

Distinct metabolic programs established in the thymus control effector functions of *γδ* **T cell subsets in tumor microenvironments**

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2 **Distinct metabolic programmes established in the thymus control** 3 **effector functions of** γδ **T cell subsets in tumour microenvironments**

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Abstract

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 making either IFN-γ or IL-17 have intrinsically distinct metabolic requirements. 34 Whereas IFN- $\gamma^* \gamma \delta$ T cells were almost exclusively dependent on glycolysis, IL-17⁺ $\gamma\delta$ T cells strongly engaged oxidative metabolism, with increased mitochondrial mass and activity. These distinct metabolic signatures were surprisingly imprinted early during thymic development, and were stably maintained in the periphery and within tumours. Moreover, pro-tumoural IL-39 17⁺ γ δ T cells selectively showed high lipid uptake and intracellular lipid storage, and were expanded in obesity, and in tumours of obese mice. Conversely, glucose supplementation enhanced the anti-tumour functions of 42 IFN-γ⁺ γδ T cells and reduced tumour growth upon adoptive transfer. These findings have important implications for the differentiation of effector γδ T cells and their manipulation in cancer immunotherapy.

Introduction

T cells engage specific metabolic pathways to support their differentiation, 48 proliferation and function^{1,2}. Whereas naive $\alpha\beta$ T cells oxidize glucose-derived pyruvate *via* oxidative phosphorylation (OXPHOS) or fatty acid oxidation 50 (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 52 growth and proliferation³. On the other hand, while aerobic glycolysis is 53 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.

γδ T cells represent a promising immune population for next-generation 61 cancer immunotherapies^{8,9}. Since they are not MHC-restricted nor dependent on neoantigen recognition, γδ T cells constitute a complementary layer of anti-63 tumour immunity to their $\alpha\beta$ T cell counterparts¹⁰. In fact, many properties of γδ T cells, including sensing of "stress-inducible" changes and very rapid effector responses, align best with innate immunity, or "lymphoid stress-66 surveillance, although in some instances they display adaptive-like 67 behaviour and profound shaping of T cell receptor (TCR) repertoires^{12,13}.

68 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 71 two cytokines by $\gamma\delta$ T cells is important in many (patho)physiological contexts, 72 such as maintenance of tissue homeostasis^{14,15,} autoimmunity¹⁶ and cancer⁸. 73 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 75 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,

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

79 The IFN- γ /IL-17 dichotomy between effector $\gamma\delta$ T cell subsets is particularly 80 relevant in cancer, since IFN-γ-producing γδ T cells (γδ^{IFN}) are associated with 81 tumour surveillance and regression, whereas IL-17-secreting γδ T cells (γδ¹⁷) 82 promote primary tumour growth and metastasis, both in mice and in 83 . humans^{8,22}. However, the molecular cues that regulate the balance between 84 such antagonistic $\sqrt{\delta}$ T cell subsets in the TME remain poorly characterized. 85 Given the strong impact of metabolic resources on anti-tumour $\alpha\beta$ T cell 86 responses, here we have investigated the metabolic profiles of γ ^δ T cell 87 subsets and how they might impact on their activities in the TME. We found 88 that $\gamma \delta^{\text{IFN}}$ T cells are almost exclusively glycolytic, whereas $\gamma \delta^{17}$ T cells are 89 strongly dependent on mitochondrial and lipid oxidative metabolism. This 90 metabolic dichotomy is established in the thymus during $\gamma \delta$ T cell 91 development, and maintained in peripheral lymphoid organs and within 92 tumours in various experimental models of cancer. We further show that the 93 provision of glucose or lipids has major impact on the relative expansion and 94 function of the two $\gamma\delta$ T cell subsets, and this can be used to enhance anti-95 tumour γδ T cell responses.

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Results

Intra-tumoural γδ **T cell subsets display distinct metabolic profiles**

101 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 105 newly developed protocol, SCENITHTM (Single Cell mEtabolism by profillng *Translation inHibition)*, which is a flow cytometry-based method for profiling 107 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 112 (**Supplementary Fig. 1b**). We employed SCENITHTM to analyze the metabolic profiles of γδ 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, 117 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 119 metabolic phenotypes of $\gamma\delta$ T cell subsets in multiple tissues at steady state.

Peripheral γδ **T cell subsets show different mitochondrial and metabolic phenotypes**

123 To explore the metabolic differences between $\gamma \delta$ T cell subsets in peripheral tissues, we analysed mitochondria, given their central role in cellular 125 metabolism. To distinguish between $\gamma \delta^{\text{IFN}}$ and $\gamma \delta^{17}$ cells we used CD27 126 expression¹⁸⁻²¹. CD27⁻ γδ (γδ¹⁷) cells displayed increased mitotracker and tetramethylrhodamine methyl ester (TMRM) staining in peripheral lymph 128 nodes (LNs) compared to CD27⁺ $\gamma\delta$ ($\gamma\delta^{IFN}$) cells, indicating higher mitochondrial mass (normalised to cell size) and mitochondrial membrane 130 potential (∆Ψm), respectively (**Fig. 2a,b**). These differences were retained 131 upon activation and expansion *in vitro* over 9-days (**Supplementary Fig. 2**). 132 Importantly, the distinct mitochondrial phenotypes were also validated with 133 another mitochondrial membrane potential dye, tetramethylrhodamine ethyl 134 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, 136 seahorse metabolic flux analysis of peripheral γ δ T cells showed higher levels 137 of basal OXPHOS in $\gamma\delta^{17}$ cells, and conversely, increased basal levels of 138 glycolysis in $\gamma \delta^{|FN|}$ cells (**Fig. 2d-f**). These data were validated in independent the state of the speriments using SCENITH[™] on splenic and LN γδ 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 142 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 146 transcription^{24,25}, found to be enriched in $\gamma \delta^{17}$ cells (Fig. 2h); and *Myc*, which 147 controls glycolysis^{26,27}, that was highly overexpressed in $\gamma \delta^{\text{IFN}}$ cells (**Fig. 2i**). Myc expression was further validated using a Myc-GFP reporter mouse (**Fig. 2j**). These data collectively demonstrated that γδ T cell subsets possess distinct mitochondrial and metabolic features in peripheral organs at steady 151 state.

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153 γδ **T cell subsets are metabolically programmed in the thymus**

154 We next aimed to understand when, during their differentiation, the metabolic 155 differences between the two effector $\gamma\delta$ T cell subsets were established. Since 156 most $\gamma\delta$ T cells are functionally pre-programmed in the thymus, we examined 157 γδ thymocyte sub-populations. Our recent studies have identified sequential 158 stages of thymic $\gamma \delta$ T cell progenitor development marked by CD24, CD44 159 and CD45RB¹⁹. Early CD24⁺ ($\gamma \delta^{24+}$) precursors downregulate CD24 to 160 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⁻ 162 CD44^{hi}CD45RB $(\gamma \delta^{17})$ and CD44⁺CD45RB⁺ $(\gamma \delta^{IFN})$ phenotypes 163 (**Supplementary Fig 3**). By using the SCENITHTM method, we found that, in 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 $γδ$ thymocytes, likely due to the dynamic subset segregation 167 process¹⁹.

