

Longitudinal immunosequencing in healthy people reveals persistent T cell receptors rich in public receptors

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ABSTRACT

Background

The adaptive immune system maintains a diversity of T cells capable of recognizing a broad array of antigens. Each T cell's specificity and affinity for antigens is determined by its T cell receptors (TCRs), which together across all T cells form a repertoire of tens of millions of unique receptors in each individual. Although many studies have examined how TCR repertoires change in response to disease or drugs, few have explored the temporal dynamics of the TCR repertoire in healthy individuals.

Results

Here we report immunosequencing of TCR β chains (TCR β) from the blood of three healthy individuals at eight time points over one year. TCR β repertoires from samples of all T cells and memory T cells clearly clustered by individual, confirming that TCR β repertoires are specific to individuals across time. This individuality was absent from TCR β s from naive T cells, suggesting that these differences result from an individual's antigen exposure history. Many characteristics of the TCR β repertoire (e.g., alpha diversity, clonality) were stable across time, although we found evidence of T cell expansion dynamics even within healthy individuals. We further identified a subset of "persistent" TCR β s present across all time points, and these receptors were rich in clonal and public receptors.

Conclusions

Our results revealed persistent receptors that may play a key role in immune system maintenance. They further highlight the importance of longitudinal sampling of the immune system and provide a much-needed baseline for TCR β dynamics in healthy individuals. Such a baseline should help improve interpretation of changes in the TCR β repertoire during disease or treatment.

Keywords: T cell receptor, immunosequencing, healthy human control, adaptive immune system, immunotherapy, public receptors, persistent receptors, immunogenetics

BACKGROUND

T cells play a vital role in cell-mediated immunity, one branch of the adaptive immune response against foreign and self-antigens. Upon recognizing an antigen from an antigen-presenting cell, naive T cells activate and proliferate rapidly. This process stimulates an effector response to the immediate challenge, followed by generation of memory T cells, which form a lasting cohort capable of mounting more-efficient responses against subsequent challenges by the same antigen.

The key to the flexibility and specificity of T cell responses lies in the cells' remarkable capacity to diversify their T cell receptor (TCR) sequences, which determine the antigens those cells will recognize. Most T cells display TCRs made up of two chains: an α and a β chain. Sequence diversity in these chains arises during T cell development, through recombination of three sets of gene segments: the variable (V), diversity (D), and joining (J) segments (1). Random insertions and deletions at each genetic junction introduce still more diversity, resulting in a theoretical repertoire of 10^{15} unique receptors in humans (2). Selective pressures during and after T cell development, as well as constraints on the number of T cells maintained by the body, limit this diversity to an observed 10^7 (approximately) unique receptors per individual (2–5).

This TCR repertoire forms the foundation of the adaptive immune response, which dynamically responds to disease. Each immune challenge prompts expansions and contractions of different T cell populations, and new T cells are continually generated. Substantial research interest has focused on these dynamics in the context of immune system perturbations, including in cancer (6–9), infection (10,11), autoimmune disorders (12,13), and therapeutic trials (8,14,15). Observing changes in TCR populations not only uncovers cellular mechanisms driving disease, but can inform development of new diagnostics, biomarkers, and therapeutics involving T cells.

Less research has explored TCR dynamics in healthy individuals. Previous studies found that some TCRs remain present in individuals over decades (16,17), but these long-term studies may not directly relate to shorter-term events, such as diseases or treatments. Interpreting TCR dynamics when the immune system is challenged would be more straightforward if we had a clear picture of TCR dynamics in healthy individuals.

To help develop this picture, we report immunosequencing of peripheral TCR β chain (TCR β) repertoires of three individuals at eight time points over one year. We focused on the TCR β chain because, unlike the α chain, only one β chain can be expressed on each T cell (18), the β chain contains greater sequence diversity (19), and it more frequently interacts with presented antigens during recognition (20). These factors suggest that TCR β sequences should be sufficient to track individual T cells and their clones. Our analysis revealed overall individuality and temporal stability of the TCR β pool. We also uncovered a set of temporally persistent TCR β s, which were more abundant, and shared across more people, than transitory TCR β s.

RESULTS

T cell receptor repertoires show individuality and stability through time

To characterize the dynamics of T cell receptors in healthy individuals, we deeply sequenced the TCR β locus of peripheral blood mononuclear cells (PBMCs) isolated from three healthy adults (for schematic of experimental design, see **Figure 1a**). We sampled each individual at eight time points over one year (**Figure 1a**). For three intermediate time points, we also sequenced flow-sorted naive and memory T cells from PBMCs (see Methods). We summarize per-sample sequencing reads, unique TCR β s—which we defined as a unique combination of a V segment, CDR3 amino acid sequence, and J segment (21)—and other global statistics in **Table S1**. Most TCR β s had abundances near 10^{-6} (**Figure S1**), and rarefaction curves indicate that all samples were well saturated (**Figure S2**). This saturation indicates that our sequencing captured the full diversity of TCR β s in our samples, although our blood samples cannot capture the full diversity of the TCR β repertoire (see **Discussion**).

We first examined whether previously observed differences among individuals were stable through time (7,22). Looking at shared TCR β s (Jaccard index) among samples, we indeed found that samples of PBMCs or memory T cells taken from the same individual shared more TCR β s than samples taken from different individuals (**Figure 1b**), and this pattern was consistent over one year. In adults, memory T cells are thought to make up 60–90% of circulating T cells (23,24), which aligns with the agreement between these two T cell sample types. In contrast, TCR β s from naive T cells did not cluster cohesively by individual (**Figure 1b**). As naive T cells have not yet recognized a corresponding antigen, this lack of cohesion suggests that before antigen recognition and proliferation, TCR β repertoires are not specific to individuals (**Figure 1b**). We can thus conclude that individuality results from an individual’s unique antigen exposure and T cell activation history.

We next examined patterns across samples from the same individual to understand TCR dynamics in healthy individuals. We observed only a minority of TCR β s shared among samples from month to month; indeed, samples of PBMCs at different months from the same individual typically shared only 11% of TCR β s (standard deviation 3.6%, range 5–18%) (**Figure 1b**).

Two factors likely played a role in the observed turnover of TCR β repertoires: (1) changes in TCR β abundances across time and (2) inherent undersampling of such a diverse system (see **Discussion**). Undersampling likely explained much of the low overlap of TCR β s among samples. To verify that patterns we observed were not artifacts of undersampling, we also analyzed a subset of high-abundance TCR β s (see **Methods**), which are less likely to be affected. In these TCR β s, we observed typical sharing of 63% (standard deviation 13.8%, range 35–88%) of TCR β s in PBMC samples across time (**Figure S3a**). PBMC and memory T cell samples (but not naive T cell samples) still clearly clustered by individual when only these TCR β s were considered (**Figure S3a**).

The frequencies of high-abundance TCR β s from each individual were largely consistent over time (**Figure 1c**). We found that abundances of the same TCR β s correlated within individuals over the span of a month (**Figure 1d, S3b**) and a year (**Figure 1e, S3c**). This correlation was particularly strong for more abundant TCR β s (**Figure S3b–c**) whereas rare TCR β s varied more. This correlation held true in naive and memory T cell subpopulations, sampled across a month

(**Figure 1f-g**). In contrast, correlation was much weaker among abundances of TCRβs shared across individuals (**Figure 1h, S3d**), again highlighting the individuality of each repertoire. We found that the proportion of shared TCRβs (Jaccard index) tended to decrease with longer time intervals passed between samples, although with a notable reversion in Individual 02 (**Figure S4**). We observed stable alpha diversity (**Figure 1i, S3e**), clonality (**Figure 1j, S3f**), and V and J usage (**Figure S5, S6**) within individuals over time.

In the absence of experimental intervention, we observed complex clonal dynamics in many TCRβs, including cohorts of TCRβs with closely correlated expansion patterns (**Figure S7**). To avoid artifacts from undersampling, we looked for such cohorts of correlating receptors only in high-abundance TCRβs (see **Methods**). In all individuals, many high-abundance TCRβs appeared together only at a single time point. We also found cohorts of high-abundance TCRβs that correlated across time points (**Figure S7**). Some of these cohorts included TCRβs that fell across a range of abundances (**Figure S7a-b**), while other cohorts were made up of TCRβs with nearly identical abundances (**Figure S7c**). Correlating TCRβs were not obviously sequencing artifacts (**Table S2, Methods**). These cohorts of closely correlated TCRβs indicate that even in healthy individuals whose overall TCR repertoire appears stable, there remain underlying dynamics.

Taken together, these results revealed a diverse system, which nevertheless displayed consistent, unifying features differentiating individuals, plus longitudinal dynamics that suggested continual immune processes.

A persistent TCRβ repertoire contains elevated proportions of clonal, public TCRβs

During our analysis, we discovered a subset of TCRβs was present across all PBMC samples from a single individual, a subset we called “persistent” TCRβs (**Figure 2a**). While approximately 90% of unique TCRβs in an individual’s PBMC sample from any given time point occurred only in that sample, 0.3–0.8% of TCRβs occurred at all eight time points (**Figure 2a**). When we considered only high-abundance TCRβs, up to 61% of high-abundance TCRβs appeared in only a single sample, while up to 88% appeared in all samples (**Figure S8a**).

We hypothesized that these persistent TCRβs might be selected for and maintained by the immune system, perhaps to respond to continual antigen exposures or other chronic immunological needs.

In our data, we found multiple signatures of immunological selection acting on persistent TCRβs. The members of this persistent subset tended to have a higher mean abundance than TCRβs observed at fewer time points (**Figure 2b**). We also observed that the number of unique nucleotide sequences encoding each TCRβ’s CDR3 amino acid sequence was generally higher for persistent TCRβs (**Figure 2c**). This pattern of greater nucleotide redundancy varied across individuals and region of the CDR3 sequence (**Figure S9a**), but TCRβs with the highest nucleotide redundancy were reliably persistent (**Figure S9b**). Furthermore, we discovered that TCRβs occurring at more time points, including persistent TCRβs, shared larger proportions of

TCRβs also associated with memory T cells (**Figure 2d**). Remarkably, 98% of persistent TCRβs also occurred in memory T cells, suggesting that almost all persistent T cell clones had previously encountered and responded to their corresponding antigens. We found a similar pattern in naive T cells, although the overall overlap was lower (98% versus 50%) (**Figure 2e**). Persistent TCRβs did not show altered CDR3 lengths or VJ usage (**Figure S10-S12**). Like alpha diversity and clonality, the cumulative abundance of TCRβs present in different numbers of samples appeared stable over time and specific to individuals (**Figure 2f**). Surprisingly, although persistent TCRβs constituted less than 1% of all unique TCRβs, they accounted for 10–35% of the total abundance of TCRβs in any given sample (**Figure 2f**), further evidence that these T cell clones had expanded. We observed similar patterns when analyzing only high-abundance TCRβs (**Figure S8**).

Taken together, these characteristics—persistence across time, higher abundance, redundant nucleotide sequences, and overlap with memory T cells—suggest immunological selection for persistent TCRβs. We therefore investigated whether persistent TCRβs coexisted with TCRβs having very similar amino acid sequences. Previous studies have suggested that TCRβs with similar sequences likely respond to the same or similar antigens, and such coexistence may be evidence of immunological selection (25,26).

To explore this idea, we applied a network-based clustering algorithm based on Levenshtein edit distance between TCRβ CDR3 amino acid sequences in our data (25–27). We represented antigen-specificity as a network graph of unique TCRβs, in which each edge connected a pair of TCRβs with putative shared specificity. We found that TCRβs having few edges—and thus few other TCRβs with putative shared antigen specificity—tended to occur in only one sample, while TCRβs with more edges included a higher frequency of TCRβs occurring in more than one sample (**Figure S13**, $p < 10^{-5}$ for all three individuals by a nonparametric permutation test). This pattern indicates that TCRβs occurring with other, similar TCRβs were more often maintained across time in the peripheral immune system.

