

## **SUPPLEMENTAL METHODS**

### **Regulatory T cell Immunosuppression Potential**

We evaluate Treg immunosuppressive function as previously described<sup>1</sup>. Briefly, PBMC were selectively depleted from CD25<sup>hi</sup> Treg using a limiting amount of anti-CD25 magnetic microbeads (Miltenyi Biotec) A control condition was run in parallel with PBMC flowed in the column without prior incubation with anti-CD25 microbeads. PBMC and Treg-depleted PBMC were then used in a proliferation assay as described in Material and Methods section.

### **RNA-seq Experiment**

#### ***Sequencing***

For each T-cell sample, RNA was extracted using RNeasy Micro kit (Qiagen). Libraries were prepared using the SMARTer<sup>®</sup> Stranded Total RNA-Seq Kit V2 - Pico Input Mammalian kit (Clontech Laboratories) following manufacturer protocols. Briefly, total RNA served as template for randomly primed cDNA synthesis and subsequent adapter/barcode addition. A cleavage step was then used (with ZapR) to deplete the amplified ribosomal cDNA sequences using mammalian-specific probes that hybridize to rRNA sequences. A final round of PCR enriched for non-rRNA fragments. The process was completed by Paired-End 75 bases massive parallel sequencing on Illumina HiSeq4000. RNA-seq libraries generated more than 34 million reads per sample with >93% of sequences achieving > Q30 Phred quality scores.

#### ***RNAseq analysis***

Raw sequencing data were checked and visualized for quality using FastQC (v0.11.5). The RNAseq reads were aligned to the reference genome GRCh38 release 90 using STAR (v2.5). Read summarization and gene counts were performed using the featureCounts function from the Subread package (v1.4.6). Data normalization and differential gene expression were performed with the DESeq2 R package (v1.26.0). The DESeq2 HTS pre-filtering step filtered in 13471 ENSG identifiers (corresponding to 12270 unique HGNC gene symbols) from the 58243 ENSG identifiers of the raw counts. Significant genes were defined as  $p < .05$  after adjustment for False Discovery Rate (FDR) correction and used for downstream analysis. PCA was displayed using the factoextra R package (v1.23) (v1.0.7) on HTS Filtered data normalized by variance stabilizing transformation from the DESeq2 package.

### ***Biological interpretation***

Gene set enrichment analysis (GSEA) was used to identify the predefined gene sets that were enriched at Day 7 or Day 0 in each T-cell subset. The gene sets corresponded to canonical pathways (C2.CP) from GSEA MSigDb database version 7.1. GSEA preRanked analysis was conducted on the ranked gene lists generated for each pairwise comparison between D7 and D0 for each T-cell subset, the ranking being applied on the statistics of the Wald test (DESeq2 R package). Both the Reactome and Kegg databases organize canonical pathways into hierarchies of classes and subclasses. For each GSEA analysis, significant pathways were filtered in, a pathway being considered significant for FDR q-value <.05. Venn diagram indicates the number of Reactome pathways in common or specific to each T-cell subset. Pie charts display the percentage of differentially expressed Reactome pathways grouped under their uppermost hierarchical levels. Significant pathways from the Reactome database related to “Cell Cycle”, “DNA Replication”, “Immune System”, “Metabolism”, and “Signaling Transduction”, as well as those from Kegg database related to “Cell Motility”, “Signaling Molecules and Interaction” and “Circulatory System” were displayed as dot plots for CD4 PD-1<sup>+</sup> and CD8 PD-1<sup>+</sup> subsets. The GeneRatio corresponded to the number of genes of a specific pathway present in the dataset after HTS Filtering divided by the total number of genes in this pathway.

### **Hierarchical Cluster Analysis (HCA)**

Agglomerative hierarchical clustering was performed on the percentages of CD4, CD8, and Treg populations using the Pearson's correlation for samples, Euclidean distance for the variables as metric criteria, and Ward's method as the linkage criteria.

### **Supplemental statistical methods**

PFS was measured from the date of inclusion to the date of last follow-up or progression, relapse, or death. Survival differences were assessed using the log-rank test considering events having occurred before the end of maintenance treatment (i.e. 18 months).

### **Supplemental References**

1. Menard C, Ghiringhelli F, Roux S, et al. Ctl-4 blockade confers lymphocyte resistance to regulatory T-cells in advanced melanoma: surrogate marker of efficacy of tremelimumab? *Clin Cancer Res.* 2008;14(16):5242-5249.

**Supplemental Table 1. Characteristics of patients enrolled in the immune monitoring study**

|  | FL Cohort<br>without flow<br>cytometry data<br>(n=59) | FL Cohort<br>with flow<br>cytometry data<br>(n=27) | Test, P-value |
|--|---|--|---------------|
| <b>Age (years)</b>   |   |  |               |
| Median (IQR)   | 67.0 (58.0-72.5)                                      | 59.4 (51.0-67.0)                                   | .025          |
| Range  | 39.0-87.0   | 39.0-83.0  |               |
| <b>Sex</b>   |   |  |               |
| Male   | 38 (64.4%)  | 16 (59.3%)   | .647          |
| Female   | 21 (35.6%)  | 11 (40.7%)   |               |
| <b>Number of previous therapies</b>                                  |   |  |               |
| Mean (SD)  | 2.2 (1.6)   | 1.8 (1.0)  | .469          |
| Median (IQR)   | 2.0 (1.0-3.0)   | 1.0 (1.0-2.5)                                      |               |
| Range  | 1.0-7.0   | 1.0-5.0  |               |
| <b>Type of relapse</b>   |   |  |               |
| Early progression of disease (within 24 months of initial diagnosis) | 17 (28.8%)  | 7 (25.9%)  | .782          |
| Late progression   | 42 (71.2%)  | 20 (74.1%)   |               |
| <b>Refractory to a Rituximab-containing regimen</b>                  |   |  |               |
| No   | 47 (79.7%)  | 19 (70.4%)   | .344          |
| Yes  | 12 (20.3%)  | 8 (29.6%)  |               |
| <b>Refractory to previous lymphoma therapy</b>                       |   |  |               |
| No   | 49 (83.1%)  | 22 (81.5%)   | .859          |
| Yes  | 10 (16.9%)  | 5 (18.5%)  |               |
| <b>Ann Arbor Stage</b>   |   |  |               |
| I-II   | 9 (15.3%)   | 5 (18.5%)  | .704          |
| III-IV   | 50 (84.7%)  | 22 (81.5%)   |               |
| <b>Performance Status (ECOG)</b>                                     |   |  |               |
| 0-1  | 56 (94.9%)  | 27 (100.0%)  | NA            |
| 2  | 3 (5.1%)  | 0 (0.0%)   |               |
| <b>Bone marrow involvement</b>                                       |   |  |               |
| Missing  | 6   | 1  |               |
| No   | 37 (69.8%)  | 17 (65.4%)   | .681          |
| Yes  | 14 (26.4%)  | 8 (30.8%)  |               |
| <b>LDH (IU/L)</b>  |   |  |               |
| Missing  | 1   | 1  |               |
| Normal   | 41 (70.7%)  | 17 (65.4%)   | .627          |
| More than upper limit of normal                                      | 17 (29.3%)  | 9 (34.6%)  |               |
| <b>B-symptoms</b>  |   |  |               |
| No   | 49 (83.1%)  | 23 (85.2%)   | 1             |
| Yes  | 10 (16.9%)  | 4 (14.8%)  |               |
| <b>FLIPI</b>   |   |  |               |
| Missing  | 1   | 1  |               |
| 0-1  | 26 (44.8%)  | 8 (30.8%)  | .255          |
| 2  | 21 (36.2%)  | 9 (34.6%)  |               |
| 3-5  | 11 (19.0%)  | 9 (34.6%)  |               |
| <b>Response Cheson 1999 at intermediate assessment after C3</b>      |   |  |               |
| Missing  | 5   | 0  |               |
| CR, unCR   | 16 (29.6%)  | 7 (25.9%)  | .854          |
| PR   | 25 (46.3%)  | 12 (44.5%)   |               |
| PD, SD   | 13 (24.1%)  | 8 (29.6%)  |               |
| <b>Response Cheson 1999 at the end of induction</b>                  |   |  |               |
| Missing  | 6   | 0  |               |
| CR, unCR   | 22 (41.5%)  | 11 (40.7%)   | .814          |
| PR   | 24 (45.3%)  | 11 (40.7%)   |               |
| PD, SD   | 7 (13.2%)   | 5 (18.6%)  |               |
| <b>PFS status</b>  |   |  |               |
| No event   | 37 (62.7%)  | 14 (51.9%)   | .341          |
| Event  | 22 (37.3%)  | 13 (48.1%)   |               |
| <b>OS status</b>   |   |  |               |
| No event   | 47 (79.7%)  | 22 (81.5%)   | .844          |
| Event  | 12 (20.3%)  | 5 (18.5%)  |               |

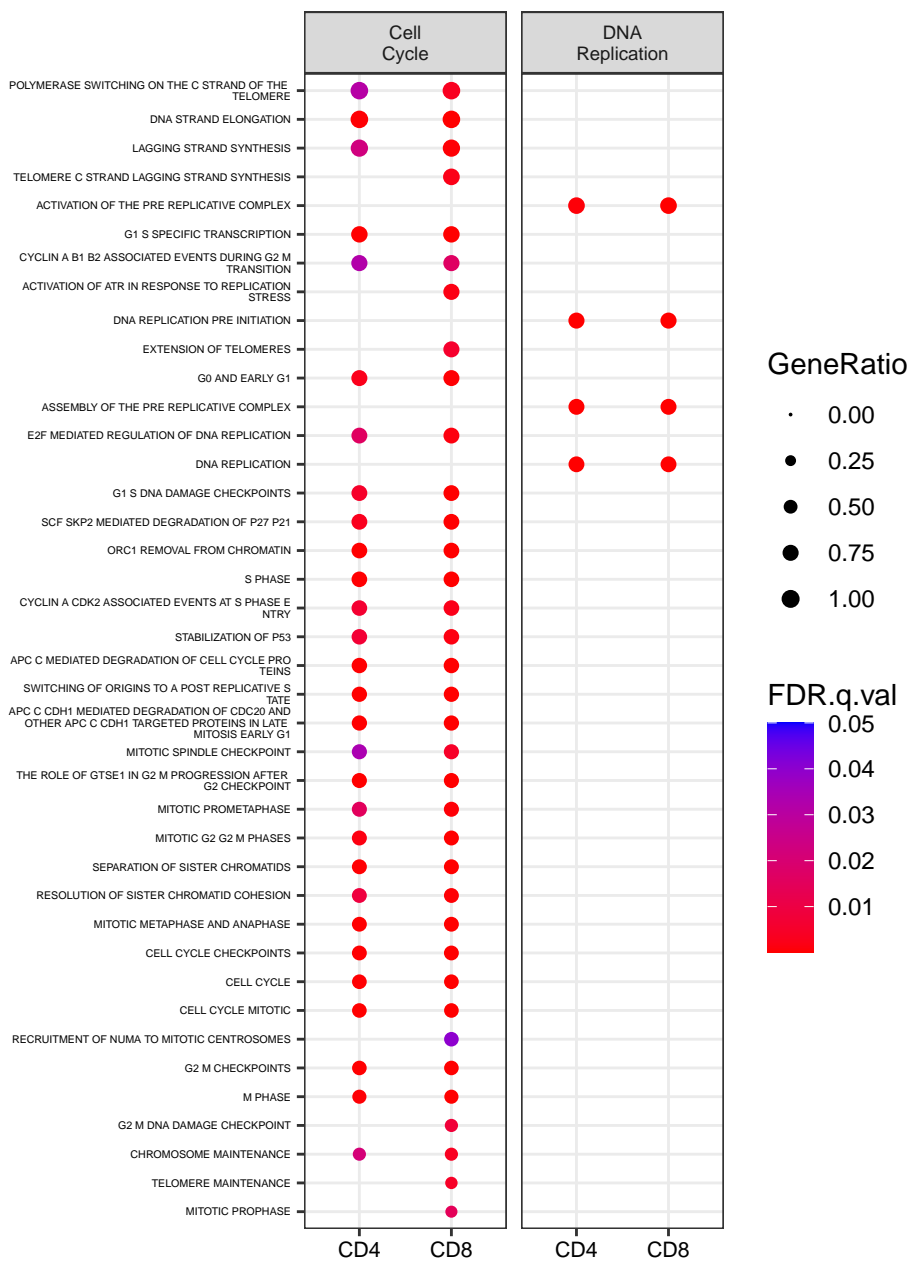
Data are mean (SD), n (%) or median (IQR), unless otherwise stated. CR: Complete Remission; unCR: unconfirmed Complete Remission; PR: Partial Response; PD: Progressive Disease; SD: Stable Disease

