

Distinct metabolic programs established in the thymus control effector functions of $\gamma\delta$ T cell subsets in tumor microenvironments

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Noella Lopes, Claire Mcintyre, Stefania Martin, Mathilde Raverdeau, Nital Sumaria, et al.. Distinct metabolic programs established in the thymus control effector functions of $\gamma\delta$ T cell subsets in tumor microenvironments. Nature Immunology, 2021, 22 (2), pp.179-192. 10.1038/s41590-020-00848-3. hal-03121669

HAL Id: hal-03121669

https://hal.science/hal-03121669

Submitted on 28 Oct 2021

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- 2 Distinct metabolic programmes established in the thymus control
- 3 effector functions of $\gamma \delta$ T cell subsets in tumour microenvironments

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Abstract

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31 Metabolic programming controls immune cell lineages and functions, but little 32 is known about $\gamma\delta$ T cell metabolism. Here, we found that $\gamma\delta$ T cell subsets 33 making either IFN-γ or IL-17 have intrinsically distinct metabolic requirements. Whereas IFN- γ^+ $\gamma\delta$ T cells were almost exclusively dependent on glycolysis, 34 IL-17⁺ γδ T cells strongly engaged oxidative metabolism, with increased 35 36 mitochondrial mass and activity. These distinct metabolic signatures were 37 surprisingly imprinted early during thymic development, and were stably 38 maintained in the periphery and within tumours. Moreover, pro-tumoural IL-39 17⁺ γδ T cells selectively showed high lipid uptake and intracellular lipid 40 storage, and were expanded in obesity, and in tumours of obese mice. 41 Conversely, glucose supplementation enhanced the anti-tumour functions of 42 IFN- γ^+ $\gamma\delta$ T cells and reduced tumour growth upon adoptive transfer. These 43 findings have important implications for the differentiation of effector $\gamma\delta$ T cells 44 and their manipulation in cancer immunotherapy.

Introduction

T cells engage specific metabolic pathways to support their differentiation, proliferation and function^{1,2}. Whereas naive $\alpha\beta$ T cells oxidize glucose-derived pyruvate via oxidative phosphorylation (OXPHOS) or fatty acid oxidation (FAO) to generate ATP, most effector $\alpha\beta$ T cells engage in aerobic glycolysis ("Warburg effect"), i.e. the conversion of glucose to lactate, to strengthen cell growth and proliferation³. On the other hand, while aerobic glycolysis is required for optimal $\alpha\beta$ T cell effector function^{4,5}, tumour cells heavily consume glucose in the tumour microenvironment (TME), which has a dramatic impact on cytokine production by T cells and hampers tumour immunity^{5,6}. There is therefore great interest in understanding how metabolism-based interventions could inhibit tumour metabolism while promoting effective anti-tumour immunity for improved immunotherapeutic outcomes⁷.

 $\gamma\delta$ T cells represent a promising immune population for next-generation cancer immunotherapies^{8,9}. Since they are not MHC-restricted nor dependent on neoantigen recognition, $\gamma\delta$ T cells constitute a complementary layer of antitumour immunity to their $\alpha\beta$ T cell counterparts¹⁰. In fact, many properties of $\gamma\delta$ T cells, including sensing of "stress-inducible" changes and very rapid effector responses, align best with innate immunity, or "lymphoid stress-surveillance"¹¹, although in some instances they display adaptive-like behaviour and profound shaping of T cell receptor (TCR) repertoires^{12,13}.

The effector functions of murine $\gamma\delta$ T cells are dominated by the production of two key cytokines, interleukin 17A (IL-17) and interferon- γ (IFN- γ). Beyond contributions to immune responses against pathogens, the provision of these two cytokines by $\gamma\delta$ T cells is important in many (patho)physiological contexts, such as maintenance of tissue homeostasis^{14,15,} autoimmunity¹⁶ and cancer⁸. IL-17 and IFN- γ are mostly produced by distinct $\gamma\delta$ T cell subsets that, unlike their CD4⁺ T cell counterparts, typically acquire their effector functions during thymic development^{17,18}. Thus, we and others have shown that thymic $\gamma\delta$ T cell progenitors, driven by signals including those stemming from the TCR,

split into a CD27⁺ (and CD45RB⁺) branch that makes IFN-γ but not IL-17; and a CD27 (and CD44^{hi}) pathway that selectively expresses IL-17¹⁷⁻²¹. 78

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The IFN- γ /IL-17 dichotomy between effector $\gamma\delta$ T cell subsets is particularly relevant in cancer, since IFN- γ -producing $\gamma\delta$ T cells ($\gamma\delta^{IFN}$) are associated with tumour surveillance and regression, whereas IL-17-secreting $\gamma\delta$ T cells ($\gamma\delta^{17}$) promote primary tumour growth and metastasis, both in mice and in humans^{8,22}. However, the molecular cues that regulate the balance between such antagonistic $\gamma\delta$ T cell subsets in the TME remain poorly characterized. Given the strong impact of metabolic resources on anti-tumour $\alpha\beta$ T cell responses, here we have investigated the metabolic profiles of $\gamma\delta$ T cell subsets and how they might impact on their activities in the TME. We found that $\gamma \delta^{\text{IFN}}$ T cells are almost exclusively glycolytic, whereas $\gamma \delta^{17}$ T cells are strongly dependent on mitochondrial and lipid oxidative metabolism. This metabolic dichotomy is established in the thymus during $\gamma\delta$ T cell development, and maintained in peripheral lymphoid organs and within tumours in various experimental models of cancer. We further show that the provision of glucose or lipids has major impact on the relative expansion and function of the two γδ T cell subsets, and this can be used to enhance antitumour $\gamma\delta$ T cell responses.

Results

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Intra-tumoural $\gamma\delta$ T cell subsets display distinct metabolic profiles

The analysis of metabolic profiles of tumour-infiltrating $\gamma\delta$ T cells ($\gamma\delta$ TILs) presented a major challenge: the low numbers that can be retrieved from tumour lesions in mice are largely incompatible with techniques such as Seahorse metabolic flux analysis. To overcome this difficulty, we used a newly developed protocol, SCENITHTM (Single Cell mEtabolism by profilling Translation inHibition), which is a flow cytometry-based method for profiling energy metabolism with single cell resolution²³. This method is based on metabolism-dependent translation rates and puromycin's incorporation into nascent proteins (Supplementary Fig. 1a). The use of specific inhibitors allows the estimation of glucose dependence, mitochondrial dependence, glycolytic capacity and fatty acid and amino acid oxidation (FaaO) capacity (Supplementary Fig. 1b). We employed SCENITHTM to analyze the metabolic profiles of $\gamma\delta$ TILs isolated from tumour lesions in well-established mouse models of breast (E0771) and colon (MC38) cancer (Fig. 1a). In both cancer models, and at both later (Fig. 1b,c) and earlier time points (Fig. **1d,e**), we observed that $\gamma \delta^{\text{IFN}}$ cells had substantially higher glycolytic capacity, whereas $\gamma \delta^{17}$ cells were strongly dependent on mitochondrial activity (**Fig. 1b**e). These data, obtained in cancer models, prompted us to investigate the metabolic phenotypes of $\gamma\delta$ T cell subsets in multiple tissues at steady state.

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Peripheral $\gamma\delta$ T cell subsets show different mitochondrial and metabolic

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To explore the metabolic differences between $\gamma\delta$ T cell subsets in peripheral tissues, we analysed mitochondria, given their central role in cellular metabolism. To distinguish between $\gamma\delta^{IFN}$ and $\gamma\delta^{17}$ cells we used CD27 expression¹⁸⁻²¹. CD27⁻ $\gamma\delta$ ($\gamma\delta^{17}$) cells displayed increased mitotracker and tetramethylrhodamine methyl ester (TMRM) staining in peripheral lymph nodes (LNs) compared to CD27⁺ $\gamma\delta$ ($\gamma\delta^{IFN}$) cells, indicating higher mitochondrial mass (normalised to cell size) and mitochondrial membrane

potential (ΔΨm), respectively (**Fig. 2a,b**). These differences were retained upon activation and expansion in vitro over 9-days (Supplementary Fig. 2). Importantly, the distinct mitochondrial phenotypes were also validated with another mitochondrial membrane potential dye, tetramethylrhodamine ethyl ester (TMRE), and were features of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells ex vivo from multiple locations (**Fig. 2c**). In agreement with mitochondrial enrichment in $\gamma \delta^{17}$ cells, seahorse metabolic flux analysis of peripheral γδ T cells showed higher levels of basal OXPHOS in $\gamma \delta^{17}$ cells, and conversely, increased basal levels of glycolysis in $\gamma \delta^{\text{IFN}}$ cells (**Fig. 2d-f**). These data were validated in independent experiments using SCENITHTM on splenic and LN $\gamma\delta$ T cell subsets (**Fig. 2g**). To assess if this metabolic dichotomy had an underlying transcriptional basis. we measured the mRNA levels of key mitochondrial and glycolysis-associated genes in purified peripheral $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells. We found systematic biases in gene expression that matched the differential metabolic programmes (Fig. 2h,i). Of particular note is the clear-cut segregation of two master transcriptional regulators: Nrf1, which orchestrates mitochondrial DNA transcription^{24,25}, found to be enriched in $\gamma \delta^{17}$ cells (**Fig. 2h**); and *Myc*, which controls glycolysis^{26,27}, that was highly overexpressed in $\gamma \delta^{IFN}$ cells (**Fig. 2i**). Myc expression was further validated using a Myc-GFP reporter mouse (Fig. 2j). These data collectively demonstrated that $\gamma\delta$ T cell subsets possess distinct mitochondrial and metabolic features in peripheral organs at steady state.