We next examined the association between persistent TCRβs—those shared across time points—and “public” TCRβs—those shared across people. Public TCRs show many of the same signatures of immunological selection as persistent TCRβs, including higher abundance (28), overlap with memory T cells (28), and coexistence with TCRs with similar sequence similarity (25). To identify public TCRβs, we compared our data with a similarly generated TCRβ dataset from a large cohort of 778 healthy individuals (21). We found that the most-shared (i.e., most-public) TCRβs from this large cohort had a larger proportion of persistent TCRβs from our three sampled individuals (**Figure 3a–b**, $p < 10^{-5}$ for all three individuals by a nonparametric permutation test). Private TCRβs—those occurring in few individuals—most often occurred at only a single time point in our analyses. The three most public TCRβs (found in over 90% of the 778-individual cohort) were found to be in the persistent TCRβ repertoires of all three individuals and were diverse in structure (**Figure 3c**).

Public TCRs are thought to be products of genetic and biochemical biases in T cell receptor recombination (29,30) and also of convergent selection for TCRs that respond to frequently encountered antigens (21,32). To better understand the effects of biases during TCRβ

recombination on receptor persistence, we used IGoR to estimate the probability that each TCR β was generated before immune selection (33). Similar to previous studies (30), the probability that a given TCR β was generated correlated closely with publicness (**Figure S14a**). In our time series data, TCR β s that occurred at multiple time points tended to have slightly higher generation probabilities (**Figure S14b**), but more-abundant TCR β s (both persistent and nonpersistent) did not (**Figure S14c–d**). These results suggest that, like public receptors, persistent receptors may partially result from biases in TCR recombination but that T cell abundance does not. Thus, although these two subsets of the TCR repertoire—persistent and public—are distinct, they overlap and share many characteristics, suggesting that both play a key role in immunity.

DISCUSSION

Our analyses revealed both fluctuation and stability in the TCR β repertoire of healthy individuals, providing a baseline framework for interpreting changes in the TCR repertoire. We identified a number of consistent patterns (e.g., alpha diversity, clonality), which are known to be affected by immunizations, clinical interventions, and changes in health status (7,14,34). These patterns differed among individuals across time, highlighting the role played by genetics and history of antigen exposure in shaping the TCR repertoire.

We further discovered a subset of persistent TCR β s that bore signs of immune selection. Persistent TCR β s tended to be more abundant than nonpersistent receptors, although this distinction is to a certain extent confounded by the fact that high abundance receptors are also more likely to be detected in a given sample. Nevertheless, this circular logic does not detract from the immune system's maintenance of specific dominant TCR β s across time. We further found that persistent TCR β s had higher numbers of distinct nucleotide sequences encoding each TCR β . TCR diversity is generated by somatic DNA recombination, so it is possible for the same TCR amino acid sequence to be generated from independent recombinations in different T cell clonal lineages. Thus, coexistence of multiple clonal lineages encoding the same TCR β amino acid sequence may reflect selective pressures to maintain that TCR β and its antigen specificity. Similarly, the presence of many TCR β s similar to persistent TCR β s—as identified by our network analysis—could also result from selection for receptors that recognize a set of related antigens (20,35). Previous studies using network analyses also found that public TCR β s tend to occur with similar TCR β s (25), further suggesting that both public and persistent TCR β s are key drivers of lasting immunity. In addition to using TCR β sequencing to track TCR β s that proliferate in response to intervention, we propose that these two dimensions—publicness across individuals and persistence through time—represent two useful strategies for identifying biologically important TCR β s.

The presence of very public (present in >90% of individuals in our cohort) and persistent TCR β s led us to speculate that these TCR β s might be responding to a set of common antigens repeatedly encountered by healthy people. These antigens could be associated with self-antigens, chronic infections (e.g., Epstein-Barr virus), or possibly members of the human microbiota. In fact, CDR3 sequence CASSPQETQYF has been previously associated with the inflammatory skin

disease psoriasis (36) and CASSLEETQYF has been implicated in responses to *Mycobacterium tuberculosis* (20) and cytomegalovirus (37).

In addition to persistent TCR β s, our analysis revealed many receptors with unstable behavior. Many high-abundance TCR β s did not persist through time, with many occurring at only a single time point (**Figure 2b, S8a**). These TCR β s could well correspond to T cells that expanded during a temporary immune challenge but then did not persist in high abundance afterward. The presence of dynamically expanding TCR β s in apparently healthy individuals poses an important consideration for designing studies monitoring the immune system. Studies tracking TCR abundances in cross-sectional immune system sampling (7,14,34–36) may capture not only T cell clones responding to intervention, but also expanding clones inherent in the T cell dynamics of healthy individuals. Repeated sampling before and after intervention could minimize such false positives.

Current immunosequencing methods have limitations that should inform the interpretation of our results. Most important, given such a diverse system as the TCR repertoire, even large sequencing efforts like ours undersample. Although our sequencing appeared to saturate our samples (**Figure S2**), additional bottlenecks during library preparation and, particularly, blood sampling limit our ability to capture full TCR β diversity. Previous studies exhaustively sequenced multiple libraries from multiple blood samples, but even these estimates are considered a lower limit of TCR β diversity (41). This detection limit could confound our identification of persistent TCR β s. Many of the TCR β s that did not occur in all samples were undoubtedly present but too rare for our analysis to capture. Thus, identification of a persistent TCR repertoire was subject to an abundance cutoff, whereby we focused on TCRs that persisted above the detection limit of sampling. To check that our conclusions were not heavily altered by undersampling, we analyzed high-abundance TCR β s and found similar overall patterns, so we infer that our main conclusions are likely robust despite this experimental limitation.

CONCLUSIONS

To better understand healthy immune system dynamics in humans, we profiled the TCR β repertoires from three individuals over one year. We found a system characterized by both fluctuation and stability and further discovered a novel subset of the TCR β repertoire that might play a key role in immunity. As immune profiling in clinical trials becomes more prevalent, we hope that our results will provide much-needed context for interpreting immunosequencing data, as well as for informing future trial designs.

METHODS

Sample collection

Three healthy adult female volunteers ages 18–45 provided blood samples over the course of one year, with samples taken on a starting date and 1, 2, 3, 5, 6, 7, and 12 months after that date (**Figure 1a**). We sequenced TCR β chains from approximately 1 million PBMCs from each

sample. From the samples at 5, 6, and 7 months, we also sequenced TCR β chains from sorted naive (CD3+, CD45RA+) and memory (CD3+, CD45RO+) T cells.

High-throughput TCR β sequencing

We extracted genomic DNA from cell samples using a Qiagen DNeasy blood extraction kit (Qiagen, Gaithersburg, MD, USA). We sequenced CDR3 regions of rearranged TCR β genes and defined these regions according to the international immunogenetics information system (IMGT) (42). We amplified and sequenced TCR β CDR3 regions using previously described protocols (2,43). Briefly, we applied a multiplexed PCR method, using a mixture of 60 forward primers specific to TCR V β gene segments plus 13 reverse primers specific to TCR J β gene segments. We sequenced 87 base-pair reads on an Illumina HiSeq System and processed raw sequence data to remove errors in the primary sequence of each read. To collapse the TCR β data into unique sequences, we used a nearest-neighbor algorithm—merging closely related sequences—which removed PCR and sequencing errors.

Data analysis

In our analyses, we focused on TCR β s containing no stop codons and mapping successfully to a V gene and J gene (**Table S1**). Relative abundances of these “productive” TCR β sequences, however, took into account the abundances of nonproductive TCR β sequences, as these sequences were still part of the greater TCR β pool. We defined a TCR β as a unique combination of V gene, J gene, and CDR3 amino acid sequence. We examined nucleotide redundancy of each TCR β by counting the number of T cell clones—a unique combination of V gene, J gene, and CDR3 nucleotide sequence—encoding each TCR β . We considered TCR β s whose abundances ranked in the top 1% for each sample as high-abundance TCR β s, and we analyzed these TCR β s in parallel with the full TCR β repertoire as a check for artifacts of undersampling (**Figure S5, S8**).

We calculated Spearman’s and Pearson’s correlation coefficients for TCR β abundances across samples using the Python package SciPy, considering only TCR β s that were shared among samples. We calculated alpha diversity (Shannon estimate = $e^{(\text{Shannon entropy})}$) and clonality ($1 - \text{Pielou's evenness}$) using the Python package Scikit-bio 0.5.1. We calculated Levenshtein distance using the Python package Python-Levenshtein 0.12.0 and analyzed the resulting network using the Python package NetworkX 1.9.1.

To look for TCR β s with similar temporal dynamics, we focused on TCR β s that occurred in high-abundance at least twice. These TCR β s likely represented T cell clones that had expanded. We then calculated Spearman’s and Pearson’s correlation coefficients for all high-abundance TCR β pairs, filling in missing data with the median abundance of TCR β s from each sample. We used median abundance—instead of a pseudocount of 1 or half the minimum abundance detected—because the immense diversity of the TCR β repertoire means that most detected TCR β s are likely similarly abundant as TCR β s that were not detected. We identified pairs of TCR β s that had high (>0.95) correlation. To identify cohorts of TCR β s that co-correlated, we represented TCR β s as nodes in a network, where nodes were connected by edges if the corresponding TCR β s were highly correlated. We then searched for the maximal network clique (a set of nodes

where each node has an edge to all other nodes) using NetworkX. We visually inspected these TCR β cohorts for evidence of sequencing error, which might have resulted in a high-abundance TCR β that closely correlated with many low-abundance TCR β s with similar sequences (**Table S2**). To test the significance of TCR β cohort size, we performed the same analysis on 1000 shuffled datasets. Each shuffled dataset randomly permuted sample labels (i.e., the sampling date) for each TCR β within each individual.

To test the significance of persistent TCR β enrichment in (a) public receptors (**Figure 3**) and (b) TCR β s that occurred with many similar receptors (**Figure S13**), we analyzed 10,000 shuffled datasets. For these permutations, we randomly permuted the number of time points at which each TCR β was observed and repeated the analysis.

We estimated the probability of generation of each TCR β prior to immune selection using IGoR version 1.1.0 with the provided model parameters for the human TCR β locus (33).

DECLARATIONS

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Ethics approval and consent to participate

All procedures were conducted under WIRB protocol ADAP-002 (“Immunology studies of normal healthy individuals”). Subject enrollment and study procedures were directed by Adaptive Biotechnologies

Consent for publication

Not applicable

Availability of data and materials

All data are freely available on the immuneACCESS portal of Adaptive Biotechnologies (<https://clients.adaptivebiotech.com/immuneaccess>).

Competing interests

AMS and ROE are employed by, and have equity ownership with, Adaptive Biotechnologies. HSR has equity ownership with Adaptive Biotechnologies. EJA is a consultant and research advisor of OpenBiome and Finch Therapeutics.

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Authors' contributions

ROE, AMS, and HSR conceptualized the experiment and generated the data. NDC and HSB analyzed the data. NDC made figures, and HSB wrote the first draft of the manuscript with input from NDC. All authors contributed to manuscript development.

