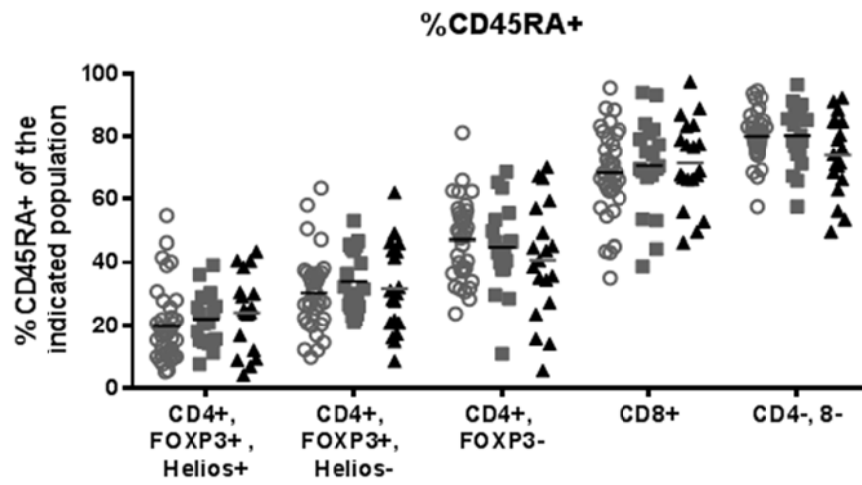
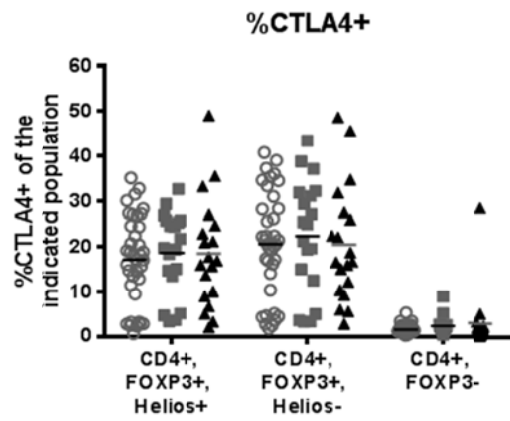


Supplemental Figure 1 Rare T cell frequency is unaffected by thiopurine use. Flow cytometry was performed on PBMC from healthy controls (open grey circles) versus IBD patients on (black triangles) versus not on thiopurines (grey squares). CD3⁺ T cells expressing $\gamma\delta\text{TCR}$, the invariant natural killer T (iNKT) cell receptor TCR α 24/ ja18 , or a MAIT cell phenotype (CD161⁺, CD4⁻, TCR α 7.2⁺) are shown as an absolute cell count per ml of blood (left panel) or as a percentage of CD3⁺ T cells (right panel). No differences between IBD patients on versus off thiopurines were significant by two-tailed Mann-Whitney non-parametric comparisons.

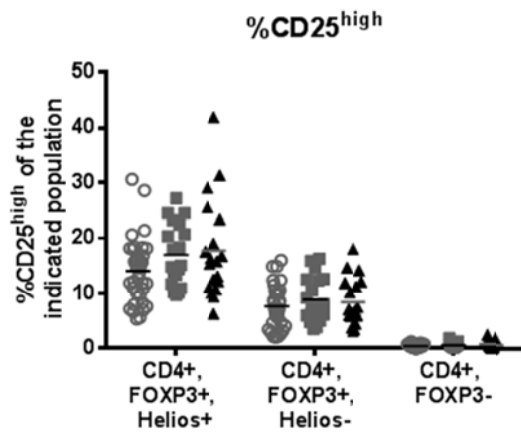
A



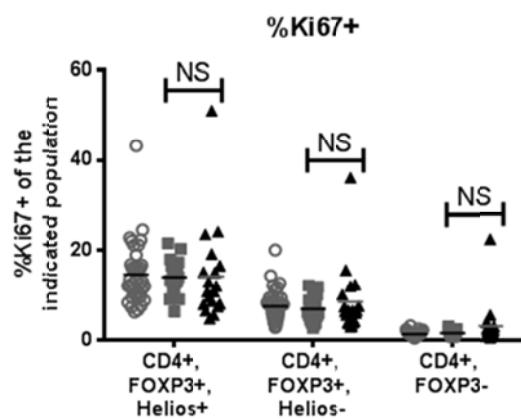
B



C



D



Supplemental Figure 2 Thiopurines do not affect Treg phenotype. Flow cytometry was performed on PBMC from healthy controls (open grey circles) versus IBD patients on (black triangles) versus not on thiopurines

(grey squares). A: Expression of the naïve cell marker CD45RA by Helios⁺/FOXP3⁺ nTregs, Helios⁻/FOXP3⁺ iTregs, and FOXP3⁻ CD4⁺ T cells, as well as CD8⁺ T cells and CD4⁻/CD8⁻ lymphocytes, is shown as a percentage of the total indicated population. Expression of the inhibitory receptor CTLA4 (B), the IL-2 receptor CD25 (C), and the proliferation marker Ki67 (D) by Helios⁺/FOXP3⁺ nTregs, Helios⁻/FOXP3⁺ iTregs, and FOXP3⁻ CD4⁺ T cells is shown as a percentage of the total indicated population. Differences between IBD patients on versus off thiopurines were not significant (NS) by two-tailed Mann-Whitney non-parametric comparisons.