Title: Clonal spreading of tumor-infiltrating T cells underlies the robust antitumor

immune responses

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Abstract

The repertoire of tumor-infiltrating T cells is an emerging perspective for characterizing effective antitumor T-cell responses. Oligoclonal expansion of tumor T-cell repertoire has been evaluated; however, their association with antitumor effects is unclear. We demonstrated that the polyclonal fraction of the tumor-reactive T-cell repertoire consisting of relatively minor clones increased in tumor-bearing mice treated with anti-PD-L1 or anti-CD4 monoclonal antibody, which was correlated with antitumor effect. Meanwhile, the size of the oligoclonal fraction consisting of major clones remained unchanged. Moreover, the polyclonal fraction was enriched in progenitor exhausted T cells, which are essential for a durable antitumor response, and was more dependent on CCR7$^+$ migratory dendritic cells, which are responsible for priming tumor-reactive T cells in the tumor-draining lymph nodes. These results suggest that the expansion of diverse tumor-reactive clones ("clonal spreading") is an important mechanism by which anti-PD-L1 and anti-CD4 treatments induce robust and durable antitumor T-cell responses.

Keywords: TCR repertoire**,** tumor-infiltrating T cells, dLN-tumor overlap, polyclonal fraction, clonal spreading, anti-PD-L1 mAb, anti-CD4 mAb, progenitor exhausted T cells,

40 migratory DC

Introduction

Immune checkpoint inhibitors (ICIs), including programmed cell death-1 (PD-1) inhibitors, are widely used to treat various types of cancer. However, only 20%–30% of patients respond to ICIs[1], and the factors determining the differences between responders and non-responders remain unknown. The differences in clinical responses are not only due to the immune resistance mechanism of the tumor but also due to the strength of the antitumor immune response induced by ICIs[2]. Hence, characterizing the antitumor immune response that leads to better clinical outcomes is critical for optimizing patient selection and developing new therapeutic combinations.

CD8^{+} tumor-infiltrating T-lymphocytes (TILs), the primary effector cells of the antitumor immune response, are composed of various T-cell clones with different antigen specificities determined by T-cell receptors (TCRs)[3–5]. TCR transgenic mice[6] and peptide-major histocompatibility complex (MHC) multimer technology[7] have been used in several pre-clinical and clinical studies to analyze the characteristics of a small set of clones with high affinity to tumor antigens. More recently, TCR sequencing, a global analysis of TCRs using next-generation sequencing, has enabled the analysis of a collection of T-cell clones and the TCR repertoire[8,9]. Hence, the TCR repertoire has been used to investigate the features of antitumor T-cell responses, leading to better

therapeutic effects.

The TCR repertoire of TILs is highly skewed toward a small number of clones,

in which the top 1% of the most abundant clones result in more than 20% of the TILs,

suggesting the expansion of tumor-reactive clones[10,11]. Thus, the features of the TCR

repertoire of TILs have been evaluated using the clonality index[12], representing the

extent to which a part of the T-cell clones expanded in the repertoire ("clonal skewing").

Indeed, a higher clonality is associated with antitumor effects[10,13–15]. T-cell clones that

encounter antigens and proliferate in tumors differentiate into a dysfunctional state

called exhaustion[16–18]. In contrast, the TIL subpopulations associated with a good

response to anti-PD-1 mAb treatment are less exhausted and moderately expanded in

tumors[19]. Thus, T-cell responses in which diverse tumor-reactive clones expand

moderately ("clonal spreading") are also expected to exert a desirable antitumor effect.

However, the contribution of clonal spreading to the antitumor immune response has not

been intensively studied.

T-cell clones that recognize epitopes unrelated to tumors also infiltrate the

tumor tissue and form medium- and low-frequency clones ("bystander" clones)[20]. Thus,

to assess the clonal spreading of tumor-reactive T cells, it is important to distinguish the

medium- and low-frequency tumor-reactive clones from bystander clones. T-cell clones

present in both tumor-draining lymph nodes (dLNs) and tumors (dLN-tumor

overlapping (OL) clones) are considered to be enriched in tumor-reactive clones that are

primed in the dLN and trafficked into the tumor via blood circulation[21,22]. Considering

that the newly emerged TIL clones replace exhausted clones during the anti-PD-1

therapy[23], the overlapping TIL clones supplied by the dLNs seem to play a central role

in anti-tumor T cell responses. We have previously demonstrated that an anti-CD4

monoclonal antibody (anti-CD4 mAb), which exerts potent antitumor effects in mice

and humans by depleting $CD4^+$ cells, including regulatory T cells (Tregs), and

activating tumor-reactive $CD8^+$ T-cell responses[24–27], significantly increased the number

and total frequency of dLN-tumor OL clones. However, it was unclear whether the

increase in dLN-tumor repertoire overlap was also observed with PD-1 blockade and a

combination of anti-CD4 and anti-PD-L1 mAbs (hereafter designated as

"CD4+PDL1"), which exert synergistic anti-tumor effect[24]. Furthermore, it remains

unclear whether this increase in the frequency of dLN-tumor OL clones is due to clonal

skewing or spreading.

Here, we performed a T-cell receptor repertoire analysis of B16F10 and Lewis

lung carcinoma tumor-bearing mice treated with anti-PD-L1 and anti-CD4 mAbs. By

analyzing the dLN-tumor OL repertoire, we demonstrated that the number of TIL clones

supplied by dLNs increased after anti-PD-L1 and anti-CD4 treatment owing to clonal

spreading rather than clonal skewing. Moreover, the greater extent of clonal spreading

in anti-CD4 and CD4+PDL1 combination treatment was correlated with their superior

anti-tumor effects.

Results

Anti-PD-L1 and anti-CD4 treatments increased the dLN-tumor repertoire overlap

in a B16 melanoma model

In our previous study, we demonstrated that anti-CD4 treatment increases the

total frequency of dLN-tumor OL CD8$^+$ T-cell clones[25]. Moreover, in the first-in-human

trial, anti-CD4 treatment increased the tumor-associated T-cell clones in the peripheral

blood, which was associated with the anti-tumor effects[27]. To examine whether the

increase in the dLN-tumor repertoire overlap also occurs in anti-PD-L1 treatment or in

CD4+PDL1 combination treatment, we analyzed the TCR repertoire of B16F10 tumor-

bearing mice treated with anti-PD-L1 mAb, anti-CD4 mAb, and CD4+PDL1 treatments

(Fig. 1a). In this model, the anti-CD4 and CD4+PDL1 treatments caused an antitumor

effect on day 13, while the anti-PD-L1 treatment did not (Fig. 1b and c). The TCR

repertoire of CD44^{hi} CD8$^+$ T cells in the dLN and CD8$^+$ T cells in the tumor was analyzed

on day 14 after tumor inoculation (Fig. 1d). We then identified the dLN-tumor OL clones

and compared their total frequency among the treatment groups (Fig. 1f and g). The

treatment with anti-CD4 mAb and CD4+PDL1 significantly increased the total frequency

of OL clones in the dLN and tumors (Fig. 1h and i). The anti-PD-L1 treatment

significantly increased the total frequency of OL clones in the tumor to a lesser extent

(Fig. 1i). These results suggest that both the anti-PD-L1 and anti-CD4 treatments

enhanced the mobilization of tumor-reactive clones in the antitumor T-cell response.

The clonality of the TCR repertoire, which is the extent of clonal skewing in

tissues, are commonly evaluated to monitor the antitumor T-cell responses[12]. In the dLN

repertoire, clonality increased in the anti-CD4 and CD4+PDL1 groups, consistent with

the increase in the dLN-tumor repertoire overlap (Supplementary Fig. 1a). In contrast,

clonality did not change in the tumor repertoire between the treatment groups with

different antitumor responses (Supplementary Fig. 1a). This suggests that in the B16

model, the dLN-tumor repertoire overlap reflects the effect of immunotherapies on the

tumor T-cell repertoire more clearly than the commonly used clonality index.

