**Downregulation of Semaphorin 4A in keratinocytes reflects the features of non-lesional psoriasis**

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**Abstract**

Psoriasis is a multifactorial disorder mediated by IL-17-producing T cells,

involving immune cells and skin-constituting cells. Semaphorin 4A (Sema4A), an

immune semaphorin, is known to take part in T helper type 1/17 differentiation and

activation. However, Sema4A is also crucial for maintaining peripheral tissue

homeostasis and its involvement in skin remains unknown. Here, we revealed that while

Sema4A expression was pronounced in psoriatic blood lymphocytes and monocytes, it

was downregulated in the keratinocytes of both psoriatic lesions and non-lesions

compared to controls. Imiquimod application induced more severe dermatitis in

Sema4A knockout (KO) mice compared to wild-type (WT) mice. The naïve skin of

Sema4AKO mice showed increased T cell infiltration and IL-17A expression along with

thicker epidermis and distinct cytokeratin expression compared to WT mice, which are

hallmarks of psoriatic non-lesions. Analysis of bone marrow chimeric mice suggested

that Sema4A expression in keratinocytes plays a regulatory role in imiquimod-induced

dermatitis. The epidermis of psoriatic non-lesion and Sema4AKO mice demonstrated

mTOR complex 1 upregulation, and the application of mTOR inhibitors reversed the

skewed expression of cytokeratins in Sema4AKO mice. Conclusively, Sema4A-

mediated signaling cascades can be triggers for psoriasis and targets in the treatment

and prevention of psoriasis.

## INTRODUCTION

While the infiltration of immune cells into skin plays a critical role in the development of psoriasis, as evidenced by interleukin (IL) -23/IL-17 axis (Fitch, Harper, Skorcheva, Kurtz, & Blauvelt, 2007; Hawkes, Yan, Chan, & Krueger, 2018; Kim & Krueger, 2017), recent studies have revealed that cells constructing skin structure, such as keratinocytes, fibroblasts, and endothelial cells, also play pivotal roles in the development (Heidenreich, Röcken, & Ghoreschi, 2009; Lowes, Russell, Martin, Towne, & Krueger, 2013; Zhang et al., 2023) and maintenance (Arasa et al., 2019; Francis et al., 2024; Li et al., 2023; Ma et al., 2023; Tan et al., 2015; Zhu et al., 2020) of psoriasis. Among these cells, keratinocytes function as a barrier and produce cytokines, chemokines, and antimicrobial peptides against foreign stimuli, resulting in the activation of immune cells (Ni & Lai, 2020; Zhou, Chen, Cui, Shi, & Guo, 2022).

Semaphorins were initially identified as guidance cues in neural development (Kolodkin, Matthes, & Goodman, 1993; Pasterkamp & Kolodkin, 2003) but are now regarded to play crucial roles in other physiological processes including angiogenesis (Iragavarapu-Charyulu, Wojcikiewicz, & Urdaneta, 2020; Serini, Maione, Giraudo, & Bussolino, 2009), tumor microenvironment (Hui, Tam, Jiao, & Ong, 2019; Jiang et al., 2022; Nakayama, Kusumoto, Nakahara, Fujiwara, & Higashiyama, 2018; Rajabinejad

et al., 2020), and immune systems (Garcia, 2019; Kanth, Gairhe, & Torabi-Parizi, 2021;

M. Naito & Kumanogoh, 2023). Semaphorin 4A (Sema4A), one of the immune

semaphorins, plays both pathogenic and therapeutic roles in autoimmune diseases

(Cavalcanti et al., 2020; He et al., 2023), allergic diseases (Maeda et al., 2019), and

cancer (Iyer & Chapoval, 2018; Liu et al., 2018; Y. Naito et al., 2023; Pan, Wang, & Ye,

2016). While Sema4A expression on T cells is essential for T helper type 1

differentiation in the murine *Propionibacterium acnes*-induced inflammation model and

delayed-type hypersensitivity model (Kumanogoh et al., 2005), Sema4A amplifies only

T helper type 17 (Th17)-mediated inflammation in the effector phase of murine

experimental autoimmune encephalomyelitis (Koda et al., 2020). Accordingly, in

multiple sclerosis, high serum Sema4A levels correlate with the elevated serum IL-17A,

earlier disease onset, and increased disease severity (Koda et al., 2020; Nakatsuji et al.,

2012). In anti-tumor immunity, research involving human samples and murine models

suggests that Sema4A expressed in cancer cells and regulatory T cells promotes tumor

progression (Delgoffe et al., 2013; Liu et al., 2018; Pan et al., 2016), while other reports

reveal that Sema4A in cancer cells and dendritic cells bolsters anti-tumor immunity by

enhancing CD8 T cell activity (Y. Naito et al., 2023; Suga et al., 2021). In addition to

these roles in immune reactions, mice with a point mutation in Sema4A develop retinal

degeneration, suggesting that Sema4A is also crucial for peripheral tissue homeostasis

(Nojima et al., 2013). These reports suggest that the role of Sema4A can differ based on

the disease, phase, and involved cells.

Herein, we investigated the roles of Sema4A in the pathogenesis of psoriasis by

analyzing skin and blood specimens from psoriatic subjects and using a murine model.

**RESULTS**

**Epidermal Sema4A expression is downregulated in psoriasis**

The analysis of previously-published single-cell RNA-sequencing data from

control (Ctl) and psoriatic lesional (L) skin specimens (Kim et al., 2023) revealed

detectable expression of *SEMA4A* in keratinocytes, dendritic cells, and macrophages in

both Ctl and L. *SEMA4A* expression was low in neural crest-like cells, fibroblasts, CD4

T cells, CD8 T cells, NK cells, and plasma cells, making the comparison of expression

levels impractical (Figure 1A and B; Figure 1-figure supplement 1A-C). While dendritic

cells and macrophages showed comparable *SEMA4A* expression levels between Ctl and

L, expression in keratinocytes was significantly downregulated in L (Figure 1C).

Immunohistochemistry of Ctl and psoriasis demonstrated Sema4A expression

in keratinocytes (Figure 1D). The staining intensity of Sema4A in epidermis was

significantly lower in both non-lesions (NL) and L than in Ctl (Figure 1E). Relative

mRNA expression of *SEMA4A* was also decreased in the epidermis of NL and L

compared to Ctl, while it remained comparable in the dermis (Figure 1F). In contrast,

the proportions of Sema4A-positive cells were significantly higher in blood CD4 and

CD8 T cells, and monocytes in psoriasis compared to Ctl (Figure 1G; Figure 1-figure

supplement 2). Serum Sema4A levels, measured by enzyme-linked immunosorbent

assay (ELISA), were comparable between Ctl and psoriasis (Figure 1H). These findings

demonstrate that the expression profile of Sema4A in psoriasis varies across cell types.

**Psoriasis-like dermatitis is augmented in Sema4AKO mice**

When psoriasis-like dermatitis was induced in wild-type (WT) mice and

Sema4A knockout (KO) mice by imiquimod application on ears (Figure 2A), ear

swelling on day 4 was more pronounced in Sema4AKO mice (Figure 2B) with

upregulated *Il17a* gene expression (Figure 2C). Flow cytometry analysis of cells

isolated from the ears revealed increased proportions of V$\gamma$2$^+$ T cells, V$\gamma$2$^-$V$\gamma$3$^-$ double-

negative (DN) $\gamma\delta$ T cells, and IL-17A-producing cells of those fractions in Sema4AKO

epidermis (Figure 2D and E; Figure 2-figure supplement 1). In Sema4AKO dermis,

there was also an increase in the proportions of V$\gamma$2$^+$ T cells and IL-17A-producing

V$\gamma$2$^+$ T cells (Figure 2D and E). These results suggest that Sema4A deficiency in mice

accelerates psoriatic profile. IL-17A-producing T cells in skin-draining lymph nodes

(dLN) remained comparable between WT mice and Sema4AKO mice (Figure 2F).

