M1/70), CD11c (N418), CD49b (DX5), NK1.1 (PK136), TCR  $\gamma\delta$  (GL3) and TER-119 (TER-119) (StemCell Technologies) followed by streptavidin RapidSpheres depletion with EasySep magnet (StemCell Technologies).

### **Pulmonary function tests**

Pulmonary function tests were performed as described previously<sup>1</sup>. Briefly, Nembutal anesthetized mice were intubated and ventilated using the Flexivent system (Scireq). Pulmonary resistance, elastance and compliance were recorded and analyzed using the Flexivent software version 5.1.

### **Histopathology and immunostaining**

Lung, liver and skin were embedded in Optimal Cutting Temperature (OCT) compound, snap frozen in liquid nitrogen, and stored in -80°C. Lungs were inflated by 75% OCT prior to harvest. For trichrome staining 8  $\mu$ m cryosections were fixed overnight in Bouin's solution and stained with the Masson's trichrome staining kit (Sigma HT15). Collagen deposition was quantified as a ratio of blue area to total area by ImageJ. For immunostaining, acetone fixed 8  $\mu$ m cryosections were stained with indicated markers. For macrophages staining, frozen sections of lung or skin were stained with anti CD68-ef660 (FA-11; Thermo Fischer Scientific). For immunoglobulin deposition, sections of

lung were stained with goat anti-mouse Ig (55401; BD). Confocal images were acquired on an Olympus FluoView500 Confocal Laser Scanning Microscope.

