SUPPLEMENTARY FILE

Targeted multi-omics in childhood-onset SLE reveal distinct biological phenotypes associated with disease activity; results from an explorative study Wahadat et al.

SUPPLEMENTARY METHODS

FIGURES

Supplementary figure S1

Supplementary figure S2

Supplementary figure S3

Supplementary figure S4

Supplementary figure S5

Supplementary figure S6

Supplementary figure S7

TABLES

Supplementary table T1

Supplementary table T2

Supplementary table T3

Supplementary table T4

Supplementary table T5

REFERENCES

Supplementary Methods

2 Study population details

- 3 Demographics, laboratory parameters and clinical characteristics including disease
- 4 activity parameters and medication usage at previous and subsequent clinical visits
- from time of study blood sampling were collected. Disease activity was assessed by
- the clinical Safety of Estrogen in Lupus National Assessment (SELENA)-SLEDAI at
- each visit (2). Disease flares were indicated by an increase of >3 in the clinical
- 8 SELENA-SLEDAI from the previous visit and/or an intensification of treatment,
- 9 respectively. Low Lupus Disease Activity State (LLDAS) was defined as described
- 10 before (3).

11

12

19

20

Cytokine measurement details

- Serum samples were thawed on ice and centrifuged at 1300 x g for 5 min at room
- temperature. Twofold dilutions were prepared in low-protein-binding plates according
- to the manufacturer's instructions. For TGFβ1 detection, samples were first activated
- with 1 N HCl and then neutralized with 1.2 N NaOH/0.5 M HEPES. Subsequently,
- these samples were 1:15 diluted and analyzed in the ELLA Simple Plex system
- 18 (SPCKB-PS-1369/237/934/230/1108, SPCKC-PS-3649, SPCKE-PS-3426).

RT-PCR of genes from four gene modules

- 21 Blood was collected in PAXgene RNA tubes and stored in -80°C until use for whole
- 22 blood RNA purification. RNA was isolated from PAXgene Blood RNA Tubes
- 23 according to manufacturer's protocol (PreAnalytiX GmbH). cDNA was synthesized
- using the High-Capacity Reverse Transcription Kit (Applied Biosystems, Bleiswijk,
- The Netherlands). RT-PCR was performed on a QuantstudioTM 5 Real-Time PCR
- System using predesigned primer/probe sets (Applied Biosystems). Genes were
- 27 selected based on four previously described gene modules (4). For calculation of

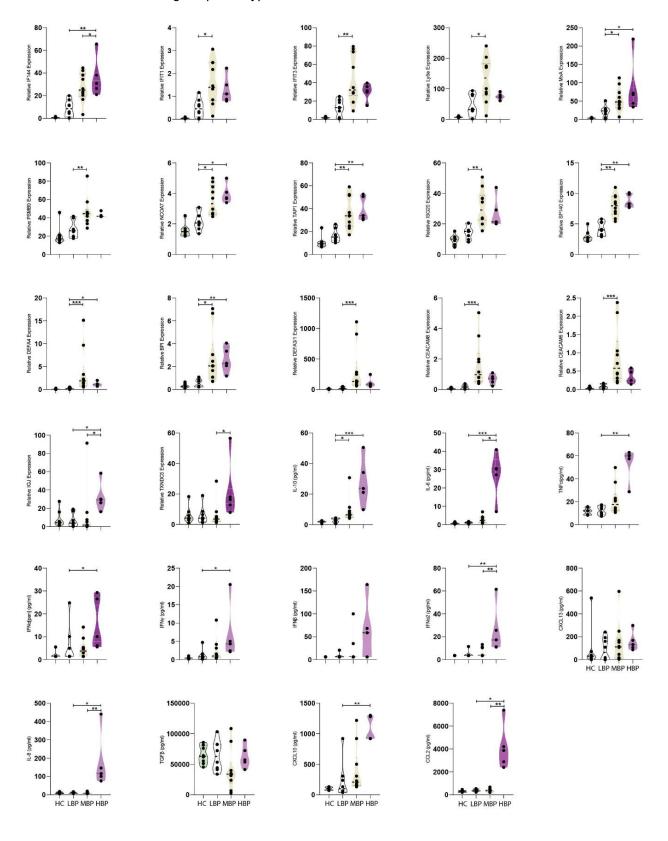
32

33

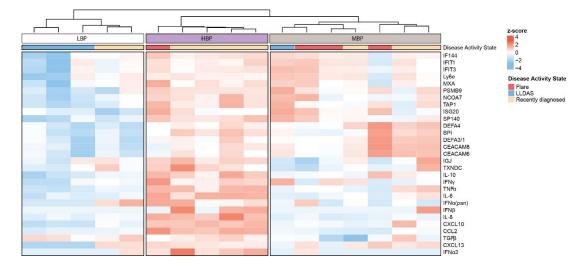
- 28 relative gene expressions, samples were normalized to expression of the
- 29 housekeeping gene Abl. Relative expression values were determined from
- normalized CT values using the $2^{\Lambda^{-\Delta CT}}$ method (4).