**Sema4A in keratinocytes may play a role in preventing murine psoriasis-like**

**dermatitis**

To investigate the cells responsible for the augmented ear swelling in

Sema4AKO mice, bone marrow chimeric mice were next analyzed (Figure 3A). Mice

deficient in non-hematopoietic Sema4A (WT→KO) displayed more pronounced ear

swelling than mice with intact Sema4A expression (WT→WT) following imiquimod

application (Figure 3B). Similarly, mice with a systemic deficiency of Sema4A

(KO→KO) showed severe ear swelling compared to mice deficient in hematopoietic

Sema4A (KO→WT) (Figure 3B). Ear swelling was comparable between WT→WT

mice and KO→WT mice (Figure 3B). Flow cytometry analysis revealed increased

infiltration of IL-17A-producing DN γδ T cells in the epidermis, as well as Vγ2$^+$ T cells

and IL-17A-producing Vγ2$^+$ T cells in the dermis, in WT→KO mice compared to

WT→WT mice (Figure 3C and D). These findings suggest that non-hematopoietic cells,

possibly keratinocytes, are primarily responsible for the increased imiquimod-induced

Sema4AKO mice ear swelling.

**Sema4AKO epidermis is thicker than WT epidermis with increased γδ T17**

**infiltration**

Even without imiquimod application, Sema4AKO ears turned out to be slightly

but significantly thicker than WT ears on week 8 while their appearance remained

normal (Figure 4A). While epidermal thickness of back skin was comparable at birth

(Figure 4B), on week 8, ear epidermis of Sema4AKO mice was notably thicker than

that of WT mice (Figure 4B), suggesting that acanthosis in Sema4AKO mice is

accentuated post-birth. Dermal thickness remained comparable between WT mice and

Sema4AKO mice at both times (Figure 4B). WT epidermis showed significantly higher

*Sema4a* mRNA expression compared to the WT dermis (Figure 4C). Based on these

observations, Sema4A appears to play a more pronounced role in epidermis than in

dermis.

Sema4AKO epidermis exhibited increased expression of *Ccl20, Tnfα*, and

*Il17a* and a trend of upregulation of *S100a8* compared to WT epidermis (Figure 4D).

These differences were not observed in dermis (Figure 4D). Flow cytometry analysis

revealed increased infiltration of γδ T cells in Sema4AKO ear (Figure 4E). These cells

predominantly expressed resident memory T cell ($T_{RM}$)-characteristic molecules, CD69

and CD103 (Figure 4E). Sema4AKO skin also had a higher number of $T_{RM}$ in both CD4

and CD8 T cells (Figure 4E). The percentages of $V\gamma2^+$ T cells, DNγδ T cells, and CD8 T

cells in epidermis were higher in Sema4AKO mice than in WT mice, which was not the

case in dermis (Figure 4F). The proportion of $V\gamma3^+$ dendritic epidermal T cells was

comparable between WT mice and Sema4AKO mice (Figure 4F). Epidermal $V\gamma2^+$ T

cells and DNγδ T cells in Sema4AKO mice showed higher IL-17A-producing capability

(Figure 4G), while IFNγ and IL-4 production was comparable between WT mice and

Sema4AKO mice (Figure 4-figure supplement 1A and B). Conversely, the frequency of

IL-17A-producing T cells from dLN was comparable (Figure 4-figure supplement 1C).

The production of IL-17A and IFNγ from splenic T cells under T17-polarizing

conditions remained consistent between WT mice and Sema4AKO mice (Figure 4-

figure supplement 2).

Taken together, it is suggested that T17 cells are specifically upregulated in

epidermis, indicating that the epidermal microenvironment plays a pivotal role in

facilitating the increased T cell infiltration observed in naïve Sema4AKO mice.

**Sema4AKO skin shares features with human psoriatic NL**

Previous literatures have identified certain features common to psoriatic L and

NL, such as thickened epidermis (Figure 5-figure supplement 1) (Gallais Sérézal et al.,

2019), CCL20 upregulation (Gallais Sérézal et al., 2019), and accumulation of IL-17A-

producing T cells (Vo et al., 2019), which were detected in Sema4AKO mice.

Gene expression analysis using public RNA-sequencing data (Tsoi et al., 2019)

with RaNA-seq (Prieto & Barrios, 2019) showed upregulation of keratinization and

antimicrobial peptide genes in NL compared to Ctl (Figure 5A). Gene Ontology analysis

highlighted an upregulation in biological processes, predominantly in peptide cross-

linking involved in epidermis formation and keratinocyte differentiation, with a

secondary increase in the defense response to viruses in NL (Figure 5B). While the

expression of *Keratin (KRT) 10* was comparable between NL and Ctl, upregulation in

*KRT5*, *KRT14*, and *KRT16* was observed in NL (Figure 5C).

199            In the murine model, relative expression levels of *Krt10*, *Krt14*, *Krt16*, and

*filaggrin* were elevated in Sema4AKO epidermis. (Figure 6A). Immunofluorescence

analysis showed that Sema4AKO epidermis had a higher density of keratinocytes

positive for Krt5, Krt10, Krt14, and Krt16 compared to WT epidermis (Figure 6B). This

upregulation was not observed in back skin at birth (Figure 6-figure supplement 1).

Comparable transepidermal water loss between WT mice and Sema4AKO mice

indicated preserved skin barrier function in Sema4AKO mice (Figure 6C).

206            Based on these results, it is implied that the epidermis of human psoriatic NL

207    and Sema4AKO mice exhibit shared pathways, potentially leading to an acanthotic

208    state. Combined with the observed acanthosis and increased T17 infiltration in

209    Sema4AKO mice, Sema4AKO skin is regarded to demonstrate the features

210    characteristic of human psoriatic NL.

**mTOR signaling is upregulated in the epidermis of psoriatic NL and Sema4AKO**

**mice**

Previous reports have shown that mTOR pathway plays a critical role in

maintaining epidermal homeostasis, as evidenced by mice with keratinocyte-specific

deficiencies in Mtor, Raptor, or Rictor, which exhibit a hypoplastic epidermis with

impaired differentiation and barrier formation (Asrani et al., 2017; Ding et al., 2016;

Ding et al., 2020). We thus investigated mTOR pathway in both human and murine

epidermis.

Immunohistochemical analyses highlighted the increase in phospho-S6 (p-S6),

indicating the upregulation of mTOR complex (C) 1 signaling, in the epidermal upper

layers of both L and NL compared to Ctl (Figure 7A). The activation of mTORC2 in the

epidermis, inferred from phospho-Akt (p-Akt), was scarcely detectable in L, NL, and

Ctl (Figure 7A). In the epidermis of WT mice and Sema4AKO mice, the upregulation of

both mTORC1 and mTORC2 signaling was observed in Sema4AKO epidermis by

immunohistochemistry (Figure 7B). Western blot analysis showed upregulated

mTORC1 signaling in Sema4AKO epidermis compared to WT epidermis (Figure 7C).

