

## Supplementary Information

### Th1-like state of CD4<sup>+</sup>CCR4<sup>+</sup> T-cells in HTLV-1-associated myelopathy

Natsumi Araya<sup>1</sup>, Tomoo Sato<sup>1</sup>, Hitoshi Ando<sup>1</sup>, Utano Tomaru<sup>2</sup>, Mari Yoshida<sup>3</sup>, Ariella Coler-Reilly<sup>1</sup>, Naoko Yagishita<sup>1</sup>, Junji Yamauchi<sup>1</sup>, Atsuhiko Hasegawa<sup>4</sup>, Mari Kannagi<sup>4</sup>, Yasuhiro Hasegawa<sup>5</sup>, Katsunori Takahashi<sup>1</sup>, Yasuo Kunitomo<sup>1</sup>, Yuetsu Tanaka<sup>6</sup>, Toshihiro Nakajima<sup>7,8</sup>, Kusuki Nishioka<sup>7</sup>, Atae Utsunomiya<sup>9</sup>, Steven Jacobson<sup>10</sup>, Yoshihisa Yamano<sup>1</sup>.

<sup>1</sup>Department of Rare Diseases Research, Institute of Medical Science, St. Marianna University School of medicine, Kawasaki, Japan,

<sup>2</sup>Department of Pathology, Hokkaido University Graduate School of Medicine, Sapporo, Japan.

<sup>3</sup>Institute for Medical Science of Aging, Aichi Medical University, Aichi, Japan

<sup>4</sup>Department of Immunotherapeutics, Tokyo Medical and Dental University, Graduate School, Tokyo, Japan,

<sup>5</sup> Department of Neurology, St. Marianna University School of medicine, Kawasaki, Japan,

<sup>6</sup>Department of Immunology, Graduate School of Medicine, University of the Ryukyus, Okinawa, Japan,

<sup>7</sup>Institute of Medical Science, Tokyo Medical University, Tokyo, Japan

<sup>8</sup>Center for Clinical Research, Tokyo Medical University, Tokyo, Japan

<sup>9</sup>Department of Hematology, Imamura Bun-in Hospital, Kagoshima, Japan

<sup>10</sup>Viral Immunology Section, Neuroimmunology Branch, National Institutes of Health, Bethesda, MD, USA

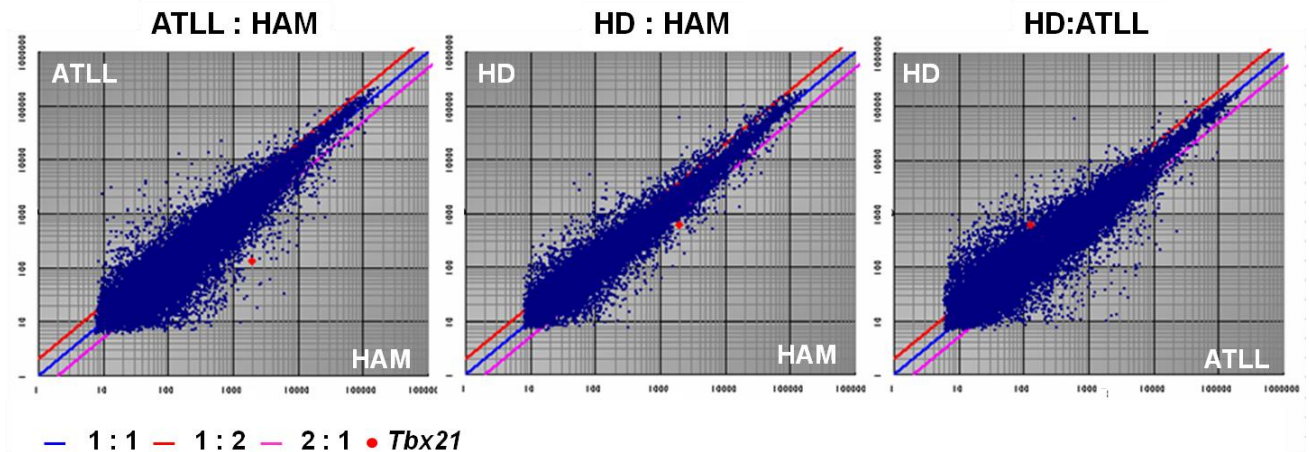
Corresponding Author: Yoshihisa Yamano, M.D., Ph.D.