REFERENCES

1. Chien Y, Gascoigne NRJ, Kavalier J, Lee NE, Davis MM. Somatic recombination in a murine T-cell receptor gene. *Nature*. 1984 May 24;309(5966):322–6.
2. Robins HS, Campregher PV, Srivastava SK, Wachter A, Turtle CJ, Kahsai O, et al. Comprehensive assessment of T-cell receptor β -chain diversity in $\alpha\beta$ T cells. *Blood*. 2009 Nov 5;114(19):4099–107.
3. Arstila TP, Casrouge A, Baron V, Even J, Kanellopoulos J, Kourilsky P. A direct estimate of the human alphabeta T cell receptor diversity. *Science*. 1999 Oct 29;286(5441):958–61.
4. Wang C, Sanders CM, Yang Q, Schroeder HW, Wang E, Babrzadeh F, et al. High throughput sequencing reveals a complex pattern of dynamic interrelationships among human T cell subsets. *Proc Natl Acad Sci U S A*. 2010 Jan 26;107(4):1518–23.
5. Robins HS, Srivastava SK, Campregher PV, Turtle CJ, Andriesen J, Riddell SR, et al. Overlap and effective size of the human CD8+ T-cell receptor repertoire. *Sci Transl Med*. 2010 Sep 1;2(47):47ra64.
6. Logan AC, Gao H, Wang C, Sahaf B, Jones CD, Marshall EL, et al. High-throughput VDJ sequencing for quantification of minimal residual disease in chronic lymphocytic leukemia and immune reconstitution assessment. *Proc Natl Acad Sci U S A*. 2011 Dec 27;108(52):21194–9.
7. Wu D, Sherwood A, Fromm JR, Winter SS, Dunsmore KP, Loh ML, et al. High-throughput sequencing detects minimal residual disease in acute T lymphoblastic leukemia. *Sci Transl Med*. 2012 May 16;4(134):134ra63.
8. Grupp SA, Kalos M, Barrett D, Aplenc R, Porter DL, Rheingold SR, et al. Chimeric Antigen Receptor–Modified T Cells for Acute Lymphoid Leukemia. *N Engl J Med*. 2013 Apr 18;368(16):1509–18.
9. Emerson RO, Sherwood AM, Rieder MJ, Guenthoer J, Williamson DW, Carlson CS, et al. High-throughput sequencing of T-cell receptors reveals a homogeneous repertoire of tumour-infiltrating lymphocytes in ovarian cancer. *J Pathol*. 2013 Dec;231(4):433–40.
10. Zhu J, Peng T, Johnston C, Phasouk K, Kask AS, Klock A, et al. Immune surveillance by CD8 $\alpha\alpha$ + skin-resident T cells in human herpes virus infection. *Nature*. 2013 May 23;497(7450):494–7.
11. Luo W, Su J, Zhang X-B, Yang Z, Zhou M-Q, Jiang Z-M, et al. Limited T Cell Receptor Repertoire Diversity in Tuberculosis Patients Correlates with Clinical Severity. *PLOS ONE*. 2012 Oct 26;7(10):e48117.
12. Seay HR, Yusko E, Rothweiler SJ, Zhang L, Posgai AL, Campbell-Thompson M, et al. Tissue distribution and clonal diversity of the T and B cell repertoire in type 1 diabetes. *JCI*

Insight [Internet]. [cited 2017 Oct 23];1(20). Available from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135280/>

13. Rossetti M, Spreafico R, Consolaro A, Leong JY, Chua C, Massa M, et al. TCR repertoire sequencing identifies synovial Treg cell clonotypes in the bloodstream during active inflammation in human arthritis. *Ann Rheum Dis*. 2017 Feb 1;76(2):435–41.
14. van Heijst JWJ, Ceberio I, Lipuma LB, Samilo DW, Wasilewski GD, Gonzales AMR, et al. Quantitative assessment of T cell repertoire recovery after hematopoietic stem cell transplantation. *Nat Med*. 2013 Mar;19(3):372–7.
15. Jones JL, Thompson SAJ, Loh P, Davies JL, Tuohy OC, Curry AJ, et al. Human autoimmunity after lymphocyte depletion is caused by homeostatic T-cell proliferation. *Proc Natl Acad Sci*. 2013 Dec 10;110(50):20200–5.
16. Neller MA, Burrows JM, Rist MJ, Miles JJ, Burrows SR. High Frequency of Herpesvirus-Specific Clonotypes in the Human T Cell Repertoire Can Remain Stable over Decades with Minimal Turnover. *J Virol*. 2013 Jan;87(1):697–700.
17. Yoshida K, Cologne JB, Cordova K, Misumi M, Yamaoka M, Kyoizumi S, et al. Aging-related changes in human T-cell repertoire over 20years delineated by deep sequencing of peripheral T-cell receptors. *Exp Gerontol*. 2017 Oct 1;96(Supplement C):29–37.
18. Uematsu Y, Ryser S, Dembić Z, Borgulya P, Krimpenfort P, Berns A, et al. In transgenic mice the introduced functional T cell receptor beta gene prevents expression of endogenous beta genes. *Cell*. 1988 Mar 25;52(6):831–41.
19. Woodsworth DJ, Castellarin M, Holt RA. Sequence analysis of T-cell repertoires in health and disease. *Genome Med*. 2013 Oct 30;5(10):98.
20. Glanville J, Huang H, Nau A, Hatton O, Wagar LE, Rubelt F, et al. Identifying specificity groups in the T cell receptor repertoire. *Nature*. 2017 Jul 6;547(7661):94–8.
21. Emerson RO, DeWitt WS, Vignali M, Gravley J, Hu JK, Osborne EJ, et al. Immunosequencing identifies signatures of cytomegalovirus exposure history and HLA-mediated effects on the T cell repertoire. *Nat Genet*. 2017 Apr 3;49(5):ng.3822.
22. Wu D, Emerson RO, Sherwood A, Loh ML, Angiolillo A, Howie B, et al. Detection of minimal residual disease in B lymphoblastic leukemia by high-throughput sequencing of IGH. *Clin Cancer Res Off J Am Assoc Cancer Res*. 2014 Sep 1;20(17):4540–8.
23. Sathaliyawala T, Kubota M, Yudanin N, Turner D, Camp P, Thome JJC, et al. Distribution and compartmentalization of human circulating and tissue-resident memory T cell subsets. *Immunity*. 2013 Jan 24;38(1):187–97.
24. Cossarizza A, Ortolani C, Paganelli R, Barbieri D, Monti D, Sansoni P, et al. CD45 isoforms expression on CD4⁺ and CD8⁺ T cells throughout life, from newborns to

- centenarians: implications for T cell memory. *Mech Ageing Dev.* 1996 Mar 29;86(3):173–95.
25. Madi A, Poran A, Shifrut E, Reich-Zeliger S, Greenstein E, Zaretsky I, et al. T cell receptor repertoires of mice and humans are clustered in similarity networks around conserved public CDR3 sequences. *eLife.* 2017 Jul 21;6.
26. Miho E, Greiff V, Roskar R, Reddy ST. The fundamental principles of antibody repertoire architecture revealed by large-scale network analysis. *bioRxiv.* 2017 Apr 5;124578.
27. Greiff V, Menzel U, Miho E, Weber C, Riedel R, Cook S, et al. Systems Analysis Reveals High Genetic and Antigen-Driven Predetermination of Antibody Repertoires throughout B Cell Development. *Cell Rep.* 2017 May 16;19(7):1467–78.
28. Madi A, Shifrut E, Reich-Zeliger S, Gal H, Best K, Ndifon W, et al. T-cell receptor repertoires share a restricted set of public and abundant CDR3 sequences that are associated with self-related immunity. *Genome Res.* 2014 Jul 14;gr.170753.113.
29. Elhanati Y, Murugan A, Callan CG, Mora T, Walczak AM. Quantifying selection in immune receptor repertoires. *Proc Natl Acad Sci.* 2014 Jul 8;111(27):9875–80.
30. Murugan A, Mora T, Walczak AM, Callan CG. Statistical inference of the generation probability of T-cell receptors from sequence repertoires. *Proc Natl Acad Sci U S A.* 2012 Oct 2;109(40):16161–6.
31. Venturi V, Quigley MF, Greenaway HY, Ng PC, Ende ZS, McIntosh T, et al. A mechanism for TCR sharing between T cell subsets and individuals revealed by pyrosequencing. *J Immunol Baltim Md 1950.* 2011 Apr 1;186(7):4285–94.
32. Klarenbeek PL, Remmerswaal EBM, Berge IJM ten, Doorenspleet ME, Schaik BDC van, Esveldt REE, et al. Deep Sequencing of Antiviral T-Cell Responses to HCMV and EBV in Humans Reveals a Stable Repertoire That Is Maintained for Many Years. *PLOS Pathog.* 2012 Sep 27;8(9):e1002889.
33. Marcou Q, Mora T, Walczak AM. IGoR: a tool for high-throughput immune repertoire analysis. *ArXiv170508246 Q-Bio [Internet].* 2017 May 23 [cited 2018 Feb 7]; Available from: <http://arxiv.org/abs/1705.08246>
34. Qi Q, Liu Y, Cheng Y, Glanville J, Zhang D, Lee J-Y, et al. Diversity and clonal selection in the human T-cell repertoire. *Proc Natl Acad Sci U S A.* 2014 Sep 9;111(36):13139–44.
35. Dash P, Fiore-Gartland AJ, Hertz T, Wang GC, Sharma S, Souquette A, et al. Quantifiable predictive features define epitope-specific T cell receptor repertoires. *Nature.* 2017 Jul 6;547(7661):89–93.
36. Matos TR, O'Malley JT, Lowry EL, Hamm D, Kirsch IR, Robins HS, et al. Clinically resolved psoriatic lesions contain psoriasis-specific IL-17-producing $\alpha\beta$ T cell clones. *J Clin Invest.* 2017 Nov 1;127(11):4031–41.

37. Leeuwen EMM van, Remmerswaal EBM, Heemskerk MHM, Berge IJM ten, Lier RAW van. Strong selection of virus-specific cytotoxic CD4+ T-cell clones during primary human cytomegalovirus infection. *Blood*. 2006 Nov 1;108(9):3121–7.
38. Snyder A, Nathanson T, Funt SA, Ahuja A, Novik JB, Hellmann MD, et al. Contribution of systemic and somatic factors to clinical response and resistance to PD-L1 blockade in urothelial cancer: An exploratory multi-omic analysis. *PLOS Med*. 2017 May 26;14(5):e1002309.
39. Page DB, Yuan J, Redmond D, Wen YH, Durack JC, Emerson R, et al. Deep Sequencing of T-cell Receptor DNA as a Biomarker of Clonally Expanded TILs in Breast Cancer after Immunotherapy. *Cancer Immunol Res*. 2016 Oct;4(10):835–44.
40. Meier J, Roberts C, Avent K, Hazlett A, Berrie J, Payne K, et al. Fractal organization of the human T cell repertoire in health and after stem cell transplantation. *Biol Blood Marrow Transplant J Am Soc Blood Marrow Transplant*. 2013 Mar;19(3):366–77.
41. Warren RL, Freeman JD, Zeng T, Choe G, Munro S, Moore R, et al. Exhaustive T-cell repertoire sequencing of human peripheral blood samples reveals signatures of antigen selection and a directly measured repertoire size of at least 1 million clonotypes. *Genome Res*. 2011 May;21(5):790–7.
42. Lefranc M-P, Giudicelli V, Ginestoux C, Jabado-Michaloud J, Folch G, Bellahcene F, et al. IMGT, the international ImMunoGeneTics information system. *Nucleic Acids Res*. 2009 Jan;37(Database issue):D1006-1012.
43. Carlson CS, Emerson RO, Sherwood AM, Desmarais C, Chung M-W, Parsons JM, et al. Using synthetic templates to design an unbiased multiplex PCR assay. *Nat Commun*. 2013;4:2680.

