Supplemental Figure S1

Cytokine expression of peripheral blood ILC1 and NCR− ILC3. Lin− CD127+ CD161+ CRTH2− CD117− NKp44− ILC1 and Lin− CD127+ CD161+ CD117+ NKp44− ILC3 derived from the peripheral blood of healthy donors were expanded as previously described (Mjösberg e.a., 2011), resorted and stimulated with PMA and ionomycin for 6 hours in the presence of GolgiPlug (BD) for the last 4 hours of culture. Depicted is one representative experiment out of 3.
Loss and recovery of other immune cells after induction chemotherapy and allogeneic HSCT. Recovery dynamics of circulating neutrophils, monocytes and lymphocytes after induction chemotherapy (white bars) and 12 weeks after allogeneic HSCT (grey bars; n=40, cohort 2, Table 1). Data are shown as median values with interquartile ranges. Asterisks indicate \( P < 0.05 \) (*) or \( P < 0.01 \) (**). HC, healthy controls (black bars; n=8).
Absence of CRTH2− GATA3+ ILC after allogeneic HSCT. (A) Representative dot plots showing CRTH2 and GATA3 expression within the total population of Lin− CD127+ ILC. One experiment out of 9 is depicted (healthy individuals (n=5) and allogeneic HSCT recipients (n=4) from cohort 1 with cryopreserved PBMC available at 6 months post-transplant). There are no GATA+ CRTH2− ILC2 in these individuals. (B) Allogeneic HSCT recipients had significantly lower proportions of GATA3+ ILC2, similar to what had been observed for CRTH2+ ILC2. Horizontal lines represent medians. Asterisk indicates $P<0.05$ (*); HC: healthy control.
**Supplemental Figure S4**

**A**

Circulating ILC numbers and immune suppression. Correlation between numbers of circulating ILC and cyclosporine dose (A) and prednisone dose (B), for patients from the GvHD group (cohort 2, Table 1). The number of circulating NCR⁺ ILC3 is significantly correlated with prednisone dose, however, when the outlying patient with very high prednisone dose and low ILC is removed from the analysis, the correlation is no longer significant. \( r \): Spearman’s rank correlation.
Supplemental Figure S5

CD69 expression prior to conditioning therapy in relation to the development of mucositis after conditioning therapy. Mucositis grading was evaluated according to the WHO Toxicity Grading Scale (daily from the day of admission for conditioning therapy) and the Oral Mucositis Assessment Scale (three times a week). Patients with lower proportions of CD69+ NCR− ILC3 showed more grade 2 and grade 3 mucositis than patients with higher proportions of CD69+ NCR− ILC3.