Clonal spreading was prominent in the dLN-tumor repertoire overlap following

anti-PD-L1 and anti-CD4 treatments

132   Next, we examined whether the increase in the dLN-tumor repertoire overlap

133 following the anti-PD-L1 and anti-CD4 treatments was due to clonal skewing or clonal

134 spreading of the tumor-reactive clones. For this purpose, dLN-tumor OL clones were

135 categorized into "top 10 clones" or "11th-or-lower clones" according to their frequency

136 in the tumor and were considered to belong to the "oligoclonal" or "polyclonal" fraction,

137 respectively (Fig. 2a and b). The total frequencies of oligoclonal and polyclonal overlap,

138 which reflect the clonal skewing and spreading, respectively, were compared between the

139 treatment groups (Fig. 2c). Oligoclonal overlap tended to increase following anti-PD-L1

140 or anti-CD4 treatment; however, the differences were not statistically significant. In

141 contrast, polyclonal overlap increased significantly in the anti-PD-L1, anti-CD4, and

142 CD4+PD-L1 groups (Fig. 2d). We also classified the clones into major ($> 1\%$),

143 intermediate (0.1%–1%), and minor clones ($< 0.1\%$) based on their frequency within the

144 tumor and confirmed that CD4 and PD-L1 expanded the polyclonal OL clones

145 (Supplementary Fig. 1b and c). Similar results were observed in the Lewis lung carcinoma

146 (LLC) tumor model: the polyclonal overlap increased in the treated groups, whereas the

147 oligoclonal overlap was the same as that in the control (Supplementary Fig. 1d). These

148 results demonstrate that the increase in the dLN-tumor repertoire overlap was mainly due

149 to the clonal spreading of tumor-reactive T cells rather than clonal skewing.

To clarify the association between clonal spreading and the antitumor effects of

immunotherapies, we calculated the correlation between the tumor volume on day 13 and

the oligoclonal or polyclonal fraction of the dLN-tumor OL repertoire (Fig. 2e).

Polyclonal overlap was more strongly correlated with the tumor volume than oligoclonal

overlap. A stronger correlation between the polyclonal overlap and tumor volume was

also observed in the LLC model (Supplementary Fig. 1e). These results suggest that the

clonal spreading of tumor-reactive T cells induced by the anti-PD-L1 and anti-CD4

treatments enhances the antitumor T-cell responses, leading to therapeutic effects.

159 The polyclonal fraction of the dLN-tumor OL repertoire was enriched with

160 progenitor-like exhausted T cells

CD8$^+$ TILs display a dysfunctional state called exhaustion, which is

characterized by a high expression of inhibitory receptors such as PD-1 or T-cell

immunoglobulin and mucin-domain containing-3 (TIM-3)[18]. Tumors contain two subsets

of exhausted T cells: terminally exhausted T cells are characterized by a high expression

of inhibitory receptors and exhibit high tumor reactivity, while progenitor exhausted T

cells are characterized by improved persistence and a self-renewal capacity[28–31]. Because

progenitor exhausted T cells can proliferate and generate terminally exhausted ones

following PD-1 blockade, this subset is thought to be essential for a durable antitumor T-

cell response[29]. Based on these findings, we then investigated whether the progenitor

exhausted cells corresponded to a polyclonal fraction of the dLN-tumor OL repertoire,

which reflects clonal spreading.

To answer this question, single-cell targeted RNA sequencing and TCR

sequencing (scRNA/TCRseq) were performed using a BD Rhapsody system (Fig. 3a).

CD8$^+$ TILs were collected from B16F10 tumor-bearing mice treated with anti-CD4 mAb,

and a library was generated for scRNA/TCRseq. Out of the 12,397 cells analyzed, paired

TCR sequences were detected in 10,649 cells (pairing efficiency, 85.9%). Eight clusters

were identified based on the single-cell gene expression profiles (Fig. 3b and

Supplementary Fig. 2a). Based on the expression levels of marker genes (Fig. 3c and

Supplementary Fig. 2b) and the gene expression signature scores (Fig. 3D and

Supplementary Fig. 2c), we characterized these clusters as "naïve (NV)-like" (#7),

"progenitor exhausted" (#4 and 6), and "terminally exhausted" (#0, 1, 2, 3, and 5). Among

the "progenitor exhausted" clusters, cluster 4 showed an intermediate level of exhaustion

scores and a lower expression level of *Tcf7*, suggesting an intermediate state between

progenitor exhausted and terminally exhausted states (Fig. 3c and d). These findings were

supported by the result of pseudotime analysis, which revealed the trajectory from cluster

7 (NV-like) through clusters 4 and 6 (progenitor exhausted) to clusters 0 and 1 (terminally

exhausted) (Supplementary Fig. 2b). Among the "terminally exhausted" clusters, cluster

2 was highly proliferative and cluster 3 was more cytotoxic, according to the *Gzma*

expression level and the cytotoxicity score (Supplementary Fig. 2c and d). Moreover,

cluster 5 was characterized by a high expression of interferon-responsive genes, such as

Isg15 and *Mx1* (Fig. 3c and Supplementary Fig. 2d). The clonality of the "terminally

exhausted" clusters was higher than the "progenitor exhausted" and "NV-like" clusters,

showing that the "terminally exhausted" clusters were composed of highly expanded

clones (Supplementary Fig. 2e).

195   To compare the phenotype of the T-cell clones consisting of the oligoclonal and

polyclonal fractions of the dLN-tumor OL repertoire, we identified the OL clones using

the results of bulk TCR-seq performed on dLN CD8$^+$ CD44^{high} T cells collected from the

same mouse (Fig. 3a). Oligoclonal or polyclonal OL clones were projected onto a uniform

manifold approximation and projection (UMAP) plot (Fig. 3e, left). The oligoclonal and

polyclonal fractions of the dLN-tumor OL repertoire contained very few cells from the

"NV-like" cluster (#7), which supported the tumor reactivity of the OL clones. The

proportion of "terminally exhausted" clusters (#0, 1, 2, 3, and 5) was over 50% in the

oligoclonal and polyclonal overlap. At the same time, the proportion of "progenitor

exhausted" clusters (#4 and 6) was higher in the polyclonal fraction (5.2% in the

oligoclonal fraction vs. 27.6% in the polyclonal fraction; Fig. 3e, right). Consistently, the

polyclonal fraction was predominant in the "progenitor exhausted" clusters (Fig. 3f and

Supplementary Table S1). Moreover, the genes representing the progenitor- and

terminally exhausted phenotypes were highly expressed in the polyclonal and oligoclonal

fraction, respectively (Supplementary Fig. 2f). At the clone level, a higher frequency of

OL clones in the tumor was associated with a lower score for the progenitor exhausted

state and a higher score for the terminally exhausted state (Fig. 3g). These results

demonstrate that the oligoclonal OL mainly consisted of terminally exhausted T cells,

while the polyclonal fraction of the dLN-tumor OL repertoire was enriched in progenitor

exhausted T cells.

