

## Supplementary Materials for

### **Tissue-resident CD8<sup>+</sup> T cells drive age-associated chronic lung sequelae following viral pneumonia**

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#### **The PDF file includes:**

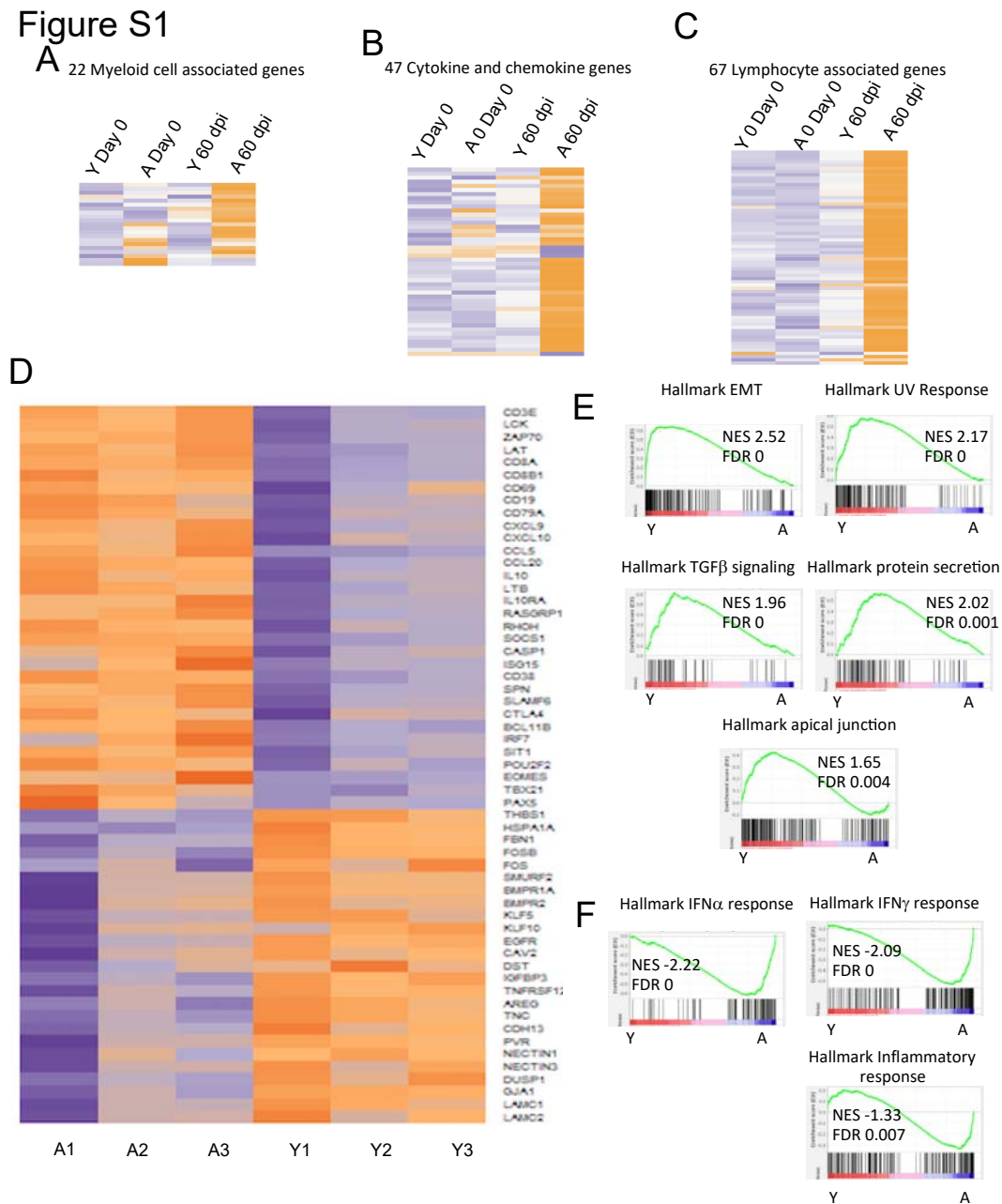
- Fig. S1. Aged lungs exhibit persistent inflammatory responses after influenza infection.
- Fig. S2. Enhanced presence of adaptive immune cells in aged lung parenchyma.
- Fig. S3. Aged parenchymal CD8<sup>+</sup> CD69<sup>+</sup> memory T cells are tissue resident.
- Fig. S4. The accumulation of CD8<sup>+</sup> T<sub>RM</sub> in aged lungs is dependent on TGF-βR signaling.
- Fig. S5. scRNA-seq on D<sup>b</sup>-NP T<sub>RM</sub> from young or aged lungs.
- Fig. S6. High dose of CD8 Ab treatment diminishes lung inflammatory responses.

