

Supplemental Information

Systemic Type I IFN Inflammation in Human

ISG15 Deficiency Leads to Necrotizing Skin Lesions

Marta Martin-Fernandez, María Bravo García-Morato, Conor Gruber, Sara Murias Loza, Muhammad Nasir Hayat Malik, Fahad Alsohime, Abdullah Alakeel, Rita Valdez, Sofija Buta, Guadalupe Buda, Marcelo A. Marti, Margarita Larralde, Bertrand Boisson, Marta Feito Rodriguez, Xueer Qiu, Maya Chrabieh, Mohammed Al Ayed, Saleh Al Muhsen, Jigar V. Desai, Elise M.N. Ferre, Sergio D. Rosenzweig, Blanca Amador-Borrero, Luz Yadira Bravo-Gallego, Ruth Olmer, Sylvia Merkert, Montserrat Bret, Amika K. Sood, Abdulkarim Al-rabiaah, Mohamad Hani Temsah, Rabih Halwani, Michelle Hernandez, Frank Pessler, Jean-Laurent Casanova, Jacinta Bustamante, Michail S. Lionakis, and Dusan Bogunovic

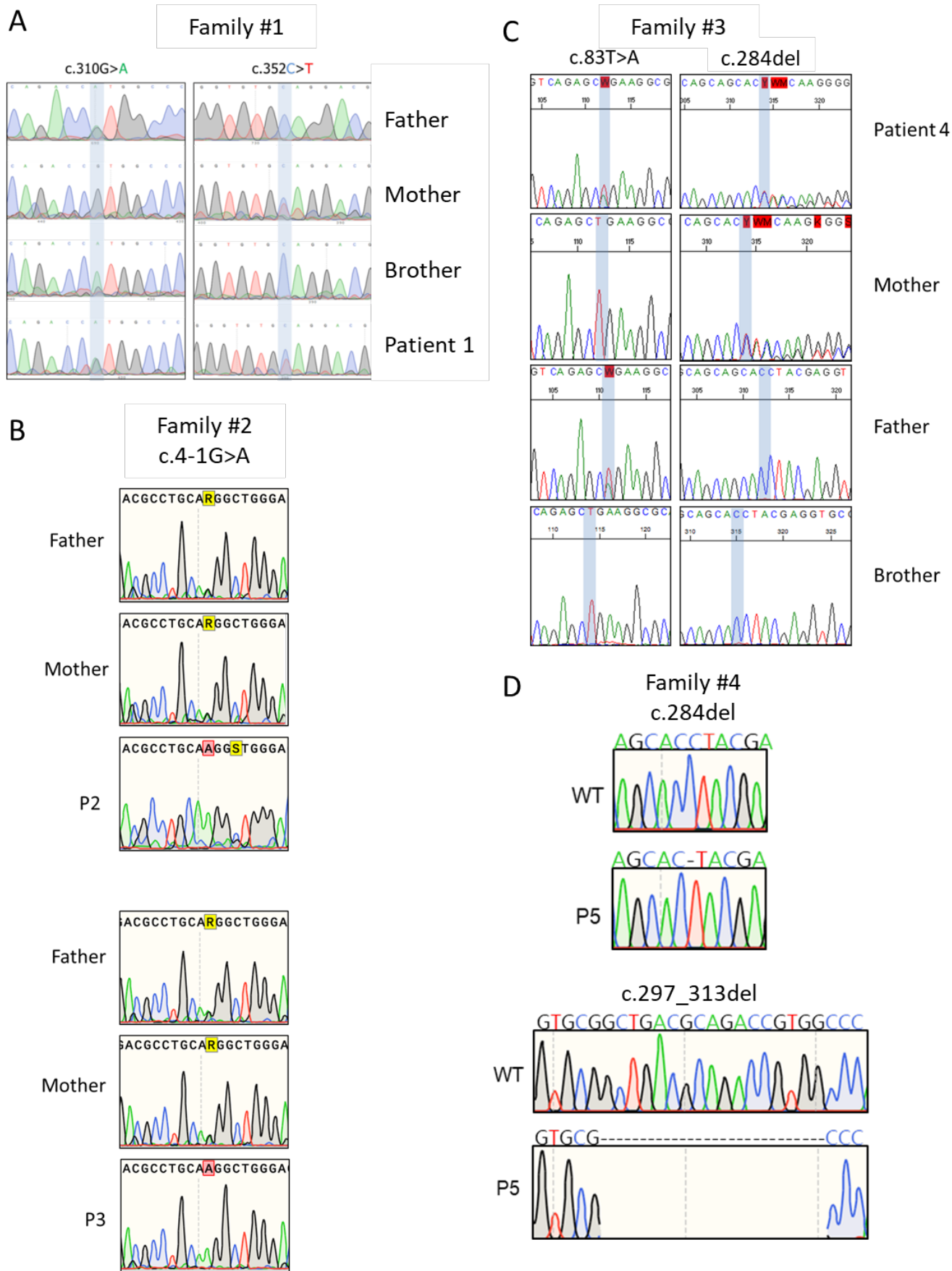


Figure S1, Related to figure 1. Electropherograms showing the *ISG15* variants identified in the different families and confirmed by Sanger sequencing: **A**) Family 1 (c.310G>A, c.352C>T), **B**) Family 2 (c.4-1G>A), **C**) Family 3 (c.83T>A and c.284del), **D**) Family 4 (c.284del and c.297_313del).

