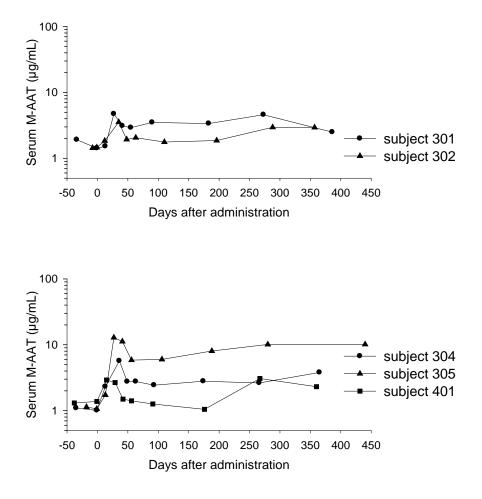
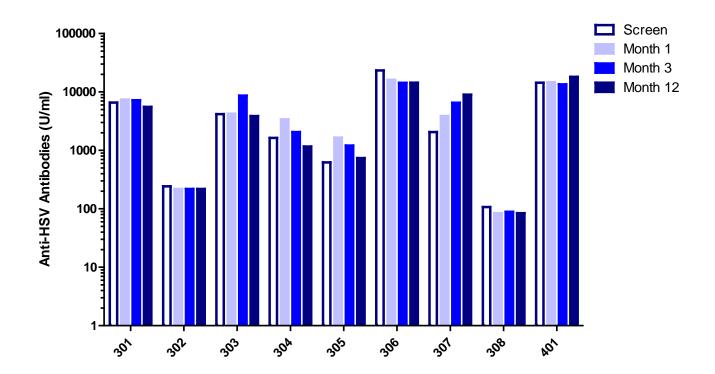
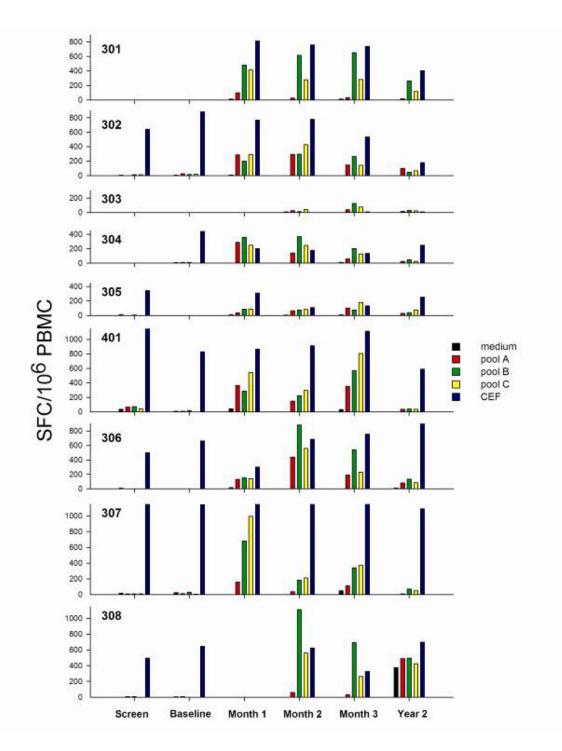
Supplementary Figures and Tables



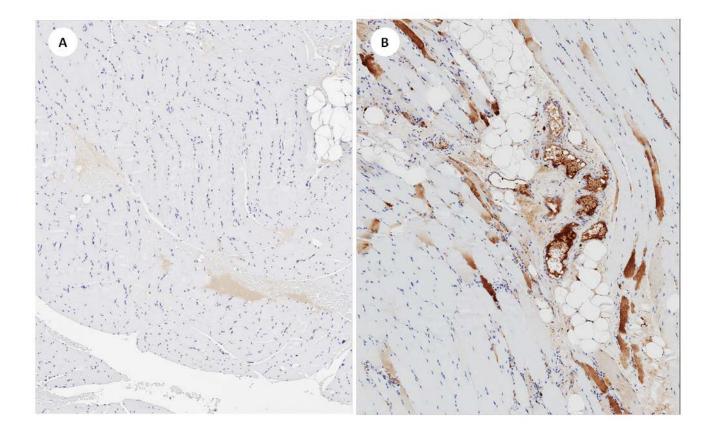
Supplementary Figure S1 Serum AAT levels from subjects in the lower (subjects 301 and 302) and middle (subjects 304, 305 and 401) dose cohorts.