#### **Other Supplementary Material for this manuscript includes the following:**

(available at [immunology.sciencemag.org/cgi/content/full/5/53/eabc4557/DC1](https://immunology.sciencemag.org/cgi/content/full/5/53/eabc4557/DC1))

Table S1 (Microsoft Excel format). Raw data and statistics for Figs. 1 to 7.

Figure S1

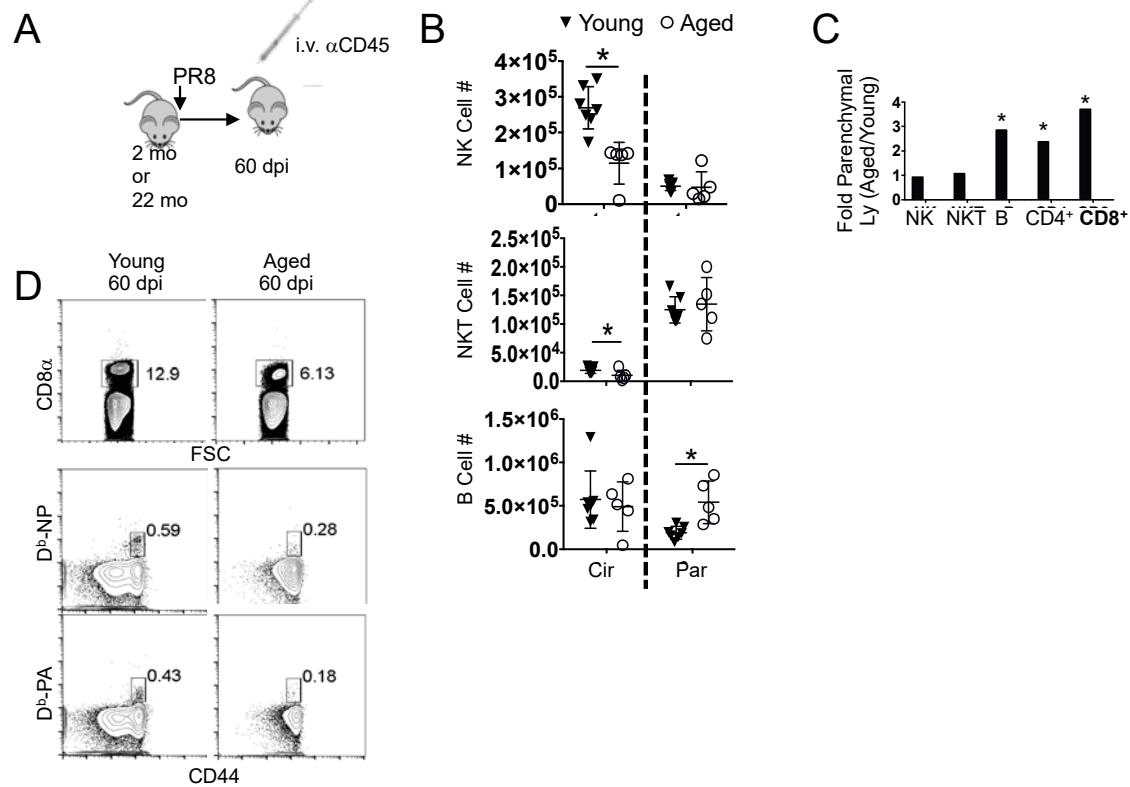


**Fig. S1. Aged lungs exhibit persistent inflammatory responses after influenza infection.**

**A-C.** Young (Y) or aged (A) C57BL/6 mice were infected (day 60) or not (day 0) with PR8. 560 immune-associated genes in the lungs were analyzed by Nanostring (at least 3 pooled samples/group). Myeloid (**A**), cytokine and chemokine (**B**), or lymphocyte (**C**) associated DEGs that were at least 1.5 fold expression level changes from Aged to young infected samples. **(D)** RNAseq heatmap showing DEGs in young or aged infected lungs 60 d.p.i. **E, F.** GSEA plots of RNAseq data showing genes enriched in young infected lungs (**E**) or aged infected lungs (**F**) with associated normalized enrichment scores (NES) and false-discovery rates (FDR). Nanostring

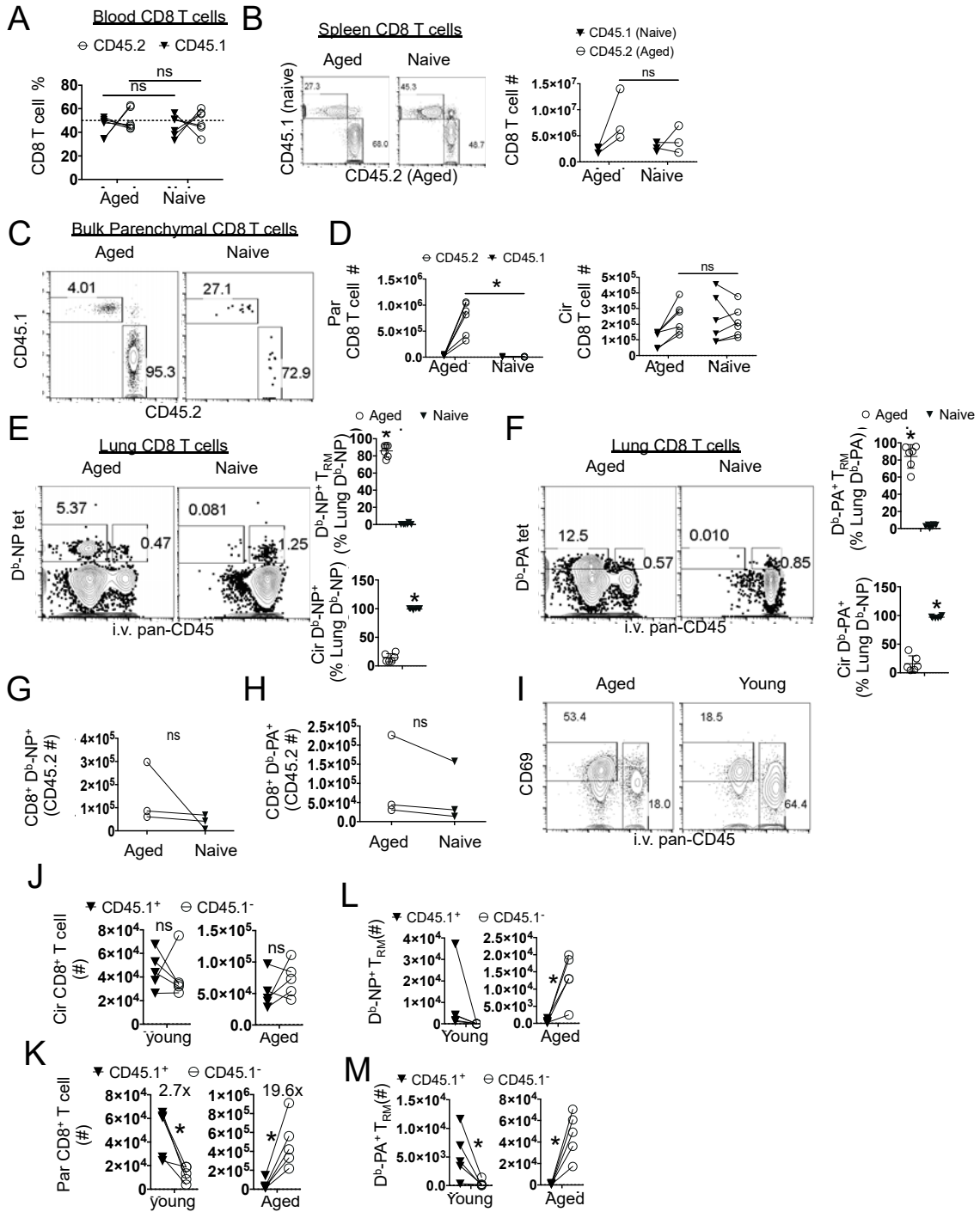
data were representative of 2 experiments with pooled samples. RNAseq data were from a single replicate with samples in triplicate.