3

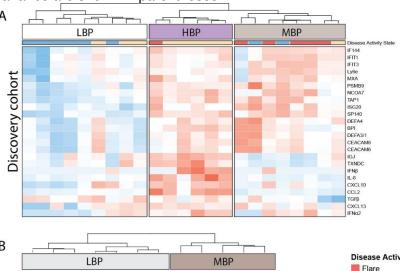
- 34 Supplementary figure S1 Biological phenotypes show distinct gene expression
- and cytokine levels. Violin plots indicating different gene expression $(2^{\Lambda^{-\Delta CT}})$ and
- cytokines levels (pg/ml). Each dot represents one patient. Kruskal-Wallis test with
- Dunn's multiple comparisons posthoc test was used for relation between the clusters.
- HC, healthy controls, LBP, low biological phenotype; HBP, high biological phenotype;
- 39 MBP, mixed biological phenotype.

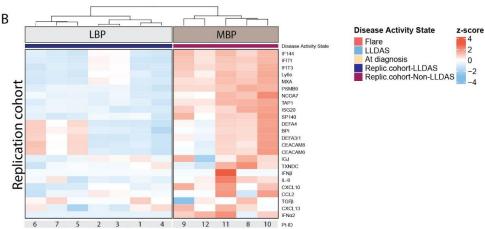


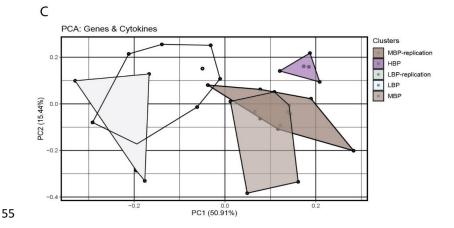
- 40 Supplementary figure S2 Unsupervised hierarchical clustering remains
- 41 unchanged when only first visit samples are included. Unsupervised hierarchical
- clustering using Ward's agglomerative method, passing the Euclidean distance
- between samples, using row-based log-transformed z-scores, identified 3 clusters.
- Top banners indicate the disease activity states.



 Supplementary figure S3 Validation of biological phenotypes in an independent cSLE cohort. A/B). Unsupervised hierarchical clustering using Ward's agglomerative method and passing the Euclidean distance between samples, using row-based log-transformed z-scores, identified three clusters in the discovery cohort and two clusters in the replication cohort. C). Principal component analysis (PCA) showing that there is overlap between the LBP group from the discovery cohort and LBP group of the replication cohort. Patients in the MBP from the discovery cohort and replication cohort show overlap. The first two components with their percentage of variance are shown in parentheses.

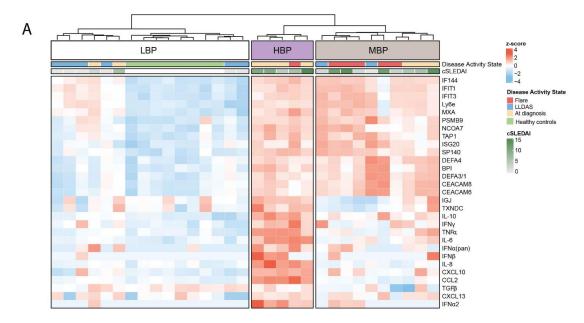


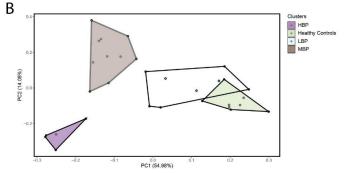


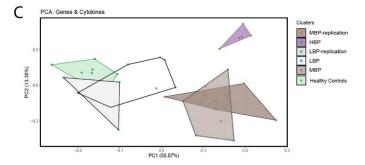


Supplementary figure S4. Unsupervised hierarchical clustering groups healthy controls within the low biological phenotype cluster of cSLE patients A)

Unsupervised hierarchical clustering using Ward's agglomerative method, passing the Euclidean distance between samples, using row-based log-transformed z-scores, identified 3 clusters. Healthy controls cluster in the LBP group. **B)** PCA shows overlap between the LBP and healthy control group. **C)** PCA shows overlap between healthy controls and patients in the LBP group from the discovery and replication cohort. Red-blue color indicates the z-scores. LBP, low biological phenotype; HBP, high biological phenotype; MBP, mixed biological phenotype.