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$\gamma\delta$ T cell subsets are metabolically programmed in the thymus

We next aimed to understand when, during their differentiation, the metabolic differences between the two effector $\gamma\delta$ T cell subsets were established. Since most $\gamma\delta$ T cells are functionally pre-programmed in the thymus, we examined $\gamma\delta$ thymocyte sub-populations. Our recent studies have identified sequential stages of thymic $\gamma\delta$ T cell progenitor development marked by CD24, CD44 and CD45RB¹⁹. Early CD24⁺ ($\gamma\delta^{24+}$) precursors downregulate CD24 to become a CD24⁻CD44⁻CD45RB⁻ ($\gamma\delta^{TN}$) population that can generate cells

161 committed to either IL-17 or IFN-γ expression, which display respectively CD44hiCD45RB $(\gamma \delta^{17})$ $(\gamma \delta^{IFN})$ and CD44⁺CD45RB⁺ 162 phenotypes (Supplementary Fig 3). By using the SCENITHTM method, we found that, in 163 164 both the adult (Fig. 3a) and newborn (Fig. 3b) thymus, these subsets showed 165 the same metabolic dichotomy as in the periphery (Fig. 2g), although this was 166 less distinct in $\gamma\delta$ thymocytes, likely due to the dynamic subset segregation process¹⁹. 167 168 To investigate any potential switching of metabolic programming during γδ 169 thymocyte development, we first compared early thymic $\gamma\delta$ progenitors with 170 more mature subpopulations already committed to IL-17 or IFN-γ production. We found that $\gamma \delta^{24+}$ and $\gamma \delta^{TN}$ progenitors stained highly for TMRE, that was 171 172 lost when ΔΨm was dissipated by the ionophore carbonyl cyanide-4-173 (trifluoromethoxy) phenylhydrazone (FCCP) (Fig. 3c,d). Interestingly, whereas $\gamma \delta^{17}$ cells retained a high level of TMRE staining, $\gamma \delta^{IFN}$ cells showed a 174 marked reduction in ΔΨm suggesting a metabolic switch away from OxPhos 175 (**Fig. 3d**). Moreover, imagestream analysis of $\gamma \delta^{17}$ cells stained with either 176 177 mitotracker or TMRE revealed large and active mitochondria, in contrast with 178 $\gamma \delta^{\text{IFN}}$ cells that displayed negligible staining for either dye (**Fig. 3e**), in line with our previous observations in peripheral subsets (Fig. 2a-c). Furthermore, 179 Seahorse extracellular flux analysis showed that $\gamma \delta^{17}$ thymocytes have both 180 higher maximal respiration potential and spare respiratory capacity than their 181 $\gamma \delta^{\text{IFN}}$ counterparts (**Fig. 3f,g**). Thus, $\gamma \delta$ T cell subsets acquire distinct 182 183 mitochondrial features during their acquisition of effector function in the 184 thymus. 185 The adoption of divergent metabolic programs by thymic $\gamma\delta$ T cell subsets 186 suggested they could thrive under distinct metabolic environments. To begin 187 to address this, we placed WT E15 thymic lobes in 7-day foetal thymic organ 188 cultures (E15 + 7d FTOC) with media containing either low or high amounts of glucose (**Fig. 3h**). $\gamma \delta^{17}$ cells were readily detected in lower glucose conditions 189 190 but failed to develop to normal numbers when glucose concentrations were raised. By contrast, $\gamma \delta^{\text{IFN}}$ cells were relatively enriched in high glucose 191 conditions as demonstrated by a significant decrease in the $\gamma\delta^{17}/\gamma\delta^{IFN}$ cell

ratio (**Fig. 3h**). We next established E15 + 7d FTOC in the presence of the glycolysis inhibitor 2-deoxy-D-glucose (2-DG), and found increased numbers of $\gamma\delta^{17}$ cells and increased $\gamma\delta^{17}/\gamma\delta^{\text{IFN}}$ cell ratios (**Fig. 3i**). A similar result was observed in E15 + 7d FTOC when cultured with Fasentin that blocks glucose uptake (**Supplementary Fig. 4**). By contrast, running E15 + 7d FTOC in the presence of metformin, which reduces the efficiency of OxPhos by inhibiting complex I of the electron transport chain, impaired $\gamma\delta^{17}$ cell generation and decreased the $\gamma\delta^{17}/\gamma\delta^{\text{IFN}}$ cell ratio (**Fig. 3j**). Collectively, these results suggest that the mitochondrial characteristics adopted by $\gamma\delta^{17}$ and $\gamma\delta^{\text{IFN}}$ cells during thymic development directly impact their ability to thrive in distinct metabolic environments.

Distinct mitochondrial activities underlie effector fate of thymic $\gamma\delta$ T cell precursors

We next aimed to investigate the association of distinct metabolic programmes with the developmental divergence of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells in the thymus. Although the $\gamma\delta^{TN}$ population, i.e. the progenitor $\gamma\delta$ cell subset that immediately precedes the surface upregulation of either CD44 or CD45RB (marking commitment to the IL-17 or IFN-y pathways, respectively 19) was predominantly TMREhi, we observed a fraction of cells with reduced TMRE staining that we reasoned might be transitioning to the TMRE^{lo} state shown by $\gamma \delta^{\text{IFN}}$ cells (**Fig. 3c**). We further hypothesized that the metabolic status of $\gamma \delta^{\text{TN}}$ progenitors may predict their developmental fate. To test this, we sorted TMRE^{hi} and TMRE^{lo} cells from the $v\delta^{TN}$ subset obtained from E15 + 7d FTOC. and cultured them for 5-days on OP9-DL1 cells that are known to support appropriate development of thymocytes²⁸. As predicted, virtually all cells from the TMRE^{lo} cultures upregulated CD45RB and entered the IFN_γ-pathway (Fig. 4a); however, we were surprised that almost all cells from the TMRE^{hi} cultures entered the CD44^{hi} IL-17-pathway (Fig. 4a). This strongly suggests that $\gamma \delta^{TN}$ cells have already committed to an effector fate, and that this commitment associates with distinct mitochondrial activities.

To pursue this hypothesis further, we tested $\gamma \delta^{24+}$ progenitors that immediately 224 precede the $\gamma \delta^{TN}$ subset; again, we observed a remarkable segregation of 225 effector fate, with the majority of TMRE $^{\text{lo}}$ $\gamma\delta^{24+}$ cells entering the IFN γ -226 pathway, and the majority of TMRE^{hi} $\gamma\delta^{24+}$ cells entering the IL-17-pathway 227 (**Fig. 4b**). The observation that so few TMRE^{hi} $\gamma \delta^{24+}$ cells adopt an IFN γ -228 secreting fate again suggests that most $\gamma \delta^{24+}$ progenitors have already 229 230 committed to subsequent effector function. Moreover, we found that differences in TMRE levels correlated with the known 18,20,21 effector biases of 231 $V\gamma 1^+$ ($\gamma\delta^{IFN}$ -biased) and $V\gamma 4^+$ ($\gamma\delta^{17}$ -biased) progenitors (**Fig. 4c**); and validated 232 the early TMRE-based segregation of effector fates using only Vγ4⁺ 233 progenitors (**Supplementary Fig 5**). Furthermore, among $\gamma \delta^{24}$ thymocytes 234 along the $\gamma \delta^{\text{IFN}}$ pathway, we observed a progressive downregulation of TMRE 235 levels from $\gamma \delta^{TN}$ to CD44⁻CD45RB⁺ cells and finally $\gamma \delta^{IFN}$ cells (**Fig. 4d**). 236 Given that we and others^{20,21} have previously shown a key role for TCR 237 signalling in $\sqrt{\delta}^{IFN}$ thymocyte differentiation, we next asked if downregulation of 238 239 TMRE levels associated with hallmarks of TCR signalling. Indeed, we found 240 that low TMRE associated with high expression of CD73 (Fig. 4e), one of the best established markers of TCR signalling in $\gamma\delta$ T cell development^{20,28,29}. 241 242 Moreover, in E15 thymic lobes, TMRE staining was reduced along with CD25 243 downregulation, which is another hallmark of (developmentally early) TCRγδ signalling 18,20,21 (**Fig. 4f**). Furthermore, at this E15 stage, the cells with the 244 lowest TMRE staining were $V\gamma 5^+$ progenitors (**Fig. 4f**) that are known to 245 246 engage a Skint1-associated TCR-ligand in the thymus and to uniformly commit to the IFN_y-pathway³⁰. 247 248 These lines of evidence suggested that $\gamma\delta$ progenitors receiving agonist 249 TCR $\gamma\delta$ signals shift away from OxPhos as indicated by their reduced $\Delta\Psi m$. 250 To strengthen this point, we manipulated TCR signals using agonist GL3 mAb, which, as expected^{18,19}, promoted $\gamma \delta^{IFN}$ cell development while inhibiting 251 the $\gamma \delta^{17}$ pathway in E17 + 6d FTOC (**Fig. 4g**). Upon specifically sorting 252 TMRE^{hi} $\gamma \delta^{24+}$ cells from E17 thymi and stimulating them with GL3 for 5h, we 253 254 found a subpopulation that dowregulated CD24 together with TMRE levels, in 255 a mAb dose-dependent dose manner (Fig. 4h). These results strongly

- suggest that TCR signalling leads to $\Delta\Psi m$ downregulation as $\gamma\delta$ thymocytes
- 257 differentiate into IFN-γ producers.
- 258 To gain further molecular resolution, we performed single-cell
- 259 RNAsequencing on TMRE^{lo} and TMRE^{hi} $\gamma\delta^{24+}$ cells from E15 + 2d FTOC (**Fig.**
- 260 **4i-I**). Using UMAP, TMRE^{lo} cells clustered clearly away from TMRE^{hi} $\gamma \delta^{24+}$
- cells (Fig. 4j), and the former were enriched in genes involved in the
- regulation of antigen receptor signalling (Fig. 4k). In support of the metabolic
- 263 phenotypes observed ex vivo, genes associated with OxPhos were enriched
- specifically in TMRE^{hi} $\gamma \delta^{24+}$ cells while genes involved in glucose metabolism
- were unregulated in TMRE^{lo} $\gamma \delta^{24+}$ cells (**Fig. 4I**).
- 266 These data collectively demonstrate that metabolic status of thymic $\gamma\delta$
- 267 progenitors marks their developmental fate from a very early stage.
- 268 Progenitors entering the IL-17 pathway display sustained high mitochondrial
- 269 activity, whereas those in the IFN-γ pathway undergo a TCR-induced
- 270 metabolic shift towards aerobic glycolysis. We next questioned how these
- intrinsic metabolic differences impacted the physiology of effector $\gamma\delta$ T cell
- 272 subsets.

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Enrichment of lipid storage and lipid metabolism in $\gamma \delta^{17}$ cells

- Having shown that, in stark contrast with $\gamma \delta^{\text{IFN}}$ cells, $\gamma \delta^{17}$ cell generation was
- reduced under high glucose concentrations (Fig. 3h), and enhanced upon
- inhibition of glycolysis (Fig. 3i) or glucose uptake (Supplementary Fig. 4), we
- 278 questioned whether other metabolic resources may be important for $\gamma\delta^{17}$ cell
- 279 physiology. To address this question we took advantage of reporter mice
- $(Zbtb16^{GFP})$ for another marker that segregates $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells, the
- transcription factor PLZF (encoded by Zbtb16)^{21,14,31}. We performed RNA-
- sequencing of lymphoid and tissue-resident $\gamma\delta$ T cells sorted into PLZF⁺ ($\gamma\delta^{17}$)
- 283 and PLZF $(\gamma \delta^{\text{IFN}})$ cells (**Fig. 5a**). As expected, $\gamma \delta^{17}$ cells across tissues
- 284 expressed *II17a*, whereas *II17f* was also expressed in tissue-resident $\gamma \delta^{17}$
- cells (Fig. 5b). Different metabolic pathways were associated with lymphoid
- versus tissue resident $\gamma\delta$ T cells however, the genes common to $\gamma\delta^{17}$ cells