Department of Rare Diseases Research, Institute of Medical Science,  
St. Marianna University School of Medicine,

2-16-1 Sugao, Miyamae-ku, Kawasaki, Kanagawa 216-8512, Japan

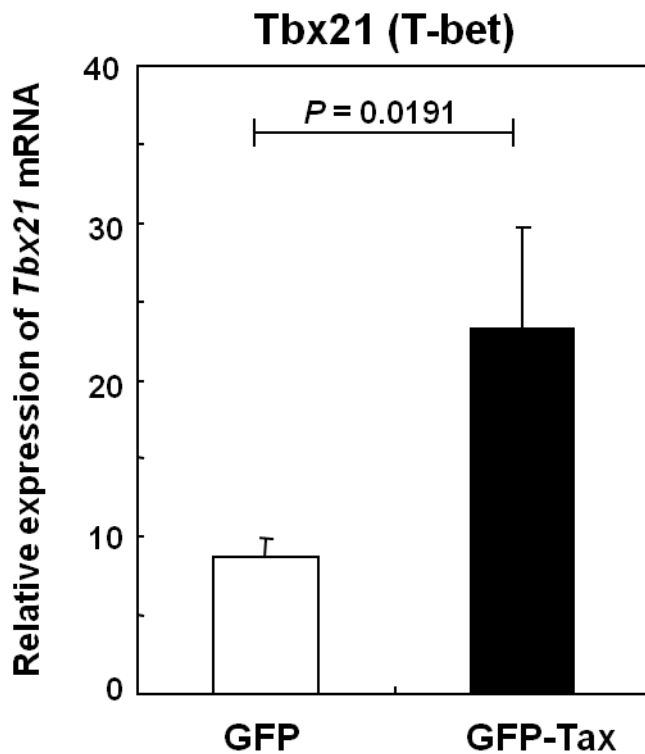
Tel: 81-44-977-8111, Fax: 81-44-977-9772

E-mail: [yyamano@marianna-u.ac.jp](mailto:yyamano@marianna-u.ac.jp)



