

Expanded View Figures

Figure EV1. CD8 T cell phenotype in HLH mouse models and FHL patients.

Left column: CD8 T cells obtained from 1°HLH patients (1°HLH) were analyzed by flow cytometry in comparison to healthy donors (HD). Right column: *jinx* and PKO mice (1°HLH) were infected with 200 pfu LCMV-WE intravenously and analyzed by flow cytometry on day 12–15 p.i. in comparison to noninfected wild-type mice (WT).

A, B The frequency of CD8 T cells double negative for KLRG1 and CD127 (KLRG1[−]CD127[−]) was determined (A) in blood of 1°HLH patients, HD and (B) in the spleen of 1°HLH mouse models, as well as noninfected WT mice ($n = 17$ 1°HLH patients, $n = 11$ HD, $n = 30$ 1°HLH mice, $n = 13$ WT mice).

C, D Frequency of CD8 T cells expressing PD-1 was determined (C) in blood of 1°HLH patients in comparison to HD (D) and in the spleen of 1°HLH mouse models, as well as noninfected WT mice ($n = 17$ 1°HLH patients, $n = 11$ HD, $n = 21$ 1°HLH mice, $n = 11$ WT mice).

E Expression of CD45RA and CCR7 on CD8 T cells was determined in blood of 1°HLH patients and HD and four populations were distinguished: CD45RA⁺CCR7⁺ termed “naïve”, CD45RA[−]CCR7⁺ termed “T_{CM}”, CD45RA[−]CCR7[−] termed “T_{EM}” and CD45RA⁺CCR7[−] ($n = 17$ 1°HLH patients, $n = 11$ HD).

F Expression of CD62L and CD44 on CD8 T cells was determined in the spleen of 1°HLH mouse models, and noninfected WT mice and four populations were distinguished: CD44[−]CD62L⁺ termed “naïve”, CD44⁺CD62L⁺ termed “T_{CM}”, CD44⁺CD62L[−] termed “T_{EM}” and CD44[−]CD62L[−] ($n = 19$ 1°HLH mice, $n = 9$ WT mice).

Data information: Horizontal lines in graphs represent mean values. Data are mean $\pm$ SEM. Statistics: unpaired t-test (B, D), Mann–Whitney test (A, C). **** $P \leq 0.0001$. Source data are available online for this figure.