FIGURES

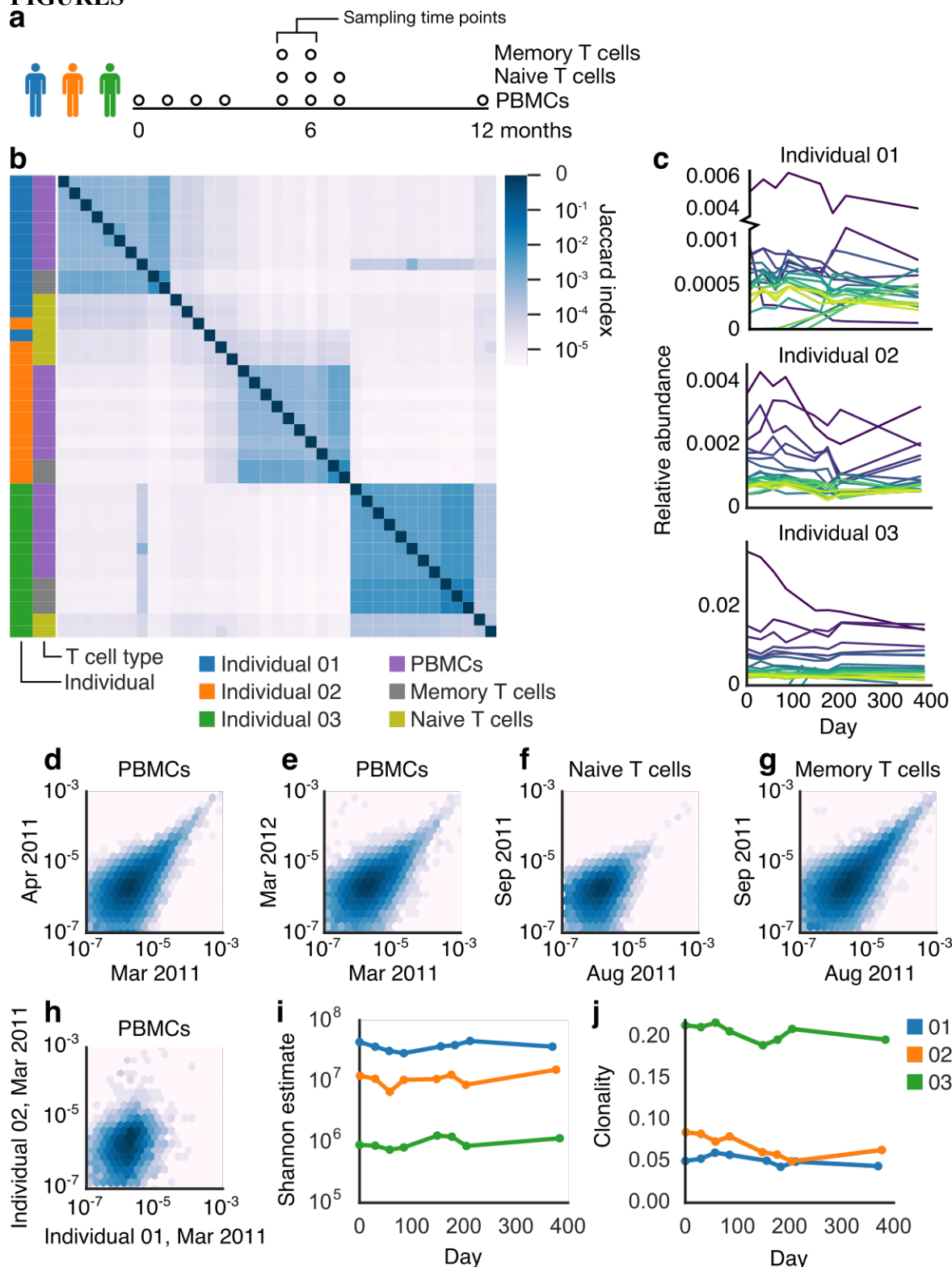


Figure 1. The TCR β repertoire displayed stability and individual-specific characteristics. **(a)** Experimental design of T cell sampling. **(b)** A heatmap of Jaccard indexes shows clear clustering

of samples by individual. Samples of naive T cells clustered less by individual than did PBMC or memory T cell samples. Relative abundances of the 20 most abundant TCRβs (**c**) appeared stable through time. TCRβ abundances in PBMCs correlated within an individual across time points, including across a month (**d**, shared TCRβs = 33601, Spearman $\rho = 0.55718$, $p < 10^{-6}$), and a year (**e**, shared TCRβs = 25933, Spearman $\rho = 0.53810$, $p < 10^{-6}$), as well as across a month in naive (**f**, shared TCRβs = 15873, Spearman $\rho = 0.37892$, $p < 10^{-6}$) and memory T cells (**g**, shared TCRβs = 47866, Spearman $\rho = 0.64934$, $p < 10^{-6}$). TCRβs correlated much less across individuals (**h**, shared TCRβs = 5014, Spearman $\rho = 0.28554$, $p < 10^{-6}$). Shannon alpha diversity estimate (**i**) and clonality (defined as $1 - \text{Pielou's evenness}$, **j**) of the TCRβ repertoire were consistent over time.

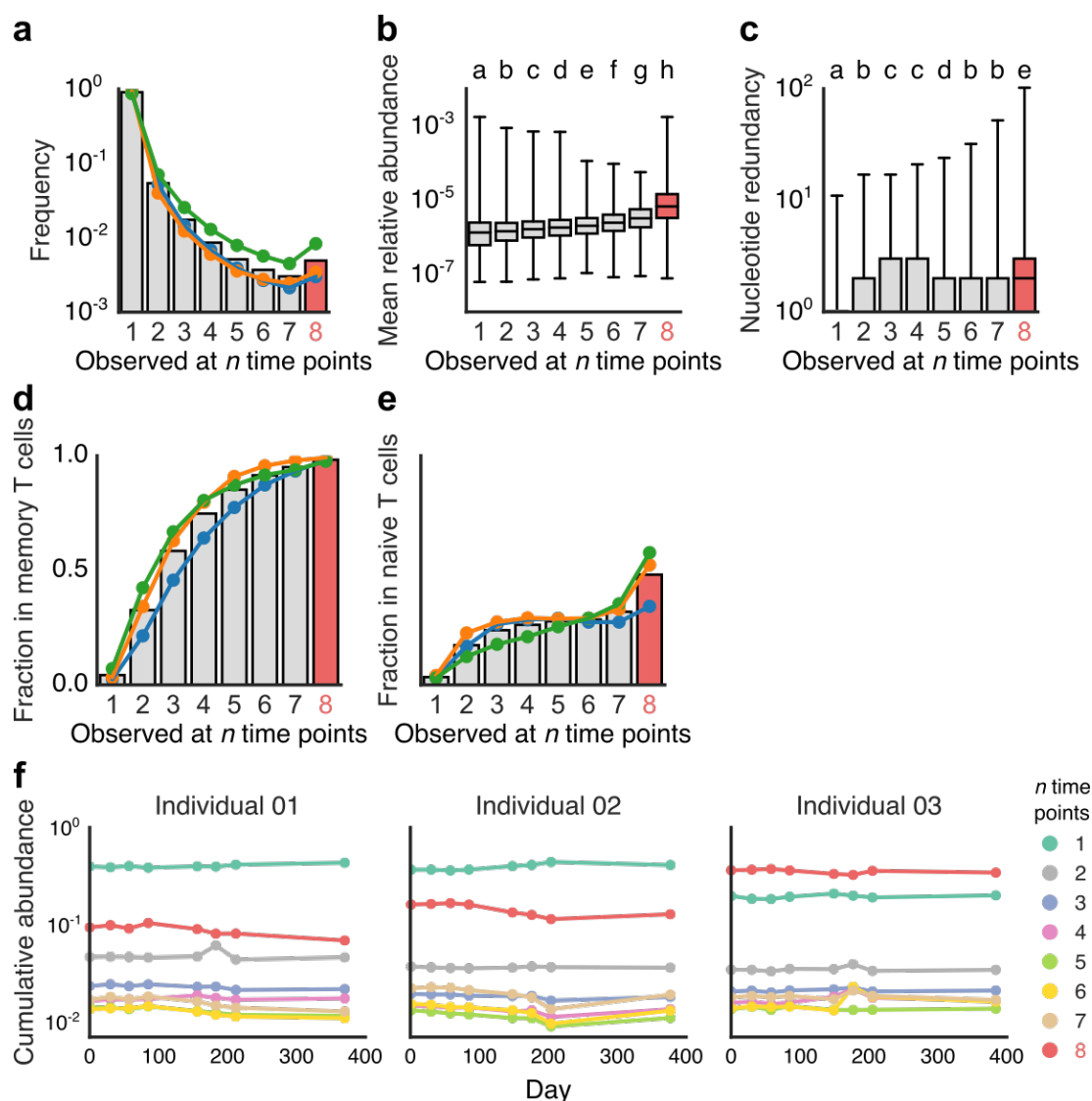


Figure 2. A subset of the TCR β repertoire occurred across all time points—the persistent TCR β repertoire. (a) The number of TCR β s observed at n time points. Persistent TCR β s tended to have greater abundance (b) and nucleotide sequence redundancy (c). Letters indicate significant differences by a Mann-Whitney U test ($p < 0.001$). Persistent TCR β s had higher proportions of TCR β s in common with memory (d) and with naive (e) T cell populations and constituted a stable and significant fraction of overall TCR β abundance across time (f).

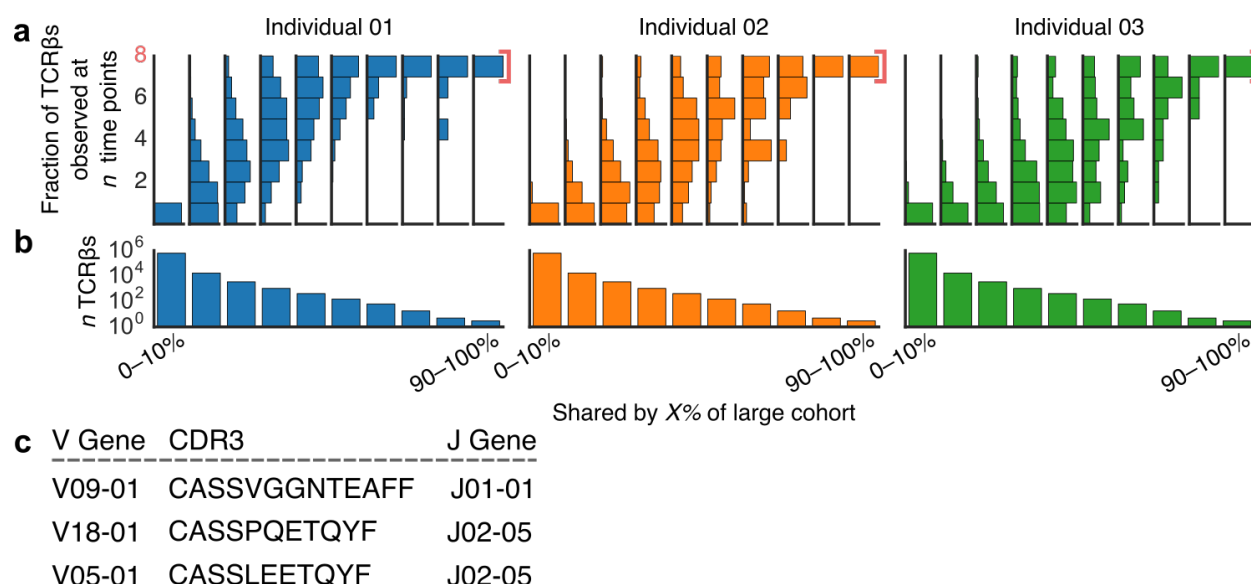


Figure 3. Public TCRβs are enriched in persistent TCRβs. We identified public TCRβs occurring in 0–10%, 0–20%, . . . 90–100% of individuals in a large cohort of similarly profiled subjects ($N = 778$). For each of these decile bins, we examined TCRβs shared with each of our three individuals' time series data and tallied the number of time points at which we observed each TCRβ. **(b)** Vertical histograms of these distributions indicate that more private TCRβs—TCRβs shared by few people—most often occurred in only a single time point, while more public TCRβs tended to persist across time. **(c)** The number of TCRβs evaluated in each decile bin. **(d)** The three most public TCRβs (in over 90% of 778 individuals) were persistent in all three individuals.