The enhancement of mTORC1 and mTORC2 signaling became obvious in the

Sema4AKO epidermis after developing psoriatic dermatitis by imiquimod application

(Figure 7D).

**Inhibition of mTOR signaling modulates cytokeratin expression in Sema4AKO mice**

To investigate the contribution of mTORC1 and mTORC2 signaling in the

development of psoriatic features in the Sema4AKO epidermis, mTORC1 inhibitor

rapamycin and mTORC2 inhibitor JR-AB2-011 were intraperitoneally applied to

Sema4AKO mice for 14 days. Although epidermal thickness remained unchanged by

the inhibitors (Figure 8A and B), relative gene expression of *Krt5* was significantly

upregulated and that of *Krt16* was significantly downregulated after rapamycin

application (Figure 8C). While the upregulation of *Il17a* in Sema4AKO epidermis was

not clearly modified by rapamycin (Figure 8C), immunofluorescence revealed the

decrease in the number of CD3 T cells in Sema4AKO epidermis by rapamycin (Figure

8D). We additionally conducted topical application of rapamycin gel and vehicle gel on

the left and right ears of Sema4AKO mice, respectively. Although there were no

detectable changes in epidermal thickness and epidermal T cell counts, the upregulation

of *Krt5* and downregulation of *Krt16* was observed again (Figure 8-figure supplement

1). Conversely, the application of JR-AB2-011 resulted in decreased expression of *Krt5*,

*Krt10*, and *Krt14* with a trend towards increased *Krt16* expression (Figure 8E). JR-

AB2-011 did not influence the number of infiltrating T cells in the epidermis (Figure

8F). mTORC1 primarily regulates keratinocyte proliferation, whereas mTORC2 mainly

involved in the keratinocyte differentiation through Sema4A-related signaling

pathways. The observed similarities in *Il17a* expression following treatment with

rapamycin and JR-AB2-011 suggest that the production of these cytokines is not

significantly dependent on Sema4A-related mTOR signaling.

**DISCUSSION**

Recent studies have highlighted the significance of IL-17A-producing $T_{RM}$ in

psoriatic NL (Cheuk et al., 2014; Gallais Sérézal et al., 2018; Vo et al., 2019; Vu,

Koguchi-Yoshioka, & Watanabe, 2021). This condition is also characterized by

epidermal thickening with elevated CCL20 expression (Gallais Sérézal et al., 2019) and

a distinct cytokeratin expression pattern, marked by increased levels of Krt5, Krt14, and

Krt16 (Tsoi et al., 2019) (Figure 5C). Here, we identified that murine Sema4A

deficiency could induce these features of psoriatic NL.

Sema4A expression in epidermis, but not in dermis, was diminished in

psoriatic L and NL compared to Ctl. While Sema4A expression on blood immune cells

was upregulated in psoriasis, its serum levels were comparable between Ctl and

psoriasis. Despite the reported involvement of increased Sema4A expression on immune

cells in the pathogenesis of multiple sclerosis (Koda et al., 2020; Nakatsuji et al., 2012),

our results suggest that the diminished expression of Sema4A in skin-constructing cells

plays a more prominent role in the pathogenesis of psoriasis than its increased

expression on immune cells.

In our murine model, regardless of imiquimod application, IL-17A-producing

T cells were increased in Sema4AKO skin although their frequency was comparable in

dLN of WT mice and Sema4AKO mice. Additionally, the potential for *in vitro* T17

differentiation did not differ between T cells from WT mice and Sema4AKO mice.

These findings suggest that the absence of Sema4A in the skin microenvironment plays

a crucial role in the localized upregulation of IL-17A-producing T cells in Sema4AKO

mice.

It is well-documented that upregulated mTORC1 signaling promotes the

pathogenesis of psoriasis (Buerger, 2018; Karagianni, Pavlidis, Malakou, Piperi, &

Papadavid, 2022; Ruf, Andreoli, Itin, Pluschke, & Schmid, 2014), and that rapamycin

can partially ameliorate the disease activity in psoriatic subjects and murine models

(Bürger et al., 2017; Gao & Si, 2018; Reitamo et al., 2001). Our results using

Sema4AKO mice revealed that the inhibition of mTORC1 leads to the downregulation

of *Krt16* and that of mTORC2 leads to the downregulation of undifferentiated

keratinocytes, while the Sema4AKO epidermal thickening and the upregulated IL-17A

signaling is not reversed by mTOR blockade. It is plausible that the downregulation of

Sema4A can lead to the upregulation of mTORC1 and mTORC2 signaling in

keratinocytes, and the augmented signaling leads to the psoriatic profile of proliferation

and differentiation, which is a part of the psoriatic NL disposition.

This study has limitations. Sema4A expression in skin cells other than

keratinocytes was not thoroughly investigated. However, since single-cell RNA-

sequencing has shown that Sema4A is predominantly expressed in keratinocytes,

dendritic cells, and macrophages, with a notable reduction in keratinocytes in psoriasis,

we infer that keratinocytes are the primary cells responsible for the psoriatic features

resulting from Sema4A downregulation. We were not able to determine whether

Sema4A functions as a ligand or a receptor in epidermis (Ito & Kumanogoh, 2016;

Kumanogoh et al., 2002; Lu et al., 2018; Sun et al., 2017) in this study, either. Although

both mTORC1 and mTORC2 signals are upregulated in Sema4AKO epidermis, we

were not able to confirm mTORC2 signaling from human skin due to technical

limitation and sample limitation, while the results from augmented mTORC2 signal in

Sema4AKO mice and the normalization of Krt5 and Krt14 by mTORC2 inhibitor imply

the involvement of mTORC2 signal in psoriatic epidermis. The role of Sema4A other

than mTOR signaling, which may be involved in the regulation of T17 induction in

skin, is not discussed, either. These limitations should be overcome in the near future.

In summary, epidermal Sema4A downregulation can reflect the psoriatic non-

lesional features. Thus, targeting the downregulated Sema4A and upregulated mTOR

signaling in psoriatic epidermis can be a promising strategy for psoriasis therapy and

modification of psoriatic diathesis in NL for the prevention of disease development.

## MATERIALS AND METHODS

**Human sample collection**

Psoriatic L and NL skin specimens were acquired from 17 psoriasis patients. Ctl specimens were obtained from 19 subjects who underwent tumor resection or reconstructive surgery. For epidermal-dermal separation, specimens were incubated overnight at 4°C with 2.5 mg/mL dispase (Wako) in IMDM (Wako). Blood samples were collected from 73 psoriasis and 33 Ctl. In addition to ELISA (Nakatsuji et al., 2012), peripheral blood mononuclear cells were isolated using Ficoll-Paque PLUS density gradient media (Cytiva). Patient details are provided in Supplemental Table 1.

**Mice**

C57BL/6J WT mice were procured from CLEA Japan. Semaphorin 4A KO mice with C57BL/6J background were generated as previously described (Kumanogoh et al., 2005). We examined female mice in order to reduce the result variation. Neonatal mice and female mice aged 8 to 12 weeks, maintained under specific pathogen-free conditions, were used.

To develop psoriasis-like dermatitis, 10 mg of 5% imiquimod cream (Mochida) was applied to both ears for 4 consecutive days. Ear thickness was measured

using a thickness gauge (Peacock).

For bone marrow reconstitution, $2 \times 10^5$ bone marrow cells obtained from the

indicated strains were intravenously transferred to recipient mice that had received a

single 10 Gy irradiation. The reconstituted mice were subjected to the experiments in 8

weeks.