168 To investigate any potential switching of metabolic programming during $\gamma\delta$ thymocyte development, we first compared early thymic γδ progenitors with more mature subpopulations already committed to IL-17 or IFN-γ production. 171 We found that $\gamma \delta^{24+}$ and $\gamma \delta^{TN}$ progenitors stained highly for TMRE, that was lost when ∆Ψm was dissipated by the ionophore carbonyl cyanide-4- (trifluoromethoxy) phenylhydrazone (FCCP) (**Fig. 3c,d**). Interestingly, 174 whereas $\gamma \delta^{17}$ cells retained a high level of TMRE staining, $\gamma \delta^{\text{IFN}}$ cells showed a marked reduction in ∆Ψm suggesting a metabolic switch away from OxPhos 176 (**Fig. 3d**). Moreover, imagestream analysis of $\gamma \delta^{17}$ cells stained with either mitotracker or TMRE revealed large and active mitochondria, in contrast with *y*δ^{IFN} cells that displayed negligible staining for either dye (**Fig. 3e**), in line with our previous observations in peripheral subsets (**Fig. 2a-c**). Furthermore, 180 Seahorse extracellular flux analysis showed that $\gamma \delta^{17}$ thymocytes have both higher maximal respiration potential and spare respiratory capacity than their γ ^{SIFN} counterparts (**Fig. 3f,g**). Thus, γ ⁵ T cell subsets acquire distinct 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 189 glucose (**Fig. 3h**). $\gamma \delta^{17}$ cells were readily detected in lower glucose conditions 190 but failed to develop to normal numbers when glucose concentrations were 191 raised. By contrast, $\gamma \delta^{|FN|}$ cells were relatively enriched in high glucose 192 conditions as demonstrated by a significant decrease in the $\gamma \delta^{17}/\gamma \delta^{1FN}$ 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 195 of $\gamma\delta^{17}$ cells and increased $\gamma\delta^{17}/\gamma\delta^{1FN}$ 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 199 complex I of the electron transport chain, impaired $\gamma \delta^{17}$ cell generation and 200 decreased the $\gamma \delta^{17}$ / $\gamma \delta^{1FN}$ cell ratio (Fig. 3j). Collectively, these results suggest 201 that the mitochondrial characteristics adopted by $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells during thymic development directly impact their ability to thrive in distinct metabolic environments.

204

205 **Distinct mitochondrial activities underlie effector fate of thymic** γδ **T cell** 206 **precursors**

207 We next aimed to investigate the association of distinct metabolic 208 programmes with the developmental divergence of $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells in the 209 thymus. Although the γ_0^{TN} population, i.e. the progenitor γ_0^{N} cell subset that 210 immediately precedes the surface upregulation of either CD44 or CD45RB 211 (marking commitment to the IL-17 or IFN- γ pathways, respectively¹⁹) was 212 predominantly TMRE^{hi}, we observed a fraction of cells with reduced TMRE 213 staining that we reasoned might be transitioning to the TMRE^{lo} state shown by 214 γδ^{IFN} cells (**Fig. 3c**). We further hypothesized that the metabolic status of γ δ^{TN} 215 progenitors may predict their developmental fate. To test this, we sorted 216 TMRE^{hi} and TMRE^{lo} cells from the γ_0^{TN} subset obtained from E15 + 7d FTOC. 217 and cultured them for 5-days on OP9-DL1 cells that are known to support 218 appropriate development of thymocytes²⁸. As predicted, virtually all cells from 219 the TMRE^{lo} cultures upregulated CD45RB and entered the IFN_Y-pathway 220 (Fig. 4a); however, we were surprised that almost all cells from the TMRE^{hi} 221 cultures entered the CD44^{hi} IL-17-pathway (Fig. 4a). This strongly suggests 222 that $\gamma \delta^{TN}$ cells have already committed to an effector fate, and that this 223 commitment associates with distinct mitochondrial activities.

224 To pursue this hypothesis further, we tested $\gamma \delta^{24+}$ progenitors that immediately 225 precede the γ ^{TN} subset; again, we observed a remarkable segregation of 226 effector fate, with the majority of TMRE^{lo} $\gamma \delta^{24+}$ cells entering the IFN_Y-227 pathway, and the majority of TMRE^{hi} $\gamma \delta^{24+}$ cells entering the IL-17-pathway 228 (**Fig. 4b**). The observation that so few TMRE^{hi} $\gamma \delta^{24+}$ cells adopt an IFN_Y-229 secreting fate again suggests that most $\gamma\delta^{24+}$ progenitors have already 230 committed to subsequent effector function. Moreover, we found that 231 differences in TMRE levels correlated with the known^{18,20,21} effector biases of 232 Vγ1⁺ (γδ^{IFN}-biased) and Vγ4⁺ (γδ¹⁷-biased) progenitors (Fig. 4c); and validated 233 the early TMRE-based segregation of effector fates using only $V\gamma4^+$ 234 progenitors (**Supplementary Fig 5**). Furthermore, among $\gamma \delta^{24}$ thymocytes 235 along the $\gamma \delta^{\text{IFN}}$ pathway, we observed a progressive downregulation of TMRE 236 levels from $\gamma \delta^{TN}$ to CD44 CD45RB⁺ cells and finally $\gamma \delta^{IPN}$ cells (**Fig. 4d**).

237 Given that we and others^{20,21} have previously shown a key role for TCR 238 signalling in $\gamma \delta^{\text{IFN}}$ thymocyte differentiation, we next asked if downregulation of 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 241 best established markers of TCR signalling in γ δ T cell development^{20,28,29}. 242 Moreover, in E15 thymic lobes, TMRE staining was reduced along with CD25 243 downregulation, which is another hallmark of (developmentally early) TCR $\gamma\delta$ signalling18,20,21 244 (**Fig. 4f**). Furthermore, at this E15 stage, the cells with the 245 lowest TMRE staining were $V\gamma 5^+$ progenitors (Fig. 4f) that are known to 246 engage a Skint1-associated TCR-ligand in the thymus and to uniformly 247 commit to the IFN_Y-pathway³⁰.

248 These lines of evidence suggested that γ δ progenitors receiving agonist 249 TCRγδ signals shift away from OxPhos as indicated by their reduced $Δ\Psi m$. 250 To strengthen this point, we manipulated TCR signals using agonist GL3 251 mAb, which, as expected^{18,19}, promoted $\gamma \delta^{\text{IFN}}$ cell development while inhibiting 252 the $\gamma \delta^{17}$ pathway in E17 + 6d FTOC (**Fig. 4g**). Upon specifically sorting 253 TMRE^{hi} $y\delta^{24+}$ cells from E17 thymi and stimulating them with GL3 for 5h, we 254 found a subpopulation that dowregulated CD24 together with TMRE levels, in 255 a mAb dose-dependent dose manner (**Fig. 4h**). These results strongly 256 suggest that TCR signalling leads to ΔΨm downregulation as γδ 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} γδ²⁴⁺ cells from E15 + 2d FTOC (**Fig. 4i-l**). Using UMAP, TMRE^{lo} cells clustered clearly away from TMRE^{hi} γδ²⁴⁺ 261 cells (**Fig. 4j**), and the former were enriched in genes involved in the 262 regulation of antigen receptor signalling (**Fig. 4k**). In support of the metabolic 263 phenotypes observed *ex vivo*, genes associated with OxPhos were enriched 264 specifically in TMRE^{hi} $\gamma \delta^{24+}$ cells while genes involved in glucose metabolism 265 were unregulated in TMRE^{lo} $\gamma \delta^{24+}$ cells (Fig. 4l).