Longitudinal immunosequencing in healthy people reveals persistent T cell receptors rich in public receptors

Supporting Information

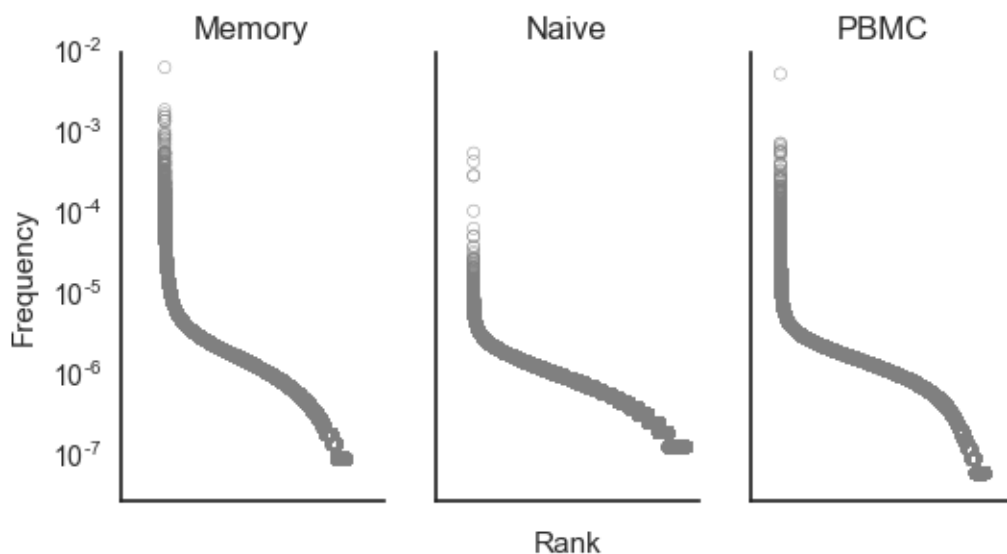


Figure S1. Representative frequency rank plots for memory T cells, naive T cells, and all T cells from PBMCs from Individual 01. As expected, naive T cells had fewer abundant clones than PBMC or memory T cells. In all cases, the majority of TCRβs had abundances around 10^{-6} .

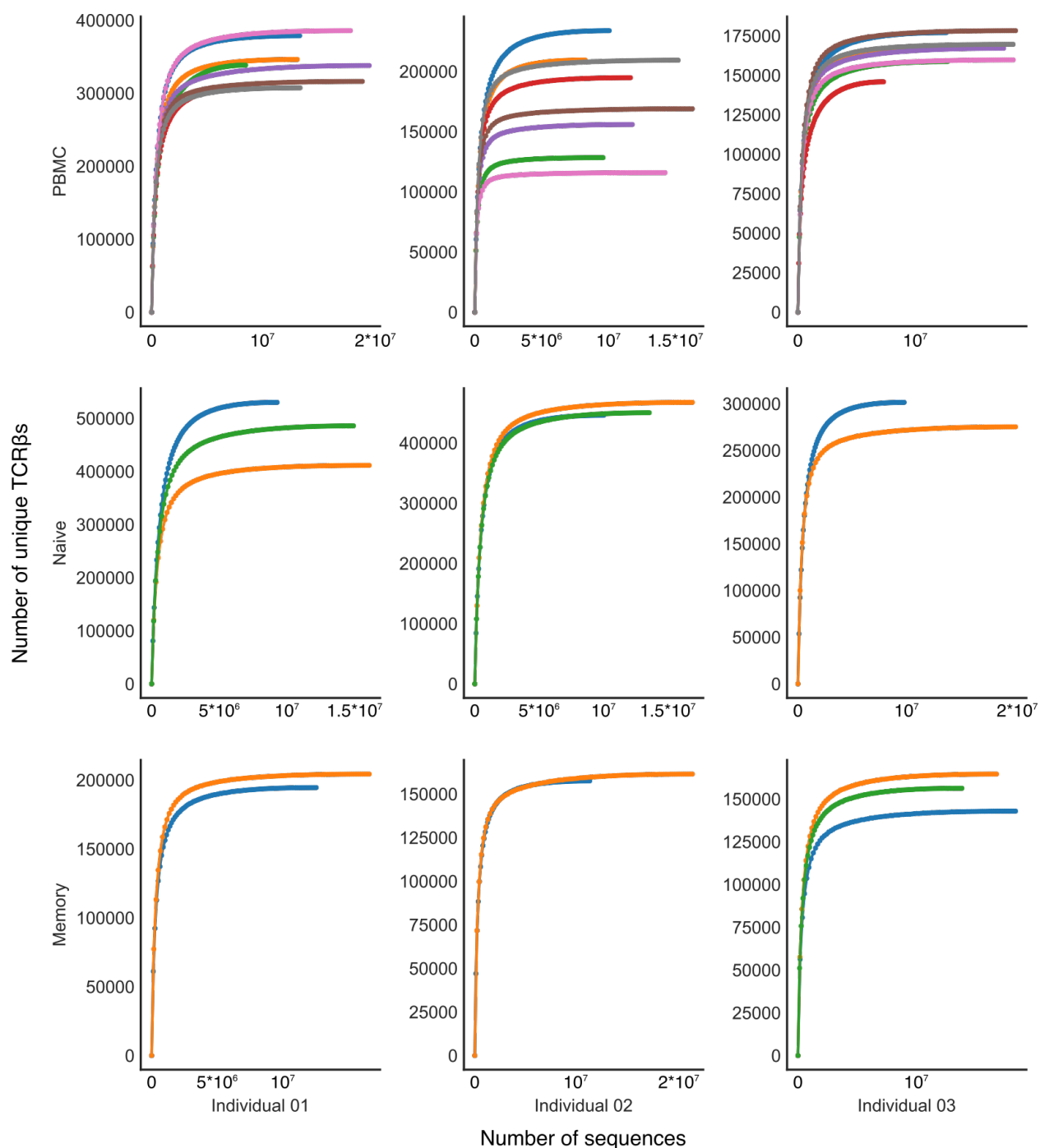


Figure S2. Rarefaction curves for each subject indicate that sample libraries were sequenced well past saturation.

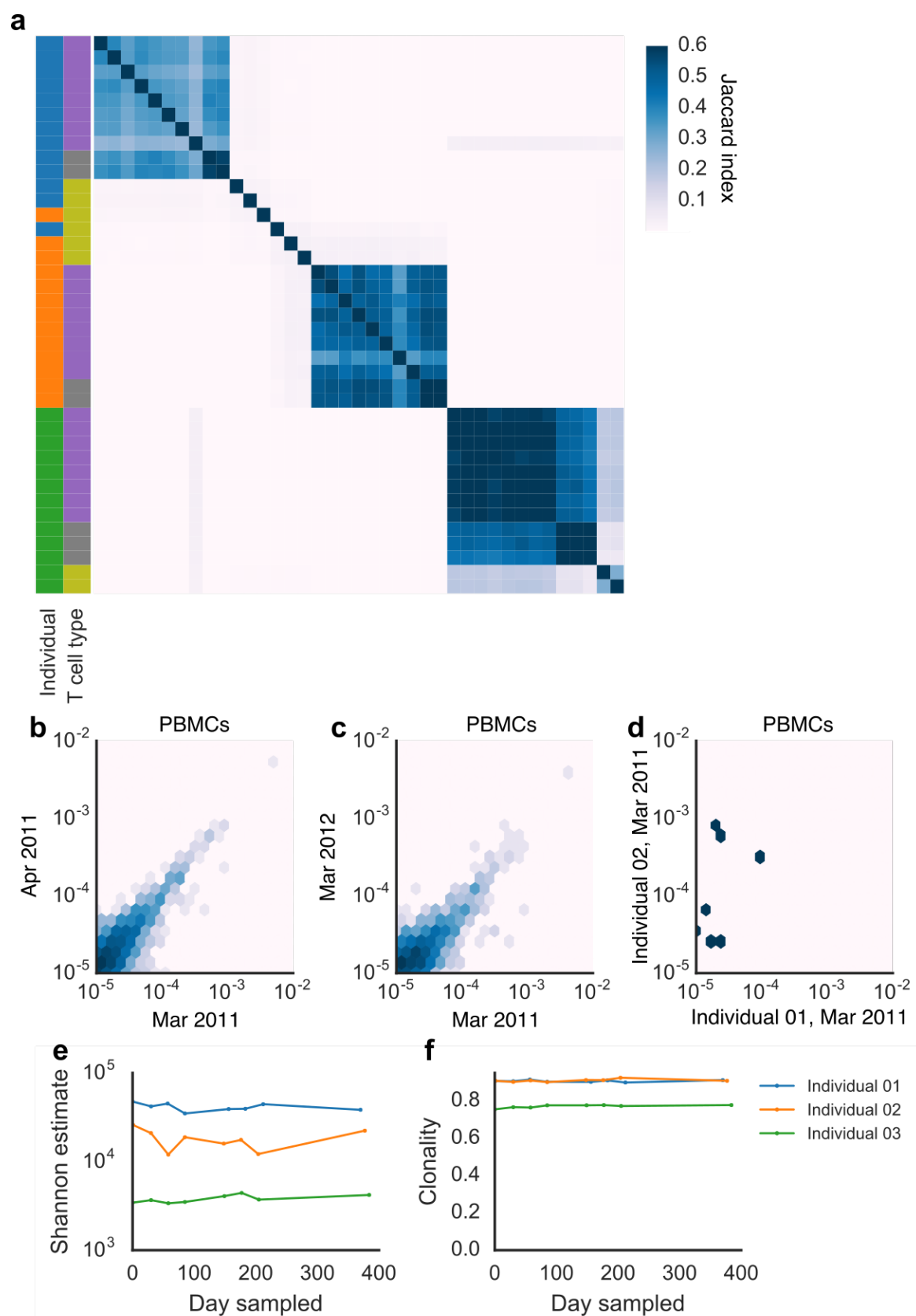


Figure S3. Analyses examining only high-abundance TCRβs agree with results from full-repertoire analysis, suggesting that undersampling likely did not confound our results. **(a)** A heatmap of Jaccard indexes shows similar clustering of PBMC and memory T cell samples by individual and less clustering of naive T cell samples. Abundances of high-abundance TCRβs in PBMC samples correlated within an individual (individual 01) across time points, including across a month **(b)**, shared TCRβs = 2057, Spearman $\rho = 0.66902$, $p < 10^{-6}$) and a year **(c)**, shared TCRβs = 1390, Spearman $\rho = 0.59251$, $p < 10^{-6}$). High-abundance TCRβs did not appear to correlate across individuals, largely because of lack of shared TCRβs **(d)**, shared TCRβs = 7, Spearman $\rho = 0.14286$, $p = 0.75995$). Shannon alpha diversity estimate **(e)** and clonality (defined as $1 - \text{Pielou's evenness}$, **f**) of the TCRβ repertoire were consistent over time.

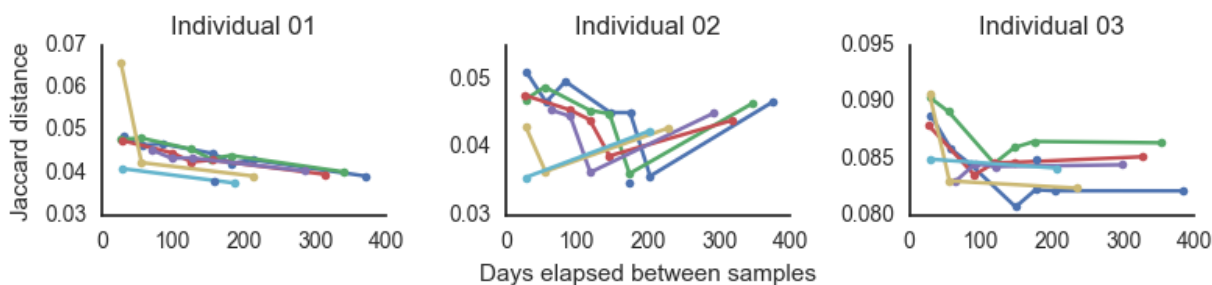


Figure S4. TCR β repertoire overlap (Jaccard index) often decreases with increasing time between samples, except in Individual 02, where the final time point at one year past the first sample shared more TCR β s with the previous samples.