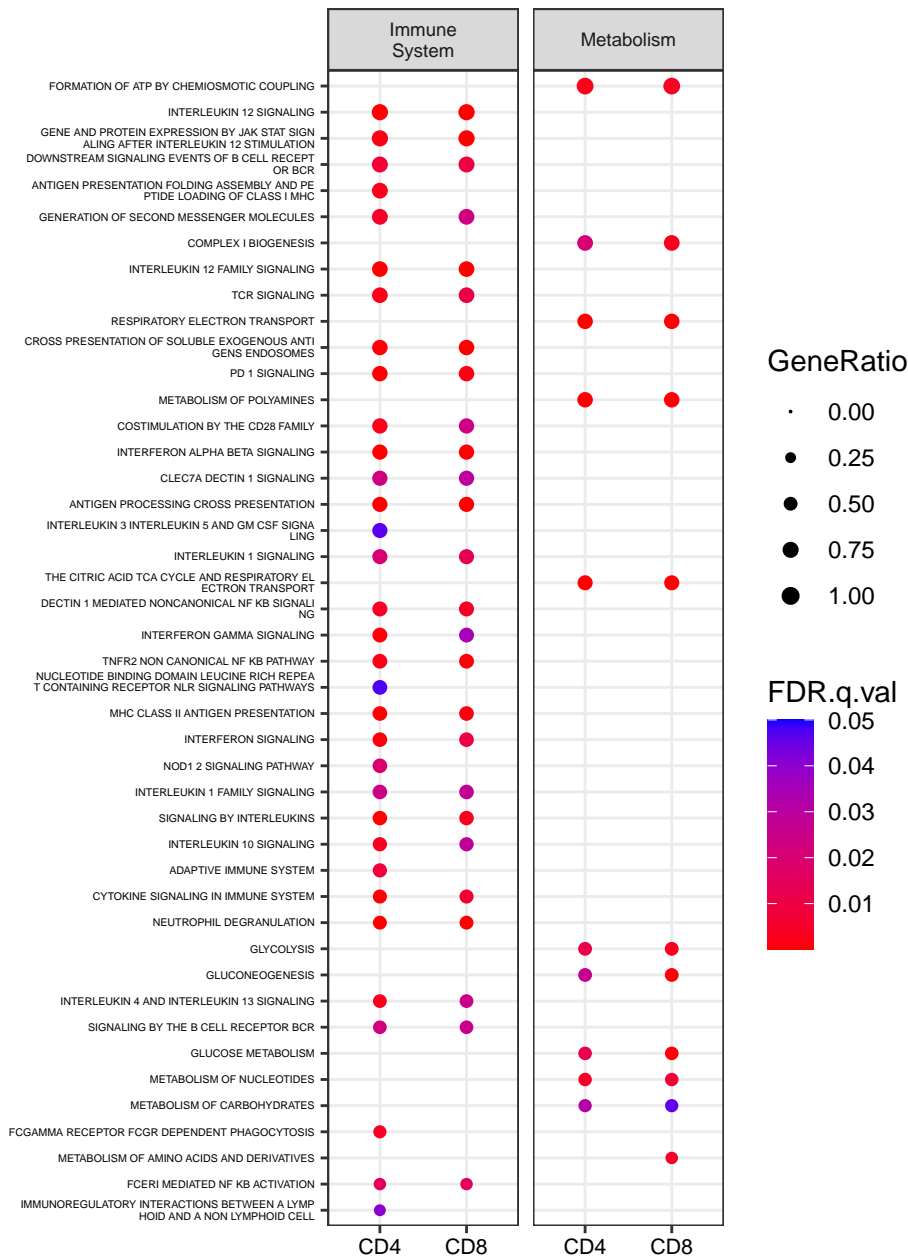
**Supplemental Table 2: List of the antibodies used in flow cytometry panels**

| <b>Target antigen</b> | <b>Clone</b> | <b>Provider</b>  |
|-----------------------|--------------|------------------|
| CD3                   | UCHT1        | Beckman-Coulter  |
| CD4                   | RPA-T4       | Becton-Dickinson |
| CD8                   | RPA-T8       | Becton-Dickinson |
| CD8                   | BW135/80     | Miltenyi Biotec  |
| CD25                  | M-A251       | Becton-Dickinson |
| CD45                  | HI30         | Becton-Dickinson |
| CD45RA                | T6D11        | Miltenyi Biotec  |
| CD45RA                | HI100        | Becton-Dickinson |
| CD56                  | B159         | Becton-Dickinson |
| CD127                 | HIL-7R-M21   | Becton-Dickinson |
| CD137                 | 4B4-1        | Becton-Dickinson |
| CCR7                  | 150503       | R&D Systems      |
| CXCR5                 | 51505        | R&D Systems      |
| FoxP3                 | 259D/C7      | Becton-Dickinson |
| HLA-DR                | Immu-357     | Beckman-Coulter  |
| Ki-67                 | MIB-1        | Dako             |
| PD-1                  | eBioJ105     | eBioscience      |
| Tim-3                 | 344823       | R&D Systems      |

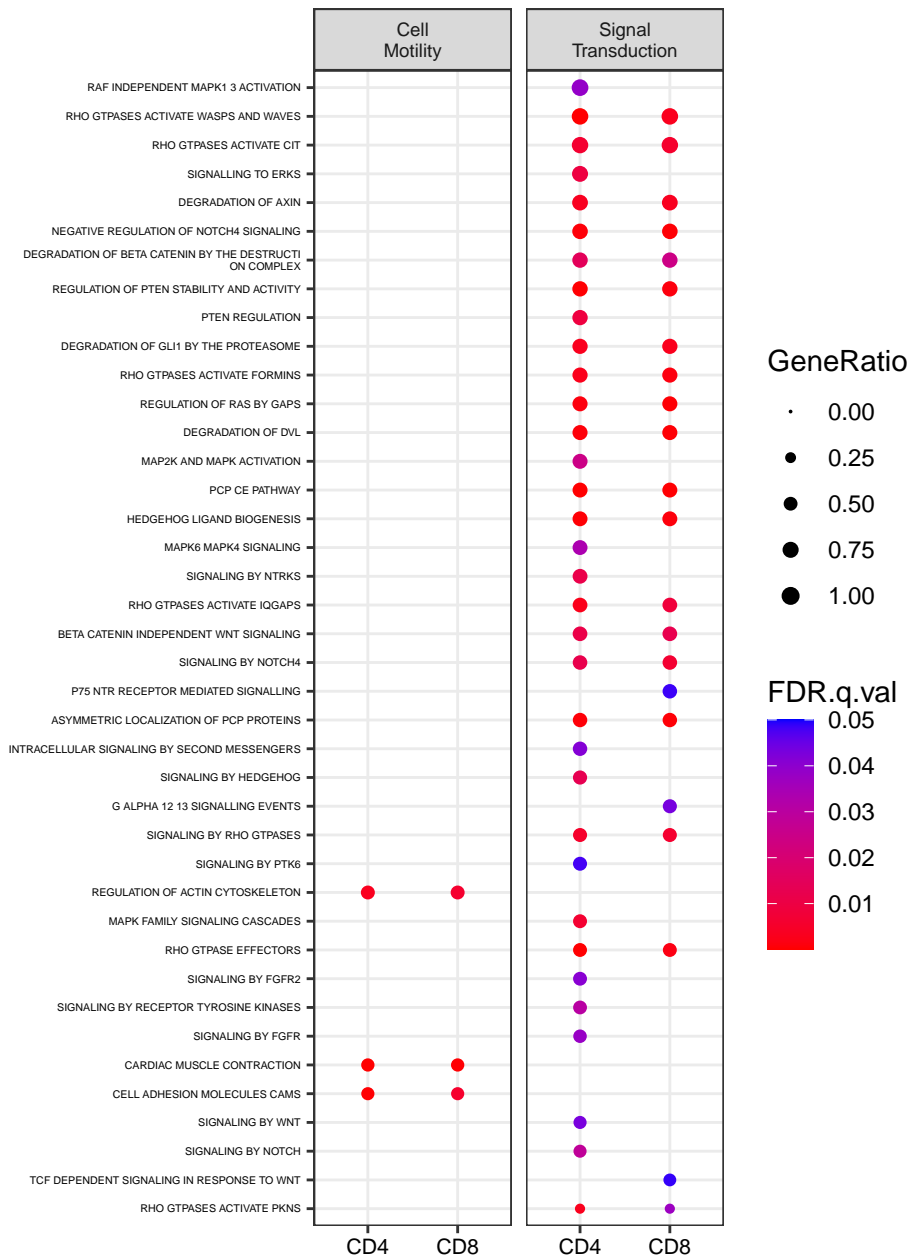
**Supplemental Table 3. Lists of genes differentially expressed after one-week lenalidomide in PD-1<sup>+</sup> and PD-1<sup>-</sup> CD4 and CD8 T cells.** First to fourth sheets display the respective lists of differentially expressed genes at D7 versus D0 for CD4 PD-1<sup>-</sup> T cells, CD4 PD-1<sup>+</sup> T cells, CD8 PD-1<sup>-</sup> T cells, and CD8 PD-1<sup>+</sup> T-cell subsets.

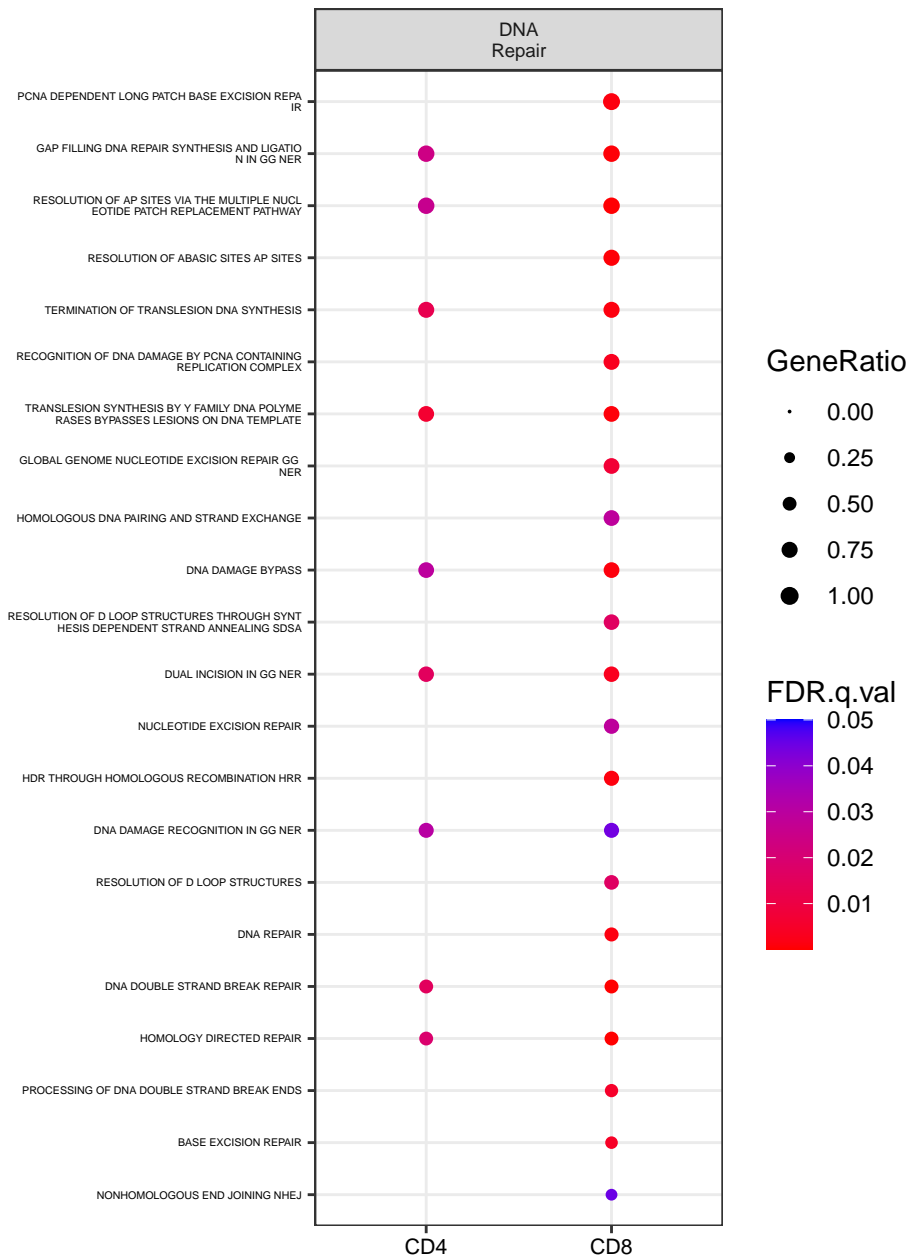
Supplemental Table 4. List of Kegg and Reactome pathways upregulated in PD-1+ T cells after one-week lenalidomide