Figure S2



**Fig. S2. Enhanced presence of adaptive immune cells in aged lung parenchyma.** Young or aged C57BL/6 mice were infected with PR8 and injected intravenously (i.v.) with anti-CD45 to label circulating white blood cells prior to sacrifice. **A.** Schematics of experimental procedure. **B.** NK, NKT, and B cells were enumerated in the lung vasculature (Cir) and parenchyma (Par) at 60 d.p.i. **C.** Fold change of aged/young cells in parenchyma with indicated lymphocyte population at 60 d.p.i. **D.** Representative flow cytometry gating of CD8<sup>+</sup> CD44<sup>Hi</sup> D<sup>b</sup>-tetramer<sup>+</sup> NP and PA specific memory T cells in the spleen at 60 d.p.i. **B-D** were representatives of 3 experiments. \*  $p < 0.05$  Student's two-tailed t-test with unequal variance.

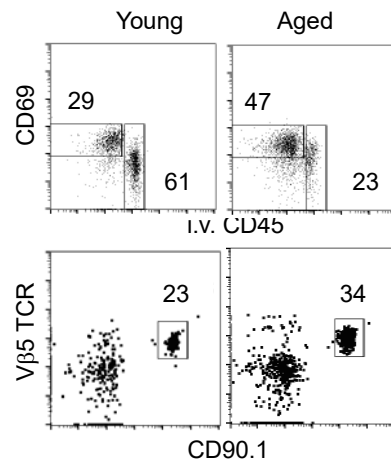
Figure S3



**Fig. S3. Aged parenchymal CD8<sup>+</sup> CD69<sup>+</sup> memory T cells are tissue resident.**

Aged mice (CD45.2<sup>+</sup>) were infected with PR8 and parabiosed with young naive (CD45.1<sup>+</sup>) mice at 5 weeks after infection. **A.** Percent of host or donor CD8<sup>+</sup> T cells in aged or naive hosts where each line represents total CD8<sup>+</sup> T cells in blood from one mouse. **B.** Representative flow plot of total splenic CD8 T cells (left) and enumeration (right) of their host of origin. **C.** Representative flow plot of bulk parenchymal CD8<sup>+</sup> T cells. **D.** Enumeration of source of lung parenchymal (Par; CD69<sup>+</sup>CD8<sup>+</sup> T cells protected from i.v. CD45 labeling) or circulating (Cir) total CD8 T cells. **E.** Representative flow plot showing tetramer staining of D<sup>b</sup>-NP<sup>+</sup> cells (Left) and percentages of total lung D<sup>b</sup>-NP<sup>+</sup> cells found in the parenchyma (top right panels) or circulation (bottom right panels) of each mouse. **F.** Representative flow plot showing tetramer staining of D<sup>b</sup>-PA<sup>+</sup> cells (Left) and percentages of total lung D<sup>b</sup>-PA<sup>+</sup> cells found in the parenchyma (top right panels) or circulation (bottom right panels) of each mouse. **G-H.** Quantitation of tetramer positive D<sup>b</sup>-NP (**G**) or D<sup>b</sup>-PA (**H**) CD44<sup>Hi</sup> CD8<sup>+</sup> memory T cells from the spleen. **I-M.** Young (CD45.1<sup>+</sup>) or aged (CD45.2<sup>+</sup>) mice were infected with PR8. At 5 weeks p.i., infected young or aged mice were parabiosed for 4 weeks. **I.** representative flow cytometry plot showing intravenous labeling with CD45 antibody and CD69 expression on lung CD8<sup>+</sup> T cells. **J, K.** Enumeration of circulating (**J.**) or CD69<sup>+</sup> parenchymal CD8 T cells (**K.**) from young or aged origin in each parabionts. **L, M.** Enumeration of D<sup>b</sup>-NP (**L**) or D<sup>b</sup>-PA (**M**) CD69<sup>+</sup> parenchymal CD8<sup>+</sup> T cells from young or aged origin in each parabionts. **A-F** was repeated twice with 3 pairs each and data was pooled. **I-M** was repeated twice with a total of 5 pairs and pooled. \* p<0.05 or not significant (ns) by Student's two-tailed t-test with unequal variance.