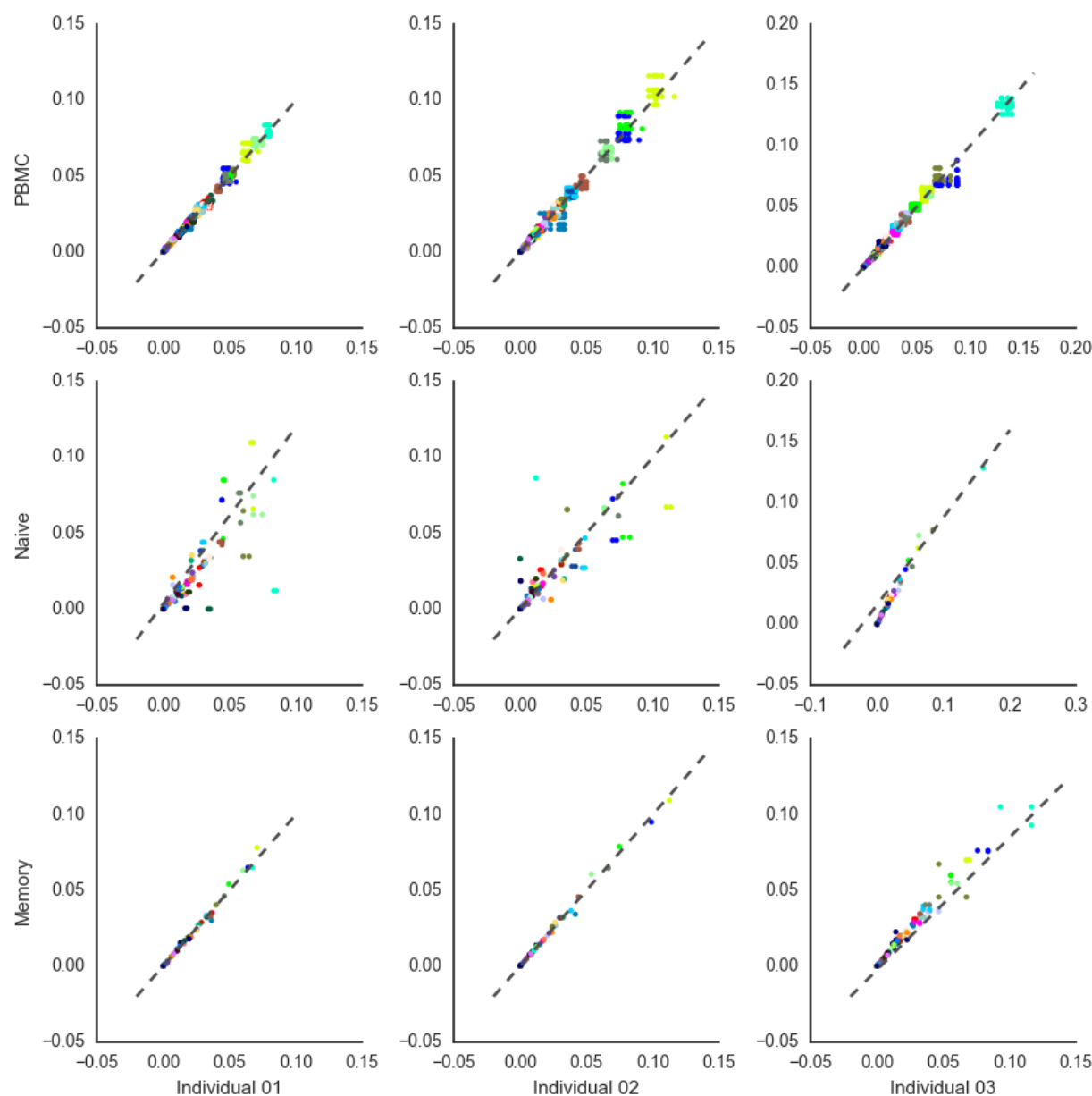


Figure S5. V gene usage across time and cell compartment in all three individuals. Each of nine plots represents each cell type in each individual. Within each plot, different colors represent different V genes, and each dot represents a comparison of the abundances of that V gene from one sample to another. Points that fall near a 1:1 ratio (indicated by the dotted line) are nearly identical in abundance between the two samples considered. These plots indicate that VJ gene usage was generally the same across time points, particularly in total and memory T cells. In naive cells, VJ gene usage varied more.

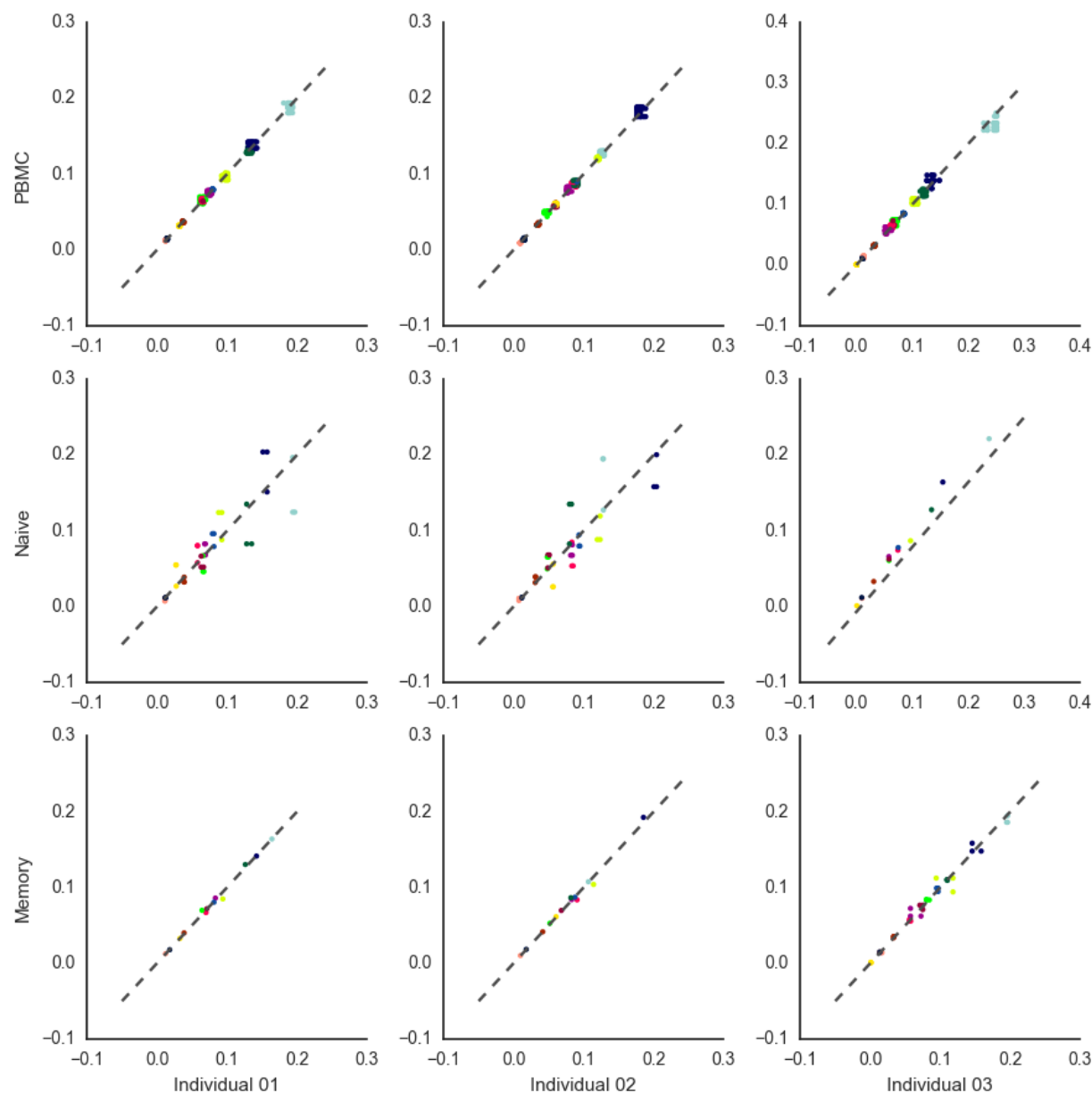


Figure S6. J gene usage across time and cell compartment in all three individuals. Plots are as in **Figure S5**, with similar findings.

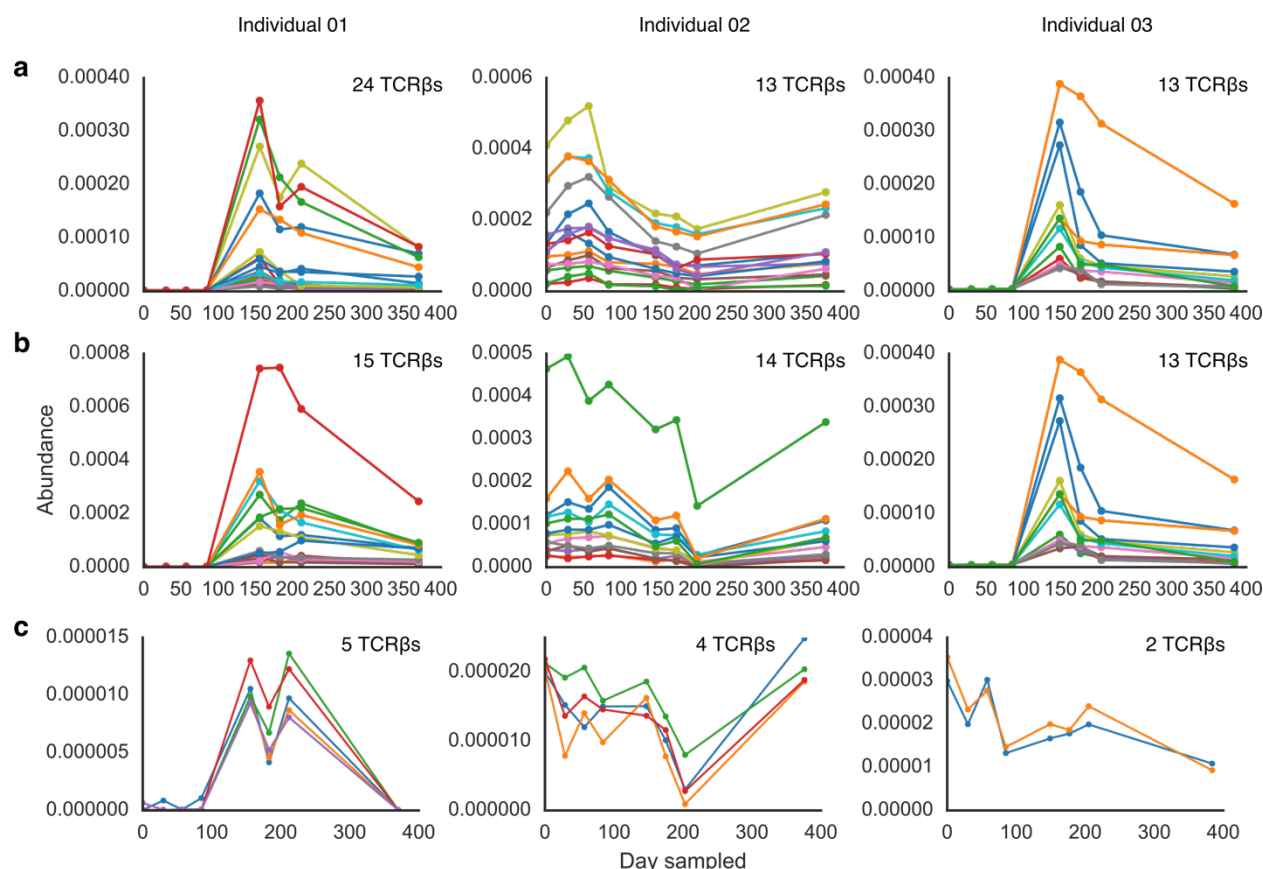


Figure S7. Cohorts of TCRβs exhibit correlated dynamics over time. We found large cohorts of correlating TCRβs by Spearman (a) and Pearson (b) correlation. Although these TCRβs spanned a range of abundances, we did not observe any clear signs of correlation caused by sequencing or library preparation errors (Table S2). We also found smaller cohorts (c) of TCRβs with nearly identical abundances whose dynamics also correlated through time. The number of TCRβs found in all cohorts was significant ($p < 0.001$) in a random permutation test (see Methods). These TCRβ cohorts might be an artifact of sampling noise, or they may represent receptors involved in the same immune response.