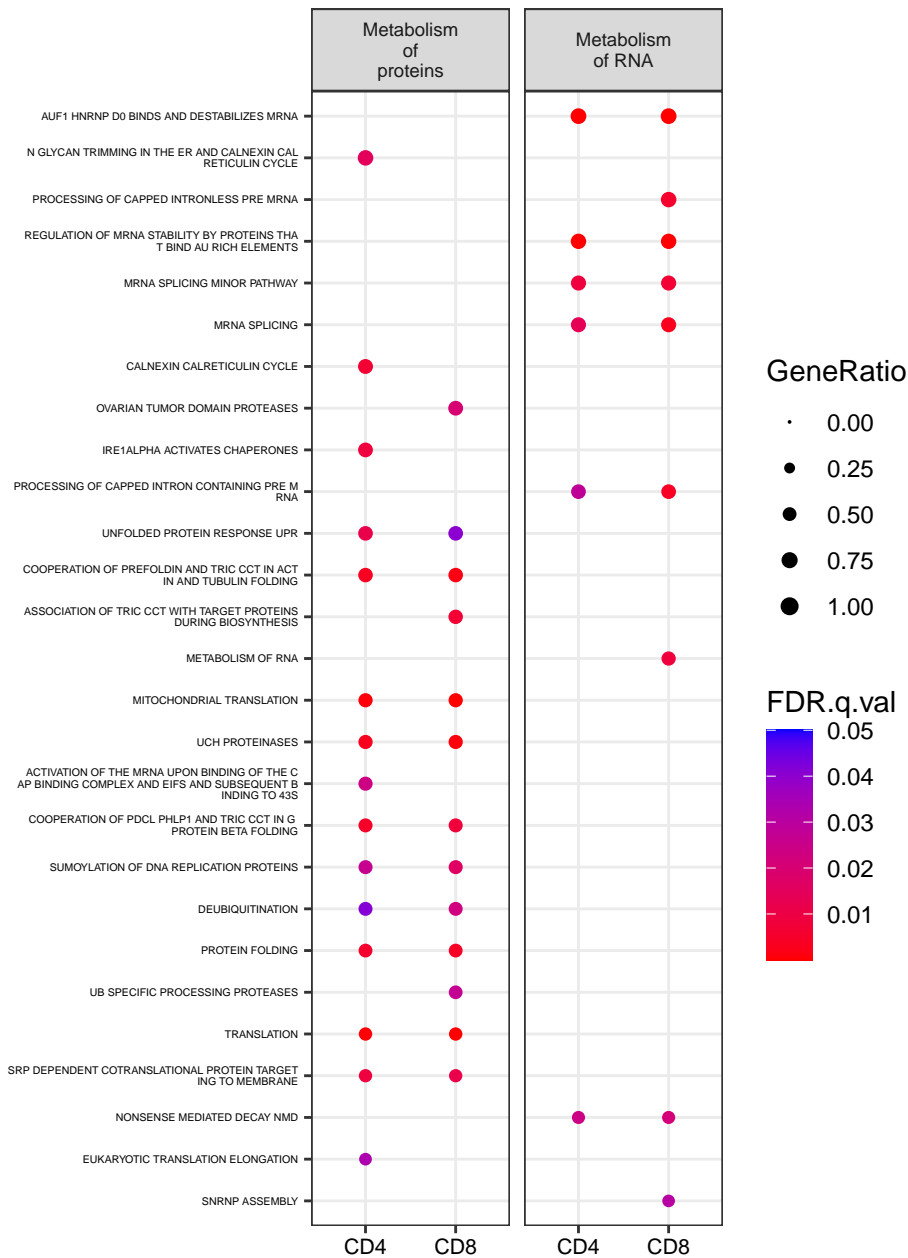


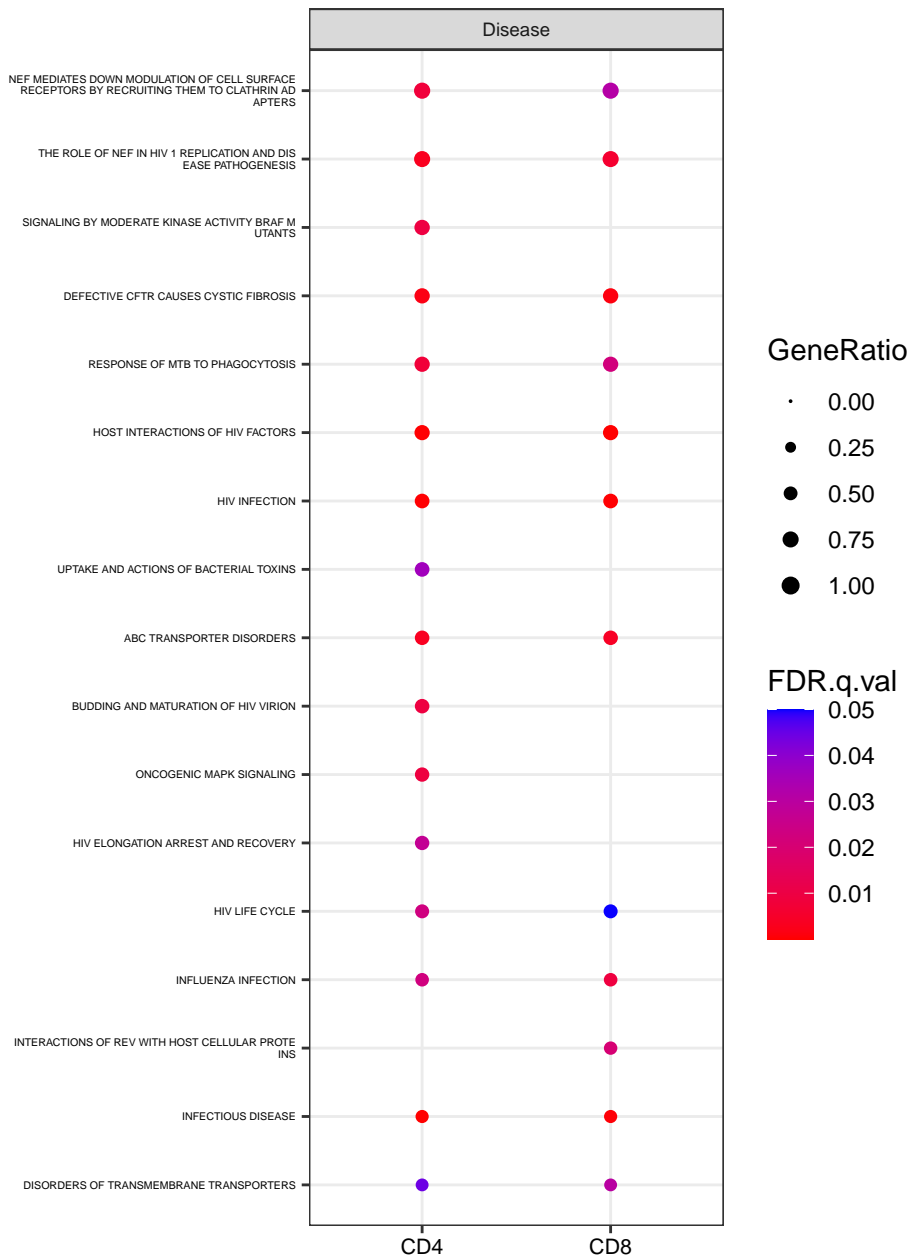


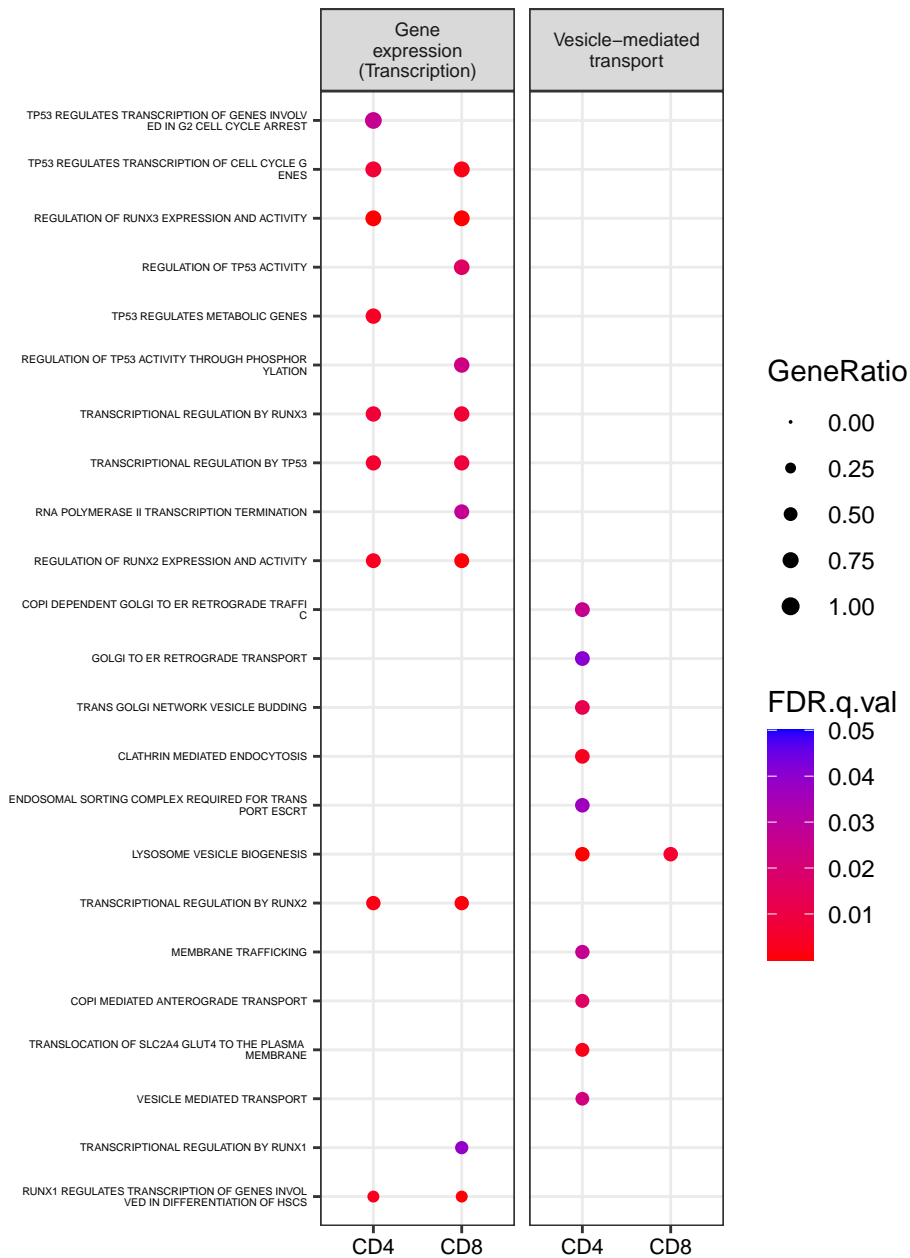


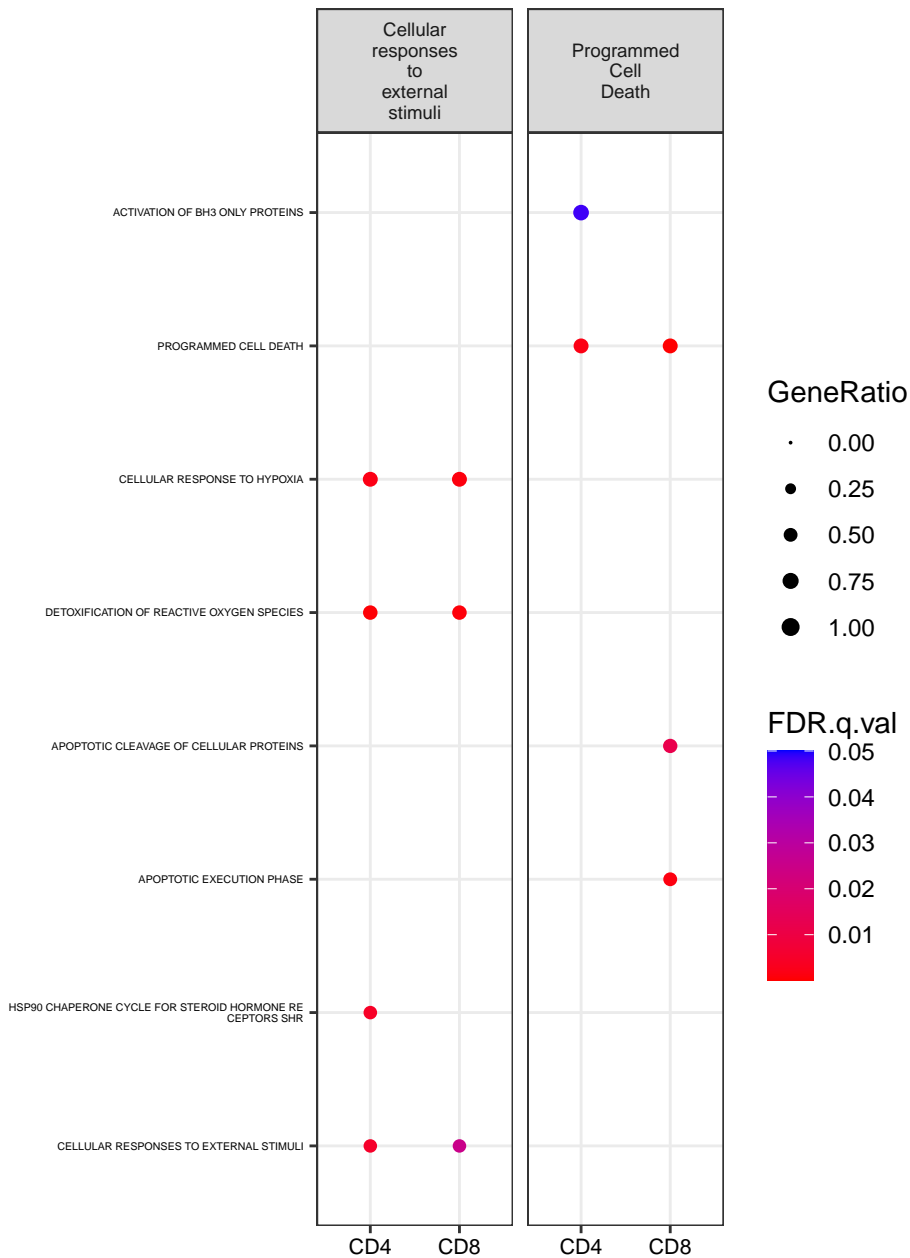


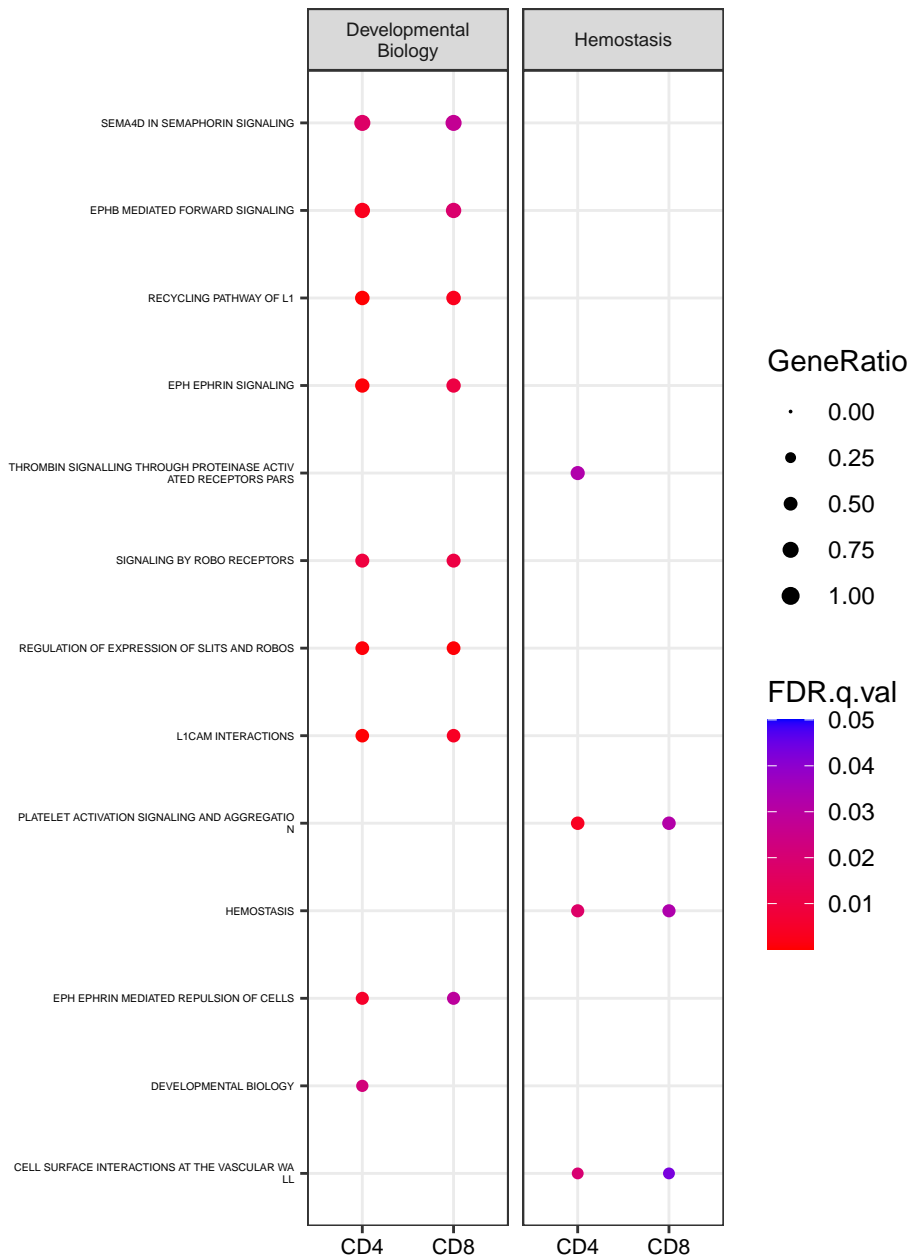


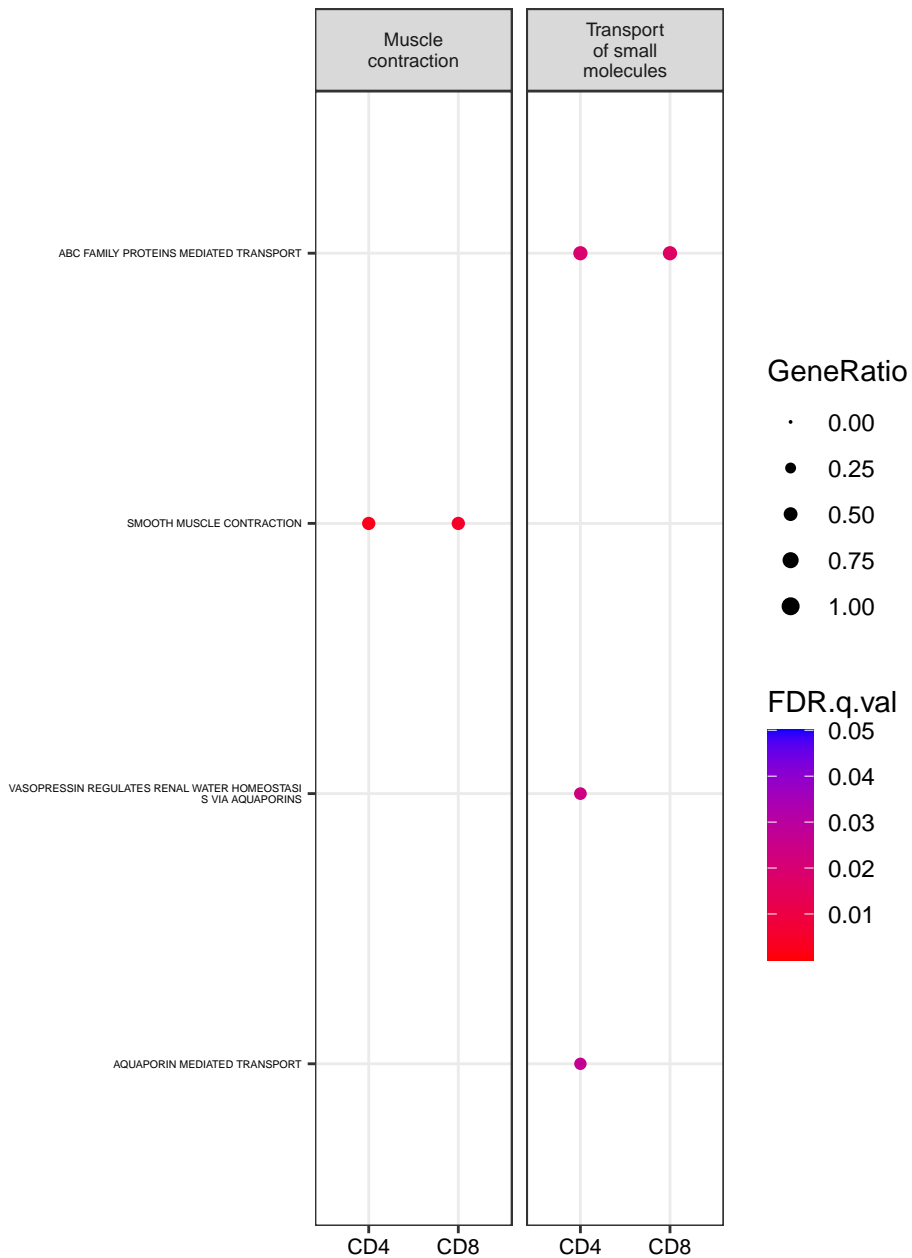




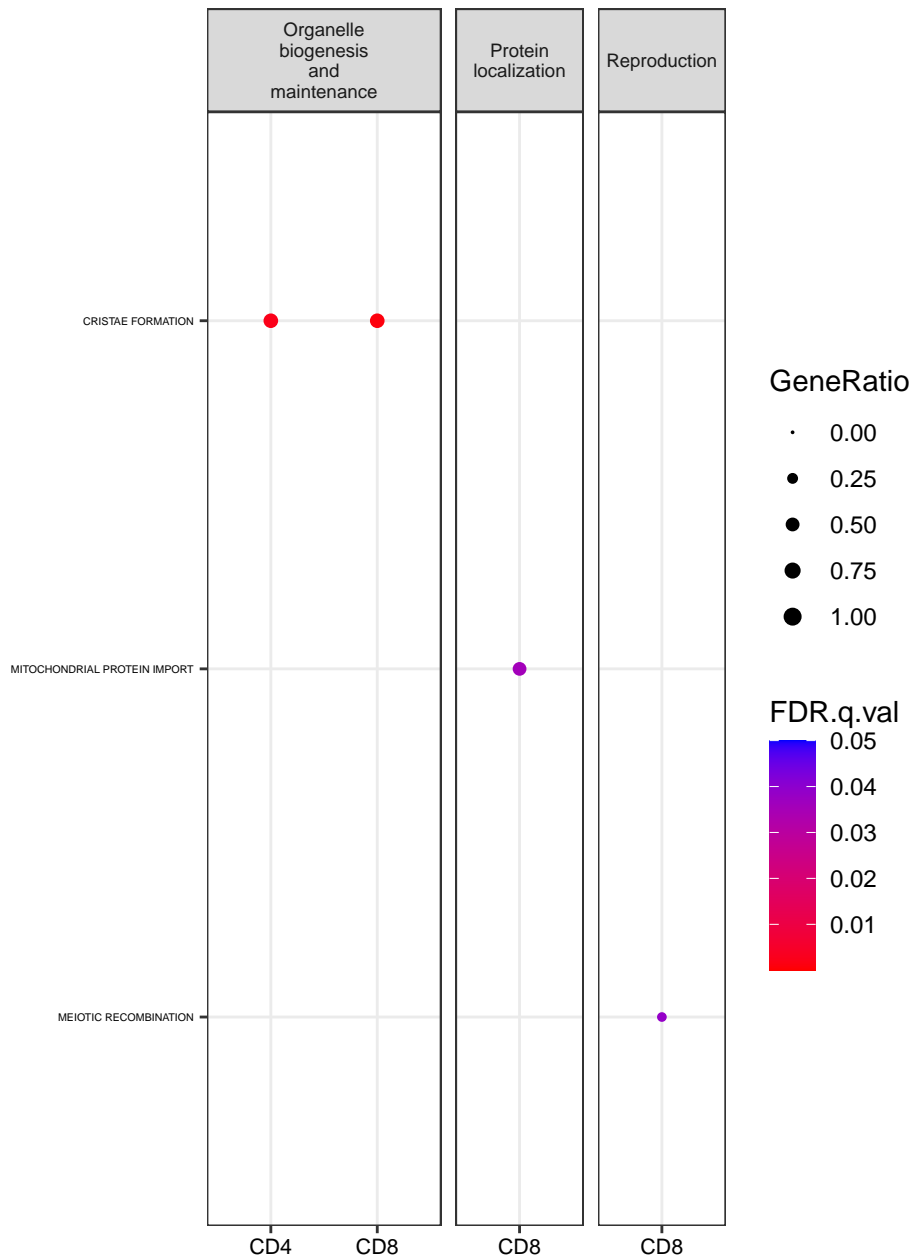


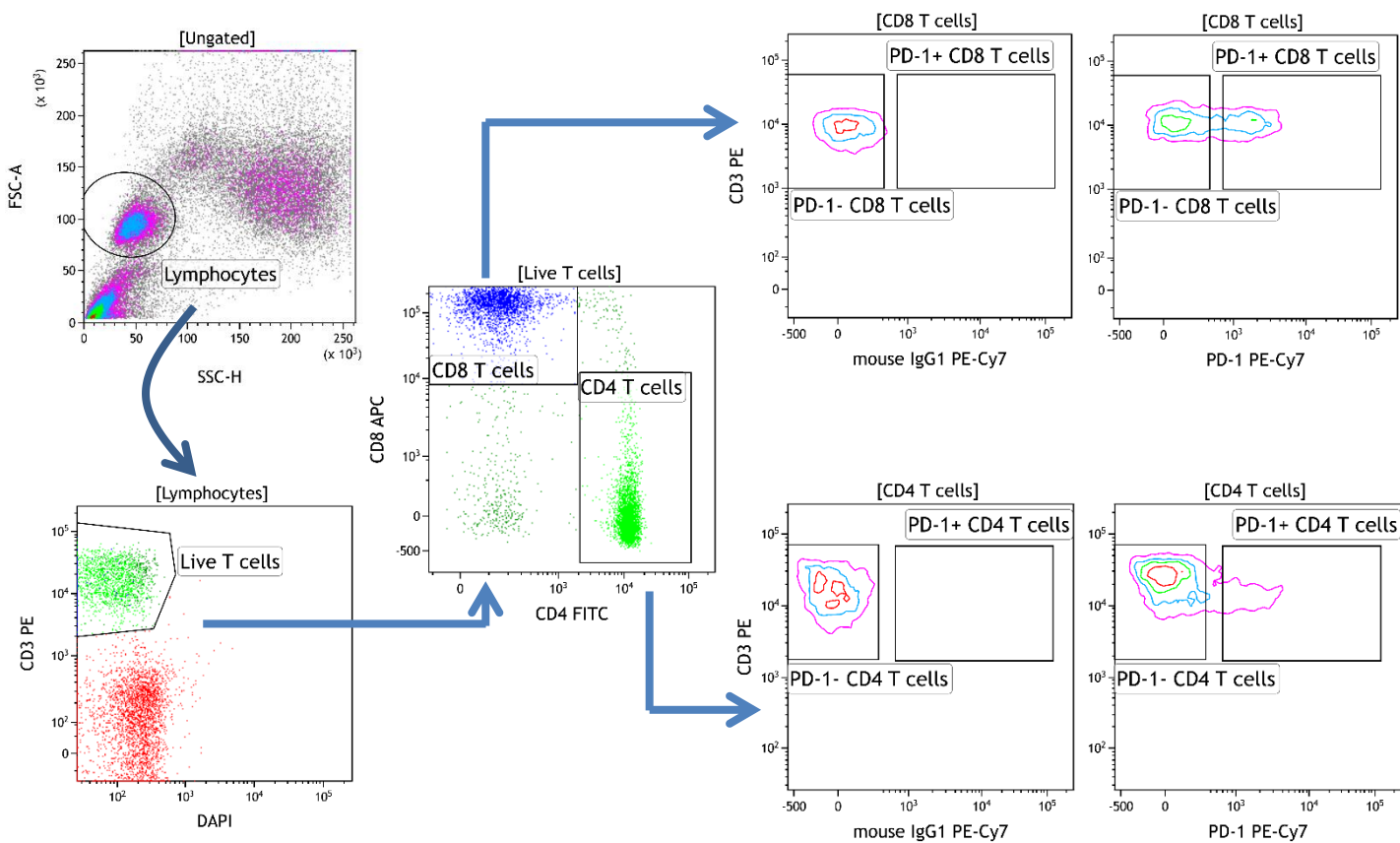




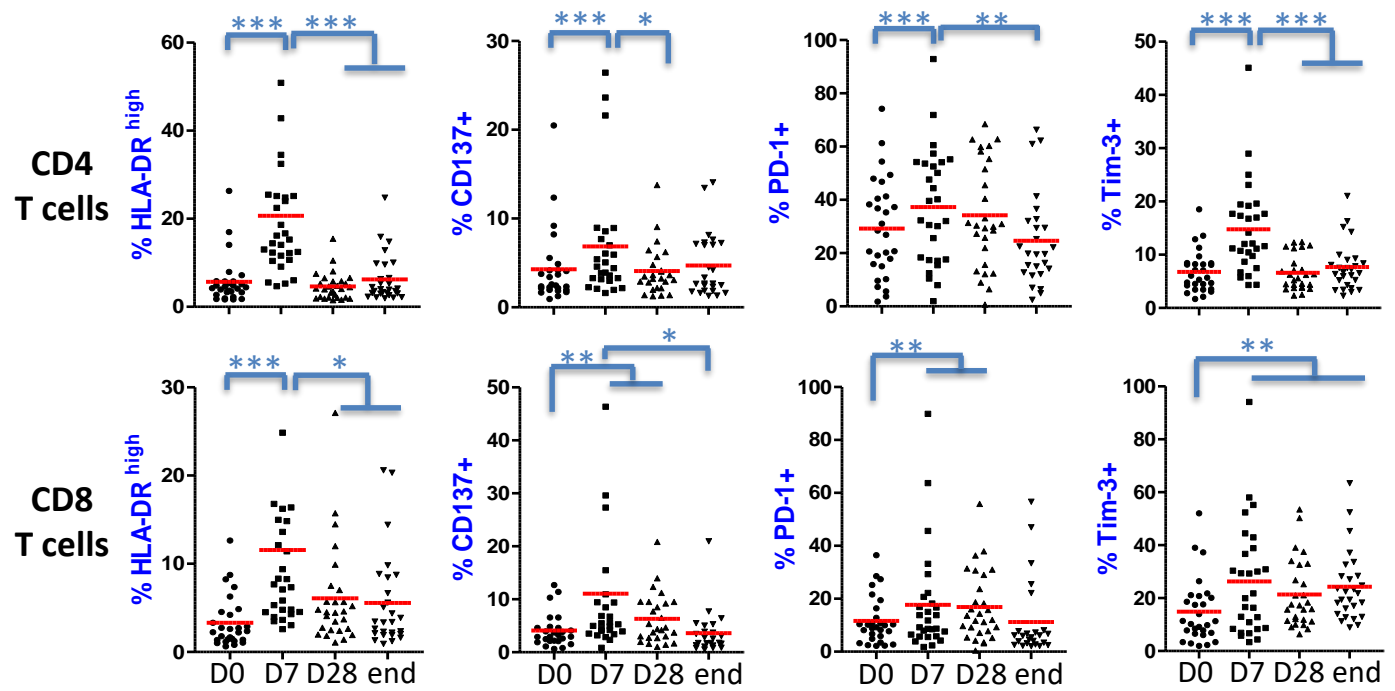