across all tissues were related to lipid and mitochondrial metabolism, including glutamate transporter (Slc1a1), glucose/fatty acid metabolism (Pdk4), mitochondrial protein transport (Ablim3) and lipid metabolism (Fabp1, Abdh5, Atp10a). These data highlight genes associated with lipid metabolism as a common feature of $\gamma\delta^{17}$ T cells across tissues. Consistent with this, LN $\gamma\delta^{17}$ cells had a higher neutral lipid content (as assessed by LipidTOX staining) than $\gamma \delta^{\text{IFN}}$ cells (**Fig. 5 c,d**). This differential lipid content was further increased upon activation with IL-1\beta+IL-23 (Supplementary Fig. 6a), associated with expression of IL-17A, IL-17F and RORyt (Supplementary Fig. 6b), and was observed across γδ T cells from multiple tissues, with the notable exception of the skin (**Fig. 5e**), where $\gamma\delta$ T cells have been shown to display specific mechanisms of tissue adaptation³². In particular, Vγ6⁺ γδ T cells in the dermis are transcriptionally distinct from those in pLNs and display a highly activated but less proliferative phenotype. This tissue adaptation may alter the metabolic requirements of skin-resident γδ T cells. In addition, γδ T cells may adapt to utilize specific metabolites present within the skin³³. Imaging analysis revealed that the increased LipidTOX staining was due to the accumulation of intracellular lipid droplets in $\gamma \delta^{17}$ cells (Fig. 5f,g). Lipid droplets store neutral lipids including triglycerides (TAGs) and cholesterol esters³⁴. We found that the two $\gamma\delta$ subsets had equivalent TAG content (**Fig.** 5h) but free cholesterol, as determined by Filipin III staining, was higher in $\gamma \delta^{17}$ cells (**Fig. 5i**). We next questioned if $\gamma \delta^{17}$ engaged in lipid uptake which could account for lipid storage. Using labelled palmitate (Bodipy-FL-C₁₆), we found that $\gamma \delta^{17}$ cells selectively took up lipids (**Fig. 5j**), which was further enhanced following activation (**Supplementary Fig. 6c**). Analysis of $\gamma\delta$ T cell cytokine production confirmed that the ability to take up palmitate was specific to IL-17 producers (**Fig. 5l,m**). Of note, $\nabla y 4^+$ and $\nabla y 6^+$ ($\nabla y 1^- \nabla y 4^-$) $y \delta$ T cells showed a higher palmitate uptake than $V\gamma 1^+$ cells (**Fig. 5n**); While $V\gamma 6^+ \gamma \delta T$ cells primarily produce IL-17, $V\gamma4^+$, can produce either IFN- γ or IL-17^{18,19}. However, palmitate uptake was specific to $V\gamma 4^+$ cells that produced IL-17 (**Fig. 5o**). Furthermore, $\gamma \delta^{17}$ cells also displayed higher uptake of fluorescently labelled cholesterol ester (Bodipy CholEsteryl FL-C₁₂) (Fig. 5k), indicating

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- their ability to take up multiple types of lipids including fatty acids and
- 320 cholesterol.
- 321 These data demonstrate that $\gamma\delta^{17}$ cells have an exquisite capacity to take up
- 322 and accumulate intracellular lipids, and display transcriptional signatures of
- 323 enhanced lipid metabolism compared to $\gamma \delta^{\text{IFN}}$ cells.

- 325 High fat diet promotes $\gamma \delta^{17}$ cell expansion and their accumulation in
- 326 tumours
- We next tested the effect of a lipid-rich, high fat diet (HFD), on $\gamma\delta$ T cell
- 328 subsets in vivo. Unlike standard fat diet (SFD) fed mice, which alternate
- 329 between using lipids or carbohydrates for fuel during light/dark cycles
- respectively, feeding mice a HFD reduced their respiratory exchange ratio
- 331 (RER), illustrating a systemic metabolic switch to constantly burning lipids as
- the main fuel source. (Fig. 6a). We found that both the percentage and
- absolute number of LN $\gamma\delta$ T cells were increased during HFD (**Fig. 6b**), which
- was due to a specific increase in $\gamma \delta^{17}$ (but not $\gamma \delta^{1FN}$) cells (**Fig. 6c,d**).
- 335 Tumours are another site reported to be lipid-rich. To explore the effect of the
- lipid-rich tumour environment on $\gamma\delta^{17}$ cells, we employed the B16F10
- melanoma model. In SFD mice, we found an enrichment of $\gamma \delta^{17}$ cells within
- the tumour compared to draining LN (dLN) or spleen (**Fig. 6e**). These $\gamma \delta^{17}$
- cells were also enriched compared to $\gamma \delta^{IFN}$ (**Fig. 6f**). Given $\gamma \delta^{17}$ were enriched
- in obese mice and in the tumour, we next asked if obesity combined with the
- tumour model would further enhance $\gamma \delta^{17}$ cells. Mice fed HFD exhibited
- enhanced tumour growth (Fig. 6g), and further increased percentages and
- numbers of tumour-infiltrating $\gamma \delta^{17}$ cells compared to the SFD group (**Fig. 6 h-**
- 344 j). These data demonstrate that a lipid-rich environment selectively
- accumulates $\gamma \delta^{17}$ but not $\gamma \delta^{IFN}$ cells in the tumour.
- Given the preferential uptake of cholesterol by $\gamma \delta^{17}$ cells (**Fig. 5i**), we next
- investigated its effect on $\gamma \delta^{17}$ cell proliferation and function. We incubated
- purified $\gamma \delta^{27}$ ($\gamma \delta^{17}$) cells for 5h with cholesterol-loaded cyclodextrin (CLC),
- which we found to promote $\gamma \delta^{27}$ cell proliferation when compared to control

- culture conditions (**Fig. 6k**). To determine its impact on tumor growth *in vivo*,
- we injected CLC pre-treated (or control) $\gamma \delta^{17}$ cells twice (within two days) into
- s.c. E0771 tumours (as established in Fig. 1b), which allow local T cell
- delivery. Strikingly, $\gamma \delta^{17}$ cells pre-treated with CLC substantially enhanced
- tumour growth (**Fig. 6l-n**).
- 355 Conversely, we also tested the effect of reducing lipids in vivo, by injected
- orlistat, which inhibits lipases and thus prevents uptake of dietary fat, into
- 357 B16F10 tumour-bearing mice. Mice injected with orlistat exhibited reduced
- 358 body weight and tumour growth compared to vehicle-treated mice
- 359 (Supplementary Fig. 7a,b). Importantly, these mice showed decreased
- numbers of tumour-infiltrating $\gamma \delta^{17}$ cells, which had lower neutral lipid content
- 361 (Supplementary Fig. 7c,d).
- Together, these data show that lipid-rich environments promote the selective
- 363 expansion of $\gamma \delta^{17}$ cells that support tumour growth.

Glucose supplementation enhances anti-tumour functions of $\gamma\delta^{\text{IFN}}$ cells

- We next aimed to use the knowledge gathered in this study to boost anti-
- tumour $\gamma\delta$ T cell responses, which are known to rely on $\gamma\delta^{\text{IFN}}$ cells^{8,22}. Given
- our data showing that glucose promotes the development of $\gamma \delta^{\text{IFN}}$ over $\gamma \delta^{17}$
- cells in the thymus (**Fig. 3h,i**), and the higher glycolytic capacity of $\gamma \delta^{\text{IFN}}$ cells
- in peripheral organs (Fig. 2g) and also within tumours (Fig. 1b-e), we
- 371 hypothesized that glucose supplementation would enhance $\gamma \delta^{\text{IFN}}$ cell
- functions. Further supporting this hypothesis, we found that intra-tumoural
- $\gamma \delta^{\text{IFN}}$ cells preferentially took up 2-NDBG when compared to $\gamma \delta^{17}$ TILs (**Fig.**
- 374 **7a**).

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- We first tested the impact of glucose on $\gamma \delta^{17}$ and $\gamma \delta^{\text{IFN}}$ cell functions in vitro.
- We cultured purified $\gamma \delta^{27}$ ($\gamma \delta^{17}$) or $\gamma \delta^{27+}$ ($\gamma \delta^{1FN}$) cells in standard culture
- conditions containing low dose glucose (5mM) or in high glucose (50mM). We
- found high glucose to be detrimental to $\gamma \delta^{17}$ cells (**Supplementary Fig. 8**), in
- stark contrast to $\gamma \delta^{IFN}$ cells. Indeed, supplementation with high glucose
- augmented (whereas provision of 2-DG reduced) the percentage and

- numbers of $\gamma \delta^{\text{IFN}}$ cells (**Fig. 7b**), with parallel effects on their proliferation (**Fig.**
- 382 **7c**) and on the levels of expression of both IFN- γ (**Fig. 7d**) and its master
- transcriptional regulator²¹, T-bet (**Fig. 7e**).
- To specifically address the importance of aerobic glycolysis for $\gamma \delta^{\text{IFN}}$ cells, we
- cultured $\gamma \delta^{\text{IFN}}$ cells with galactose (compared to glucose), since cells grown in
- 386 galactose enter the pentose phosphate pathway instead of using aerobic
- 387 glycolysis^{35,36}. We observed a reduction in the percentage and absolute
- numbers of $\gamma \delta^{\text{IFN}}$ cells (**Fig. 7f**), as well as in their IFN- γ (**Fig. 7g**) and T-bet
- 389 (Fig. 7h) expression levels, thus establishing that aerobic glycolysis is
- 390 required for optimal IFN- γ production by $\gamma \delta^{\text{IFN}}$ cells.
- Next we asked if the cytotoxic function of $\gamma \delta^{\text{IFN}}$ cells was also enhanced by
- 392 glucose supplementation. For this, we co-cultured $\gamma \delta^{\text{IFN}}$ cells that were
- 393 previously supplemented (or not) with high dose of glucose with E0771 breast
- 394 cancer cells at different effector:target (E:T) ratios. "Glucose-enhanced" γδ^{IFN}
- 395 cells displayed substantially higher cytotoxic potency against the cancer cells,
- compared to the respective controls at each E:T ratio (Fig. 7i).
- 397 As γδ T cells are actively being pursued in the clinic as an adoptive cell
- therapy for cancer⁸, we tested whether we could use glucose supplementation
- to enhance the anti-tumour functions of $\gamma \delta^{\text{IFN}}$ cells *in vivo*, in an adoptive cell
- 400 transfer setting. Purified $\gamma \delta^{\text{IFN}}$ cells were cultured in the presence or absence
- 401 of high dose glucose for 5h, washed, and injected twice (within two days) into
- 402 the tumour site. While control $\gamma\delta^{\text{IFN}}$ cells produced a small yet significant
- 403 reduction in tumour size, glucose substantially augmented the anti-tumour
- 404 effects of $\gamma \delta^{\text{IFN}}$ cells, essentially inhibiting tumour growth (from the time of
- 405 injection) within the time window analysed (Fig. 7j,k). These data reveal a
- new, metabolism-based, means to enhance the anti-tumour functions of $\gamma\delta$ T
- 407 cells that could be explored for adoptive cell immunotherapy of cancer.

Discussion

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409 Metabolism dysregulation is viewed as an immune evasion strategy in cancer. 410 To overcome it, and thus enable anti-tumour immune responses, it is critical 411 to understand immune cell metabolism and its interplay with tumour cells in 412 the TME. Although our knowledge on $\alpha\beta$ T cell metabolism has increased significantly 1,3,37 , little is known about $\gamma\delta$ T cells. Here, we identified a 413 414 metabolic dichotomy between the main effector $\gamma\delta$ T cell subsets that play opposing roles in cancer immunity^{8,22}. Whereas anti-tumoural $\gamma\delta^{\text{IFN}}$ cells are 415 almost exclusively glycolytic, pro-tumoural $\gamma\delta^{17}$ cells require mitochondrial 416 417 metabolism; and their activities within tumours can be promoted by glucose or 418 lipid metabolism, respectively.

