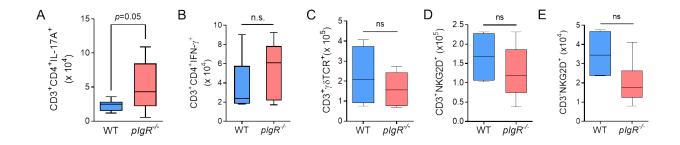
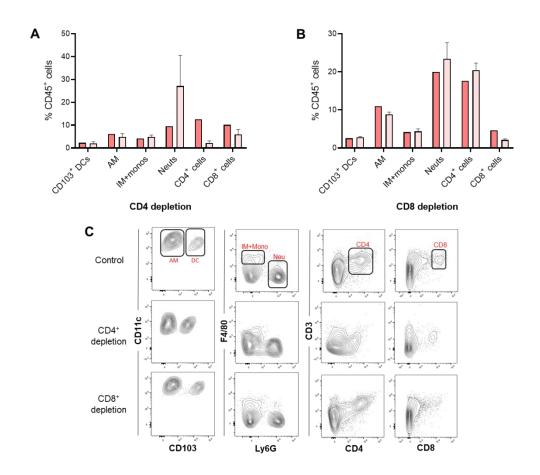
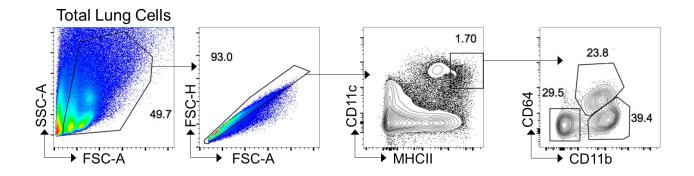
## **Supplemental Figures**



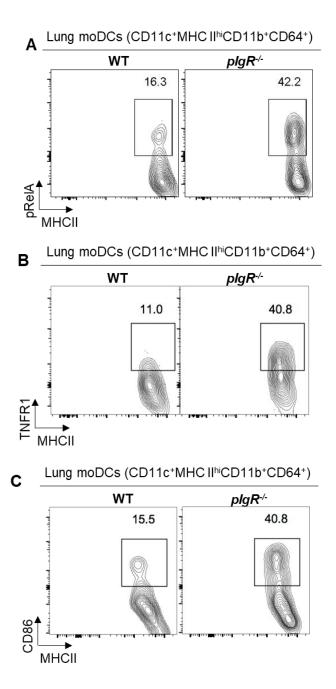
Supplemental Figure 1. Quantification of IL-17A<sup>+</sup> and IFN-γ<sup>+</sup> CD4<sup>+</sup> cells in the lungs of aged WT and  $pIgR^{-/-}$  mice. (A) Numbers of IL-17A<sup>+</sup> CD4<sup>+</sup> cells in lungs of 18-month-old WT and  $pIgR^{-/-}$  mice as determined by flow cytometry. (B) Numbers of IFN-γ<sup>+</sup> CD4<sup>+</sup> cells in lungs of 12-month-old WT and  $pIgR^{-/-}$  mice as determined by flow cytometry. (C-E) Numbers of γδ T cells (CD3<sup>+</sup>γδTCR<sup>+</sup>), NK–T cells (CD3<sup>+</sup>NKG2D<sup>+</sup>), and NK cells (CD3<sup>-</sup>NKG2D<sup>+</sup>) in lungs of 18-month-old WT and  $pIgR^{-/-}$  mice as determined by flow cytometry. n.s. = not significant, p>0.05 by t-test.



Supplemental Figure 2. Effects of CD4 or CD8 depletion on other immune cell types in the lung. Red denotes  $pIgR^{-/-}$  control mice and pink denotes  $pIgR^{-/-}$  mice treated with CD4 or CD8-depleting antibodies. (**A** to **B**) % immune/inflammatory cells among CD45<sup>+</sup> cells in the lungs of  $pIgR^{-/-}$  mice treated with CD4 or CD8-depleting antibodies for 1 month or no antibody. n=2-3 mice/group. (**C**) Gating strategy for **A** to **B**, including examples of flow cytometry plots in an untreated  $pIgR^{-/-}$  mouse (top row), a  $pIgR^{-/-}$  mouse treated with a CD8-depleting antibody for one month (middle row), and a  $pIgR^{-/-}$  mouse treated with a CD4 lymphocyte-depleting antibody for one month (bottom row). CD45<sup>+</sup> cells were the parent population for all plots. AM=alveolar macrophages, DC=dendritic cells, IM=interstitial macrophages, Monos=monocytes, Neu=neutrophils.