In the specified experiments, skin specimens were separated into epidermis and

dermis by 5 mg/mL dispase (Wako) in IMDM for 30 minutes at 37°C.

Transepidermal water loss measurements were performed on the back skin of

mice at week 8 using a Tewameter (Courage and Khazaka Electronic GmbH), according

to the manufacturer's instructions.

**Immunofluorescence and immunohistochemistry**

Specimens were fixed in 4% paraformaldehyde phosphate buffer solution

(Wako), embedded in paraffin, and sliced into 3-μm thickness on glass slides. After

deparaffinization and rehydration, antigen retrieval was performed using citrate buffer

(pH 6.0, Nacalai tesque) or TE buffer (pH 9.0, Nacalai tesque).

For immunohistochemistry, samples were incubated with 3% $H_2O_2$ (Wako) for

5 minutes. After blocking (Agilent), the specimens were incubated with the indicated

primary antibodies under specified conditions (Supplemental Table 2). The specimens

were applied with the EnVision Detection Systems Peroxidase/DAB, Rabbit/Mouse

(Agilent) and counterstained with hematoxylin (Wako). For immunofluorescence, the

blocked specimens were incubated with the indicated primary antibodies followed by

the secondary antibodies (Table E4). Mounting media with DAPI (VectaShield) was

used. Slides were observed using a fluorescence microscope (BZ-700, Keyence). The

staining intensity was measured using Fiji software (ImageJ, National Institutes of

Health) over lengths of 200 μm in human samples and 100 μm in murine samples. This

measurement was taken from five areas of each specimen, and the average score is

presented. The average thickness of epidermis and dermis from 10 spots is presented.

The number of epidermal cells positive for the indicated cytokeratins was counted per

100 μm width, with the average number from 5 areas being presented. Additionally, the

numbers of CD3-positive cells in murine ears were counted across 10 fields of 400 μm

width, with the total sum being presented.

**Quantitative reverse transcription polymerase chain reaction (qRT-PCR)**

Total RNA was extracted from homogenized skin tissue using Direct-zol RNA

MiniPrep Kit (ZYMO Research). cDNA was synthesized by High-Capacity RNA-to-

cDNATM Kit (Thermo Fisher Scientific). qPCR was performed using TB Green Premix

Ex Taq II (Takara-bio) on a ViiA 7 Real-Time PCR System (Thermo Fisher Scientific).

The primers are listed in Supplemental Table 3. Relative gene expression levels were

normalized to the housekeeping gene GAPDH using the $\Delta\Delta$CT technique.

**Flow cytometry analysis**

Single-cell suspensions from murine skin-dLN and spleen were prepared by

grinding, filtering, and lysing red blood cells (BioLegend). Skin specimens were minced

and digested with 3 mg/mL collagenase III (Worthington Biochemical Corporation) in

RPMI 1640 medium (Wako) at 37℃ for 10 minutes for epidermis, and 30 minutes for

dermis or whole skin. Cells were surface-stained with directly conjugated monoclonal

antibodies (Supplemental Table 4). Dead cells were identified using LIVE/DEAD[TM]

Fixable Dead Cell Stain Kit (Thermo Fisher Scientific). To evaluate cytokine

production, cells were stimulated with PMA (50 ng/mL, Wako) and ionomycin (1000

ng/mL, Wako), plus Golgiplug (BD Biosciences) for 4 hours before surface staining.

Fixation, permeabilization, and intracellular cytokine staining were performed using BD

Cytofix/Cytoperm[TM] Fixation/Permeabilization Kit (BD Biosciences) according to the

manufacturer's protocol. In specified experiments, the numbers of each cell subset per

ear were estimated using CountBright Absolute Counting Beads (Thermo Fisher

Scientific). Sample analysis was conducted using BD FACSCanto II (BD Biosciences),

and data were analyzed with Kaluza software (Beckman Coulter).

*In vitro* **Th17 differentiation**

Murine splenic T cells were isolated using Pan T Cell Isolation Kit II (Miltenyi

Biotec). Two hundred thousand T cells per well were cultured in 96-well plates in the

presence of T Cell Activation/Expansion Kit (Miltenyi Biotec) for 2 weeks. The

medium was supplemented twice per week with the following recombinant cytokines:

mouse recombinant IL-6 (20 ng/mL), IL-1β (20 ng/mL), and IL-23 (40 ng/mL) for the

IL-23 dependent Th17 cell condition; IL-6 (20 ng/mL) and TGFβ1 (3 ng/mL) for the IL-

23 independent Th17 cell condition; or IL-23 (40 ng/mL) for the IL-23 only Th17 cell

condition. The cytokines listed were purchased from BioLegend (Supplemental Table

5). Afterward, the cultured cells were processed for flow cytometry analysis.

**Western blotting**

Murine epidermis was lysed using RIPA buffer (Wako) containing proteinase-

and protease-inhibitor cocktail (Nacalai tesque). Protein lysates were separated by 10%

SuperSepTM Ace (Wako), transferred onto polyvinylidene difluoride membranes (0.45

μm, Merck) by Trans-Blot Turbo Transfer System (Bio-Rad). The membrane was

blocked with 5% bovine serum albumin and subjected to immunoblotting targeting the

indicated proteins overnight 4°C, followed by the application of HRP-conjugated

secondary antibody for one hour at room temperature (Supplemental Table 2). WB

stripping solution (Nacalai tesque) was used to remove the antibodies for further

evaluation.

**Inhibition of mTOR**

Rapamycin (4 mg/kg, Sanxin Chempharma), JR-AB2-011 (400 μg/kg,

MedChemExpress) and vehicle were applied intraperitoneally to mice once daily for 14

consecutive days. Rapamycin and JR-AB2-011 were dissolved in 100% DMSO and

diluted with 40% Polyethylene Glycol 300 (Wako), 5% Tween-80 (Sigma-Aldrich) and

45% saline in sequence. For topical application, 0.2% rapamycin gel and vehicle gel

were prepared by the pharmaceutical department as previously described (Wataya-

Kaneda et al., 2017). Rapamycin gel was applied to the left ear, and vehicle gel to the

right ear (10mg/ear) of Sema4AKO, once daily for 14 consecutive days.

**Data processing of single-cell RNA-sequencing and bulk RNA-sequencing**

The raw count matrix data from the previously reported single-cell RNA-sequencing data from GSE220116 (Kim et al., 2023) were imported into Scanpy (1.9.6) using Python for further analyses. For each sample, cells and genes meeting the following criteria were excluded: cells expressing over 200 genes (sc.pp.filter_cells), cells with a high proportion of mitochondrial genes (> 5%), and genes expressed in fewer than 3 cells (sc.pp.filter_genes). Counts were normalized using sc.pp.normalize_per_cell, logarithmized (sc.pp.log1p), and scaled (sc.pp.scale). Highly variable genes were selected using sc.pp.filter_genes_dispersion with the options min_mean = 0.0125, max_mean = 2.5, and min_disp = 0.7.

Principal Component analysis was conducted with sc.pp.pca, selecting the 1st to 50th Principal Components for embedding and clustering. Neighbors were calculated with batch effect correction by BBKNN (Polański et al., 2020). Embedding was performed by sc.tl.umap, and cells were clustered using sc.tl.leiden. Some cells were further subclassified in a similar manner. Differentially expressed genes were identified on the cellxgene VIP, with significance defined as *padj* < 0.05.