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 271 intrinsic metabolic differences impacted the physiology of effector $\gamma \delta$ T cell 272 subsets.

273

Enrichment of lipid storage and lipid metabolism in γδ**¹⁷** 274 **cells**

275 Having shown that, in stark contrast with $\gamma \delta^{\text{IFN}}$ cells, $\gamma \delta^{17}$ cell generation was 276 reduced under high glucose concentrations (**Fig. 3h**), and enhanced upon 277 inhibition of glycolysis (**Fig. 3i**) or glucose uptake (**Supplementary Fig. 4**), we 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 280 (*Zbtb16*^{GFP}) for another marker that segregates $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells, the 281 transcription factor PLZF (encoded by *Zbtb16*)^{21,14,31}. We performed RNA-282 sequencing of lymphoid and tissue-resident γ δ T cells sorted into PLZF⁺ (γ δ¹⁷) 283 and PLZF⁻ ($\gamma \delta^{|FN|}$) cells (Fig. 5a). As expected, $\gamma \delta^{17}$ cells across tissues 284 expressed *II17a*, whereas *II17f* was also expressed in tissue-resident $\gamma \delta^{17}$ 285 cells (**Fig. 5b**). Different metabolic pathways were associated with lymphoid 286 versus tissue resident γδ 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 291 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 293 staining) than $\gamma \delta^{\text{IFN}}$ cells (**Fig. 5 c,d**). This differential lipid content was further increased upon activation with IL-1β+IL-23 (**Supplementary Fig. 6a**), associated with expression of IL-17A, IL-17F and RORγt (**Supplementary Fig. 6b**), and was observed across $\gamma \delta$ T cells from multiple tissues, with the notable exception of the skin (**Fig. 5e**), where γδ T cells have been shown to 298 display specific mechanisms of tissue adaptation³². In particular, V_γ6⁺ 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 301 alter the metabolic requirements of skin-resident γδ T cells. In addition, γ δ T cells may adapt to utilize specific metabolites present within the skin³³.

Imaging analysis revealed that the increased LipidTOX staining was due to 304 the accumulation of intracellular lipid droplets in $\gamma \delta^{17}$ cells (**Fig. 5f,g**). Lipid droplets store neutral lipids including triglycerides (TAGs) and cholesterol 306 esters³⁴. We found that the two γ ⁸ subsets had equivalent TAG content (Fig. **5h**) but free cholesterol, as determined by Filipin III staining, was higher in 308 $\gamma\delta^{17}$ cells (**Fig. 5i**). We next questioned if $\gamma\delta^{17}$ engaged in lipid uptake which 309 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 γδ T cell cytokine production confirmed that the ability to take up palmitate was specific 313 to IL-17 producers (Fig. 5l,m). Of note, Vγ4⁺ and Vγ6⁺ (Vγ1Vγ4⁻) γδ T cells 314 showed a higher palmitate uptake than Vγ1⁺ cells (Fig. 5n); While Vγ6⁺ γδ T 315 cells primarily produce IL-17, V γ 4⁺, can produce either IFN- γ or IL-17^{18,19}. However, palmitate uptake was specific to Vγ4⁺cells that produced IL-17 (**Fig.** 317 **5o**). Furthermore, $\gamma \delta^{17}$ cells also displayed higher uptake of fluorescently labelled cholesterol ester (Bodipy CholEsteryl FL-C12) (**Fig. 5k**), indicating

319 their ability to take up multiple types of lipids including fatty acids and 320 cholesterol.

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.

324

High fat diet promotes γδ**¹⁷**325 **cell expansion and their accumulation in** 326 **tumours**

327 We next tested the effect of a lipid-rich, high fat diet (HFD), on $\gamma\delta$ T cell subsets *in vivo*. Unlike standard fat diet (SFD) fed mice, which alternate between using lipids or carbohydrates for fuel during light/dark cycles respectively, feeding mice a HFD reduced their respiratory exchange ratio (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 γδ T cells were increased during HFD (**Fig. 6b**), which was due to a specific increase in $\gamma \delta^{17}$ (but not $\gamma \delta^{IFN}$) cells (**Fig. 6c,d**).

335 Tumours are another site reported to be lipid-rich. To explore the effect of the 336 lipid-rich tumour environment on $\gamma\delta^{17}$ cells, we employed the B16F10 337 melanoma model. In SFD mice, we found an enrichment of $\gamma \delta^{17}$ cells within 338 the tumour compared to draining LN (dLN) or spleen (Fig. 6e). These $\gamma \delta^{17}$ 339 cells were also enriched compared to $\gamma \delta^{\text{IFN}}$ (Fig. 6f). Given $\gamma \delta^{17}$ were enriched 340 in obese mice and in the tumour, we next asked if obesity combined with the 341 tumour model would further enhance $\gamma \delta^{17}$ cells. Mice fed HFD exhibited 342 enhanced tumour growth (**Fig. 6g**), and further increased percentages and 343 numbers of tumour-infiltrating γδ¹⁷ cells compared to the SFD group (**Fig. 6 h-**344 **j**). These data demonstrate that a lipid-rich environment selectively 345 accumulates $\gamma \delta^{17}$ but not $\gamma \delta^{1FN}$ cells in the tumour.

 346 Given the preferential uptake of cholesterol by $γδ¹⁷$ cells (**Fig. 5i**), we next 347 investigated its effect on $\gamma\delta^{17}$ cell proliferation and function. We incubated 348 purified $\gamma \delta^{27}$ ($\gamma \delta^{17}$) cells for 5h with cholesterol-loaded cyclodextrin (CLC), 349 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*, 351 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 353 delivery. Strikingly, $\gamma\delta^{17}$ cells pre-treated with CLC substantially enhanced tumour growth (**Fig. 6l-n**).

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 B16F10 tumour-bearing mice. Mice injected with orlistat exhibited reduced body weight and tumour growth compared to vehicle-treated mice (**Supplementary Fig. 7a,b**). Importantly, these mice showed decreased 360 numbers of tumour-infiltrating $\gamma \delta^{17}$ cells, which had lower neutral lipid content (**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 γδ**IFN cells**

We next aimed to use the knowledge gathered in this study to boost anti-367 tumour γδ T cell responses, which are known to rely on γδ^{IFN} cells^{8,22}. Given 368 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 γ ^{δ}^{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 373 γ δ^{IFN} cells preferentially took up 2-NDBG when compared to γ δ¹⁷ TILs (**Fig. 7a**).

375 We first tested the impact of glucose on $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cell functions *in vitro*. 376 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 379 stark contrast to $\gamma \delta^{\text{IFN}}$ cells. Indeed, supplementation with high glucose augmented (whereas provision of 2-DG reduced) the percentage and

381 numbers of γδ^{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 383 transcriptional regulator²¹, T-bet (**Fig. 7e**).

384 To specifically address the importance of aerobic glycolysis for $\gamma \delta^{|FN|}$ cells, we 385 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 188 numbers of γδ^{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.