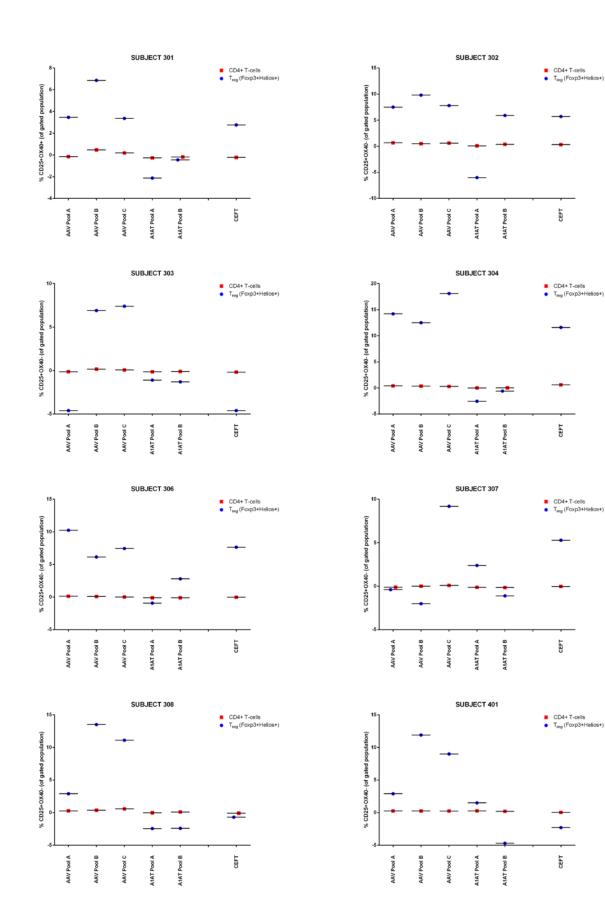
Supplementary Figure S2 Changes in serum antibodies to herpes simplex virus over time for the nine subjects in the study (301-401). Antibody concentration was determined by ELISA using a reference standard (pooled human serum) that was assigned a titer of 8,000 U/mL. The screening values ranged from 107 to 23,291 U/mL, and no subject had a change of more than 3-fold during the first 3 months after vector administration.



Supplementary Figure S3 Time course of IFN-γ ELISPOT responses to pools of AAV1 capsid peptides or controls. PBMCs were obtained at screening, baseline, and 1, 2, 3, and 20 to 24 months (Year 2) after vector administration and were stimulated with each of three pools (A, B, and C) of AAV1 capsid peptides (15-mers overlapping by 10 amino acids) or with a positive control peptide pool (CEF). In general the data represents results for PBMCs from all nine patients at different times post AAV1-AAT injections, in some cases the data points are missing due to lack of PBMCs at that time point. Subject 303 did not have positive responses to CEF. Subject 308 had high background at Year 2.



Supplementary Figure S4 Immunohistochemistry staining for hAAT in a muscle biopsy from a normal, uninjected muscle (a) and subject injected with rAAV1-CB-hAAT (b). Images are taken at 5X magnification



Supplementary Figure S5 Antigen Specific Activation of Regulatory T-cells. Peripheral blood mononuclear cells (PBMCs) were stimulated with AAV, AAT peptide pools or 1 ug/ml CEFT peptide. Cells were harvested at 48 hours post activation and gated for live CD4⁺, FOXP3⁺, and Helios⁺ cells and then sub-gated for activation markers OX40⁺ and CD25⁺. Lymphocytes were gated on forward and side scatter. Live CD4⁺ T cells were sub-gated for analysis of specific subsets as follows. Regulatory T cells were gated by co-expression of the transcription factors FOXP3 and Helios. Conventional T cells were gated as CD4⁺ FOXP3-Helios-. All subsets were then analyzed for expression of CD25 and OX40 as indicators of antigen-specific activation. The data are plotted as activation above CD4⁺ CEFT stimulation.

