

## **SUPPLEMENTAL DATA**

### **SUPPLEMENTAL METHODS**

#### **Antibodies, flow cytometry and cell sorting**

The following antibodies were used for flow cytometry and cell sorting: CD3 BV510 (clone SK7), CD4 APC-Cy7 (clone OKT4), PD-1 PE-Cy7 (clone EH12.2H7), CD45RO PerCP-Cy5.5 (clone UCHL1), CD161 PerCP-Cy5.5 (clone HP-3G10), CXCR5 BV421 (clone J252D4), CCR7 FITC (clone G043H7), Ki67 PE (clone Ki-67), HLA-DR PE (clone L243), IL-21 APC (clone 3A3-N2), IFN- $\gamma$  BV510 (clone B27), TNF- $\alpha$  FITC (clone Mab11), IL-17 BV421 (clone BL168) all from Biologend and CXCL13 PE (clone 53610) from R&D Systems.

#### **MACSima™ Imaging Cycling Staining**

Tissue sections were obtained from paraformaldehyde fixed synovia embedded in paraffin. The tissue sections were then placed in Xylol at room temperature for 20 minutes. The deparaffinized tissue was rehydrated through a graded ethanol series (100%, 95%, 80%, 70%, 50%) and water for two minutes each. Tissue sections were preheated at 60°C for 1 hour and antigen retrieval was performed at 98°C with TEC buffer for 20 minutes. MACSwell™ imaging frames (Miltenyi Biotec) were mounted on the slide and covered with MACSima™ running buffer (Miltenyi Biotec). Tissue sections were stained with DAPI solution. Subsequently, sections were iteratively stained using a fully automated MACSima™ Imaging System (Miltenyi Biotec) with a combination of FITC-, PE and APC-conjugated antibodies, and fluorochromes were photobleached after image acquisition at the end of each staining cycle. The following antibodies (all from Miltenyi Biotec) were used: CD3 APC (clone REA1151), CD4 PE (clone REA1307), CD20 cytoplasmic PE (REA1087), HLA-DR FITC (REAL550), PD-1 APC (REAL531), CD68 PE (REAL1346), CD138 PE (REA1087), Vimentin FITC (REA409), Podoplanin PE (REA446) and Ki-67 PE (REA446).

Acquired images were processed and analyzed by MACSiQ® View Imaging Software (Miltenyi Biotec) following current processing work-flow (Miltenyi Biotec). Processed data were segmented to identify individual cell nuclei using DAPI, cytoplasm using CD20 and Ki-67, and cellular membranes using CD3, CD4, CD68, CD138 as well as HLA-DR.

#### **TCR $\beta$ repertoire sequencing**

TCR $\beta$  rearrangements were amplified using amplicon rescue multiplex PCR and sequenced by next generation sequencing on an Illumina MiSeq platform (iRepertoire®, Huntsville, AL, USA). After initial filtering and mapping using iRepertoire® algorithms, multiple sequence copies of unique sequences were counted as a single sequence if not otherwise stated.

During the study, an in-house pipeline for TCR $\beta$  sequencing was established as well: cDNA was generated using the Applied Biosystems™ High-Capacity cDNA Reverse Transcription Kit per manufacturer's protocol. For semi-nested multiplex PCR primers from (1) were used: In a 1<sup>st</sup> PCR (15 cycles, annealing temperature 62 °C) a common linker sequence was introduced with the primers targeting the different TRBV segments (equimolar mix of 28 primers, final concentration of the mix 0.6  $\mu$ M), the reverse primer targets the constant region of the TCR $\beta$  chain. In a 2<sup>nd</sup> PCR (50 cycles, annealing temperature 65 °C), with a forward primer targeting the linker sequence and a reverse primer binding to a more 5' part of the constant region (final concentration 0.5  $\mu$ M each). The resulting product was purified using the QIAquick PCR Purification Kit (Quiagen) and sent for adapter ligation and amplicon sequencing to a commercial provider (GENEWIZ, Azenta Life Sciences, Amplicon-EZ with Illumina MiSeq 2x250 bp). Paired-end reads were assembled, quality filtered (mean Phred-Score >20) and deduplicated using the pRESTO workflow (2). Sequences occurring less than twice were excluded from further analysis.

### **TCR $\beta$ repertoire analysis**

Resulting sequence data was analyzed using IMGT/HighV-QUEST, unproductive sequences were filtered out. Resulting files were further analyzed for V-, D-, and J-segment usage, CDR3-length, and clonality using ARGalaxy (3). TCR clonotypes were defined by identical V-, D- and J-gene segment usage as well as identical CDR3 nucleotide sequence. For calculation of clonal diversity resulting Change-O databases were analyzed using Alakazam (4). Standard settings were used for computation of the diversity scores (bootstrap  $n=200$ ,  $ci=0.95$ ). Immunarch was used for visualization of clonotype tracking and repertoire overlap (5). AIRR output tables from IMGT/HighV-QUEST (6) were adopted for use in Grouping of Lymphocyte Interactions by Paratope Hotspots version 2 (GLIPH2, (7)). Standard CD4 reference version 2.0 was used. Output data from GLIPH2 specificity groups with sequences from at least two patients was visualized as networks using the Cytoscape v3.9.1 software. Sequence logos were generated using the 'ggseqlogo' R vignette. Additionally, the frequencies of aa doublets at specific CDR positions were computed: 'GH' at the 2<sup>nd</sup> and 3<sup>rd</sup> positions in CDR1 $\beta$  (IMGT position 28 and 29) and 'SL' or 'SV' at the 8<sup>th</sup> and 7<sup>th</sup> positions from the end of the CDR3 $\beta$ -junction (including Cys-104 and Trp/Phe-118; IMGT position 111 and 112 for a junction length of 15 amino acids (aa) / CDR3 $\beta$  length of 13 aa). Sequences with a junction or CDR3 $\beta$  length less than 13 or 11 aa, respectively, were excluded from the analysis.

### **10x Genomics Chromium single-cell RNA-seq**

Subsequent analysis on scRNA-seq output files was carried out using Seurat V4 for gene expression analysis (8) and scRepertoire version 1.7.2 for integrating VDJ sequencing data

(9). Multiplexed samples were demultiplexed using cellsnr-lite and vireo and assigned to donors by combining this data with Hashtag Oligo UMIs in each donor (10). Quality control was done by calculating the median + 3\*(median absolute deviation) from RNA counts, number of features and the percentage of mitochondrial reads per cell. Droplets with properties above these thresholds and below 2500/1000 RNA counts/feature counts were excluded from further analysis.

To focus the analysis on CD4<sup>+</sup> T cells each sample was normalized and clustered with the standard settings from Seurat (log-Normalization, 2000 most variable features) and clusters with expression of specific genes for B cells ("CD79A", "CD79B", "CD19", "MS4A1"), monocytes ("LYZ") and yd T cells ("TRGC1", "TRGC2", "TRDC") were excluded from further analysis. TCR gene segment related features were removed from gene expression matrixes to avoid impact on clustering. The three samples were subsequently integrated using the data integration vignette of Seurat after normalization by the SCTransform function. Cell clusters were defined based on gene expression analysis using FindCluster with a resolution of 0.2. Differentially expressed genes were identified by the FindAllMarkers function of Seurat. GSEA analysis was done using the 'fgsea' R package with Reactome pathways. For creation of expression scores genes from Reactome pathways were used as input for AddModuleScore function from Seurat.

TCR data was integrated from the CellRanger output files using scRepertoire. Sequences from cells with more than one  $\alpha$  and  $\beta$  chain each were excluded. Clonotypes were defined as having the same VDJC genes comprising the TCR and the same nucleotide sequence of the CDR3 region. Clonal networks and occupied repertoire space were analyzed using the built-in functions of scRepertoire. Clones (here same VJ-segment usage and same CDR3 aa sequence) were defined as being convergent when consisting of at least two unique CDR3 nucleotide sequences as proposed in (11). For velocity analyses, loom files with information on spliced and unspliced reads were computed from Cellranger output using velocity and then further processed using scVelo in dynamic mode (12, 13).

### **Adaption of published TCR $\beta$ data**

Publicly available TCR $\beta$  repertoire sequencing data sets were re-analyzed for this study.

Henderson *et al.* (14): Processed TCR repertoire data from FACS sorted CD4<sup>+</sup>CD25<sup>-</sup> synovial fluid (SF) T cells of 11 JIA patients and two patients with LA were downloaded from [www.adaptivebiotech.com/pub/Henderson-2015](http://www.adaptivebiotech.com/pub/Henderson-2015) and filtered for productive sequences. CDR1 $\beta$  and CDR3 $\beta$  amino acid sequences and TRBV/TRBJ assignments were used for further analysis.

Maschmeyer *et al.* (15): Published Cellranger output 'filtered\_contig.fasta' files (10X genomics 5' VDJ single cell sequencing, GEO: GSE160097) from FACS sorted SF CD4<sup>+</sup>CD45RO<sup>+</sup>CD25<sup>-</sup> of 7 JIA patients were processed with IMGT/HighV-Quest (6) using standard settings. Resulting AIRR-tables – filtered for productive TCR $\beta$  sequences – were used for further analysis.

