

Supplementary Information for

Reversible suppression of T cell function in the bone marrow microenvironment of acute myeloid leukemia.

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## This PDF file includes:

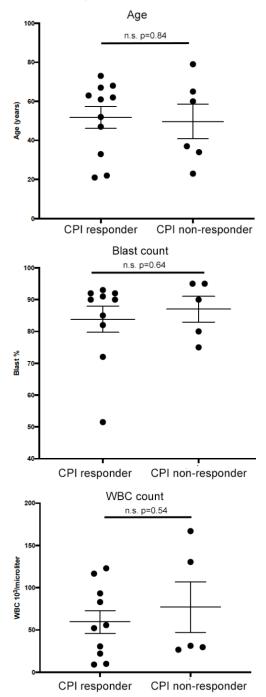
Supplemental Materials and Methods Figures S1 to S3 Tables S1 to S4

## **Supplemental Materials and Methods**

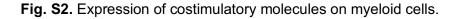
Immunophenotyping by time-of-flight mass cytometry (CyTOF)

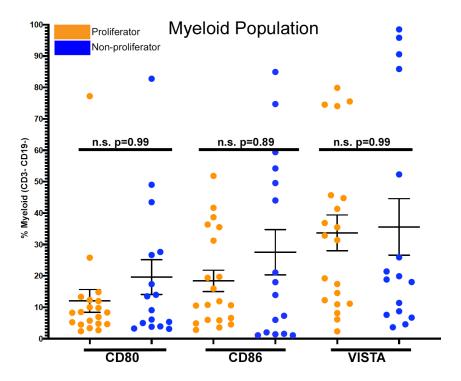
All antibodies and reagents were purchased from Fluidigm unless noted otherwise. Fresh samples were incubated with Cell-ID cisplatin reagent for 5 minutes at 5  $\mu$ M final concentration in PBS. This was followed by quenching with Maxpar Cell Staining Buffer (CSB). Cells were then resuspended in CSB containing Human TruStain FcX (BioLegend) for 10 minutes followed by addition of the mix of metal-conjugated antibodies specific for surface molecules. After 30 minutes, cells were washed, fixed and permeabilized using Maxpar Fix I buffer for 5 minutes followed by washing and resuspending in Maxpar Perm-S buffer following manufacturer's instructions. Cells were then resuspended in Perm-S buffer containing intracellular antibodies for 30 minutes. Staining was followed by washing 3 times with CSB and resuspension in Maxpar Fix & Perm buffer containing Cell-ID Intercalator-Ir iridium solution. Immediately prior to analysis, samples were washed 3 times with CSB followed by 2 washes with Maxpar water. Samples were mixed with EQ four element calibration beads before acquisition on a CyTOF 1 instrument.

**Fig. S1**. Clinical features according to checkpoint inhibitor (CPI) response group (among non-proliferators).



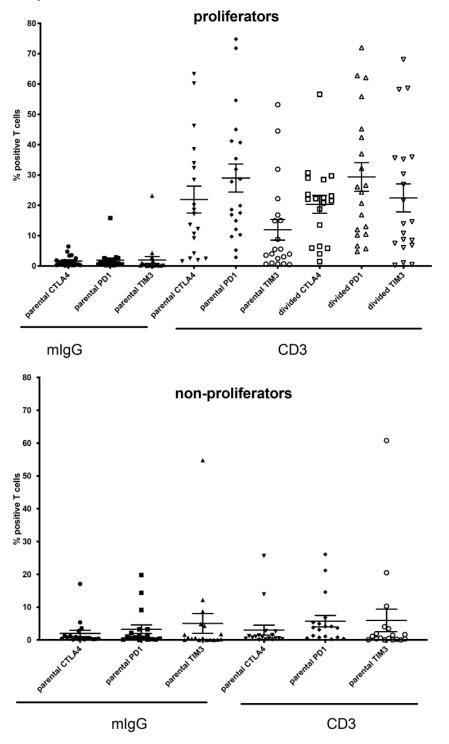
Patient age at sample collection, blast percentage in bone marrow, and white blood cell count in peripheral blood in responders vs. non-responders to CPI. Horizontal bars depict means ± 1 standard error and p-values were computed from equal-variance Student's t-tests.





