Homeostatic cytokines reciprocally modulate the emergence of prenatal effector PLZF+CD4+ T

cells in humans

Veronica Locher[1,2,7], Sara Park[1,2], Daniel Bunis[3,4], Stephanie Makredes[1,2], Trevor D. Burt[5],

Gabriela K. Fragiadakis[3,4,6], Joanna Halkias[1,2,3] *

**1**. Division of Neonatology, Department of Pediatrics, UCSF, San Francisco, CA, USA, **2.** Eli

and Edythe Broad Center of Regeneration Medicine and Stem Cell Research, UCSF, San

Francisco, CA, USA, **3.** Bakar ImmunoX Initiative, UCSF, San Francisco, CA, USA, **4**. CoLabs,

UCSF, San Francisco, CA, USA, **5**. Division of Neonatology and the Children's Health &

Discovery Initiative, Department of Pediatrics, Duke University School of Medicine, Durham,

NC, USA**, **6.** Department of Medicine, Division of Rheumatology, UCSF, San Francisco, CA,

United States**, 7.** Committee on Immunology, University of Chicago, Chicago, IL, USA**

* Corresponding author

** Current institution

Address correspondence to:

Joanna Halkias, Division of Neonatology, Department of Pediatrics, and Eli and Edythe Broad

Center of Regeneration Medicine and Stem Cell Research, UCSF, San Francisco, CA, USA.

Email: joanna.halkias@ucsf.edu

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**Abstract**

The development of human adaptive immunity progresses faster than previously

appreciated, with the emergence of memory CD4$^+$ T cells alongside regulatory T (Treg) cells by

the second trimester of pregnancy. We previously identified a prenatal-specific subset of PLZF$^+$

CD4$^+$ T cells with heightened effector potential that accounted for most memory T cells in the

developing intestine and accumulated in the cord blood of infants exposed to prenatal

inflammatory pathologies. However, the signals that drive their tissue distribution and effector

maturation are unknown. In this report, we define the transcriptional and functional

heterogeneity of prenatal PLZF$^+$ CD4$^+$ T cells and identify compartmentalization of Th-like

effector function across the small intestine (SI) and mesenteric lymph nodes (MLN). We find that

IL-7, which is more abundant in the SI relative to the MLN, drives the preferential expansion of

naïve PLZF$^+$ CD4$^+$ T cells via JAK/STAT and MEK/ERK signaling. Exposure to IL-7 induces a

subset of PLZF$^+$ CD4$^+$ T cells to acquire a memory-phenotype and rapid effector function,

identifying the human analogue of memory-phenotype CD4$^+$ T cells. Further, IL-7 modulates the

differentiation of Th1- and Th17-like PLZF$^+$ CD4$^+$ T cells, and thus likely contributes to the

anatomic compartmentalization of prenatal CD4$^+$ T cell effector function.

**Introduction**

Pregnancy is a critical period of early human immune development. Unlike mice,

humans are born with a complete set of immune cells, and T cells are evident in the periphery

by 12-14 weeks of gestation. Specifically, αβ and γδ T cells emerge simultaneously during

prenatal thymopoiesis, and along with regulatory T (Treg) cells, are evident at mucosal surfaces

by the second trimester of pregnancy (1–4). Thus, in humans, the critical early life window of

development in which the immune system is highly receptive to environmental instruction (5),

begins *in utero*.

Growing evidence supports the notion that prenatal T cells are a specialized population

adapted to the unique demands of the perinatal period (6). These include the need for tolerance

to self and maternal antigens *in utero* and a simultaneous requirement for the generation of a

protective immune compartment to face the multitude of environmental antigens encountered

after birth. Thus, the survival of a healthy newborn requires the concurrent generation of both

regulatory and protective T cells, adding a layer of complexity to the development of human

adaptive immunity.

The priming and differentiation of naïve T cells upon encounter with cognate antigen in

the context of MHC, co-stimulatory signals, and specific cytokine milieux results in the

generation of distinct T helper (Th) cell subsets with characteristic transcriptional and cytokine

production profiles (7). In addition to foreign-antigen specific memory Th cells, murine studies

have identified memory-phenotype $CD4^+$ T cells which arise in response to interactions with self-

peptide MHC in combination with homeostatic cytokines in the setting of lymphopenia-induced

proliferation (8,9). A recent study identified that early life $CD8^+$ T cells have a cell-intrinsic

propensity to become virtual-memory cells and constitute the early effector response to infection

in adulthood (10). Thus, the human *in utero* environment with limited yet impending exposure to

a multitude of foreign antigens after birth, and a peripheral compartment largely void of immune

cells, is ideally positioned for the generation of memory-phenotype cells to provide rapid

protection at mucosal surfaces. However, whether these cells are present in humans is not

clear.

The majority of T cells in mice and humans alike reside in lymphoid and mucosal

tissues, with a heterogeneous distribution of subsets and function across specific sites (11,12).

In the mature immune system, the anatomic location of T cells is critical to their differentiation

and function. It is likely that the developing prenatal immune system similarly integrates local

cues to induce the differentiation of cell types tailored to meet the needs of the tissue they

reside in. Naïve T cells predominate in most infant and pediatric tissues, yet memory-phenotype

$CD4^+$ T cells with rapid effector function are evident in the SI by the second trimester of

pregnancy (13–16). We recently demonstrated that the majority of these intestinal memory T

cells express the transcription factor promyelocytic leukemia zinc finger (PLZF), and though

present in lymphoid and non-lymphoid tissues, prenatal PLZF$^+$ CD4$^+$ T cells specifically

accumulated in the intestine and were superior producers of Th1 cytokines as compared to

PLZF$^-$ CD4$^+$ T cells (14). Moreover, PLZF$^+$ CD4$^+$ T cells were enriched in the cord blood of

infants exposed to prenatal inflammatory pathologies, underscoring the clinical relevance of

understanding the signals that drive the maturation and compartmentalization of these effector T

cells *in utero*.

To better understand how the prenatal environment shapes the developing human CD4$^+$

T cell compartment, we set out to identify the cues that drive T cell maturation and function

during normal development. We provide evidence of the functional heterogeneity and spatial

segregation of memory PLZF$^+$ CD4$^+$ T cells between the lamina propria of the SI and the

draining MLN, revealing a diversity of Th-like effector function that parallels that of conventional

CD4$^+$ T cells. We further define tissue-specific differences in homeostatic cytokines and identify

IL-7 as a critical driver in the distribution and functional maturation of prenatal effector PLZF$^+$

CD4$^+$ T cells, including the generation of memory-phenotype CD4$^+$ T cells in response to

lymphopenia-induced proliferation.