Saguraki *et al.* (16): TCR $\beta$  bulk sequencing data from FACS sorted SF CD4<sup>+</sup>PD-1<sup>hi</sup>CXCR5<sup>-</sup> T cells of three RA patients was downloaded as raw reads from DDJB archive DRA011207. Raw read assembly and quality control was done using the pRESTO pipeline with standard settings (2). Sequences with at least two occurrences were used as input for IMGT/HighV-Quest and further analyzed as described above.

Fischer, Dirks *et al.* (17): TCR $\beta$  bulk sequencing data from FACS sorted SF CD4<sup>+</sup>PD-1<sup>hi</sup>CXCR5<sup>-</sup> T cells of four JIA patients processed in our laboratory in a previous study (Genbank KEXF01000000) were further analyzed as described above.

#### TCRs with known antigen specificities/VDJdb database:

To elucidate CDR3 $\beta$  motifs implicated in the binding of viral antigens, a work-flow similar to that described in (18) was employed. Specifically, a total of 55,471 TCR sequences possessing documented specificities for EBV, CMV or Influenza A were retrieved from the VDJdb database as of January 26, 2023 (19) and utilized as input data for GLIPH2 analysis. The criteria applied for pattern settings involved the selection of sequences with unique CDR3 counts greater than 4, Fisher scores below 0.05, as well as vb and length scores lower than 0.05, collectively forming what is hereafter referred to as the 'viral pattern'. Subsequently, cells identified within the ARLA scRNA-seq dataset of this study, exhibiting the presence of any of these defined viral patterns, were categorized into the 'viral motifs' group.

To investigate the presence of ARLA-associated TCR $\beta$  motifs among TCRs exhibiting known specificities, a search was conducted within the VDJdb database (19). This search targeted TCR $\beta$  sequences featuring MHCII restrictions and encompassing over ten TCRs aimed at antigens within a particular organism.

SUPPLEMENTAL TABLES

Patient ID	Age at onset of arthritis	Sex	Affected joints	IgM	Borrelia serology (IB) IgG	ANA	HLA-DRB1	HLA-B27	Antibiotic Treatment	Time onset arthritis to antibiotic treatment
ARLA01	12.8	male	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	1:160	11:01 11:01	negative	ceftotaxime (2 weeks), ceftotaxime (2 weeks)	8 days
ARLA02	10.8	female	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (-), OspA (-), OspC (+), p18 (+)	1:80	11:01 11:02	negative	amoxicilline (4 weeks), ceftriaxone (2 weeks)	7 days
ARLA03	14.7	male	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (-), OspA (-), OspC (+), p18 (+)	<1:80	12:01 13:02	negative	amoxicilline (3 weeks), doxycycline (4weeks)	13 days
ARLA04	11.8	female	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	1:2560	01:01 04:01	negative	cefuroxime (2 weeks), doxycycline (4 weeks)	2 months
ARLA05	15.0	male	knee	p41 (+), Osp17 (+), VlsE (+)	VlsE (+), p41 (+), p41 (+), p39 (+), p21 (+), Osp17 (+), p18 (+), p14 (+)	1:80	11:04 15:04	negative	doxycycline (8 weeks), ceftriaxone (2 weeks)	2.5 months
ARLA06	14.2	male	knee	p41 (+), p30 (+), p25 (+)	VlsE (+), p83 (+), p41 (+), p39 (+), p34 (+)	<1:80	11:02 07:01	negative	doxycycline (4 weeks), ceftriaxone (2 weeks)	1 months
ARLA07	15.1	male	knee	OspC (+)	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (-), p18 (+)	<1:80	07:01 13:01	negative	ceftriaxone (2 weeks) ceftriaxone (2 weeks)	4 months
ARLA08	10.2	male	knee	negative	p83 (+), p58 (+), p21 (+), p43 (+), p39 (+), p30 (+), p25 (+)	1:160	04:04 08:04	negative	doxycycline (3 weeks), ceftriaxone (3 weeks)	5 months
ARLA09	12.3	female	knee	OspC (+)	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	<1:80	07:01 08:01	negative	cefotaxime (4 weeks), amoxicilline (4 weeks)	3 weeks
ARLA10	14.8	female	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	1:80	04:01 07:01	positive	ceftriaxone (2 weeks), amoxicilline (4 weeks)	10 months
ARLA11	16.8	male	knees	p41 (+), OspC (+)	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	<1:80	01:01 07:01	positive	doxycycline (4 weeks), ceftriaxone (2 weeks)	2.5 months
ARLA12	16.5	male	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (-), OspC (+), p18 (+)	<1:80	11:04 13:223	negative	doxycycline (4 weeks), ceftriaxone (2 weeks)	4 months
ARLA13	11.3	female	knee	negative	p100 (+), VlsE (+), p58 (+), p41 (+), p39 (+), OspA (+), OspC (+), p18 (+)	1:120	15:01 15:01	negative	amoxicilline (4 weeks), doxycycline (4weeks)	14 days

**Supplemental Table 1 – Clinical and demographical characterization of ARLA patients**

HLA-DRB1 allele	North America					Germany		
	Responsive (n=100)		Refractory (n=142)		Control (n=3,798)	Refractory (n=26)		Control (n=3,456,066)
	number	%	number	%	%	number	%	%
<b>01:01</b>	4	4.0	16	11.3	9.1	2	7.7	9.7
<b>04:01</b>	6	6.0	18	12.7	10.3	2	7.7	8.2
<b>15:01</b>	9	9.0	20	14.1	16.3	2	7.7	13.3
	19	<b>19.0</b>	54	<b>38.1</b>	<b>35.7</b>	6	<b>23.1</b> <sup>1</sup>	<b>31.2</b>
<b>08:01</b>	6	6.0	1	0.7	2.2	1	3.9	2.9
<b>08:04</b>	0	0.0	0	0.0	0.0	1	3.9	0.2
<b>11:01</b>	9	9.0	4	2.8	5.6	3	11.5	7.8
<b>11:02</b>	0	0.0	1	0.7	0.0	2	7.7	0.2
<b>11:04</b>	7	7.0	2	1.4	2.7	2	7.7	2.9
<b>13:01</b>	4	4.0	6	4.2	5.6	1	3.9	7.6
<b>13:02</b>	7	7.0	3	2.1	4.1	1	3.9	4.2
	33	<b>33.0</b>	17	<b>11.9</b>	<b>20.2</b>	10	<b>42.5</b> <sup>2</sup>	<b>25.8</b>

**Supplemental Table 2 – Distribution of HLA-DRB1 allele frequencies**

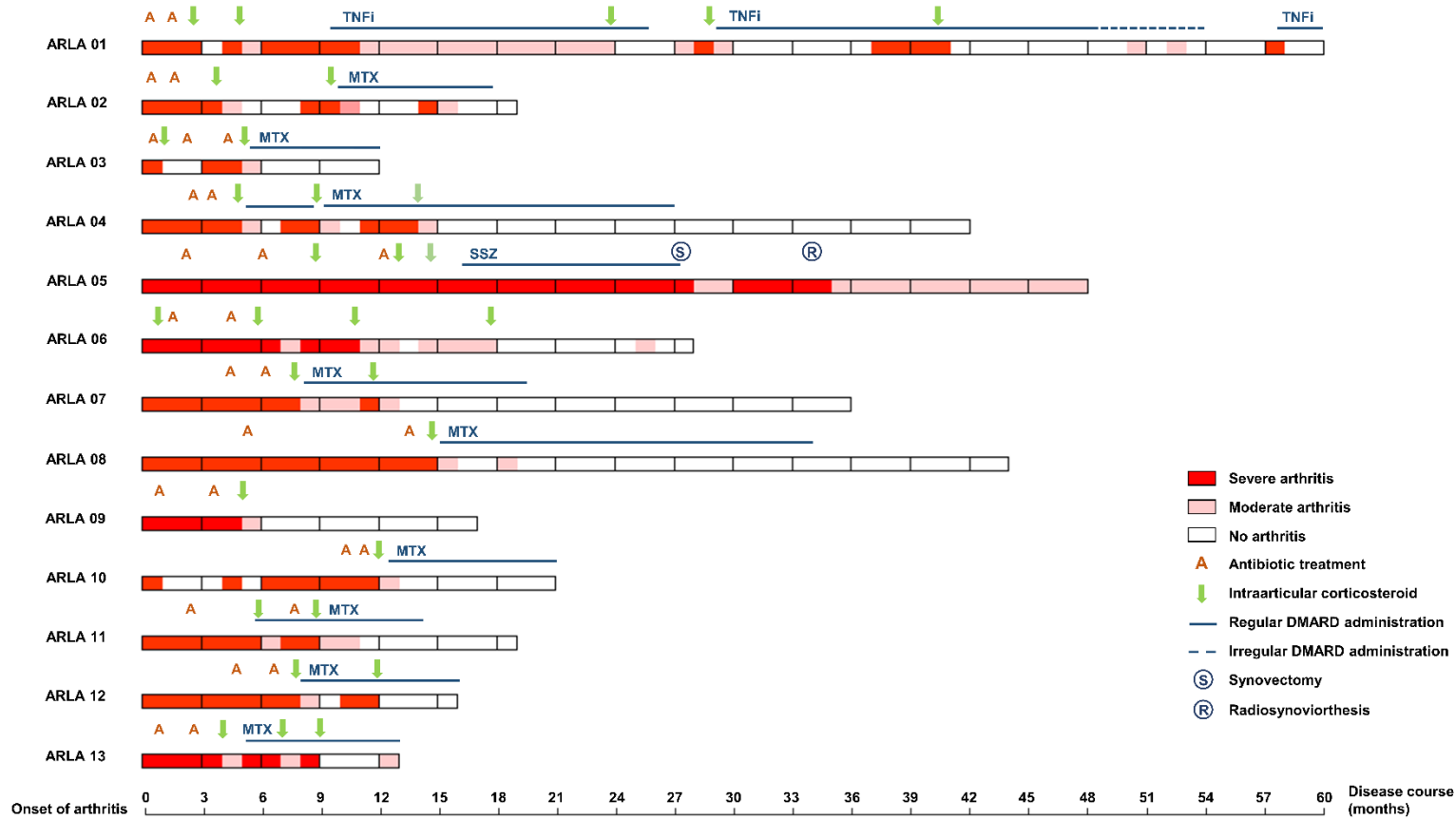
The distribution of selected HLA-DRB1 alleles is shown within the cohort of patients with antibiotic-refractory Lyme Arthritis (ARLA) analyzed in this study (Germany, Refractory) as well as data obtained from a previous study involving Caucasian patients from North America with antibiotic-responsive and refractory Lyme Arthritis (20). Data from German control individuals were retrieved from the population of 'Germany DKMS – German donors' from the 'Allele frequency net database' (21). Data from North American control individuals were retrieved from European-American bone marrow donors (20, 22). The upper part of the table reports the known 'risk alleles' identified in the North American cohort, while the lower section summarizes the known 'protective alleles'. Comparative analysis of cumulative frequencies for each allele group was conducted between both antibiotic-refractory patient cohorts using Fisher's exact test (<sup>1</sup> p=0.18; <sup>2</sup> p<0.01).