Comparison of CD80, CD86 and VISTA expression between proliferator (orange) and non-proliferator (blue) groups displayed as % positive on the myeloid population. Bars represent mean +/- standard error of the mean. Statistics are one-way ANOVA with multiple comparisons using Bonferroni adjustment for multiple testing.

**Fig. S3.** Expression of checkpoint markers (CTLA-4, PD-1 and TIM3) on T cells in proliferation assay.



Cell Trace Violet (CTV) loaded samples were incubated in vitro with agonist anti-CD3 or control (mlgG) for 5 days. T cell-gated populations were analyzed for expression of indicated checkpoint molecule on the CTV high (parental) or cells that had undergone at least one round of division (divided).

Table S1. AML functional cohort characteristics.

Patient or sample	All patients	Proliferators	Non-proliferators	p-value
feature	N = 49	n = 20	n = 18	
AML type	de novo: 44 (89.8%) 2°: 5 (10.2%)	de novo: 18 (90.0%) 2°: 2 (10.0%)	de novo: 17 (94.4%) 2°: 1 (5.6%)	1.0
Age	median: 58 years range: 21 – 81 [1 missing]	median: 54 years range: 41 - 76	median: 60 years range: 21 – 79 [1 missing]	0.385
Gender	female: 28 (57.1%) male: 21 (42.9%)	female: 14 (70.0%) male: 6 (30.0%)	female: 10 (55.6%) male: 8 (44.4%)	0.503
ELN risk group	favorable: 19 (38.8%) intermed: 16 (32.7%) adverse: 9 (18.4%) NA: 5 (10.2%)	favorable: 9 (45.0%) intermed: 8 (40.0%) adverse: 2 (10.0%) NA: 1 (5.0%)	favorable: 8 (44.4%) intermed: 5 (27.8%) adverse: 3 (16.7%) NA: 2 (11.1%)	0.733
WBC (10³ / μL) in blood	median: 56.7 range: 9.0 – 166.9 [7 missing]	median: 68.3 range: 24.9 – 137.5 [2 missing]	median: 52.1 range: 9.0 – 166.9 [3 missing]	0.294
Myeloblast % in bone marrow	median: 82.5 range: 18.0 – 97.0 [7 missing]	median: 74.4 range: 18.0 – 97.0 [2 missing]	median: 90.0 range: 51.5 – 95.0 [3 missing]	0.050
Normal karyotype	no: 15 (30.6%) yes: 29 (59.2%) NA: 5 (10.2%)	no: 5 (25.0%) yes: 13 (65.0%) NA: 2 (10.0%)	no: 5 (27.8%) yes: 11 (61.1%) NA: 2 (11.1%)	1.0
FLT3-ITD	no: 35 (71.4%) yes: 13 (26.5%) NA: 1 (2.0%)	no: 13 (65.0%) yes: 7 (35.0%)	no: 14 (77.8%) yes: 3 (16.7%) NA: 1 (5.6%)	0.288
NPM1 mutant	no: 26 (53.1%) yes: 22 (44.9%) NA: 1 (2.0%)	no: 7 (35.0%) yes: 13 (65.0%)	no: 9 (50.0%) yes: 8 (44.4%) NA: 1 (5.6%)	0.331

## **Footnotes**

- "Proliferators" are patients whose bone marrow samples had >50% T cell proliferation (defined as the anti-CD3+mlgG proliferation % minus the mlgG+mlgG proliferation %, with proliferation requiring at least one division) whereas "Non-proliferators" are patients whose marrow samples had <5% T cell proliferation.
- p-values are from Fisher's exact test (for categorical variables) or Kruskal-Wallis test (for continuous variables)
- among the 5 secondary (2°) AML patients, 3 had prior MDS/MPN and 2 had therapyrelated AML after breast cancer

Newly diagnosed AML patient demographic, hematologic, and genomic variables of the functional T cell assay cohort (N=49) and in subgroups of T cell proliferators (n=20) and non-proliferators (n=18).