**Results**

**Prenatal PLZF$^+$ CD4$^+$ T cells are functionally heterogeneous and display spatially**

**compartmentalized effector function.**

We previously demonstrated that PLZF$^+$ CD4$^+$ T cells account for the majority of memory

T cells in the developing human SI (14). Moreover, PLZF$^+$ CD4$^+$ T cells were significantly more

likely to produce Th1 cytokines (IFN$\gamma$, TNF$\alpha$) than conventional memory CD4$^+$ T cells,

displaying a heightened effector potential and a transcriptional signature enriched for T cell

activation genes. To determine their range of effector function, we sort-purified intestinal PLZF$^+$

CD4$^+$ T cells as previously described (14) and analyzed their transcriptional response to

PMA/Ionomycin stimulation. In addition to Th1-associated transcripts such as *TNF*, *IFNG*, and

*XCL2*, stimulated PLZF$^+$ CD4$^+$ T cells also up-regulated transcription of a multitude of cytokines

not classically produced by a single T cell subset. These included *IL4* and *IL13*, as well as *IL22*

and *LIF* (Figure 1A), suggesting a potentially heterogeneous T cell population composed of

distinct effector subsets. To further characterize these effector subsets, we performed single cell

RNA sequencing on sort purified PLZF$^+$ CD4$^+$ T cell from 3 individual donors. Unbiased

clustering analysis divided 23,676 cells into 7 subsets represented in each donor and annotated

by distinct expression signatures (Figure 1B-E; Supplemental Figure 1A). A subset of Th1-like

cells with high expression of *XCL1*, *XCL2*, *CCL5*, *IFNG*, and *CXCR3*, as well as activation

(*CD38*, *CD44*, *4-1BB/TNFRSF9* and *NR4A2*) and cytotoxicity (*GZMA*, *GZMK*, and

*NCR3/NKp30*) markers was readily identified. In line with a Th1-like profile, pathway analysis

revealed enrichment of IL-12 signaling, T cell receptor (TCR) signaling, and Natural Killer cell

mediated cytotoxicity (Figure 1E and F). Transcripts associated with Th17 cells (*CCR6*, *RORC*,

*RORA*, *MAF*, and *IL23R*) marked a second subset with increased expression of IL-2, as well as

pathway enrichment for both IL-12 and TGFβ signaling. A Th2-like cluster of PLZF$^+$ CD4$^+$ T cells

was characterized by the lineage defining transcription factor *GATA3* and increased expression

of *IL32*, *IL16*, and *MIF*, as well as the TCR signaling regulators *CD5* and *CD6*. Proliferating cells

were identified based on higher expression of transcripts related to G1/S phase (*CDC45*, *PCNA*,

*TYMS*) or G2M phase (*CDK1*, *TOP2A*) (17), consistent with our previous identification of a large

proportion of proliferating memory T cells in the prenatal intestine (14). An interferon-stimulated

gene (ISG) signature defined another subset of PLZF$^+$ CD4$^+$ T cells, which included the higher

expression of *DDX58*, *OAS1*, *MX1*, *IFIT1*, *RSAD2*, and *ISG15*, and was specifically enriched for

Type I and Type II Interferon signaling. The ISG signature has been proposed to represent an

intermediate Th1 activation state (18) and has also been associated with bystander activation of

T cells (19), a defining feature of prenatal PLZF$^+$ CD4$^+$ T cells. Interestingly, cytokine signaling,

T cell activation, and T cell differentiation pathways were enriched among most subsets,

whereas TCR signaling was uniquely enriched in Th1-like cells. In stark contrast, Cluster 0

harbored only 22 differentially upregulated genes and was void of cytokine- and TCR- signaling

pathways and markers of lymphocyte activation and differentiation (Figure 1D-F), suggestive of

a resting or precursor cell state. Cluster 5, while lacking a distinct gene signature, displayed

transcriptional overlap with that of the Th-17 like subset, suggestive of an intermediate or

transitional state (Figure 1D and E). Lastly, expression of *TNF* and *LIF* transcripts was evident

across all PLZF$^+$ CD4$^+$ T cells without differential expression between subsets (Figure 1G).

These distinct transcriptional signatures suggest the presence of different effector branches of

prenatal PLZF$^+$ T cells that parallel conventional T helper subsets.

We next sought to confirm cytokine production from our predicted Th-like PLZF$^+$ CD4 T

cell subsets. We previously showed that PLZF$^+$ CD4$^+$ T cells responded to both TCR activation

and to bystander activation in response to cytokines. A role for antigen-independent activation

of CD8$^+$ T cells has been described in the setting of inflammatory and/or infectious pathologies,

yet less is known about bystander activation of human CD4$^+$ T cells (20–22). To assess the

prenatal Th-like effector program, we stimulated intestinal memory CD4$^+$ T cells, with

αCD3/CD28 monoclonal antibodies and/or a combination of cytokines known to elicit specific

Th-type bystander responses (23). Consistent with our previous findings (14), we observed

significantly higher frequencies of IFNγ-producing cells in response to bystander activation

among PLZF$^+$ CD4$^+$ CD45RO$^+$ T cells compared to their conventional (i.e., PLZF$^-$ CD4$^+$)

counterparts. Differences in IFNγ-production were also evident by anatomic compartment, with

significantly higher proportions of both CD4$^+$ memory T cells producing IFNγ in the SI as

compared to the MLN, whereas no differences were evident for TNFα (Figure 2A and B,

Supplemental Figure 2A). The proportion of IL-13 producing cells in the MLN was higher among

PLZF$^+$ than PLZF$^-$ CD4$^+$ CD45RO$^+$ T cells, whereas production of IL-4 was similar (Figure 2C-

E). Moreover, IL-4 production was mostly absent from the SI, suggesting Th2-like cells in the

developing intestine are primarily IL-13 producing cells with minimal capacity for IL-4 production.

Despite the presence of RORγt$^+$ PLZF$^+$ CD4$^+$ T cells in both the MLN and the SI (Supplemental

Figure 2B), IL-17 producing cells revealed the most striking segregation of effector function.

While the proportion of IL-17 producing cells was similar among memory CD4$^+$ T cells in the

MLN across activation conditions, these were essentially absent from the SI (Figure 2F and H).

On the other hand, production of IL-22 was significantly higher among memory CD4$^+$ T cells of

the SI as compared to the MLN and was elicited almost exclusively in response to bystander

activation. Further, IL-22 producing cells were significantly more abundant among PLZF$^+$ than

conventional CD4$^+$ memory T cells in the MLN (Figure 2G and H). These findings confirm the

presence of functional, cytokine-producing populations that correlate to populations predicted by

the transcriptional programs of distinct Th1-, Th2-, Th17-, and Th22-like populations of prenatal

PLZF$^+$ CD4$^+$ T cells and reveal a clear pattern of segregation of effector function between the

developing human MLN and SI.

**IL-7 and TGFβ reciprocally regulate the expansion of prenatal naïve PLZF$^+$ CD4$^+$ T cells**

Based on the intestinal accumulation of PLZF$^+$ CD4$^+$ T cells (14) and their enrichment for

cytokine signaling pathways (Figure 1F), we hypothesized that differences in cytokine levels

within tissues might contribute to their disparate distribution. While systemic levels of IL-7 are

elevated in the setting of lymphopenia (24), there are significantly higher levels of IL-7 and IL-15

in the prenatal SI as compared to the MLN, while IL-2 was largely undetectable (Figure 3A and

Supplemental Figure 3). To examine the influence of these cytokines on naïve CD4$^+$ T cells, we

opted to study the differentiation of prenatal mature CD4$^+$ TCRαβ$^+$ CD1α$^-$ single positive

thymocytes to exclude prior exposure to peripheral homeostatic signals. There was a significant

accumulation of PLZF$^+$ CD4$^+$ T cells in response to IL-7 stimulation in comparison to pre-

stimulation (d0) frequencies, an effect that was not evident in the presence of IL-2 or IL-15

(Figure 3B and C). We previously demonstrated that naïve PLZF^{+} CD4^{+} T cells have a 3-fold

higher rate of proliferation as compared to their conventional counterparts (14), and here we

show that the accumulation in response to IL-7 was driven by the enhanced proliferation of

PLZF^{+}- relative to that of PLZF^{-} naïve CD4^{+} T cells in a dose-dependent manner (Figure 3D and

E).