The polyclonal fraction of the OL repertoire was dominant in the Ly108$^+$ Tim-3$^-$ TIL

subpopulation

To confirm the results of the scRNA/TCRseq analysis in a high-throughput

manner, we performed bulk TCR repertoire analysis on the CD8$^+$ TIL subpopulations at

different exhaustion stages. Using Tim-3 and Ly108 as cell surface markers for progenitor

and terminally exhausted T cells[29,31], the CD8$^+$ TILs from B16F10 tumor-bearing mice

treated with anti-PD-L1 and anti-CD4 were sorted into PD1$^-$, PD1$^+$ Ly108$^+$ Tim-3$^-$

("Ly108"), PD1$^+$ Ly108$^+$ Tim-3$^+$ ("DP"), and PD1$^+$ Ly108$^-$ Tim-3$^+$ ("Tim-3") subsets

using flow cytometry (Fig. 4a). Among these subpopulations, T-cell exhaustion is thought

to progress in the following order: PD1$^-$, Ly108, DP, and Tim-3[29]. We then analyzed the

TCR repertoire of these four TIL subsets as well as CD44^{hi} CD8$^+$ T cells in the dLN. The

clonality of the TCR repertoire was the lowest in PD1$^-$ and gradually increased in the DP

and Tim-3 subsets in anti-CD4-treated mice (Fig. 4b). A similar tendency was observed

in the anti-PDL1 and CD4+PDL1 groups (Supplementary Fig. 3a). These results show

that the repertoire of the PD1$^-$ and Ly108 subsets was more polyclonal than that of DP

and Tim-3, consistent with the scRNA/TCRseq analysis results (Supplementary Fig. 2d).

Next, we attempted to verify whether the polyclonal overlap predominated in the

progenitor exhausted population. For this purpose, we estimated the frequency of each

clone in the total CD8$^+$ TILs ("pooled") by estimating the frequency within the TIL

subsets (PD1$^-$, Ly108, DP, and Tim-3) weighted by the total cell count of these subsets

(Fig. 4c, example). We confirmed that the frequency of each clone in the pooled repertoire,

which was estimated as described previously, was correlated with the frequency in the

real CD8$^+$ TIL repertoire (Supplementary Fig. 3b). Subsequently, the OL clones in the

oligoclonal and polyclonal fractions were identified based on their frequency in the

pooled CD8$^+$ TIL repertoire (Fig. 4c), and their total frequency in each T-cell subset was

calculated (PD1$^-$, Ly108, DP, and Tim-3). In the anti-CD4 group, the proportion of the

oligoclonal fraction was significantly higher in the DP and Tim-3 subsets than in the PD1$^-$

and Ly108 subsets, while that of the polyclonal fraction was the highest in the Ly108

subset (Fig. 4d). Consistently, the proportion of the polyclonal fraction surpassed that of

the oligoclonal fraction in Ly108 cells (Fig. 4e). These results confirmed the findings of

the scRNA/TCRseq analysis that the oligoclonal fraction predominated among terminally

exhausted T cells, while the polyclonal fraction contained more progenitor exhausted T

cells in the dLN-tumor OL repertoire. Notably, the CD4+PDL1 group exhibited results

similar to those of the anti-CD4 group; however, this tendency was not observed in the

anti-PDL1 group (Supplementary Fig. 3c and d). This may reflect a weaker degree of

clonal spreading in the anti-PDL1 group than in the anti-CD4 or CD4+PDL1 group.

Enhanced priming by migratory DCs in the dLN contributed to clonal spreading

following anti-PD-L1 and anti-CD4 treatments

Our results from the TCR repertoire analysis proposed that the clonal spreading

of tumor-reactive T cells contributed to the antitumor effect induced by anti-PD-L1 and

anti-CD4 treatments in the B16F10 model. As for the mechanism of clonal spreading, we

hypothesized that the anti-PD-L1 and anti-CD4 treatments enhanced the priming of more

diverse T-cell clones in the dLN. Migratory DCs in the dLN, which deliver tumor antigens

and play a critical role in inducing tumor-reactive CD8 T-cell responses[32,33], express a

higher level of PD-L1 than resident DCs. Moreover, because Tregs deprive co-stimulatory

molecules on migratory DCs through CTLA-4[34], the anti-CD4 treatment, which removes

CTLA-4 expressing Tregs, seems to enhance the priming of CD8$^+$ T cells by migratory

DCs in the dLN. To examine whether migratory DC-dependent priming contributes to the

clonal spreading after the treatment, we utilized Fscn1$^{\text{DTR-Cre}}$ knock-in mice to remove

the CCR7$^+$ FSCN1$^+$ migratory DCs in the dLN (Supplementary Fig. 4a). FSCN1 is an

actin-bundling protein that promotes the migration of DCs into LNs[35–37]. Since FSCN1 is

expressed not only in CCR7$^+$ migratory DCs but also in neurons[35,38], we inoculated

B16F10 cells into FSCN1 KI bone marrow chimeric mice (FSCN1 BMC). In tumor-

bearing FSCN1 BMC mice, DTR was weakly expressed on a part of CCR7$^+$ MHC II$^+$

DCs in the tumor and strongly expressed on most migratory DCs in the dLN

(Supplementary Fig. 4b). Administration of DT to these mice slightly decreased the

number of CCR7$^+$ MHC II$^+$ DCs in the tumor and completely depleted migratory DCs in

the dLN (Supplementary Fig. 4c).

We subjected B16F10-bearing FSCN1 BMC mice to anti-PD-L1 and anti-CD4

treatments, with or without DT administration (Fig. 5a). Depletion of migratory DCs in

the dLN of DT-treated mice was confirmed on day 14 (Fig. 5b-d). TCR repertoire analysis

revealed that the total frequency of dLN-tumor OL clones in the tumor decreased in mice

receiving DT in the anti-PD-L1 and CD4+PD-L1 groups (Fig. 5e). The oligoclonal

fraction of the dLN-tumor OL repertoire was equivalent or higher in DT-treated mice

compared to DT-untreated mice (Fig. 5f). In contrast, the polyclonal fraction of the dLN-

tumor OL repertoire decreased following DT administration in all three treatment groups

(Fig. 5g). These results suggest that the anti-CD4 and anti-PD-L1 antibodies enhance the

priming of tumor-reactive T-cell clones by migratory DCs in the dLN, leading to clonal

spreading in tumor-bearing mice.

Discussion

We demonstrated that the anti-PDL1 and anti-CD4 mAb treatment increased the

CD8^{+} T-cell repertoire overlap in the dLN and tumor, mainly owing to clonal spreading.

In the B16F10 model, anti-CD4 and CD4+PD-L1 treatments exert strong antitumor

effects whereas anti-PD-L1 treatment alone shows a limited antitumor effect[24]. In the

present study, the antitumor effect of anti-CD4, anti-PD-L1, and CD4+PD-L1 treatments

correlated with the extent of clonal spreading. Single-cell analysis of the gene expression

and TCR sequences of TILs revealed that progenitor exhausted T cells, which are

essential for a durable antitumor response to PD-1 blockade[29–31], were enriched in a

polyclonal fraction of the OL repertoire, which reflected clonal spreading. Furthermore,

enhanced priming in the dLN by migratory DCs contributed to the clonal spreading of

tumor-reactive clones following anti-PD-L1 and anti-CD4 treatments. These results

suggest that clonal spreading induces antitumor T-cell responses by anti-PD-L1 and anti-

CD4 treatments in the B16 melanoma model.

Our finding that clonal spreading were enhanced after anti-PD-L1 and anti-CD4

treatments seems to contradict with many previous studies on the repertoire analysis of

TILs reporting an association between oligoclonal expansion and objective antitumor

effects following ICIs[10,13–15]. However, these studies did not separate CD4$^+$ and CD8$^+$

TILs prior to TCR sequencing. CD8$^+$ TILs exhibit higher clonality than CD4$^+$ TILs[19] in

most cases, and the clonality of the total TIL repertoire is reported to be correlated with

the proportion of CD8$^+$ cells[39]. This evidence suggests that the higher clonality in these

studies reflects a larger proportion of CD8$^+$ cells in TILs. Here, we performed a TCR

repertoire analysis of purified CD8$^+$ T cells and clarified the clonal composition changes

in the CD8$^+$ T-cell repertoire under immunotherapy, which was not evident in previous

studies.