Unexpectedly, the metabolic dichotomy of $\gamma\delta$ T cell subsets is established early during thymic development, which contrasts with the peripheral metabolic (re)programming of effector $\alpha\beta$ T cells. Naïve $\alpha\beta$ T cells require activation to undergo rewiring of cellular metabolism, namely transition from OxPhos to aerobic glycolysis, through which glucose is fermented into lactate rather than oxidized in mitochondria³. Furthermore, depending on metabolic cues in the tissue or during immune challenge, naïve T cells are pushed toward Th1, Th2, Th17 or Treg fates, dependent on intrinsic metabolic pathways engaged outside the thymus. By contrast, we show that an equivalent metabolic shift occurs in early thymic $\gamma\delta$ progenitors as they commit to the IFN-γ pathway, seemingly as a result of strong TCRγδ signalling. Indeed, analysis of various hallmarks of TCR signalling suggest that γδ progenitors receiving agonist TCRγδ signals shifted away from OxPhos as indicated by their reduced ΔΨm. Moreover, upon TCR (GL3 mAb) stimulation, a small population of γδ progenitors downregulated CD24 together with $\Delta \Psi m$ (TMRE), thus associating strong TCR $\gamma \delta$ signalling in the $\gamma\delta^{\text{IFN}}$ developmental pathway with metabolic reprogramming. This draws a parallel with $\alpha\beta$ T cell activation, during which early TCR signalling is required for induction of aerobic glycolysis³⁸. This acts as a switch for Myc mRNA (and protein) expression, such that strength of TCR stimulus determines the frequency of T cells that transcribe Myc mRNA³⁶. The common denominator

440 of the metabolic switches in effector $\gamma\delta$ and $\alpha\beta$ T cells may thus be 441 upregulation of Myc, which is required for transcription of genes encoding glycolytic enzymes^{26,27}. Indeed, our data show a striking enrichment of Myc 442 (mRNA and protein) in $\gamma \delta^{IFN}$ cells compared to $\gamma \delta^{17}$ cells. On the other hand, 443 444 the sustained dependence of $\gamma \delta^{17}$ cells on mitochondrial OxPhos is in line with 445 that recently reported for their functional equivalents in the $\alpha\beta$ T cell compartment, Th17 cells³⁹. Of note, IL-17-producing type 3 innate lymphoid 446 447 cells (ILC3) were recently shown to require both glycolysis and mitochondrialderived ROS for activation⁴⁰, but a direct comparison with type 1 ILCs is still 448 449 missing.

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The concept of TCR signalling playing a key role in the metabolic programming of $\gamma\delta$ T cell subsets builds upon, but provides a novel perspective to, previous models of their thymic development. Thus, the $\gamma \delta^{\mathsf{IFN}}$ unequivocal dependence on strong TCR signals for differentiation^{20,30} may be linked to a required metabolic shift to aerobic glycolysis. Moreover, the detrimental impact of agonist TCR signals on $\gamma\delta^{17}$ cell development may be due to metabolic conflict with their OxPhos requirements, documented by our FTOC experiments using specific inhibitors. Importantly, these distinct metabolic phenotypes are maintained in peripheral $\gamma\delta$ T cell subsets, which is consistent with and expands our previous epigenetic and transcriptional analyses^{41,42}.

We were particularly interested to investigate the metabolic properties of peripheral $\gamma\delta$ T cell subsets once they infiltrated tumour lesions, for which we employed three experimental models of cancer (melanoma, breast and colon). Critically, we found that the dichotomy between $\gamma\delta^{17}$ and $\gamma\delta^{1FN}$ subsets was preserved in the TME, which enabled metabolic interventions that may have therapeutic potential. In fact, while $\gamma\delta$ T cell infiltration is largely perceived to associate with favourable prognosis in cancer patients⁴³, recent clinical data have suggested that, in agreement with mouse experimental systems²², human $\gamma\delta^{17}$ versus $\gamma\delta^{1FN}$ cell subsets have antagonistic prognostic values⁸. Thus, improvement in the therapeutic performance of $\gamma\delta$ T cells in the

clinic⁴⁴ is likely to require a better understanding of the factors that control the balance between $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cell subsets in the TME.

Here, we also identified lipids as key $\gamma \delta^{17}$ -promoting factors, which is particularly relevant because tumours are known to be lipid-rich microenvironments^{4,5,45,46}. Palmitate and cholesterol ester uptake were higher in $\gamma \delta^{17}$ than $\gamma \delta^{IFN}$ cells, therefore we propose that increase in intracellular lipids is due to enhanced uptake, although endogenous lipid synthesis cannot be ruled out. Our findings that $\gamma \delta^{17}$ cell proliferation is boosted by cholesterol treatment, and that these cells expand substantially in obese mice, provide additional evidence that HFD causes a systemic increase in the $\gamma\delta^{17}$ subset, consistent with previous findings in the skin⁴⁷ and lungs⁴⁸, and may provide a mechanistic understanding for this expansion. Obesity is a known risk factor for cancer and we previously demonstrated the link between obesity and suppression of NK cell anti-tumour function ⁴⁹. Given that $y\delta^{17}$ cells have strong pro-tumoural effects and we find this population to be expanded in tumours of obese mice, this may represent an additional mechanism linking cancer and obesity, whereby abundant lipids favor $\gamma \delta^{17}$ over $\gamma \delta^{1FN}$ cells to support tumour growth.

Conversely, we found $\gamma\delta^{\text{IFN}}$ cells, from their thymic development to intratumoural functions, to be boosted by glucose metabolism. Naturally, the large consumption of glucose by tumour cells⁷ creates a major metabolic constraint on $\gamma\delta^{\text{IFN}}$ TILs. Glucose restriction can impair T cell cytokine production^{5,6}, while production of lactate by tumour cells performing aerobic glycolysis can inhibit T cell proliferation and cytotoxic functions⁵⁰. Therefore, we do not conceive glucose supplementation as an appropriate strategy to enhance endogenous T cell (including $\gamma\delta^{\text{IFN}}$) responses *in vivo*. Instead, we suggest that it should be considered in protocols used to expand/differentiate $\gamma\delta$ T cells *ex vivo* for adoptive cell therapy. Such an "*in vitro* glucose boost" may enable stronger anti-tumour activities (namely, IFN- γ production and cytotoxicity) upon T-cell transfer, as suggested by our data using CD27⁺ $\gamma\delta^{\text{IFN}}$ cells in the breast cancer

502 model, although evaluation of the duration and long-term impact of this 503 "boost" requires further investigation in slower-growing tumour models. 504 While we did not dissect the mechanistic link between aerobic glycolysis and IFN- γ production by CD27⁺ $\gamma\delta^{IFN}$ cells, previous studies on $\alpha\beta$ T cells have 505 506 shown that glycolysis controls (via the enzyme GAPDH) the translation of IFNγ mRNA⁵. Moreover, glycolysis was shown to be essential for the cytotoxic 507 508 activity of NK cells, namely their degranulation and Fas ligand expression, upon engagement of NK cell receptors (NKRs)⁵¹. This is particularly 509 510 interesting when considering the potential of a human γδ T cell product that we developed for adoptive cell therapy of cancer, Delta One T (DOT) cells^{9,52,53}. 511 512 These Vδ1⁺ T cells are induced *in vitro* to express high levels of NKRs that enhance their cytotoxicity and IFN-γ production⁵²⁻⁵⁴. We therefore propose 513 514 that high dose glucose should be added to the DOT protocol as to further 515 increase their anti-tumour potential. 516 In sum, this study demonstrates that thymic differentiation of effector $\gamma\delta$ T cell 517 subsets, besides well-established epigenetic and transcriptional regulation, 518 includes divergent metabolic programming that is sustained in the periphery 519 and, in particular, in the TME. It further identifies distinct metabolic resources 520 that control the intra-tumoural activities of $\gamma\delta$ T cell subsets, with lipids favoring $\gamma \delta^{17}$ cells and glucose boosting $\gamma \delta^{IFN}$ cells, which provides a new 521 522 metabolism-based angle for therapeutic intervention in cancer and possibly

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other diseases.

Methods

Ethics statement

- All mouse experiments performed in this study were evaluated and approved by the institutional ethical committee (Instituto de Medicina Molecular Orbea), the national competent authority (DGAV) under the license number 019069, UK Home Office regulations and institutional guidelines under license number 70/8758 and by the Institutional Animal Care and Use Committee of Brigham and Women's Hospital and Harvard Medical School, the Trinity College Dublin ethics committee. Euthanasia was performed by CO₂ inhalation. Anesthesia
- was performed by isoflurane inhalation.

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Mice and tumour cell lines

- 536 C57BI/6J WT mice and Myc-GFP mice (B6;129-Myc^{tm1Slek/}J) were purchased
- from Charles River and Jackson Laboratories. PLZF-GFP (Zbtb16^{GFP}) mice
- were generated in the laboratory of D. Sant'Angelo as described previously¹.
- 539 Mice were maintained under specific pathogen-free conditions. Standard food
- 540 and water were given ad libitum. Where indicated, mice were fed high fat diet
- 541 (HFD) (research diets) for 8 weeks. Mice were used at the foetal (embryonic
- day 14-18), neonatal (1-5 days old) or adult (6-12 weeks old) stages.
- 543 The E0771 murine breast adenocarcinoma cells, MC38 murine colon
- 544 adenocarcinoma cells and B16.F10 melanoma cells were purchased from
- 545 ATCC (Manassas, VA). Cells were maintained in Dulbecco's Modified Eagle
- 546 Medium (DMEM) with 10% (vol/vol) FCS (Gibco; Thermo Fisher Scientific)
- and 1% (vol/vol) penicillin/streptomycin (Sigma-Aldrich).

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Tumour transplantation in vivo

- Mice were injected with 1 x 10^6 E0771 tumour cells in fat pads, 1 x 10^6 MC38
- tumour cells or 2 x 10⁵ cells B16 tumour cells subcutaneously into the right
- shaved flank. Tumour growth was measured every 2-3 days using calipers
- and animals were sacrificed when tumours reached a diameter (D) of 15mm,
- 554 became ulcerous, or 1 or 2 weeks after tumour injection. Tumour size was

calculated using the following formula: $(D1)^2 \times (D2/2)$, D1 being the smaller value of the tumour diameter. In some experiments, mice were fed with a HFD (60% calories from lard) for 10 weeks prior to tumour injection and the HFD was continued throughout the experiment.

Comprehensive Lab Animal Monitoring System

Indirect calorimetry data were recorded using a Promethion Metabolic Cage System (Sable Systems) essentially as described previously². Mice were housed individually in metabolic chambers under a 12h light/dark cycle at room temperature (22°C) with free access to food and water. Mice were acclimated for 24h in metabolic cages before recording calorimetric variables. Mice were fed either a standard chow diet or a high fat (60%) diet ad libitum for 12 weeks prior to being placed in the metabolic cages and were maintained on either diet throughout the recording.