391 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 $γδ^{\text{IFN}}$ 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" $\gamma \delta^{\text{IFN}}$ 395 cells displayed substantially higher cytotoxic potency against the cancer cells, 396 compared to the respective controls at each E:T ratio (**Fig. 7i**).

397 As γ δ T cells are actively being pursued in the clinic as an adoptive cell 398 therapy for cancer⁸, we tested whether we could use glucose supplementation 399 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 $\gamma \delta^{|FN|}$ cells, essentially inhibiting tumour growth (from the time of 405 injection) within the time window analysed (**Fig. 7j,k**). These data reveal a 406 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.

408 **Discussion**

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 413 significantly^{1,3,37}, little is known about γδ T cells. Here, we identified a 414 metabolic dichotomy between the main effector $\gamma\delta$ T cell subsets that play 415 opposing roles in cancer immunity^{8,22}. Whereas anti-tumoural γδ^{IFN} cells are 416 almost exclusively glycolytic, pro-tumoural $\gamma\delta^{17}$ cells require mitochondrial 417 metabolism; and their activities within tumours can be promoted by glucose or 418 lipid metabolism, respectively.

419 Unexpectedly, the metabolic dichotomy of $\gamma\delta$ T cell subsets is established 420 early during thymic development, which contrasts with the peripheral 421 metabolic (re)programming of effector $\alpha\beta$ T cells. Naïve $\alpha\beta$ T cells require 422 activation to undergo rewiring of cellular metabolism, namely transition from 423 OxPhos to aerobic glycolysis, through which glucose is fermented into lactate 424 rather than oxidized in mitochondria³. Furthermore, depending on metabolic 425 cues in the tissue or during immune challenge, naïve T cells are pushed 426 toward Th1, Th2, Th17 or Treg fates, dependent on intrinsic metabolic 427 pathways engaged outside the thymus. By contrast, we show that an 428 equivalent metabolic shift occurs in early thymic $\gamma\delta$ progenitors as they 429 commit to the IFN- γ pathway, seemingly as a result of strong TCR $\gamma\delta$ 430 signalling. Indeed, analysis of various hallmarks of TCR signalling suggest 431 that γδ progenitors receiving agonist TCRγδ signals shifted away from OxPhos 432 as indicated by their reduced ∆Ψm. Moreover, upon TCR (GL3 mAb) 433 stimulation, a small population of γδ progenitors downregulated CD24 434 together with ∆Ψm (TMRE), thus associating strong TCRγδ signalling in the 435 $\gamma\delta$ ^{IFN} developmental pathway with metabolic reprogramming. This draws a 436 parallel with $\alpha\beta$ T cell activation, during which early TCR signalling is required for induction of aerobic glycolysis38 437 . This acts as a switch for *Myc* mRNA (and 438 protein) expression, such that strength of TCR stimulus determines the 439 **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 442 glycolytic enzymes^{26,27}. Indeed, our data show a striking enrichment of Myc 443 (mRNA and protein) in $\gamma \delta^{\text{IFN}}$ cells compared to $\gamma \delta^{17}$ cells. On the other hand, 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 446 compartment, Th17 cells³⁹. Of note, IL-17-producing type 3 innate lymphoid 447 cells (ILC3) were recently shown to require both glycolysis and mitochondrial-448 derived ROS for activation⁴⁰, but a direct comparison with type 1 ILCs is still 449 missing.

The concept of TCR signalling playing a key role in the metabolic programming of γδ T cell subsets builds upon, but provides a novel perspective to, previous models of their thymic development. Thus, the 453 unequivocal dependence on strong TCR signals for $\gamma \delta^{\text{IFN}}$ cell 454 differentiation^{20,30} may be linked to a required metabolic shift to aerobic 455 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 460 epigenetic and transcriptional analyses $41,42$.

461 We were particularly interested to investigate the metabolic properties of 462 peripheral $\gamma \delta$ T cell subsets once they infiltrated tumour lesions, for which we 463 employed three experimental models of cancer (melanoma, breast and 464 colon). Critically, we found that the dichotomy between $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ subsets 465 was preserved in the TME, which enabled metabolic interventions that may 466 have therapeutic potential. In fact, while γ ^{δ} T cell infiltration is largely 467 perceived to associate with favourable prognosis in cancer patients⁴³, recent 468 clinical data have suggested that, in agreement with mouse experimental 169 systems²², human γδ¹⁷ versus γδ^{IFN} cell subsets have antagonistic prognostic 470 values⁸. Thus, improvement in the therapeutic performance of $\gamma\delta$ T cells in the

 471 clinic⁴⁴ is likely to require a better understanding of the factors that control the 472 balance between $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cell subsets in the TME.

473

474 Here, we also identified lipids as key $\gamma \delta^{17}$ -promoting factors, which is 475 particularly relevant because tumours are known to be lipid-rich 476 microenvironments^{4,5,45,46}. Palmitate and cholesterol ester uptake were higher 477 in $\gamma \delta^{17}$ than $\gamma \delta^{1FN}$ cells, therefore we propose that increase in intracellular lipids 478 is due to enhanced uptake, although endogenous lipid synthesis cannot be 479 ruled out. Our findings that $\gamma \delta^{17}$ cell proliferation is boosted by cholesterol 480 treatment, and that these cells expand substantially in obese mice, provide 481 additional evidence that HFD causes a systemic increase in the $\gamma\delta^{17}$ subset, 482 consistent with previous findings in the skin⁴⁷ and lungs⁴⁸, and may provide a 483 mechanistic understanding for this expansion. Obesity is a known risk factor 484 for cancer and we previously demonstrated the link between obesity and 485 suppression of NK cell anti-tumour function⁴⁹. Given that $\gamma\delta^{17}$ cells have 486 strong pro-tumoural effects and we find this population to be expanded in 487 tumours of obese mice, this may represent an additional mechanism linking 488 cancer and obesity, whereby abundant lipids favor $\gamma\delta^{17}$ over $\gamma\delta^{1FN}$ cells to 489 support tumour growth.

490 Conversely, we found $\gamma \delta^{\text{IFN}}$ cells, from their thymic development to intra-491 tumoural functions, to be boosted by glucose metabolism. Naturally, the large 492 consumption of glucose by tumour cells⁷ creates a major metabolic constraint 493 on $v\delta^{\text{IFN}}$ TILs. Glucose restriction can impair T cell cytokine production^{5,6}, while 494 production of lactate by tumour cells performing aerobic glycolysis can inhibit 495 \top cell proliferation and cytotoxic functions⁵⁰. Therefore, we do not conceive 496 glucose supplementation as an appropriate strategy to enhance endogenous 497 T cell (including γ_0^{IFN}) responses *in vivo*. Instead, we suggest that it should be 498 considered in protocols used to expand/differentiate γδ T cells *ex vivo* for 499 adoptive cell therapy. Such an "*in vitro* glucose boost" may enable stronger 500 anti-tumour activities (namely, IFN-γ production and cytotoxicity) upon T-cell 501 transfer, as suggested by our data using CD27⁺ $\gamma \delta^{|FN|}$ cells in the breast cancer

model, although evaluation of the duration and long-term impact of this "boost" requires further investigation in slower-growing tumour models.