	Laboratory assessments					
Patient ID	HLA-DRB1	Distribution PD-1 <sup>hi</sup> HLA-DR <sup>+</sup> (FACS)	Follow-up distribution PD-1 <sup>hi</sup> HLA-DR <sup>+</sup> (FACS)	TRVB sequencing in PD-1 <sup>hi</sup> HLA-DR <sup>+</sup>	Follow-up TRVB sequencing in PD-1 <sup>hi</sup> HLA-DR <sup>+</sup>	scRNA-Seq CD4 <sup>+</sup> cells
ARLA01	11:01 11:01	yes	yes	yes	yes	yes
ARLA02	11:01 11:02	yes	yes	yes	yes	yes
ARLA03	12:01 13:02	yes	no	yes	no	no
ARLA04	01:01 04:01	yes	no	yes	no	no
ARLA05	11:04 15:04	yes	yes	yes	yes	yes
ARLA06	11:02 07:01	yes	no	yes	no	no
ARLA07	07:01 13:01	yes	no	yes	no	no
ARLA08	04:04 08:04	yes	no	yes	no	no
ARLA09	07:01 08:01	yes	no	yes	no	no
ARLA10	04:01 07:01	yes	yes	no	no	no
ARLA11	01:01 07:01	yes	no	yes	no	no
ARLA12	11:04 13:223	yes	no	yes	no	no
ARLA13	15:01 15:01	yes	yes	yes	no	no

**Supplemental Table 3 – Experimental analyses conducted in ARLA patients**

Supplemental Table 4, 5 and 6 are provided in a separate Excel file

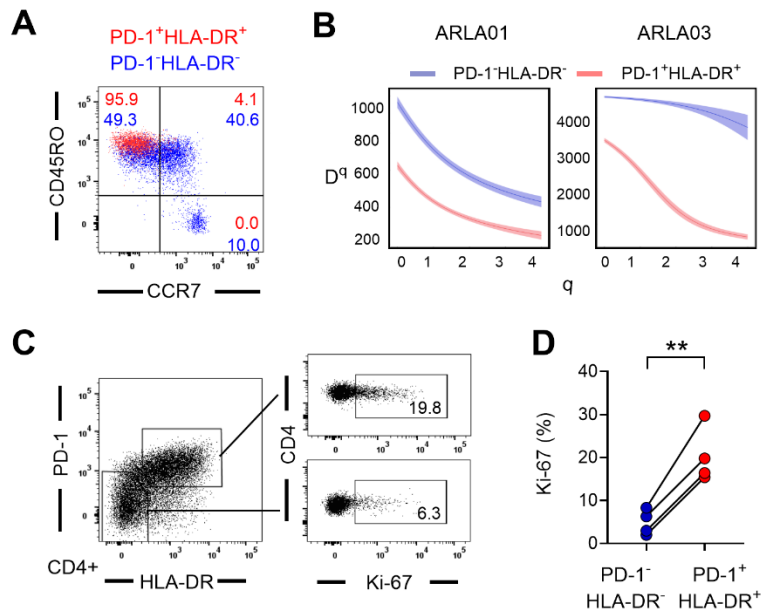
## SUPPLEMENTAL FIGURES



### Supplemental Figure 1 – Disease course and treatment

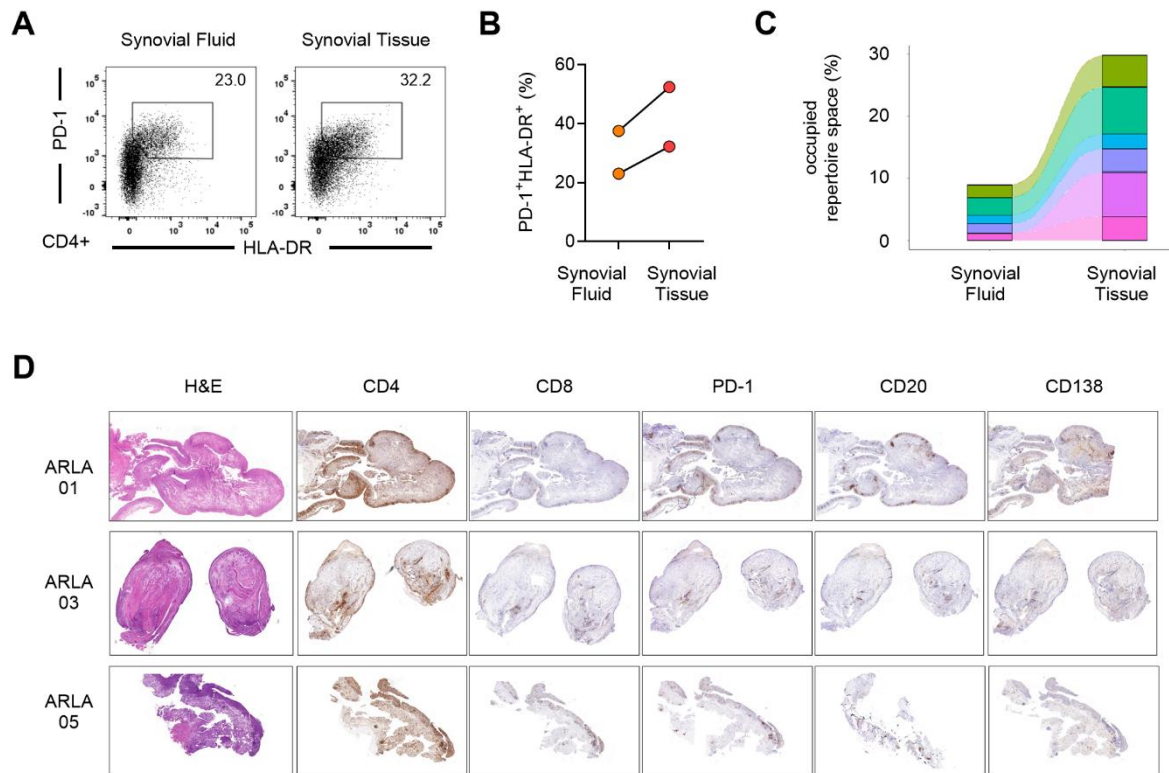
Characterization of the disease course of each patient diagnosed with antibiotic-refractory Lyme arthritis, from the onset of initial arthritis symptoms to the latest follow-up assessment (TNFi, Tumor necrosis factor- $\alpha$  inhibitors; MTX, methotrexate; SSZ, sulfasalazine; DMARD, disease modifying antirheumatic drug).