Tissue processing and cell isolation

Tumours were collected and digested with 1mg/mL collagenase Type I, 0.4 mg/mL collagenase Type IV (Worthington) and 10 μ g/mL DNase I (Sigma-Aldrich) for 30 minutes at 37°C. Cell suspension was then filtered through a 100 μ m nylon cell strainer (Falcon/Corning). $\gamma\delta$ T cells were isolated by scratching thymus, spleen and lymph node on a 70 μ m mesh. Lungs were minced then homogenized in RPMI 1640 using a TissueLyser (Qiagen) and filtered through 70 μ m mesh. Adipose tissue was processed as described previously³. Red blood cells were lysed using RBC Lysis Buffer (Biolegend) or ammonium chloride lysis buffer (made in-house). Single-cell suspensions of foetal and neonatal thymocytes were obtained by gently homogenizing thymic lobes followed by straining through 40 μ m strainers (BD).

For cell-sorting, $\gamma\delta$ T cells were pre-enriched by depletion of CD4⁺ and CD8⁺ T cells, dendritic cells and B cells using biotinylated anti-CD4 (RM4-5), anti-CD8 (53-6.7), anti-CD11c (N14) and anti-CD19 (6D5) antibodies with anti-biotin microbeads (Miltenyi Biotech) by QuadroMACS or $\gamma\delta$ T cells were purified

using TCRγ/δ T Cell Isolation Kit, mouse (Miltenyi Biotec). Cells were sorted
 on a FACS Aria (BD Biosciences).

Cell Culture

- CD27 $\gamma\delta$ T cells were expanded in vitro as previously described⁴. This protocol was adapted to expand CD27⁺ γδ T cells by using 10ng/ml IL-2, 10ng/ml IL-15 and 20ng/ml IL-7. For downstream assays, γδ T cells were purified using TCRγ/δ T Cell Isolation Kit, mouse (Miltenyi Biotec). Ex vivo cultures were performed using RPMI 1640 (Gibco) supplemented with 10% heat-inactivated foetal bovine serum (Gibco), 1% penicillin/streptomycin, 1% L-glutamine. For cytokine stimulation, cells were cultured with 10ng/ml IL-1β and IL-23 (Miltenyi Biotec) and/or IL-12 and IL-18 (BioLegend).
 - For short-term skin-draining-lymphocyte cultures, single-cell suspensions of lymphocytes were isolated from skin-draining lymph nodes from adult B6 mice. Cells were resuspended in complete RPMI medium (RPMI-1640 with 10% FCS, 1% penicillin and streptomycin, and 2 mM L-glutamine). 1 x 10^6 lymphocytes in 500 μ l of complete medium were incubated for 48h in 48-well plates either under control conditions or with the addition of 5-aminoimidazole-4-carboxamide (AlCAR; 1.6 mM; Sigma-Aldrich). Cells were subsequently analysed by flow cytometry.

Foetal Thymic Organ Cultures (FTOC)

E15-E17 thymic lobes from B6 mice were cultured on nucleopore membrane filter discs (Whatman) in FTOC medium (RPMI-1640 with 10% FCS, 1% penicillin and streptomycin, 50 μ M β -mercaptoethanol (Invitrogen), and 2 mM L-glutamine (Sigma-Aldrich)) for 6-12 days (unless otherwise indicated). In some experiments 2-deoxyglucose (2-DG; 0.6 mM), fasentin (0.6 mM), metformin (2 mM) or oligomycin (1 nM) were added to the cultures. All thymic organ cultures were subsequently analysed by flow cytometry. In some cultures, where concentration of glucose was manipulated, "basic" FTOC

- 616 medium (RPMI-1640 [-] glucose with 10% FCS, 1% penicillin and
- 617 streptomycin, 50 μM β-mercaptoethanol (Invitrogen), and 2 mM L-glutamine
- (Sigma-Aldrich)) was used, and glucose was added at 5mM for "low-glucose"
- conditions or 25mM for "high-glucose" conditions.
- 620 In some experiments, anti-TCRδ antibody (GL3; 1µg/ml unless otherwise
- 621 indicated) was added to the cultures. Cultures containing antibody were
- rested overnight in fresh FTOC medium before analysis. All thymic organ
- 623 cultures were subsequently analysed by flow cytometry.

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Manipulation of $\gamma\delta$ metabolic pathways in vitro and in vivo

- 626 Spleen and lymph nodes were harvested from C57Bl/6J mice. Cell
- 627 suspensions were stained with LIVE/DEAD Fixable Near-IR (Thermo Fisher
- 628 Scientific), anti-CD3ε (145-2C11), anti-TCRδ (GL3), and anti-CD27 (LG.7F9)
- 629 for 15 minutes at 4°C. CD27⁺ and CD27⁻ γδ T cells were FACS-sorted. CD27⁺
- and CD27 $\gamma\delta$ T cells were incubated on plate-bound anti-CD3 ϵ (145.2C11)
- 631 (10 μ g/mL) in the presence of IL-7 (50 μ g/mL) or IL-7 (50 μ g/mL), IL-1 β (10
- 632 μg/mL) and IL-23 (10 μg/mL), respectively. All cytokines were purchased from
- Peprotech. Then, cells were cultured with 2-Deoxy-D-Glucose (2-DG; 2mM;
- 634 Sigma-Aldrich), high D-glucose (50mM; Sigma-Aldrich), galactose (20mM;
- 635 Sigma-Aldrich), Carbonyl cyanide 4-(trifluoromethoxy) phenylhydrazone
- 636 (FCCP; 1μM; Sigma-Aldrich) and cholesterol-loaded cyclodextrin (CLC;
- 637 5 μg/mL) for 5h at 37°C for *in vitro* experiments.
- 638 For experiments *in vivo*, purified CD27⁻ and CD27⁺ γδ T cells were incubated
- (or not) for 5h with cholesterol-loaded cyclodextrin (5 µg/mL) or with high D-
- glucose (50mM; Sigma-Aldrich), respectively. 5 x 10⁵ CD27⁻ or 1 x 10⁶ CD27⁺
- $\gamma \delta$ T cells were injected twice directly at the tumor site (1st injection 7 days
- after tumour inoculation and 2nd injection 2 days later). Mice were analyzed 11
- 643 days after tumour cell injection.
- For lipid depletion in vivo, mice were injected daily with 50mg/kg Orlistat i.p.
- on days 6-9 after tumour injection, then tumour cell infiltrate was analysed on
- 646 day 10.

Killing assays for CD27⁺ γδ T cells *in vitro*

Purified CD27⁺ $\gamma\delta$ T cells were supplemented (or not) with high levels of glucose (50mM; Sigma-Aldrich) for 5h at 37°C, 5% CO₂. Then, variable numbers of CD27⁺ $\gamma\delta$ T cells were co-cultured with 5 x 10⁵ E0771 breast cancer cells in complete RPMI Medium (minus D-Glucose). The killing capacities of CD27⁺ $\gamma\delta$ T cells based on death of E0771 cells (Annexin V staining) was assessed by flow cytometry after 24h.

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Flow cytometry

656 $\gamma\delta$ T cells were analysed by flow cytometry using standard procedures. For 657 surface staining, cells were Fc-blocked with anti-CD16/32 (clone 93: 658 eBioscience) and incubated for 15 minutes at 4°C with antibodies and 659 LIVE/DEAD Fixable Near-IR (Thermo Fisher Scientific) or viability dye Zombie 660 NIR stain (BioLegend) in FACs buffer (PBS 1X, 10% FCS, 0.5M EDTA). Anti-661 CD3ε (145-2C11), anti-CD27 (LG.7F9), anti-CD25 (PC61), anti-CD73 662 (TY/11.8) and anti-V_γ2 (UC3-10A6) were purchased from eBioscience. Anti-663 CD45 (30-F11), anti-TCR δ (GL3), anti-CD24 (M1/69), anti-V γ 1 (2.11), anti-V γ 4 664 (UC3-10A6), anti-Vγ5 (536) and anti-CD45RB (C363-16A) were purchased 665 from BioLegend and anti-CD44 (IM7) from BD Pharmingen. Cells were 666 washed with FACS buffer. For intracellular cytokine staining, cells were 667 stimulated with 50 µg/mL phorbol 12-myristate 13-acetate (PMA; Sigma-668 Aldrich) and 1 µg/mL ionomycin (Sigma-Aldrich) for 3-4 hours at 37°C, 5% 669 CO₂ in the presence of 10 μg/mL brefeldin-A (Sigma-Aldrich) and 2 μM 670 monensin (eBioscience). Cells were fixed and permeabilized with Foxp3 671 staining kit (eBioscience/Thermo Fisher Scientific), according to the 672 manufacturer's instructions. Cells were incubated for 30 minutes at 4°C, with 673 the following antibodies from eBioscience: anti-IFN-γ (XMG1.2), anti-IL-17 674 (TC11-18H10.1), Ki67 (16A8), T-bet (4B10) and RORγt (B2D). For Annexin V 675 staining, Annexin V Kit (eBioscience) was used following manufacturer's 676 instructions.

The following dyes were purchased from Invitrogen and stained according to manufacturer's instructions: MitotrackerTM Green FM, Tetramethylrhodamine Methyl Ester Perchlorate (TMRM), HCS LipidTOX[™] Red Neutral Lipid Stain. Palmitate uptake was measured using 1μM Bodipy FL-C₁₆ (Invitrogen) incubated for 10mins at 37°C. Cholesterol ester uptake was measured using 2μM Bodipy CholEsteryl FL-C₁₂ incubated for 1h at 37°C. Cholesterol content was measured using 50µg/ml Filipin III (Sigma-Aldrich) incubated for 1h at room temperature.

Flow cytometry analysis was performed with a FACS Fortessa, LSRII or

Canto II (BD Biosciences) and data analysed using FlowJo software (BD Biosciences).

Metabolism profile of cells

Seahorse Metabolic Flux Analysis: Real-time analysis of oxygen consumption rates (OCR) and extracellular-acidification rates (ECAR) of IFN- γ - and IL-17-committed $\gamma\delta$ T cells sorted from 5-day-old B6 pups and CD27^{+/-} $\gamma\delta$ T cells from spleen/lymph nodes expanded *in vitro* were assessed using the XFp Extracellular Flux or Seahorse XFe-96 analyzers, respectively (Seahorse Bioscience). Cells were added to a Seahorse XF96 Cell Culture Microplate (Agilent), coated with Cell-Tak (Corning) to ensure adherence, and sequential measurements of ECAR and OCR were performed in XF RPMI Seahorse medium supplemented with glucose (10mM), glutamine (2mM), and sodium pyruvate (1mM) following the addition of Oligomycin A (2 μ M), FCCP (2 μ M), rotenone (1 μ M) plus antimycin A (1-4 μ M). Basal glycolysis, glycolytic capacity, basal mitochondrial respiration and maximal mitochondrial respiration were calculated. OCR and ECAR values were normalized to cell number.