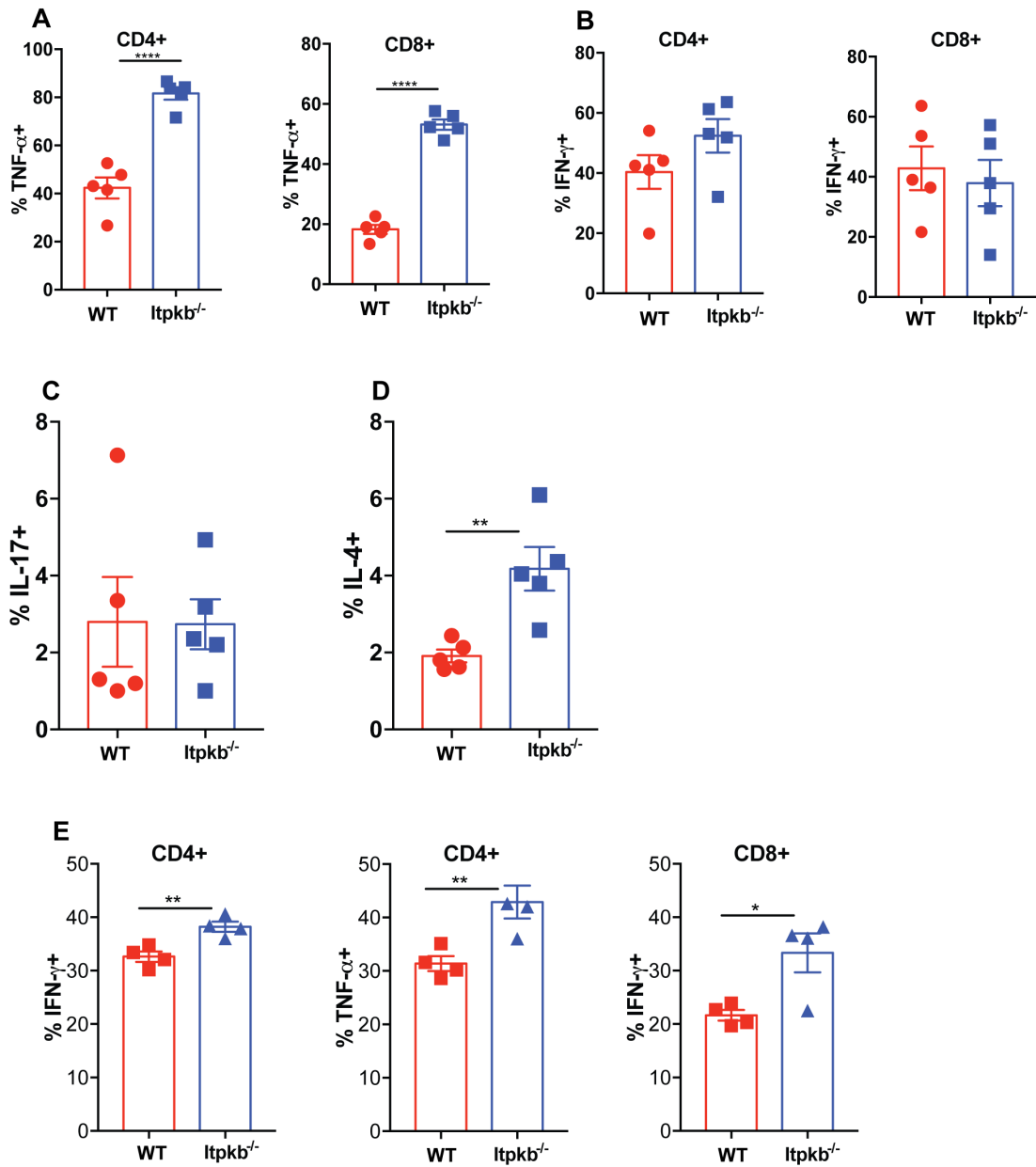
### **Flow Cytometry**

Following flow antibodies: anti-H-2Kb (clone AF6-88.5), anti-CD4 (clone RM4-5/GK1.5), anti-CD8 (clone 53-6.7), anti-CD16/CD32 (clone 93), anti-CD62L (clone MEL-14), anti-CD44 (clone IM7), anti-IFN- $\gamma$  (clone XMG1.2), anti-TNF- $\alpha$  (clone MP6-XT22), anti-CD45.1 (clone A20), anti-CD45.2 (clone 104), anti-CXCR5 (clone SPRCL5), anti-PD-1 (clone J43), anti-CD19 (clone 1D3), anti-GL7 (clone GL-7), anti-Fas (clone J02), anti-Foxp3 (clone FJK-16s), IL-22 (IL22JOP), TCR V $\alpha$ 2 (B20.1) and fixable viability dye (catalog 65-0865) were purchased from Thermo Fischer Scientific and Biolegend. Active caspase-8 staining was determined using CaspGLOW™ Fluorescein Active Caspase-8 Staining Kit (Thermo Fischer Scientific). Tfh cells were defined as PD-1 and CXCR5 high CD4 T-cells. Cells were analyzed on BD LSRFortessa.

### **Statistical analysis**

GraphPad Prism 6 was used to conduct the statistical analysis. Data were analyzed by Student's t-tests. Error bars indicated means +/- standard error of the mean (SEM). Survival studies are represented by Kaplan Meier survival curves, with statistical comparisons determined using log rank statistics. Significance: \*P<0.05; \*\*P<0.01; \*\*\*P<0.001; \*\*\*\*P<0.0001.

1. Du J, Paz K, Flynn R, et al. Pirfenidone ameliorates murine chronic GVHD through inhibition of macrophage infiltration and TGF-beta production. *Blood*. 2017;129(18):2570-2580.