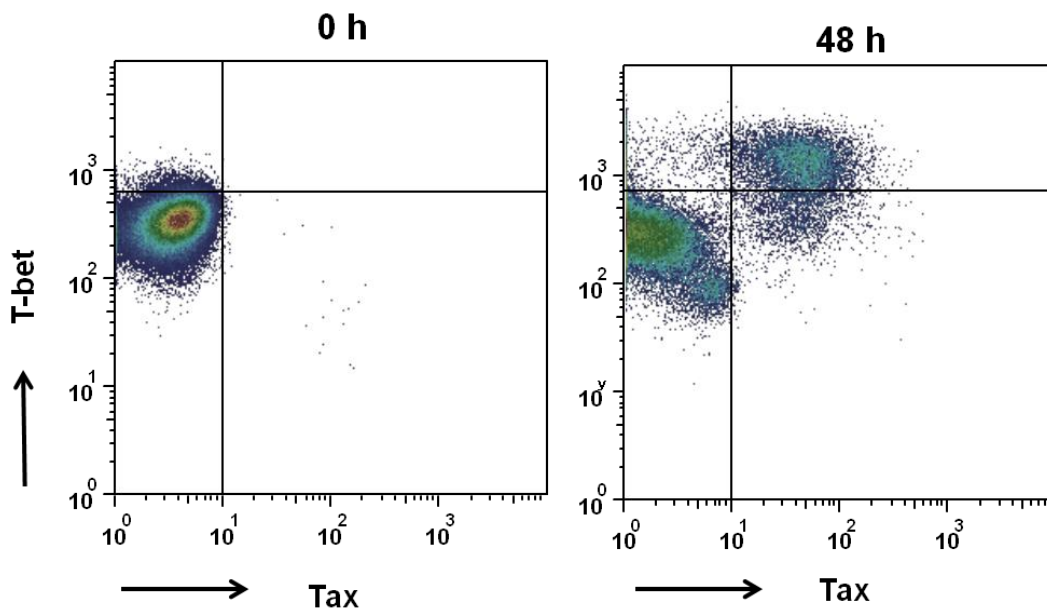
### Supplemental Figure 1

***Tbx21* expression in CD4<sup>+</sup>CD25<sup>+</sup>CCR4<sup>+</sup> T-cells is up-regulated in HAM/TSP patients.** Scatter plots comparing the ratios of signal values from microarray hybridizations with Cy3-labeled mRNAs. The gene expression profiles of CD4<sup>+</sup>CD25<sup>+</sup>CCR4<sup>+</sup> T-cells from an HD, an ATLL patient, and a HAM/TSP patient were compared in order to identify target molecules for HTLV-1 Tax, with particular emphasis on genes known to be associated with IFN- $\gamma$  production. DNA microarray analysis revealed that *Tbx21* was heavily up-regulated in the HAM/TSP patient with respect to both the HD and the ATLL patient. Data was analyzed using GeneSpringGX. From left to right, the panels compare the ATLL vs. HAM/TSP, HD vs. HAM/TSP, and HD vs. ATLL. The colored dots and lines signify the following: each dot represents a gene, with the red dot highlighting the *Tbx21* gene; the 2:1, 1:1, and 1:2 ratio lines are shown in red, blue, and pink, respectively.