Table S2. Percentage of T cells that divided in the functional assay described in Figures 1 and 3.

mlgG+mlgG	CD3+mlgG	CD3+PD1	CD3+CTLA4	CD3+TIM3
IlligaTilliga	CD371111gG		CDSTCTEAT	CDSTTINIS
5.2	02.2	Proliferators	02.0	02.4
5.2	83.2	85.4	83.0	82.4
5.1	96.0	97.7	96.1	95.4
20.8	91.6	91.7	91.7	88.2
1.5	75.1	96.6	96.3	97.5
23.4	93.8	96.6	97.5	98.1
2.2	94.3	96.0	94.2	94.6
27.0	80.2	90.7	90.8	92.2
0.7	84.5	87.8	n.d.	n.d.
0.7	63.0	89.6	83.4	91.3
1.9	67.6	92.1	89.3	88.1
5.5	71.9	75.2	75.2	81.9
0.4	82.9	84.4	84.3	85.3
1.1	71.4	75.1	72.2	71.9
9.5	92.2	95.1	93.3	93.3
1.0	89.8	93.4	93.9	92.2
3.0	86.5	92.7	90.7	90.2
0.5	72.6	80.1	80.1	80.4
1.0	65.2	85.6	n.d.	80.4
8.8	83.2	89.7	87.9	87.3
0.7	56.2	96.9	98.3	96.9
		n-proliferato		
0.4	0.5	6.0	n.d.	5.1
0.2	0.4	2.6	0.4	0.3
0.2	0.3	22.5	5.5	4.2
0.2	0.4	2.2	0.5	1.2
0.2	3.8	46.9	39.5	48.8
0.3	2.0	15.1	8.2	15.3
0.6	5.1	70.8	58.8	32.6
0.1	1.7	20.1	6.1	7.2
0.7	1.3	6.5	3.5	2.2
1.1	2.2	38.2	39.9	37.2
0.7	0.7	2.3	2.5	15.1
0.3	0.2	1.9	0.8	1.0
23.8	26.6	22.4	27.2	27.0
9.3	9.6	20.1	n.d.	36.7
0.5	1.3	2.8	1.8	0.9
0.4	0.8	1.0	1.1	1.0
0.2	1.9	4.7	3.1	3.0
0.6	2.7	7.1	4.2	4.0
0.0		ediate Prolife		70.0
0.9	35.0	61.0	55.3	70.3
0.5	41.2	84.8	82.3	87.4
2.0	8.1	25.4	11.8	17.1
0.5	23.4	37.4	45.9	20.9
0.3	39.8	40.3	39.4	36.8
1.3	49.8	60.5	n.d.	61.1
0.8	31.7	51.8	57.0	58.0
0.6	19.5	30.8	35.6	38.6
2.4	20.9	36.5	27.6	27.7
1.2 1.5	30.1	93.9	94.7	93.9
	33.8	78.7	V Cell Trace	79.6

%T cell division was assessed by Cell Trace Violet dilution as described in the main text.

<sup>•</sup> Proliferator: difference in %T cell division between mlg+mlg and CD3+mlg >50% (n=20)

<sup>•</sup> Non-Proliferator: difference in %T cell division between mlg+mlg and CD3+mlg <5% (n=18)

<sup>•</sup> Intermediate Proliferator: difference in %T cell division between mlg+mlg and CD3+mlg of 5-49% (n=11)

<sup>•</sup> Checkpoint responder (blue cells): %T cell division with CPI treatment >5-fold over CD3+mlg (n=12)

Table S3. AML clinical cohort characteristics.