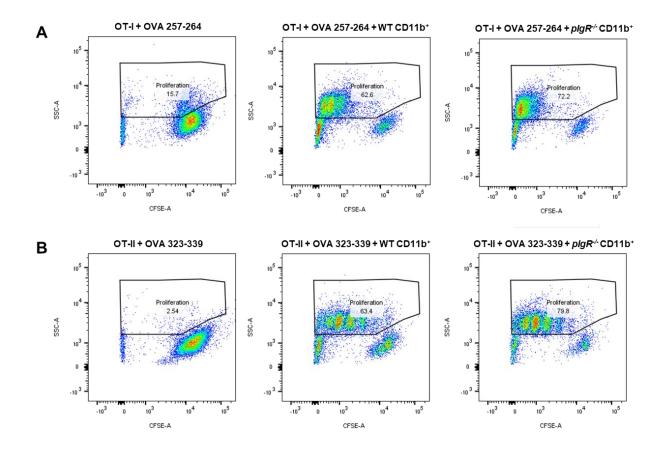


Supplemental Figure 3. Back-gating for moDC/cDC1/cDC2 flow cytometry plots. Gating strategy for identification of moDCs, cDC1, and cDC2 cells from total lung cells used in Figure 4-6.

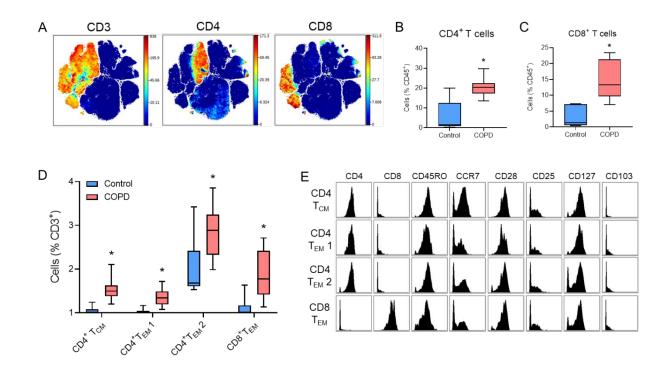


Supplemental Figure 4. Representative flow cytometry plots for moDC activation markers.

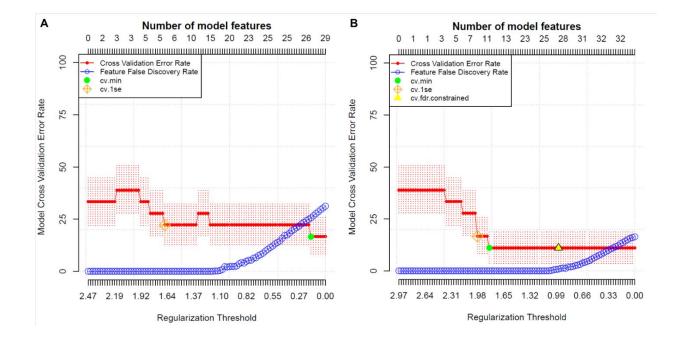
These flow cytometry plots correspond to data shown in **Figure 4C.** (**A** to **C**) Representative flow cytometry plots for pRelA<sup>+</sup>, TNFR1<sup>+</sup>, and CD86<sup>+</sup> cells in 18-month-old WT and *pIgR*<sup>-/-</sup> mice.



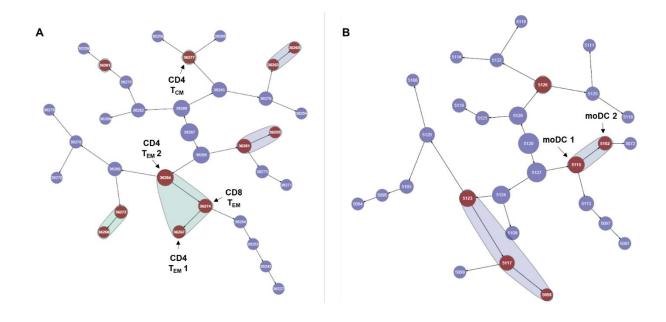
**Supplemental Figure 5.** Representative flow cytometry plots for mixed lymphocyte reaction experiments. These flow cytometry plots correspond to data shown in **Figure 4D and E**. (**A**) Representative flow cytometry plots showing OT-I proliferation by CFSE staining when cells were incubated in the presence of OVA 257-264 (left plot), OVA 257-264 and CD11b<sup>+</sup> cells from 18-month-old WT mice (center panel), and OVA 257-264 and CD11b<sup>+</sup> cells from 18-month-old *pIgR*<sup>-/-</sup> mice. (**B**) Representative flow cytometry plots showing OT-II proliferation by CFSE staining when cells were incubated in the presence of OVA323-339 (left plot), OVA323-339 and CD11b<sup>+</sup> cells from 18-month-old WT mice (center panel), and OVA323-339 and CD11b<sup>+</sup> cells from 18-month-old *pIgR*<sup>-/-</sup> mice.