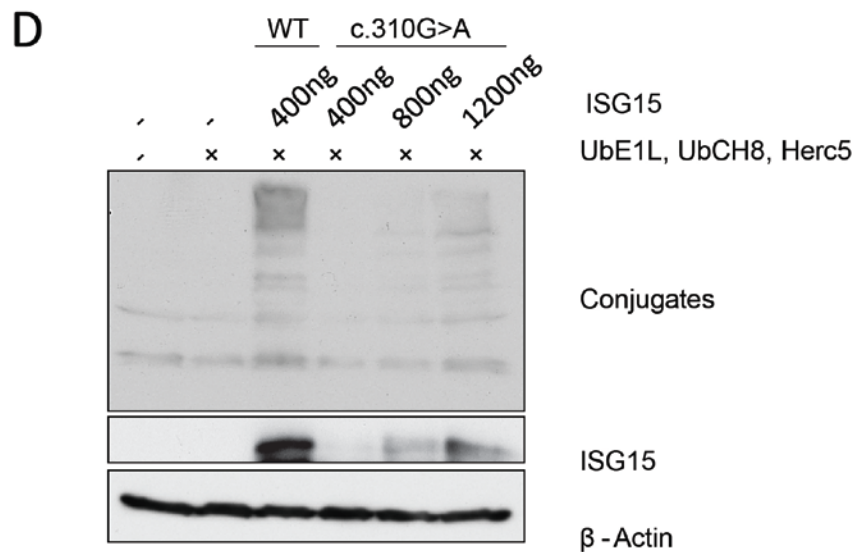
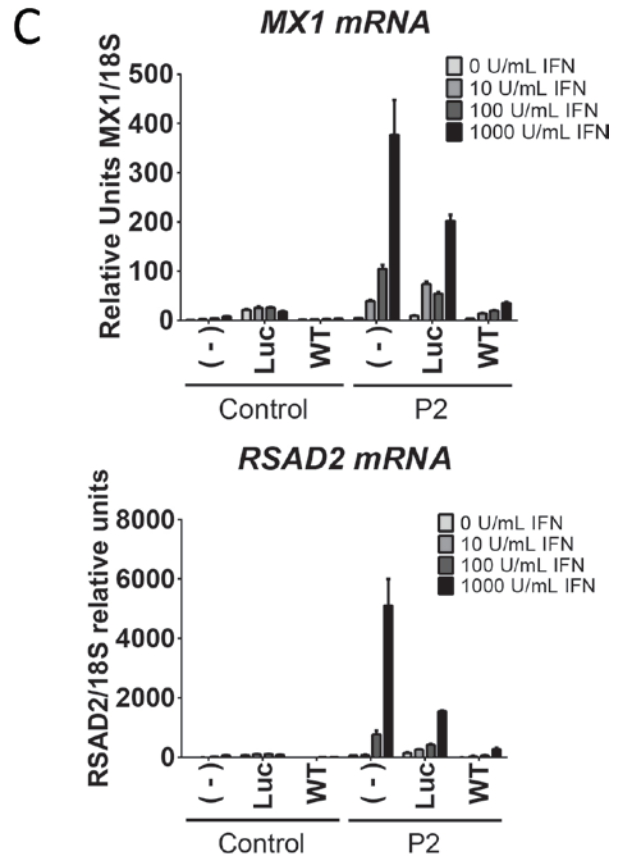