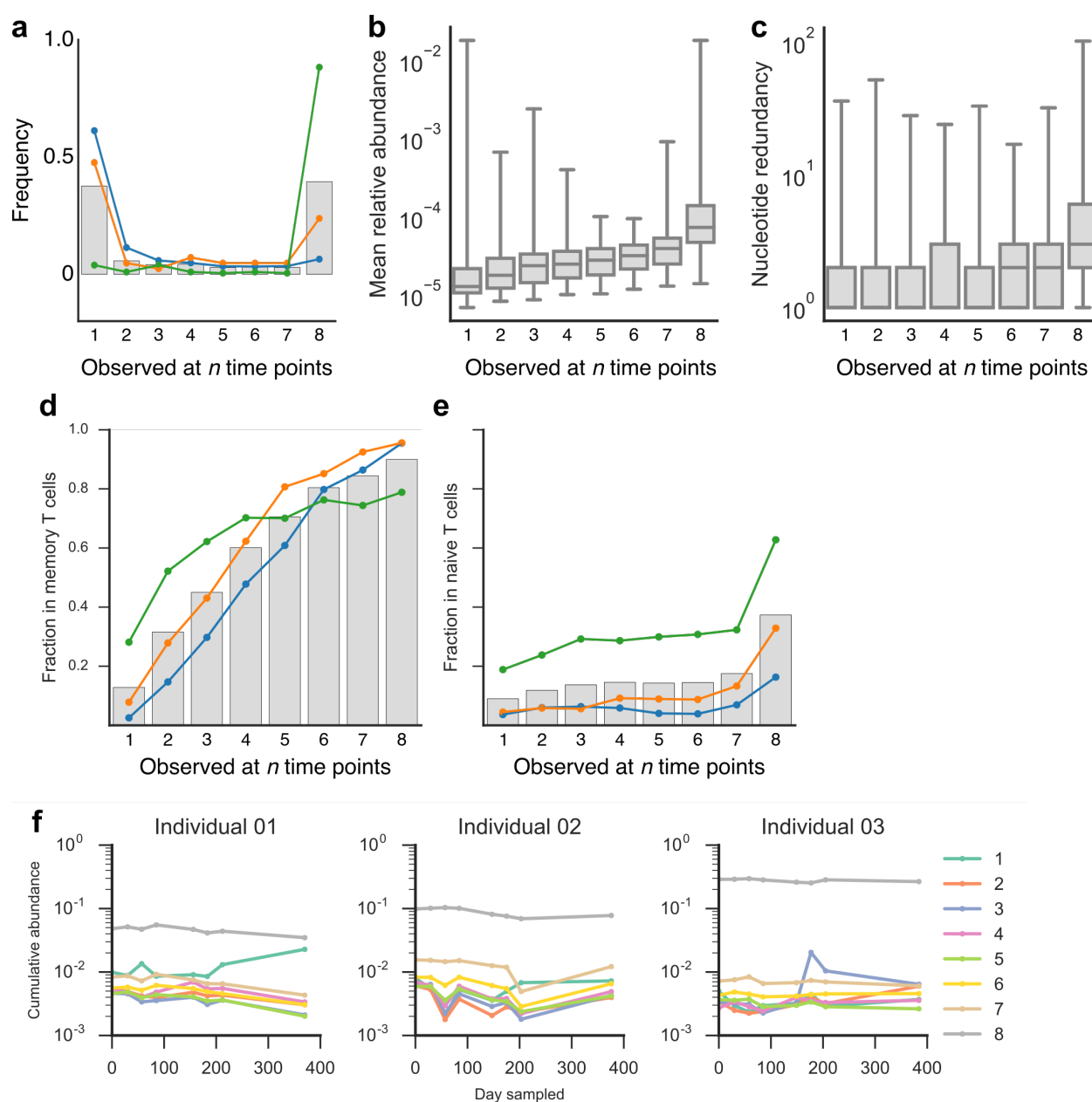


Figure S8. Persistent high-abundance TCRβs exhibit similar patterns as overall persistent TCRβs. **(a)** High-abundance TCRβs had a greater prevalence of persistent TCRβs, although the exact values varied across individuals. Persistent high-abundance TCRβs also showed greater mean abundance **(b)** and nucleotide redundancy **(c)**. Persistent high-abundance TCRβs also had higher proportions of TCRβs in common with memory **(d)** and naive **(e)** T cell populations and constituted a stable and significant fraction of overall TCRβ abundance across time **(f)**.

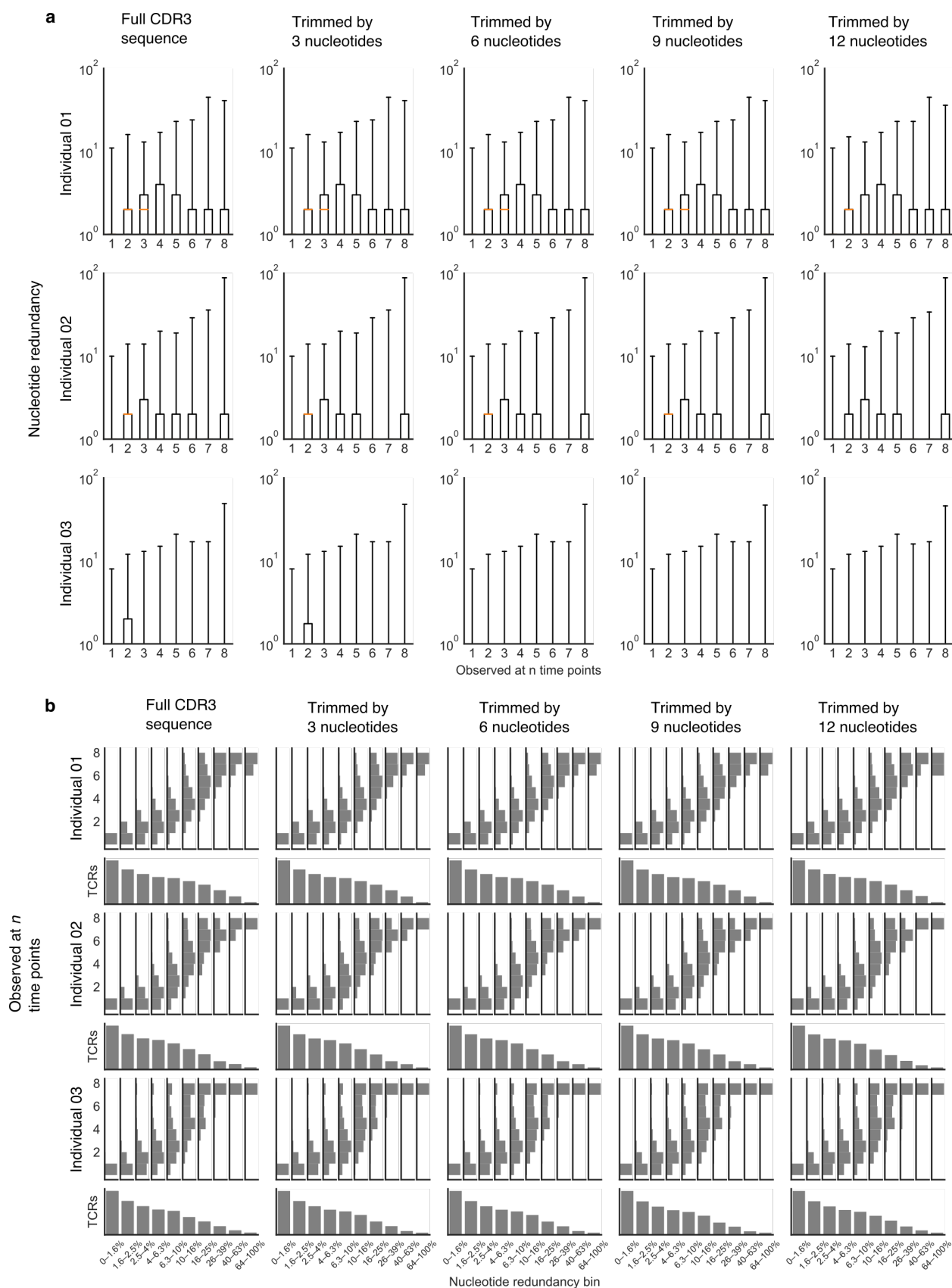


Figure S9. Nucleotide redundancy across individuals and with more stringent assignment of CDR3 sequence (figure supplements Figure 2c). **(a)** Each plot represents nucleotide redundancy for TCR β s that were observed in n samples. Rows represent plots for each individual. The left-most column of plots comprises data from full CDR3 nucleotide sequences as identified by IMGT (as in Figure 2c): we observed that the pattern of increasing nucleotide redundancy in persistent TCR β s was not consistent across individuals. Each of the following columns plot data from CDR3 nucleotide sequences that were progressively trimmed on each end by 3, 6, 9, and 12 nucleotides. We trimmed these sequences because CDR3 sequences identified by IMGT generally capture a number of amino acids—usually one to four at each end of the sequence—that are derived from V and J genes. Nucleotide mutations in these leading and trailing ends are thus less likely to be of biological origin and more likely to be from sequencing error, since we do not expect nucleotides from the V or J genes to be altered during TCR recombination (except for deletions). From these plots, we can observe that nucleotide redundancy is generally stable over different lengths of trimming, suggesting that our data are not skewed by these potential sequencing errors. **(b)** To further examine the relationship between persistence and nucleotide redundancy, we grouped TCR β s into 10 bins according to nucleotide redundancy. Because nucleotide redundancy is extremely skewed—the vast majority of TCR β s are encoded by a single clonotype—we created these bins on a logarithmic scale: the first bin includes TCR β s with nucleotide redundancy values up to 1.6% of the maximum value for each individual; the second between 1.6% and 2.5% of the maximum value; and up to the 10th bin, which includes TCR β s with nucleotide redundancy values between 64% and 100% of the maximum value. For each of these TCR β bins, we then plotted a histogram of the frequency of TCR β s that were observed at n time points. We observe a clear pattern across individuals and trimming lengths: TCR β s with greater nucleotide redundancy tend to occur at more time points, and the most redundant TCR β s are exclusively persistent receptors.

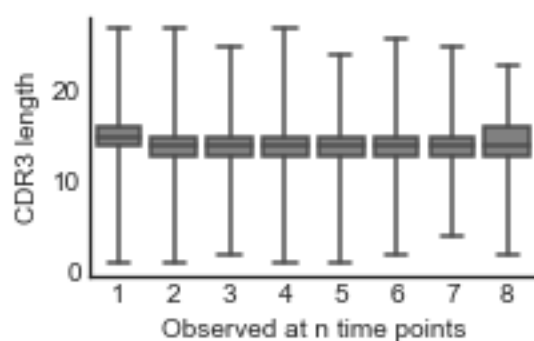


Figure S10. The persistent TCR β repertoire exhibited little alteration of CDR3 lengths.