Supplemental Figure 6. Increased effector memory CD4<sup>+</sup> and CD8<sup>+</sup> lymphocytes in the lungs of COPD patients. Single-cell suspensions were prepared from the lungs of 12 COPD patients and 6 controls without chronic respiratory disease and analyzed by mass cytometry. (A) Expression of CD3, CD4, and CD8 in viSNE clusters generated from live, single, CD45<sup>+</sup> cells from all patients (total of 400,000 cells. (B to C), Percentage of CD4<sup>+</sup> and CD8<sup>+</sup> cells among CD45<sup>+</sup> cells in COPD and non-diseased control lungs. (D) Abundance (percentage of CD3<sup>+</sup> cells) of the 4 lymphocyte clusters enriched in COPD lungs relative to controls. (E) Histograms of lymphocyte markers according to differentially abundant lymphocyte clusters as shown in D. (B), \*= p<0.001 compared to control lungs (Mann-Whitney test); n = 12 COPD lungs and 6 control lungs. (C), \*= p<0.001 compared to control lungs (t-test); t = 12 COPD lungs and 6 control lungs. (D) \*= t<0.05 compared to control lungs (Mann-Whitney test).



Supplemental Figure 7. Performance characteristics of Citrus models. These graphs correspond to the Citrus analyses described in Figure 7-8. The cross-validation error rate describes the ability of the Citrus model generated from all samples to describe behavior of a subset of samples. The cross-validation rate does not drop to zero because of unequal samples size between COPD and control samples. *cv.min* describes the model with the lowest cross-validation error rate and represents the minimum number of features needed to describe differential abundance in each cluster between COPD and control samples. *cv.lse* describes the model with the lowest cross-validation error rate within 1 standard error and also represents the minimum number of features needed to describe the differences between COPD and control samples. *cv.fdr.constrained* describes all of the different features below the false discovery rate (1%) and represents all the features required to describe differential abundance in each cluster between COPD and control samples.



Supplemental Figure 8. Citrus analyses for T lymphocyte and myeloid cell populations. In this visualization, each cluster generated by Citrus is depicted by a single node, with the size of the node indicating the proportional abundance of the cluster and red nodes indicating differentially abundant clusters between COPD and control lungs. (A) Citrus analysis showing cell clusters within the lymphocyte (CD3+) viSNE islands. The labeled clusters were increased in COPD lungs. (B) Citrus analysis showing cell clusters within the myeloid cell (CD11b+CD11c+HLA-DR+) viSNE island. The labeled clusters were increased in COPD lungs.

Supplemental Table 1. Demographic and clinical characteristics of patients evaluated in Figure 1.

	Lifelong non-smokers (n=8)	COPD (n=12)
Age – yr.	$(n-\delta)$	(n-12)
S •	61.0	567
Mean	61.9	56.7
Range	55-69	44-65
Sex - No. (%)		
Male	5 (62.5)	6 (50)
Female	3 (37.5)	6 (50)
Race/ethnicity No. (%)		
White non-Hispanic	-	11 (92.7)
Black	-	1 (8.3)
FEV1/FVC ratio		
Mean	92.5	27.2
Range	61-117	21-42
FEV1, % predicted		
Mean	101	20.9
Range	88-109	12-29
FVC, % predicted		
Mean	79	63
Range	74-84	37-93
Tobacco history (pack-years)		
Mean	-	38.8
Range	-	21-75
Alpha-1-antitrypsin deficiency		
No. (%)	-	0 (0)

Supplemental Table 2. Demographic and clinical characteristics of patients evaluated in Figure 7 and 8.