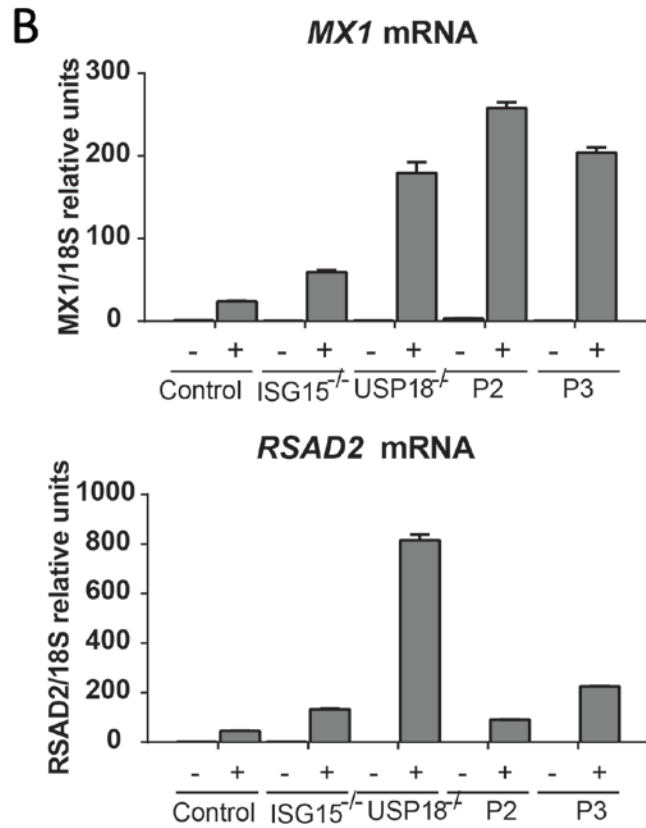
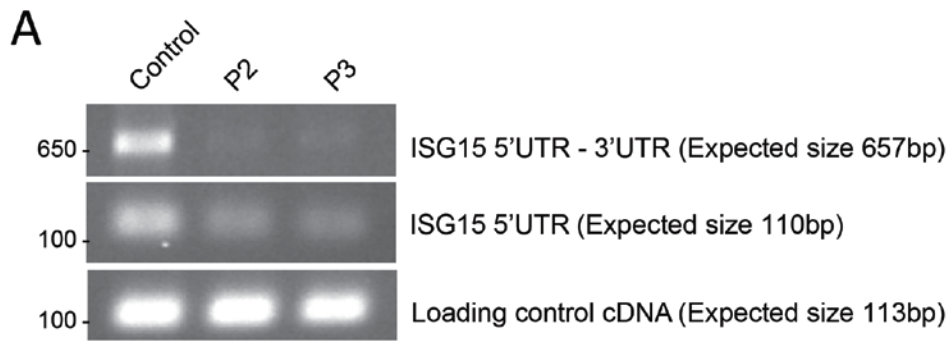