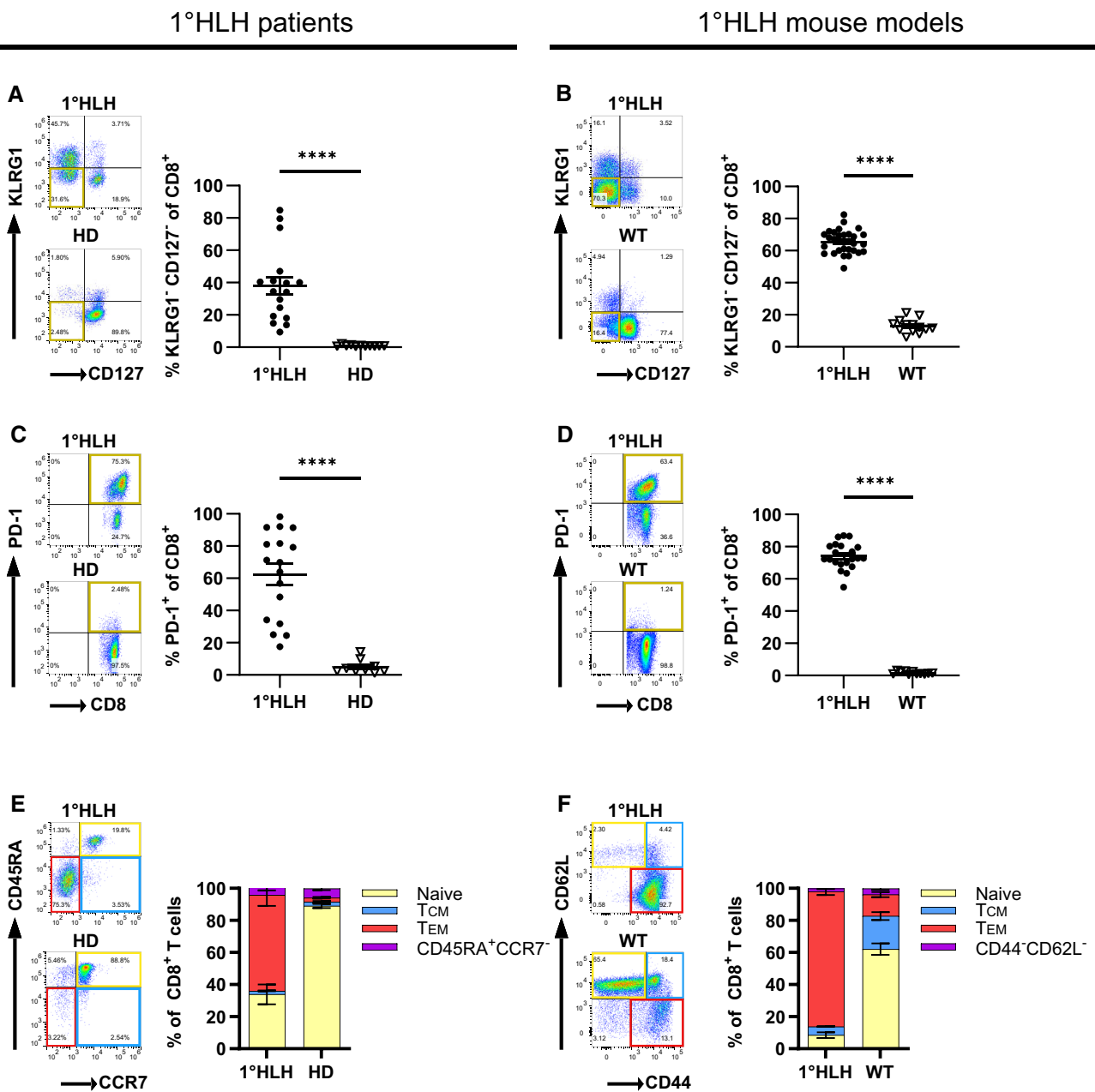


Figure EV1.