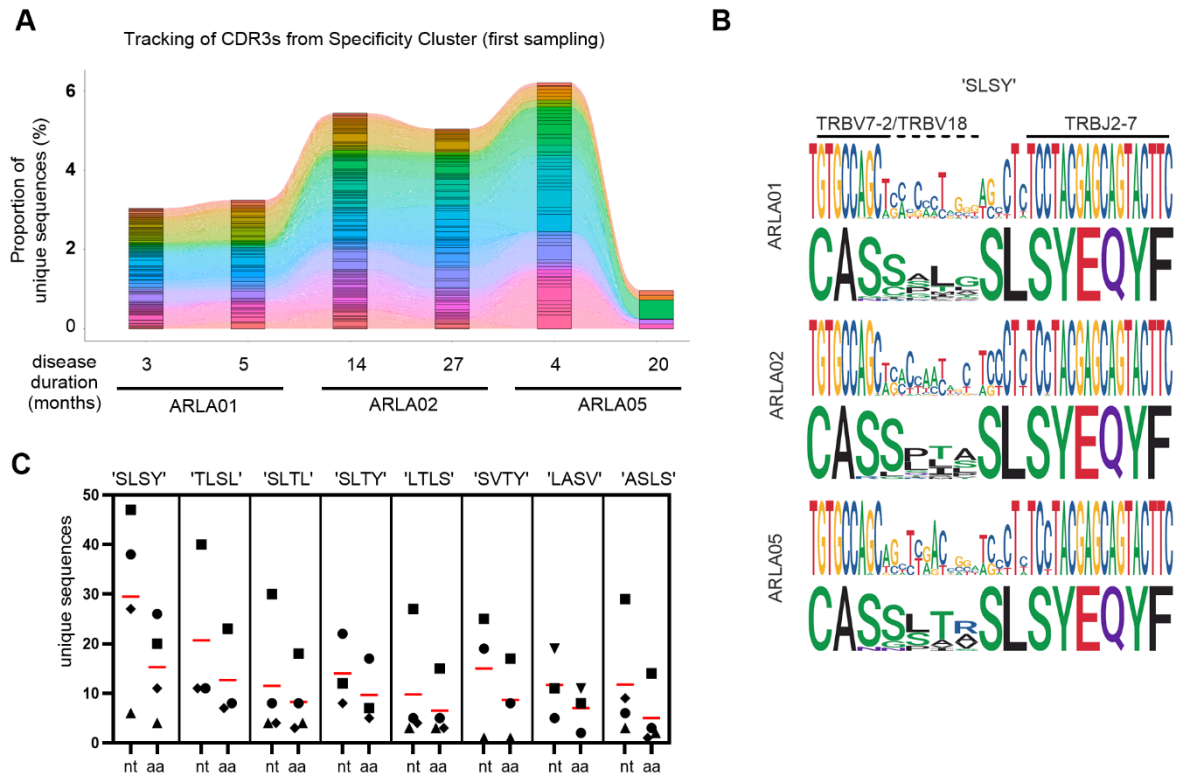
### Supplemental Figure 2 – PD-1<sup>hi</sup>HLA-DR<sup>+</sup> CD4<sup>+</sup> T cells are oligoclonally expanded effector cells

**(A)** Dot plots presenting CCR7 and CD45RO expression on SF PD-1<sup>hi</sup>HLA-DR<sup>+</sup> (red) and PD-1<sup>lo</sup>HLA-DR<sup>-</sup> (blue) CD4<sup>+</sup> T cells. **(B)** Clonal diversity analysis of the TCR V $\beta$  repertoire within both T cell populations from 2 ARLA patients. The generalized diversity index (Hill) was computed across a diversity order (q) range using uniform resampling to correct for sequencing depth. The diversity index (qD) is depicted as a smooth curve. **(C)** Dot plot and histogram demonstrating Ki-67 expression in PD-1<sup>hi</sup>HLA-DR<sup>+</sup> and PD-1<sup>lo</sup>HLA-DR<sup>-</sup> SF CD4<sup>+</sup> T cells. **(D)** Compiled data from four ARLA patients, indicating Ki-67<sup>+</sup> cell frequencies within the specified populations. Bars represent mean frequency  $\pm$  standard deviation. Paired two-tailed Student's t-test, \*\*: p<0.01.



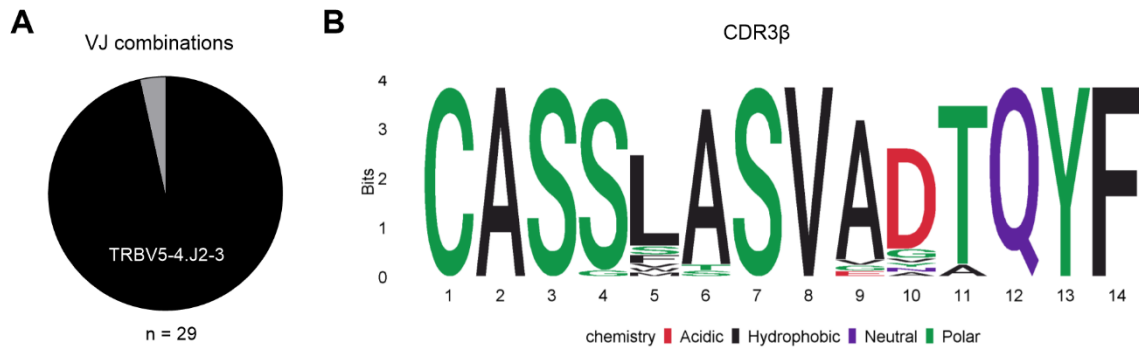
**Supplemental Figure 3 – Distribution of PD-1<sup>hi</sup>HLA-DR<sup>+</sup> CD4<sup>+</sup> T cells and TCR clonal overlap between synovial fluid and synovial tissue**

**(A)** Representative dot plots and **(B)** frequencies of PD-1<sup>hi</sup>HLA-DR<sup>+</sup> CD4<sup>+</sup> T cells in matched synovial fluid and synovial tissue of ARLA patients 01 and 05. **(C)** Proportion of occupied repertoire space (reads per total reads) of overlapping clonotypes (same V gene and same CDR3 amino acid, determined by ARGalaxy) in PD-1<sup>hi</sup>HLA-DR<sup>+</sup>CD4<sup>+</sup> T cells from synovial fluid and synovial tissue of patient ARLA05. **(D)** Representative histological and immunohistological analysis of synovial tissue sections from three ARLA patients.



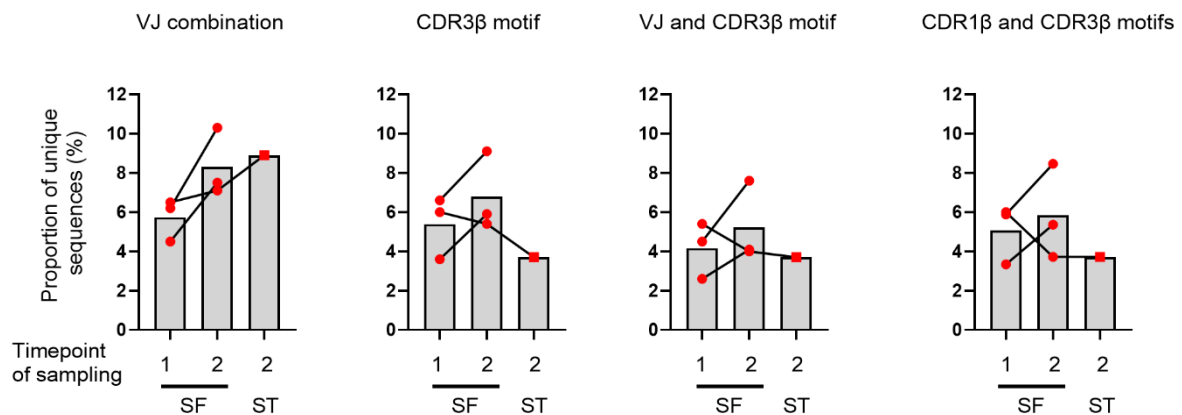
**Supplemental Figure 4 – The TCR CDR3 $\beta$  motif enriched in synovial fluid PD-1<sup>hi</sup>HLA-DR<sup>+</sup>CD4<sup>+</sup> T cells in ARLA patients is non-germline encoded**

**(A)** Tracking of occupied repertoire space using CDR3 $\beta$  amino acid (aa) sequences derived from the 'specificity cluster' (Figure 2B) at various time points in three patients with available follow-up samples. Each color corresponds to a unique CDR3 $\beta$  aa sequence. **(B)** Sequence plots of the CDR3 $\beta$  joining region depict nucleotide (nt) sequences (each in the upper row) and their corresponding aa sequences (each in the lower row) for motifs containing 'SLSY' in the CDR3 $\beta$ , organized separately for each patient. **(C)** The absolute counts of unique nt or aa sequences resulting in CDR3 $\beta$ s with specified aa motifs (motifs selected from the 'specificity cluster,' filtered for an overall count of unique CDR3 $\beta$  (aa)  $\geq$  20), each symbol represents one patient.