TCR repertoire analysis on dLN-tumor repertoire overlap clearly demonstrated

that the anti-PD-L1 and anti-CD4 treatments did not increase clonal skewing but

enhanced the clonal spreading of tumor-reactive T cells. Notably, the increase in the

polyclonal fraction of the TIL repertoire following anti-PD-L1 and anti-CD4 treatments

was not observed when non-overlapping clones were included in the analysis. Thus, the

analysis of the dLN-tumor OL, which enriches the TIL clones supplied by dLNs, is

important for quantifying the clonal spreading of tumor-reactive T cells and evaluating

antitumor T cell responses.

scTCR analysis of TILs and bulk TCR repertoire analysis of exhausted TIL

subsets revealed the immunological phenotypes of the oligoclonal and polyclonal

fractions of the dLN-tumor OL repertoire; unfortunately, we could not analyze untreated

mice owing to the low density and number of CD8$^+$ TILs in the B16F10 model. Recent

studies on the scTCR analysis of human TILs reported that highly expanded CD8$^+$ T cell

clones exhibited a terminally exhausted phenotype with tumor reactivity[16,40,41]. Consistent

with these findings, the oligoclonal fraction of the dLN-tumor OL also largely consisted

of T cells with a terminally exhausted phenotype and contained a small amount of

progenitor exhausted T cells. Conversely, the proportion of progenitor exhausted T cells

in the polyclonal fraction of dLN-tumor OL was higher than that in the oligoclonal

fraction. In addition, Naïve-like and PD1⁻ CD8⁺ TILs with low tumor-reactivity[5] were

enriched in the non-OL repertoire but not in the polyclonal fraction of OL, as expected.

Considering that terminally exhausted T-cell clones inside the tumor were replaced

following PD-1 blockade in cancer patients[23], the OL clones in the polyclonal fraction

may function as reserves while oligoclonal fraction may not persist for a long period.

Furthermore, it is also presumed that clonal spreading owing to anti-PD-L1 and anti-CD4

treatments enlarges the reservoir of tumor-reactive T-cell clones, which underlies the

robust and persistent antitumor effect.

One question that remained unaddressed was how the anti-PD-L1 and anti-CD4

treatments enhance the clonal spread of tumor-reactive T cells. We initially hypothesized

that the enhanced priming of tumor-reactive clones in the dLN increases the polyclonal

fraction of the dLN-tumor OL repertoire. Indeed, in mouse models, the activation of T

cells in the dLN is enhanced by anti-CD4[24] and anti-PD-L1 treatments[42]. The priming of

tumor-reactive T cells in the dLN is mainly mediated by CCR7⁺ migratory DCs, which

capture tumor antigens, mature in the tumor, and migrate to the dLN via lymphatics[32,33].

Migratory DCs express a higher level of PD-L1, whose interactions with PD-1 on

activated CD8⁺ T cells is inhibited by PD-1 blockades in the dLN[42]. Moreover, the anti-

CD4 treatment, which removes CTLA-4 expressing Tregs, may promote the priming of

CD8$^+$ T cells through increasing the expression of CD80/86 on migratory DCs in the dLN.

These observations support the possibility that clonal spreading is promoted by the

enhanced priming capacity of migratory DCs. In line with this, the specific depletion of

migratory DCs in FSCN1$^{DTR-Cre}$ KI BMC mice reduced the polyclonal fraction of the

dLN-tumor OL repertoire. Our results underscore the contribution of the enhanced

priming in the dLN to the clonal spreading of tumor-reactive clones.

This study had some limitations. First, we could not demonstrate the relationship

between the extent of clonal spreading and clinical outcomes in patients with cancer under

ICI treatment. This is attributable to our limited access to the dLN specimen. TCR

repertoire analysis on a bilateral subcutaneous tumor model, in which tumor cells are

inoculated bilaterally into the backs of mice, could be an alternative approach that provide

the evidence for a causal relationship between clonal spreading and the antitumor effect

of ICIs[43,44]. Second, we could not analyze the immunological differences between clones

contributing to clonal skewing and clonal spreading, including the tumor reactivity, TCR

affinity, and exhaustion status. Clones in oligoclonal OL, which are observed in tumor-

bearing mice, regardless of the treatment, are thought to exhibit higher affinity for cancer

antigens and are able to expand under immune checkpoints but are more prone to

exhaustion. Conversely, clones in polyclonal overlap, whose expansion is enhanced by

ICIs, are thought to have TCRs with lower affinity for cancer antigens and need more

costimulatory signals for expansion[45]. Cloning the TCR alpha- and beta-chain pairs using

scTCR sequencing and generating TCR transgenic T cells of various dLN-tumor OL

clones would enable us to validate the features and functions of T-cell clones contributing

to clonal skewing or clonal spreading. Here, we defined the oligoclonal/polyclonal

fraction based on the rank or frequency of clones in the tumor. However, a more refined

definition, which incorporates the immunological features of clones, such as the

exhaustion status or TCR affinity, can more precisely evaluate the extent of clonal

spreading and become a more reliable marker for the treatment outcome.

In summary, our results suggest that an enhanced clonal spreading underlies the robust

antitumor immune responses by which anti-PD-L1 and anti-CD4 treatments. Overall, we

emphasize the importance of evaluating the polyclonal nature of antitumor T-cell

responses through TCR repertoire analysis, which provides a novel index that reflects the

efficacy of ICI treatments.

Methods

Materials availability

The   Fscn1   knockin   mouse   (Accession   No.   CDB0153E:

https://large.riken.jp/distribution/mutant-list.html) will be distributed upon requests. All

antibodies, reagents, oligonucleotides, and software and algorithms used in this study are

listed in Supplementary Table S2-5, respectively.

Data and code availability

All sequencing data (Bulk TCRseq, and Single-cell RNA/TCR sequencing) have

been deposited at GEO and are publicly available as of the date of publication (GEO:

GSE198211).

All original code has been deposited at Github (https://github.com/hiro-aoki-

mriid/Aoki_ICIrepertoire).

Mice

Eight-week-old female C57BL/6 mice (CD90.2) were purchased from Sankyo

Labo service corporation inc. CD90.1 congenic mice with gp100 melanoma antigen-

specific Pmel-1 TCR transgene (Pmel Tg, #:005023) were purchased from The Jackson

Laboratory, then B6 mice were backcrossed for at least 6 generations. Female Pmel Tg

mice were used for the experiment at 8-10 weeks old. All mice were bred at specific

pathogen-free facilities in Research Institute for Biomedical Sciences, the Tokyo

University of Science and in RIKEN Kobe branch.

Cell lines

Lewis lung carcinoma (LLC) was kindly provided by Dr. Fuminori Abe (Nippon

Kayaku). B16F10 is a gp100$^+$ spontaneous murine melanoma cell line, kindly provided

by Dr. N. Restifo (National Cancer Institute, MD). Both cell lines were cultured in RPMI-

1640 medium (Nakarai) supplemented with 10% fetal bovine serum (MP Bio Japan), 1%

HEPES (Nakarai) and 1% penicillin/streptomycin (Nakarai) at 37°C in a humidified

atmosphere at 5% CO_2.