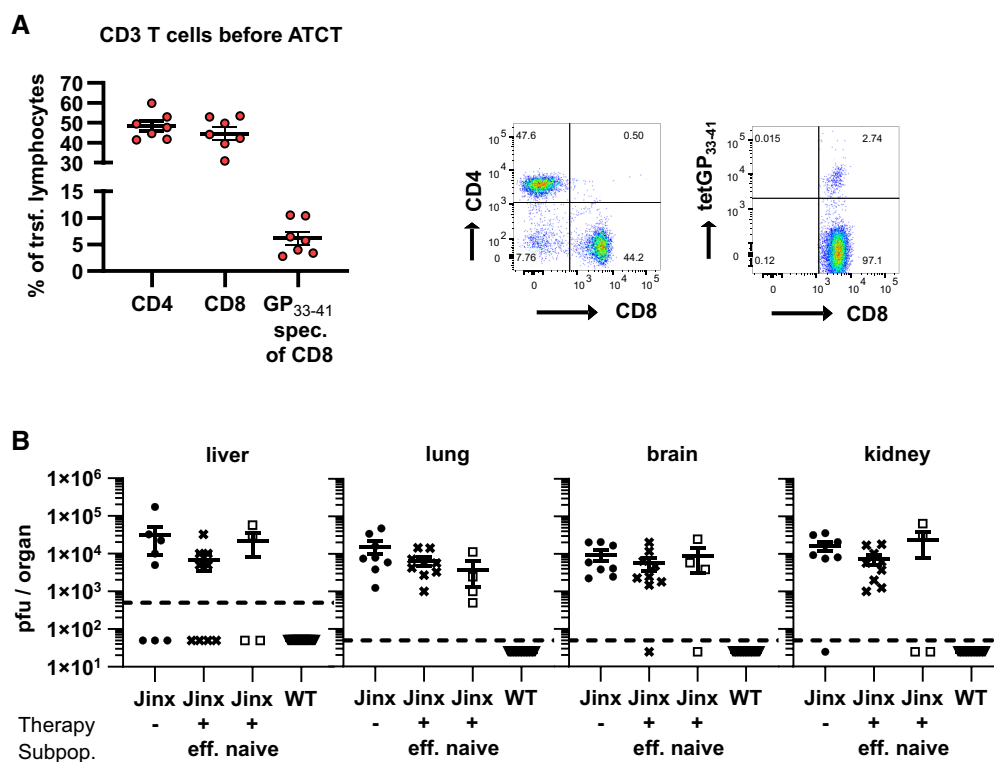


Figure EV2. Adoptive T cell therapy with naïve or LCMV-effector T cells in active HLH is not successful.

A Purified CD3 T cells used for ATCT were analyzed regarding the frequency of CD4 and CD8 T cells and the frequency of LCMV-GP₃₃₋₄₁-specific CD8 T cells among CD8 T cells. Individual dots represent separate transfers/experiments ($n = 7$).

B *Jinx* mice (*Jinx*) and heterozygous littermates (WT) were infected with 200 pfu LCMV-WE intravenously. On day 5–15 p.i., mice remained untreated (*Jinx*, $n = 8$; WT, $n = 10$) or 1×10^7 purified CD3 T cells/lymphocytes were transferred to *Jinx* mice (*Jinx* + eff, $n = 9$) Alternatively, *Jinx* mice received on day 15 p.i. a transfer with 1×10^7 CD3 T cells from uninfected wild-type mice (*Jinx* + naïve, $n = 4$).

Data information: Horizontal lines in graphs represent mean values. Data are mean $\pm$ SEM with $n = 4$ –10 mice in 1–3 experiments.

Figure EV3. Expression of transcription factors and functionality of T cells after adoptive T cell therapy in active HLH.

Jinx mice (*Jinx*) and heterozygous littermates (WT) were infected with 200 pfu LCMV-WE intravenously. On day 15 postinfection (p.i.), mice remained untreated (*Jinx*, WT) or 4×10^6 purified CD3 T cells from LCMV-immune WT mice were transferred to *Jinx* mice (*Jinx* + ATCT). Transferred CD8 T cells (trsf.) were distinguished from endogenous CD8 T cells (endog.).

A, B On day 20 after therapy, endogenous and transferred CD8 T cells (column II), as well as LCMV-GP₃₃₋₄₁-specific CD8 T cells (column III), were analyzed by flow cytometry: frequency of TCF-1⁺ or TOX⁺. The same analyses were performed more than 100 days after therapy (column IV).

C Splenocytes were restimulated with LCMV-GP₃₃₋₄₁. The frequencies of transferred WT CD8 T cells in *Jinx* recipients and WT CD8 T cells secreting IFN γ and TNF α or IFN γ and CD107a after restimulation were determined on day 20 or > 100 days after therapy start (C, columns II, IV).