SCENITH[™]

706 Cells were plated at 20×10^6 cells/ml in 96-well plates. After activation of $\gamma \delta$ T cells, cells were treated for 30 minutes at 37°C, 5% CO₂ with Control (Co), 2-

Deoxy-D-Glucose (DG; 100mM; Sigma-Aldrich), Oligomycin (O; 1μM; Sigma-Aldrich) or a combination of both drugs (DGO). Puromycin (Puro, 10μg/ml; Sigma-Aldrich) is added during 15 minutes at 37°C. SCENITHTM kit (http://www.scenith.com) containing all reagents and protocols were kindly provided by Dr. Rafael Argüello, (CIML). Cells were washed in cold PBS and stained with primary conjugated antibodies against different surface markers (as described above) for 15 minutes at 4°C in FACS buffer (PBS 1X 5% FCS, 2mM EDTA). After washing with FACS buffer, cells were fixed and permeabilized using Cytofix/CytopermTM (BD) following manufacturer's instructions. Intracellular staining of puromycin using the anti-Puro monoclonal antibody (1:600, Clone R4743L-E8) was performed by incubating cells during 30min at 4°C diluted in Permwash. Experimental duplicates were performed in all conditions.

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In vivo glucose uptake

- 723 2-NBDG (300μg diluted in PBS 1X; Cayman chemical) was injected i.v. in
- 724 C57BI/6J mice; 15min later, cells from tumours were harvested.

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Assessment of mitochondrial morphology

727 Mitochondrial membrane potential was measured using 728 tetramethylrhodamine, ethyl ester (TMRE; 100nM; Abcam) according to 729 manufacturer protocols. Following TMRE staining, carbonyl cyanide-4-730 (trifluoromethoxy) phenylhydrazone (FCCP; 25μM; Abcam) was used as a 731 for mitochondrial positive control membrane depolarization. 732 mitochondrial mass was assessed using MitoTracker Green (Invitrogen) 733 according to manufacturer's instructions. All cells were subsequently analysed 734 by flow cytometry.

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Triglyceride Quantification

737 Triglycerides (TAGs) were quantified from expanded $\gamma\delta$ T cells *in vitro* using 738 Picoprobe Triglyceride Quantification Assay Kit, Fluorometric (Abcam) and 739 absorbance measured using FLUOstar OPTIMA (BMG Labtech). 740 741 742 RNA isolation and real-time PCR 743 mRNA was prepared from FACS-sorted CD27⁺ and CD27⁻ γδ T cells from WT spleen and draining lymph nodes using High Pure RNA Isolation kit (Roche). 744 745 Reverse transcription was performed with random oligonucleotides 746 (Invitrogen). Results were normalized to actin mRNA. qPCR was performed 747 with SYBR Premix Ex Tag master mix (Takara) on an ABI ViiA7 cycler 748 (Applied Biosystems). The CT for the target gene was subtracted from the CT 749 for the endogenous reference, and the relative amount was calculated as 750 2-ΔCT. 751 752 **Imaging**

Thymocytes from B6 E15 thymic lobes cultured for 12 days were isolated and stained for surface markers and then Mitotracker Green or TMRE (as described above). All cells were subsequently analysed on an ImageStream Mark II imaging flow cytometer (Amnis); 30k events were saved from samples and 1k positive events from compensation single color controls. Analysis was performed using IDEAS® version 6.2.

For lipid droplet quantification, expanded $\gamma\delta$ T cells *in vitro* were stained with LipidTOX red neutral lipid stain (Invitrogen) and Hoechst 33342 (Sigma-Aldrich). Mitotracker Green FM (Invitrogen) was used to identify mitochondria. Cells were mounted onto poly-L-lysine coated slides. Images were obtained with a Zeiss LSM 800 confocal microscope using Zen 2.3 software (Zeiss) and analyzed using ImageJ.

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RNA-sequencing and data processing

- 767 Single-cell sequencing libraries were generated using the Chromium™ Single
- 768 Cell 5' Library and Gel Bead Kit (10X Genomics) according to the
- 769 manufacturer's instructions. Data was analysed using the R package Seurat
- 770 v2.3^{5,6}.
- 771 UMI counts were normalized using regularized negative binomial regression
- with the sctransform package⁷. For downstream analysis of normalized data
- 773 principal component analysis (PCA) was performed using n=50 dimensions
- and PCA variability was determined using an Elbow plot. Differential gene
- 775 expression analysis and GSEA was performed using the MAST and fgsea
- packages^{6,7}. Pathways and gene lists for gene set enrichment analysis were
- 777 obtained using the misgdbr package from Molecular Signatures database
- 778 (MSigDB)^{8,9}. Adaptively-thresholded Low Rank Approximation (ALRA) from
- the Seurat wrappers package was performed to correct for drop-out values for
- visualization of leading-edge and differentially expressed genes identified by
- 781 MAST¹⁰. The accession codes for single-cell RNA sequencing
- 782 are GSE150585 and GSE156782.
- All downstream analysis was performed using R v.3.6.3 and RStudio Desktop
- 784 1.2.5001 on an Ubuntu 19.10 linux (64 bit) system using the following R
- packages and libraries: dplyr v.0.8.5, fgsea v.1.12.0, ggplot2 v.3.3.0, MAST
- 786 v.1.12.0, sctransform v.0.2.1, Seurat v.3.1.4, SeuratWrappers v.0.1.0, uwot
- 787 v.0.1.8 and viridis v.0.5.1.

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Statistical analysis

- 790 Statistical analysis was performed using GraphPad Prism software using non-
- 791 parametric two-tailed Mann-Whitney test or, if both groups followed a normal
- 792 distribution (tested by D'Agostino and Pearson normality test), using two-
- tailed unpaired Student t test or one-way analysis of variance. All data are
- 794 presented as means ± standard error of mean (SEM) or standard deviation
- 795 (SD). *p < 0.05; **p < 0.01; ***p < 0.001, ****< 0.0001.

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Acknowledgments

827 We are grateful for the valuable assistance of the staff of the flow cytometry, 828 bioimaging and animal facilities at our Institutions. We thank Ana Magalhães, 829 Julie Ribot, Karine Serre, and Natacha Sousa (iMM) for technical suggestions 830 and administrative help. This work was supported by the European Research 831 Council (CoG_646701 to B.S.-S.; Stg_679173 to L.L.), Wellcome Trust 832 (092973/Z/10/Z to D.J.P.), Science Foundation Ireland (SFI) (16/FRL/3865 to 833 L.L), NIH (NS115064, HG008155, AG062377 to M.K), R01 Al134861, 834 Biotechnology and Biological Sciences Research Council (BBSRC) UK 835 (BB/R017808/1 to D.J.P) and Astrazeneca (Prémio FAZ Ciência 2019 to B.S.-836 S. and N.L.). N.L is supported by a post-doctoral fellowship from EMBO 837 (ALTF 752-2018); S.M. was supported by a studentship from Medical 838 Research Council (MRC) UK; G.F. is supported by a European Commission 839 Marie Sklodowska-Curie Individual Fellowship (ref. 752932); and A.D., S.C. 840 L.D and H.P are supported by Irish Research Council fellowships.

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Author contributions

N.L, C.M, S.M and M.R performed most of the experiments and analyzed the data. G.F. designed and performed some experiments. N.S., A.K., L.D., H.K., A.D., S.C., H.P. R.L. and C.C. provided technical assistance in some experiments. M.K. and L.A performed bioinformatic analysis and M.B provided reagents, materials and support. R.A. provided key assistance with the SCENITHTM methodology. B.S.-S., D.P and L.L conceived and supervised the study. N.L, C.M., B.S.-S., D.J.P. and L.L. wrote the manuscript.

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Figure Legends

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- Figure 1. Intra-tumoural $\gamma\delta$ T cell subsets display distinct metabolic profiles.
- 1039 (a) Experimental design: E0771 breast or MC38 colon cancer cell lines were injected in WT mice; 6 and 15 days later, tumours were extracted for 1040 metabolic analysis of $\gamma\delta$ T cells using SCENITHTM. Inhibitors for different 1041 1042 metabolic pathways were added for 30min followed by an incubation of 15min 1043 with puromycin. Mean fluorescence intensity (MFI) of puromycin is analyzed by flow cytometry in $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ subpopulations for each condition. **(b-e)** 1044 Puromycin MFI of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ T cells from E0771 (b,d) and MC38 (c,e) 1045 1046 tumour-bearing mice in control conditions (Co) or after the addition of 2-1047 deoxy-D-glucose (DG), oligomycin (O) or both inhibitors (DGO). Graph shows 1048 the percentage of glucose dependence, mitochondrial dependence, glycolytic 1049 capacity and fatty acid and amino acid oxidation (FaaO) capacity of tumourinfiltrating $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells isolated either 6 (d,e) or 15 (b,c) days after 1050 cancer cell line injection. Data are representative of two independent 1051 1052 experiments (n=5 mice per group in each experiment). pi: post-injection. $\gamma \delta^{17}$ and $\gamma \delta^{\text{IFN}}$ T cells represents IL-17 and IFN- γ -producing $\gamma \delta$ T cells, 1053 respectively. Error bars show mean ± SEM, *p < 0.05; **p < 0.01; ****<0.0001 1054 1055 using unpaired Student's t-test.

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Figure 2: Peripheral $\gamma\delta$ T cell subsets show different mitochondrial and metabolic phenotypes.

(a) Representative plots (left) and summary graphs (right) of the MFI of mitotracker and tetramethylrhodamine methyl ester (TMRM) in $\gamma \delta^{27}$ ($\gamma \delta^{17}$) and $\gamma \delta^{27}$ ($\gamma \delta^{1FN}$) T cells *ex vivo* from LNs of C57BL/6 mice (n=7; data pooled from 2 experiments). (b) Representative confocal images (left) of $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ T cells stained with mitotracker (green) and Hoechst 33342 (blue). Scale bar represents 5µM. Analysis of mitotracker staining relative to cell size (right) in $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells *ex vivo*. Relative mitotracker was calculated by dividing the MFI of mitotracker by the MFI of FSC-A and multiplying by 100 (n=7, data

pooled from 2 independent experiments). (c) Tetramethylrhodamine ethyl ester (TMRE) MFI of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ T cells from skin draining LNs, mesenteric LNs, spleen and liver of WT mice. Data are representative of 3 independent experiments (n=3 mice per group and experiment). (d) Seahorse analysis of extracellular acidification rate (ECAR) and oxygen consumption rate (OCR) of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ T cells (expanded *in vitro*) from LNs ($\gamma \delta^{17}$ n=2, $\gamma \delta^{IFN}$ n=5, data representative of 3 independent experiments). (e) Energy map showing ECAR vs OCR of $\gamma \delta^{17}$ and $\gamma \delta^{\text{IFN}}$ T cells. Each symbol represents average basal metabolism. (f) Basal glycolytic rate, glycolytic capacity and basal OxPhos of $\gamma\delta^{17}$ (n=3) and $\gamma\delta^{\text{IFN}}$ (n=8) cell subsets (data pooled from 2 independent experiments). (g) Percentage of glucose dependence, mitochondrial dependence, glycolytic capacity and fatty acid and amino acid oxidation (FaaO) capacity of $\gamma \delta^{17}$ and $\gamma \delta^{\text{IFN}}$ cells from spleen and draining lymph nodes (dLNs). Data are representative of three independent experiments (n=5 mice per group and per experiment). (h,i) OxPhos-related genes (Ndufa11, Ndufa13, Sdha, Cox6a1, Cox7a1, Cox15, Nrf1) and glycolysis-related genes (Pgm1, Pgm2, Gpi1, Pgam1, Myc) were measured by gPCR in purified $\gamma \delta^{17}$ (n=4) and $v\delta^{\text{IFN}}$ (n=4) T cells from spleen and dLN from WT mice. (i) Representative plot (left) and percentages (right) of Myc-GFP+ $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ T cells from LNs of Myc-GFP reporter mice (n=2). Error bars show mean \pm SEM or SD, *p < 0.05; **p < 0.01; ***p < 0.001, ****<0.0001 using unpaired Student's t-test.