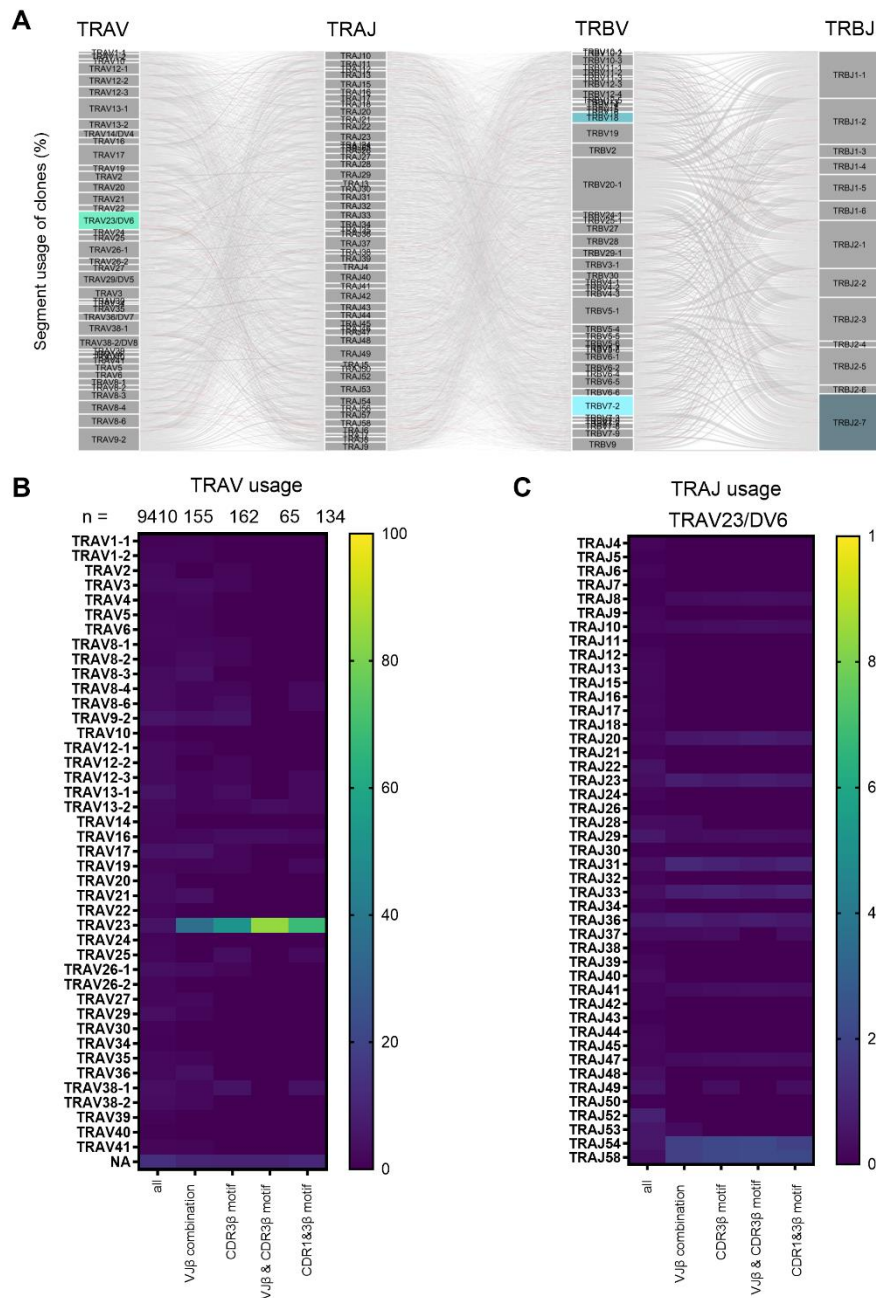
**Supplemental Figure 5 – ARLA-associated TCR $\beta$  sequences from patient ARLA06 reveal a different TRBV-TRBJ gene usage bias**

**(A)** The percentage of TBRV5-4.TBRJ2-3 pairing within TCR $\beta$  sequences featuring the ARLA-associated CDR3 $\beta$  motif ('SL'/'SV' at IMGT-position 111/112) obtained from patient ARLA06. **(B)** Sequence logos displaying the amino acid sequences of CDR3 $\beta$  derived from the aforementioned sequences in (A).



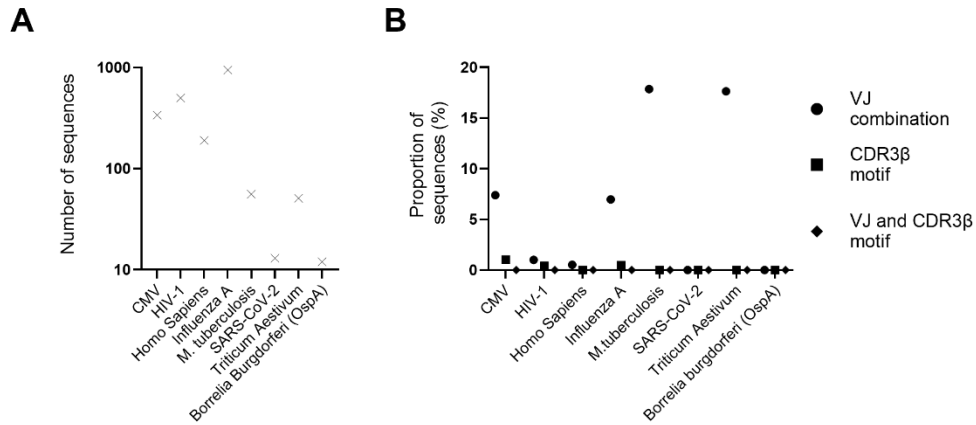
**Supplemental Figure 6 – T cell clones bearing ARLA-associated TCR $\beta$  motifs persist during disease course and are present in synovial tissue**

Frequencies of indicated TCR $\beta$  motifs in synovial fluid PD-1<sup>hi</sup>HLA-DR<sup>+</sup>CD4<sup>+</sup> T cells from ARLA patients with available follow-up samples (n=3) and available synovial tissue samples (n=1) determined by bulk sequencing.



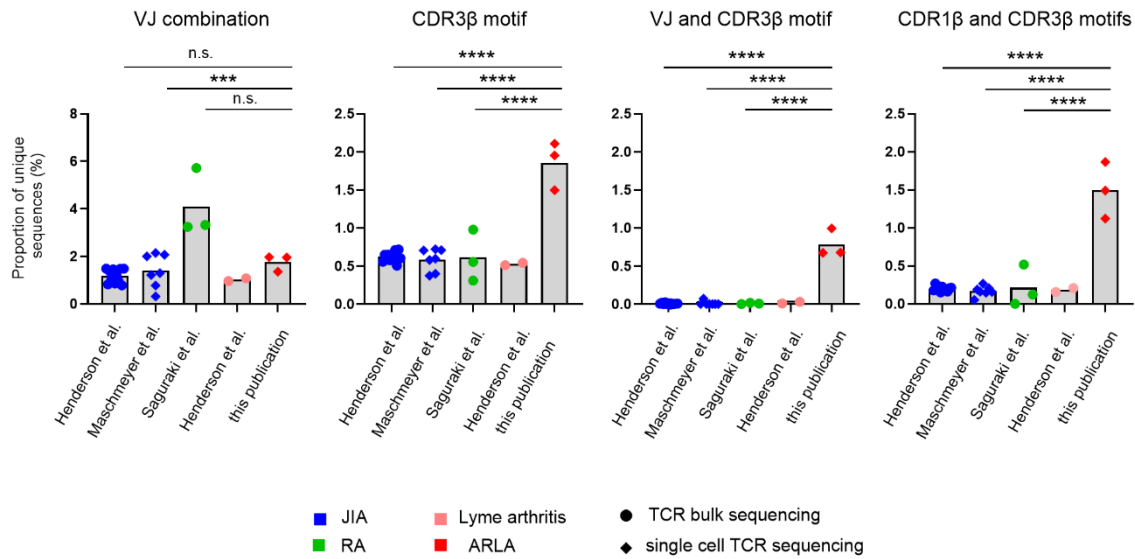
### Supplemental Figure 7 - Paired TCR $\alpha/\beta$ -sequencing reveals strong bias in TRAV gene segment usage in TCRs with ARLA-associated TCR $\beta$ motifs

**(A)** Alluvial plot illustrating TRAV-TRAJ-TRBV-TRBJ combinations (determined through paired TCR $\alpha/\beta$ -sequencing of synovial fluid CD4 $^+$  T cells from three ARLA patients) in unique clones devoid of motifs from the 'specificity cluster' in the CDR3 $\beta$ . Clones bearing the CDR3 $\beta$  motif ('SL'/'SV' at IMGT-position 111/112 in CDR3 $\beta$ ) are highlighted in coral. **(B)** Heat map displaying the TRAV usage in unique clones obtained from paired TCR $\alpha/\beta$ -sequencing of SF CD4 $^+$  T cells from three ARLA patients, categorized into either all clones or specific subgroups based on TCR $\beta$  properties. The number of clones in each group is displayed at the top. **(C)** Heat map representing TRAJ usage in the clones from (B) that utilize the TRAV23/DV6 combination, delineated across the same subgroups.



**Supplemental Figure 8 – Search of ARLA-associated TCRβ motifs in public TCR databases**

**(A)** Number of TCRβ sequences with known antigen specificity from the vjdjdb (filtered for antigens with  $n > 10$  sequences and MHCII context). TCRβ sequences specific for *Borrelia burgdorferi* ss outer surface protein A (OspA) are retrieved from (23). **(B)** Frequencies of indicated ARLA-associated TCRβ motifs in TCRβ sequences from (A).