	Dosa	ge 6×10^{11} y	vg/kg	Dosage	e 1.9 × 10 ¹²	vg/kg	Dosage 6 × 10 ¹² vg/kg			
Visit	301	302	303	304	305	401	306	307	308	
Screen	<5	<5	80	<5	<5	<5	<5	<5	160	
Day 14	5,120	5,120	40,960	10,240	5,120	51,20	20,480	5,120	20,480	
Month 1	5,120	2,560	20,480	10,240	10,240	10,240	10,240	2,560	20,480	
Month 3	20,480	40,960	20,480	40,960	20,480	40,960	81,920	40,960	81,920	
Month 6	5,120	20,480	5,120	20,480	10,240	10,240	40,960	40,960	40,960	
Month 12	10,240	20,480	5,120	10,240	10,240	20,480	20,480	20,480	40,960	

Supplementary Table S1 Neutralizing antibodies to AAV1

rAAV-lacZ vectors mixed with serial dilutions of serum were used to infect Huh7 cells. Results are expressed as

the reciprocal of the highest serum dilution that inhibited b-galactosidase expression by 50%.

	Dosa	ge 6×10^{11} v	/g/kg	Dosag	e 1.9 × 10 ¹²	vg/kg	Dosage 6 × 10 ¹² vg/kg			
Visit	301	302	303	304	305	401	306	307	308	
Month 3	293,378	153,255	282,715	282,715	NS	70,440	337,203	1,356,42 2	450,248	
	543,594	281,856	NS	288,374	NS	80,585	484,615	2,040,71 1	249,711	
Month 12	8,559	69,076	103,163	82,354	NS	75,982	46,169	19,527	255,565	
	15,327	36,786	140,455	47,636	NS	36,644	212,273	336,332	50,945	

Supplementary Table S2 Vector DNA in muscle biopsies

Values represent vector copies per μ g DNA in duplicate samples. NS = no sample.

	Dosage 6 × 10 ¹¹ vg/kg			Dosag	ge 1.9 × 10 ¹²	vg/kg	Dosage 6×10^{12} vg/kg			
Visit	301	302	303	304	305	401	306	307	308	
Screen	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""></lod<></td></lod<>	<lod< td=""></lod<>	
Day 1	196,182	952,012	22,425	5,321,835	1,306,261	6,078,646	7,049,065	18,577,613	1,069,175	
Day 3	94,644	191,574	3,325	1,506,985	488,736	2,569,664	3,054,818	6,622,414	140,069	
Day 14	2,449	5,956	1,908	18,261	12,436	7,361	21,073	50,385	855	
Month 3	79	344	<lod< td=""><td>1,436</td><td>1,565</td><td>412</td><td>6,816</td><td>13,227</td><td><lod< td=""></lod<></td></lod<>	1,436	1,565	412	6,816	13,227	<lod< td=""></lod<>	
Month 12	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""><td><lod< td=""></lod<></td></lod<></td></lod<>	<lod< td=""><td><lod< td=""></lod<></td></lod<>	<lod< td=""></lod<>	

Supplementary Table S3 Vector DNA in blood

Values represent vector copies per μ g DNA. Values below the lower limit of detection in the assay (40 vector

copies per μ g DNA) are indicated as <LOD.

Supplementary Table S4 Vector DNA in semen

	Subject Number
Visit	307
Screen	<lod< td=""></lod<>
Day 3	213
Day 14	282
Month 3	<lod< td=""></lod<>
Month 12	<lod< td=""></lod<>

Values represent vector copies per μg DNA. Values below the lower limit of detection in the

assay (40 vector copies per μ g DNA) are indicated as <LOD.