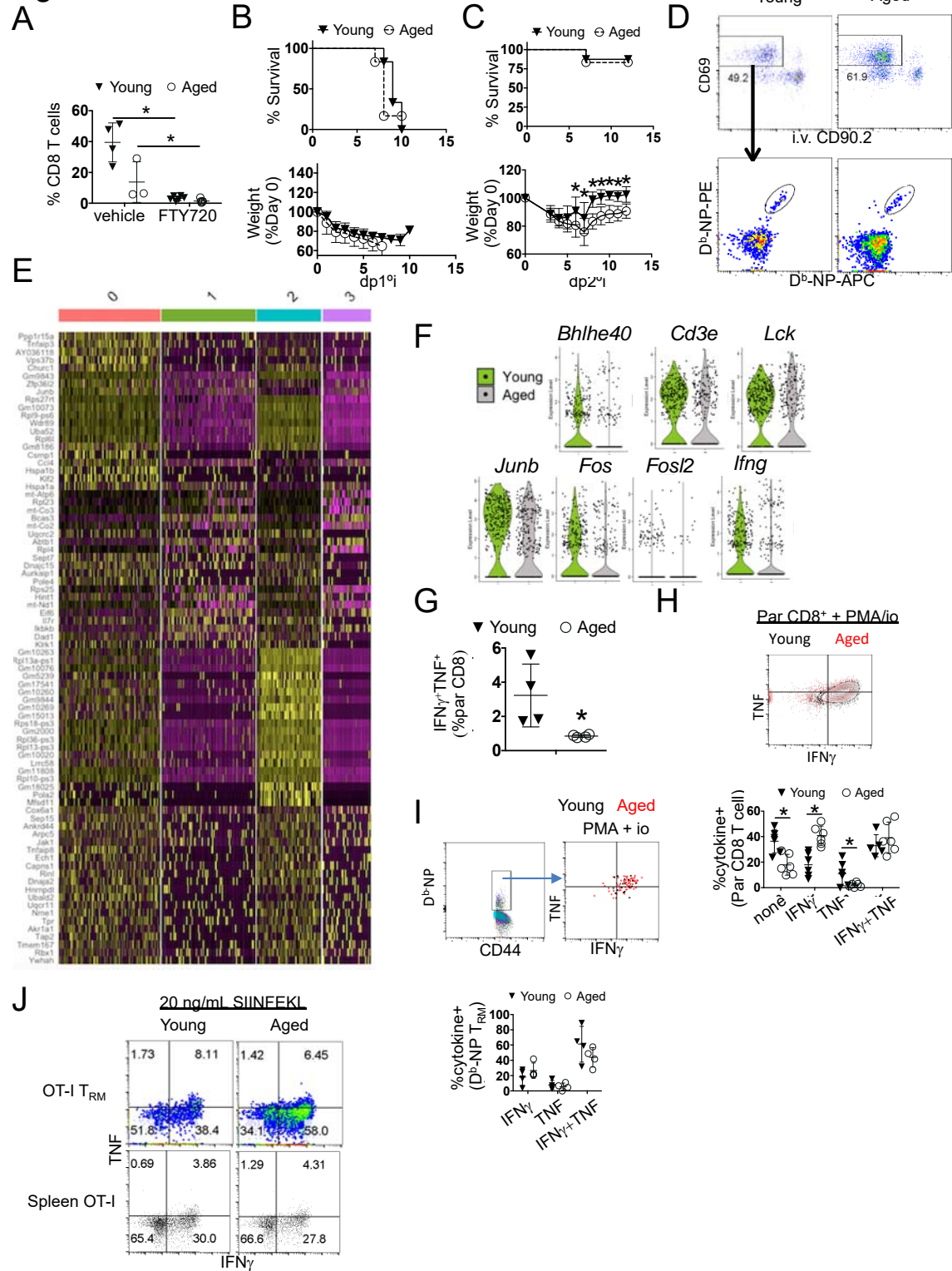
## Figure S4



**Fig. S4. The accumulation of CD8<sup>+</sup> T<sub>RM</sub> in aged lungs is dependent on TGF-βR signaling.**

Wild type (Wt, CD45.1<sup>+</sup>) or *TGFβR2<sup>fl/fl</sup> dLck-Cre* OT-I cells (KO, CD45.1<sup>+</sup>) were adoptively transferred from young donors into separate young or aged hosts (CD45.2<sup>+</sup>) one