### Supplemental Figure 9 – ARLA-associated TCRβ motifs are not present in synovial fluid CD4<sup>+</sup> T cell clones in other forms of chronic arthritis

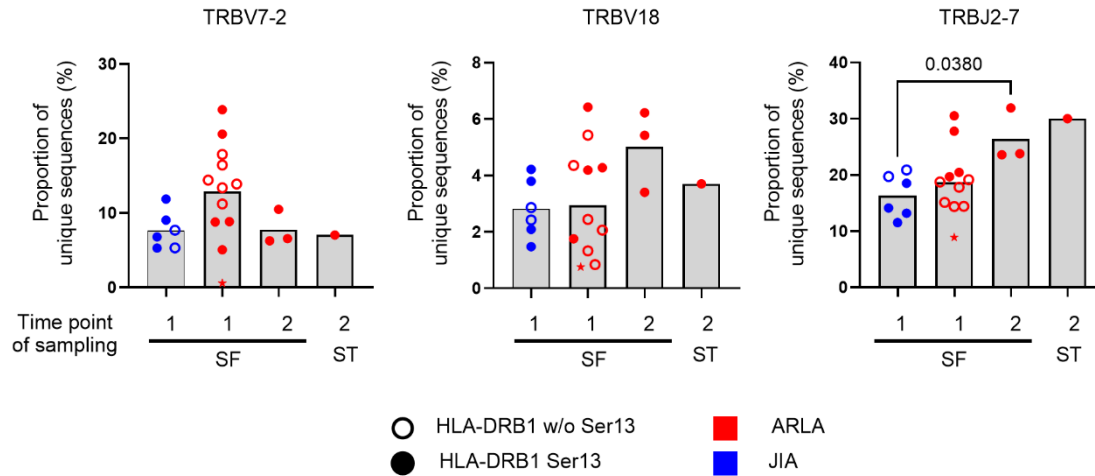
Frequencies of indicated TCRβ motifs in synovial fluid (SF) CD4<sup>+</sup> T conventional cells from patients with juvenile idiopathic arthritis (JIA), rheumatoid arthritis (RA), Lyme arthritis (LA) and ARLA (Henderson et al.: JIA, n=11, FACS sorted CD4<sup>+</sup>CD25<sup>-</sup>CD127<sup>+/-</sup> SF T cells, bulk sequencing (14); Maschmeyer et al.: JIA, n=7, FACS sorted CD4<sup>+</sup>CD45RO<sup>+</sup>CD25<sup>-</sup>CD127<sup>+/-</sup> SF T cells, single cell RNA + VDJ sequencing (15); Saguraki et al.: RA, n=3, FACS sorted CD4<sup>+</sup>PD-1<sup>high</sup>CXCR5<sup>-</sup> SF T cells, bulk sequencing (14); Henderson et al.: LA, n=2, FACS sorted CD4<sup>+</sup>CD25<sup>-</sup>CD127<sup>+/-</sup> SF T cells, bulk sequencing (14); this publication: ARLA, n=3, SF CD4<sup>+</sup> T cells, single cell RNA + VDJ sequencing). One-way ANOVA and multiple comparisons (to 'ARLA') corrected with Dunnett's formula; the Lyme Arthritis group was excluded from the statistical analysis due to the small sample size of n=2; \*\*\*: p<0.001, \*\*\*\*: p<0.0001.

Patient ID	TCRβ motif (%)	HLA-DRB1 alleles	HLA-DRB1 amino acid position																											
			9	11	13	26	28	30	37	47	57	58	61	66	67	69	70	71	72	73	74	77	78	81	82	85	86	89	90	
			Peptide binding pocket																											
			9	6	4	4	4+7	6	9	7	9	7	7	4	4					4	4					1	1	1	1	
06	6.7	11:02	E	S	S	F	D	Y	Y	F	D	E	W	D	I	E	D	E	R	A	A	T	Y	H	N	V	V	F	T	
		07:01	E	G	Y	F	E	L	F	Y	V	A	W	D	I	E	D	R	R	G	Q	T	V	H	N	V	G	F	T	
05	6.0	11:04	E	S	S	F	D	Y	Y	F	D	E	W	D	F	E	D	R	R	A	A	T	Y	H	N	V	V	F	T	
		15:04	W	P	R	F	D	Y	S	F	D	A	W	D	F	E	Q	A	R	A	A	T	Y	H	N	V	V	F	T	
02	5.9	11:01	E	S	S	F	D	Y	Y	F	D	E	W	D	F	E	D	R	R	A	A	T	Y	H	N	V	G	F	T	
		11:02	E	S	S	F	D	Y	Y	F	D	E	W	D	I	E	D	E	R	A	A	T	Y	H	N	V	V	F	T	
03	3.5	13:02	E	S	S	F	D	Y	N	F	D	A	W	D	I	E	D	E	R	A	A	T	Y	H	N	V	G	F	T	
		12:01	E	S	G	L	E	H	L	F	V	A	W	D	I	E	D	R	R	A	A	T	Y	H	N	A	V	F	T	
01	3.4	11:01	E	S	S	F	D	Y	Y	F	D	E	W	D	F	E	D	R	R	A	A	T	Y	H	N	V	G	F	T	
		11:01	E	S	S	F	D	Y	Y	F	D	E	W	D	F	E	D	R	R	A	A	T	Y	H	N	V	G	F	T	
12	2.8	11:04	E	S	S	F	D	Y	Y	F	D	E	W	D	F	E	D	R	R	A	A	T	Y	H	N	V	V	F	T	
		13:223	E	S	S	F	D	Y	N	F	D	A	W	D	I	E	D	E	R	A	A	T	Y	H	N	V	V	F	T	
07	0.5	13:01	E	S	S	F	D	Y	N	F	D	A	W	D	I	E	D	E	R	A	A	T	Y	H	N	V	V	F	T	
		07:01	W	G	Y	F	E	L	F	Y	V	A	W	D	I	E	D	R	R	G	Q	T	V	H	N	V	G	F	T	
11	0.4	01:01	W	L	F	L	E	C	S	Y	D	A	W	D	L	E	Q	R	R	A	A	T	Y	H	N	V	G	F	T	
		07:01	W	G	Y	F	E	L	F	Y	V	A	W	D	I	E	D	R	R	G	Q	T	V	H	N	V	G	F	T	
08	0.2	04:04	E	V	H	F	D	Y	Y	Y	D	A	W	D	L	E	Q	R	R	A	A	T	Y	H	N	V	V	F	T	
		08:04	E	S	G	F	D	Y	Y	Y	D	A	W	D	F	E	D	R	R	A	L	T	Y	H	N	V	V	F	T	
09	0.2	07:01	W	G	Y	F	E	L	F	Y	V	A	W	D	I	E	D	R	R	G	Q	T	V	H	N	V	G	F	T	
		08:01	E	S	G	F	D	Y	Y	Y	S	A	W	D	F	E	D	R	R	A	L	T	Y	H	N	V	G	F	T	
13	0.2	15:01	W	P	R	F	D	Y	S	F	D	A	W	D	I	E	Q	A	R	A	A	T	Y	H	N	V	V	F	T	
		15:01	W	P	R	F	D	Y	S	F	D	A	W	D	I	E	Q	A	R	A	A	T	Y	H	N	V	V	F	T	
04	0.0	01:01	W	L	F	L	E	C	S	Y	D	A	W	D	L	E	Q	R	R	A	A	T	Y	H	N	V	G	F	T	
		04:01	E	V	H	F	D	Y	Y	Y	D	A	W	D	L	E	Q	K	R	A	A	T	Y	H	N	V	G	F	T	
10	na	04:01	E	V	H	F	D	Y	Y	Y	D	A	W	D	L	E	Q	K	R	A	A	T	Y	H	N	V	G	F	T	
		07:01	W	G	Y	F	E	L	F	Y	V	A	W	D	I	E	D	R	R	G	Q	T	V	H	N	V	G	F	T	

**Supplemental Figure 10 – Association of ARLA-associated TCRβ motifs and HLA-DRB1 amino acid sequence**

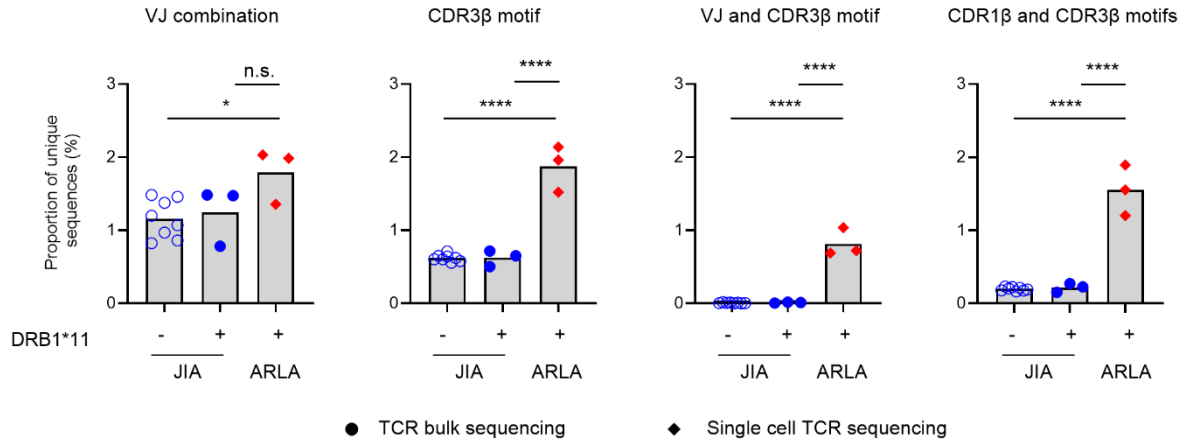
ARLA patients are ranked based on the frequency of the TCR CDR1β+CDR3β motif. The positions of important amino acid (aa) residues corresponding to the HLA-DRB1 alleles are provided. Residues participating in the formation of a particular antigen binding pocket are indicated by the specific number of the pocket. Aa are represented by letters and color-coded. (na, not assessed); (24).