Murine studies identify a correlation between surface expression of CD5, a marker of

TCR signal strength on naïve CD4^{+} and CD8^{+} T cells, and the intensity of lymphopenia-induced

proliferation (25,26). We demonstrate here that naive PLZF^{+} CD4^{+} T cells expressed higher

levels of CD5 as compared to their PLZF^{-} counterparts (Figure 3F and G), suggesting that the

enhanced response to IL-7 was set during thymic selection (27). To confirm that the effects of

IL-7 were due to the expansion of a thymus-derived PLZF^{+} CD4^{+} T population, we sorted on

proxy surface markers to enrich and deplete the native population of naïve PLZF^{+} cells

(Supplemental Figure 4). This sorting strategy yielded significant differences in the proportion of

PLZF^{+} CD4^{+} T cells within the enriched vs depleted fractions which were maintained after 6

days of culture in IL-7 (Figure 3H and I). These data indicate that the accumulation of PLZF^{+}

CD4^{+} T cells in response to IL-7 is driven by the enhanced proliferation of a pre-existing

population of PLZF^{+} CD4^{+} thymocytes.

While intestinal accumulation of PLZF^{+} CD4^{+} T cells is associated with higher tissue

levels of IL-7, reported frequencies of FoxP3^{+} Treg cells are reciprocally increased in the

prenatal MLN (13,28) and correlate with elevated levels of TGF$\beta$ that contributes to their

generation (29). We thus postulated that TGF$\beta$ would inhibit the accumulation of PLZF^{+} CD4^{+} T

cells. Indeed, we found that TGF$\beta$ significantly dampened the accumulation of PLZF^{+} CD4^{+} T

cells in response to IL-7 by specifically inhibiting their proliferation relative to their

PLZF^{-} counterparts (Figure 3J-M). These data provide evidence that variation in steady state

cytokine levels likely contributes to the disparate distribution of PLZF$^+$ CD4$^+$ T cells in prenatal

tissues.

**Differences in IL7 signaling contribute to the preferential expansion of PLZF$^+$ CD4$^+$ T cells**

IL-7 is known to drive the homeostatic expansion of human naïve CD4$^+$ T cells during

early life lymphopenia (30), which led us to determine the basis for the expansion of naïve

PLZF$^+$ CD4$^+$ T cells relative to their PLZF$^-$ counterparts. The interaction between IL-7 and the IL-

7 receptor (IL-7R/CD127) activates JAK1 and JAK3/STAT5 signaling as well as STAT5-

independent signal transduction pathways including PI3K/AKT and MEK/ERK (31). Expression

of IL-7R was significantly more prevalent among PLZF$^+$ CD4$^+$ T cells, whereas expression of the

receptors for IL-2 and IL-15 did not differ from those of their PLZF$^-$ counterparts (Figure 4A and

B and Supplemental Figure 5A-F). Consistent with the pattern of cytokine receptor expression,

STAT5B phosphorylation (i.e., pSTAT5B) was induced at higher levels in paired naïve PLZF$^+$ as

compared to PLZF$^-$ CD4$^+$ T cells in response to IL-7, but not in response to IL-2 or IL-15 (Figure

4C-D, Supplemental Figure 5G-H). To assess the contribution of STAT5-dependent and -

independent signaling in the IL-7 driven expansion of human prenatal PLZF$^+$ CD4$^+$ T cells, we

treated naïve CD4$^+$ T cells exposed to IL-7 with a range of signaling inhibitors *in vitro.* As

expected, the accumulation of PLZF$^+$ CD4$^+$ T cells in response to IL-7 was almost entirely

dependent on JAK1 and JAK3 signaling. A similar dependency on STAT5 and STAT3 was also

evident in response to the combined inhibitor SH-4-54 and was surprisingly replicated by the

STAT3-specific small molecule inhibitor STAT3-in-1. We additionally observed significant PLZF$^+$

CD4$^+$ T cell sensitivity to the selective PI3K inhibitor GDC-0941/Pictilisib and the MEK/ERK

pathway inhibitor PD0325901 (Figure 4E). While all signaling inhibitors dampened expansion of

PLZF$^+$ CD4$^+$ T cells, these cells displayed selective inhibition to MEK/ERK signaling which had

no discernable effect on their PLZF$^-$ counterparts (Figure 4F and G). In addition, there was also

a significantly greater effect on the expansion of PLZF$^+$ compared to PLZF$^-$ CD4$^+$ T cells in

response to the combined STAT3/5 inhibitor. In sum, the increased frequency of IL7R

expression among PLZF$^+$ CD4$^+$ T cells correlates with higher levels of STAT5B phosphorylation,

and there is a selective sensitivity to MEK/ERK signaling in PLZF$^+$ CD4$^+$ T cells which may

additionally contribute to their enhanced proliferation in response to IL-7.

**Prenatal PLZF$^+$ CD4$^+$ T cells are MHC II-restricted and TCR signaling does not interfere**

**with IL-7 driven expansion**

239            IL-7 can function independently of, or synergize with, TCR signaling to promote

proliferation of naïve CD4$^+$ T cells (32). As prenatal PLZF$^+$ CD4$^+$ T cells share functional and

transcriptional attributes with both conventional and innate-like T cells (14), we next sought to

determine whether PLZF$^+$ CD4$^+$ T cell activation was mediated by recognition of MHC II. We

therefore examined the activation of SI memory PLZF$^+$ CD4$^+$ T cells in the presence or absence

of a blocking antibody for MHC class II-TCR interactions during short-term exposure to

allogeneic adult CD14$^+$ antigen presenting cells *ex vivo*. To quantify the allogeneic response, we

calculated the stimulation index, defined as the proportion of the PLZF$^+$ CD4$^+$ T cells that

upregulated expression of the activation molecule CD154 multiplied by the proportion of IFN$\gamma$-

producing cells (33). We found that the stimulation index of PLZF$^+$ CD4$^+$ T cells was significantly

reduced in the presence of a pan-MHC class II blocking antibody in comparison to isotype

control (Figure 5A and B). Thus, consistent with expression of a polyclonal TCR repertoire (14),

prenatal PLZF$^+$ CD4$^+$ T cells recognized antigen in the context of MHC class II, suggesting a

stronger similarity to conventional CD4$^+$ T cells than to innate-like T cells.

253            We next evaluated the influence of TCR activation on the expansion of PLZF$^+$ CD4$^+$ T

cells in response to IL-7. TCR activation via $\alpha$CD3/CD28 cross-linking did not affect their

preferential accumulation in the presence of IL-7 as compared to IL-2 (Fig. 5C, D), and this was

consistent across varying levels of $\alpha$CD3 stimulation (Fig. 5E). We excluded the possibility that

low-level TCR signaling from T cell-T cell interactions (34) might contribute to the IL-7 driven

accumulation of PLZF$^+$ CD4$^+$ T cells as this was unchanged in the presence of a pan-MHC class

II blocking antibody (Supplemental Figure 6A and B). Further, TCR engagement had no effect

on the ability of TGF$\beta$ to inhibit the IL-7 driven accumulation and proliferation of PLZF$^+$ CD4$^+$ T

cells (Fig. 5F-I). As prenatal naïve T cells are known to preferentially generate Treg cells we

also examined the effect of IL-7 on the differentiation of these (29). Whether naïve CD4$^+$ T cells

were activated in the absence of Th skewing conditions (Th0; IL-2 alone) or under Treg skewing

conditions (IL-2 + TGF$\beta$), addition of IL-7 significantly inhibited the generation of Treg cells (Fig.