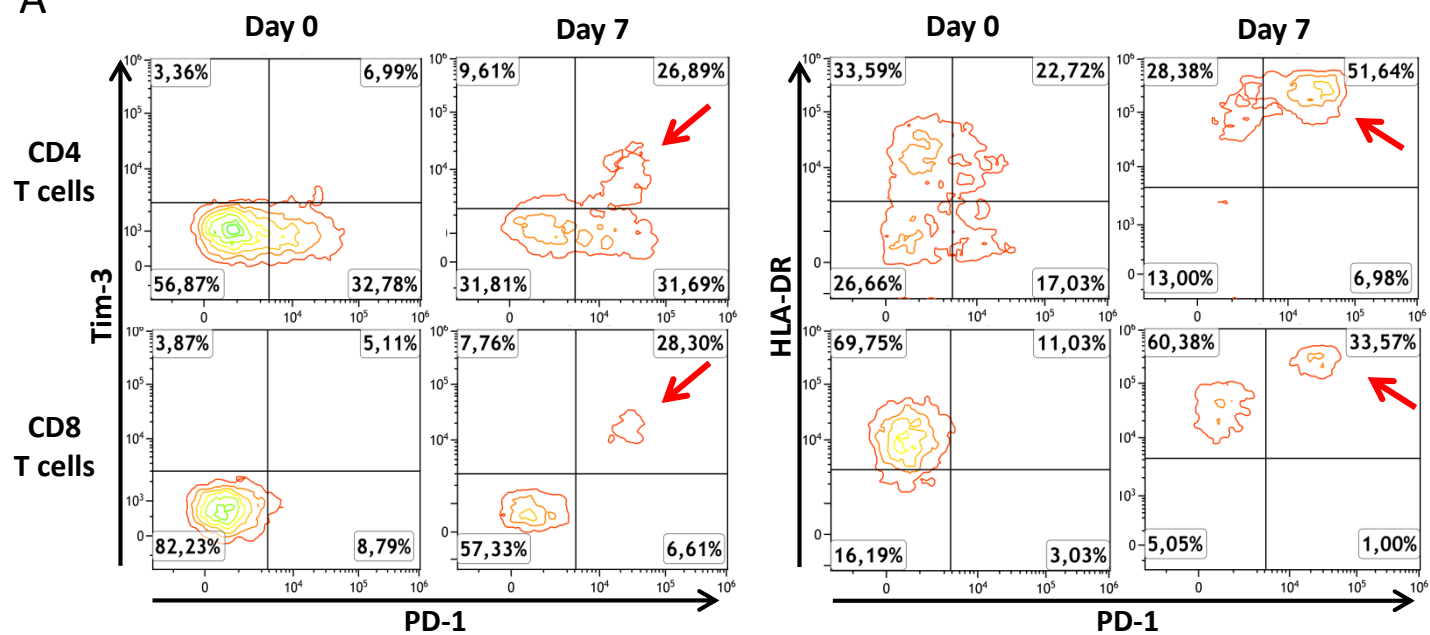


**Supplemental Figure 1. Sorting strategy of T-cell subsets used for RNA sequencing.** Mononuclear cells obtained after Ficoll density centrifugation were pelleted and incubated with a cocktail of anti-CD3/CD4/CD8/PD-1 antibodies, with 4',6-diamidino-2-phenylindole stain used to exclude dead cell. The following gating strategy was applied. CD3<sup>+</sup> DAPI<sup>-</sup> events (i.e. live T cells) were split in CD4<sup>+</sup> CD8<sup>-</sup> and CD4<sup>-</sup> CD8<sup>+</sup> populations and for both of them PD-1<sup>-</sup> and PD-1<sup>+</sup> cells were sorted. For each sample, PD-1<sup>-</sup> and PD-1<sup>+</sup> gates were adjusted before sorting with a negative control staining containing CD3/CD4/CD8 but an isotopic control instead of anti-PD-1 antibodies.