Bulk RNA-sequencing data from GSE121212 (Tsoi et al., 2019) were re-analyzed using RaNAseq (Prieto & Barrios, 2019) for differential expression in Ctl

versus psoriatic NL. Our analysis included normalization, differential gene expression

(defining significance as *padj* < 0.05), and focused on Gene Ontology biological

process analysis. The gene expression was calculated with the transcripts per million

values.

**Statistical analysis**

GraphPad Prism 10 software (GraphPad Software) was used for all statistical

analyses except for RNA-sequencing. Mann-Whitney test was used for two-group

comparisons, while Kruskal-Wallis test followed by Dunn's multiple comparisons test

was applied for comparison among three or more groups. Statistical significance was

defined as $p < 0.05$ (*), $p < 0.01$ (**), and $p < 0.001$ (***). In the analysis of RNA-

sequencing data, statistical significance was defined as *padj* < 0.01 (**), and *padj* <

0.001 (***).

**Study approval**

All experiments involving human specimens were in accordance with the

Declaration of Helsinki and were approved by the Institutional Review Board in Osaka

University Hospital (20158-6). Written informed consent was obtained from all

participants. All murine experiments were approved by Osaka University Animal

Experiment Committee (J007591-013) and all procedures were conducted in

compliance with the Guidelines for Animal Experimentation established by Japanese

Association for Laboratory Animal Science.

**Data availability**

The single-cell RNA-sequencing datasets generated by Kim et al. (Kim et al.,

2023) and Tsoi et al. (Tsoi et al., 2019) used in this study are available in the NCBI

Gene Expression Omnibus under accession codes GSE220116 and GSE121212,

respectively. Values for all data points in graphs are reported in the Source data.

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**Figure 1: Epidermal Sema4A expression is downregulated in psoriasis.**

(**A**) UMAP plots, generated from single-cell RNA-sequencing data (GSE220116),

illustrate cell distributions from control (Ctl) and psoriatic lesion (L) samples ($n = 10$

for Ctl, $n = 11$ for L). (**B**) Subclustering of immune cells. (**C**) *SEMA4A* expression in

keratinocytes, dendritic cells, and macrophages. ****$padj < 0.001$. NS, not significant.

Analyzed using Python and cellxgene VIP. (**D**) Representative immunohistochemistry

and magnified views showing Sema4A expression in Ctl, psoriatic non-lesion (NL), and

L. Scale bar = 50 μm. (**E**) Mean epidermal (Epi) Sema4A intensity in

immunohistochemistry ($n = 10$ per group). Each dot represents the average intensity

from 5 unit areas per sample. (**F**) Relative *SEMA4A* expression in Epi ($n = 10$ for Ctl, L,

$n = 7$ for L and NL) and dermis (Derm, $n = 6$ per group). (**G**) Proportions of Sema4A-

expressing cells in blood CD4 T cells (left), CD8 T cells (middle), and monocytes

(right) from Ctl and psoriatic (Pso) patients. ($n = 13$ per group in CD4 and CD8, $n = 11$

for Ctl and $n = 13$ for Pso in Monocytes). (**H**) Serum Sema4A levels in Ctl ($n = 20$) and

Pso ($n = 60$). **E** to **H**: *$p < 0.05$, **$p < 0.01$, ****$p < 0.0001$. NS, not significant.

Figure1-source data1

Excel file containing quantitative data for Figure 1.

**Figure 2: Psoriasis-like dermatitis is augmented in Sema4AKO mice.**

(**A**) Experimental scheme. Wild-type (WT, green) mice and Sema4A knockout (KO,

black) mice were treated with 10 mg/ear of 5% Imiquimod (IMQ) for 4 consecutive

days. Samples for flow cytometry analysis were collected on Day 4. (**B**) Ear thickness

of WT mice and KO mice on Day 4 (*n* = 15 per group). (**C**) Relative expression of *Il17a*

in epidermis (*n* = 5 per group). (**D** and **E**) The percentages of Vγ3, Vγ2, Vγ2-Vγ3-γδ

(DNγδ), CD4, and CD8 T cells (**D**) and those with IL-17A production (**E**) in CD3

fraction in the Epi (top) and Derm (bottom) of WT and KO ears ($n = 6$ per group, each

dot represents the average of 4 ear specimens). (**F**) The percentages of IL-17A-

producing γδ, CD4, and CD8 T cells in CD3 fraction in skin-draining lymph nodes

(dLN) ($n = 9$ per group). **B-F**: *$p < 0.05$, **$p < 0.01$, ****$p < 0.0001$. NS, not

significant.

Figure2-source data1

Excel file containing quantitative data for Figure 2.

**Figure 3: Sema4A in keratinocytes may play a role in preventing murine psoriasis-**

**like dermatitis.**

(**A**) Experimental scheme for establishing BM chimeric mice. (**B**) Day 4 ear thickness

in the mice with the indicated genotypes (*n* = 14 for WT→WT, *n* = 13 for WT→KO, *n*

=9 for KO→WT, *n* = 9 for KO→KO). (**C** and **D**) The percentages of Vγ3, Vγ2, DNγδ,

CD4, and CD8 T cells (**C**) and IL-17A production (**D**) in CD3 fraction from Day 4 Epi

(top) and Derm (bottom) of the ears from WT→ WT mice and WT→ KO mice (*n* = 6

per group, each dot represents the average of 4 ear specimens). **B-D**: *\*p* < 0.05, *\*\*p* <

735    0.01, ****$p < 0.0001$. NS, not significant.

737    Figure3-source data1

738    Excel file containing quantitative data for Figure 3.

**Figure 4: Naïve Sema4AKO epidermis is thicker than WT epidermis with increased γδ T17 infiltration.**

(**A**) Ear thickness of WT mice and KO mice at week (wk) 8 ($n = 15$ per group) and

representative images. (**B**) Left: representative hematoxylin and eosin staining of day 0

back and wk 8 ear. Scale bar = 50 μm. Right: Epi and Derm thickness in d 0 back ($n =$

5) and wk 8 ear ($n = 8$). (**C**) Relative *Sema4a* expression in WT Epi and Derm ($n = 5$

per group). (**D**) Relative expression of psoriasis-associated genes in Epi (top) and Derm

(bottom) of WT mice and KO mice ($n = 5$ per group, #: not detected). (**E**)

Representative dot plots showing CD69 and CD103 expression in the indicated T cell

fractions from whole skin. The graphs show T cell counts per ear (top) and those with

resident memory phenotype (bottom) ($n = 7$ per group). (**F** and **G**) The percentages of

the indicated T cell fractions (**F**, $n = 8$ per group) and IL-17A production (**G**, $n = 4$ per

group) in Epi (top) and Derm (bottom). **E**-**G**: Each dot represents the average of 4 ear

specimens. **A**-**G**: \*$p < 0.05$, \*\*$p < 0.01$, \*\*\*\*$p < 0.0001$. NS, not significant.

Figure4-source data1

Excel file containing quantitative data for Figure 4.

**Figure 5: Psoriatic NL shows aberrant differentiation of keratinocytes**.

(**A** and **B**) The volcano plot (**A**) and Gene ontology (GO) analysis (**B**), generated from

RNA-sequencing data (GSE121212) using RaNA-seq, display changes in gene

expression in psoriatic NL compared to Ctl. (**C**) The difference in the expression of

epidermal differentiation markers between Ctl and NL ($n$ = 38 for Ctl, $n$ = 27 for NL)

was calculated with the transcripts per million values. **$padj$ < 0.01. NS, not

significant.