5J-M). These data indicate that IL-7 and TGF$\beta$ may conversely contribute to the tissue-specific

accumulation of PLZF$^+$ CD4$^+$ T cells and Treg cells.

**Prenatal PLZF$^+$ CD4$^+$ T cells acquire a memory-phenotype independent of TCR signaling**

269           As long-term polyclonal stimulation of human naïve T cells *in vitro* results in the

generation of CD45RO$^+$ memory cells (35), we next analyzed induction of a memory phenotype

in PLZF$^+$ CD4$^+$ T cells exposed to IL-7 in the presence of varying levels of $\alpha$CD3/CD28

stimulation.  A small proportion of CD45RO$^+$ cells emerged at higher levels of prolonged

polyclonal stimulation among conventional CD4$^+$ T cells, and the frequencies of memory-

phenotype cells were significantly higher among PLZF$^+$ CD4$^+$ T cells across all conditions

(Figure 6A and B). Moreover, expression of CD45RO was induced among PLZF$^+$ T cells

exposed to IL-7 alone and was unaffected by blockade of MHC-TCR interactions (Figure 6B,

Supplemental Figure 7A). To determine whether expression of CD45RO corresponded with the

potential for cytokine production, we next stimulated CD4$^+$ T cells with PMA/Ionomycin after 12

days of culture in the presence of IL-7 and increasing levels of TCR activation. While the

potential for TNF$\alpha$ production was high among all subsets of prenatal CD4$^+$ T cells, the

proportion of TNF$\alpha^+$ cells was consistently higher in PLZF$^+$ as compared to PLZF$^-$ CD4$^+$ T cells

and did not differ across levels of $\alpha$CD3 activation (Figure 6C and D). Conversely, IFN$\gamma$

production was nearly absent from PLZF$^-$ CD4$^+$ T cells, while the proportion of IFN$\gamma^+$ PLZF$^+$ T

cells was inversely related to the dose of $\alpha$CD3 stimulation (Figure 6C and E). These data

indicate that a subset of prenatal PLZF$^+$ CD4$^+$ T cells acquire a memory-like phenotype and

potential for IFN$\gamma$ production in the absence of TCR stimulation, akin to memory-phenotype

murine CD4$^+$ T cells.

**IL-7 modulates effector function of prenatal PLZF$^+$ CD4$^+$ T cells**

We next asked whether memory-like PLZF$^+$ CD4$^+$ T cells generated in response to IL-7

alone, or in combination with TCR signaling, could produce cytokines in response to antigen

receptor-mediated or bystander activation. To ensure sufficient cell numbers for functional

interrogation, we first cultured naïve CD4$^+$ T cells in IL-7 for 6 days to promote expansion of

PLZF$^+$ CD4$^+$ T cells and subsequently differentiated them in the presence of $\alpha$CD3/CD28 and

various combinations of cytokines (Supplemental Figure 8A). A subset of PLZF$^+$ CD4$^+$ T cells

produced IFN$\gamma$ in response to both TCR- and cytokine-mediated activation after prolonged

culture in IL-7 alone, as well as TNF$\alpha$ in response to TCR activation, while cytokine production

was mostly absent from PLZF$^-$ CD4$^+$ T cells (Figure 7A, Supplemental Figure 8B). Interestingly,

differentiation of naïve CD4$^+$ T cells in the absence of lineage skewing conditions (Th0) did not

generate IFN$\gamma$-producing cells in response to TCR-mediated activation yet resulted in

significantly higher proportions of PLZF$^+$ CD4$^+$ T cells capable of IFN$\gamma$ production in response to

bystander activation as compared to their PLZF$^-$ counterparts (Figure 7B). Moreover, the

proportion of bystander-responsive PLZF$^+$ CD4$^+$ T cells was further enhanced by addition of IL-

7, whereas TNF$\alpha$ production was unaffected (Figure 7B, Supplemental Figure 8C). Whole

tissue levels of IL-12p70, the bioactive form of IL-12 required for Th1 differentiation, were

comparable between the SI and the MLN, indicating that low-level, homeostatic production

could contribute to the generation of these effector T cells (Supplemental Figure 8D). Though

Th1 differentiation induced the generation of TCR-responsive, IFN$\gamma$- and TNF$\alpha$-producing CD4$^+$

T cells, the proportion of these was consistently higher among PLZF$^+$ CD4$^+$ T cells. Further,

addition of IL-7 to Th1 differentiation conditions specifically enhanced the proportion of IFN$\gamma$-

producing PLZF$^+$ CD4$^+$ T cells in response to both TCR-mediated and bystander activation yet

had no effect on their PLZF$^-$ counterparts (Figure 7C and D, Supplemental Figure 8E).

Despite the observed compartmentalization of IL-17 producing CD4$^+$ T cells to the MLN

(Figure 2F), tissue levels IL-1$\beta$ and IL-23 required for human Th17 differentiation were

significantly higher in the SI (Supplemental Figure 8F). Naive CD4$^+$ T cells differentiated in the

presence of IL-1$\beta$ and IL-23 induced the capacity for IL-17 production almost entirely within the

PLZF$^+$ subset, and the proportion of these was unaffected by addition of IL-6, or IL-6 plus TGF$\beta$

(Supplemental Figure 8G). However, addition of IL-7 to Th17 differentiation conditions

significantly dampened the potential for IL-17 production among PLZF$^+$ CD4$^+$ T cells (Figure 7E,

F). Together, these data reveal a role for IL-7 in modulating effector maturation of prenatal

PLZF$^+$ CD4$^+$ T cells, where IL-7 reciprocally enhances production of IFN$\gamma$ and inhibits the

potential for IL-17 production. This divergent maturation in response to IL-7 is likely a

contributing factor to the observed compartmentalization of prenatal CD4$^+$ T cell effector

function between the prenatal SI and the MLN.

**Discussion**

This study provides evidence of the emergence of human protective adaptive immunity

with anatomically compartmentalized effector function during the second trimester of human

gestation that parallels conventional Th1, Th2, Th17, and Th22 cells. Through transcriptional

analysis, protein validation, and *in-vitro* culture of primary human cells we identified a critical

role for IL-7 in the tissue-specific accumulation and effector maturation of human prenatal

PLZF$^+$ CD4$^+$ T cells that likely contributes to their intestinal segregation. These results build on

the current shift in our understanding of human prenatal immunity from one of functional

immaturity to that of a specialized adaptation to meet the demand for prenatal tolerance and

concurrently provide rapid postnatal protection.

Layering, or progressive transitions in the developmental origin, of CD4$^+$ T cells is

thought to underlie the preferential generation of Treg cells upon antigen-mediated activation of

prenatal naïve T cells in the periphery (29). Our previous work extended our understanding of

prenatal adaptive immunity to include human PLZF$^+$ CD4$^+$ T cells with rapid Th1-like effector

function that were absent from the adult (14). Evidence of specialized early life adaptive

immunity is well established in mice, in which neonatal CD8$^+$ T cells preferentially develop into

virtual-memory T cells with innate immune functions and play a role in the early response to

infection (10). Less is known about the origin and function of memory-phenotype CD4$^+$ T cells,

which are thought to exist in humans but have been mostly studied in mice.

In the setting of physiologic early life lymphopenia, the peripheral T cell pool is driven by

thymic output and rapid expansion of naïve T cells in an environment with high levels of

homeostatic cytokines (36–38). A central role for IL-7 has been identified in the homeostatic

proliferation and survival of murine and human naïve CD4$^+$ T cells (30,39). Moreover,

lymphopenia induced proliferation in neonatal mice resulted in the generation of memory

phenotype CD4$^+$ T cells with rapid effector function (9). Subsequent studies demonstrated that

the rapid proliferation of memory-phenotype CD4$^+$ T cells in young mice was driven by IL-7 (40).