Data information: Horizontal lines in graphs represent mean values. ns $P > 0.05$; * $P \leq 0.05$; ** $P \leq 0.01$; *** $P \leq 0.001$; **** $P \leq 0.0001$. Data are mean $\pm$ SEM with n (A–C) 3–19 mice in 1–5 experiments. Statistics: unpaired t -test (A column II, III, IV; B column IV), Mann–Whitney test (B column II, III; C column II, IV). Detailed information n : A. (II) $n = 9$ *Jinx*, 11 *Jinx* + ATCT (9 $\times$ trsf. cells), 11 WT in 4 experiments; (III) $n = 4$ *Jinx*, 5 *Jinx* + ATCT (3 $\times$ trsf. cells), 6 WT in 2 experiments; (IV) $n = 10$ *Jinx* + ATCT, 3 WT in 2 experiments. B. (II) $n = 9$ *Jinx*, 11 *Jinx* + ATCT (6 $\times$ trsf. cells), 11 WT in 4 experiments; (III) $n = 5$ *Jinx*, 6 *Jinx* + ATCT (3 $\times$ trsf. cells), 7 WT in 2 experiments; (IV) $n = 9$ *Jinx* + ATCT (6 $\times$ trsf. cells), 3 WT in 2 experiments. C. (II) IFN γ /TNF α : $n = 16$ trsf. Cells in *Jinx* + ATCT, 16 WT in 5 experiments; (II) IFN γ /CD107a: $n = 11$ trsf. Cells in *Jinx* + ATCT, 10 WT in 3 experiments; (II) IFN γ /TNF α : $n = 6$ trsf. Cells in *Jinx* + ATCT, 3 WT in 1 experiment; (IV) IFN γ /CD107a: $n = 6$ trsf. Cells in *Jinx* + ATCT, 3 WT in 1 experiment.