Figure5-source data1

Excel file containing quantitative data for Figure 5.

**Figure 6: Sema4AKO skin shares the features of human psoriatic NL.**

(**A**) Relative gene expression of epidermal differentiation markers between wk 8 Epi of

WT mice and KO mice ($n = 5$ for *Krt14* and *Krt16*, $n = 8$ for *Krt5*, *Krt10*, *Filaggrin*, and

*Loricrin*). (**B**) Left: Representative immunofluorescence pictures of Krt5, Krt10, Krt14,

and Krt16 (red) overlapped with DAPI. Scale bar = 50 μm. Right: Accumulated graphs

showing the numbers of Krt5, Krt10, Krt14, and Krt16 positive cells per 100 μm width

($n = 5$ per group) of wk 8 ear (right). Each dot represents the average from 5 unit areas

per sample. (**C**) Transepidermal water loss (TEWL) in back skin of WT mice and KO

mice at wk 8 ($n = 5$ per group). **A-C**: *$p < 0.05$, **$p < 0.01$. NS, not significant.

Figure 6-source data1

Excel file containing quantitative data for Figure 6.

**Figure 7: mTOR signaling is upregulated in the epidermis of psoriatic NL and Sema4AKO mice.**

(**A**) Representative results of immunohistochemistry displaying cells positive for p-S6 (Ser235/236), S6, p-Akt (Ser473), and Akt in Ctl, NL, and L. The graphs of accumulated data show the mean intensity of p-S6 and S6 in the upper and lower epidermal layers ($n$ = 9 per group). Scale bar = 100 μm. Each dot represents the average

mean intensity from 5 unit areas per sample. (**B**) The mean intensity of p-S6

(Ser235/236) and p-Akt (Ser473), detected by immunohistochemistry in the epidermis

of WT mice and KO mice, were analyzed. Scale bar = 50 μm. Each dot represents the

average intensity from 5 unit areas per sample ($n$ = 8 per group). (**C** and **D**)

Immunoblotting of p-S6 (Ser235/236), S6, p-Akt (Ser473), and Akt in tissue lysates

from epidermis without treatment (**C**) and with IMQ treatment for consecutive 4 days

(**D**) ($n$ = 5 per group, except for p-Akt and Akt in **C**, for which $n$ = 4). **A**-**D**: *$p < 0.05$,

**$p < 0.01$. NS, not significant.

Figure 7-source data1

Excel file containing quantitative data for Figure 7.

**Figure 8: Inhibitors of mTOR signaling modulate the expression of cytokeratins in**

**Sema4AKO mice.**

(**A** and **B**) Epidermal thickness of Sema4AKO mice treated intraperitoneally with

vehicle (Ctl) or rapamycin (**A**), and Ctl or JR-AB2-011 (**B**) ($n = 5$ per group). (**C** and **D**)

Relative expression of keratinocyte differentiation markers and *Il17a* in Sema4AKO Epi

(**C**), and the number of T cells in Epi and Derm under Ctl or rapamycin (**D**) ($n = 5$ per

group). (**E** and **F**) Relative expression of keratinocyte differentiation markers and *Il17a*

in Sema4AKO Epi (**E**), and the number of T cells in Epi and Derm under Ctl or JR-

817     AB2-011 (**F**) (*n* = 5 per group). **D** and **F**: Each dot represents the sum of numbers from

818     10 unit areas across 3 specimens. **A**-**F**: \*$p < 0.05$, \*\*$p < 0.01$. NS, not significant.

820     Figure 8-source data1

821     Excel file containing quantitative data for Figure 8.

824 **SUPPLEMENTARY MARERIALS**

A

| Sample name | Title | Age | Gender | PASI | Site |
|---|---|---|---|---|---|
| | Clinical information | | | | |
| Sample01 | Control01 | 37 | Male | 0 | Trunk |
| Sample02 | Control02 | 37 | Male | 0 | Trunk |
| Sample03 | Control03 | 66 | Male | 0 | Trunk |
| Sample04 | Control04 | 40 | Male | 0 | Leg (right) |
| Sample05 | Control05 | 40 | Male | 0 | Leg (right) |
| Sample06 | Control06 | 41 | Male | 0 | Leg (right) |
| Sample07 | Control07 | 52 | Female | 0 | Arm (left) |
| Sample08 | Control08 | 52 | Female | 0 | Arm (left) |
| Sample09 | Control09 | 74 | Male | 0 | Trunk |
| Sample10 | Control10 | 74 | Male | 0 | Trunk |
| Sample11 | Psoriasis01_preTx_LS | 52 | Female | 18 | Arm (right) |
| Sample12 | Psoriasis02_preTx_LS | 63 | Male | 7.8 | Back |
| Sample13 | Psoriasis03_preTx_LS | 58 | Female | 8.4 | Leg (left) |
| Sample15 | Psoriasis04_preTx_LS | 41 | Male | 9.6 | Trunk |
| Sample17 | Psoriasis05_preTx_LS | 46 | Female | 6.8 | Arm (right) |
| Sample18 | Psoriasis06_preTx_LS | 39 | Male | 6 | Leg (right) |
| Sample21 | Psoriasis07_preTx_LS | 39 | Male | 9.8 | Trunk |
| Sample22 | Psoriasis07_preTx_LS_02 | 40 | Male | 18 | Trunk |
| Sample26 | Psoriasis08_preTx_LS | 48 | Female | 7.4 | Arm (right) |
| Sample27 | Psoriasis09_preTx_LS | 45 | Male | 6.4 | Leg (right) |
| Sample28 | Psoriasis10_preTx_LS | 38 | Male | 8.4 | Leg (right) |

826 **Figure 1-figure supplement 1: Sema4A is downregulated in the keratinocytes of**

827 **lesional psoriasis in the single-cell RNA-sequencing data.**

828 (**A**) Sample information for specimens from Ctl and psoriatic L (GSE220116). (**B** and

829 **C**) Clusters of cells were identified by their expression patterns of signature genes.

**Figure 1-figure supplement 2: Gating strategy in flow cytometry.**

Gating strategy for human Sema4A expression in blood cells. Large and small cells were distinguished using forward scatter (FCS) and side scatter (SSC) in a dot plot panel, with dead cells being excluded. Monocytes were defined within the live large cell population as CD11c positive. CD4 and CD8 T cells were identified within the live small cell population as CD3 positive CD4 positive and CD3 positive CD8 positive populations, respectively. The empty histogram represents the flow cytometry minus one control for Sema4A.

**Figure 2-figure supplement 2: Gating strategy in flow cytometry.**

Gating strategy for murine T cells infiltrating the epidermis and dermis. After excluding

dead cells, TCRγδ positive T cells were evaluated for the expression of Vγ2. TCRγδ

positive Vγ2 negative population was further assessed the expression of Vγ3. The CD3

positive TCRγδ negative population was evaluated for the expression of CD4 and CD8.

Each population was analyzed for cytokine production. The empty histogram represents

the isotype control for IL-17A.