Subject number	30)1	3()2	3(03	3(04	3(06	3()7	3()8	4(01
Sample number	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3 month biopsy	NE	3	3	3	2	0	3	3	3	3	2	2	2	2	2	2.5
3 month mean	3	3	3	3		1	3	3	3	3	ź	2	ź	2	2.	25
12 month biopsy	2	2	2	1	2	2	1	1	1	0.5	1	1.5	1	1	1.5	2
12 month mean	2	2	1	.5	2	2		1	0.	75	1.	25	-	1	1.	75
ratio 12mon/3mon	0.	67	0.	50	2.	00	0.	33	0.	25	0.	63	0.	50	0.	78

Supplementary Table 5 Qualitative assessment of inflammation in muscle biopsies

Eight patients consented to the muscle biopsy procedure at 3 and 12 months after IM injection of rAAV1-CB-hAAT, with two tissue samples of ~ $0.5x1x1cm^3$ obtained at each time point. Samples were fixed in 10% neutral buffered formalin for up to 48 hours and then transferred to 70% ethanol or PBS. After embedding in paraffin, 4 µm sections were cut for staining with hematoxylin and eosin. Stained slides were reviewed for inflammation, which was graded as severe (grade 3), moderate (grade 2), mild (grade 1) or none (0). One sample (301 sample 1) was not examined (NE) and one sample (303 sample 2) was judged to be normal muscle (grade 0). Samples that had some areas with more intense inflammation and others with less intense inflammation were assigned an intermediate grade of 0.5, 1.5 or 2.5. The mean inflammation grade for each subject at each time point was the average grade for the two samples. Seven of 8 subjects had a lower inflammation grade in the 12 month muscle biopsy than in the 3 month muscle biopsy. The group mean and standard deviation of the ratio of the inflammation grade at 12 months compared to 3 months was 0.71 ± 0.55.

Subject number	301	302	303	304	306	307	308	401
Month 3	29.1%	31.4%	12.2%	2.2%	2.7%	3.6%	4.7%	3.9%
Month 12	0.6%	1.1%	3.7%	0.4%	1.0%	0.5%	0.9%	1.4%
Ratio 12mon/3mon	0.02	0.04	0.30	0.18	0.37	0.14	0.19	0.36

Supplementary Table 6 Quantitative assessment of CD3⁺ T cell infiltrates in muscle biopsies

One slide from a muscle biopsy from each of 8 subjects obtained at 3 and 12 months after IM injection of rAAV1-CB-hAAT was stained with a monoclonal antibody to CD3 followed by detection using immunoperoxidase-labeled rabbit anti-mouse IgG and analyzed using the Aperio positive pixel count image analysis program and Spectrum software. Analyses were conducted on the entire tissue section unless staining artifacts were noted, as for a small amount of precipitated chromogen, in which case these areas were excluded from analysis using the pen tool to outline the region. The standard positive pixel count algorithm default settings were used for brown chromogen quantification in three intensity ranges (220-175, 175-100, and 100-0). Pixels which were stained but did not fall into the positive-color specification were considered negative pixels. Data are reported in the table as a percentage = $[100 \times (number of medium and strong positive pixels) \div (total number of positive and negative pixels)]. For biopsies from the 8 subjects, the ratio of the percent of positive pixels at 12 months compared to the percent of positive pixels 3 months ranged from 0.02 to 0.36 with a mean <math>\pm$ of 0.20 \pm 0.14.

		301	302	303	304	305	401	306	307	308
Media	Month 3	15	2.5	5	12.5	10	32.5	2.5	50	3
	Year 2	2.5	0	5	0	2.5	0	10	2.5	377.5
	Ratio	0.17	0.00	1.00	0.00	0.25	0.00	4.00	0.05	125.83
pool A	Month 3	32.5	147.5	37.5	60	105	352.5	190	110	33
	Year 2	17.5	100	15	25	30	37.5	80	7.5	490
	Ratio	0.54	0.68	0.40	0.42	0.29	0.11	0.42	0.07	14.85
pool B	Month 3	652.5	265	125	202.5	77.5	570	540	340	693
	Year 2	265	47.5	27.5	47.5	40	40	135	70	497.5
	Ratio	0.41	0.18	0.22	0.23	0.52	0.07	0.25	0.21	0.72
pool C	Month 3	282.5	142.5	75	127.5	180	807.5	227.5	375	263
	Year 2	117.5	67.5	22.5	25	77.5	35	85	50	425
	Ratio	0.42	0.47	0.30	0.20	0.43	0.04	0.37	0.13	1.62
CEF	Month 3	740	535	10	135	132.5	1115	755	1225	328
	Year 2	405	180	10	250	255	590	965	1090	700
	Ratio	0.55	0.34	1.00	1.85	1.92	0.53	1.28	0.89	2.13