Patient feature or outcome	All patients N = 80	"low" T-cell % N = 40	"high" T-cell % N = 40	p-value
AML type	de novo: 76 (95.0%) 2°: 4 (5.0%)	de novo: 38 (95.0%) 2°: 2 (5.0%)	de novo: 38 (95.0%) 2°: 2 (5.0%)	1.0
Age	median: 61 years range: 18 - 83	median: 58.5 years range: 25 - 73	median: 61 years range: 18 - 83	0.769
Gender	female: 37 (46.3%) male: 43 (53.8%)	female: 21 (52.5%) male: 19 (47.5%)	female: 16 (40.0%) male: 24 (60.0%)	0.370
ELN (2017) risk group	favorable: 33 (41.3%) intermed: 20 (25.0%) adverse: 27 (33.8%)	favorable: 13 (32.5%) intermed: 13 (32.5%) adverse: 14 (35.0%)	favorable: 20 (50.0%) intermed: 7 (17.5%) adverse: 13 (32.5%)	0.185
WBC (10 <sup>3</sup> /μL)	median: 15.5 range: 0.5 – 250.0	median: 28.5 range: 0.5 – 250.0	median: 8.0 range: 1.0 – 198.0	0.001
Myeloblast % (of WBC)	median: 56.0 range: 6.7 – 95.6	median: 56.3 range: 14.3 – 95.6	median: 55.5 range: 6.7 – 94.3	0.381
Lymphocyte % (of WBC)	median: 8.4 range: 1.4 – 53.6	median: 5.9 range: 1.4 – 52.6	median: 12.1 range: 2.2 – 53.6	0.006
T-cell % (of lymphocytes)	median: 72.5 range: 41.0 – 90.9	median: 61.0 range: 41.0 – 72.3	median: 79.1 range: 72.7 – 90.9	
T-cell absolute numbers (cells / μL)	median: 1035 range: 57 - 7050	median: 1029 range: 57 - 7050	median: 1046 range: 109 - 3482	
Treatment regimen	7+3: 69 (86.2%) ATRA: 3 (3.8%) HMA: 7 (8.8%) none: 1 (1.2%)	7+3: 34 (85.0%) ATRA: 1 (2.5%) HMA: 4 (10.0%) none: 1 (2.5%)	7+3: 35 (87.5%) ATRA: 2 (5.0%) HMA: 3 (7.5%) none: 0 (0.0%)	1.0
Response to induction therapy	CR/CRi: 59 (73.8%) PR: 0 (0.0%) none: 13 (16.3%) NA: 8 (10.0%)	CR/CRi: 28 (70.0%) PR: 0 (0.0%) none: 7 (17.5%) NA: 5 (12.5%)	CR/CRi: 31 (77.5%) PR: 0 (0.0%) none: 6 (15.0%) NA: 3 (7.5%)	0.764
Bone Marrow Transplant	no: 47 (58.8%) yes: 33 (41.3%)	no: 22 (55.0%) yes: 18 (45.0%)	no: 25 (62.5%) yes: 15 (37.5%)	0.650
Follow-up time from diagnosis	KM median: 48.1 mo Alive at 2 yrs: 52.0%	KM median: 13.6 mo Alive at 2 yrs: 40.0%	KM median: N/A Alive at 2 yrs: 64.3%	0.030
Vital status	Alive: 40 (50.0%) Dead: 40 (50.0%)	Alive: 15 (37.5%) Dead: 25 (62.5%)	Alive: 25 (62.5%) Dead: 15 (37.5%)	

## **Footnotes**

- "low" and "high" T-cell percentage groups were created by dichotomizing on the sample median of 72.5%
- p-values are from Fisher's exact test (for categorical variables), Kruskal-Wallis test (for continuous variables), or log-rank test (for follow-up time until death or last contact)
- among the 4 secondary (2°) AML patients, 2 had prior MDS, 1 had prior CMML (chronic myelomonocytic leukemia), and one had therapy-related AML after breast cancer
- reported cell percentages and absolute numbers are from multicolor flow analysis on bone marrow samples taken at the time of AML diagnosis
- For treatment regimen groups: (i) "7+3" includes similar regimens involving cytarabine
  and an anthracycline for numbers of days that differ from 7 and 3, respectively; (ii) the
  APL patients administered all-trans retinoic acid (ATRA) also received cytarabine and/or
  an anthracycline and thus have response to induction data; (iii) all patients in the
  hypomethylating agent (HMA) group received decitabine, with one patient also
  receiving azacytidine; and (iv) the lone untreated patient died 1 day after AML diagnosis
- response to induction was evaluated over 2 months for patients who received an initial course of standard induction therapy (i.e., 7+3 or similar) or ATRA-based therapy
- 'KM' refers to Kaplan-Meier estimation of survival (i.e., time to death or last contact)