Generation of Fscn1DTR-Cre knock-in mice

The   Fscn1   knockin   mouse   (Accession   No.   CDB0153E:

https://large.riken.jp/distribution/mutant-list.html)   was   generated   by   CRISPR/Cas9-

mediated knockin in zygotes as previously described [46]. For the homologous

recombination-mediated knockin, the donor vector consisting of homology arms and

P2A-DTR-P2A-Cre (insert gene) was generated to insert the P2A-DTR-P2A-Cre cassette

at the 3-base upstream of the PAM sequence. For microinjection, the mixture of crRNA

(CRISPR RNA) (50ng/ul), tracrRNA (trans-activating crRNA) (100ng/ul), donor vector

(10ng/ul) and TrueCut™ Cas9 Protein v2 (100ng/ul, ThermoFisher) were injected into

the pronucleus of one-cell stage zygote from C57BL/6 mice. From 233 zygotes, 57 F0

mice were obtained and 3 of them were knockin mice confirmed by PCR, in which the

PCR fragments of KI allele with 5'FW and 5'REV primers (1301 bp), and 3'FW and

3'REV primers (587 bp) were detected (Supplementary Fig. 4a). The germline

transmissions of knockin F0 mice were confirmed by genotyping of F1 mice.

Generation of BM chimeric mice

Recipient B6 mice were lethally irradiated (8.5 Gy, split into 2 doses given 3

hours apart) the day before transplantation with 3×10^6 Fscn1-KI BM cells. Mice were

used for the experiments at least 8 weeks after transplantation.

In vivo treatment

B16F10 or LLC cells (5×10^5 cells except for Supplementary Fig. 3b: 2×10^5

cells) were inoculated subcutaneously (s.c.) into the right flanks of C57BL/6 or Fscn1-KI

BMC mice. Anti-PD-L1 mAb (clone 10F.9G2, BioLegend) or Anti-CD4 mAb (clone

GK1.5, BioLegend) was injected intraperitoneally (i.p.) at a dose of 200 μg per mouse on

days 5 and 9 after tumor inoculation. DT (FUJIFILM Wako) was injected

intraperitoneally (i.p.) at a dose of 25 ng/g continuous every second day until day 5.

Tumor diameter was measured twice weekly and used to calculate tumor volume (mm^3)

[(major axis; mm) x (minor axis; mm)^2]. All animal experiments were conducted in

accordance with institutional guidelines with the approval of the Animal Care and Use

Committee of the Tokyo University of Science.

Tissue collection

Intravascular leukocytes were stained by i.v. injection of FITC-conjugated mAb

(3 μg/mouse) against CD45.2 three minutes before sacrifice [47]. Tumors and dLNs (right

brachial lymph node) were collected.

Preparing single cell suspension from dLN

dLN cells were prepared by standard method except for Fig. 5, in which dLN

was digested for 45 minutes at 37°C with 0.1% collagenase (FUJIFILM Wako) then

subjected to 25% Percoll PLUS (Cyvita) gradient and leukocytes were recovered from

the pellet. Lineage (CD11b, B220, NK1.1, Ter119) positive cells were depleted using BD

IMag Streptavidin Particles Plus-DM (BD Biosciences).

The cell concentration of the suspensions was determined using Flow-Count

fluorospheres (Beckman Coulter) and a Cytoflex flow cytometer (Beckman Coulter).

Cells were then stained with a mix of Fc Block (anti-mouse CD16/CD32 mAb; clone

2.4G2, BioLegend) and fluorophore-conjugated anti-mouse mAbs.

Preparing single cell suspension from tumor

Tumors were cut into small fragments and digested for 45 minutes at 37°C with

0.1% collagenase (FUJIFILM Wako) in Fig. 1,2,4,5, and 0.1mg/mL Liberase TM (Roche)

in Fig. 3. The cells were then subjected to 40% Percoll PLUS (Cytiva) and Histopaque-

1083 (Sigma-Aldrich) density separation and leukocytes were recovered from the

interphase. The cell concentration of the suspensions was determined using Flow-Count

fluorospheres (Beckman) and a Cytoflex flow cytometer (Beckman). Cells were then

stained with a mix of Fc Block and fluorophore-conjugated anti-mouse mAbs. TCRβ$^+$ T

cells were enriched magnetically using Anti-APC MicroBeads (Miltenyi) and LS

columns (Miltenyi) except for single-cell RNA/TCRseq experiment (Fig. 3). In single-

cell RNA/TCRseq experiment, cells were stained with Sample Tag oligonucleotide-

conjugated antibodies in Single-Cell Multiplexing Kit (BD Biosciences) as in

Supplementary Table S6.

Flow cytometry and cell sorting

CD8$^+$ (Fig. 1, 2, 3, 5), CD8$^+$ PD1$^-$, CD8$^+$ PD1$^+$ Ly108$^+$ Tim3$^-$, CD8$^+$ PD1$^+$

Ly108$^+$ Tim3$^+$, and CD8$^+$ PD1$^+$ Ly108$^-$ Tim3$^+$ T cells (Fig. 4) from tumor, and CD8$^+$

CD44^{high} T cells from dLN were sorted using FACS Aria II or Aria III (BD Biosciences).

Nonviable cells were excluded from the analysis based on forward and side scatter

profiles and propidium iodide staining. Intravascular leukocytes were also excluded.

Purity of sorted cells was always over 95%. Data were analyzed using FlowJo software

(version 10.8.1; BD Biosciences).

TCR library construction and sequencing

For Fig. 1, 2, and 4

TCR sequencing libraries for next-generation sequencing were prepared

according to the previous report [27]. PolyA RNAs were isolated and amplified from

sorted T cells according to a previous report (GSE110711; Shichino et al., 2019). To

amplify the TCR cDNA containing complementarity determining region 3 (CDR3),

nested PCR of the TCR locus was performed as follows. Beads containing cDNA was

resuspended with the 12.5 μL of first PCR mixture comprised 0.5 μL of 10 μM trP1

primer, and 1 μL of TCR primer mix (Trac_ex, and Trbc_ex), 4.75 μL of water, and 6.25

μL of KAPA Hifi Hotstart ReadyMix (KAPA Biosystems). The thermal cycling

conditions were programmed as follows: denaturation at 95°C for 3 minutes, 5 cycles of

denaturation for 20 seconds at 98°C, annealing for 15 seconds at 65°C and extension for

30 seconds at 72°C, followed by a final extension at 72°C for 2 minutes. Next, 2.5 μL of

the first-PCR products were added into the 22.5 μL of second PCR mixture consisted of

1.75 μL of 10 μM primer mix (trP1, Trac_in-Bio, and Trbc_in-Bio), 8.25 μL of water

and 12.5 μL of KAPA Hifi Hotstart ReadyMix. The thermal cycling conditions were the

same as the first PCR except for the cycle number, which was 25 cycles. Next, 25 μL of

the second-PCR products were purified using AMPure XP (Beckman-Coulter) at a 0.7:1

ratio (beads−to-sample) and eluted in 20 μL of 10mM of Tris HCl pH 8.0.

Fragmentasion and adaptor ligation were performed using 10-20ng of second-PCR

product as a template with NEBNext Ultra II FS DNA Library Prep Kit for Illumina

(New England Biolabs) with some modifications: NEBNext Adaptor for Illumina in

"Adaptor Ligation" step was substituted by 5uM P1 Adaptor (duplexed), and the

reaction volume was 1/4 of the recommended in all steps. Adaptor-ligated DNA was

purified using AM Pure XP kit (Beckman-Coulter) at a 0.8:1 ratio (beads to sample) and

eluted in 20 μL of 10mM of Tris HCl pH 8.0. The third PCR was carried out using

barcoded primers to enrich the TCRβ cDNA flanked with sequencing adapters. The

third PCR mixture consisted of 1 μL of 10 μM trP1 primer, 1 μL of 10 μM IonA-BC[X]-

Trbc primer, 3 μL of template and 5 μL of NEBNext Ultra II Q5 Master Mix (accessory

of NEBNext Ultra II FS DNA Library Prep Kit). The thermal cycling conditions were

programmed as follows: denaturation at 98°C for 30 seconds, 10 cycles of denaturation

for 10 seconds at 98°C, annealing and extension for 1minute 15 seconds at 65°C,

followed by a final extension at 65°C for 5 minutes. The PCR product was purified and

subjected to size selection using AMPure XP kit (Beckman-Coulter) at a 1.0:1 ratio

(beads to sample) and eluted with 20 μL of Tris-HCl (pH 8.0). Amplified TCRβ libraries

were quantified using a KAPA SYBR Fast qPCR Kit (KAPA Biosystems) and size

distribution was analyzed by Microchip Electrophoresis System MultiNA (Shimadzu).