Supplementary Table S7 IFN- γ ELISPOT responses to pools of AAV1 capsid peptides or controls at Month 3 and Year 2

Values at Month 3 and Year 2 (Month 20-24) are spot-forming cells per 10^6 PBMC, and the ratio values are Year 2 values ÷ Month 3 values. Subject 308 had high background at Year 2. For the other 8 subjects, responses to AAV pools A, B and C (total of 24 values) were all lower at Year 2 than Month 3, and the ratio of Year 2 vs. Month 3 responses (mean ± SD) was 0.36 ± 0.21 for pool A, 0.26 ± 0.14 for pool B and 0.30 ± 0.16 for pool C. Statistical evaluation using analysis of variance (ANOVA) for these 24 values determined an F-value of 21.353 (p<0.0001), with a significant difference between Month 3 and Year 2 (mean difference 190, critical difference 82.987, p<0.0001). There were no significant differences between Year 2 and Month 3 responses to CEF or the medium control, with a Year 2 vs. Month 3 ratio of 1.04 ± 0.60 for CEF and 0.68 ± 1.38 for the medium control.

Antigen Retrieval	1 st antibody	Vendor, Cat#	Incubation time	2 nd antibody
Trypsin, 5min	AAT	Fitzgerald,	60min	Mach2 Rb HRP
		20R-AR009		polymer
Trilogy, 25min	CD3	DAKO,	60min	Mach2 Rb HRP
		A0452		polymer
Trilogy, 25min	CD4	DAKO, m7310	60min	Mach2 Ms HRP
				polymer
Trilogy, 25min	CD8	DAKO, m7103	60min	Mach2 Ms HRP
				polymer
Trilogy, 25min	CD20	DAKO, m0755	60min	Mach2 Ms HRP
				polymer
Trilogy, 25min	CD68	DAKO,	60min	Mach2 Ms HRP
		M0876		polymer
Citra, 30min	CD274	Novus Biologicals,	O/N	Mach2 Rb HRP
		NBP1-03220		polymer
Citra, 30min	CD279	Novus Biologicals,	O/N	Mach2 Rb HRP
		NBP1-88104		polymer

Supplementary Table S8 Immunohistochemistry staining conditions for muscle sections.

References

- 1. Maguire, A.M., Simonelli, F., Pierce, E.A., Pugh, E.N., Jr., Mingozzi, F., Bennicelli, J., Banfi, S., Marshall, K.A., Testa, F., Surace, E.M., et al. 2008. Safety and efficacy of gene transfer for Leber's congenital amaurosis. N Engl J Med 358:2240-2248.
- 2. Hauswirth, W.W., Aleman, T.S., Kaushal, S., Cideciyan, A.V., Schwartz, S.B., Wang, L., Conlon, T.J., Boye, S.L., Flotte, T.R., Byrne, B.J., et al. 2008. Treatment of leber congenital amaurosis due to RPE65 mutations by ocular subretinal injection of adeno-associated virus gene vector: short-term results of a phase I trial. Hum Gene Ther 19:979-990.
- 3. Cideciyan, A.V., Aleman, T.S., Boye, S.L., Schwartz, S.B., Kaushal, S., Roman, A.J., Pang, J.J., Sumaroka, A., Windsor, E.A., Wilson, J.M., et al. 2008. Human gene therapy for RPE65 isomerase deficiency activates the retinoid cycle of vision but with slow rod kinetics. Proc Natl Acad Sci U S A 105:15112-15117.
- 4. Eberling, J.L., Jagust, W.J., Christine, C.W., Starr, P., Larson, P., Bankiewicz, K.S., and Aminoff, M.J. 2008. Results from a phase I safety trial of hAADC gene therapy for Parkinson disease. Neurology 70:1980-1983.
- 5. Muramatsu, S., Fujimoto, K., Kato, S., Mizukami, H., Asari, S., Ikeguchi, K., Kawakami, T., Urabe, M., Kume, A., Sato, T., et al. A phase I study of aromatic L-amino acid decarboxylase gene therapy for Parkinson's disease. Mol Ther 18:1731-1735.
- 6. Nathwani, A.C., Tuddenham, E.G., Rangarajan, S., Rosales, C., McIntosh, J., Linch, D.C., Chowdary, P., Riddell, A., Pie, A.J., Harrington, C., et al. Adenovirus-associated virus vectormediated gene transfer in hemophilia B. N Engl J Med 365:2357-2365.