day prior to PR8-OVA infection. Representative flow cytometry plots in lungs at 50 d.p.i., showing the gating strategy for resident OT-I T cells (CD8<sup>+</sup>CD69<sup>+</sup> i.v.CD45<sup>-</sup>Vβ5<sup>+</sup>CD90.1<sup>+</sup>).

Figure S5



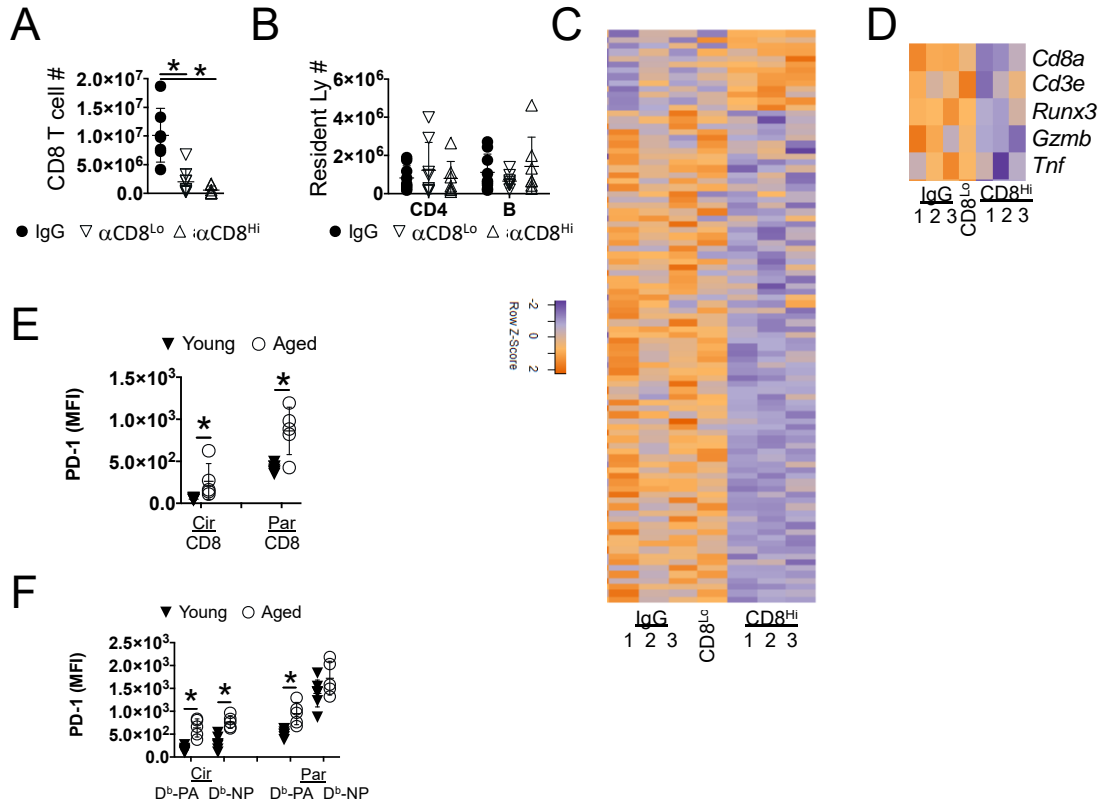
**Fig. S5. scRNA-seq on D<sup>b</sup>-NP T<sub>RM</sub> from young or aged lungs.**