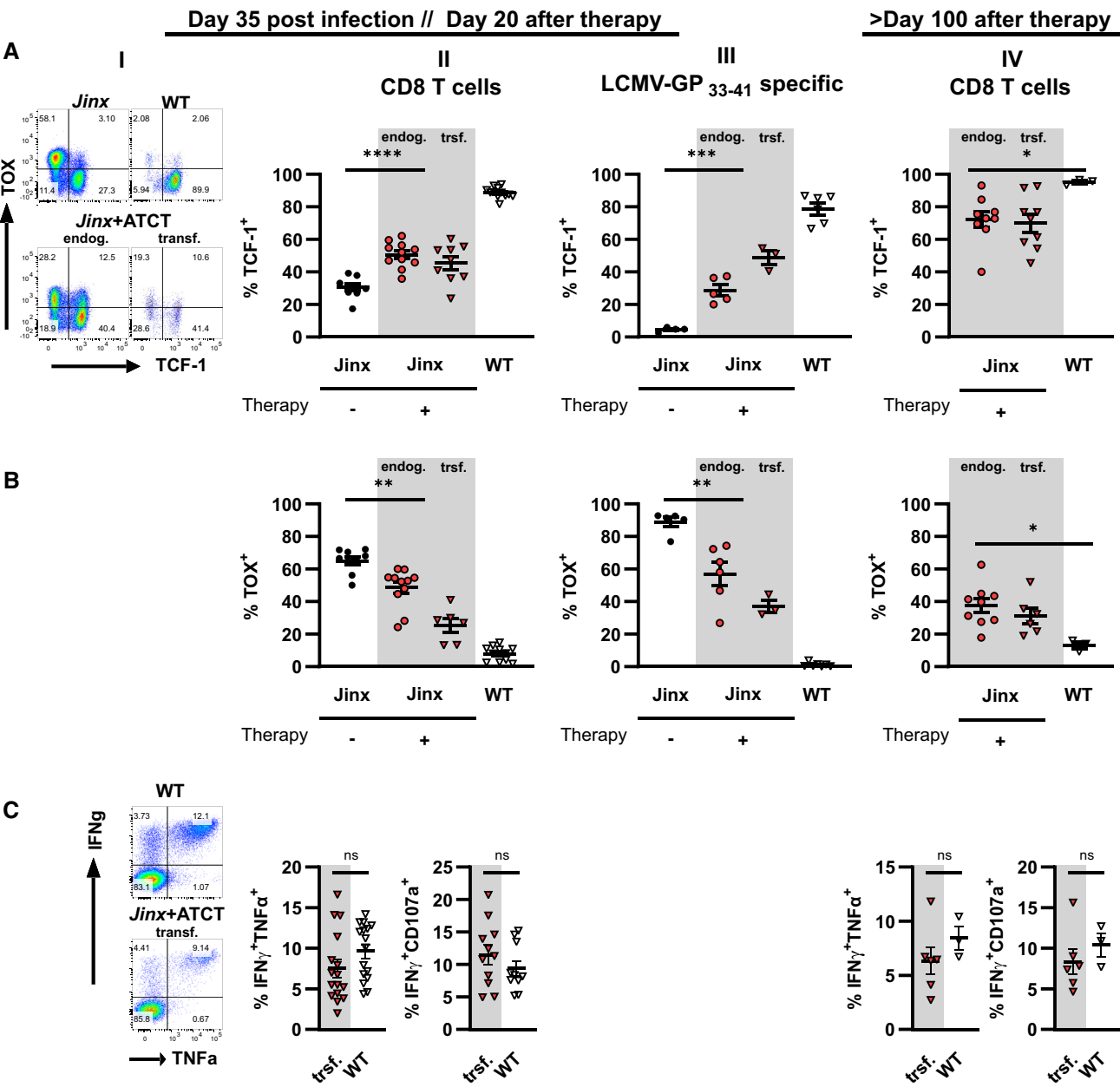


Figure EV3.

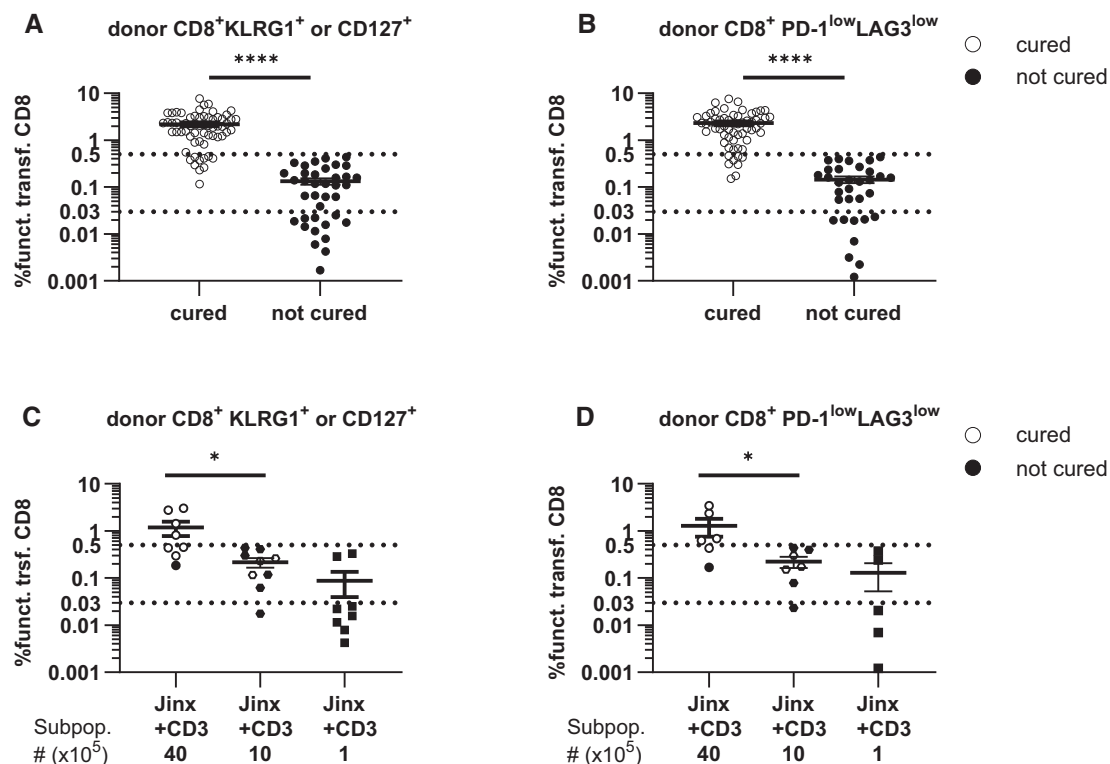


Figure EV4. Frequency of adoptively transferred functional CD8 T cells in *Jinx* mice indicates therapy success 20 days post-therapy.