While we did not dissect the mechanistic link between aerobic glycolysis and IFN-γ production by CD27⁺ γδ^{IFN} cells, previous studies on $\alpha\beta$ T cells have shown that glycolysis controls (via the enzyme GAPDH) the translation of IFN-507 γ mRNA⁵. Moreover, glycolysis was shown to be essential for the cytotoxic activity of NK cells, namely their degranulation and Fas ligand expression, 509 upon engagement of NK cell receptors $(NKRs)^{51}$. This is particularly 510 interesting when considering the potential of a human $\gamma \delta$ T cell product that we 511 developed for adoptive cell therapy of cancer, Delta One T (DOT) cells^{9,52,53}. These Vδ1⁺ T cells are induced *in vitro* to express high levels of NKRs that 513 enhance their cytotoxicity and IFN- γ production⁵²⁻⁵⁴. We therefore propose that high dose glucose should be added to the DOT protocol as to further increase their anti-tumour potential.

516 In sum, this study demonstrates that thymic differentiation of effector $\gamma \delta$ T cell subsets, besides well-established epigenetic and transcriptional regulation, includes divergent metabolic programming that is sustained in the periphery and, in particular, in the TME. It further identifies distinct metabolic resources 520 that control the intra-tumoural activities of γ ^δ T cell subsets, with lipids 521 favoring $\gamma\delta^{17}$ cells and glucose boosting $\gamma\delta^{IFN}$ cells, which provides a new metabolism-based angle for therapeutic intervention in cancer and possibly 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 532 ethics committee. Euthanasia was performed by $CO₂$ inhalation. Anesthesia was performed by isoflurane inhalation.

Mice and tumour cell lines

536 C57BI/6J WT mice and Myc-GFP mice (B6;129-Myc^{tm1Slek/}J) were purchased 537 from Charles River and Jackson Laboratories. PLZF-GFP (Zbtb16^{GFP}) mice 538 were generated in the laboratory of D. Sant'Angelo as described previously¹. Mice were maintained under specific pathogen-free conditions. Standard food and water were given *ad libitum*. Where indicated, mice were fed high fat diet (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.

The E0771 murine breast adenocarcinoma cells, MC38 murine colon adenocarcinoma cells and B16.F10 melanoma cells were purchased from ATCC (Manassas, VA). Cells were maintained in Dulbecco's Modified Eagle Medium (DMEM) with 10% (vol/vol) FCS (Gibco; Thermo Fisher Scientific) and 1% (vol/vol) penicillin/streptomycin (Sigma-Aldrich).

Tumour transplantation *in vivo*

550 Mice were injected with 1 x 10^6 E0771 tumour cells in fat pads, 1 x 10^6 MC38 551 tumour cells or 2 x 10^5 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, became ulcerous, or 1 or 2 weeks after tumour injection. Tumour size was

555 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 S62 System (Sable Systems) essentially as described previously². Mice were housed individually in metabolic chambers under a 12h light/dark cycle at 564 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 μg/mL DNase I (Sigma-573 Aldrich) for 30 minutes at 37° C. Cell suspension was then filtered through a 100 μm nylon cell strainer (Falcon/Corning). γδ T cells were isolated by scratching thymus, spleen and lymph node on a 70μm mesh. Lungs were minced then homogenized in RPMI 1640 using a TissueLyser (Qiagen) and filtered through 70µm mesh. Adipose tissue was processed as described 578 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 40μm strainers (BD).

582 For cell-sorting, γ δ 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 585 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

590 CD27⁻ γδ T cells were expanded *in vitro* as previously described⁴. This 591 protocol was adapted to expand CD27⁺ γδ T cells by using 10ng/ml IL-2, 592 10ng/ml IL-15 and 20ng/ml IL-7. For downstream assays, $\sqrt{\delta}$ T cells were purified using TCRγ/δ T Cell Isolation Kit, mouse (Miltenyi Biotec). E*x 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 601 10% FCS, 1% penicillin and streptomycin, and 2 mM L-glutamine). 1 x 10^6 lymphocytes in 500 µl of complete medium were incubated for 48h in 48-well plates either under control conditions or with the addition of 5-aminoimidazole-4-carboxamide (AICAR; 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 µM 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

medium (RPMI-1640 [-] glucose with 10% FCS, 1% penicillin and 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.

In some experiments, anti-TCRδ antibody (GL3; 1μg/ml unless otherwise indicated) was added to the cultures. Cultures containing antibody were rested overnight in fresh FTOC medium before analysis. All thymic organ cultures were subsequently analysed by flow cytometry.

Manipulation of γδ **metabolic pathways** *in vitro* **and** *in vivo*

Spleen and lymph nodes were harvested from C57Bl/6J mice. Cell suspensions were stained with LIVE/DEAD Fixable Near-IR (Thermo Fisher Scientific), anti-CD3ε (145-2C11), anti-TCRδ (GL3), and anti-CD27 (LG.7F9) 629 for 15 minutes at 4°C. CD27⁺ and CD27⁻ $\gamma\delta$ T cells were FACS-sorted. CD27⁺ 630 and CD27 $\gamma\delta$ T cells were incubated on plate-bound anti-CD3ε (145.2C11) 631 (10 μg/mL) in the presence of IL-7 (50 μg/mL) or IL-7 (50 μg/mL), IL-1 β (10 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; Sigma-Aldrich), high D-glucose (50mM; Sigma-Aldrich), galactose (20mM; Sigma-Aldrich), Carbonyl cyanide 4-(trifluoromethoxy) phenylhydrazone (FCCP; 1μM; Sigma-Aldrich) and cholesterol-loaded cyclodextrin (CLC; 5 μg/mL) for 5h at 37°C for *in vitro* experiments.

638 For experiments *in vivo*, purified CD27⁻ and CD27⁺ γ δ T cells were incubated (or not) for 5h with cholesterol-loaded cyclodextrin (5 μg/mL) or with high D-640 glucose (50mM; Sigma-Aldrich), respectively. 5 x 10^5 CD27⁻ or 1 x 10^6 CD27⁺ 641 $\gamma\delta$ T cells were injected twice directly at the tumor site (1st injection 7 days 642 after tumour inoculation and 2^{nd} injection 2 days later). Mice were analyzed 11 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 day 10.

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

648 Purified CD27⁺ γ ⁵ T cells were supplemented (or not) with high levels of 649 glucose (50mM; Sigma-Aldrich) for 5h at 37°C, 5% CO₂. Then, variable 650 numbers of CD27⁺ γ ^{δ} T cells were co-cultured with 5 x 10⁵ E0771 breast cancer cells in complete RPMI Medium (minus D-Glucose). The killing 652 capacities of CD27⁺ $\gamma\delta$ T cells based on death of E0771 cells (Annexin V staining) was assessed by flow cytometry after 24h.