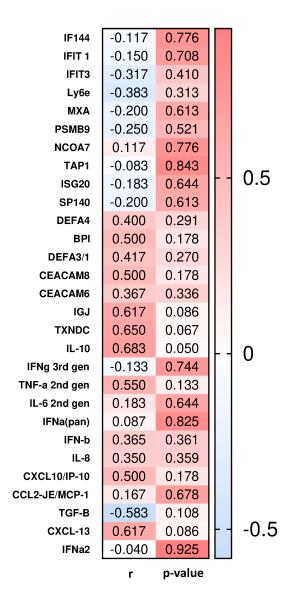
68

69

70

71

Supplementary figure S5 Biological phenotypes are not influenced by the use of corticosteroids. Heatmap indicating the Spearman's rho and p-value between prednisone use in mg/kg/day vs gene expression or cytokine levels. r represents Spearman's Rho.

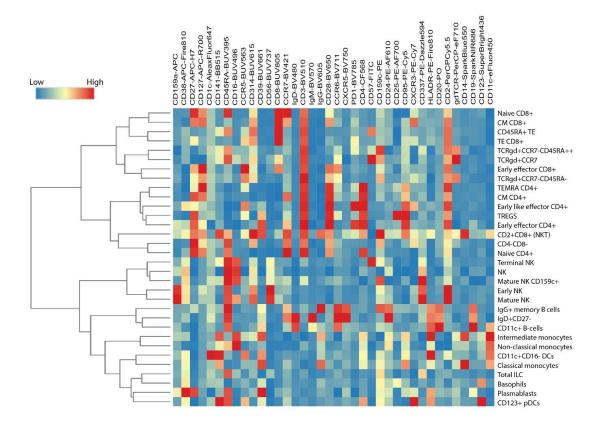


76

77

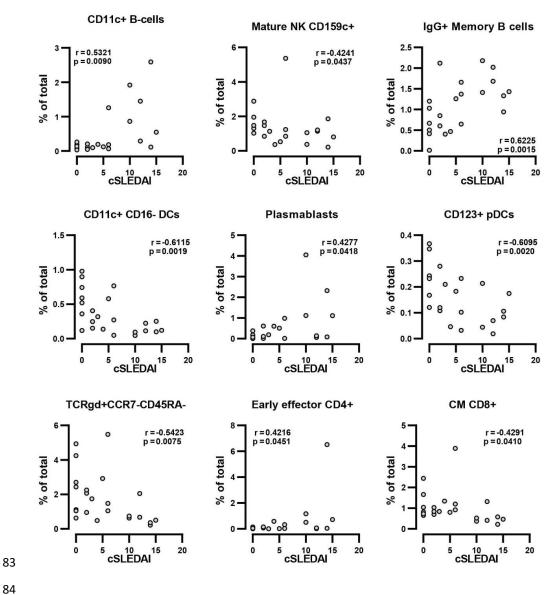
78

- 72 Supplementary figure S6 FLOWSom analysis identified 32 distinct immune cell
- subsets. Clustered heatmap indicating the expression of various immune cell
- marker. Red indicates a high expression while blue indicates a low expression.



80

81 82 Supplementary figure S7 Clinical SELENA-SLEDAI is significantly associated with 9 immune cell populations Correlation plots depicting correlations between 9 immune cell populations and the clinical SELENA-SLEDAI (N=23). r represents Spearman's rho and p indicates the p-value.



Supplemental material

ID	Gender	Age (years)	Ethnicity	Disease duration	Clinical SELENA-	BILAG-2004	Anti-dsDNA (IU/mL)#	Auto-antibodies	Treatment at visit			Disease Biological Activity State Phenotype ^{\$}		
		. ,		(years)	SLEDAI		, ,		HCQ	Prednisone (mg/kg/day)	NSAIDs	DMARD	_	
Pt1	Male	10	Non-White	5.44	0	0	0.9	-	Yes		No	No	LLDAS	LBP
Pt2	Male	13.4	Non-White	1.17	0	6	0.7	Anti-SSA	Yes		No	Yes	LLDAS	LBP
Pt3	Male	16.8	Non-White	4.56	0	1	41	Anti-SSA	Yes		No	Yes	LLDAS	LBP
Pt4	Female	17.8	White	2.81	0	1	0.4	-	Yes		No	No	LLDAS	LBP
Pt5	Female	16.7	White	3.93	2	10	4.1	-	Yes		No	Yes	LLDAS	LBP
Pt6	Female	18.1	Non-White	2.05	0	2	2.9	-	Yes	0.16	No	Yes	LLDAS	LBP