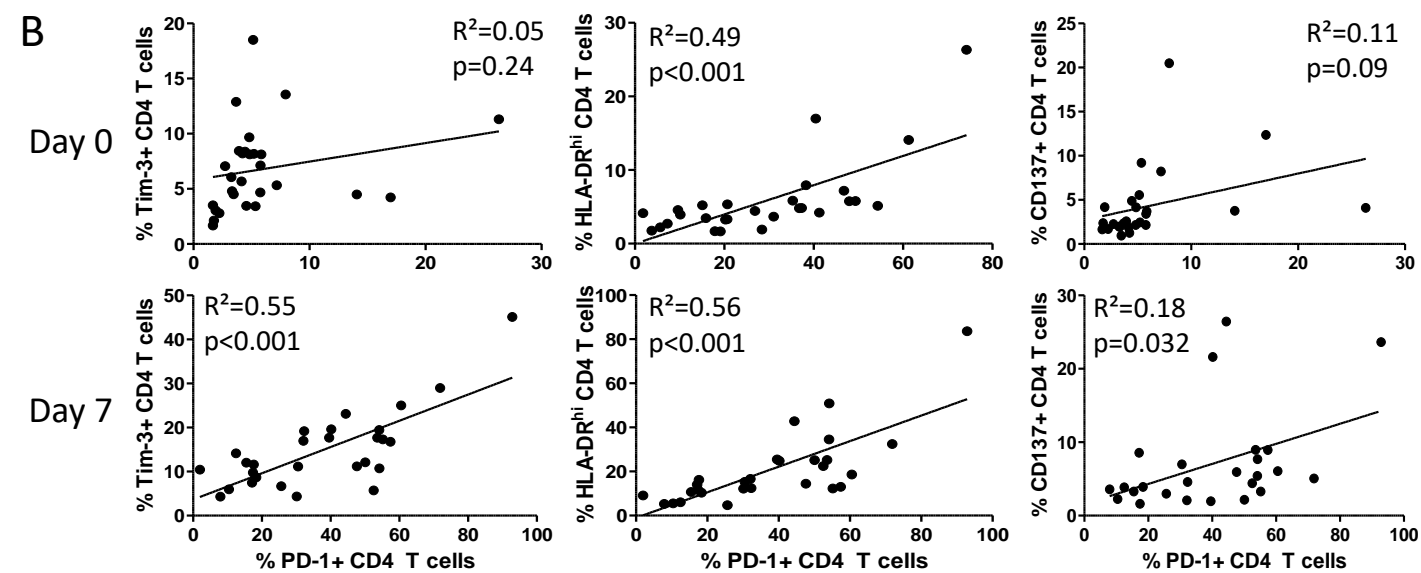


**Supplemental Figure 2. Monitoring of HLA-DR, CD137, PD-1 and Tim-3 expression on circulating CD4 and CD8 T lymphocytes in GALEN R/R FL patients.** Expression levels were measured by flow cytometry at the indicated time points. D0: 1<sup>st</sup> day of the 1<sup>st</sup> cycle of treatment (before lenalidomide intake); D7: 7<sup>th</sup> day of the 1<sup>st</sup> cycle (before obinutuzumab infusion); D28: 1<sup>st</sup> day of the 2<sup>nd</sup> cycle (before lenalidomide intake); end: end of induction. Median values are depicted as a red line. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , multiple paired-samples Wilcoxon tests.

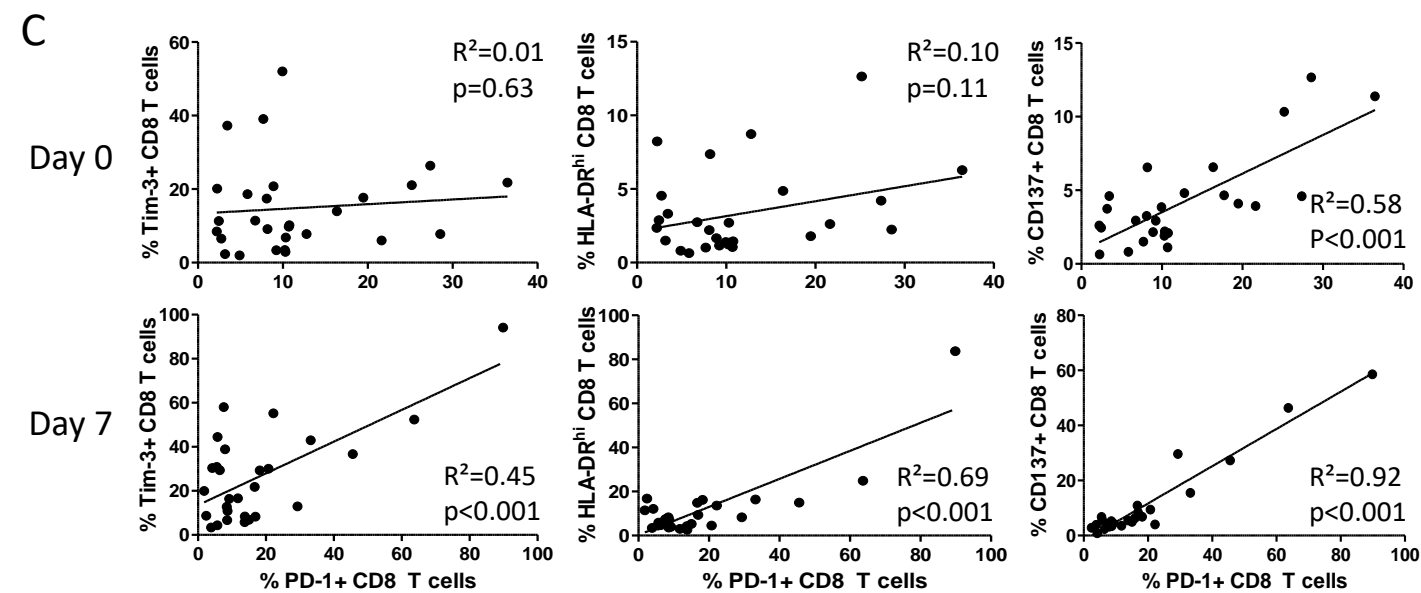
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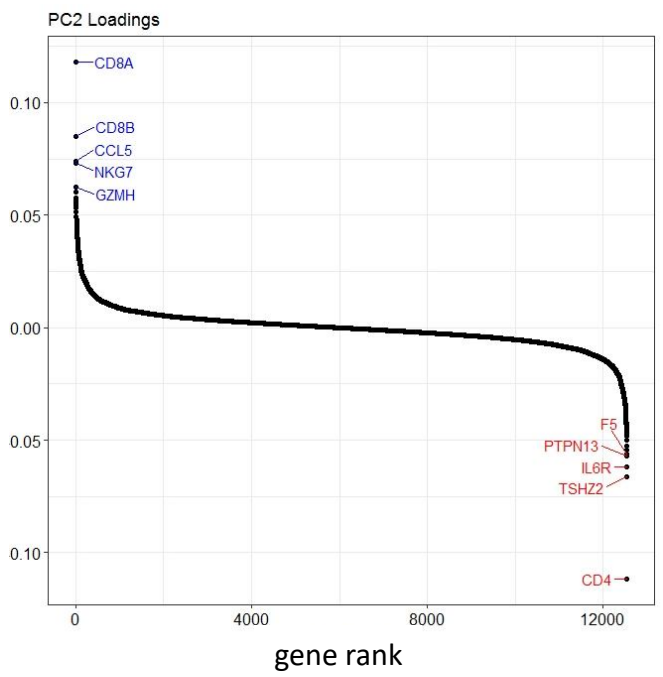
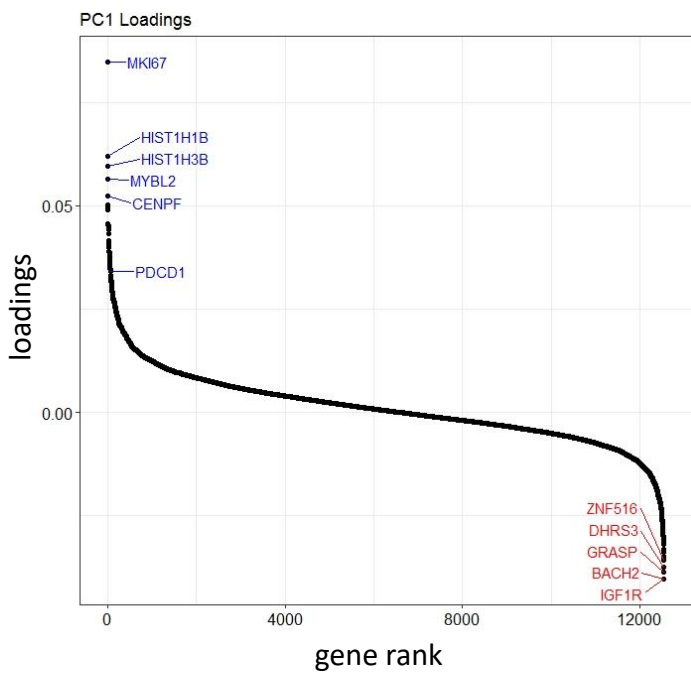
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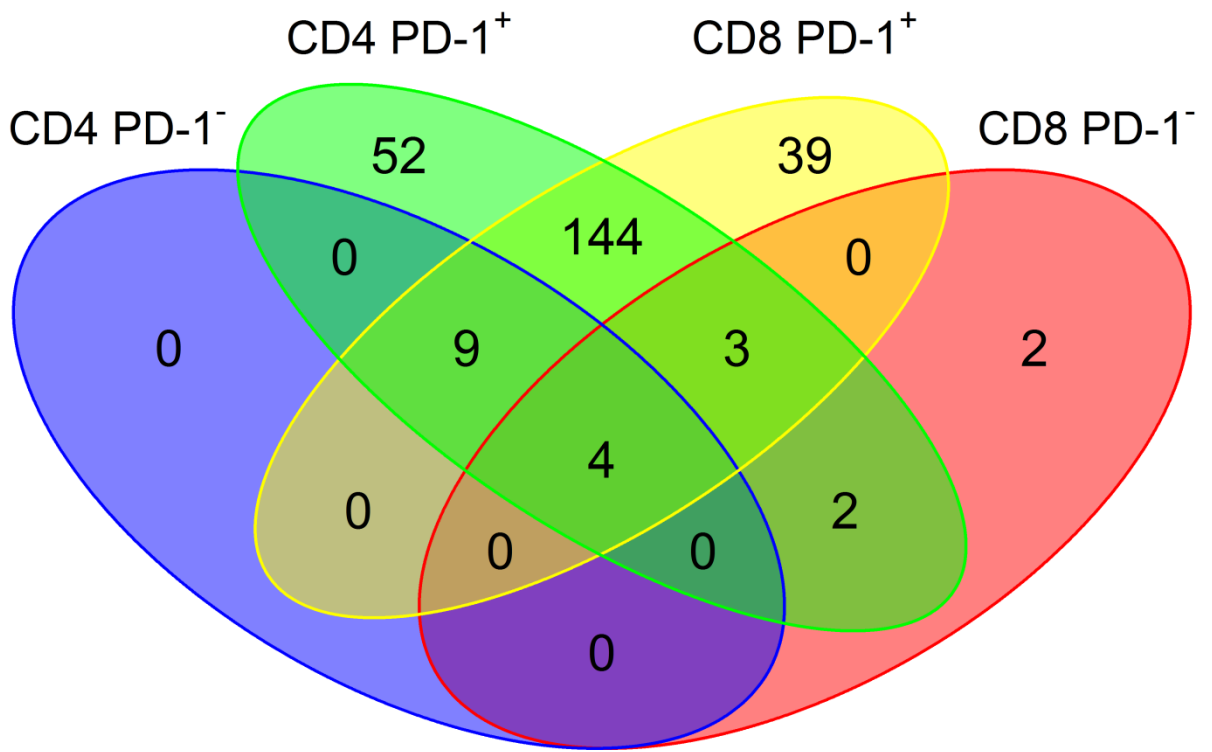
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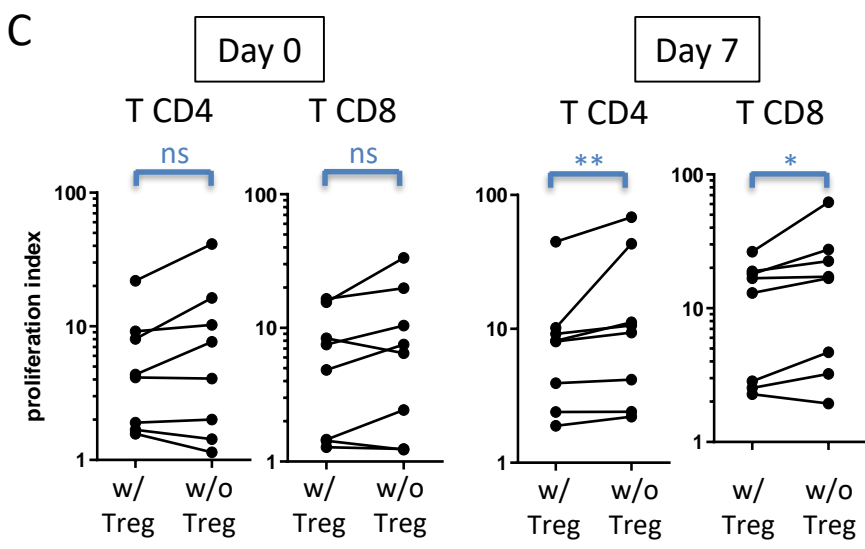
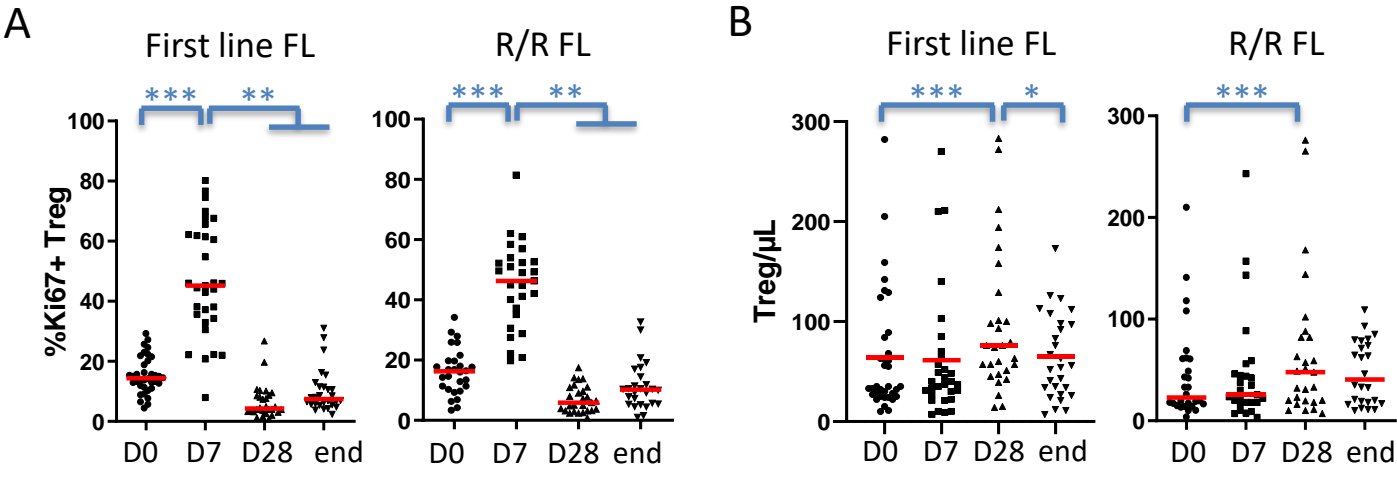
**Supplemental Figure 3. Correlation of PD-1 expression and activation/exhaustion markers.** (A) Representative flow cytometry dot plots of PD-1 versus Tim-3 and PD-1 versus HLA-DR expression by CD4 (upper row) and CD8 T cells (bottom row) at D0 and D7. Red arrows indicate the PD-1<sup>+</sup> Tim-3<sup>+</sup> HLA-DR<sup>high</sup> populations arising upon lenalidomide treatment (B) Correlations between PD-1 and Tim-3 expression (left panels), PD-1 and HLA-DR expression (middle panels), and PD-1 and CD137 expression (right panels) on CD4 T cells at D0 (upper row) and D7 (lower row) in R/R FL patients. (C) Correlations between PD-1 and Tim-3 expression (left panels), PD-1 and HLA-DR expression (middle panels), and PD-1 and CD137 expression (right panels) by CD8 T cells at D0 (upper row), and D7 (lower row) in R/R FL patients.