Jinx mice were infected with 200 pfu LCMV-WE intravenously.

A, B On day 15 p.i., different numbers of lymphocytes, CD3, CD4, or CD8 T cells were transferred. Analyses $\geq$ day 20 after therapy. (A) Frequency of “functional” transferred CD8 T cells (func. Trsf. CD8; KLRG1⁺ and/or CD127⁺) of all lymphocytes in recipients that cleared LCMV (cured) or not (not cured; $n = 62$ “cured”, $n = 37$ “not cured” in 18 experiments). (B) Procedure of (A) was repeated for “functional” transferred CD8 T cells with low expression of PD-1 and LAG3. (C, D) On day 15 p.i., *Jinx* mice remained untreated or received a transfer of 4×10^6 , 1×10^6 , or 1×10^5 purified CD3 T cells from LCMV-immune wild-type mice ($n = 60$ “cured”, $n = 32$ “not cured” in 18 experiments).

C Frequency of “functional” transferred CD8 T cells (func. Trsf. CD8), (KLRG1⁺ and/or CD127⁺) of all lymphocytes in recipients that cleared LCMV (cured) or not (not cured) 20 days after therapy ($n = 8$ –9 mice per group).

D Procedure of (C) was repeated for transferred CD8 T cells with low expression of PD-1 and LAG3 ($n = 5$ –7 mice per group).

Data information: Dotted lines (A–D) indicate thresholds. Horizontal lines in graphs represent mean values. Data are mean $\pm$ SEM with n (A, B) 32–62 mice in 18 experiments, n (C, D) 5–9 mice in 3 experiments. Statistics: Mann–Whitney test (A–D). ns $P > 0.05$; * $P \leq 0.05$; **** $P \leq 0.0001$.

Source data are available online for this figure.