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Figure 3: $\gamma\delta$ T cell subsets are metabolically programmed in the thymus.

(a) Puromycin MFI of $\gamma\delta^{17}$ (CD44^{hi}CD45RB⁻) and $\gamma\delta^{IFN}$ (CD44⁺CD45RB⁺) T cells from WT adult thymus in resting conditions (Co) and after the addition of 2-deoxy-D-glucose (DG), oligomycin (O) or both (DGO). Histogram (right) shows the percentage of glucose dependency (white), mitochondrial dependency (blue), glycolytic capacity (red) and fatty acid and amino acid oxidation (FaaO) capacity (purple) of thymic $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells. Data are representative of two independent experiments (n=5 mice per group and per experiment). (b) Histograms shows the percentage of glucose dependency

(white), mitochondrial dependency (blue), glycolytic capacity (red) and fatty acid and amino acid oxidation (FaaO) capacity (purple) of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ T cells from WT newborn thymus (d3). Data are representative of three independent experiments (n=6 mice per group and per experiment). (c) Flow cytometry profile and Tetramethylrhodamine ethyl ester (TMRE) MFI of thymic $\gamma\delta^{24+}$ precursors treated or not with FCCP. Data are representative of 3 independent experiments (data points represent at least 4 lobes pooled per group and per experiment). (d) Flow cytometry profiles and TMRE MFI of $\gamma \delta^{TN}$ $\gamma\delta^{17}$ (CD44⁻CD45RB⁻), (CD44^{hi}CD45RB⁻) thymic and (CD44⁺CD45RB⁺) cells treated or not with FCCP. Data are representative of 3 independent experiments (data points represent at least 4 lobes pooled per group and per experiment). (e) Imagestream analysis of $v\delta^{17}$ and $v\delta^{IFN}$ cells stained with either mitotracker green or TMRE. Data are representative of 2 independent experiments. (f) O_2 consumption rates (OCR) of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells were measured by Seahorse analysis in real-time under basal conditions and in response to indicated mitochondrial inhibitors. (g) Histograms show maximal respiration potential and spare respiratory capacity by measuring oxygen consumption rates (OCR) of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells from thymuses of 5day old B6 pups. Data are representative of 3 independent experiments (pooled thymic lobes from n>10 mice per group per experiment). (h-i) Flow cytometry profiles of thymic $\gamma \delta^{TN}$, $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells from 7-day FTOC of E15 thymic lobes either with media containing low (5mM) or high (25mM) glucose (h), or with or without 2-deoxy-d-glucose (2-DG) (i) or metformin (j). Histograms show the number of $\gamma \delta^{17}$ cells and $\gamma \delta^{17}/\gamma \delta^{\text{IFN}}$ cell ratio. Data are representative of 2 (h) or 3 (i-i) independent experiments (at least 4 lobes pooled per group per experiment). Error bars show mean ± SEM or SD, p < 0.05, p < 0.01, p < 0.001, p < 0.001, p < 0.001 using unpaired Student's ttest.

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Figure 4: Distinct mitochondrial activities underlie effector fate of thymic $\gamma\delta$ T cell progenitors.

(a,b) Flow cytometry profiles and percentage of thymic $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cell 1130 output from post-sorted TMRE^{lo} and TMRE^{hi} $\gamma\delta^{TN}$ cells (a) or $\gamma\delta^{24+}$ cells (b) 1131 after 5-day culture on OP9DL1 cells. Data are representative of 3 independent 1132 1133 experiments (n = 4 mice pooled per group per experiment). (c) Percentage of $V\gamma 1^+$ and $V\gamma 4^+$ cells in TMRE^{lo} and TMRE^{hi} $\gamma \delta^{24+}$ and $\gamma \delta^{24-}$ subsets. Data are 1134 1135 representative of 3 independent experiments (cells sorted from n=4 mice pooled per group per experiment). (d) TMRE MFI of thymic $\gamma \delta^{TN}$ (CD44⁻ 1136 CD45RB⁻), CD24⁻CD44⁻CD45RB⁺ γδ T cells and γδ^{IFN} cells (CD44⁺CD45RB⁺) 1137 1138 from 6-day FTOC of E17 B6 thymic lobes. (e) TMRE staining in CD24 CD73+, CD24⁻CD73⁻, CD24⁺CD73⁺ and CD24⁺CD73⁻ γδ T cells from 7-day FTOC of 1139 E15 B6 thymic lobes. (f) TMRE staining in CD25 CD24 ($\gamma\delta^{24+}$ cells), CD25 med, 1140 CD25^{hi} and $V\gamma5^+\gamma\delta$ progenitors from E15 thymus. (a) Flow cytometry profiles 1141 of thymic $\gamma \delta^{TN}$, $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells from 6-day FTOC of E17 B6 thymic lobes 1142 stimulated or not with anti-TCRδ mAb (GL3; 1µg/ml). Graph shows 1143 percentage of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells in each condition. (h) FACS-sorted 1144 $\gamma\delta^{24+}$ TMRE^{hi} cells from E17 thymi were cultured (or not) for 5h with different 1145 1146 concentrations (as indicated) of anti-TCRδ mAb (GL3). TMRE levels were analysed by flow cytometry in $\gamma\delta^{24}$ and $\gamma\delta^{24+}$ cells. Data are representative of 1147 3 independent experiments (n=4 mice pooled per group per experiment). (i) 1148 Experimental design for single-cell RNAseq (10x Genomics) on TMRE^{lo} and 1149 TMRE^{hi} $\gamma\delta^{24+}$ cells from E15 + 2d FTOC. (j) Clustering of single TMRE^{lo} and 1150 TMRE^{hi} $\gamma \delta^{24+}$ cells using UMAP. (k) GO term analysis of genes upregulated in 1151 TMRE^{lo} versus TMRE^{hi} $\gamma\delta^{24+}$ cells. (I) Heatmap of differentially upregulated 1152 genes from comparison of TMRE^{lo} and TMRE^{hi} γδ²⁴⁺ cells. Genes are grouped 1153 in relation to their function in either OxPhos or glucose metabolism. Error bars 1154 show mean \pm SD, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using 1155 1156 unpaired Student's t-test.

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Figure 5. $\gamma \delta^{17}$ cells show higher lipid uptake and lipid droplet content than $\gamma \delta^{\text{IFN}}$ cells.

(a) Experimental set up for bulk RNA-sequencing of PLZF⁺ ($\gamma \delta^{17}$) and PLZF⁻ 1160 $(\gamma \delta^{\text{IFN}})$ cells isolated from PLZF-GFP (Zbtb16^{GFP}) mice. (b) Quadrant plot of 1161 genes upregulated in tissue resident PLZF⁺ γδ T cells (lower right), lymphoid 1162 PLZF⁺ $\gamma\delta$ T cells (upper left), PLZF⁺ $\gamma\delta$ T cells from all tissues (upper right) or 1163 PLZF γδ T cells from all tissues (lower left). (c) Representative histogram of 1164 neutral lipid staining (LipidTOX) in ex vivo $\gamma \delta^{17}$ (CD27⁻) and $\gamma \delta^{1FN}$ (CD27⁺) cells 1165 from LNs. (d) LipidTOX MFI in $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells ex vivo from LNs as shown 1166 1167 in (a) (n=11, data pooled from 3 independent experiments). (e) LipidTOX MFI in $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells from spleen, LNs, lungs, adipose, liver and skin (n=5-8, 1168 data pooled from 2 independent experiments). (f) Confocal imaging of $\gamma \delta^{17}$ 1169 and $\gamma\delta^{IFN}$ cells expanded in vitro and stained with LipidTOX (red) and Hoechst 1170 1171 33342 (blue). Scale bar represents 5µM (data representative of a minimum 10 1172 images from 2 independent experiments). (g) Quantification of confocal 1173 imaging as shown in (d) (each data point represents the average per cell per image). (h) Quantification of triglyceride (TAG) levels from $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells 1174 expanded in vitro (n=7, each symbol represents one biological replicate). (i) 1175 Filipin III staining of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells ex vivo from LNs. Representative 1176 histogram (left) and MFI (right) (n=6, data pooled from 2 independent 1177 experiments). (j) Representative histogram of Bodipy-FL-C₁₆ uptake in $\gamma\delta^{17}$ 1178 and γδ^{IFN} cells from LNs ex vivo (n=8, data pooled from 2 independent 1179 experiment). (k) Representative plots of Bodipy-FL-C₁₆ uptake and IL-17 or 1180 IFN- γ production by $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells from LNs stimulated with 1181 PMA/ionomycin. (I) Bodipy-FL-C₁₆ MFI in IFN- γ^+ and IL-17⁺ $\gamma\delta$ T cells (n=4, 1182 1183 data representative of 3 independent experiments). (m) Representative plot of 1184 V_γ1 and V_γ4 expression in total γ_δ T cells and percentage Bodipy-FL-C₁₆ uptake by LN $\gamma\delta$ T cell subsets $(V\gamma1^+, V\gamma4^+, V\gamma1^-4^-)$ (n=6, data pooled from 2 1185 independent experiment). (n) Representative IFN-γ and IL-17 production by 1186 1187 $V\gamma 4^+ \gamma \delta$ T cells from LNs and percentage Bodipy-FL-C₁₆ uptake by $V\gamma 4^+$ IFN- γ^+ and $\nabla y 4^{+}$ IL-17⁺ $y \delta$ cells (n=6, data pooled from 2 independent experiments). 1188 (o) Percentage Bodipy CholEsteryl FL-C₁₂ uptake by $\gamma\delta^{17}$ (CD27) and $\gamma\delta^{IFN}$ 1189 (CD27⁺) cells from LNs ex vivo (n=6, data pooled from 2 independent 1190

experiments). Error bars show mean \pm SD, *p < 0.05, **p < 0.01, ***p < 0.001, ***p < 0.0001 using unpaired Student's t-test.

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Figure 6. High fat diet promotes the expansion of $\gamma\delta^{17}$ cells in lymph nodes and within tumours.