Systemic levels of IL-7 are increased in lymphopenic hosts (24), with the highest levels reported

in lymphoid organs such as the thymus and lymph nodes (41). It is thus notable that we

detected significantly higher levels of IL-7 protein in the human prenatal intestine as compared

to the draining lymph nodes, which mirrors the preferential accumulation of memory PLZF$^+$

CD4$^+$ T cells with enhanced Th1-like effector function in the intestine. Our data provide evidence

for the IL-7 driven proliferation, and the acquisition of memory-phenotype and innate function

among a subset of thymic-imprinted, naïve PLZF^{+} CD4^{+} T cells, and identify the human

analogue of early life memory-phenotype CD4^{+} T cells.

In mice, the generation of memory-phenotype CD4^{+} T cells is dependent on tonic, low-

level signaling from TCR-MHC class II interactions and thought to be driven primarily in

response to self-antigens (8). Self-reactivity is evident among human prenatal CD4^{+} T cells

(29), and we and others have also demonstrated that prenatal intestinal CD4^{+} T cells responded

to microbial antigens (42,43). Although blocking TCR-MHC class II interactions in the short term

did not influence the proliferation or the acquisition of memory-phenotype of PLZF^{+} CD4^{+} T cells

*in vitro*, it is possible that TCR signals are required for their long-term survival *in vivo* (44).

Future work will determine whether IL-7-expanded and *ex-vivo* isolated prenatal T cells are

responsive to self- and/or foreign antigens.

T cell activation in response to cognate antigen remains one of the hallmark features of

adaptive immunity. In the setting of early life, recognition of danger signals through antigen-

independent activation may serve a rapid protective function at barrier surfaces. Similar to

virtual memory CD8^{+} T cells, memory-phenotype CD4^{+} T cells have been reported to provide

early protection against pathogens (8,45), suggesting a vital role in the setting of early life

immunity. In stark contrast to the mucosal predominance of Th17 cells in mice (46) and human

adults (47), prenatal IL-17 producing CD4^{+} T cells segregated to the MLN and were absent from

the SI, which instead contained higher frequencies of IL-22 producing cells. The anatomic

segregation of steady state prenatal IL-17- and IL-22-producing CD4^{+} T cells to the MLN and SI

respectively may serve to limit *in utero* inflammation upon encounter with swallowed luminal

antigens or inflammatory mediators while promoting the development and maintenance of

epithelial barrier function (48). Production of IL-22 among CD4^{+} T cells was elicited almost

exclusively to bystander activation, which suggests a memory-phenotype origin, and more work

is needed to identify the cues that drive their effector maturation.

The heterogeneity and spatial segregation of effector function posits that PLZF$^+$ CD4$^+$ T

cells are composed of a combination of lymphopenia-induced, memory-phenotype cells as well

as antigen-experienced memory T cells. Though PLZF expression is imprinted during thymic

development, neither mature CD4 thymocytes nor naïve peripheral CD4 T cells were capable of

IFN$\gamma$ production, indicating that unlike MAIT or NKT cells, additional steps were required for

effector maturation (14). We show that PLZF$^+$ CD4$^+$ T cells recognize antigen in the context of

MHC class II, which coupled with a polyclonal TCR repertoire (14), indicates significant overlap

with conventional CD4$^+$ T cells, including the presence of distinct Th-like subsets. Migratory

antigen presenting cells capable of sensing pathogen and stimulating T cells are evident by the

second trimester of gestation (49), and antigen-specific immunity to prenatal pathogen exposure

is well documented (50), indicating that Th-differentiation is likely occurring *in utero*. We

detected low yet consistent levels of Th-skewing cytokines within the prenatal intestine, which

consistently elicited a more robust effector response from PLZF$^+$ CD4$^+$ T cells *in vitro*. Moreover,

our data identify a role for IL-7 in the modulation of Th1- and Th17-like differentiation among

PLZF$^+$ CD4$^+$ T cells and provide a plausible mechanism for the tissue-specific segregation of

prenatal effector function.

Beyond extending our understanding of human immune ontogeny, an improved

understanding of the composition, spatial distribution, and functional responses of prenatal T

cells is foundational to the development of early life immunomodulatory interventions with

potentially lifelong consequences on immune health.

Methods

**Cell Isolation**

PBMCs from adult blood were isolated by Ficoll-Histopaque (Sigma-Aldrich) gradient

centrifugation and cryopreserved in freezing medium (90% FBS + 10% DMSO; ATCC) for batch

analysis. Prenatal organs were processed within 2 hours of collection as previously described

(14). Briefly, the MLN and SI were dissected, washed, and cut into 1 cm fragments. Mucus from

the SI was removed by DTT washes, and the SI epithelial layer was removed by EDTA washes.

The MLN and SI were digested in collagenase IV (Life Technologies) and DNase (Roche),

filtered, and lymphocytes isolated by 20/40/80 Percoll (GE Healthcare) gradient centrifugation.

Intestinal CD4 T cells were isolated by negative selection using the EasySep Human CD4 T Cell

Isolation Kit (STEMCELL Technologies). Thymocyte single cell suspensions were obtained by

pressing minced tissue though a 70µm strainer. Mature CD4 single positive (SP) thymocytes

were negatively enriched using the EasySep Biotin Positive Selection Kit for depletion

(STEMCELL Technologies) as previously described (51). Viability was measured with Trypan

Blue (Sigma Aldrich).

**Antibodies and Flow Cytometry**

Cells were incubated in 2% FCS in PBS with 1 mM EDTA with human Fc block (STEMCELL

Technologies) and stained with Aqua LIVE/DEAD Fixable Dead Cell Stain Kit (Invitrogen) and

fluorochrome-conjugated antibodies against surface markers. Intracellular protein and cytokine

staining was performed using the Foxp3/Transcription Factor Staining Buffer Set (Tonbo

Biosciences). Mouse and rat anti-human monoclonal antibodies (mAbs) used in this study

included:  IFN$\gamma$ FITC (clone 25723.11, BD Biosciences, cat# 340449), TCR$\alpha\beta$ Percp 710 (clone

IP26, Invitrogen, cat# 46-9986-42), TCR$\gamma\delta$ Pe-CF594 (clone B1, BD Biosciences, cat# 562511),

CD45RA PE-Cy7 (clone HI100, BD Biosciences, cat# 560675), CD4 APC-H7 (clone L200, BD

Biosciences, cat# 560837), PLZF APC (clone 6318100, R&D, cat# IC2944A), TCR Va7.2

BV605 (clone 3C10, BioLegend, cat# 351720), CD45RO BV650 (clone UCHL1, BioLegend,

cat# 304232), TNF$\alpha$ BV711 (clone MAb11, BioLegend, cat# 502940), CD161 BV785 (clone HP-

3G10, BioLegend, cat# 339930), CD45 BUV395 (clone HI30, BD Biosciences, cat# 563792),

CD3 BUV737 (clone UCHT1, BD Biosciences, cat# 612750), CD8 APC-R700 (clone RPA-T8,

BD Biosciences, cat# 565166), IL22 FITC (clone 22URT1, Invitrogen, cat# 11-7229-42), IFNg

BV421 (clone 4S.B3, BD Biosciences, cat# 564791), IL2 BV711 (clone 5344.111, BD

Biosciences, cat# 563946), IL17A BV421 (clone BL168, BioLegend, cat# 512322), IFN$\gamma$ BV711