Figure S2, Related to figure 2. A) Gel electrophoresis of RT-PCR amplicons of *ISG15* in a control, P2 and P3, obtained with primers for: *ISG15* cDNA (from 5'UTR to 3'UTR; expected size = 657 bp), *ISG15* exon 1 (5'UTR; expected size = 110 bp) and a loading control (expected size 113 bp). **B)** hTert-immortalized fibroblasts from a control or P2 were transduced with luciferase or WT *ISG15* and sorted. These fibroblasts were treated with the indicated doses of IFN- α 2b for 12 h, washed with PBS, and left to rest for 36 h, after which, relative mRNA levels were determined for the genes indicated, in three experiments each, with technical triplicates; data from a representative experiment are shown. Bars represent the mean \pm standard deviation (SD). **C)** HEK293T cells were cotransfected with UbE1L, UbCH8 and HerC5 in combination with WT *ISG15* or various amounts of *ISG15* c.310G>A. Cell lysates were analyzed by western blotting for the indicated antibodies; data from a representative experiment are shown.

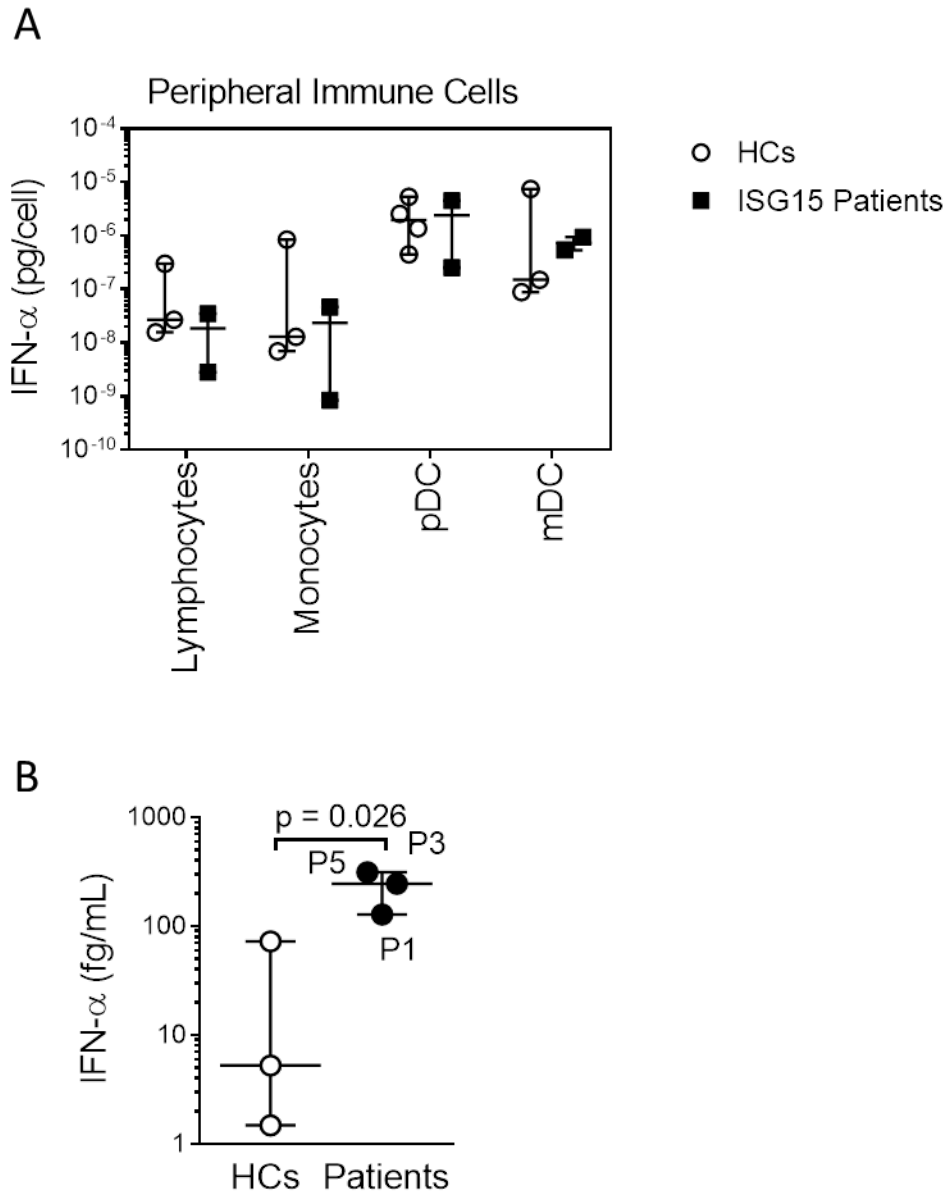


Figure S3, Related to figure 3. A) Detection of cellular interferon production by SiMoA digital ELISA on lysates of the indicated immune cell types. PBMCs from three healthy controls and two samples from P1 were sorted by FACS into lymphocytes ($CD3^+$, $CD19^+$ or $CD56^+$), monocytes ($CD3^-CD19^-CD56^+HLADR^+CD14^+$), myeloid DCs ($CD3^-CD19^-CD56^+HLADR^+CD14^-CD123^-$) or plasmacytoid DCs ($CD3^-CD19^-CD56^+HLADR^+CD14^-CD123^+$) and lysed for quantification. **B)** Single molecular array (SiMoA) digital ELISA quantifying IFN α from plasma of four healthy controls and three patients.

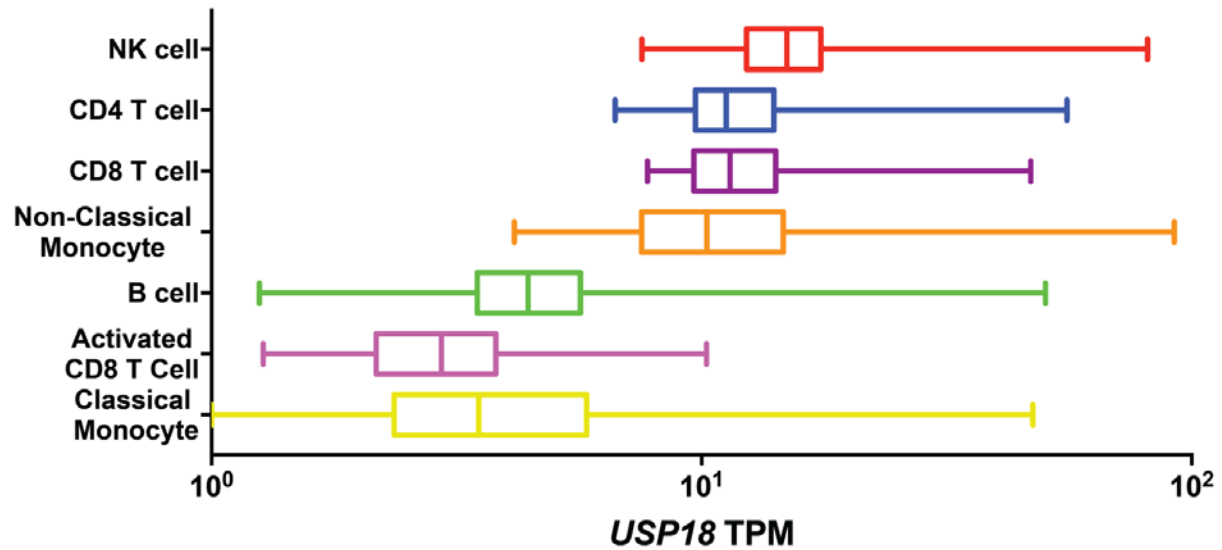


Figure S4, Related to figure 4. USP18 RNA levels in the various immune cell subsets. Mean expression levels of USP18 mRNA in transcripts per million (TPM) within a combined publicly available dataset from The Database of Immune Cell Expression. Boxes indicate interquartile ranges and whiskers indicate maximum and minimum expression across studies.

