a.







d.		Reference Range	Presentation Value	Nadir Value
••••	Hematology	.		
	Hemoglobin (g/dl)	12.0–16.0	3.9	3.9
	Mean corpuscular volume (fL)	80-94	80	80
	Hematocrit (%)	36.0-46.0	11.4	11.4
	Reticulocytes (%)	0.5-2.5	Undetectable	Undetectable
	White-cell count (per ul)	4500-11.000	0.9	0.6
	Differential count (%)			
	Neutrophils	40-70	39	
	Lymphocytes	22-44	41	
	Monocytes	4_11	19	
	Eosinonhils	0-8	0	
	Platelet count (per ul)	150 000-400 000	118 000	83 000
		100,000 100,000	110,000	00,000
	Chemistries			
	Sodium (mmol/liter)	135–145	141	
	Potassium (mmol/liter)	3.4–5.0	3.6	
	Chloride (mmol/liter)	98–108	103	
	Carbon dioxide (mmol/liter)	23–32	29	
	Urea nitrogen (mg/dl)	8–25	17	
	Creatinine (mg/dl)	0.60-1.50	0.74	
	Glucose (mg/dl)	70–110	107	
	Iron Saturation (%)	14-50	96%	
	Total iron binding capacity (ug/dL)	230-404	230	
	Ferritin (ug/L)	20-300	651	
	Folate (ng/mL)	>4.7	11.5	
	Vitamin B12 (ng/ml)	>231	864	
	Lactate dehydrogenase (IU/liter)	110-210	157	
	Alanine aminotransferase (I.I/liter)	10-55	32	
	Aspartate aminotransferase (1//liter)	10-40	20	
	Bilirubin (mg/dl)	10 10	20	
	Total	0.0-1.0	0.5	
	Direct	0.0-0.4	<0.2	
	2		0.2	
	Infectious Workup			
	Human Immunodeficiency Virus		negative	
			IgM negative, IgG	
	Parvovirus		positive, PCR negative	
	Hepatitis B Virus		Immune	
	Hepatitis C Virus antibody		negative	
	Cytomegalovirus		IgM negative, IgG positi	ive
			IgM negative, IgG	
	Epstein Barr Virus Viral Capsid Antiger	ı	positive. PCR negative	
	Serum Protein Electrophoresis		Normal	
	Discussed and a Manhouse			
			1.100	
	Antinuciear Antibody		1.100	
	anti-as DINA antibody		negative	
	anti-Smith antibody		negative	
	anti-Ho antibody		negative	
	anti-La antibody		negative	
	anti-ribonucleoprotein antibody		negative	
	anti-neutrophil cytoplasmic antibody		negative	
	anti-cyclic citrullinated protein antibody	1	negative	
	Rheumatoid factor		negative	
	Celiac autoantibody panel		negative	

Supplemental Figure 1: Additional clinical parameters, related to Figure 1

- a. The patient's chronic mucocutaneous candidiasis.
- b. The patient's platelet counts over time.
- c. Schematic of JAK-STAT signaling showing interferon-y binding its receptor, activating JAK1

and JAK2 to phosphorylate STAT1. STAT1 dimerizes, translocates to the nucleus, and activates target genes.

d. Laboratory values as part of an infectious and rheumatologic workup of pancytopenia.







Supplemental Figure 2: Immunophenotyping, related to Figure 2

a. Flow cytometric immunophenotyping gating strategy is shown (left). Cell type frequencies for each cell type are plotted by condition (healthy controls, pre-itacitinib, or post-itacitinib) (right).

b. Flow cytometric intracellular cytokine staining gating strategy is shown (left). Memory CD4+ T cell IL-17A-secreting cell frequencies are plotted (right). CD4+ T cell interferon-γ-secreting frequencies are found in Figure 2 of the main manuscript, as are CD8+ T cell interferon-γ-secreting frequencies. All P values are calculated using unpaired t-test.

Rosenberg et al. Supplemental Figure 3







2.5 2.0 1.5 CXCL10 1.0 0.5 Rosenberg et al.

Supplemental Figure 3: Single-cell RNA-sequencing cell function and frequency, and additional plasma cytokine concentrations, related to Figure 3

a. For all samples with at least 15 CD8+ cells, the percent of CD8+ T cells expressing interferon- γ is plotted. For HC n = 3, pre-itacitinib n = 3, and post-itacitinib n = 3.

b. Mean interferon- γ transcript levels are plotted as in a.

c. Using single cell RNA-sequencing, for each time point as described in Figure 2, the number of cells in the CD8+ T cell cluster was divided by the total number of cells in that time point's T cell-containing cluster or

d. divided by the total number of PBMC sequenced. The percentage was then plotted, and p-values determined by unpaired t-test. For HC n = 4, pre-itacitinib n = 3, and post-itacitinib n = 3. All P values calculated using unpaired t test.

e. Expression of CXCL10 is plotted by condition. For HC n = 4, pre-itacitinib n = 3, and post-itacitinib n = 3.

f.-g.Plasma cytokine levels measured in units of mean fluorescent intensity (MFI) from the patient at six time points pre- and post-itacitinib.

Rosenberg et al. Supplemental Methods Figure 1

a.



b.



Supplemental Methods Figure 1: Single-cell RNA-sequencing cluster features, related to Figure 3

a. Single-cell RNA-sequencing was performed on PBMCs from four different healthy controls and the patient at six different time points pre- and post-itacitinib treatment. For each sample, median unique molecular identifiers (UMIs) per cell, median genes detected per cell, and number of cells for each sample are shown.

b. Cluster-defining genes for each cell type (top); cluster defining genes across T cell containing subclusters (bottom left); and cluster defining genes across myeloid subclusters (bottom right) are shown.

c. T cell-containing subclusters are shown by condition (Healthy control, pre-itacitinib, or postitacitinib) (top left) and by sample (one of four healthy controls or one of six time points from the patient) (bottom left). The same is plotted for myeloid subclusters (top right) and (bottom right).

Rosenberg et al. Supplemental Methods Figure 2

a.

Condition	# of cells	
Pre-itacitinib 1	5325	
Pre-itacitinib 2	3495	
Pre-itacitinib 3	5706	
Post-itacitinib 1	3713	
Post-itacitinib 2	5530	







- Pre-itacitinib timepoint 1
- Pre-itacitinib timepoint 2
- Pre-itacitinib timepoint 3
- Post-itacitinib timepoint 1
- Post-itacitinib timepoint 2

UMAP 1

Rosenberg et al.

Supplemental Methods Figure 2: Single-cell assay for transposase-accessible chromatin with sequencing, related to Figure 3

a. Shown are the number of cells sequenced per time point sample (left) and a representative plot from one sample where each point is a cell plotted by log 10 number of fragments on the x-axis and by the fraction of reads in called peak regions (FRIP) on the y-axis.

b. Clustering of cell types using scATAC-seq, plotted in UMAP space, and labeled by cell type (top) and by time-point (bottom). N = 3 pre-itacitinib time points and n = 2 post-itacitinib time points.