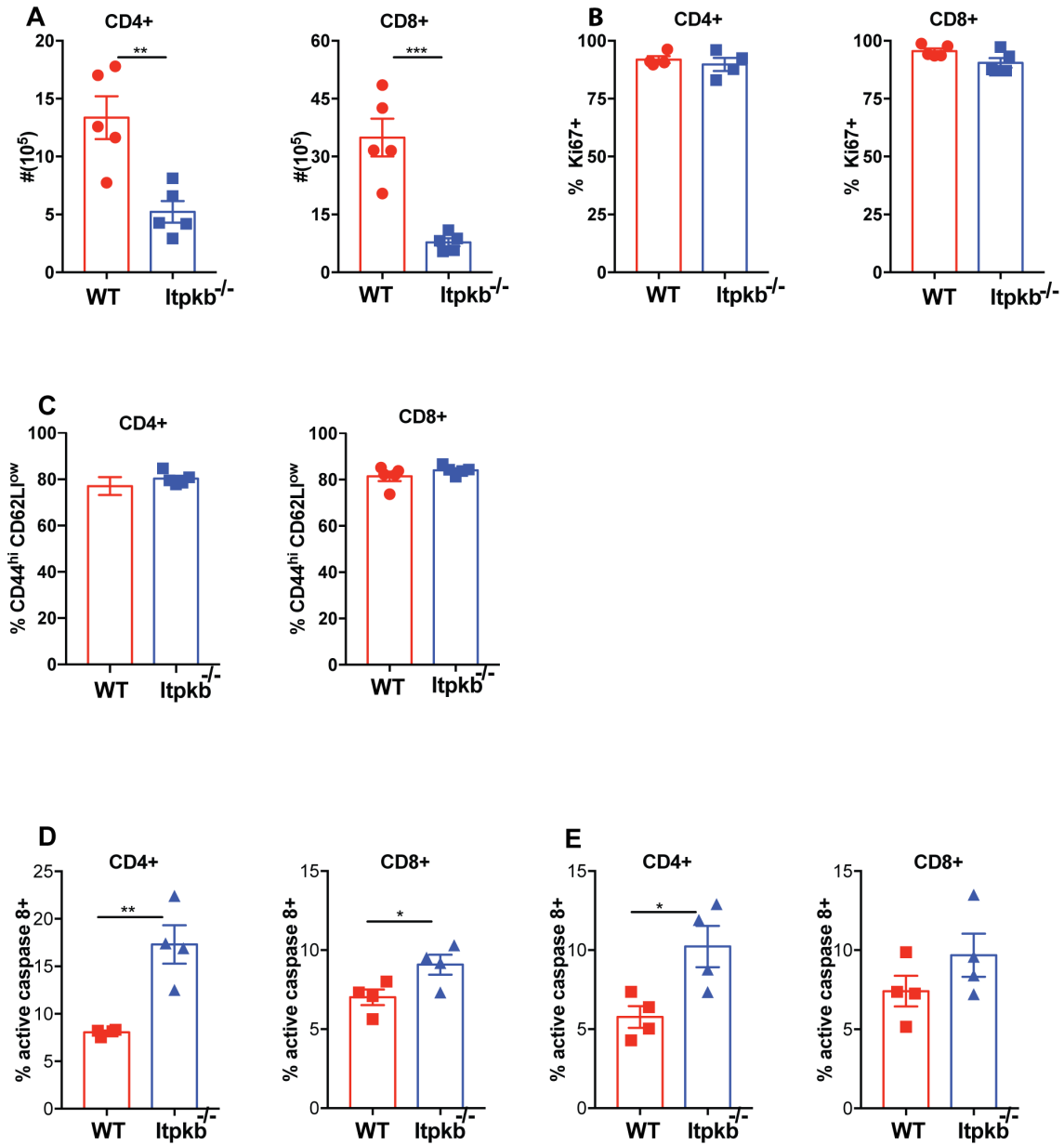


**Supplemental Figure 1. A higher frequency of *Itpkb*<sup>-/-</sup> vs. congenic WT T-cells expressed TNF- $\alpha$  and IL-4 with comparable IFN $\gamma$  and IL-17 expression**

(A-D) Lethally irradiated BALB/c recipients were infused with B6 BM. Cohorts were co-infused B6 CD45.1 WT and CD45.2 *Itpkb*<sup>-/-</sup> purified T-cells ( $0.75 \times 10^6$  each).

Percentages of (A) TNF- $\alpha$ , (B) IFN- $\gamma$  on donor T cells, (C) IL-17 (D) IL-4 on donor CD4+ T cells in spleens of recipients on day 6 post-transplant is shown. (E) The frequency of