Flow cytometry

 γ δ T cells were analysed by flow cytometry using standard procedures. For surface staining, cells were Fc-blocked with anti-CD16/32 (clone 93; eBioscience) and incubated for 15 minutes at 4°C with antibodies and LIVE/DEAD Fixable Near-IR (Thermo Fisher Scientific) or viability dye Zombie NIR stain (BioLegend) in FACs buffer (PBS 1X, 10% FCS, 0.5M EDTA). Anti-CD3ε (145-2C11), anti-CD27 (LG.7F9), anti-CD25 (PC61), anti-CD73 (TY/11.8) and anti-Vγ2 (UC3-10A6) were purchased from eBioscience. Anti-CD45 (30-F11), anti-TCRδ (GL3), anti-CD24 (M1/69), anti-Vγ1 (2.11), anti-Vγ4 (UC3-10A6), anti-Vγ5 (536) and anti-CD45RB (C363-16A) were purchased from BioLegend and anti-CD44 (IM7) from BD Pharmingen. Cells were washed with FACS buffer. For intracellular cytokine staining, cells were stimulated with 50 μg/mL phorbol 12-myristate 13-acetate (PMA; Sigma-Aldrich) and 1 μg/mL ionomycin (Sigma-Aldrich) for 3-4 hours at 37°C, 5% CO₂ in the presence of 10 μg/mL brefeldin-A (Sigma-Aldrich) and 2 μM monensin (eBioscience). Cells were fixed and permeabilized with Foxp3 staining kit (eBioscience/Thermo Fisher Scientific), according to the manufacturer's instructions. Cells were incubated for 30 minutes at 4°C, with the following antibodies from eBioscience: anti-IFN-γ (XMG1.2), anti-IL-17 (TC11-18H10.1), Ki67 (16A8), T-bet (4B10) and RORγt (B2D). For Annexin V staining, Annexin V Kit (eBioscience) was used following manufacturer's instructions.

The following dyes were purchased from Invitrogen and stained according to 678 manufacturer's instructions: MitotrackerTM Green FM, Tetramethylrhodamine 679 Methyl Ester Perchlorate (TMRM), HCS LipidTOXTM Red Neutral Lipid Stain. 680 Palmitate uptake was measured using 1μ M Bodipy FL-C₁₆ (Invitrogen) incubated for 10mins at 37°C. Cholesterol ester uptake was measured using 682 2 μ M 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- 692 committed γδ T cells sorted from 5-day-old B6 pups and CD27^{+/-} γδ 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 699 pyruvate (1mM) following the addition of Oligomycin A (2μ M), FCCP (2μ M), rotenone (1μM) plus antimycin A (1-4μM). Basal glycolysis, glycolytic capacity, basal mitochondrial respiration and maximal mitochondrial respiration were calculated. OCR and ECAR values were normalized to cell number.

SCENITHTM

706 Cells were plated at 20 x 10⁶ cells/ml in 96-well plates. After activation of $\gamma \delta$ T 707 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; 710 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 4ºC in FACS buffer (PBS 1X 5% FCS, 2mM EDTA). After washing with FACS buffer, cells were fixed and permeabilized using Cytofix/Cytoperm™ (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 4ºC diluted in Permwash. Experimental duplicates were performed in all conditions.

In vivo **glucose uptake**

2-NBDG (300μg diluted in PBS 1X; Cayman chemical) was injected i.v. in C57Bl/6J mice; 15min later, cells from tumours were harvested.

Assessment of mitochondrial morphology

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

Triglyceride Quantification

Triglycerides (TAGs) were quantified from expanded γδ T cells *in vitro* using Picoprobe Triglyceride Quantification Assay Kit, Fluorometric (Abcam) and absorbance measured using FLUOstar OPTIMA (BMG Labtech).

RNA isolation and real-time PCR

743 mRNA was prepared from FACS-sorted CD27⁺ and CD27⁻ γ ⁸ T cells from WT spleen and draining lymph nodes using High Pure RNA Isolation kit (Roche). Reverse transcription was performed with random oligonucleotides (Invitrogen). Results were normalized to actin mRNA. qPCR was performed with SYBR Premix Ex Taq master mix (Takara) on an ABI ViiA7 cycler (Applied Biosystems). The CT for the target gene was subtracted from the CT for the endogenous reference, and the relative amount was calculated as 2−∆CT.

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 755 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 γδ 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.

RNA-sequencing and data processing

Single-cell sequencing libraries were generated using the Chromium™ Single Cell 5' Library and Gel Bead Kit (10X Genomics) according to the manufacturer's instructions. Data was analysed using the R package Seurat $v2.3^{5,6}$.

UMI counts were normalized using regularized negative binomial regression with the sctransform package^{ℓ}. For downstream analysis of normalized data principal component analysis (PCA) was performed using n=50 dimensions and PCA variability was determined using an Elbow plot. Differential gene expression analysis and GSEA was performed using the MAST and fgsea packages^{6,7}. Pathways and gene lists for gene set enrichment analysis were 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 MAST¹⁰. The accession codes for single-cell RNA sequencing are GSE150585 and GSE156782.

All downstream analysis was performed using R v.3.6.3 and RStudio Desktop 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 v.1.12.0, sctransform v.0.2.1, Seurat v.3.1.4, SeuratWrappers v.0.1.0, uwot v.0.1.8 and viridis v.0.5.1.

Statistical analysis

Statistical analysis was performed using GraphPad Prism software using non-parametric two-tailed Mann-Whitney test or, if both groups followed a normal 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 \pm standard error of mean (SEM) or standard deviation (SD). **p* < 0.05; ***p* < 0.01; ****p* < 0.001, ****<0.0001.

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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 848 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

Figure 1. Intra-tumoural γδ **T cell subsets display distinct metabolic profiles.**

(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 1041 metabolic analysis of $\gamma\delta$ T cells using SCENITHTM. Inhibitors for different metabolic pathways were added for 30min followed by an incubation of 15min with puromycin. Mean fluorescence intensity (MFI) of puromycin is analyzed 1044 by flow cytometry in $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ subpopulations for each condition. **(b-e)** 1045 Puromycin MFI of $\gamma \delta^{17}$ and $\gamma \delta^{1FR}$ T cells from E0771 **(b,d)** and MC38 **(c,e)** tumour-bearing mice in control conditions (Co) or after the addition of 2- deoxy-D-glucose (DG), oligomycin (O) or both inhibitors (DGO). Graph shows the percentage of glucose dependence, mitochondrial dependence, glycolytic capacity and fatty acid and amino acid oxidation (FaaO) capacity of tumour- infiltrating $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells isolated either 6 **(d,e)** or 15 **(b,c)** days after cancer cell line injection. Data are representative of two independent experiments (n=5 mice per group in each experiment). pi: post-injection. $\gamma\delta^{17}$ and $\gamma\delta^{1FN}$ T cells represents IL-17 and IFN-γ-producing $\gamma\delta$ T cells, 1054 respectively. Error bars show mean \pm SEM, p < 0.05; **p < 0.01; **** < 0.0001 using unpaired Student's t-test.