^{*}Active refers to patients with a cSELENA-SLEDAI >4 who are not at diagnosis or have a flare #Measured with a fluorometric enzyme immunoassay, cut-off is 10 IU/mL

^{**}DMARD refers to mycophenolate mofetil, azathioprine, cyclophosphamide, methotrexate \$LBP; Low Biological Phenotype, HBP; High Biological Phenotype, MBP; Mixed Biological Phenotype

Supplemental material

Pt7	Female	17.6	White	2.42	0	6	0.1	-	Yes	•	No	Yes	LLDAS	LBP
Pt8	Female	16.4	White	0.1	5	11	0.9	Anti-SSA	Yes	0.17	No	Yes	Active*	MBP
Pt9	Female	17.8	White	3.48	5	10	10	Anti-Sm	Yes		No	Yes	Active*	MBP
Pt10	Female	16.5	White	0.73	4	6	0.5	Anti-SSA/B	Yes	0.12	Yes	Yes	Active*	MBP
Pt11	Female	16.2	White	0.64	8	11	93	Anti-RNP, Anti-Sm	Yes	0.08	No	Yes	Active*	MBP
Pt12	Female	16.9	White	2.18	4	5	9.5	AntiSSA/B, Anti-Sm	Yes	0.05	No	Yes	Active*	MBP
HC1	Female	17.9	White	-	-	-	-	-	-	-	-	-	-	LBP
HC2	Female	17.1	White	-	-	-	-	-	-	-	-	-	-	LBP
HC3	Male	18.3	White	-	-	-	-	-	-	-	-	-	-	LBP
HC4	Male	16.5	White	-	-	-	-	-	-	-	-	-	-	LBP
HC5	Female	14	White	-	-	-	-	-	-	-	-	-	-	LBP
HC6	Female	14.7	White	-	-	-	-	-	-	-	-	-	-	LBP
HC7	Male	12.4	White	-	-	-	-	-	-	-	-	-	-	LBP
HC7	Female	12.4	White	-	-	-	-	-	-	-	-	-	-	LBP
HC8	Female	17.9	White	-	-	-	-		-	-	-	-	-	LBP

Supplementary table T2. A positive logFC illustrates higher number of immune cell subsets in cSLE patients compared to HC, while a negative value indicates a higher number of immune cell subsets in the HC. The bold line indicates the threshold of 0.1.

HC vs cSLE			
	logFC	p-value	FDR
Central memory CD8+	-1.74711	7.20E-08	2.30E-06
Mature NK CD159c+	-1.63086	2.63E-07	4.21E-06
TCRgd+CCR7-CD45RA-	-1.84315	1.39E-06	1.49E-05
NK	-1.09615	0.000176	0.001411
Terminal NK	-2.05502	0.000638	0.003103
CD123+ pDCs	-1.29871	0.000664	0.003103
CD11c+ B cells	2.515655	0.000679	0.003103
early like effector CD4+	1.666455	0.000931	0.003723
Early effector CD4+	3.789902	0.001646	0.005854
Plasmablasts	3.038351	0.003022	0.009388
CD4-CD8-	0.921128	0.003259	0.009388
TEMRA CD4+	-0.7998	0.003521	0.009388
CD11c+CD16- DCs	-1.06455	0.010298	0.024734
Total ILC	-1.11639	0.010821	0.024734
Non-classical monocytes	-0.84832	0.060216	0.122393
Early effector CD8+	-1.21033	0.061197	0.122393
Naive CD4+	0.531037	0.078319	0.144305
CD2+CD8+ (NKT)	0.711644	0.081171	0.144305
CD45RA+ Terminal effector	1.318206	0.088535	0.149111
IgD+CD27-	0.476732	0.148027	0.23457
TREGs	0.50859	0.155947	0.23457
Intermediate monocytes	0.802366	0.161267	0.23457
TCRgd+CCR7-CD45RA++	-0.78278	0.24337	0.333149
Naïve CD8+	0.297481	0.256112	0.333149
Basophils	-0.38973	0.260273	0.333149
Terminal effector CD8+	-0.35758	0.47405	0.582145
Central memory CD4+	-0.15357	0.495708	0.582145
IgG+ memory B cells	0.356027	0.509377	0.582145
Early NK	0.291065	0.580484	0.640535
Classical monocytes	-0.14209	0.62904	0.670976
Mature NK	0.082463	0.917493	0.94709
TCRgd+CCR7-	0.065349	0.983709	0.983709

Supplementary table T3. A positive logFC illustrates higher number of immune cell subsets in the HBP group compared to LBP group, while a negative value indicates a higher number of immune cell subsets in the LBP group. The bold line indicates the threshold of 0.1.