**Figure 4-figure supplement 1: Expression of IFNγ and IL-4 is comparable between**

**WT and Sema4AKO skin.**

(**A** and **B**) The graphs presenting the percentages of IFNγ (**A**) and IL-4 (**B**) -producing

Vγ2, Vγ2-Vγ3-γδ (DNγδT), CD4, and CD8 T cells in CD3 fraction in the Epi (top) and

Derm (bottom) of WT mice and Sema4AKO mice (*n* = 4 per group, each dot represents

the average of 4 ear specimens). (**C**) The graphs showing the percentages IL-17A-

producing γδ, CD4, and CD8 T cells in CD3 fraction from draining LN (dLN) of WT

mice and Sema4AKO mice (*n* = 6 per group). **A**-**C**: NS, not significant.

Figure 4-figure supplement1-source data1

Excel file containing quantitative data for Figure 4-figure supplement1.

**Figure 4-figure supplement 2: Comparable T17 differentiation potential under**

**Th17-skewing conditions between WT mice and Sema4AKO mice.**

Splenic T cells were cultured for 2 weeks, followed by flow cytometry analysis. The

accumulated data display the percentages of IL-17A-producing (right) and IFNγ-

producing (left) γδ, CD4, and CD8 T cells within CD3 fraction under various

conditions: IL-23 dependent Th17-skewing condition (top), IL-23 only Th17-skewing

condition (middle), and IL-23 independent Th17-skewing condition (bottom) . NS, not

significant.

Figure 4-figure supplement2-source data1

Excel file containing quantitative data for Figure 4-figure supplement2.

**Figure 5-figure supplement 1: The epidermis of psoriatic non-lesion is thicker than**

**that of control skin.**

Epidermal thickness of Ctl and psoriatic NL ($n$ = 10 per group). ***$p$ < 0.001.

Figure 5-figure supplement1-source data1

Excel file containing quantitative data for Figure 5-figure supplement1.

**Figure 6-figure supplement 1: Upregulation of cytokeratin expression related to**

**psoriasis is not detected at birth in Sema4AKO mice.**

Representative immunofluorescence pictures of Krt5, Krt10, Krt14, and Krt16 (red)

overlapped with DAPI, and the accumulated graphs showing the numbers of Krt5,

Krt10, Krt14, and Krt16 positive cells per 100 μm width (*n* = 5 per group) in the

epidermis of day 0 back. Scale bar = 50 μm. Each dot represents the average from 5 unit

areas per sample. NS, not significant.

Figure 6-figure supplement1-source data1

Excel file containing quantitative data for Figure 6-figure supplement1.

**Figure 8-figure supplement 1: Topical application of rapamycin gel yields partially similar results to intraperitoneal treatment.**

(**A**) Comparison of epidermal thickness between vehicle (Ctl) gel-treated right ears and rapamycin gel-treated left ears of Sema4AKO mice ($n$ = 10 per group). (**B**) Relative expression of keratinocyte differentiation markers and *Il17a* in Sema4AKO Epi under Ctl gel or rapamycin gel treatments ($n$ = 5 per group). (**C**) The number of T cells in the epidermis (left) and dermis (right), under Ctl gel or rapamycin gel treatments ($n$ = 5 per group). Each dot represents the sum of numbers from 10 unit areas across 3 specimens.

**A-C**: *$p < 0.05$, **$p < 0.01$. NS, not significant.

906     Figure 8-figure supplement1-source data1

907     Excel file containing quantitative data for Figure 8-figure supplement1.

| Table S1 | Patient information |

Psoriasis severity is defined by the total body surface area (BSA) affected: <3% BSA for mild, 3%-10% BSA for moderate, and >10% BSA for severe disease.

| Fig. 1, D and E | Analysis of Sema4A expression by immunohistochemistry |

| Fig. S4 | Epidermal thickness |

Psoriasis (n = 10)

| Age | Gender | Body site | Severity |
|-----|--------|-----------|----------|
| 66 | Male | Leg | Severe |
| 55 | Male | Trunk | Moderate |
| 80 | Female | Trunk | Severe |
| 72 | Male | Trunk | Moderate |
| 30 | Male | Trunk | Severe |
| 72 | Female | Leg | Moderate |
| 63 | Male | Arm | Mild |
| 38 | Male | Trunk | Mild |
| 35 | Male | Leg | Mild |
| 71 | Male | Trunk | Moderate |

Control (n = 10)

| Age | Gender | Body site |
|-----|--------|-----------|
| 76 | Male | Neck |
| 52 | Female | Leg |
| 66 | Female | Leg |
| 33 | Male | Leg |
| 68 | Female | Trunk |
| 57 | Female | Leg |
| 65 | Male | Trunk |
| 41 | Female | Trunk |
| 51 | Female | Trunk |
| 66 | Female | Trunk |

| Fig 1F | Analysis of Sema4A expression by qRT-PCR |

Epidermis

Psoriasis (n = 7)

| Age | Gender | Body site | Severity |
|-----|--------|-----------|----------|
| 71 | Male | Leg | Moderate |
| 76 | Female | Neck | Mild |
| 38 | Female | Trunk | Moderate |
| 49 | Female | Trunk | Moderate |
| 61 | Male | Arm | Mild |
| 68 | Female | Trunk | Moderate |
| 72 | Male | Leg | Mild |

Control (n = 10)

| Age | Gender | Body site |
|-----|--------|-----------|
| 57 | Female | Leg |
| 69 | Female | Trunk |

| 66 | Female | Trunk |
|---|---|---|
| 86 | Female | Trunk |
| 53 | Female | Trunk |
| 84 | Male | Neck |
| 37 | Female | Trunk |
| 46 | Female | Trunk |
| 51 | Female | Trunk |
| 46 | Female | Trunk |

Dermis

Psoriasis (n = 6)

| Age | Gender | Body site | Severity |
|---|---|---|---|
| 76 | Female | Neck | Mild |
| 38 | Female | Trunk | Moderate |
| 49 | Female | Trunk | Moderate |
| 61 | Male | Arm | Severe |
| 68 | Female | Trunk | Moderate |
| 72 | Male | Leg | Severe |

Control (n = 6)

| Age | Gender | Body site |
|---|---|---|
| 69 | Female | Trunk |
| 86 | Female | Trunk |
| 84 | Male | Neck |
| 37 | Female | Trunk |
| 51 | Female | Trunk |
| 46 | Female | Trunk |

Fig 1G — Analysis of Sema4A expression by flow cytometry

| | Cell type | Average of age | Male (n = ) | Female (n = ) |
|---|---|---|---|---|
| Psoriasis (n = 13) | CD4 T cell, CD8 T cell, and monocyte | 56.1 | 9 | 4 |
| Control (n = 13) | CD4 T cell and CD8 T cell | 52.2 | 6 | 7 |
| Control (n = 11) | Monocyte | 54.1 | 6 | 5 |

Fig 1H — Analysis of Serum Sema4A by ELISA

| | Average of age | Male (n = ) | Female (n = ) |
|---|---|---|---|
| Psoriasis (n = 60) | 55.3 | 43 | 17 |
| Control (n = 20) | 52.1 | 11 | 9 |

Fig 6A — Pictures of p-S6, S6, p-Akt, and Akt staining

Psoriasis (n = 1)

| Age | Gender | Body site | Severity |
|---|---|---|---|
| 30 | Male | Trunk | Severe |

Control (n = 1)

| Age | Gender | Body site |
|---|---|---|
| 66 | Female | Trunk |

Analysis of p-S6, S6 expression by immunohistochemistry

Psoriasis (n = 9)

| Age | Gender | Body site | Severity |
|-----|--------|-----------|----------|
| 66 | Male | Leg | Severe |
| 55 | Male | Trunk | Moderate |
| 80 | Female | Trunk | Severe |
| 72 | Male | Trunk | Moderate |
| 30 | Male | Trunk | Severe |
| 72 | Female | Leg | Moderate |
| 38 | Male | Trunk | Mild |
| 35 | Male | Leg | Mild |
| 71 | Male | Trunk | Moderate |