**A.** Percent of peripheral blood CD8 T cells in CD45<sup>+</sup> white blood cells were evaluated 48 hours following FTY720 or vehicle treatment in young and aged memory mice. **B-C.** Survival (top) and weight loss (bottom) following lethal X31 infection of naive young or aged mice in the presence (B) or absence (C) of FTY720. **D.** Sorting scheme for D<sup>b</sup>-NP specific T<sub>RM</sub> cells. Following CD8 enrichment (Miltenyi

kit), CD44<sup>Hi</sup>CD69<sup>i.v.</sup>CD90.2<sup>-</sup>D<sup>b</sup>-NP-PE<sup>+</sup>/D<sup>b</sup>-NP-APC<sup>+</sup> cells were sorted from young (n=18) or aged (n=11) mice at 60 d.p.i. for scRNAseq. **E.** Heat map of top 20 DEGs by cluster for scRNA seq data. **F.** Violin plots of *Bhlhe40*, *Cd3e*, *Lck*, *Junb*, *Fos*, *Fosl2*, and *Ifng* expression in young or aged D<sup>b</sup>-NP T<sub>RM</sub> cells. **G.** Young or aged mice were infected with PR8. At 60 d.p.i., young lung cells were labeled with cell-proliferation dye and then mixed 1:1 with aged lung cells prior to stimulating for 5 hours with NP peptide. IFN- $\gamma$ <sup>+</sup>TNF<sup>+</sup> production by parenchymal CD8<sup>+</sup> T cells derived from young or aged lungs was measured. **H.** Representative plots (top) or percent (bottom) of IFN- $\gamma$ <sup>+</sup> TNF<sup>+</sup> lung-resident CD8<sup>+</sup> T cells following stimulation with PMA/Ionomycin at 60 d.p.i. **I** Representative plots (left) or percent of IFN- $\gamma$ <sup>+</sup> TNF<sup>+</sup> lung-resident CD8<sup>+</sup> D<sup>b</sup>-NP<sup>+</sup> T cells following stimulation with PMA/Ionomycin at 60 d.p.i. **J.** OT-I T cells (CD90.1<sup>+</sup>) from young donors were adoptively transferred into young or aged C57BL/6 mice 1 day prior to infection with PR8-OVA virus. Percent of IFN- $\gamma$ <sup>+</sup> TNF<sup>+</sup> lung-resident (top) or splenic (bottom) OT-I cells following stimulation with increasing amounts of SIINFEKL peptide at 50 d.p.i. **A & B** were single replicates. scRNAseq data (**D-F**) is from a sorted pool of 18 young or 11 aged mouse lungs. **G-J** were representative data from 2-3 replicates each. \* p<0.05 or not significant (ns) by Student's two-tailed t-test with unequal variance or Log-rank (Mantel-Cox) test for survival curve comparison (**B & C**).



Figure S6



**Fig. S6. High dose of CD8 Ab treatment diminishes lung inflammatory responses.**

Aged or young C57BL/6 mice were infected with PR8. Mice received high or low dose of anti-CD8 treatment starting at day 21 as indicated. **A**. Splenic CD8<sup>+</sup> T cell numbers in aged mice following CD8 Ab treatment. **B**. Resident CD4 and B cells were quantitated in the lungs. **C**. Complete set of DEGs (1.5 fold) from Nanostring data. **D**. Select nanostring DEGs showing CD8-related gene depletion after high, but not low dose Ab treatment in aged mice at 60 d.p.i. **E-F**. PD-1 expression (MFI) was measured in young or aged lung circulating (Cir) or parenchymal (Par) CD8<sup>+</sup> T cells (**E**), or D<sup>b</sup>-NP and D<sup>b</sup>-PA influenza-specific CD8<sup>+</sup> T cells at 60 d.p.i. (**F**). **A & B** were 2 pooled experiments, **C & D** were a single experiment in triplicate or pooled from 3 mice ( $\alpha$ CD8<sup>Lo</sup>). **E & F** are representatives of 2 independent experiments. \*  $p < 0.05$  ANOVA with correction for multiple tests.