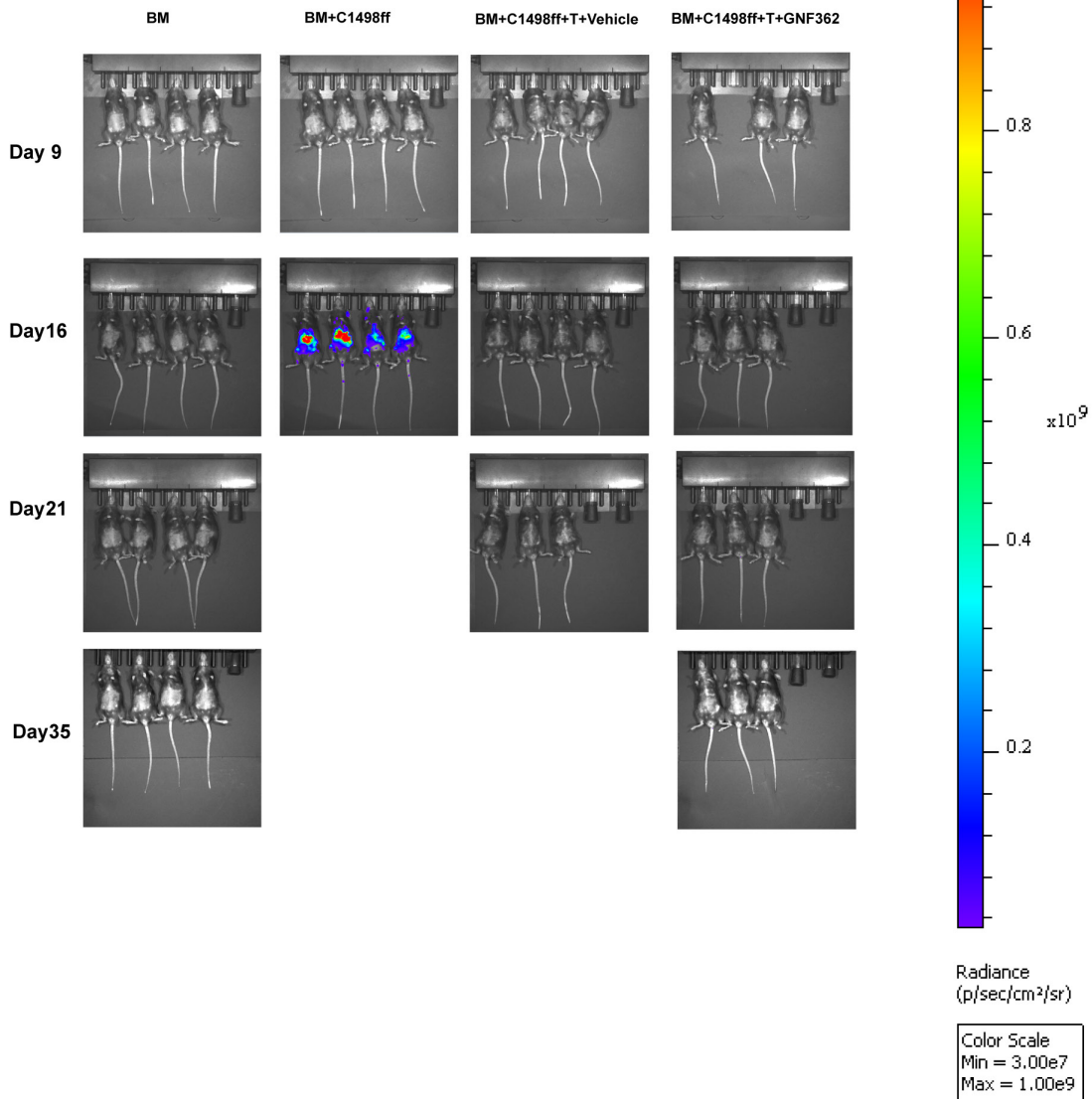
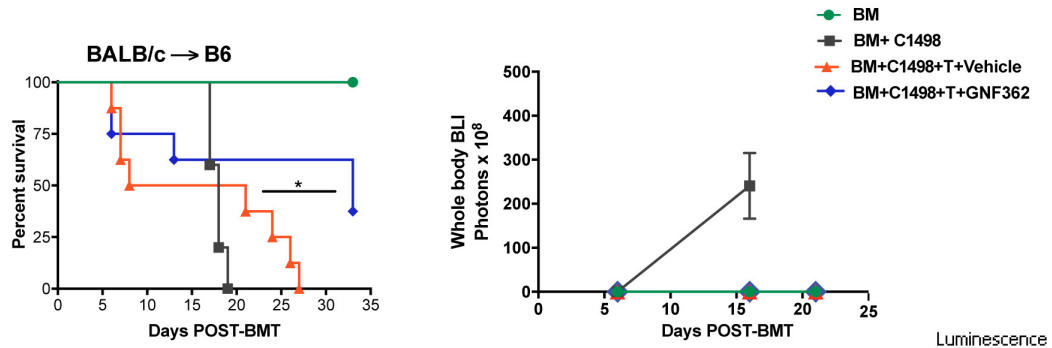
IFN- $\gamma$  or TNF- $\alpha$  expressing CD4<sup>+</sup> or CD8<sup>+</sup> T-cells, as indicated, that were isolated from the large intestines of recipients on day 14 post-transplant is shown. n=4-5. Data are presented as the mean  $\pm$  SEM. \* $P$  < 0.05, \*\* $P$  < 0.01, and \*\*\*\* $P$  < 0.0001.



**Supplemental Figure 2. Intact proliferative capacity of Itpkb<sup>-/-</sup> T-cells vs. congenic WT T-cells in aGVHD mice**

(A-B) Lethally irradiated BALB/c recipients were infused with B6 BM and cohorts co-infused with B6 CD45.1 WT and CD45.2 Itpkb<sup>-/-</sup> purified T cells (0.75 x 10<sup>6</sup> each). (A) Absolute numbers of WT (CD45.1) and Itpkb<sup>-/-</sup> (CD45.2) donor T-cells and percentage of (B) Ki-67 and (C) CD44<sup>hi</sup> CD62L<sup>lo</sup> expressing donor T-cells from the spleen of day 6