Control (n = 9)

| Age | Gender | Body site |
|-----|--------|-----------|
| 76 | Male | Neck |
| 66 | Female | Leg |
| 33 | Male | Leg |
| 68 | Female | Trunk |
| 57 | Female | Leg |
| 65 | Male | Trunk |
| 41 | Female | Trunk |
| 51 | Female | Trunk |
| 66 | Female | Trunk |

Table S2
Antibodies used for immunohistochemical, immunofluorescence, and western blot analyses

| Target | Clone | Species | Supplier | Catalog | Dilution | Incubation time | Incubation temperature |
|---|---|---|---|---|---|---|---|
| Sema4A | Polyclonal | Rabbit | Abcom | ab70178 | 100 | 30 min | RT |
| phospho-S6 (Ser235/236) | D57.2.2E | Rabbit | Cell Signaling | 4858 | 400 | overnight | 4 °C |
| S6 | 5G10 | Rabbit | Cell Signaling | 2217 | 100 | overnight | 4 °C |
| phospho-Akt (Ser473) | D9E | Rabbit | Cell Signaling | 4060 | 100 | overnight | 4 °C |
| Akt | C67E7 | Rabbit | Cell Signaling | 4691 | 300 | overnight | 4 °C |
| Keratin 5 | Polyclonal | Rabbit | BioLegend | 905503 | 800 | overnight | 4 °C |
| Keratin 10 | Polyclonal | Rabbit | BioLegend | 905403 | 400 | overnight | 4 °C |
| Keratin 14 | Polyclonal | Rabbit | BioLegend | 905303 | 400 | overnight | 4 °C |
| Cytokeratin 16 | 8L6R4 | Rabbit | Invitrogen | MA5-42892 | 100 | overnight | 4 °C |
| CD3 | CD3-12 | Rat | BIO-RAD | MCA1477 | 100 | overnight | 4 °C |
| Rabbit IgG H&L (Alexa Fluor 555) | Polyclonal | Donkey | Abcam | ab150074 | 1000 | 30 min | RT |
| Rat IgG H&L (Alexa Fluor 555) | Polyclonal | Donkey | Abcam | ab150154 | 1000 | 30 min | RT |
| Rabbit IgG H&L (Alexa Fluor 488) | Polyclonal | Goat | ThermoFisher | A-11034 | 500 | 30 min | RT |
| β-actin | AC-15 | Mouse | Sigma-Aldrich | A5441 | 5000 | overnight | 4 °C |
| Anti-Mouse IgG, HRP-Linked Whole Ab | - | Sheep | Cytiva | NA931 | 10000 | 1 hour | RT |
| Anti-Rabbit IgG, HRP-Linked Whole Ab | - | Donkey | Cytiva | NA934 | 10000 | 1 hour | RT |

RT: Room temperature

Table S3

Primer sequences of real-time quantitative PCR used in human sample experiments

| Gene Symbol | Forward primer (5'-3') | Reverse primer (5'-3') |
|---|---|---|
| *GAPDH* | GTCTCCTCTGACTTCAACAGCG | ACCACCCTGTTGCTGTAGCCAA |
| *SEMA4A* | TCTGCTCCTGAGTGGTGATG | AAACCAGGACACGGATGAAG |

Primer sequences of real-time quantitative PCR in murine sample experiments

| Gene Symbol | Forward primer (5'-3') | Reverse primer (5'-3') |
|---|---|---|
| *Gapdh* | TGTGTCCGTCGTGGATCTGA | TTGCTGTTGAAGTCGCAGGAG |
| *Krt5* | CAGAGCTGAGGAACATGCAG | CATTCTCAGCCGTGGTACG |
| *Krt10* | CGTACTGTTCAGGGTCTGGAG | GCTTCCAGCGATTGTTTCA |
| *Krt14* | CGTACTGTTCAGGGTCTGGAG | GCTTCCAGCGATTGTTTCA |
| *Krt16* | TGAGCTGACCCTGTCCAGA | TGAGCTGACCCTGTCCAGA |
| *Filaggrin* | GGAGGCATGGTGGAACTGA | TGTTTATCTTTTCCCTCACTTCTACATC |
| *Loricrin* | TCACTCATCTTCCCTGGTGCTT | GTCTTTCCACAACCCACAGGA |
| *Sema4a* | ATGGCCCTACCATCCCTGG | AGCAGCGTGTCAAAGTCTCG |
| *Ccl20* | ATGGCCTGCGGTGGCAAGCGT | CATCTTCTTGACTCTTAGGC |
| *S100a8* | TGCGATGGTGATAAAAGTGG | GGCCAGAAGCTCTGCTACTC |
| *S100a9* | CACCCTGAGCAAGAAGGAAT | TGTCATTTATGAGGGCTTCATTT |
| *Ifgγ* | ATCTGGAGGAACTGGCAAAA | TTCAAGACTTCAAAGAGTCTGAGGTA |
| *Tnfα* | GCCTCCCTCTCATCAGTTCT | CACTTGGTGGTTTGCTACGA |
| *Il4* | ACAGGAGAAGGGACGCCAT | GAAGCCCTACAGACGAGCTCA |
| *Il17a* | CTGTGTCTCTGATGCTGTTG | ATGTGGTGGTCCAGCTTTC |
| *Il23* | TCCCTACTAGGACTCAGCCAAC | GCTGCCACTGCTGACTAGAA |

Table S4
Antibodies used for flow cytometry analysis

| Target | Clone | Species | Supplier | Catalog |
|--------|-------|---------|----------|---------|
| CD3 | OKT3 | Mouse | BioLegend | 317335 |
| CD4 | RPA-T4 | Mouse | BioLegend | 300512 |
| CD8 | RPA-T8 | Mouse | eBioscience | 47-0088-42 |
| CD11c | 3.9 | Mouse | BioLegend | 301628 |
| SEMA4A | 5E3/SEMA4A | Mouse | BioLegend | 148404 |
| CD3ε | 145-2C11 | Armenian Hamster | BioLegend | 100328 |
| CD4 | GK1.5 | Rat | BioLegend | 100406 |
| CD8 | 53-6.7 | Rat | BioLegend | 100714 |
| CD16/32 | 93 | Rat | BioLegend | 101301 |
| CD69 | H1.2F3 | Armenian Hamster | BioLegend | 104514 |
| CD103 | 2E7 | Armenian Hamster | BioLegend | 121422 |
| TCR Vγ2 | UC3-10A6 | Armenian Hamster | BioLegend | 137705 |
| TCR Vγ3 | 536 | Syrian Hamster | BD Biosciences | 743241 |
| TCRγδ | GL3 | Armenian Hamster | BioLegend | 118124 |
| IFNγ | XMG1.2 | Rat | BioLegend | 505813 |
| IL-4 | 11B11 | Rat | BD Biosciences | 562915 |
| IL-17A | TC11-18H10.1 | Rat | BioLegend | 506925 |

Table S5

Mouse recombinant cytokines

| Cytokines | Supplier | Catalog |
|-----------|----------|---------|
| IL-1β | BioLegend | 575102 |
| IL-6 | BioLegend | 575702 |
| IL-23 | BioLegend | 589002 |
| TGFβ1 | BioLegend | 763102 |