Final TCRβ libraries, whose lengths were 200–300 base pairs, were pooled and

sequenced using an Ion 540 Kit Chef, an Ion 540 Chip kit, and an Ion Genestudio S5

Sequencer (Thermo Fisher Scientific) according to the manufacturer's instructions,

except the flow number (500).

<u>For Fig. 5</u>

514   TCR sequencing libraries for next-generation sequencing were prepared

according to the previous report [44]. In brief, mRNA in T-cell lysate was captured by 10

µL of Dynabeads M270 streptavidin (Thermo Fisher Scientific) bound to 2.5 pmol of

BioEcoP-dT25-adapter primers. To perform reverse transcription and template-

switching, mRNA-trapped beads were suspended in 10 µL of RT mix [1× First Strand

buffer (Thermo Fisher Scientific), 1 mM dNTP (Roche), 2.5 mM DTT (Thermo Fisher

Scientific), 1 M betaine (Sigma-Aldrich), 9 mM MgCl2 (NIPPON GENE), 1 U/µL

RNaseIn Plus RNase Inhibitor (Promega), 10 U/µL Superscript II (Thermo Fisher

Scientific), and 1 µM of i5-TSO], and incubated for 60 min at 42ºC and immediately

cooled on ice. To amplify the TCR cDNA containing complementarity determining

region 3 (CDR3), nested PCR of the TCR locus was performed following the

purification of PCR product by an AM Pure XP kit (Beckman Coulter) at a 0.7:1 ratio of

beads to sample and eluted with 20 µL of 10 mM Tris-HCl (pH 8.0). To amplify TCR

libraries and add adaptor sequences for the next-generation sequencer, the third PCR

was performed. The third-PCR products were purified as second PCR. The products

were pooled and then purified and subjected to dual size selection using ProNex size-

selective purification system (Promega) and eluted with 25 μL of 10 mM Tris-HCl (pH

8.5). Final TCR libraries, whose lengths were about 600 base pairs were sequenced

using an Illumina Novaseq 6000 S4 flowcell (67 bp read 1 and 140 bp read 2)

(Illumina). Only read2 contained the sequence regarding the definition of T cell clones.

Library preparation and sequencing for scRNA/TCRseq

T cells from the spleen of Pmel Tg mouse, which stained with Single-Cell

Multiplexing Kit (BD Biosciences) as in Supplementary Table S6, were spiked in after

cell sorting. Live cells were stained with Calcein AM (Nacalai) and counted using

Flow-Count fluorospheres (Beckman) and a Cytoflex flow cytometer (Beckman). About

18,000 labeled cells were trapped and reverse-transcribed using the BD Rhapsody™

(BD), Targeted mRNA and AbSeq Amplification Kit (BD), and Immune Response Panel

Mm (BD) according to the manufacturer's instructions. Targeted mRNA, TCRseq and

Sample Tag libraries were prepared using according to the manufacturer's instructions

(VDJ CDR3 and Sample Tag Library Preparation Protocol) with the following

modifications; (1) BD Rhapsody™ Immune Response Panel Mm with supplement panel

including Cmpk2, Ifi204, Ifi211, Ifit1, Ifit3, Ifit3b, Ifit3b, Isg15, Mx1, Rsad2, and

Usp18 were used for target mRNA amplification. (2) we used original set of primer for

TCR amplification as summarized in Key resources table, and performed additional

PCR (3rd PCR, 6 cycles) to introduce unique dual index for sequencing. (3) we used

ProNex Size-Selection DNA purification System (Promega) for purification of PCR

product. Primers used for each PCR reaction and sample-to-beads ratios for purifying

PCR product were summarized in Supplementary Table S7. Amplified libraries were

quantified using a KAPA SYBR Fast qPCR Kit (KAPA Biosystems) and size

distribution was analyzed by Microchip Electrophoresis System MultiNA (Shimadzu).

Targeted RNAseq and Sample Tag libraries were sequenced on an Illumina Novaseq

6000 S4 flowcell (67 bp read 1 and 140 bp read 2) (Illumina) to a depth of

approximately 40,000 reads and 10,000 reads per cell, respectively. TCRseq libraries

were sequenced on an Illumina Novaseq 6000 SP flowcell (67 bp read 1 and 459 bp

read 2) (Illumina) to a depth of approximately 20,000 reads.

Data processing of TCR sequencing

Adapter trimming and quality filtering of sequencing data were performed by

using Cutadapt-3.2 (Martin, 2013) and PRINSEQ-0.20.4 [50]. Sequencing data were

processed by MiXCR-3.0.5 [51]. In MiXCR, filtered reads were aligned to reference

mouse TCR V/D/J sequences registered in the international ImMunoGeneTics (IMGT)

information system: -vParameters.geneFeatureToAlign = VTranscript -

vjAlignmentOrder = JThenV, then identical sequences were assembled and grouped in

clones with PCR and sequencing error correlation with the following parameters: -

badQualityThreshold=10, –separateByV=true, --only-productive=true, –region-of-

interest=CDR3. The Variable (V) and Joining (J) segment of TCRs were represented in

IMGT gene nomenclature.

List of final clones were analyzed by VDJtools-1.2.1 [52]. Then, the sequencing

reads of sample was normalized to the cell count in each sample by "DownSample"

command of VDJtools. T-cell clones were determined as TCR reads with the same TCR

V segment, J segment and CDR3 nucleotide sequence.

Calculation of clonality of TCR repertoire

The 1 - Pielou index was used to evaluate the clonality of TCR repertoire, which

was calculated using the formula $1 - \sum_{i=1}^{n} p_i \log_e(p_i) / \log_e(n)$, where p_i is the

frequency of clone *i* for a sample with *n* unique clones.

Identification of OL clones in oligoclonal and polyclonal fraction

dLN-tumor OL clones were identified by "JoinSamples" function in VDJtools.

These OL clones were ranked in order of their frequency in the tumor. OL clones that

ranked in top 10 were defined as oligoclonal fraction of OL repertoire, and the other OL

clones were defined as polyclonal fraction. In the scRNA/TCRseq analysis, OL clones

were defined as those whose TCRb sequence (V segment, J segment and CDR3

nucleotide) was identified in the repertoire of dLN CD8$^+$ CD44^{high} T cells, the output of

bulk TCRseq. The oligoclonal/polyclona fraction in scTCR analysis on TILs was defined

based on the frequency calculated in scTCRseq analysis.