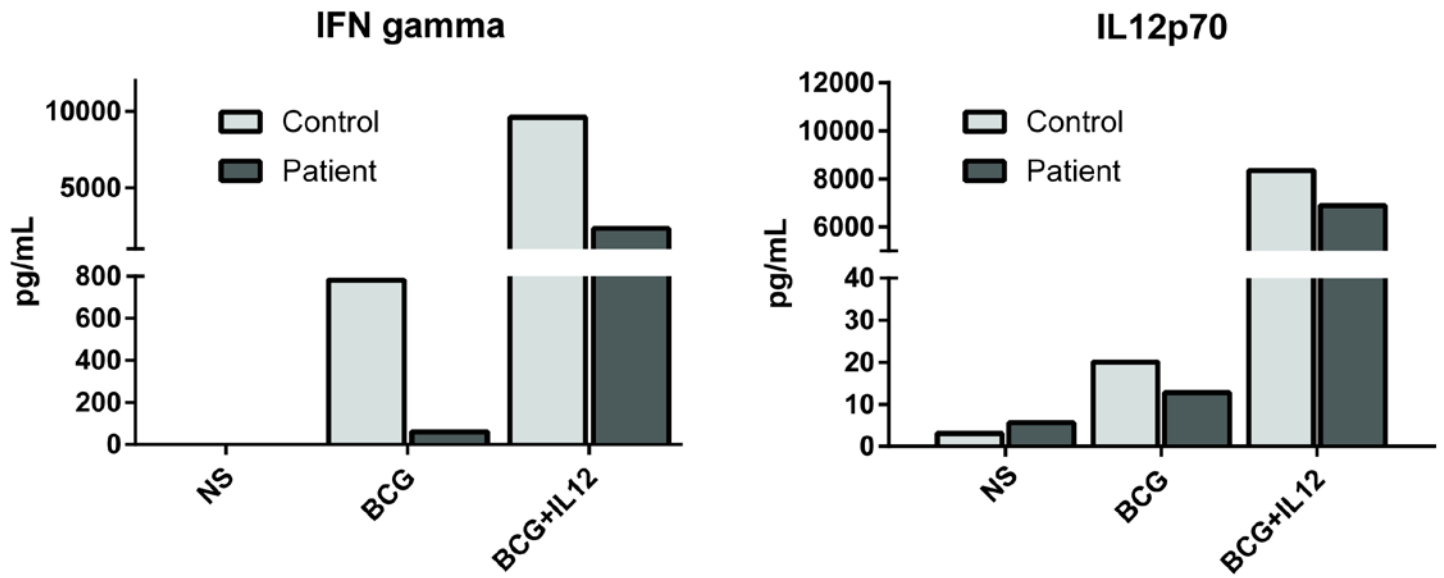
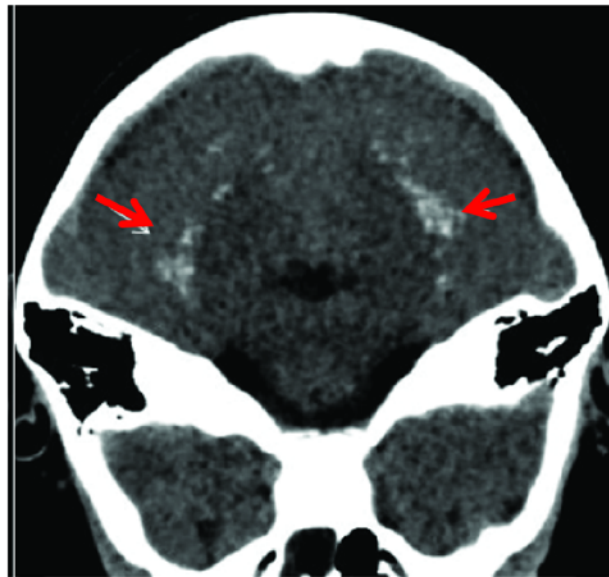
A**B**

Figure S5, Related to figure 1. A) Cytokine production in the supernatants of whole-blood cells from a control and P1 (patient) left unstimulated or stimulated with BCG alone or BCG plus IL-12. The supernatants were analyzed with a panel of 8 cytokines and the Luminex platform. Levels of IFN γ (left panel) and IL12p70 (right panel) production are shown. **B)** CT scan from P4 showing multiple punctiform lesions of calcium density of cortical-subcortical disposition and following the path of the cerebellar dentate nucleus (arrows).