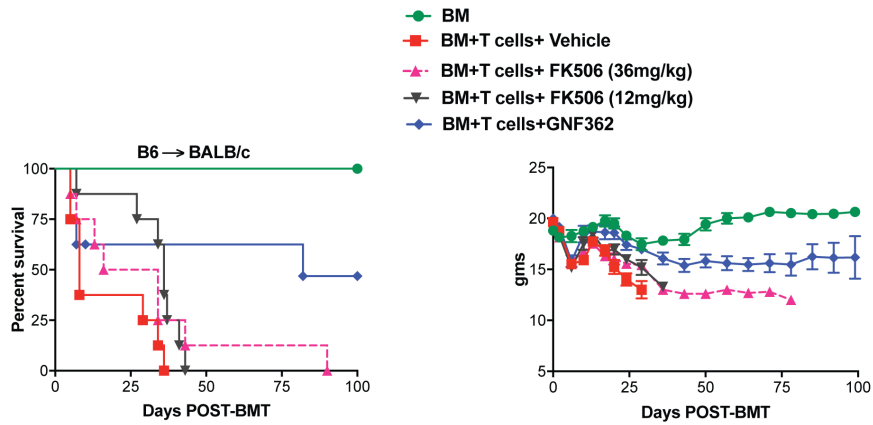
post-transplant recipients are shown. (D, E) The percentage of active caspase-8 in donor T-cells isolated from D) large intestines and E) small intestines of transplanted recipients on post-transplant day 14 is shown. n=4-5. Data are presented as the mean  $\pm$  SEM. \* $P < 0.05$ , \*\* $P < 0.01$ , and \*\*\* $P < 0.001$ .



**Supplemental Figure 3. GNF362 treatment spared the GVL effect against acute myeloid leukemia.**

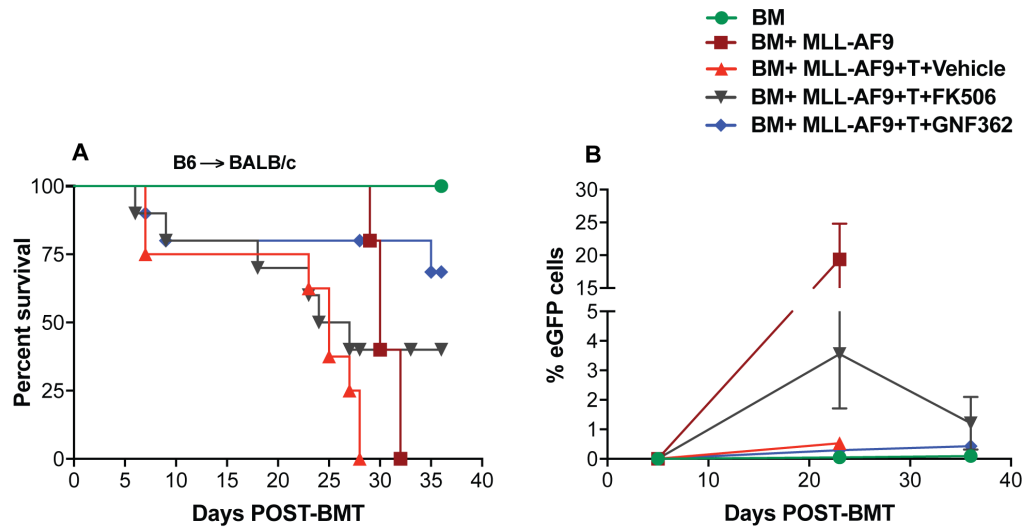


Survival and BLI of lethally irradiated B6 recipients infused with BALB/c BM  $\pm$  C1498ff leukemia cells ( $3 \times 10^4$ )  $\pm$  BALB/c purified T cells ( $2.5 \times 10^6$ )  $\pm$  GNF362. Tumor burden was quantified using BLI at the indicated time points after BMT. One experiment was performed. n=5 mice/BM group; 5 mice/BM+C1498ff leukemia group; 8 mice/BM+C1498ff +T group. Data are shown as the mean  $\pm$  SEM. \* $P < 0.05$ .