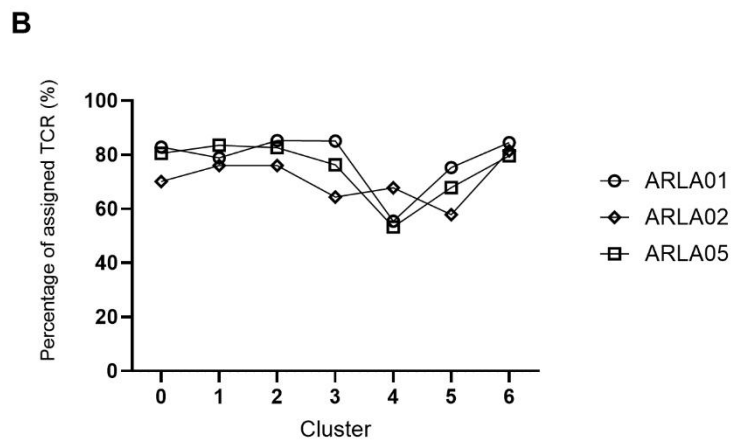
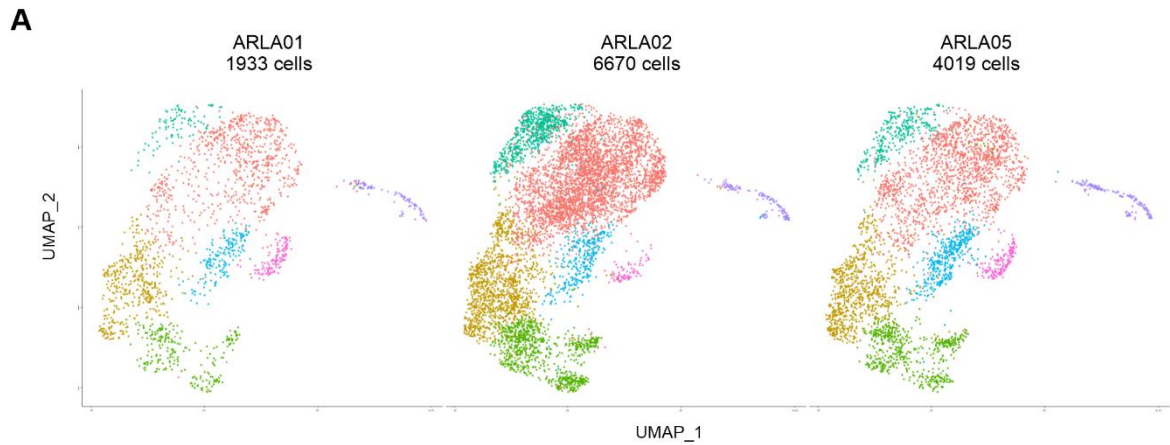
### Supplemental Figure 11 – Distribution of TCRβ VJ-segments

Frequencies of usage of indicated TRBV and TRBJ gene segments in TCRβ sequences of synovial fluid (SF) and synovial tissue (ST) PD-1<sup>hi</sup>HLA-DR<sup>+</sup>CD4<sup>+</sup> T cells from children with juvenile idiopathic arthritis (JIA) and ARLA determined by bulk sequencing. Patients with Serine at position 13 (Ser13) of HLA-DRB1 on at least one allele are depicted with filled circles; ARLA06 (with presence of the CDRβ motif but distinct TRBV5-4.J2-3 pairing) is highlighted as red asterisk.



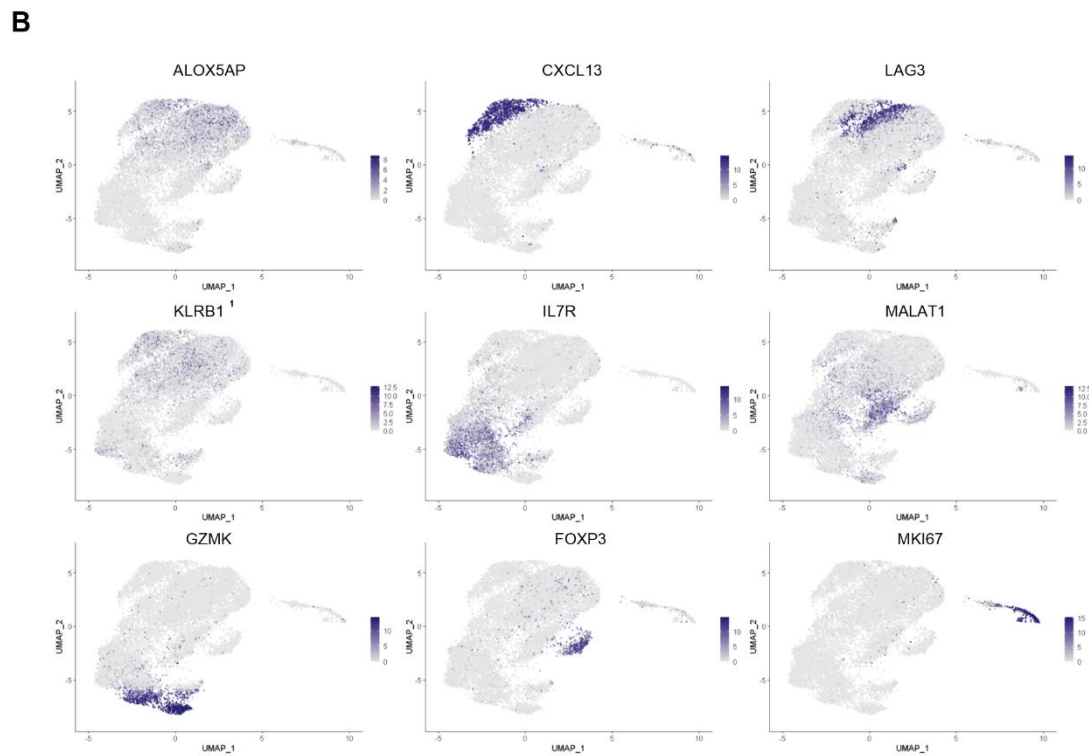
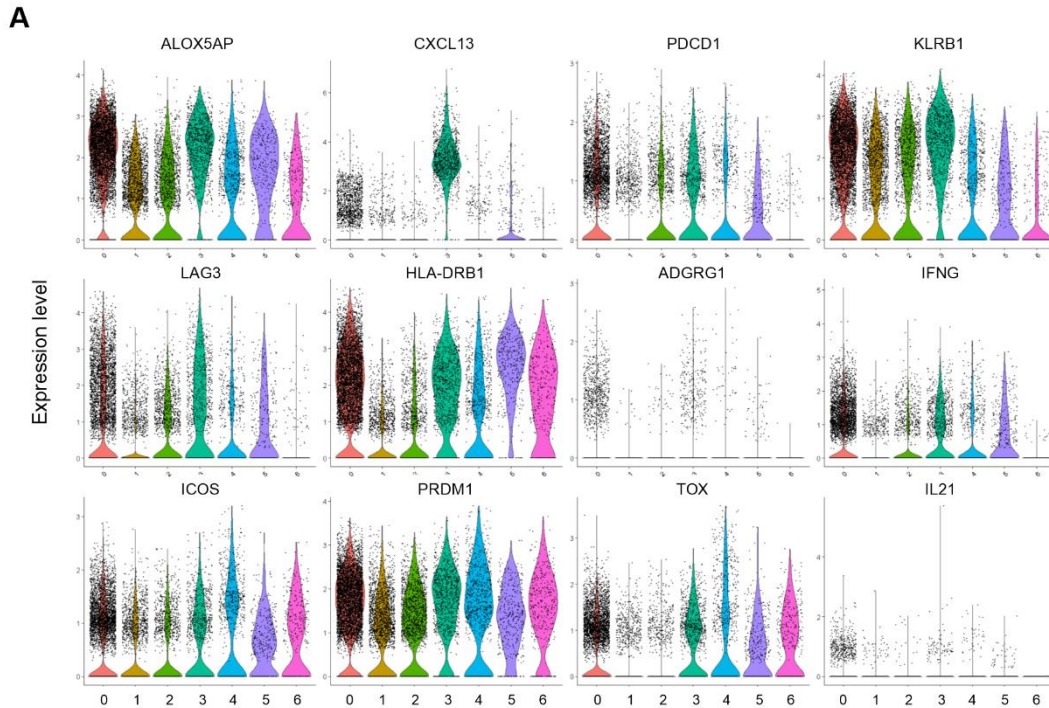
### Supplemental Figure 12 - Surrogate markers for ARLA-associated TCRs are disease specific and HLA-DRB1 restricted

Frequencies of indicated TCRβ motif of synovial fluid (SF) CD4<sup>+</sup> T conventional cells from children with juvenile idiopathic arthritis (JIA) (n=11, FACS sorted CD4<sup>+</sup>CD25<sup>-</sup>CD127<sup>+/-</sup> SF T cells, bulk sequencing; this study and (17)) and ARLA (n=3, SF CD4<sup>+</sup> T cells, single cell RNA + VDJ sequencing, Treg cluster excluded for analysis). Patients with HLA-DRB1\*11 genotype on at least one allele are depicted with filled symbols.