| Previously Reported ISG15-/- Patients (Science 2012 and Nature 2015) | | | | | | | | | | | |
|--|-----------------|---------|--------|---------------------|--------------------------------|--------------------------|--------------------|-----------------------|-----------------------------|-------------|---|
| Demographics | | | | Genetics | | | | Clinical Presentation | | | |
| Case # | Patient | Country | Sex | Inheritance | Mutation | Consequence | Characterization | BCG Vaccination | Intracranial Calcifications | Skin Lesion | Comments |
| 1 | P1 | Turkey | Female | Autosomal recessive | c.379G>T c. 379G>T | p.Glu127* p.Glu127* | Loss-of-expression | Yes | Yes | No/Yes | - Lymphadenopathy after BCG vaccination (MSMD) - Intracranial calcifications - Herpetic lesion on the scapular area |
| 2 | P2 ¹ | Iran | Male | Autosomal recessive | c.336_337insG c.336_337insG | p.Leu114fs p.Leu114fs | Loss-of-expression | Yes | Yes | No | - Ulcers and fistulizing lymphadenopathies after BCG vaccination (MSMD) - Intracranial calcifications |
| 3 | P3 ¹ | Iran | Male | Autosomal recessive | c.336_337insG c.336_337insG | p.Leu114fs p.Leu114fs | Loss-of-expression | Yes | Yes | No | - Lymphadenitis close to the site of BCG vaccination (MSMD) - Intracranial calcifications |
| 4 | P4 ² | China | Female | Autosomal recessive | c.163C>T c.163C>T | p.Gln55* p.Gln55* | Loss-of-expression | No | Yes | No | - Basal ganglia calcifications - Epileptic seizures |
| 5 | P5 ² | China | Female | Autosomal recessive | c.163C>T c.163C>T | p.Gln55* p.Gln55* | Loss-of-expression | No | Yes | No | - Basal ganglia calcifications |
| 6 | P6 ² | China | Female | Autosomal recessive | c.163C>T c.163C>T | p.Gln55* p.Gln55* | Loss-of-expression | No | Yes | No | - Basal ganglia calcifications |

^{1,2} indicates siblings

Table S1, Related to figure 1. Features of previously reported ISG15-deficient patients

| New ISG15-/- Patients | | | | | | | | | | | |
|-----------------------|---------|--------------|--------|---------------------|--------------------------|--|--|-----------------------|----------------------------|-------------|---|
| Demographics | | | | Genetics | | | | Clinical Presentation | | | |
| Case # | Patient | Country | Sex | Inheritance | Mutation | Consequence | Characterization | BCG Vaccination | Intracranial Calcification | Skin Lesion | Comments |
| 7 | P1 | US | Female | Autosomal recessive | c.310G>A c.352C>T | p.Val104Met p.Gln118* | Loss-of-function Loss-of-expression | No | Yes | Yes | - Intracranial calcifications - Skin lesions on the inguinal area |
| 8 | P2 | Saudi Arabia | Male | Autosomal recessive | c.4-1G>A c.4-1G>A | p.Gly2AlafsTer4 ^a p.Gly2AlafsTer4 ^a | Loss-of-expression | Yes | Yes | Yes | - Inguinal lymphadenopathies after BCG vaccination (MSMD) - Skin lesions on the neck and inguinal regions, and alopecia at the left occipitoparietal area of the scalp |
| 9 | P3 | Saudi Arabia | Male | Autosomal recessive | c.4-1G>A c.4-1G>A | Splicing alterations | Loss-of-expression | Yes | Yes | Yes | - Skin lesions in the right axilla |
| 10 | P4 | Spain | Female | Autosomal recessive | c.284del c.83T>A | p.Thr95ThrfsTer5 p.Leu28Gln | Loss-of-expression Loss-of-function | No | Yes | Yes | - Cerebellar and basal ganglia calcifications - Skin ulcerations of the leg, groin, vulva and perianal regions |
| 11 | P5 | Argentina | Female | Autosomal recessive | c.284del c.297_313del | p.Thr95ThrfsTer5 p.Arg99Argfs*? ^b | Loss-of-expression Loss-of-expression | Yes | Yes | Yes | - BCG disease (MSMD) - Recurrent pneumonia - Basal ganglia calcifications - Skin ulcerations of the leg and vulvar regions. |