Figure 2: Peripheral γδ **T cell subsets show different mitochondrial and metabolic phenotypes.**

(a) Representative plots (left) and summary graphs (right) of the MFI of 1060 mitotracker and tetramethylrhodamine methyl ester (TMRM) in $\gamma\delta^{27}$ ($\gamma\delta^{17}$) and $\gamma \delta^{27+}$ ($\gamma \delta^{IFN}$) T cells *ex vivo* from LNs of C57BL/6 mice (n=7; data pooled from 1062 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 1065 γδ¹⁷ and γδ^{IFN} 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 1068 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 $\gamma\delta^{1FN}$ T cells (expanded *in vitro*) from LNs ($\gamma\delta^{17}$ n=2, $\gamma\delta^{1FN}$ n=5, data representative of 3 independent experiments). **(e)** Energy map showing ECAR 1074 vs OCR of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ T cells. Each symbol represents average basal metabolism. **(f)** Basal glycolytic rate, glycolytic capacity and basal OxPhos of $\gamma\delta^{17}$ (n=3) and $\gamma\delta^{1FN}$ (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 1079 (FaaO) capacity of $\gamma\delta^{17}$ and $\gamma\delta^{1FN}$ 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 1083 (*Pgm1, Pgm2, Gpi1, Pgam1, Myc*) were measured by qPCR in purified $\gamma \delta^{17}$ 1084 (n=4) and $\gamma \delta^{\text{IFN}}$ (n=4) T cells from spleen and dLN from WT mice. (i) 1085 Representative plot (left) and percentages (right) of Myc-GFP+ $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ T cells from LNs of Myc-GFP reporter mice (n=2). Error bars show mean ±  SEM or SD, *p < 0.05; **p < 0.01; ***p < 0.001, ****<0.0001 using unpaired Student's t-test.

Figure 3: γδ **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 1096 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 1100 acid and amino acid oxidation (FaaO) capacity (purple) of $\gamma\delta^{17}$ and $\gamma\delta^{1FN}$ 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 1107 thymic $\gamma \delta^{TN}$ (CD44⁻CD45RB⁻), $\gamma \delta^{17}$ (CD44^{hi}CD45RB⁻) and $\gamma \delta^{IFN}$ $\gamma\delta^{17}$ (CD44^{hi}CD45RB⁻) 1108 (CD44⁺CD45RB⁺) cells treated or not with FCCP. Data are representative of 3 independent experiments (data points represent at least 4 lobes pooled per 1110 group and per experiment). **(e)** Imagestream analysis of $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells stained with either mitotracker green or TMRE. Data are representative of 2 independent experiments. **(f)** O₂ consumption rates (OCR) of $\gamma\delta^{17}$ and $\gamma\delta^{1FN}$ 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 1116 oxygen consumption rates (OCR) of $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells from thymuses of 5-day old B6 pups. Data are representative of 3 independent experiments (pooled thymic lobes from n>10 mice per group per experiment). **(h-j)** Flow 1119 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)**. 1122 Histograms show the number of $\gamma \delta^{17}$ cells and $\gamma \delta^{17}/\gamma \delta^{1FN}$ cell ratio. Data are representative of 2 **(h)** or 3 **(i-j)** independent experiments (at least 4 lobes 1124 pooled per group per experiment). Error bars show mean ± SEM or SD, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using unpaired Student's t-test.

Figure 4: Distinct mitochondrial activities underlie effector fate of thymic γδ **T cell progenitors.**

1130 **(a,b)** Flow cytometry profiles and percentage of thymic $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cell 1131 output from post-sorted TMRE^{lo} and TMRE^{hi} γδ^{TN} cells **(a)** or $\gamma \delta^{24+}$ cells **(b)** 1132 after 5-day culture on OP9DL1 cells. Data are representative of 3 independent 1133 experiments (n = 4 mice pooled per group per experiment). **(c)** Percentage of 1134 V γ 1⁺ and V γ 4⁺ cells in TMRE^{lo} and TMRE^{hi} γ ²⁴⁺ and γ ²⁴⁻ subsets. Data are 1135 representative of 3 independent experiments (cells sorted from n=4 mice 1136 pooled per group per experiment). (d) TMRE MFI of thymic γδ^{TN} (CD44⁻ 1137 CD45RB'), CD24 CD44 CD45RB⁺ γδ T cells and γδ^{IFN} cells (CD44⁺CD45RB⁺) 1138 from 6-day FTOC of E17 B6 thymic lobes. (e) TMRE staining in CD24 CD73⁺, 1139 CD24 CD73, CD24⁺CD73⁺ and CD24⁺CD73⁻ γ δ T cells from 7-day FTOC of 1140 E15 B6 thymic lobes. (f) TMRE staining in CD25 CD24⁺ ($\gamma \delta^{24+}$ cells), CD25^{med}, CD25hi and Vγ5⁺ 1141 γδ progenitors from E15 thymus. **(g)** Flow cytometry profiles 1142 of thymic $\gamma \delta^{TN}$, $\gamma \delta^{17}$ and $\gamma \delta^{FPN}$ cells from 6-day FTOC of E17 B6 thymic lobes 1143 stimulated or not with anti-TCRδ mAb (GL3; 1μg/ml). Graph shows 1144 percentage of $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells in each condition. **(h)** FACS-sorted 1145 $\gamma \delta^{24+}$ TMRE^{hi} cells from E17 thymi were cultured (or not) for 5h with different 1146 concentrations (as indicated) of anti-TCRδ mAb (GL3). TMRE levels were 1147 analysed by flow cytometry in $\gamma \delta^{24}$ and $\gamma \delta^{24+}$ cells. Data are representative of 1148 3 independent experiments (n=4 mice pooled per group per experiment). **(i)** 1149 Experimental design for single-cell RNAseq (10x Genomics) on TMRE^{lo} and 1150 TMRE^{hi} $\gamma \delta^{24+}$ cells from E15 + 2d FTOC. (i) Clustering of single TMRE^{lo} and 1151 TMRE^{hi} γδ²⁴⁺ cells using UMAP. (k) GO term analysis of genes upregulated in 1152 TMRE^{lo} versus TMRE^{hi} γδ²⁴⁺ cells. **(I)** Heatmap of differentially upregulated 1153 genes from comparison of TMRE^{lo} and TMRE^{hi} $\gamma \delta^{24+}$ cells. Genes are grouped 1154 in relation to their function in either OxPhos or glucose metabolism. Error bars 1155 show mean ± SD, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using 1156 unpaired Student's t-test.

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Figure 5. γδ**¹⁷** 1158 **cells show higher lipid uptake and lipid droplet content** 1159 **than** $\gamma \delta^{\text{IFN}}$ cells.