(clone 4S.B3, BioLegend, cat# 502539), IL13 PE (clone JES10-5A2, BioLegend, cat# 501903),

IL4 BV421 (clone MP4-25D2, BioLegend, cat# 500826), V$\alpha$7.2 Biotin (clone 3C10, BioLegend,

cat# 351724), V$\alpha$2.4 Biotin (clone 6B11, Invitrogen, cat# 13-5806-82), Streptavidin APC-R700

(BD Biosciences, cat# 565144), CD154 PE (clone TRAP1, BD Biosciences, cat# 555700),

TNF$\alpha$ PECy7 (clone MAb11, BD Biosciences, cat# 557647), CTV BV421 (Thermo Fisher, cat#

C34571), IFN$\gamma$ BV605 (clone 4S.B3, BioLegend, cat# 502536), CD8 BV711 (clone RPA-T8, BD

Biosciences, cat# 563677), CD215 BV421 (clone JM7A4, BD Biosciences, cat# 747704),

CD127 BV786 (clone HIL-7R-M21, BD Biosciences, cat# 563324), CD25 FITC (clone M-A251,

BioLegend, cat# 356106), CD8 FITC (clone RPA-T8, BioLegend, cat# 301050), CD161 BV711

(clone DX12, BD Biosciences, cat# 563865), FOXP3 PE (clone PCH101, Invitrogen, cat# 12-

4776-41), PD-1 BV605 (clone EH12.2H7, BioLegend, cat# 329924), CD8 PeCY7 (clone RPA-

T8, BD Biosciences, cat# 557746), Streptavidin BV605 (BioLegend, cat# 405229), CCR7

BV421 (clone G043H7, BioLegend, cat# 353208), CD4 APC-Cy7 (clone RPA-T4, BioLegend,

cat# 300517), Aqua LD (Invitrogen, cat# L34957).

For phosphoflow staining, 1M CD4$^+$ SP thymocytes were stimulated with IL-7 at 5ng/mL for 30

minutes at room temperature. The reaction was stopped by adding Fix/Perm and subsequently

stained for pSTAT5B (pY694, BD Biosciences) in a 96-well plate using the Foxp3/Transcription

Factor Staining Buffer Set. All data were acquired with an LSR/Fortessa Dual SORP flow

cytometer (BD Biosciences) and analyzed with FlowJo V10.0.8 (TreeStar) software. Expansion

Index was calculated using FlowJo software according to the formula: expansion index= (1-

PF)/(1-Dil), where PF=fraction of the original population dividing at leads once during the culture

period and Dil=percentage of cells in the final population that have divided.

**Bulk RNA seq**

T cells were isolated as described above from the intestine of 3 individual samples and PLZF$^+$

CD4$^+$ TCR-$\beta^+$ T cells were sorted on proxy surface markers using FACSAria2 SORP (BD

Biosciences) as previously described (14). Half the sorted cells were stimulated with 50 ng/ml

PMA (Santa Cruz Biotechnology Inc.) and 5µg/ml Ionomycin (Sigma-Aldrich) for 3 hours at 37°C

in 4% O2, the remaining cells were left unstimulated. RNA was extracted and purified with the

Dynabeads mRNA DIRECT Purification Kit (Thermo Fisher Scientific). mRNA libraries were

constructed using the Nugen/Nextera XT Library Prep Kit (Illumina), and 3 samples (3 donors)

were sequenced on an Illumina HiSeq 4000 by the Functional Genomics Core Facility at UCSF.

The reads from the Illumina HiSeq sequencer in fastq format were verified for quality control

using the fastqc software package. Reads were aligned to the human genome (hg38) and read

counts aggregated by gene using the Ensembl GRCh38.78 annotation using STAR (52). The

transcriptome of unstimulated prenatal PLZF$^+$ CD4$^+$ T cells used for comparison was previously

published (14). Differential gene expression analysis was performed on all genes with at least

10 reads with the DESeq2, version 1.16.1 (53). Volcano plots were created with ggplot2

depicting DE genes (log2 fold change > 0.5, FDR ≤ 0.05).

**Single Cell RNA-seq**

Single, live PLZF$^+$CD4$^+$ TCR$\alpha\beta^+$ T cells from the SI were sorted on proxy markers as previously

described (14). Post-sort purity was > 87% as determined by intracellular staining for PLZF.

Single cells were captured by droplet-based microfluidics, lysed and sequencing libraries

prepared in a single bulk reaction following the 10X Genomics protocol,

and transcripts were sequenced using a HiSeq4000 System (Illumina). FASTQ files from each

multiplexed capture library were mapped to a custom reference containing GRCh19 using the

cellranger (v2.0.0) (10X Genomics) count function. After demultiplexing cells into samples,

Seurat (v3.1.5) was used to perform quality control filtering of cells. Cells were retained if they a)

contained ≥500 reads, b) ≤5% reads coming from mitochondrial genes, and c) called a singlet

by Demuxlet, leaving 23,676 cells for downstream analysis. Data was log normalized then

principal components analysis was run on variable features selected by the

FindVariableFeatures function after scaling with regression of percent mitochondrial and

nReads per cell.  UMAP and Louvain clustering were performed with Seurat defaults and

resolution 0.3. Differential gene expression between subsets of PLZF$^+$ CD4$^+$ T cells was

performed using FindAllMarkers with Seurat's MAST implementation (54). Genes were deemed

significantly different if an FDR < 0.05, an average fold change > 1.2, and the gene was

detected in >5% of cells in either comparison group. Visualizations were created with dittoSeq

(v1.6.0) (55). Gene set analyses were performed using Metascape (56) with visualizations

created in R with ggplot2.

**CD4 T cell Stimulation assays**

Single cell suspensions of isolated CD4 T cells from the SI and MLN were cultured in a 96-well

U-bottom plate in complete RPMI (cRPMI) supplemented with 10% FBS, 10 mM HEPES, 2 mM

L-glutamine, and 1X nonessential amino acids and stimulated with plate-bound $\alpha$CD3 mAb

(clone HIT3a, BioLegend, cat#300313) at 1 μg/mL and soluble $\alpha$CD28 mAb (CD28.2,

Invitrogen, cat#MA1-20792) at 2 μg/mL, and/or cells were activated with recombinant human IL-

12  and IL-18 (R&D Systems), or IL-2  and IL-33, and/or IL1$\beta$ and IL-23 for 16–20 hours at 37°C

in 4% O2, and Brefeldin A was added for the last 4 hours. All cytokines used at 50ng/mL and

from Peprotech unless otherwise specified. After stimulation, cells were stained for intracellular

cytokine production as described above. For allogeneic stimulation of prenatal CD4 T cells,

adult, unrelated CD14$^+$ cells were isolated from PBMCs with the CD14 Positive Selection Kit II

(STEMCELL Technologies), plated in a 96-well plate at a density of 0.5M CD14$^+$ cells/well and

allowed to adhere. Non-adherent cells were removed after 30min and adherent cells were

incubated with αMHC DP-DQ-DR mAb (BioLegend, clone Tü39) or isotype control (IgG2a,

clone MOPC-173, BioLegend) at 10ug/mL for 30 minutes at 37 C. SI CD4$^+$ T cells isolated and

enriched as above, and stained with Cell Trace Violet (CTV; Invitrogen) to differentiate these

from residual adult T cells and co-cultured at a 4:1 (T:APC) cell ratio for 16 hours, with Brefeldin

A added in the last 4 hours. Cells were stained for intracellular CD154, and cytokine production

as described above.