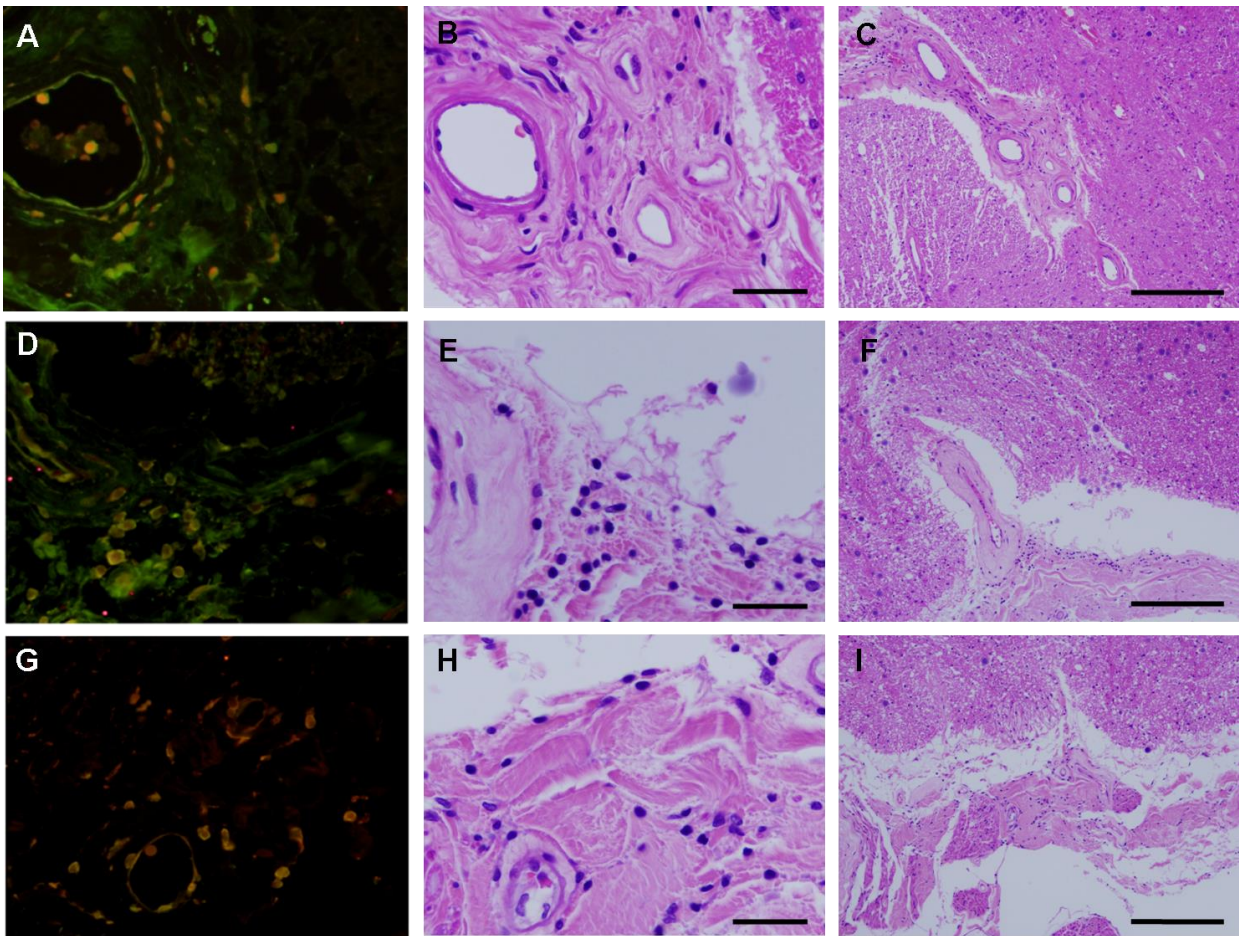
**Supplemental Figure 2**

**Tax expression up-regulates *Tbx21* expression in uninfected CD4<sup>+</sup>CD25<sup>+</sup>CCR4<sup>+</sup> T-cells.** PBMCs from an HD were isolated and sorted via FACS, then the CD4<sup>+</sup>CD25<sup>+</sup>CCR4<sup>+</sup> T-cells were incubated with the T<sub>reg</sub> Suppression Inspector for 38 h and then infected with a lentivirus expressing GFP or GFP-Tax. After 24 h, total RNA was prepared from the cultured cells, and *Tbx21* mRNA expression level was analyzed using real time RT-PCR. Error bars represent the mean ± SD. Statistical analyses were performed using the unpaired *t*-test.



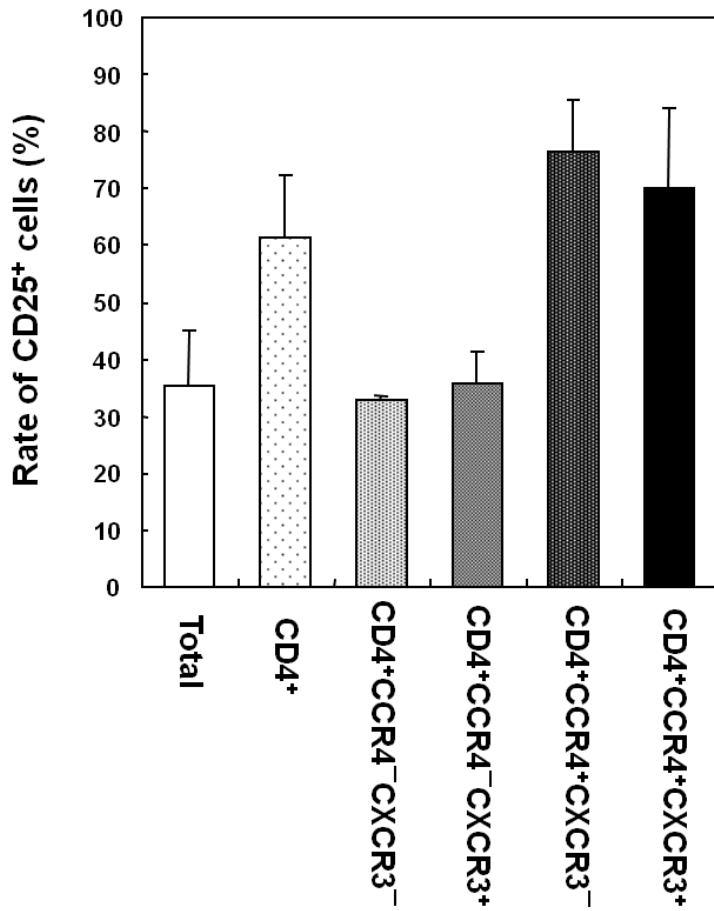
### Supplemental Figure 3

**Infected CD4<sup>+</sup>CCR4<sup>+</sup> cells in culture begin expressing Tax accompanied by T-bet.** Shown above is a representative dot plot of Tax versus T-bet expression in CD4<sup>+</sup>CCR4<sup>+</sup> cells isolated from a HAM/TSP patient and then labeled with fluorescent-conjugated antibodies for Tax and T-bet immediately and after 48 h of culturing.