Data processing of scRNAseq reads

Data processing of scRNAseq reads was performed as described in Shichino et

al. (TAS-seq). Adapter trimming of sequencing data was performed using cutadapt 2.10

(Martin, 2013). Filtered cell barcode reads were annotated by Python script provided by

BD Biosciences with minor modification for compatibility to Python 3.7. Associated

cDNA reads were mapped to reference RNA using bowtie2-2.4.2 [53] by the following

parameters: -p 2 --very-sensitive-local -N 1 -norc -seed 656565 -reorder. Then, cell

barcode information of each read was added to the bowtie2-mapped BAM files by the

python script and pysam 0.15.4 [54], and read counts of each gene in each cell barcode were

counted using mawk. Resultant count data was converted to a single-cell gene-expression

matrix file by using R-3.6.3. The inflection point of the knee-plot (total read count versus

the rank of the read count) was detected using DropletUtils package (v1.14.1, Lun *et al.*,

2018) in R-3.6.3. Cells of which total read count was over inflection point were

considered as valid cells.

Data processing of sample tag reads

For sample tag data, adapter trimming of sequencing data was performed by

using cutadapt 3.4 (Martin, 2013). Filtered reads were chunked to 64 parts for parallel

processing by using Seqkit 0.15.0 [56]. Filtered cell barcode reads were annotated by Python

script provided by BD with minor modification for compatible to Python3.8. Associated

sample tag reads were mapped to known barcode fasta by using bowtie2-2.4.2 [53] by the

following parameters: -p 2 -D 50 -R 20 -N 0 -L 14 -i S,1,0.75 –norc –seed 656565 –

reorder –trim-to 3:40 –score-min L,-9,0 –mp 3,3 –np 3 –rdg 3,3.

Then, cell barcode information of each read were added to the bowtie2-mapped

BAM files, and read counts of each Tag in each cell barcode were counted by using

mawk. Resulted count data was converted to Tags x cells matrix file by using data.table

package in R 3.6.3, and top 1M cell barcodes were extracted. For assignment of each

tags to each cell barcodes, read counts of each tag in each valid cell barcode, which

defined by the cDNA matrix, were extracted from tag/cell barcode expression matrix.

Unassigned cell barcodes were labeled as "not-detected" cells. Then, sum of the total

read counts of each tags were normalized to the minimum sum count of each tags, and

$\log_2$ fold-change between first most tag counts and second most tag counts within each

cell barcode. Each cell barcode was ranked by the fold-change ascending order, and top

N cells were identified as doublets (N was calculated as theoretically detectable

doublets calculated by the Poisson's distribution based on the number of loaded cells,

total Rhapsody well number, and number of tags used).

scRNAseq data analysis

scRNAseq data analysis was performed by using the R software package Seurat

v4.0.1 [57]. Expression data of targeted panel genes were converted to the Seurat object.

Then, genes not included in the target panel and doublet or spiked-in Pmel cells were

excluded. Expression data was log normalized and scaled using NormalizeData and

ScaleData function, respectively. Principal component analysis (PCA) against all genes

included in target panel was performed using RunPCA (number of calculated principal

components (PCs) were 100), and enrichment of each PC was calculated using the

JackStraw and ScoreJackStraw function (num.replicate = 100), and PCs that were

significantly enriched ($p \leq 0.05$) were selected for clustering and dimensional reduction

analysis. Dimensional reduction was performed using RunUMAP. Cell clustering was

performed using FindNeighbors and FindClusters against the significant PCs. Marker

genes of each identified cluster were identified using FindAllMarkers function

(test.use="wilcox", min.pct=0.1, return.thresh=0.05). Cluster constituted with

contaminant cells determined by marker genes were excluded and the above analysis

procedure was repeated.

Transcriptional signature analysis in scRNAseq

We computed the extent to which gene signatures were expressed in cells using

Seurat's "AddModuleScore" function. Progenitor and terminally exhausted signature

genes were obtained from the dataset of Miller et al. [29]. Cytotoxicity and proliferation

signature genes were selected according to the descriptions in BD Rhapsody™ Immune

Response Panel Mm (BD). Genes used for calculating signature scores were summarized

in Supplementary Table S8.

Pseudotime analysis on scRNAseq data

Pseudotime analysis was performed using the Bioconductor package Slingshot

v2.2.0 (Street et al., 2018). We ran the analysis using significantly enriched PCs ($p \leq 0.05$)

after setting Cluster 7 (NV-like) as the start cluster.

Data processing of scTCRseq

Raw data of single-cell TCR sequencing were processed by pipeline produced

by ImmunoGeneTeqs, Inc.. Briefly, sequencing reads were first separated by cell barcode,

then adapter trimming and quality filtering of sequencing data were performed by using

Cutadapt (Martin, 2013). PCR and sequencing error were corrected by lighter v1.1.2 [59]

with following parameters: -newQual 25 -maxcor 4 -K 20. Error-corrected sequence reads

were processed by MiXCR [51] to generate the list of TCRα or TCRβ sequences for each

cell barcode, using reference mouse TCR V/D/J sequences registered in the international

IMGT information system with the parameters summarized in Supplementary Table S9.

Quality filtering of cell barcodes was performed with the following criteria: (1) more than

32 TCR reads were detected. (2) the proportion of the most frequent TCR sequence in

cell barcode was over 0.6. (3) the cell barcode was annotated to the T cell cluster in

scRNAseq analysis. Finally, the most frequent sequence of TCRα and TCRβ was adopted

and paired in each cell barcode. Identified TCRα/β sequence was imported into the

meta.data matrix in Seurat object of scRNAseq data based on the cellular barcode

identities. T-cell clones were determined as cells with the same TCRα and TCRβ pair,

defined by V segment, J segment and CDR3 nucleotide sequence. Frequency of each

clone was calculated as the proportion of cells belonging to the clone in all T cells whose

TCRα and TCRβ pair was assigned.

Evaluating the exhaustion status of T cell clones by TCRseq on CD8^{+} TIL subsets.

To evaluate the exhaustion status of OL clones in oligoclonal and polyclonal

fraction, we first calculated the frequency of clones in "Pooled" CD8^{+} TIL repertoire from

the repertoire of TIL subsets (PD1^{-}, Ly108, DP, and Tim-3) as the following equation:

$$Freq_{k\ Pooled} = \frac{\sum_i Freq_{k\ i} \times Count_i}{\sum_i Count_i},$$

where *Freq* means the frequency of each clone k, and *Count* means the cell count of each

subset i. Then, OL clones in oligoclonal and polyclonal fraction was identified based on

their frequency in Pooled repertoire as above. The total frequency of these clones in each

TIL subset was calculated, and defined as oligoclonal and polyclonal OL repertoire in

each TIL subset.

Quantification and statistical analysis

Statistical analyses were performed using GraphPad Prism (ver9.2.0) software

(GraphPad Software) except for correlation analysis in Fig. 2e and 3g. One-way ANOVA

with Tukey's post test was run on the comparison between treatment groups. Spearman

correlation test was run on the correlation analysis using cor.test function in Microsoft R

open 4.1.1. One-way Repeated-Measures (RM) ANOVA with Tukey's post test was run

on the comparison between CD8$^+$ TIL subsets. Paired t test was run on the comparison

between the dominance of oligoclonal or polyclonal fraction of dLN-tumor OL. Multiple

unpaired t tests was run on the comparison between DT treated and untreated mice for

each treatment group. Asterisks to indicate significance corresponding to the following:

n.s., not significant ($P > 0.05$), *$P \le 0.05$, **$P \le 0.01$, *** $P \le 0.001$.

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Author Contributions

H.A., K.M., and S.U. designed research. H.A. and S.U. performed research. T.A.

generated mice. H.A., M.T., H.O., H.S., H.A., and S.U. processed the samples. H.A.

analyzed data with supports from S.S. and S.U.. H.A. and S.U. wrote the initial draft of

the manuscript. All the authors participated in writing the final manuscript.