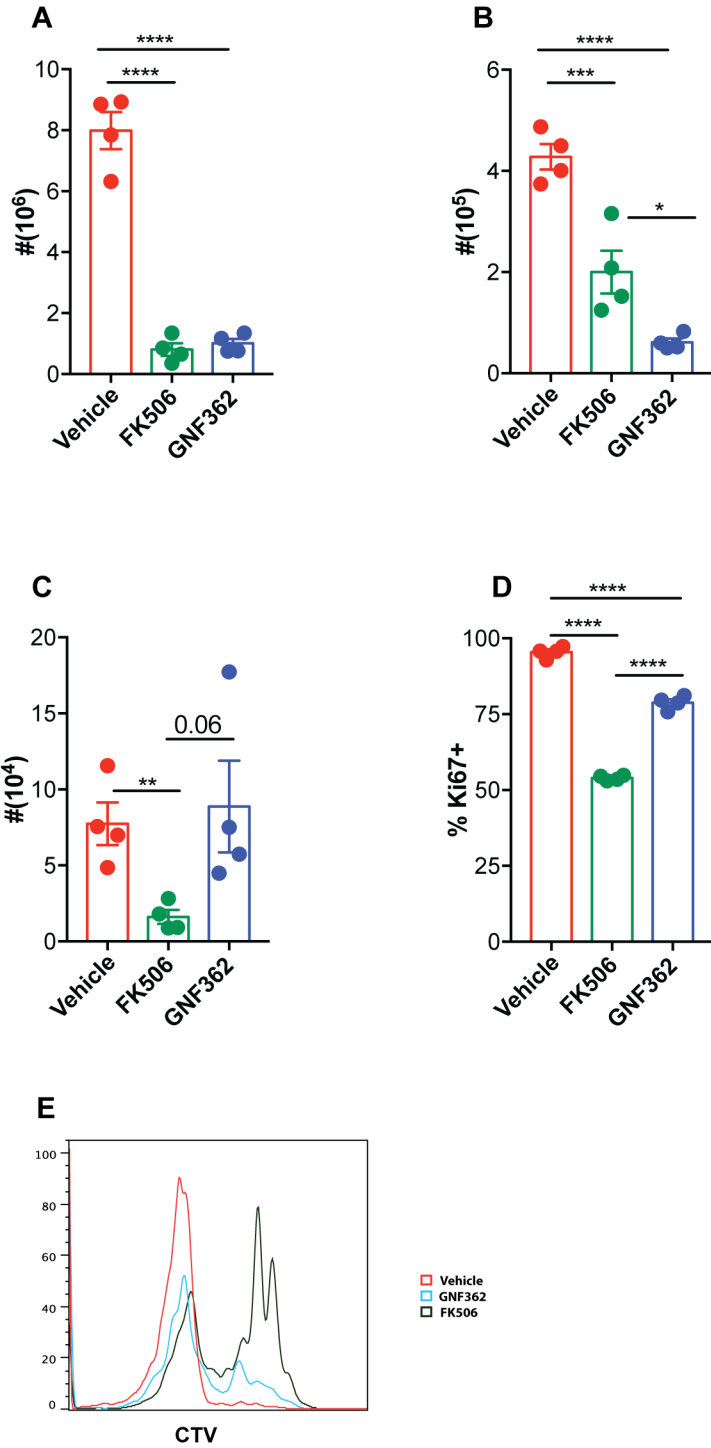
#### Supplemental Figure 4. Comparative GNF632 and FK506 aGVHD effects

Survival and weight curves are shown for irradiated BALB/c recipients given B6 BM ± purified T cells ( $1.5 \times 10^6$ ) and treated from day 3 to 28 post BMT with vehicle, FK506 (36mg/kg or 12mg/kg) or GNF362.  $n=5$  mice/BM group; 8 mice/BM+T group. FK506 (12mg/kg) or GNF362 treated recipients survived longer than vehicle treated recipients ( $p<0.05$ ;  $p=0.05$ , respectively). There was no significant difference in the survival rate between vehicle vs FK506 (36mg/kg) ( $P=0.2$ ), GNF362 vs FK506 ( $P=0.10$ ) treated recipients. One experiment was performed.