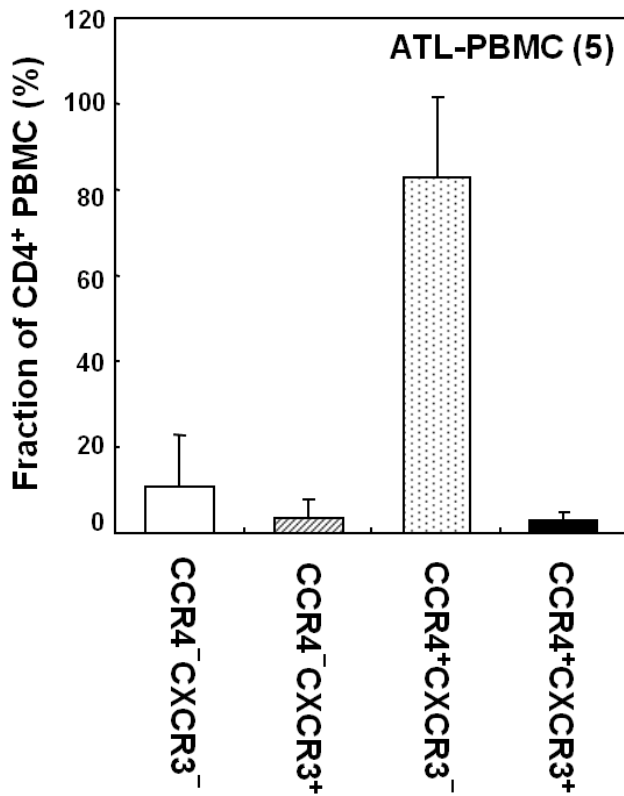
#### Supplemental Figure 4

**Lymphocytic Infiltrates in the Spinal Cord of a HAM/TSP Patient.** Shown above are images of Haematoxylin and eosin (H&E)-stained spinal cord tissue sections corresponding to the immunofluorescent images shown in Fig 4A: co-detection of CCR4 and T-bet (A-C), CCR4 and IFN- $\gamma$  (D-F), and CCR4 and CXCR3 (G-I). The images from Fig. 4A are included for comparison (A, D, G), followed by H&E staining at the same magnification (B, E, H, Scale bars: 50  $\mu$ m), and finally H&E staining at a lower magnification to observe the surrounding area (C, F, I, Scale bars: 200  $\mu$ m). The H&E staining shows perivascular infiltrates of lymphocytes.



**Supplemental Figure 5**

**The presence of CD4<sup>+</sup>CCR4<sup>+</sup>CXCR3<sup>+</sup>CD25<sup>+</sup> cells in the CSF of HAM/TSP patients is substantial.** The graph shows the rate of CD25 positivity in each CD4<sup>+</sup> cell population in the CSF of HAM/TSP patients (n = 3). The majority (70%) of CD4<sup>+</sup>CCR4<sup>+</sup>CXCR3<sup>+</sup> cells were CD25<sup>+</sup>. These percentages were calculated using FACS. Error bars represent the mean ± SD.



**Supplemental Figure 6**

**CD4<sup>+</sup> PBMCs in ATLL patients are mostly CCR4<sup>+</sup>CXCR3<sup>-</sup>, with almost no CCR4<sup>+</sup>CXCR3<sup>+</sup> cells.** Graph shows the percentages of CCR4<sup>-</sup>CXCR3<sup>-</sup>, CCR4<sup>-</sup>CXCR3<sup>+</sup>, CCR4<sup>+</sup>CXCR3<sup>-</sup> and CCR4<sup>+</sup>CXCR3<sup>+</sup> T-cells among PBMCs isolated from ATLL patients (n = 5). Analysis was performed using FACS. Error bars represent the mean ± SD.