**Supplemental Figure 13 – Transcriptomic clusters and percentage of TCR assignment are equally distributed between patients**

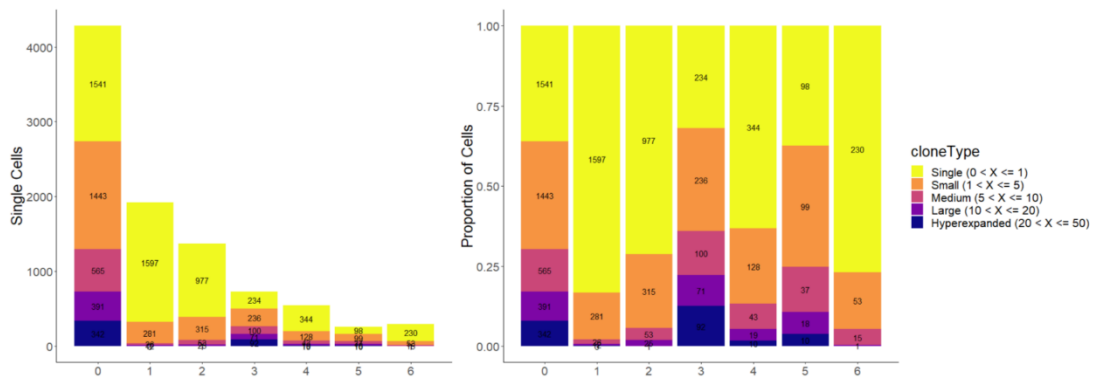
**(A)** Individual UMAP representations, as depicted in Figure 5A, displaying transcriptome-based clustering separated for each patient **(B)** Percentage of cells within each cluster of a patient, wherein TCR sequences have been assigned following quality control measures.



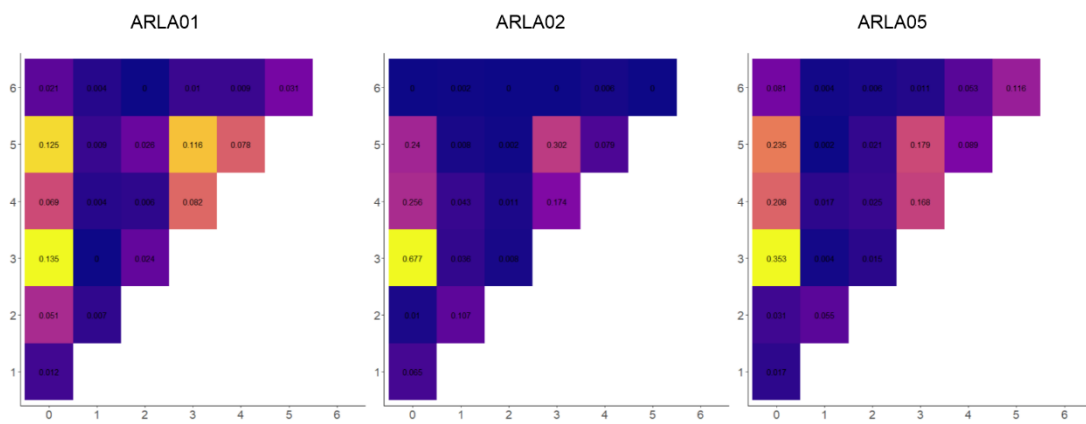
**Supplemental Figure 14 – Differential expression of marker genes associated in synovial fluid CD4<sup>+</sup> T cell clusters**

**(A)** Violin plots showing the expression of indicated marker genes associated with peripheral T helper cells across the clusters. **(B)** UMAP representation with expression of selected marker genes characteristic for the respective cluster.

**A**

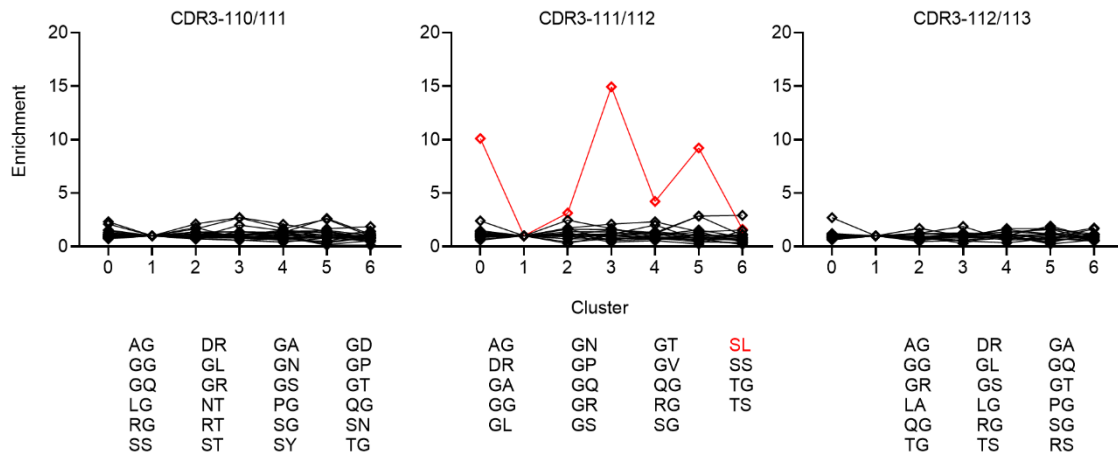


**B**



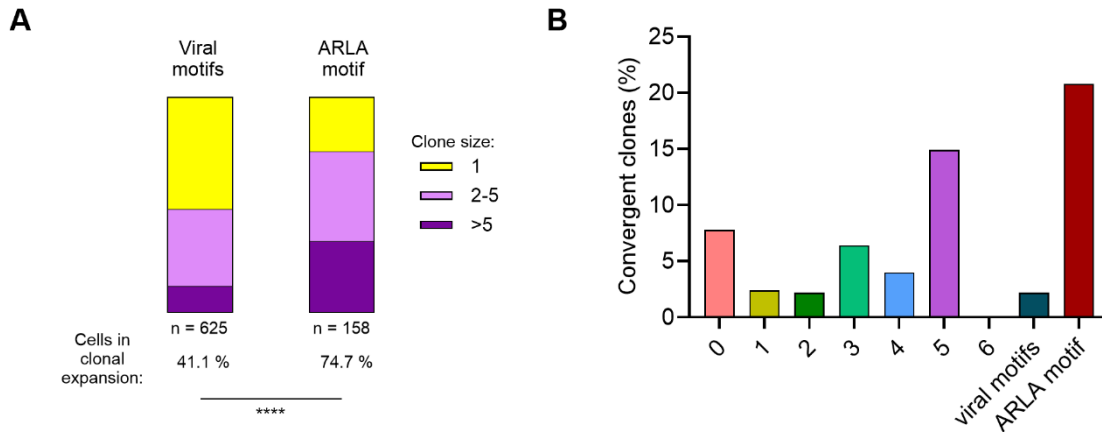
**Supplemental Figure 15 – Peripheral T helper cells exhibit clonal expansion in ARLA and patterns of clonal connectivity show similarity across different patients**

(A) Bar plot showing absolute and relative frequencies of cells with varying clone sizes within each cluster. (B) Morisita overlap index as a surrogate for clonal connectivity between clusters across the three patients.



**Supplemental Figure 16 – Amino acid ‘SL’ doublet is enriched in peripheral T helper cell clusters compared to resting T cell clusters**

Unbiased visualization of fold enrichment of amino acid doublet frequencies at indicated CDR3 $\beta$  positions compared to cluster 1 (‘resting’ T cells). Doublets were filtered for frequencies > 1% of all doublets at the respective positions. The ‘SL’ doublet is highlighted in red.



**Supplemental Figure 17 – Synovial fluid T cells bearing ARLA-associated TCR $\beta$  motifs display signs of antigen-driven activation**

(A) Percentage of cells exhibiting various degrees of clonal expansion within the group of cells with ‘viral’ motifs or the ARLA motif. Significance for cells in clonal expansion or not was calculated by Fisher’s exact test between the two groups; \*\*\*\*:  $p < 0.0001$ . (B) Frequency of convergent clones ( $n \geq 2$  CDR3 $\beta$  nt sequences per clone) among all expanded clones (clone is defined as  $n \geq 2$  cells with identical CDR3 $\beta$  aa and TRBV-TRBJ annotation) within respective clusters or groups of cells; TCR convergence according to (11).

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