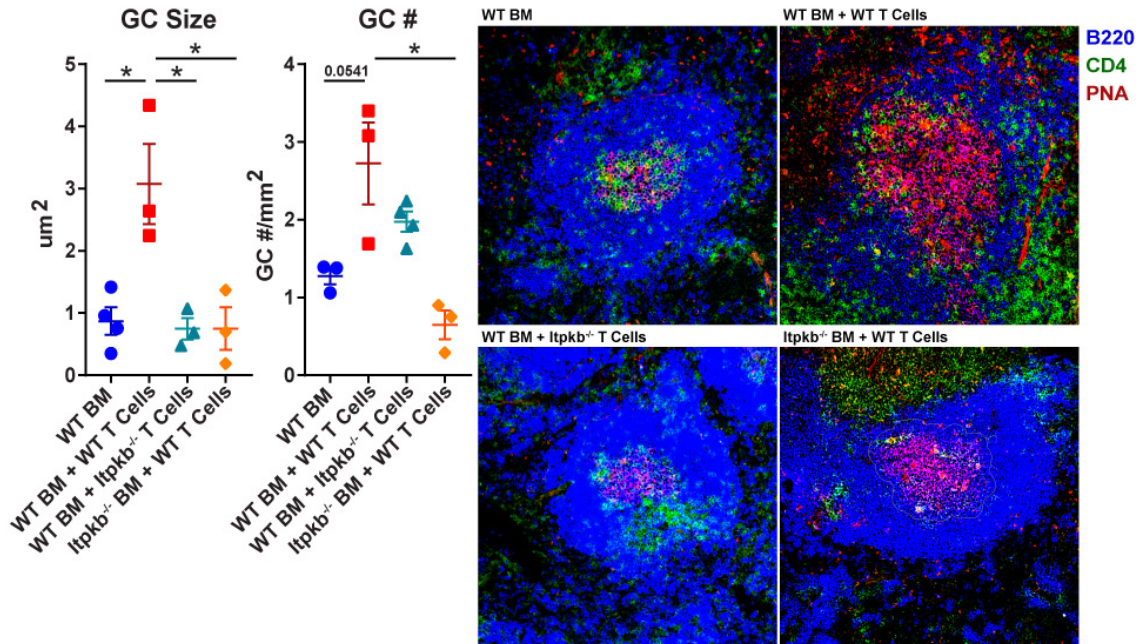
### Supplemental Figure 5. FK506 effects on aGVHD and GVL

A) Survival of lethally irradiated BALB/c recipients infused with B6 BM  $\pm$  MLL-AF9 eGFP+ leukemia cells ( $10^4$ ) and with or without supplemental purified T-cells ( $1.5 \times 10^6$ ). BM+ MLL-AF9+T recipients were treated with either vehicle, FK506 (12mg/kg) or GNF362 from days 0-28. B) Line graphs show the changing frequency of eGFP+ cells (tumor cells) in the peripheral blood at the indicated time points.  $n=5$  mice/BM group; 5 mice/BM+ MLL-AF9 group; 8-10 mice/BM+ MLL-AF9 GFP+T group. GNF362 treated recipients were significantly survived longer than vehicle ( $P < 0.01$ ). There was a statistical trend toward improved survival in the GNF362 as compared to FK506 group ( $P=0.07$ ). One experiment was performed. Data are shown as the mean  $\pm$  SEM.



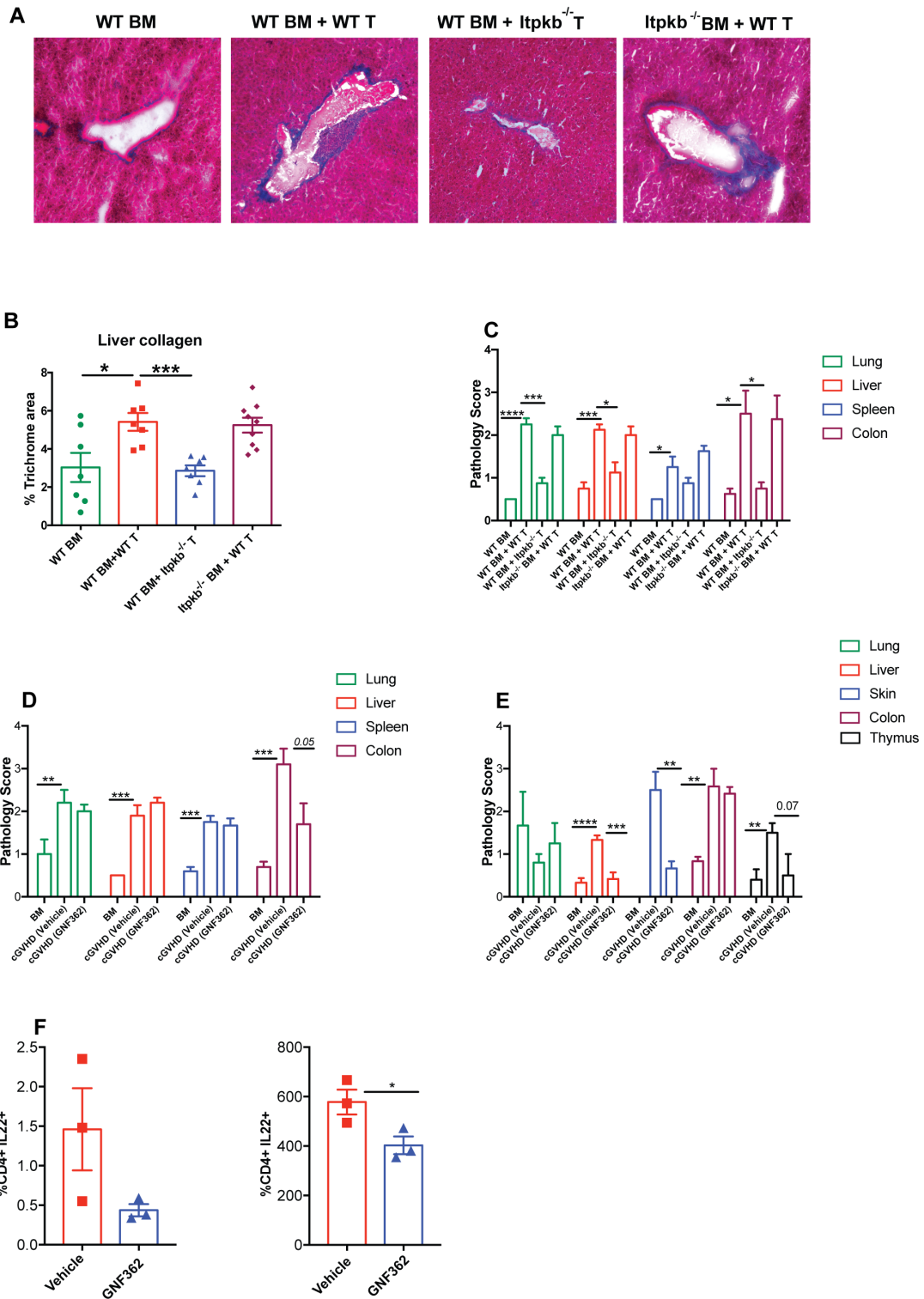
**Supplemental Figure 6. GNF362 selectively eliminated antigen-activated TCR Tg T cells without affecting bystander T cell proliferation**