HBP vs LBP			
	logFC	p-value	FDR
CD11c+CD16- DCs	-2.54453	1.36E-07	4.34E-06
Early effector CD4+	3.032646	1.68E-06	2.69E-05
CD11c+ B cells	2.80641	2.54E-06	2.71E-05
Non-classical monocytes	-2.44421	2.15E-05	0.000172
Terminal NK	-3.19247	0.000272	0.001493
TCRgd+CCR7-CD45RA-	-1.99941	0.00028	0.001493
TCRgd+CCR7-	-3.79634	0.002806	0.012827
Total ILC	-1.64627	0.004236	0.016945
Mature NK CD159c+	-1.18301	0.006739	0.02396
Plasmablasts	2.517105	0.009603	0.03073
Early effector CD8+	-2.55299	0.01336	0.038865

Intermediate monocytes	-2.10203	0.015138	0.040369
Classical monocytes	-0.97833	0.01767	0.043496
Mature NK	-1.48163	0.019892	0.045467
Early NK	-1.41406	0.025771	0.054978
CD123+ pDCs	-1.1826	0.046643	0.093287
CD2+CD8+ (NKT)	0.868515	0.058235	0.109619
Central memory CD8+	-0.83291	0.076628	0.136228
Naive CD4+	0.566811	0.098094	0.165211
TEMRA CD4+	-0.68883	0.106759	0.165652
CD4-CD8-	0.562335	0.108709	0.165652
early like effector CD4+	0.569636	0.325099	0.472871
TREGs	-0.4511	0.341199	0.474711
IgG+ memory B cells	0.671926	0.416964	0.555952
NK	-0.31752	0.487388	0.623857
Terminal effector CD8+	0.362942	0.551063	0.678231
Central memory CD4+	0.111494	0.750093	0.888999
Naïve CD8+	-0.10091	0.792288	0.905472
Basophils	-0.13687	0.854158	0.942519
TCRgd+CCR7-CD45RA++	-0.14647	0.925646	0.987355
IgD+CD27-	-0.03022	0.966962	0.993822
CD45RA+ Terminal effector	-0.04186	0.993822	0.993822

Supplementary table T4. A positive logFC illustrates higher number of immune cell subsets in the HBP group compared to MBP group, while a negative value indicates a higher number of immune cell subsets in the MBP group. The bold line indicates the threshold of 0.1.

HBP vs MBP			
	logFC	p-value	FDR
TCRgd+CCR7-	-4.64398	0.000351	0.011237
Non-classical monocytes	-2.4343	0.000786	0.012582
Classical monocytes	-1.24328	0.005736	0.061188
Plasmablasts	2.307618	0.012353	0.075124
Total ILC	-1.3371	0.014008	0.075124
Terminal NK	-2.04466	0.018816	0.075124
Early NK	-1.75968	0.020078	0.075124
TCRgd+CCR7-CD45RA-	-1.79162	0.020948	0.075124
Intermediate monocytes	-1.37744	0.021129	0.075124
Early effector CD8+	-2.44316	0.025614	0.081965
Mature NK	-1.71238	0.038231	0.10636

CD4-CD8-	0.841503	0.039885	0.10636
CD2+CD8+ (NKT)	0.872938	0.051328	0.126346
CD11c+CD16- DCs	-1.07787	0.056967	0.13021
Naive CD4+	0.65101	0.136929	0.292114
early like effector CD4+	0.82462	0.170632	0.332529
Central memory CD4+	0.48435	0.176656	0.332529
NK	0.488394	0.193316	0.343674
Mature NK CD159c+	-0.61621	0.22644	0.381372
CD11c+ B cells	0.569034	0.448662	0.717858
TEMRA CD4+	-0.339	0.485386	0.739635
Terminal effector CD8+	-0.58677	0.558822	0.812831
IgD+CD27-	-0.27533	0.591283	0.822654
CD45RA+ Terminal effector	-0.5539	0.642539	0.856719
CD123+ pDCs	-0.27541	0.705776	0.863231
TREGs	-0.2265	0.71051	0.863231
Early effector CD4+	0.290938	0.751142	0.863231
Central memory CD8+	-0.16058	0.755327	0.863231
Basophils	-0.16103	0.819215	0.903961
IgG+ memory B cells	-0.07282	0.92338	0.969227
Naïve CD8+	-0.03214	0.959364	0.969227
TCRgd+CCR7-CD45RA++	-0.02574	0.969227	0.969227