	Control (n=6)	COPD ( <i>n</i> =12)
Age – yr.		
Mean	35.5	57.8
Range	14-61	46-66
Sex - No. (%)		
Male	1 (17)	6 (50)
Female	3 (50)	6 (50)
Unknown	2 (33)	0(0)
Race/ethnicity		
White non-Hispanic	3 (50)	12 (100)
African American	2 (33)	0(0)
Hispanic/Latino	1 (17)	0(0)
FEV1/FVC ratio		
Mean	-	27.8
Range	-	21-34
FEV1, % predicted		
Mean	-	16.5
Range	-	10-25
FVC, % predicted		
Mean	-	46.1
Range	-	36-62
Tobacco history (pack-years)		
Mean	-	45.7
Range	0-30	10-90
Current smoker		
No. (%)	4 (66)	0 (0)
Alpha-1-antitrypsin deficiency		
No. (%)	-	3 (25)

## **Supplemental Table 3.** List of flow cytometry antibodies.

Figure	Marker	Fluorophore	Clone
Fig. 2	CD45	FITC	30-F11
Fig. 2	CD3	AF 700	17A2
Fig. 2	CD8	BV 710	53-6.7
Fig. 2	CD4	BV 510	RM4-5
Fig. 2	CD19	BV 570	6D5
Fig. 2	CD11c	APC	N418
Fig. 2	CD103	PE	2E7
Fig. 2	F4/80	APC-Cy7	BM8
Fig. 2	Ly6G	PE-Cy7	IA8
Fig. 5, 6	CD3	APC/Cy7	145-2C11
Fig. 5, 6	CD4	PE/Cy7	GK1.5
Fig. 5, 6	CD8	APC	53-6.7
Fig. 4, 5, 6	CD11c	APC/Cy7	N418
Fig. 4, 5, 6	CD11b	PE/Cy7	M1/70
Fig. 4, 5, 6	MHCII	Brilliant violet 421	M5/114/15.2
Fig. 4, 5, 6	CD64	PerCP/Cy5.5	X54-5/7.1
Fig. 4, 5, 6	pRelA	APC	93H1
Fig. 4, 5, 6	TNFR1	PE	HM104
Fig. 4, 5, 6	CD86	APC/Cy7	GL-1
Fig. S1	Live/dead	Ghost UV 450	
Fig. S1	CD45	Alexa Fluor 700	30-F11
Fig. S1	CD3	BV786	145-2C11
Fig. S1	CD4	PE-Cy5	129.19
Fig. S1	IL-17A	PE-Cy7	eBio17B7

## **Supplemental Table 4.** List of mass cytometry antibodies.

Figure	Marker	Metal conjugate
Fig. 7 and 8	CD45	89Y
Fig. 7 and 8	CD19	142Nd
Fig. 7 and 8	CD11b	144Nd
Fig. 7 and 8	CD4	145Nd
Fig. 7 and 8	CD8a	146Nd
Fig. 7 and 8	CD11c	147Sm
Fig. 7 and 8	CD16	148Nd
Fig. 7 and 8	CD127	149Sm
Fig. 7 and 8	CD86	150Nd
Fig. 7 and 8	HLA-DR	151Eu
Fig. 7 and 8	CD36	152Sm
Fig. 7 and 8	CCR4	153Eu
Fig. 7 and 8	CD163	154Sm
Fig. 7 and 8	CD169	158Gd
Fig. 7 and 8	FOXP3	159Tb
Fig. 7 and 8	CD14	160Gd
Fig. 7 and 8	CD103	161Dy
Fig. 7 and 8	CD28APC +anti-APC	162Dy
Fig. 7 and 8	CD34	163Dy
Fig. 7 and 8	CD45RO	164Dy
Fig. 7 and 8	CD64-PE + anti- PE	165Но
Fig. 7 and 8	CD24	166Er
Fig. 7 and 8	CCR7	167Er
Fig. 7 and 8	CD206	168Er
Fig. 7 and 8	CD25	169Tm
Fig. 7 and 8	CD3	170Er
Fig. 7 and 8	CD68	171Yb
Fig. 7 and 8	CD38	172Yb
Fig. 7 and 8	CCR2 FITC+ anti-FITC	174Yb

Fig. 7 and 8	CD56	176Yb
Fig. 7 and 8	Nuc acidIr	191/193
Fig. 7 and 8	Cisplatin	198Pt