Supplementary Material

Post-release immune responses of Tasmanian devils vaccinated with an experimental devil facial tumour disease vaccine

Ruth Pye^{A,G}, *Jocelyn Darby*^A, *Andrew S. Flies*^A, *Samantha Fox*^{B,F}, *Scott Carver*^C, *Jodie Elmer*^B, *Kate Swift*^B, *Carolyn Hogg*^D, *David Pemberton*^B, *Gregory Woods*^A and *A. Bruce Lyons*^{E, G}

^AMenzies Institute for Medical Research, University of Tasmania, 17 Liverpool Street, Hobart, Tas. 7000, Australia.

^BDepartment of Primary Industries, Parks, Water and the Environment, 59 Liverpool Street, Hobart, Tas. 7000, Australia.

^CDepartment of Biological Sciences, University of Tasmania, Private Bag 51, Tas. 7001, Australia.

^DAustralasian Wildlife Genomics Group, School of Life and Environmental Sciences, University of Sydney, Camperdown, NSW 2050, Australia.

^ETasmanian School of Medicine, College of Health and Medicine, University of Tasmania,

17 Liverpool Street, Hobart, Tas. 7000, Australia.

^FToledo Zoo, 2605 Broadway, Toledo, OH 43609, USA.

^GCorresponding authors. Email: ruth.pye@utas.edu.au; bruce.lyons@utas.edu.au

Table S1. Sex, year of birth, house names and microchip numbers of all the individualTasmanian devils, and origin of the vaccinated devils referred to in the manuscript.NA = not applicable (incumbent devils In1-In9, by definition, were wild born)

Devil identification in manuscript	Sex	Year of birth	House name	Microchip number	Captive (C) or wild (W) born
Va1	М	2013	Akaroa	982000153632053	С
Va2	М	2014	Askja	982000191016491	W
Va3	М	2014	Geysir	982000123208479	W
Va4	F	2013	Guernsey	982000191016028	W
Va5	М	2013	Macca	982000191010136	W
Va6	М	2014	Moffett	982000123209291	W
Va7	F	2012	Nutella	982009106163346	С
Va8	F	2014	Ventoux	982000363283037	W
In1	М	2015	Brimstone	982000405800521	NA
In2	М	2016	Clay	982000405978328	NA
In3	F	2016	Lapis	982000363454835	NA
In4	М	2016	Mercury	982000405977541	NA
In5	М	2016	Obsidian	982000405977892	NA
In6	М	2015	Pumpkin	982000405978897	NA
In7	F	2016	Ruby	982000405800801	NA
In8	F	2015	Zuzanna	982000363410824	NA
In9	F	2013	Tilly	982000405949360	NA

Table S2. Summary of the Animal Health Laboratory* histopathology reports for the DFT1 biopsies collected from the individual devils referred to in the manuscript. Vaccinated devils, Va1 to Va8; and incumbent devils, In1 to In8. * Animal Health Laboratory, Department of Primary Industries, Parks, Water and the

* Animal Health Laboratory, Department of Primary Industries, Parks, Water and the Environment, Prospect, Tasmania, 7250

Devil ID	Date of tumour biopsy	Number of mitotic figures per high power field	Comments
Va4	Aug 2018	Rare	Moderate anisokaryosis & karyomegaly
Va5	Sep 2017	2	Minimal pleomorphism
Va6	June 2017	Rare	Mild anisocytosis and anisokaryosis
	Sep 2017	1-3	Mild to moderate anisokaryosis and karyomegaly, moderate pleomorphism
Va7	June 2017	1-2	Mild anisocytosis and anisokaryosis
	Sep 2017	2	Pleomorphism increased compared to June 2017
	Feb 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In1	Feb 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In2	May 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In3	May 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In4	May 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In5	May 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In6	Feb 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
In7	Feb 2018	1-2	Mild to moderate anisokaryosis and karyomegaly
	May 2018	1-2	Mild to moderate anisokaryosis and karyomegaly Extensive inflammation expanding the connective tissue between nodules
In8	Feb 2018	1-2	Mild to moderate anisokaryosis and karyomegaly Apoptotic tumour cells in centre of multiple nodules

Table S3. Summary of immunohistochemistry analysis of DFT1 biopsies for devils trapped once, showing the average number of tumour infiltrating cells with standard deviations. The number in brackets is the number of high powered fields counted for each tumour. Note not all biopsies had enough tumour tissue to count 10 fields*. Vaccinated devils, Va4 and Va5; and incumbent devils, In1-In6, In8.

NA = not available

*Method according to (Zhang et al., 2003)

Devil ID	Tumour		IHC stain	
		CD3	MHC-II	PD-1
Va4	T1	11 ± 5 (3)	17 ± 9 (2)	9 (1)
Va5	T1	15 ± 6 (9)	20 ± 8 (8)	2 ± 2 (8)
	T2	14 ± 11 (6)	16±6 (4)	4 ± 4 (4)
In1	T2	2 ± 1 (10)	5 ± 3 (8)	0 (5)
In2	T1	3 ± 1 (8)	4 ± 2 (7)	0 (5)
	T4	1 ± 1 (6)	7 ± 2 (6)	NA
In3	T1	0 (8)	2 ± 2 (7)	0 (5)
In4	T1	1 ± 1 (8)	1 ± 1 (7)	0 (5)
In5	T1	0 (8)	3 ± 3 (8)	0 (5)
In6	T2	2 ± 2 (7)	6 ± 2 (6)	3 ± 2 (6)
In8	T1	2 ± 1 (8)	10 ± 3 (7)	0 (5)

Table S4. Summary of the immunohistochemistry analysis of tumours biopsied from vaccinated devils, Va6 and Va7, and incumbent devil, In7, on sequential monitoring trips, showing the degree of immune cell infiltration in the tumour biopsies.