Supplementary table T5. A positive logFC illustrates higher number of immune cell subsets in the LBP group compared to MBP group, while a negative value indicates a higher number of immune cell subsets in the MBP group. The bold line indicates the threshold of 0.1.

LBP vs MBP			
	logFC	p-value	FDR
CD11c+CD16- DCs	1.466663	0.0008	0.025602
CD11c+ B cells	-2.23738	0.002541	0.040661
NK	0.80591	0.02366	0.244704
Early effector CD4+	-2.74171	0.030588	0.244704
CD123+ pDCs	0.907191	0.045984	0.294297
Central memory CD8+	0.672321	0.069403	0.370152
Terminal NK	1.147809	0.084308	0.385409
Mature NK CD159c+	0.566798	0.130962	0.523849
Central memory CD4+	0.372856	0.203745	0.637633
Terminal effector CD8+	-0.94971	0.216119	0.637633
TCRgd+CCR7-CD45RA-	0.621976	0.219186	0.637633
IgG+ memory B cells	-0.74475	0.27453	0.710676
TEMRA CD4+	0.349824	0.288712	0.710676
TCRgd+CCR7-	-0.84764	0.383948	0.870212
CD4-CD8-	0.279167	0.429992	0.870212
Classical monocytes	-0.26495	0.436739	0.870212
Total ILC	0.309179	0.520564	0.870212
Intermediate monocytes	-0.24511	0.552167	0.870212
IgD+CD27-	0.310412	0.552199	0.870212
Early NK	-0.34562	0.5531	0.870212
TREGs	0.224608	0.597906	0.870212
CD45RA+ Terminal effector	-0.51204	0.598271	0.870212
early like effector CD4+	0.254984	0.638872	0.888865
Mature NK	-0.23075	0.736046	0.970168
Naive CD4+	0.0842	0.811962	0.970168
Naïve CD8+	0.068766	0.828235	0.970168
Plasmablasts	-0.20949	0.85335	0.970168
TCRgd+CCR7-CD45RA++	0.120722	0.877862	0.970168
Early effector CD8+	0.109827	0.879215	0.970168
Basophils	-0.02416	0.963336	0.985693
Non-classical monocytes	0.009906	0.974538	0.985693
CD2+CD8+ (NKT)	0.004424	0.985693	0.985693

References

- 1. Petri M, Orbai AM, Alarcon GS, Gordon C, Merrill JT, Fortin PR, et al. Derivation and validation of the Systemic Lupus International Collaborating Clinics classification criteria for systemic lupus erythematosus. Arthritis Rheum. 2012;64(8):2677-86.
- 2. Petri M, Kim MY, Kalunian KC, Grossman J, Hahn BH, Sammaritano LR, et al. Combined oral contraceptives in women with systemic lupus erythematosus. N Engl J Med. 2005;353(24):2550-8.
- 3. Franklyn K, Lau CS, Navarra SV, Louthrenoo W, Lateef A, Hamijoyo L, et al. Definition and initial validation of a Lupus Low Disease Activity State (LLDAS). Ann Rheum Dis. 2016;75(9):1615-21.
- 4. Wahadat MJ, Schonenberg-Meinema D, van Helden-Meeuwsen CG, van Tilburg SJ, Groot N, Schatorje EJH, et al. Gene signature fingerprints stratify SLE patients in groups with similar biological disease profiles: a multicenter longitudinal study. Rheumatology (Oxford). 2022.
- 5. Mueller YM, Schrama TJ, Ruijten R, Schreurs MWJ, Grashof DGB, van de Werken HJG, et al. Stratification of hospitalized COVID-19 patients into clinical severity progression groups by immunophenotyping and machine learning. Nat Commun. 2022;13(1):915.
- 6. Park LM, Lannigan J, Jaimes MC. OMIP-069: Forty-Color Full Spectrum Flow Cytometry Panel for Deep Immunophenotyping of Major Cell Subsets in Human Peripheral Blood. Cytometry A. 2020;97(10):1044-51.