(a) Respiratory exchange ratio (RER) of mice fed SFD or HFD for 8 weeks (n=3, data from 1 experiment). (b) Bar graphs showing the percentage and absolute numbers of CD3⁺ γδ T cells from LNs of standard fat diet (SFD) and high fat diet (HFD) mice (n=9, data pooled from 3 independent experiments). (c) Proportion of $\gamma \delta^{17}$ (CD27) and $\gamma \delta^{IFN}$ (CD27) T cells in LNs of SFD and HFD fed mice (n=9, data pooled from 3 independent experiments). (d) Percentage and absolute numbers of CD27⁺ IFN-γ⁺ and CD27⁻ IL-17⁺ γδ T cells from LNs of SFD and HFD mice (n=9, data pooled from 3 independent experiments). (e) Proportion of infiltrating $\gamma \delta^{17}$ cells in spleen, draining LN and tumour in the B16 tumour model (dLN and tumour n=30, data pooled from 4 independent experiments, spleen n=7, naïve LN n=5). (f) Bar graph showing the percentage of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells infiltrating tumours (n=9, data pooled from 2 experiments). (g) Bar graph represents the size of tumours (mm³) in SFD and HFD fed mice. (h) Bar graph showing proportion of infiltrating $\gamma \delta^{17}$ (CD27⁻) and $\gamma \delta^{\text{IFN}}$ (CD27⁺) cells in tumours of SFD and HFD fed mice (SFD n=10, HFD n=12, data pooled from 2 independent experiments). (i) Representative plots of IL-17 and IFN-γ expression in γδ T cells infiltrating tumours of SFD and HFD fed mice. Bar graphs represent the percentage of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells infiltrating tumours (SFD n=17, HFD n=20, data pooled from 3 independent experiments). (i) Bar graph showing the number/mm³ of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells in tumours of mice on SFD or HFD (SFD n=7, HFD n=8, data pooled from 2 independent experiments). (k) Plots of proliferating Ki67⁺ $\gamma\delta^{17}$ cells cultured for 5h with or without cholesterol-loaded cyclodextrin (CLC). Graph represents the percentage of Ki67⁺ $\gamma\delta^{17}$ cells (data are representative

of two independent experiments; pool of 3-5 mice per experiment). (1) $\gamma \delta^{17}$ 1222 1223 cells cultured (or not) with cholesterol-loaded cyclodextrin (CLC) for 5h were 1224 injected s.c. into E0771 tumours at d7 and d9 after tumour cell injection. 1225 Representative picture of tumours observed at day 11 post-E0771 cell 1226 inoculation. (m) Graph showing tumour weight at day 11 post-E0771 1227 inoculation. (n) E0771 tumour growth was monitored every two days after 1228 inoculation ((I-n) data are representative of three independent experiments 1229 (pool of 2-5 mice per experiment). Error bars show mean ± SD, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using unpaired Student's t-test or 1230 1231 ANOVA test.

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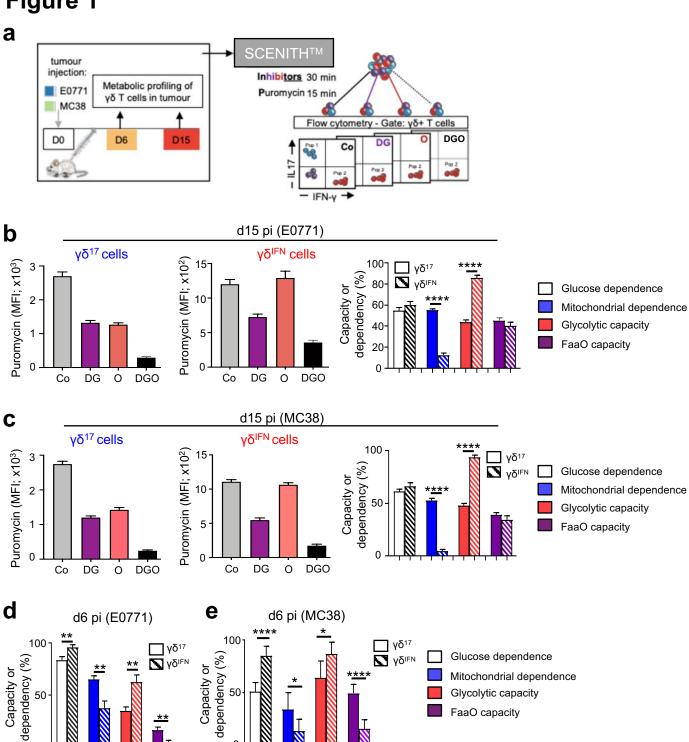
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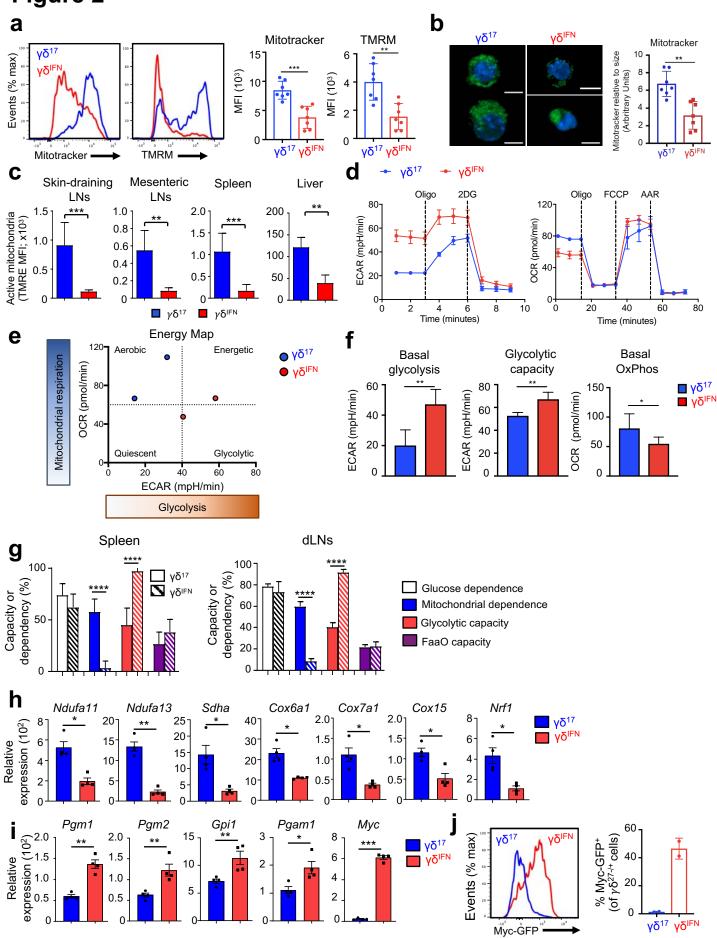
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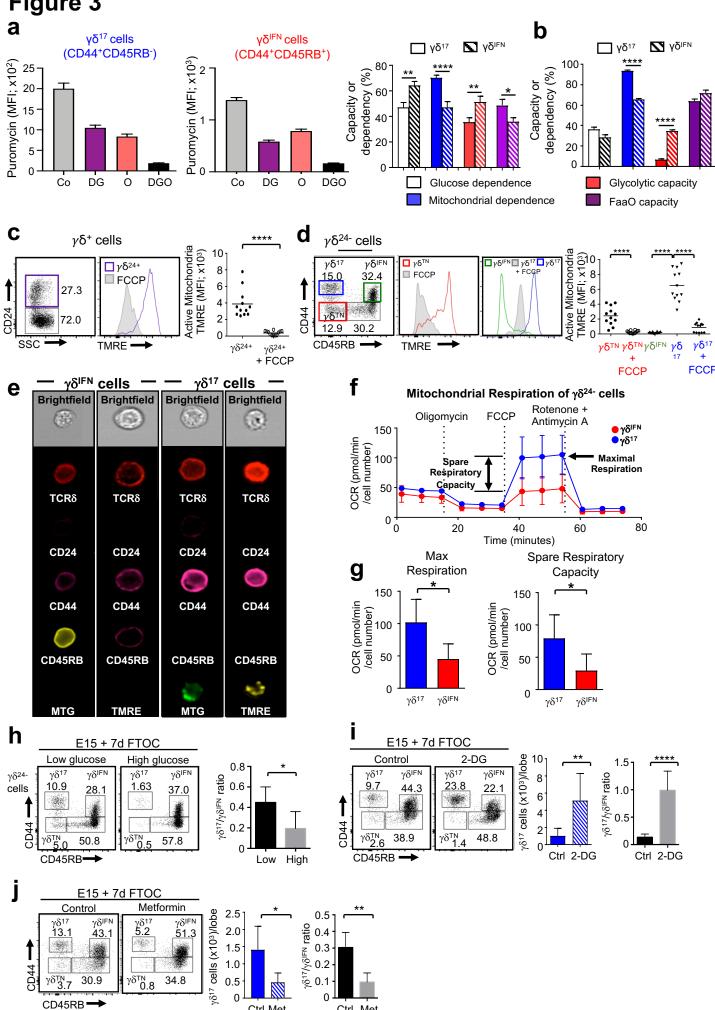
Figure 7: Glucose supplementation enhances the effector functions of $\gamma \delta^{\text{IFN}}$ cells.

(a) Glucose uptake assessed upon i.v. injection of fluorescent 2-NBDG in tumour-bearing mice. Tumours were harvested 15 min later for analysis. Histogram represents 2-NBDG uptake in $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells. (b-i) Purified splenic and peripheral lymph nodes $\gamma \delta^{\text{IFN}}$ T cells (CD3⁺TCR $\gamma \delta^{\text{+}}$ CD27⁺) were cultured in the presence of IL-7 with media containing low glucose (5mM), 2deoxyglycose (2-DG), high glucose (50mM) or galactose (20mM) for 78h. (b) Plots of peripheral $\gamma \delta^{IFN}$ T cells cultured with IL-7 and media containing low glucose, 2-DG or high glucose. Histogram represents the fold change in number of $\gamma\delta^{\text{IFN}}T$ cells cultured with 2-DG or high glucose versus low glucose. (c) Fold change in number of proliferating Ki-67⁺ γδ^{IFN} cells cultured with 2-DG or high glucose versus low glucose. (d,e) IFN- γ (d) and T-bet (e) expression was analysed by flow cytometry in $\gamma \delta^{\text{IFN}}$ cells incubated with media containing low glucose, 2-DG or high glucose. Histograms show the MFI of IFN-y and Tbet. (f) Flow cytometry profiles of peripheral $\gamma \delta^{\text{IFN}}$ T cells cultured with IL-7 and media containing glucose (50mM) or galactose (20mM). Histogram represents the numbers of $\gamma \delta^{\text{IFN}}$ T cells. (g,h) IFN- γ (g) and T-bet (h) expression was analysed by flow cytometry in $\gamma \delta^{\text{IFN}}$ cells incubated with media containing glucose or galactose. Histograms show the MFI of IFN-γ and T-bet. (i) Representative histograms and summary of killing assay in vitro of E0771 tumour cells by $\gamma\delta^{IFN}$ T cells previously supplemented (or not) with glucose (5h pre-incubation). (j) Representative picture of tumours observed at day 11 post-E0771 inoculation. $\gamma\delta^{IFN}$ cells supplemented (or not) with glucose for 5h were injected into the tumour at d7 and d9 after tumour cell injection. (k) The E0771 tumour growth was monitored every two days during 11 days after E0771 inoculation (data are representative of two (i-k) or four (b-h) independent experiments; n = 5-10 mice per group and per experiment). Error bars show mean \pm SEM, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using unpaired Student's t-test or ANOVA test.



FaaO capacity





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