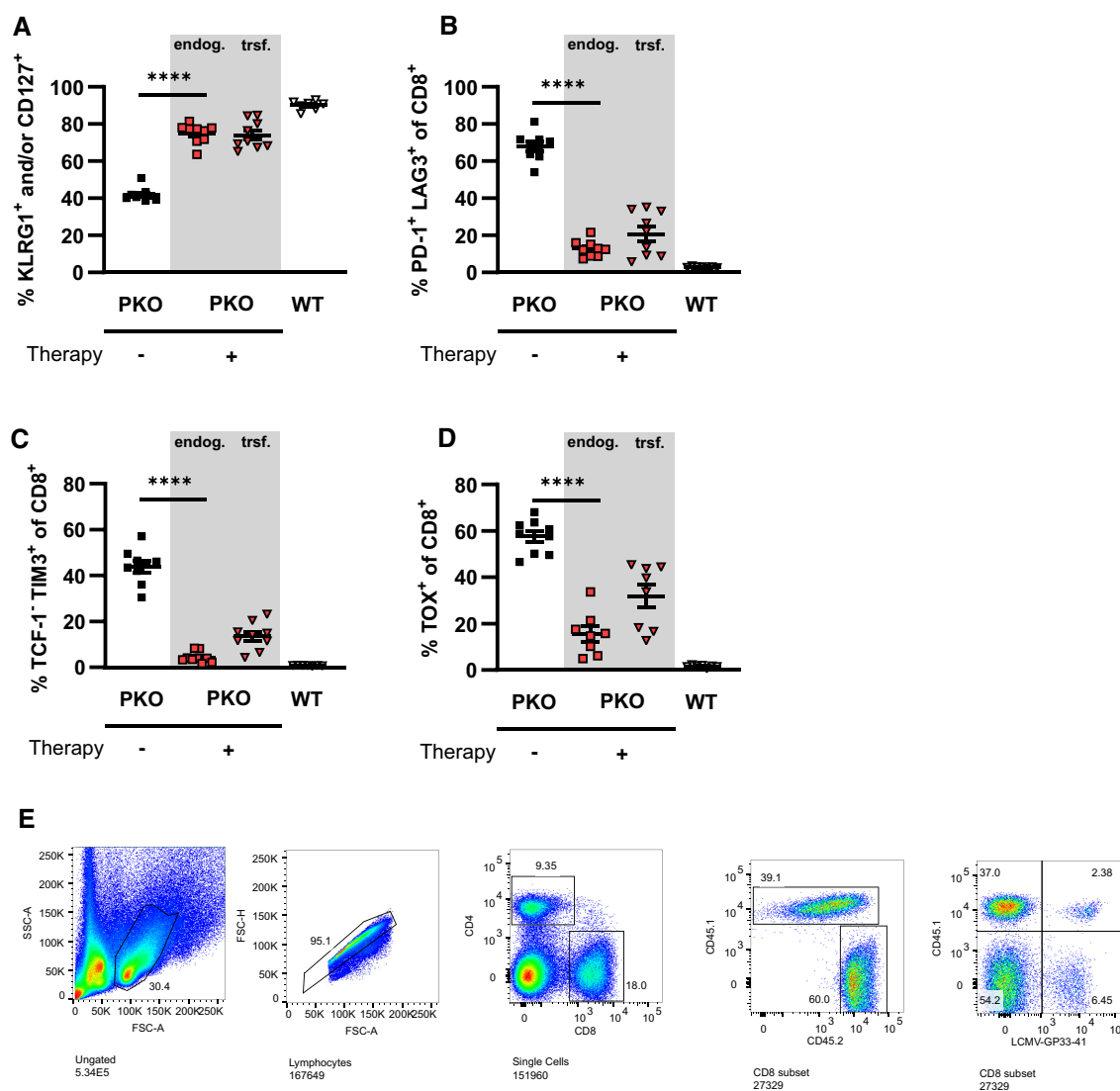


Figure EV5. Readjusted T cell differentiation after adoptive T cell therapy in PKO mice.

Perforin-deficient mice (PKO) and wild-type controls (WT) were infected with 200 pfu LCMV-WE intravenously. On day 5 postinfection (p.i.), mice remained untreated (PKO, WT) or received an adoptive transfer of 1×10^7 lymphocytes or 4×10^6 purified CD3 T cells from LCMV-immune wild-type mice (PKO + ATCT). Transferred CD8 T cells (trsf.) were distinguished from endogenous CD8 T cells (endog.). Untreated PKO mice were analyzed on day 12 p.i., PKO mice with transferred cells, and WT mice on day 25–30 after therapy.

A–D Endogenous and transferred CD8 T cells were analyzed by flow cytometry: KLRG1⁺ and/or CD127⁺ (A), PD-1⁺LAG3⁺ (B), TIM3⁺TCF-1⁺ (C) and TOX⁺ (D) ($n = 9$ PKO, 9 PKO + ATCT, 7 WT). Data information: Data are mean $\pm$ SEM with n (A–D) 7–9 mice in 3 experiments. Statistics: Mann–Whitney test (A–D). **** $P \leq 0.0001$.

E Exemplary gating strategy: (1) gating on lymphocytes; (2) exclusion of doublets; (3) determination of the frequency of CD4 and CD8 T cells, gating on CD8 T cells; (4) discrimination of CD45.1⁺ and CD45.2⁺ CD8 T cells; (5) analysis of CD45.1⁺ or CD45.2⁺ LCMV-GP33-41-specific CD8 T cells.