(A-E) Lethally irradiated (CB6) F1 recipients were infused with B6 BM and a mixture of B6 TE $\alpha$  GFP+, Thy1.1+ 2C, and GFPneg, Thy1.2+ TCR V $\alpha$ + OT-1 TCR-Tg T cells ( $0.5 \times 10^6$  each). Recipients were treated daily with vehicle or FK506 (12mg/kg) or GNF362 from days 0-3. On day 4 post BMT, spleens were harvested. Absolute numbers of A) TE $\alpha$  or B) 2C T-cells are shown; (C) The OT-1:2C TCR Tg T cell ratios are shown. (D, E) Proliferation of OT-1+ CD8+ T cells, denoted by Ki67 expression, on day 4 post-BMT is shown. n=4 per group. Data are presented as the mean  $\pm$  SEM. One experiment was performed. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ , and \*\*\*\* $P < 0.0001$ .



**Supplemental Figure 7. Donor T-cell *Itpkb* expression influences GC size in the cGVHD/BO model**

Conditioned B10.BR mice were transplanted with B6 WT or *Itpkb*<sup>-/-</sup> BM with or without WT or *Itpkb*<sup>-/-</sup> donor T-cells ( $70 \times 10^3$ ). Splenic GC size and numbers and representative GC immunofluorescence staining images are shown. Three to four mice from each group were analyzed. Data are shown as the mean  $\pm$  SEM. \* $P < 0.05$ .



**Supplemental Figure 8. Precluding donor T-cell *Itpkb* activity reduced cGVHD in the BO model**

(A-C). Lethally irradiated B10.BR recipient mice that were transplanted with B6 T-cell depleted BM  $\pm$  T-cells. Some cohorts received B6 BM from WT or *Itpkb*<sup>-/-</sup> donors with or without WT or *Itpkb*<sup>-/-</sup> donor T-cells ( $70 \times 10^3$ ) (A) Liver collagen deposition staining, (B) quantification and (C) Histopathology tissue scores. n=4-5 mice/group. (D) Histopathology scores of lethally irradiated B10.BR recipients that were transplanted with B6 WT BM  $\pm$  B6 WT T-cells  $\pm$  GNF362 from days 28-56 post-transplant. n=4-5 mice/group. (E-F). Lethally irradiated BALB/c mice were transplanted with B10.D2 BM  $\pm$  purified T-cells. GNF362 or vehicle treatment started on day 21. (E) Histopathology tissue scores; and (F) T-cells isolated from skins of cGVHD recipients on day 49 post-BMT were analyzed to determine the frequency and levels (MFI) of IL-22 in CD4<sup>+</sup> T-cells. n=3-6 /group. Data are shown as the mean  $\pm$  SEM. \**P* < 0.05, \*\**P* < 0.01, \*\*\**P* < 0.001, and \*\*\*\**P* < 0.0001.