^a predominant splice variant

^b indicates a frameshift with no predictable stop codon

Table S2, Related to figure 1. Features of new ISG15-deficient patients

| | ISG5 MSC score | c.310G>A | | c.352C>T | | c.4-1G>A | | c.83T>A | | c.284del | |
|----------|----------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| | | 1:1,014,290 | | 1:1,014,332 | | 1:1,013,983 | | 1:1,014,290 | | 1:1,014,264 | |
| | | Score | MSC-pred | Score | MSC-pred | Score | MSC-pred | Score | MSC-pred | Score | MSC-pred |
| CADD | 24.1 | 26.9 | High | 35 | High | 12.7 | Low | 25 | High | 23.2 | High |
| SIFT | 0.157 | 0.00 | High | NA | | NA | | 0.00 | High | NA | |
| PolyPhen | 0.243 | 1.00 | High | NA | | NA | | 0.999 | High | NA | |

Table S3, Related to figure 1. *In silico* analysis of the effect of the ISG15 variants.

| | | CyTOF Immunophenotyping | | | |
|-----------------|-------------------------|-------------------------|------------------------|-------|-------|
| | | Patient | Healthy controls (n=6) | | |
| | | | Mean | Min | Max |
| Granulocytes | Neutrophils | 43.95 | 48.54 | 25.77 | 72.19 |
| | Eosinophils | 1.65 | 3.8 | 1.14 | 7.25 |
| | Basophils | 0.17 | 0.19 | 0.07 | 0.42 |
| CD4 T cells | Total | 20.03 | 15.48 | 9.27 | 26.08 |
| | Th1 | 1.6 | 3.24 | 1.18 | 8.41 |
| | Th2 | 17.12 | 7.31 | 5.44 | 8.86 |
| | Th17 | 0.86 | 1.98 | 1.17 | 2.46 |
| | Naïve | 15.17 | 4.88 | 3.53 | 6.11 |
| | CM | 2.62 | 4.16 | 2.62 | 6.37 |
| | EM | 0.9 | 4.82 | 1.69 | 11.4 |
| | EMRA | 0.03 | 0.05 | 0.01 | 0.09 |
| CD8 T cells | Total | 12.26 | 8.35 | 4.73 | 11.51 |
| | Naïve | 0.26 | 0.06 | 0.01 | 0.25 |
| | EMRA | 0.03 | 0.08 | 0.01 | 0.33 |
| | EM | 1.52 | 6.12 | 2.14 | 9.49 |
| | CM | 10.45 | 2.09 | 0.96 | 3.22 |
| NKT | | 0.28 | 0.77 | 0.21 | 1.76 |
| NK cells | Total | 1.03 | 5.61 | 0.92 | 13.27 |
| | CD56high CD16- | 0.16 | 0.42 | 0.06 | 1.23 |
| | CD56low CD16- | 0.13 | 2.81 | 0.37 | 7.04 |
| | CD56lowCD16+ | 0.64 | 1.35 | 0.08 | 2.41 |
| B cells | | 9.19 | 2.62 | 1.13 | 5.12 |
| Monocytes | Classical monocytes | 0.84 | 1.44 | 0.66 | 4.2 |
| | Non-classical monocytes | 0.25 | 0.38 | 0.17 | 0.7 |
| | Intermediate monocytes | 0.12 | 0.12 | 0.04 | 0.21 |
| Dendritic cells | pDCs | 0.12 | 0.12 | 0.04 | 0.21 |
| | mDCs (Total) | 1.11 | 1.52 | 0.49 | 3.79 |
| | mDC (CD1c+) | 0.14 | 0.11 | 0.04 | 0.19 |
| | mDC (CD1c-) | 0.96 | 1.39 | 0.44 | 3.63 |

Table S4, Related to figure 3. Immunophenotyping of the patient