- 7. LeWitt, P.A., Rezai, A.R., Leehey, M.A., Ojemann, S.G., Flaherty, A.W., Eskandar, E.N., Kostyk, S.K., Thomas, K., Sarkar, A., Siddiqui, M.S., et al. AAV2-GAD gene therapy for advanced Parkinson's disease: a double-blind, sham-surgery controlled, randomised trial. Lancet Neurol 10:309-319.
- 8. Stroes, E.S., Nierman, M.C., Meulenberg, J.J., Franssen, R., Twisk, J., Henny, C.P., Maas, M.M., Zwinderman, A.H., Ross, C., Aronica, E., et al. 2008. Intramuscular administration of AAV1-lipoprotein lipase S447X lowers triglycerides in lipoprotein lipase-deficient patients. Arterioscler Thromb Vasc Biol 28:2303-2304.
- 9. Mingozzi, F., Maus, M.V., Hui, D.J., Sabatino, D.E., Murphy, S.L., Rasko, J.E., Ragni, M.V., Manno, C.S., Sommer, J., Jiang, H., et al. 2007. CD8(+) T-cell responses to adeno-associated virus capsid in humans. Nat Med 13:419-422.
- 10. Pien, G.C., Basner-Tschakarjan, E., Hui, D.J., Mentlik, A.N., Finn, J.D., Hasbrouck, N.C., Zhou, S., Murphy, S.L., Maus, M.V., Mingozzi, F., et al. 2009. Capsid antigen presentation flags human hepatocytes for destruction after transduction by adeno-associated viral vectors. J Clin Invest 119:1688-1695.
- 11. Flotte, T.R., Brantly, M.L., Spencer, L.T., Byrne, B.J., Spencer, C.T., Baker, D.J., and Humphries, M. 2004. Phase I trial of intramuscular injection of a recombinant adenoassociated virus alpha 1-antitrypsin (rAAV2-CB-hAAT) gene vector to AAT-deficient adults. Hum Gene Ther 15:93-128.
- 12. Brantly, M.L., Spencer, L.T., Humphries, M., Conlon, T.J., Spencer, C.T., Poirier, A., Garlington, W., Baker, D., Song, S., Berns, K.I., et al. 2006. Phase I trial of intramuscular injection of a recombinant adeno-associated virus serotype 2 alphal-antitrypsin (AAT) vector in AAT-deficient adults. Hum Gene Ther 17:1177-1186.
- 13. Brantly, M.L., Chulay, J.D., Wang, L., Mueller, C., Humphries, M., Spencer, L.T., Rouhani, F., Conlon, T.J., Calcedo, R., Betts, M.R., et al. 2009. Sustained transgene expression despite T lymphocyte responses in a clinical trial of rAAV1-AAT gene therapy. Proc Natl Acad Sci U S A 106:16363-16368.
- 14. Flotte, T.R., Trapnell, B.C., Humphries, M., Carey, B., Calcedo, R., Rouhani, F., Campbell-Thompson, M., Yachnis, A.T., Sandhaus, R.A., McElvaney, N.G., et al. Phase 2 clinical trial of a recombinant adeno-associated viral vector expressing alpha1-antitrypsin: interim results. Hum Gene Ther 22:1239-1247.
- 15. Ye, G.J., Oshins, R.A., Rouhani, F.N., Brantly, M.L., and Chulay, J.D. 2013. Development, validation and use of ELISA for antibodies to human alpha-1 antitrypsin. J Immunol Methods 388:18-24.
- 16. Endl, J., Rosinger, S., Schwarz, B., Friedrich, S.O., Rothe, G., Karges, W., Schlosser, M., Eiermann, T., Schendel, D.J., and Boehm, B.O. 2006. Coexpression of CD25 and OX40 (CD134) receptors delineates autoreactive T-cells in type 1 diabetes. Diabetes 55:50-60.
- 17. Keir, M.E., Butte, M.J., Freeman, G.J., and Sharpe, A.H. 2008. PD-1 and its ligands in tolerance and immunity. Annu Rev Immunol 26:677-704.
- 18. Barber, D.L., Wherry, E.J., Masopust, D., Zhu, B., Allison, J.P., Sharpe, A.H., Freeman, G.J., and Ahmed, R. 2006. Restoring function in exhausted CD8 T cells during chronic viral infection. Nature 439:682-687.
- 19. Virgin, H.W., Wherry, E.J., and Ahmed, R. 2009. Redefining chronic viral infection. Cell 138:30-50.
- 20. Kaufmann, D.E., and Walker, B.D. 2009. PD-1 and CTLA-4 inhibitory cosignaling pathways in HIV infection and the potential for therapeutic intervention. J Immunol 182:5891-5897.