**Naïve CD4 T cell expansion, maturation, and differentiation assays**

Mature CD4 single positive (SP) thymocytes were isolated as above and served as the source

of naïve CD4 T cells. Cells were cultured with IL-7 (5 ng/mL), IL-2 (10 ng/mL), or IL-15 (10

ng/mL) for 7 days with media changes every 2-3 days. Cells were kept at 37C and 4% O$_2$ for the

duration of the stimulation. In some cases, IL-7 doses were titrated as indicated, and/or TGFβ

(10ng/mL) was added for the duration of culture. TCR stimulation was provided by plate-bound

αCD3 (clone HIT3a, BioLegend, cat#300313) at 1µg/mL unless otherwise specified, and soluble

αCD28 (clone CD28.2, BD, cat#555725) at 2µg/mL. For naïve T cell maturation and

differentiation assays, cells were washed and moved to a new 96-well plate at day 5-6, rested

for 24hrs in the absence of cytokines, and either matured further with IL-7 (5ng/mL) and/or IL-2

(10ng/mL) in the presence or absence of TCR stimulation as described above or under Th-

skewing conditions for an additional 7 days. Cells were differentiated in the presence of TCR

stimulation and IL-2 (10ng/mL) for Th0, with the addition of IL-12 (2.5ng/mL) for Th1, and the

addition of IL-1b (10ng/mL) and IL-23 (10ng/mL) for Th17, in the presence or absence of IL-7

(5ng/mL).  For Th17 differentiation, cells were cultured in IMDM + 10% FBS with 1X non-

essential amino acids, 2mM L-glutamine, 10mM HEPES, and Penicillin/Streptomycin. At day 14

of culture, cells were washed, replated, and rested for 24 hours as above, and re-stimulated

with plate-bound $\alpha$CD3 (1µg/mL) and soluble $\alpha$CD28 (2µg/mL) or rhIL-12and rhIL-18 (50ng/mL)

for 24 hours. Where indicated, cells were re-stimulated with Phorbol 12-myristate 13-acetate

(PMA) and Ionomycin for 4 hours. Brefeldin A was added for the last 4 hours of each

stimulation.

**Chemical Inhibition**

Cells were labelled with CTV to track cell proliferation and cultured with IL-7 (10ng/mL) in the

presence or absence of chemical inhibitors at 37C in 4%O2 and 5%CO2. Chemical inhibitors

from Selleck Chemicals included 5µM SH-4-54 (cat#S7337), 500nM PD0325901 (StemRD,

cat#PD-010), 1uM Pictilisib/GDC-0941 (cat#S1065), 5uM Stat3-in-1 (cat#S0818), 50µM JANEX-

1 (cat#S5903), and 10µM Solcitinib (cat#S5917). DMSO vehicle control was used at 1µg/mL

and 10µg/mL.

**Protein Extraction and Cytokine Level Quantification from Solid Tissue**

Sections of tissue (~10mg) were taken from the SI lamina propria and MLN and placed in chilled

Lysis Buffer (1µL/mL Protease inhibitor, 3µL/mL 500mM PMSF in RIPA Buffer). Tissue was

disrupted by mixing 20x with a 1mL pipette tip cut to a 2mm opening then vortexed for 15

seconds. Tubes were shaken at 4C for 20 minutes at 300rpm and then the entire process was

repeated. Tissue was centrifuged at 14,000 rpm for 10 minutes at 4C and supernatant was

collected. Tissue IL-7 and IL-15 concentrations were measured via Cytokine Bead Array using

the Human Hematopoietic Stem Cell Panel Kit (LEGENDplex). IL-12p70, IL-18, IL-1b, and IL-23

concentrations were measured using the Human Inflammation Panel 1 Kit (LEGENDplex).

**Statistics**

Data were analyzed using Wilcoxon's test for paired nonparametric data, and one-way Anova

with post-hoc Tukey HSD test for comparison of 3 or more groups. Box plot upper and lower

hinges represent the first and third quartiles, the center line indicates the median, and the

whiskers extends from the hinge to the highest and lowest value no further than 1.5 * (inter-

quartile range) from the hinge unless otherwise stated.

**Study Approval**

PBMCs we isolated from Trima residues from Trima Apheresis collection kits and were obtained

from healthy donors after written informed consent at the Blood Centers of the Pacific. Human

prenatal tissues (16 to 22 weeks gestational age) were obtained from terminations of pregnancy

after maternal written informed consent with approval from and under the guidelines of the

UCSF Research Protection program. Samples were excluded in the cases of known maternal

infection, intrauterine prenatal demise, and/or known or suspected chromosomal abnormality.

**Author Contributions**

VL and JH designed research studies. VL, SP, SM, and JH conducted experiments. VL, SP,

SM, JH acquired data. VL, SP, DB, GF, and JH analyzed data. VL and JH wrote the

manuscript. TB and JH provided material.

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**Figures**

**Figure 1. Prenatal PLZF⁺ CD4⁺ T cells in the small intestine are a heterogeneous**
**population.**
(A) Volcano plot of differentially expressed (DE) genes (log2 fold change > 1, FDR ≤ 0.05) from
bulk RNA-seq in stimulated (PMA/ionomycin) versus unstimulated small intestine (SI) PLZF⁺
CD4⁺ T cells identifies enriched (orange) versus diminished (blue) transcripts in stimulated cells.

Select cytokines are labeled. (B) UMAP plot of unsupervised (Louvain) clustering of scRNA-seq
transcriptional profile of 23,676 sort-purified, PLZF$^+$ Vα7.2$^-$ CD4$^+$ TCRαβ$^+$ T cells from the SI of 3
donors, each cluster surrounded by a median centered ellipse and (C) the proportion of cells
from each donor in each cluster. (D) Heat map of unsupervised hierarchical clustering of DE
genes and (E) dot plot of selected DE genes within each identified cluster of PLZF$^+$CD4$^+$ T cells.
(F) Selected GO terms, Reactome Gene Sets, and KEGG pathways from Metascape analysis of
cluster-specific DE gene lists. Downregulated pathways are indicated with negative number of
genes and outliers indicated with text overlay. G) UMAP plots of *LIF* and *TNF* expression
among SI PLZF$^+$CD4$^+$ T cells.

**Figure 2: Prenatal PLZF⁺ CD4⁺ T cells display spatially compartmentalized effector**
**function.**
Quantification (A, C, D, F, G) and representative flow plots (B, E, H) of indicated intracellular
cytokine staining after stimulation among PLZF⁻ (grey) and PLZF⁺(orange) CD45RO⁺ CD4⁺ T
cells isolated from the small intestine (SI) and mesenteric lymph node (MLN). Cells were
stimulated as indicated for 16 hours, and Brefeldin A added in the last 4 hours. Flow plots
indicate intracellular cytokine staining following stimulation with IL-12 + IL-18 (B), αCD3/CD28
monoclonal antibodies (mAbs) + IL-33 + IL-2 (D), and IL-23 + IL-1β + IL-12 + IL-18 (H). Circles
represent individual donors. Paired ANOVA with Tukey multiple comparison test (A, C, D, F, G)
*p < 0.05, **p < 0.01, ***p<0.001 ****p < 0.0001. Large dots used for improved visualization of
small cell numbers. Numbers in flow cytometry plots represent means of frequencies of gated
populations ± SD.