Competing Interests statement

H.A. reports stock for ImmunoGeneTeqs, Inc. S.U. reports advisory role for

ImmunoGeneTeqs, Inc; stock for ImmunoGeneTeqs, Inc, IDAC Theranostics, Inc. S.S.

reports advisory role for ImmunoGeneTeqs, Inc; stock for ImmunoGeneTeqs, Inc, K.M.

reports consulting or advisory role for Kyowa-Hakko Kirin, ImmunoGeneTeqs, Inc;

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Figure legends

Fig. 1 The dLN-tumor repertoire overlap increases following anti-PD-L1 and anti-

CD4 treatments. a. Experimental procedure. **b, c.** Growth curve (**b**) and weight (**c**) of

the tumor. **d, e.** Gating strategy for sorting the CD8$^+$ CD44^{high} T cells in the dLN (**d**) and

the CD8$^+$ T cells in the tumor (**e**). **f.** Scheme of the dLN-tumor repertoire overlap analysis.

g. Representative plot of the dLN-tumor repertoire overlap for each treatment group. The

plot exhibits the top 20 OL clones (colored), the OL clones other than the top 20 ones

(dark gray), and the non-OL clones (gray). **h, i.** Frequency of the OL clones in the dLN

(**h**) and the tumor (**i**).

Means ± SEM are shown (n = 6–10 per group). One-way ANOVA and Tukey's *post-hoc*

test were used in (**b**), (**c**), (**h**), and (**i**); *$P \le 0.05$; ** $P \le 0.01$; *** $P \le 0.001$.

Fig. 2 Increase in the polyclonal fraction of the dLN-tumor OL repertoire following

anti-PD-L1 and anti-CD4 treatments. a, b. Flow chart (**a**) and representative plot (**b**)

used for defining the oligoclonal and polyclonal fractions of the dLN-tumor OL repertoire.

In (**b**), the frequency of individual clones is plotted according to their rank in the tumor

in descending order. The top 10 (oligoclonal fraction) and 11th or lower (polyclonal

fraction) OL clones are colored in red and blue, respectively. **c, d.** Total frequency of the

oligoclonal and polyclonal fractions of the OL clones in the tumor. **e.** Correlation between

the tumor volume and the total frequency of the oligoclonal (left) or polyclonal (right)

fraction of OL clones in the tumor.

Means are shown (n = 6–10 per group) (**c**); means ± SEM are shown (n = 6–10 per group).

One-way ANOVA and Tukey's *post-hoc* test were used in (**d**); Spearman correlation test

was used in (**e**); *$P \le 0.05$; *** $P \le 0.001$.

Fig. 3 Single-cell analysis of the dLN-tumor OL clones following anti-CD4 mAb

treatment. a. Experimental procedure. **b.** Uniform manifold approximation and

projection (UMAP) plot of the scRNA-seq data of CD8$^+$ TILs following anti-CD4

treatment. **c.** Violin plot showing the expression of marker genes in the T-cell subsets. **d.**

Violin plot showing the module scores of the feature genes of progenitor (top) and

terminally (bottom) exhausted T cells. **e.** UMAP showing the T cells in the oligoclonal or

polyclonal fraction of the dLN-tumor OL repertoire (left). Pie chart showing the

proportion of T cells in the "naïve-like" (pink) or "progenitor exhausted" (purple) clusters

in the oligoclonal or polyclonal fraction (right). **f.** Bar chart showing the proportion of the

oligoclonal (red) and polyclonal (blue) fractions of the OL clones and the non-OL clones

(gray) in each cluster. **g.** Correlation between the clone's frequency in the tumor and the

progenitor or terminally exhausted score of each clone. The progenitor or terminally

exhausted score was calculated for each cell as in (**d**), and the average value was then

calculated for each clone.

Pearson correlation test was used in (**e**); Tex: terminally exhausted; Tex int: intermediately

exhausted; Tex prog: progenitor exhausted; IFN resp.: IFN responding; NV-like: naïve-

like; Prolif.: proliferating.

Fig. 4 Oligoclonal and polyclonal fractions of the dLN-tumor OL repertoire in CD8$^+$

TIL subsets following anti-CD4 mAb treatment. a. Gating strategy used for sorting the

PD1$^-$, Ly108, DP, and Tim-3 CD8$^+$ TIL subsets in anti-CD4 treated mice. **b.** Clonality of

the CD8$^+$ TIL subsets. **c.** Example of the estimation of clone frequency in pooled CD8$^+$

TILs based on the frequencies in each CD8$^+$ TIL subset. **d.** Frequency of the oligoclonal

(red) or polyclonal (blue) fraction of OL clones in the CD8$^+$ TIL subsets. Lines indicate

the data from the same mice. **e.** Bar chart showing the proportion of the oligoclonal (red)

or polyclonal (blue) fraction of the OL clones in each CD8$^+$ TIL subset.

Mean ± SEM is shown in (**b**) and the mean is shown in (**e**) (n = 5 per group) (**b**); one-way

RM ANOVA and Tukey's *post-hoc* test were used in (**b**) and (**d**); paired t-test was used

in (E); *$P \leq 0.05$; ** $P \leq 0.01$.

Fig. 5 Decrease in the polyclonal fraction of the dLN-tumor OL repertoire by

depleting migratory DCs following anti-PD-L1 and anti-CD4 treatments. a.

Experimental procedure. **b, c.** Representative flow cytometry plot of the dLN lineage$^-$

cells for CCR7$^+$ CD11c^{int} (**b**) and CCR7$^+$ DTR$^+$ (**c**) migratory DCs (migDCs) in untreated

or DT-treated mice on day 14. **d.** Comparison of the frequency of CCR7$^+$ CD11c^{int}

migDCs in dLN between DT-treated and untreated mice. **e.** Comparison of the frequency

of OL clones in the tumor between DT-treated and untreated mice. **f, g.** Comparison of

the frequency of the oligoclonal (F) and polyclonal (G) fraction of dLN-tumor OL clones

in the tumor between DT-treated and untreated mice.

a. was created using BioRender.com; means ± SEM are shown (n = 4–5 per group);

multiple unpaired t-tests were used in (**d**), (**e**), (**f**) and (**g**); $*P \leq 0.05$; $** P \leq 0.01$; $*** P$

≤ 0.001.

Figure 1

a Day

B16F10 s.c.   aPDL1, aCD4, CD4+PDL1 i.p.

CD4+ / CD8+ T cells
dLN CD44hi
Tumor

TCRseq

b
Tumor volume (mm³)
Days after tumor inoculation
○ Control
● aPD-L1
● aCD4
● CD4+PD-L1

c Tumor weight (mg)
Cont   PDL1   CD4   CD4 PDL1

d dLN
Live cells · TCRb⁺ IVS⁻ · CD8⁺ · CD4⁺ · CD8⁺ CD44high

e Tumor
Live cells · TCRb⁺ dump⁻ · TCRb⁺ IVS⁻ · CD8⁺ · CD4⁺

f
dLN   Circulation   Tumor
OL = 30%   **dLN-Tumor OL clones**   OL = 50%

g
Control   aPDL1   aCD4   CD4+PDL1
Freq. (%)   Non-OL   OL   dLN   Tumor

h OL clones (dLN, %)
Cont   PDL1   CD4   CD4 PDL1

i OL clones (Tumor, %)
Cont   PDL1   CD4   CD4 PDL1

Figure 2

Figure 3

Figure 4

b

c

Subset	PD1⁻	Ly108	DP	Tim3	Pooled
Sorted cells	5,000	15,000	20,000	10,000	**50,000**
Freq. of clone A	0.04	0.2	0.02	0.01	**0.07**

Freq. in Pooled Tumor = (0.04 x 5000 + 0.2 x 15000 + 0.02 x 20000 + 0.01 x 10000) / 50000

d

e

Figure 5