- 21. Freeman, G.J., Wherry, E.J., Ahmed, R., and Sharpe, A.H. 2006. Reinvigorating exhausted HIV-specific T cells via PD-1-PD-1 ligand blockade. J Exp Med 203:2223-2227.
- 22. Rodino-Klapac, L.R., Janssen, P.M., Montgomery, C.L., Coley, B.D., Chicoine, L.G., Clark, K.R., and Mendell, J.R. 2007. A translational approach for limb vascular delivery of the microdystrophin gene without high volume or high pressure for treatment of Duchenne muscular dystrophy. J Transl Med 5:45.
- 23. Toromanoff, A., Cherel, Y., Guilbaud, M., Penaud-Budloo, M., Snyder, R.O., Haskins, M.E., Deschamps, J.Y., Guigand, L., Podevin, G., Arruda, V.R., et al. 2008. Safety and efficacy of regional intravenous (r.i.) versus intramuscular (i.m.) delivery of rAAV1 and rAAV8 to nonhuman primate skeletal muscle. Mol Ther 16:1291-1299.
- 24. Arruda, V.R., Stedman, H.H., Haurigot, V., Buchlis, G., Baila, S., Favaro, P., Chen, Y., Franck, H.G., Zhou, S., Wright, J.F., et al. Peripheral transvenular delivery of adeno-associated viral vectors to skeletal muscle as a novel therapy for hemophilia B. Blood 115:4678-4688.
- 25. Stieger, K., Schroeder, J., Provost, N., Mendes-Madeira, A., Belbellaa, B., Le Meur, G., Weber, M., Deschamps, J.Y., Lorenz, B., Moullier, P., et al. 2009. Detection of intact rAAV particles up to 6 years after successful gene transfer in the retina of dogs and primates. Mol Ther 17:516-523.
- 26. Jordan, M.S., Boesteanu, A., Reed, A.J., Petrone, A.L., Holenbeck, A.E., Lerman, M.A., Naji, A., and Caton, A.J. 2001. Thymic selection of CD4+CD25+ regulatory T cells induced by an agonist self-peptide. Nat Immunol 2:301-306.
- 27. Sakaguchi, S. 2003. Control of immune responses by naturally arising CD4+ regulatory T cells that express toll-like receptors. J Exp Med 197:397-401.
- 28. Larkin, J., 3rd, Picca, C.C., and Caton, A.J. 2007. Activation of CD4+ CD25+ regulatory T cell suppressor function by analogs of the selecting peptide. Eur J Immunol 37:139-146.
- 29. Li, S., Floess, S., Hamann, A., Gaudieri, S., Lucas, A., Hellard, M., Roberts, S., Paukovic, G., Plebanski, M., Loveland, B.E., et al. 2009. Analysis of FOXP3+ regulatory T cells that display apparent viral antigen specificity during chronic hepatitis C virus infection. PLoS Pathog 5:e1000707.
- 30. Ebinuma, H., Nakamoto, N., Li, Y., Price, D.A., Gostick, E., Levine, B.L., Tobias, J., Kwok, W.W., and Chang, K.M. 2008. Identification and in vitro expansion of functional antigenspecific CD25+ FoxP3+ regulatory T cells in hepatitis C virus infection. J Virol 82:5043-5053.
- 31. MacDonald, A.J., Duffy, M., Brady, M.T., McKiernan, S., Hall, W., Hegarty, J., Curry, M., and Mills, K.H. 2002. CD4 T helper type 1 and regulatory T cells induced against the same epitopes on the core protein in hepatitis C virus-infected persons. J Infect Dis 185:720-727.
- 32. Weiss, L., Donkova-Petrini, V., Caccavelli, L., Balbo, M., Carbonneil, C., and Levy, Y. 2004. Human immunodeficiency virus-driven expansion of CD4+CD25+ regulatory T cells, which suppress HIV-specific CD4 T-cell responses in HIV-infected patients. Blood 104:3249-3256.
- 33. van der Burg, S.H., Piersma, S.J., de Jong, A., van der Hulst, J.M., Kwappenberg, K.M., van den Hende, M., Welters, M.J., Van Rood, J.J., Fleuren, G.J., Melief, C.J., et al. 2007. Association of cervical cancer with the presence of CD4+ regulatory T cells specific for human papillomavirus antigens. Proc Natl Acad Sci U S A 104:12087-12092.
- 34. Mezzina, M., and Merten, O.W. 2011. Adeno-associated viruses. Methods Mol Biol 737:211-234.
- 35. Fan, Z., Kocis, K., Valley, R., Howard, J.F., Chopra, M., An, H., Lin, W., Muenzer, J., and Powers, W. Safety and feasibility of high-pressure transvenous limb perfusion with 0.9% saline in human muscular dystrophy. Mol Ther 20:456-461.