**Figure 3**. **IL-7 and TGFb reciprocally regulate the expansion of prenatal PLZF⁺ CD4⁺ naïve**
**T cells.**
(A) Quantification of whole tissue concentrations of IL-7 and IL-15 measured by cytokine bead
array. (B) Representative flow cytometry plots and (C) frequencies of PLZF⁺ CD4⁺ T cells
derived from naïve CD4⁺ T cells before initiation of culture (d0) and after 6 days of culture with
IL-2, IL-7, or IL-15 (10ng/mL). (D) Representative histograms of Cell Trace Violet (CTV) dilution,

and (E) expansion indices of PLZF$^+$ and PLZF$^-$ CD4$^+$ T cells cultured for 6 days as indicated. (F)
Representative histogram and (G) MFI of CD5 expression on PLZF$^+$- or PLZF$^-$-naïve CD4$^+$ T
cells. (H) Representative post-sort flow plots and (I) quantification of naïve PLZF$^+$ CD4$^+$ T cells
before initiation of culture (d0) and after 6 days of culture with 10ng/mL IL-7. (J) Representative
flow plots and (K) proportion of PLZF$^+$ CD4$^+$ T cells after 6 days of culture with IL-7 +/- TGFb.
(L) Representative histograms of CTV dilution and (M) expansion indices of PLZF$^+$ and PLZF$^-$
CD4$^+$ T cells cultured for 6 days in the presence of IL-7 +/- TGFb (10ng/mL). Circles represent
individual donors. Wilcoxon Signed Rank Test (A, G, K, M) and Paired ANOVA with Tukey's
multiple comparison test (C, E, I) *p < 0.05, **p < 0.01, ***p<0.001 ****p < 0.0001. Numbers in
flow cytometry plots represent means of frequencies of gated populations ± SD.
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**Figure 4**. **Differences in IL7 signaling contribute to the preferential expansion of**
**PLZF$^+$ CD4$^+$ T cells.**
(A) Representative histograms and (B) frequencies of IL7R expression within indicated
populations of naïve CD4$^+$ T cells. (C) Representative histograms and (D) Normalized
MFI of phosphorylated STAT5B (pSTAT5B) among subsets of naïve CD4$^+$ T cells after
30 minutes of stimulation with IL-7. (E) Relative proportions of PLZF$^+$ CD4$^+$ T cells
normalized to DMSO control after 6-days of stimulation with IL-7 in the presence of
indicated signaling inhibitors. Inhibitors used: PD0 (PD0325901, MEK), PIC (Pictilisib,
PI3K$\alpha/\delta$), SH (SH-4-54, STAT3 and STAT5), S3 (STAT3-IN-1, STAT3), J1 (JANEX-1,
JAK3), Sol (Solcitinib, JAK1). (F) Representative histograms of CTV dilution after
treatment of naïve CD4$^+$ T cells with IL-7 and PD0, and (G) relative increase or
decrease in expansion indices among indicated subsets of CD4$^+$ T cells after 6 days of
stimulation with IL-7 in the presence of indicated signaling inhibitors relative to IL-7 +
DMSO control. Circles represent individual donors. Wilcoxon Signed Rank Test (B, D)
and Paired ANOVA with Tukey's multiple comparison test (C, E) *p < 0.05, **p < 0.01,

**Figure 5. IL-7 and TGFβ sustain reciprocal regulation of MHC Class II restricted PLZF$^+$ CD4$^+$ naïve T cells in the presence of TCR signaling.**

(A) Representative flow plots of intracellular CD40L/CD154 expression among SI PLZF$^+$CD4$^+$ T cells (top) and IFNγ production among CD154$^+$PLZF$^+$CD4$^+$ T cells (bottom) co-cultured with allogeneic adult CD14$^+$ antigen presenting cells in the presence of a pan MHC-II blocking antibody (αHLA DR-DP-DQ) or isotype control. (B) Stimulation index, calculated as the percent of CD154$^+$ IFN$\gamma^+$ within PLZF$^+$ T cells population after 16 hours of co-culture with enriched allogeneic adult CD14$^+$ antigen presenting cells in the presence of a pan MHC II blocking antibody (αHLA DR-DP-DQ) or isotype control (IgG$_2$). (C) Representative flow plots and (D) frequencies of PLZF$^+$ CD4$^+$ T cells derived from naïve CD4$^+$ T cells stimulated with αCD3/CD28 in the presence of IL-2 or IL-7 for 6 days. (E) Proportions of PLZF$^+$-CD4$^+$ T cells stimulated with indicated concentrations of αCD3/CD28 in the presence of IL-7 for 12 days. (F) Representative flow plots and (G) proportions of PLZF$^+$ CD4$^+$ T cells after 6 days of stimulation with αCD3/CD28 in the presence of IL-7 +/- TGFβ. (H) Representative histograms of CTV dilution, and (I) Expansion indices of PLZF$^+$ among indicated CD4$^+$T cells after 6 days of stimulation with αCD3/CD28 in the presence of IL-7 +/- TGFβ. (J, L) Representative flow plots and (K, M) frequencies of CD25$^{hi}$ FoxP3$^+$ CD4$^+$ T cells after 6 days of αCD3/CD28 stimulation in the

presence of indicated cytokines. Circles represent individual donors. Wilcoxon Signed Rank
Test (B, D, I, K, M) and Paired ANOVA with Tukey's multiple comparison test (E) *p < 0.05, **p
< 0.01, ***p<0.001 ****p < 0.0001. Numbers in flow cytometry plots represent means of
frequencies of gated populations ± SD.

**Figure 6**. **IL-7 alone promotes memory phenotype acquisition in PLZF⁺CD4⁺ T cells.**
(A) Representative flow plots and (B) frequencies of CD45RO⁺ cells among PLZF⁺ and PLZF⁻
CD4⁺T cells after 12 days of culture with IL-7 and indicated αCD3/CD28 concentrations. (C)
Representative flow plots of intracellular cytokine staining and (D, E) frequencies of (D) TNFα⁺
cells and (E) IFNγ⁺ cells among CD4⁺T cells after 12 days of culture with IL-7 and indicated
αCD3/CD28 concentrations and following re-stimulation with PMA/ionomycin. Circles represent
individual donors. Paired ANOVA with Tukey's multiple comparison test (B, D, E) *p < 0.05, **p
< 0.01, ***p<0.001 ****p < 0.0001. Numbers in flow cytometry plots represent mean frequency ±
SD of gated populations.
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**Figure 7. IL-7 modulates the effector maturation of prenatal PLZF+ CD4+ T cells.**
Functional studies following a two-step in vitro culture in which naïve CD4+ T cells were first
expanded in the presence of IL-7 alone, followed by 7 days of maturation in the indicated
conditions: IL-7 alone, IL-7 + TCR (stimulated with αCD3/CD28 mAbs), Th0 (TCR + IL-2); Th1
(TCR + IL-12), Th17 (TCR + IL-23 + IL-1β)  (A, B, D) Proportions of IFNγ+ cells among CD4+ T
cell subsets matured in the indicated conditions and following 24 hour re-stimulation with
αCD3/CD28 (TCR) or IL-12/IL-18 (Bystander). (C)  Representative flow plots of intracellular
cytokine staining among CD4+ T cells differentiated under indicated conditions following re-
stimulation with αCD3/CD28. E) Representative flow plots of intracellular cytokine staining and
F) proportions of IL-17+ cells among indicated CD4+ T cells matured under Th17-skewing
conditions +/- IL7 and following PMA/ionomycin stimulation. Circles represent individual donors.
Wilcoxon Signed Rank Test to compare PLZF+ to PLZF- fractions and paired stimulations
across maturation conditions (A, B, D, F). Numbers in flow cytometry plots represent means of
frequencies of gated populations ± SD.