T1: tumour 1; T3: tumour 3 NA: not applicable Intratumoural immune cells graded as 0, +, ++, or +++ (0, 1-5, 6 to 19, or \geq 20 cells per high-power field, respectively) (Zhang et al., 2003)

Biopsy date	9	June 2	2017		Sep 20)17		Feb 20)18		May 2	2018	
Immunohis stain	stochemistry	CD3	MHC II	PD1	CD3	MHCII	PD1	CD3	MHCII	PD1	CD3	MHC II	PD1
Va6	T1	0	+	0	+	+	0	Not tra	apped	No	ot trapped	1	
Va7	T1	+	+	0	++	++	0	+++	+++	++	Not tra	apped	
	T3	NA	NA	NA	NA	NA	NA	++	++	+	-		
In7	T1	Not tra	apped	N	ot trappe	d		+	+	0	++	++	++

Table S5. Summary of immunohistochemistry analysis of tumours biopsied from vaccinated devils, Va6 and Va7, and incumbent devil, In7, on sequential monitoring trips showing the average number of infiltrating tumour cells with standard deviations. The number in brackets is the number of high powered fields counted for each tumour*. Note not all biopsies had enough tumour tissue to count 10 fields.

NA = not available

Biopsy date		06/17			09/17			02/18			05/18		
IHC stain		CD3	MHC II	PD1	CD3	MHCII	PD1	CD3	MHCII	PD1	CD3	MHC II	PD1
Va6	T1	0 (6)	3 ± 2 (5)	NA	1 ± 1 (8)	5 ± 5 (6)	0 (5)	Not tra	apped again	n			
Va7	T1	2 ± 2 (10)	5 ± 2 (10)	NA	10 ± 6 (10)	13 ± 6 (8)	NA	31 ± 4 (5)	33 ± 9 (6)	15± 1 (3)	Not tr	apped ag	ain
	Т3	NA	NA	NA	NA	NA	NA	8±3 (6)	13 ± 3 (5)	4 ± 2 (3)	_		
In7	T1	Not tra	apped un	til 02/18	3			1 ± 1 (8)	5 ± 4 (7)	NA	12 ± 10 (8)	19 ± 5 (9)	8 ± 2 (5)

*Method according to (Zhang et al., 2003)

Table S6. Summary of the serum antibody responses against MHC-I^{-ve} and MHC-I^{+ve} DFT1 cells of all vaccinated devils (Va1 to Va8), and of the incumbent devils that had a positive result (In1, In8, In9). Results are shown for the serum samples collected on the last date the devils were trapped post-release. Antibody responses were classified as negative '-' (MFIR < 1.5), or positive '+' (MFIR \geq 1.5) (Pye et al., 2018).

Devil ID	Sex; age (in years) at time of sample collection	DFT1 status, date of DFT1 diagnosis (or, if healthy, date last trapped)	Serum antibodies against MHC-I ^{-ve} DFT1 cells	Serum antibodies against MHC-I ^{+ve} DFT1 cells
Va1	M 4y	Healthy 09/17	+	+
Va2	М Зу	DFT1 07/17	+	+
Va3	М 3 у	Healthy 09/17	+	+
Va4	F 5 y	DFT1 08/18	-	+
Va5	M 4y	DFT1 09/17	+	+
Va6	М Зу	DFT1 07/17	+	+
Va7	F 5y	DFT1 07/17	+	+
Va8	F 3y	DFT1 Trapped healthy 07/17. Found dead with DFT1 08/18	+	+
In1	М Зу	DFT1 02/18	+	+
In8	F 3y	DFT1 02/18	-	+
In9	F 5y	Healthy 03/19	-	+

Table S7. Summary of the age, sex and DFT1 status of the 76 incumbent devils that were tested for serum antibody against DFT1 cells. Three devils (In1, In8, In9) out of the 76 devils were positive for serum antibody and these are referred to in Tables S2 and S8

Age		Healthy	DFT1			
	Male	Female	Male	Female		
Subadult (<2yo)	26	26	2	2		
Adult (≥2yo)	4	6	4	6		

References

Pye R, Patchett A, Mclennan E, Thomson R, Carver S, Fox S, Pemberton D, Kreiss A, Baz Morelli A, Silva A, Pearse MJ, Corcoran LM, Belov K, Hogg CJ, Woods GM & Lyons AB. 2018. Immunization Strategies Producing a Humoral IgG Immune Response against Devil Facial Tumour Disease in the Majority of Tasmanian Devils Destined for Wild Release. *Frontiers in Immunology* 9:259.

Zhang L, Conejo-Garcia JR, Katsaros D, Gimotty PA, Massobrio M, Regnani G, Makrigiannakis A, Gray H, Schlienger K, Liebman MN, Rubin SC & Coukos G. 2003. Intratumoural T cells, recurrence, and survival in epithelial ovarian cancer. *New England Journal of Medicine* 348:203-13.