**Supplemental Figure 4. Gene loadings on the two first principal components of the PCA (PC1 and PC2)** depicted in Figure 2A. The loadings indicate how each gene contributes to a principal component. Loadings were ranked in decreasing order to emphasize the most contributive genes for each principal component. The top 5 genes were displayed, as well as PD-1 (PDCD1).

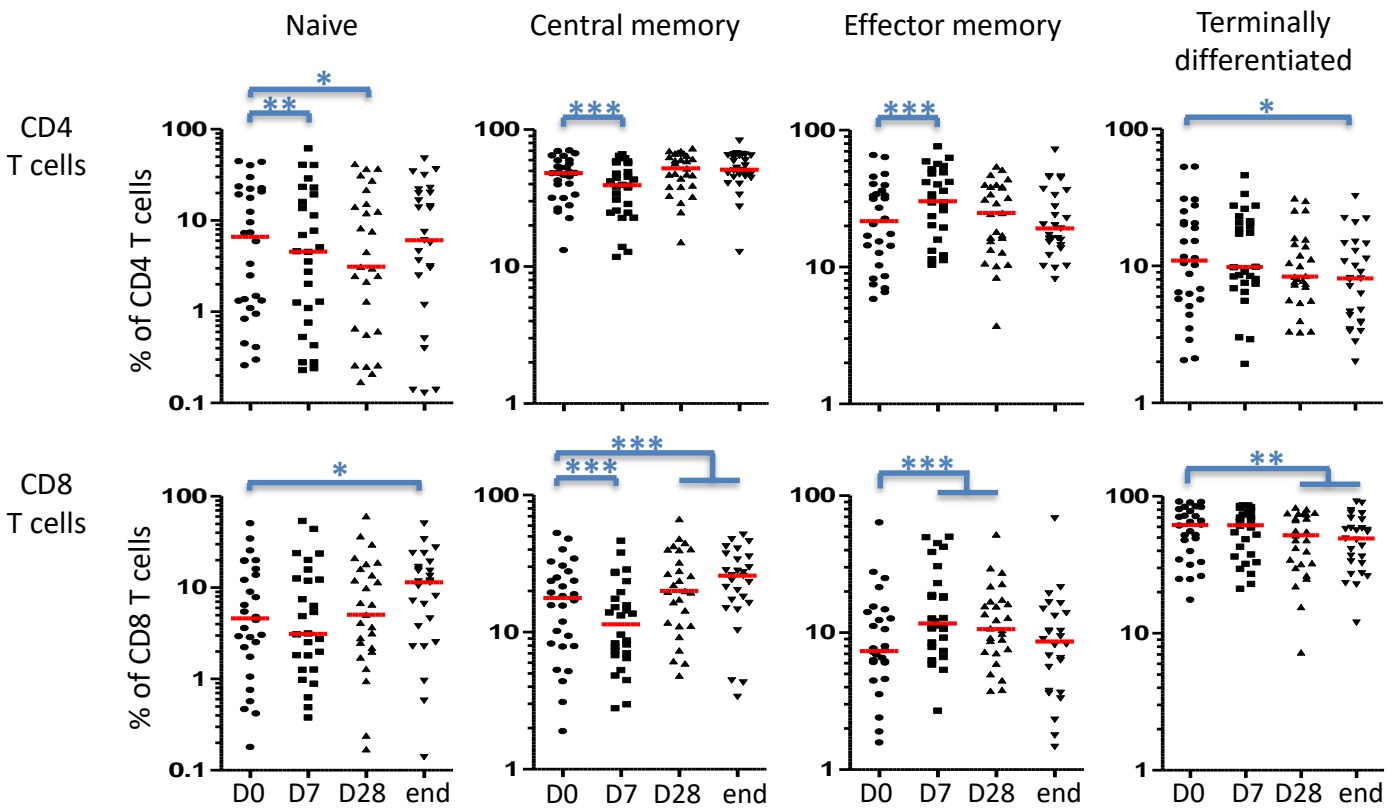


**Supplemental Figure 5. Most biological processes triggered by lenalidomide are specific to PD-1<sup>+</sup> T cells.** Venn diagram of pathways upregulated by lenalidomide in PD-1<sup>-</sup> CD4 T cells, PD-1<sup>+</sup> CD4 T cells, PD-1<sup>+</sup> CD8 T cells, and PD-1<sup>-</sup> CD8 T cells.



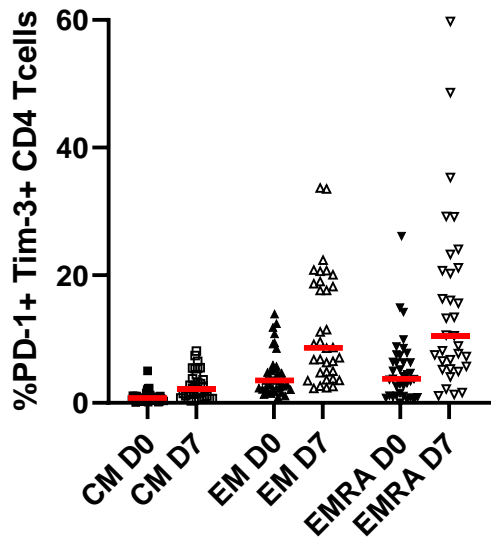
**Supplemental Figure 6. Treg are not inhibited in vivo by lenalidomide.** Ki-67 expression by blood Treg (A) and Treg cell count (B) determined by flow cytometry in first-line (left panel) and R/R (right panel) FL patients at indicated time points. D0: 1<sup>st</sup> day of the 1<sup>st</sup> cycle of treatment (before lenalidomide intake); D7: 7<sup>th</sup> day of the 1<sup>st</sup> cycle (before obinutuzumab infusion); D28: 1<sup>st</sup> day of the 2<sup>nd</sup> cycle (before lenalidomide intake); end: end of induction. Median values are depicted as a red line. (C) Proliferation index of CD4 and CD8 T cells stimulated ex vivo by CD3 and CD28 crosslinking before initiation (Day 0) and after one-week lenalidomide treatment (Day 7). PBMC (w/ Treg) were stimulated in parallel with Treg-depleted PBMC (w/o Treg) to indirectly evaluate Treg immunosuppressive activity. ns: not significant, \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , multiple paired-samples Wilcoxon tests



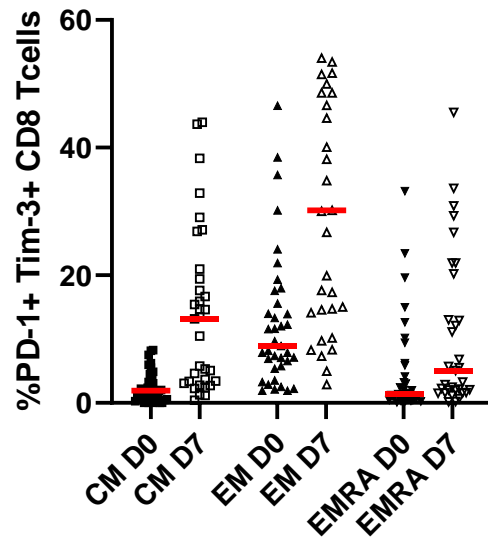


**Supplemental Figure 7. Lenalidomide triggers an early shift of naïve and memory T-cell subsets in vivo in R/R FL patients.** Percentages of naïve, central memory, effector memory, and terminally differentiated effector T cells assessed by flow cytometry in circulating CD4 (upper row) and CD8 (lower row) T cells in R/R FL patients at the indicated time points. D0: 1<sup>st</sup> day of the 1<sup>st</sup> cycle of treatment (before lenalidomide intake); D7: 7<sup>th</sup> day of the 1<sup>st</sup> cycle (before obinutuzumab infusion); D28: 1<sup>st</sup> day of the 2<sup>nd</sup> cycle (before lenalidomide intake); end: end of induction. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , multiple paired-samples Wilcoxon tests.