1160 **(a)** Experimental set up for bulk RNA-sequencing of PLZF⁺ ($\gamma \delta^{17}$) and PLZF⁻ 1161 (γδ^{IFN}) cells isolated from PLZF-GFP (*Zbtb16*^{GFP}) mice. (b) Quadrant plot of 1162 genes upregulated in tissue resident PLZF⁺ γ δ T cells (lower right), lymphoid 1163 PLZF⁺ γδ T cells (upper left), PLZF⁺ γδ T cells from all tissues (upper right) or PLZF- 1164 γδ T cells from all tissues (lower left). **(c)** Representative histogram of 1165 neutral lipid staining (LipidTOX) in *ex vivo* $\gamma\delta^{17}$ (CD27⁻) and $\gamma\delta^{IFN}$ (CD27⁺) cells 1166 from LNs. **(d)** LipidTOX MFI in $\gamma \delta^{17}$ and $\gamma \delta^{18}$ cells *ex vivo* from LNs as shown 1167 in (a) (n=11, data pooled from 3 independent experiments). **(e)** LipidTOX MFI 1168 in $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells from spleen, LNs, lungs, adipose, liver and skin (n=5-8, 1169 data pooled from 2 independent experiments). **(f)** Confocal imaging of $\gamma \delta^{17}$ 1170 and γδ^{IFN} cells expanded *in vitro* and stained with LipidTOX (red) and Hoechst 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 1174 image). **(h)** Quantification of triglyceride (TAG) levels from $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells 1175 expanded *in vitro* (n=7, each symbol represents one biological replicate). **(i)** 1176 Filipin III staining of $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells *ex vivo* from LNs. Representative 1177 histogram (left) and MFI (right) (n=6, data pooled from 2 independent 1178 experiments). **(j)** Representative histogram of Bodipy-FL-C₁₆ uptake in $\gamma\delta^{17}$ 1179 and γδ^{IFN} cells from LNs *ex vivo* (n=8, data pooled from 2 independent 1180 experiment). **(k)** Representative plots of Bodipy-FL-C16 uptake and IL-17 or 1181 IFN-γ production by $\gamma\delta^{17}$ and $\gamma\delta^{18}$ cells from LNs stimulated with 1182 PMA/ionomycin. (I) Bodipy-FL-C₁₆ MFI in IFN- γ^+ and IL-17⁺ $\gamma \delta$ T cells (n=4, 1183 data representative of 3 independent experiments). **(m)** Representative plot of 1184 Vγ1 and Vγ4 expression in total γδ T cells and percentage Bodipy-FL-C₁₆ 1185 uptake by LN $\gamma\delta$ T cell subsets (V γ 1⁺, V γ 4⁺, V γ 1⁻4⁻) (n=6, data pooled from 2 1186 independent experiment). **(n)** Representative IFN-γ and IL-17 production by 1187 V γ 4⁺ γ δ T cells from LNs and percentage Bodipy-FL-C₁₆ uptake by V γ 4⁺IFN- γ ⁺ 1188 and V γ 4⁺IL-17⁺ γ δ cells (n=6, data pooled from 2 independent experiments). 1189 **(o)** Percentage Bodipy CholEsteryl FL-C₁₂ uptake by $\gamma \delta^{17}$ (CD27) and $\gamma \delta^{IFN}$ 1190 (CD27⁺) cells from LNs *ex vivo* (n=6, data pooled from 2 independent 1191 experiments). Error bars show mean ±  SD, *p < 0.05, **p < 0.01, ***p < 0.001,

1192 ****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** 1197 **nodes and within tumours.**

1198 **(a)** Respiratory exchange ratio (RER) of mice fed SFD or HFD for 8 weeks 1199 (n=3, data from 1 experiment). **(b)** Bar graphs showing the percentage and 1200 absolute numbers of CD3⁺ γ δ T cells from LNs of standard fat diet (SFD) and 1201 high fat diet (HFD) mice (n=9, data pooled from 3 independent experiments). 1202 **(c)** Proportion of $\gamma \delta^{17}$ (CD27^t) and $\gamma \delta^{IFN}$ (CD27^t) T cells in LNs of SFD and 1203 HFD fed mice (n=9, data pooled from 3 independent experiments). **(d)** 1204 Percentage and absolute numbers of CD27⁺ IFN- γ^+ and CD27⁻ IL-17⁺ $\gamma \delta$ T 1205 cells from LNs of SFD and HFD mice (n=9, data pooled from 3 independent 1206 experiments). **(e)** Proportion of infiltrating $\gamma \delta^{17}$ cells in spleen, draining LN and 1207 tumour in the B16 tumour model (dLN and tumour n=30, data pooled from 4 1208 independent experiments, spleen n=7, naïve LN n=5). **(f)** Bar graph showing 1209 the percentage of $\gamma \delta^{17}$ and $\gamma \delta^{1FN}$ cells infiltrating tumours (n=9, data pooled 1210 from 2 experiments). **(g)** Bar graph represents the size of tumours (mm³) in 1211 SFD and HFD fed mice. **(h)** Bar graph showing proportion of infiltrating $\gamma \delta^{17}$ 1212 (CD27) and $\gamma \delta^{\text{IFN}}$ (CD27⁺) cells in tumours of SFD and HFD fed mice (SFD 1213 n=10, HFD n=12, data pooled from 2 independent experiments). **(i)** 1214 Representative plots of IL-17 and IFN- γ expression in γ ^δ T cells infiltrating 1215 tumours of SFD and HFD fed mice. Bar graphs represent the percentage of 1216 $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells infiltrating tumours (SFD n=17, HFD n=20, data pooled 1217 from 3 independent experiments). (j) Bar graph showing the number/mm³ of 1218 $\gamma\delta^{17}$ and $\gamma\delta^{IFN}$ cells in tumours of mice on SFD or HFD (SFD n=7, HFD n=8, 1219 data pooled from 2 independent experiments). (k) Plots of proliferating Ki67⁺ 1220 $\gamma\delta^{17}$ cells cultured for 5h with or without cholesterol-loaded cyclodextrin (CLC). 1221 Graph represents the percentage of Ki67⁺ $\gamma \delta^{17}$ cells (data are representative

1222 of two independent experiments; pool of 3-5 mice per experiment). **(I)** $\gamma \delta^{17}$ cells cultured (or not) with cholesterol-loaded cyclodextrin (CLC) for 5h were injected s.c. into E0771 tumours at d7 and d9 after tumour cell injection. Representative picture of tumours observed at day 11 post-E0771 cell inoculation. **(m)** Graph showing tumour weight at day 11 post-E0771 inoculation. **(n)** E0771 tumour growth was monitored every two days after inoculation ((l-n) data are representative of three independent experiments (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 ANOVA test.

Figure 7: Glucose supplementation enhances the effector functions of 1234 *γ***δ^{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. 1237 Histogram represents 2-NBDG uptake in $\gamma \delta^{17}$ and $\gamma \delta^{IFN}$ cells. **(b-i)** Purified 1238 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), 2- deoxyglycose (2-DG), high glucose (50mM) or galactose (20mM) for 78h. **(b)** 1241 Plots of peripheral $\gamma \delta^{\text{IFN}}$ T cells cultured with IL-7 and media containing low glucose, 2-DG or high glucose. Histogram represents the fold change in 1243 number of $\gamma \delta^{\text{IFN}}$ T cells cultured with 2-DG or high glucose versus low glucose. 1244 **(c)** Fold change in number of proliferating Ki-67⁺ γ ⁸^{IFN} cells cultured with 2-DG or high glucose versus low glucose. **(d,e)** IFN-γ **(d)** and T-bet **(e)** expression 1246 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-γ and T-1248 bet. **(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 1250 the numbers of γδ^{IFN} T cells. **(g,h)** IFN-γ **(g)** and T-bet **(h)** expression was 1251 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*

1254 of E0771 tumour cells by $\gamma \delta^{\text{IFN}}$ T cells previously supplemented (or not) with glucose (5h pre-incubation). **(j)** Representative picture of tumours observed at 1256 day 11 post-E0771 inoculation. $\gamma \delta^{|FN|}$ 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)** 1260 independent experiments; $n = 5-10$ mice per group and per experiment). Error bars show mean ± SEM, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001 using unpaired Student's t-test or ANOVA test.

Figure 1