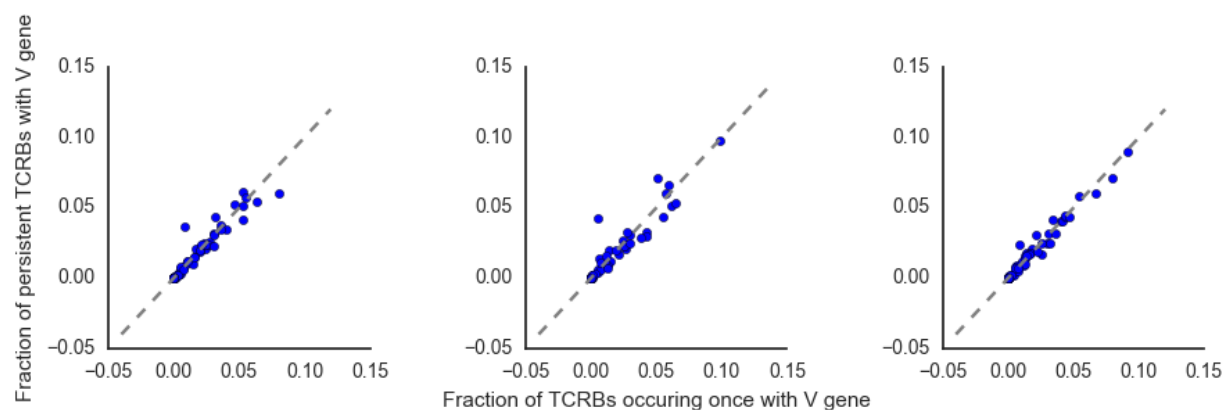


Figure S11. The persistent TCR β repertoire does not exhibit altered V gene usage. These plots show V gene usage in TCR β s that occurred only once (x-axis) versus in persistent TCR β s (y axis). Each data point represents a single V gene. These values were closely correlated.

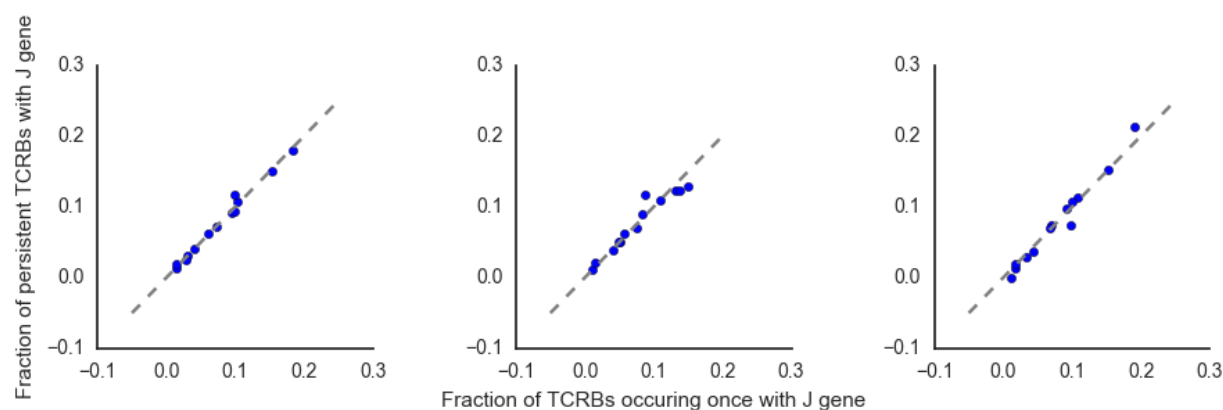


Figure S12. The persistent TCR β repertoire does not exhibit altered J gene usage. Similar plots as in **Figure S10** indicate that J gene usage is not greatly changed in persistent TCR β s.

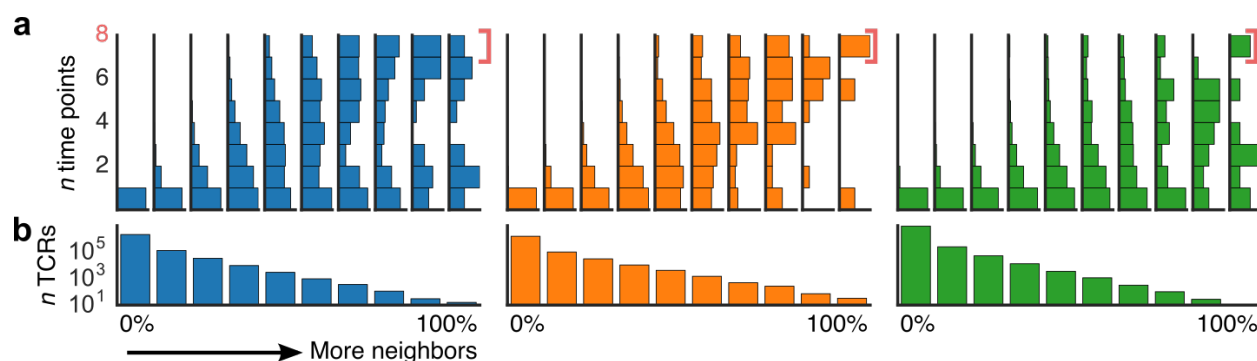


Figure S13. Persistent TCRβs were more functionally redundant. We created a network graph of TCRβs from each individual, drawing edges between TCRβs on the basis of sequence similarity (Levenshtein distances), which reflects antigen specificity. We then grouped TCRβs into decile bins based on the number of neighbors (similar TCRβs) of each TCRβs. For each decile bin, we then evaluated in how many samples each TCRβ occurred in from our time series data. **(a)** TCRβs with higher numbers of neighbors—and thus higher numbers of similar TCRβs observed—tended to have a higher proportion of persistent TCRβs than nodes with few neighbors. **(b)** The number of TCRβs in each neighbor bin. Plot similar to **Figure 3**.

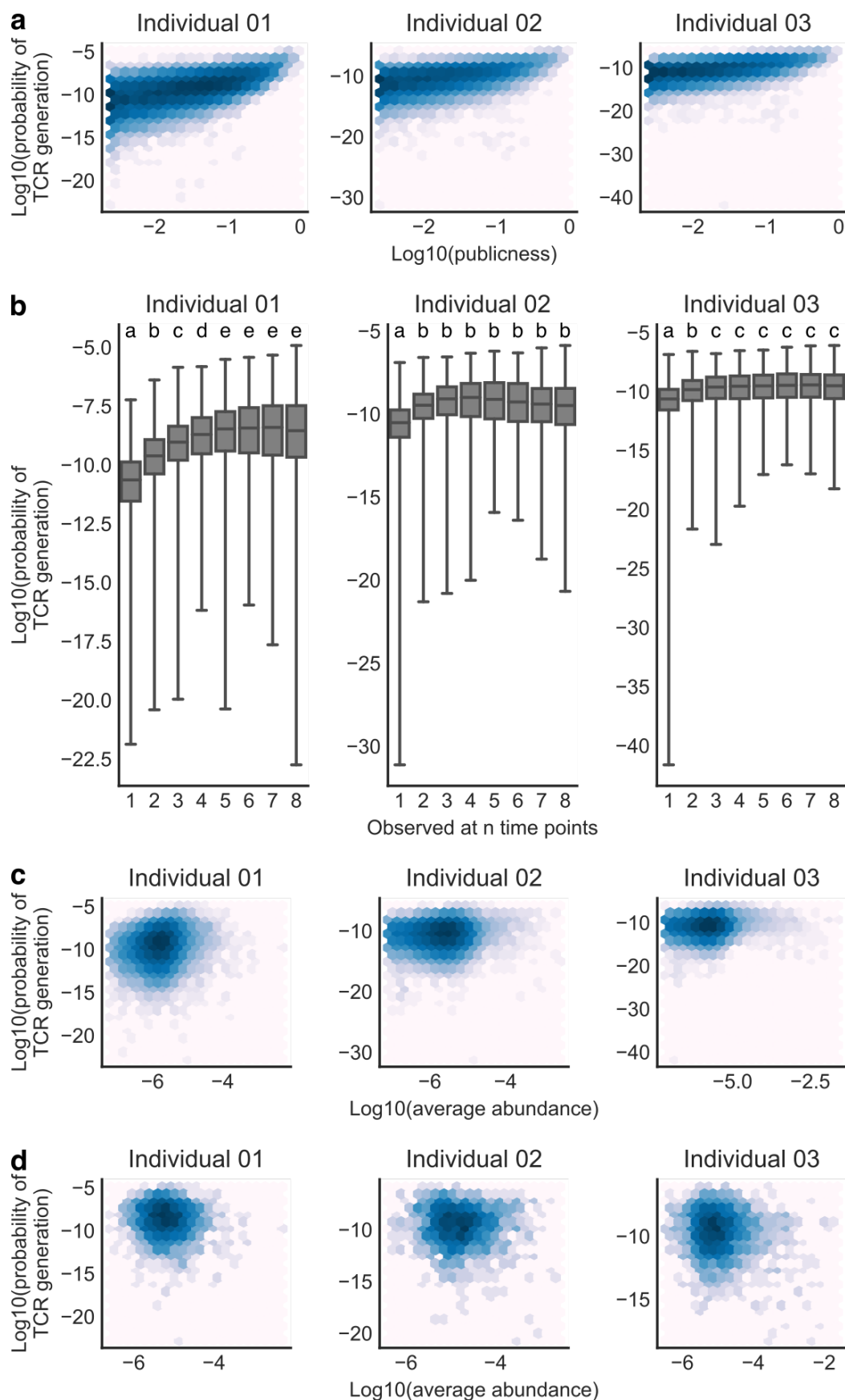


Figure S14. Persistent and public receptors may result in part from TCR recombination biases. (a) As in previous studies, the probability that a given TCR β was generated correlated closely with publicness in a cohort of 778 individuals. For each individual, only TCR β s occurring in both that individual and the cohort were considered. (number of TCR β s evaluated in individual 01 = 86380, Spearman $\rho = 0.62488$, $p < 10^{-6}$; number of TCR β s evaluated in individual 02 = 338617, Spearman $\rho = 0.52231$, $p < 10^{-6}$; number of TCR β s evaluated in individual 03 = 284990, Spearman $\rho = 0.51129$, $p < 10^{-6}$). (b) TCR β s occurring at more time points tended to have higher generation probabilities, although overall ranges were broad and overlapping. Letters indicate significant differences from all other groups by a Mann-Whitney U test ($p < 0.001$). Mean abundance of all TCR β s (c) and only persistent TCR β s (d) did not correlate with generation probability. (All TCR β s: Spearman $\rho = 0.17143$, $p < 10^{-6}$; Spearman $\rho = 0.05300$, $p < 10^{-6}$; Spearman $\rho = 0.08208$, $p < 10^{-6}$). (Persistent TCR β s: number of TCR β s evaluated in individual 01 = 3448, Spearman $\rho = -0.06793$, $p = 0.00007$; number of TCR β s evaluated in individual 02 = 1978, Spearman $\rho = -0.04341$, $p = 0.0537$; number of TCR β s evaluated in individual 03 = 2965, Spearman $\rho = 0.04552$, $p = 0.01318$)

Table S1. Overall TCR β -sequencing statistics per sample: sequencing depth, productive TCR β sequencing depth, fraction of productive TCR β sequences, unique V genes identified, unique J genes identified, unique CDR3 sequences, unique TCR β s, unique TCR β nucleotide sequences.

Table S2. Sequence and abundance information for the largest cohort of closely correlated TCR β s identified in each individual by Spearman's or Pearson's correlation.