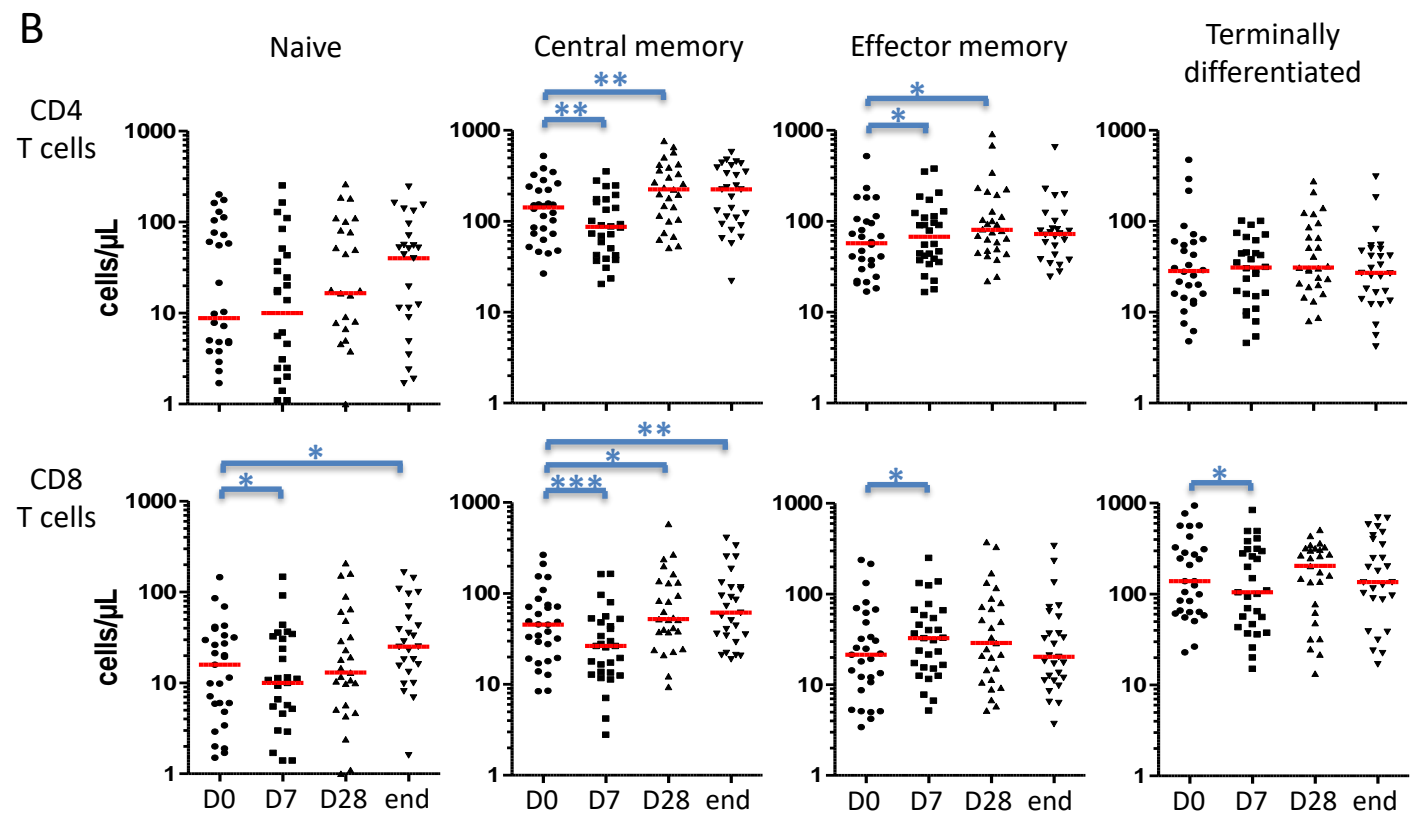
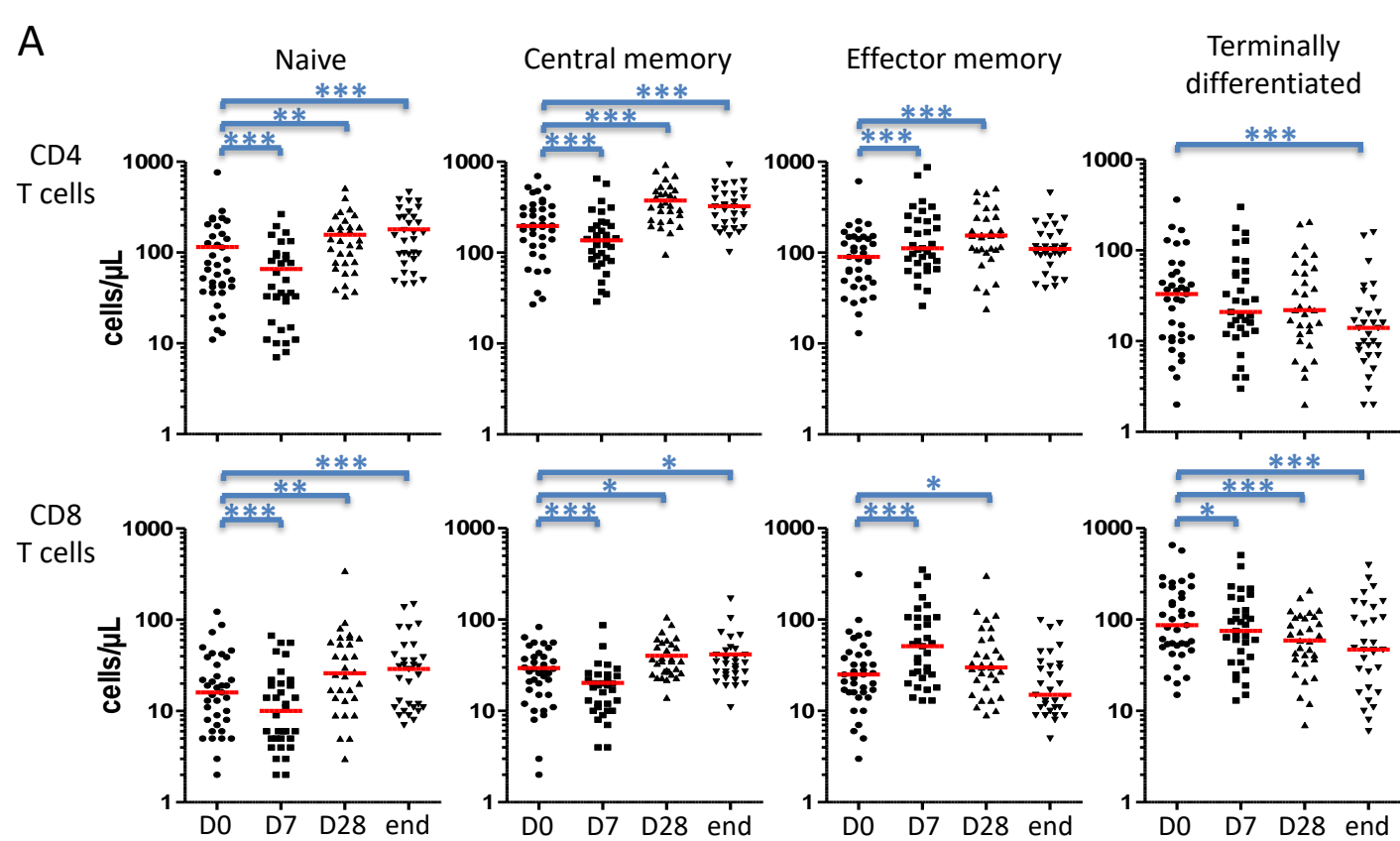
CD4



CD8



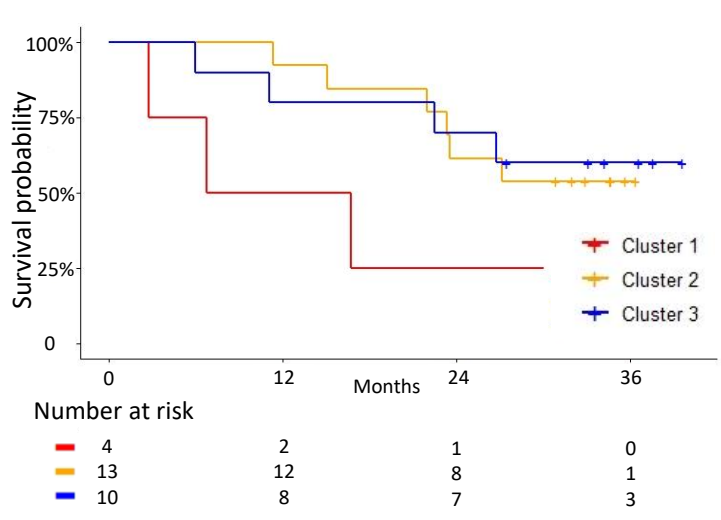
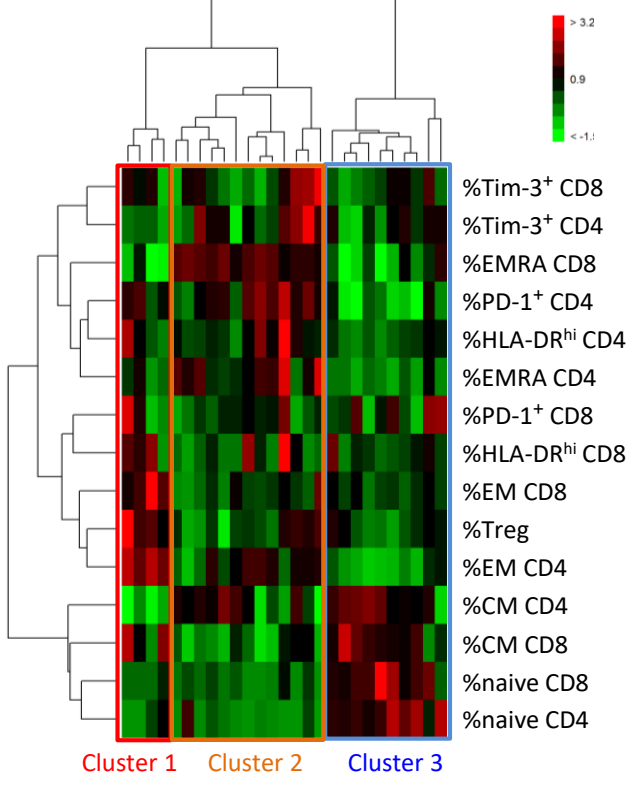
**Supplemental Figure 8. Immune checkpoints co-expression is prominent in effector T cells.** Percentages of PD-1 and Tim-3 co-expression in central memory (CM), effector memory (EM), and terminally differentiated effector (EMRA) T cells assessed by flow cytometry in circulating CD4 and CD8 T cells. D0: 1<sup>st</sup> day of the 1<sup>st</sup> cycle of treatment (before lenalidomide intake); D7: 7<sup>th</sup> day of the 1<sup>st</sup> cycle (before obinutuzumab infusion).



**Supplemental Figure 9. Lenalidomide increases effector memory T cells at the expense of naive and central memory T cells in FL patients.** Blood counts of naive, central memory, effector memory, and terminally differentiated effector T cells assessed by flow cytometry in circulating CD4 (upper row) and CD8 (lower row) T cells in first-line (A) and R/R FL patients (B) at the indicated time points. D0: 1<sup>st</sup> day of the 1<sup>st</sup> cycle of treatment (before lenalidomide intake); D7: 7<sup>th</sup> day of the 1<sup>st</sup> cycle (before obinutuzumab infusion); D28: 1<sup>st</sup> day of the 2<sup>nd</sup> cycle (before lenalidomide intake); end: end of induction. \*p<.05, \*\*p<.01, \*\*\*p<.001, multiple paired-samples Wilcoxon tests.

**A**

|                  | % effector CD4 T cells |             | % Treg in CD4 T cells |             |
|------------------|------------------------|-------------|-----------------------|-------------|
|                  | Hazard ratio           | Cox p value | Hazard ratio          | Cox p value |
| Day 0            | 1.51                   | 0.016       | 3.55                  | 0.005       |
| Day 7            | 1.08                   | 0.014       | 1.023                 | 0.0004      |
| D28              | 1.75                   | 0.008       | 1.07                  | 0.05        |
| End of induction | 1.08                   | 0.014       | 2.54                  | 0.003       |

**C****B**

**Supplemental Figure 10. Blood T-cell immunophenotyping at presentation pinpoints an unfavorable profile in FL patients treated with lenalidomide to obinutuzumab combination.** (A) Summary table of prognostic values of effector CD4 T cells and Treg percentages at the 4 sampling time points (univariate Cox model). D0: 1st day of the 1st cycle of treatment (before lenalidomide intake); D7: 7th day of the 1st cycle (before obinutuzumab infusion); D28: 1st day of the 2nd cycle (before lenalidomide intake) (B) Unsupervised hierarchical clustering of the 27 R/R patients in 3 groups based on 15 immune parameters. Treg: regulatory CD4 T cells, CM: central memory, EM: effector memory, EMRA: terminally differentiated effector T cell. (C) Progression-free survival curves of the 3 patient clusters.