- 36. Toromanoff, A., Adjali, O., Larcher, T., Hill, M., Guigand, L., Chenuaud, P., Deschamps, J.Y., Gauthier, O., Blancho, G., Vanhove, B., et al. Lack of immunotoxicity after regional intravenous (RI) delivery of rAAV to nonhuman primate skeletal muscle. Mol Ther 18:151-160.
- 37. Chulay, J.D., Ye, G.J., Thomas, D.L., Knop, D.R., Benson, J.M., Hutt, J.A., Wang, G., Humphries, M., and Flotte, T.R. 2011. Preclinical evaluation of a recombinant adenoassociated virus vector expressing human alpha-1 antitrypsin made using a recombinant herpes simplex virus production method. Hum Gene Ther 22:155-165.
- 38. Sehouli, J., Loddenkemper, C., Cornu, T., Schwachula, T., Hoffmuller, U., Grutzkau, A., Lohneis, P., Dickhaus, T., Grone, J., Kruschewski, M., et al. 2011. Epigenetic quantification of tumor-infiltrating T-lymphocytes. Epigenetics 6:236-246.
- 39. Emerson, R., Sherwood, A., Desmarais, C., Malhotra, S., Phippard, D., and Robins, H. 2013. Estimating the ratio of CD4+ to CD8+ T cells using high-throughput sequence data. J Immunol Methods.
- 40. Robins, H.S., Campregher, P.V., Srivastava, S.K., Wacher, A., Turtle, C.J., Kahsai, O., Riddell, S.R., Warren, E.H., and Carlson, C.S. 2009. Comprehensive assessment of T-cell receptor betachain diversity in alphabeta T cells. Blood 114:4099-4107.