Newly diagnosed AML patient demographic, bone marrow sample, and outcome variables of the clinical cohort (N=80) of patients with samples analyzed by flow cytometry, included to evaluate the relationship between marrow T cell percentage at diagnosis and overall survival

Table S4. Mass Cytometry staining panels.

Panel 1			
Antigen	Clone	Metal Tag	
CD45	HI30	141Pr	
CD19	HIB19	142Nd	
CD127(IL-7R)	A019D5	143Nd	
CD38	HIT2	144Nd	
CD4	RPA-T4	145Nd	
CD8	RPA-T8	146Nd	
CD11c	Bu 15	147Sm	
CD16(FcgRIII)	3G8	148Nd	
CD25(IL-2R)	2A3	149Sm	
CD223(LAG3)	874501	150Nd	
CD278 (ICOS)	C398.4A	151Eu	
CD66b	80H3	152Sm	
CD45RA	HI100	153Eu	
TIM-3	F38-2E2	154Sm	
CD27	L128	155Gd	
CD14	HCD14	156Gd	
CD134 (OX40)	ACT35	158Gd	
GITR	621	159Tb	
CD28	CD28.2	160Gd	
CD152(CTLA-4)	14D3	161Dy	
FoxP3	259D/C7	162Dy	
CD272(BTLA)	MIH26	163Dy	
CD185(CXCR5)	51505	164Dy	
CD40	5C3	165Ho	
CD44	BJ18	166Er	
CD197 (CCR7)	G043H7	167Er	
Ki-67	Ki-67	168Er	
CD33	WM53	169Tm	
CD3	UCHT1	170Er	
CD20	2H7	171Yb	
VISTA	Janssen	172Yb	
HLA-DR	L243	173Yb	
TIGIT	MBSA43	174Yb	
CD279(PD-1)	EH12.2H7	175Lu	
CD56	R19-760	176Yb	

Panel 2			
Antigen	Clone	Metal Tag	
CD45	HI30	141Pr	
CD19	HIB19	142Nd	
CD117(ckit)	104D2	143Nd	
CD38	HIT2	144Nd	
CD4	RPA-T4	145Nd	
CD8	RPA-T8	146Nd	
CD11c	Bu 15	147Sm	
CD16(FcgRIII)	3G8	148Nd	
CD34	581	149Sm	
CD86	IT2.2	150Nd	
CD123(IL-3R)	6H6	151Eu	
CD66b	80H3	152Sm	
TIM-3	F38-2E2	153Eu	
CD163	GHI/61	154Sm	
VISTA	Janssen	155Gd	
CD14	HCD14	156Gd	
FLT3	BV10A4H2	158Gd	
CD115	9-4D2-1E4	159Tb	
CD13	WM15	160Gd	
CD80	2D10.4	162Dy	
TGFb	TW4-6H10	163Dy	
Arginase (i)	14D2C43	164Dy	
Notch2 (i)	MHN2-25	165Ho	
IL-10 (i)	JES3-9D7	166Er	
CD11b	ICRF44	167Er	
pStat6 (i)	18	168Er	
CD33	WM53	169Tm	
CD3	UCHT1	170Er	
CD20	2H7	171Yb	
CD15	W6D3	172Yb	
HLA-DR	L243	173Yb	
IL-1rap		174Yb	
CD274(PDL1)	29E.2A3	175Lu	
CD56	R19-760	176Yb	

Antibody specificity (antigen), clone and corresponding metal tags used in the CyTOF-based immunophenotyping.