**Supplemental Table 2-Histopathological Scoring of Skin,** **Intestine, Liver and Right Kidney**

|  |  |
| --- | --- |
| Grade  |  Skin(1; 2) |
| 0 | Normal  |
| 0.5 | Rare single basilar vaucolar necrosis with/without rare infiltrating lymphocytes |
| 1 | Several foci of single basilar vacuolar necrosis with rare infiltrating lymphocytes  |
| 2 | Contiguous single cell necrosis or multiple necrotic cells in proximity with mild lymphocytic infiltrate |
| 3 | Confluent loss of cells with cleft formation or loss of skin appendages with heavy lymphocytic infiltrate |
| 4 | Loss of epidermis or epithelium with or without granulation tissue response |
|  |  |
|  |  **Intestine(2-4)** |
| 0 | Normal |
| 0.5 | Rare infiltrating lymphocytes and rare necrotic cells in glands or crypts  |
| 1 | Mild lymphocytic infiltrates, multiple focal necrotic cells in glands or crypts, or focal surface colonocyte lesions and villous blunting |
| 2 | Heavy lymphocytic infiltrates, necrosis involving several crypts or glands, colonocyte lesions and villous blunting |
| 3 | Crypt loss and focal glandular destruction |
| 4 | Loss of mucosa with granulation tissue response |
|  |  |
|  |  **Liver(2-4)** |
| 0 | Normal |
| 0.5 | Focal and rare portal lymphocytic infiltrate |
| 1 | Widespread focal and mild portal lymphocytic infiltrate |
| 2 | Heavy lymphocytic infiltrates with focal bile duct invasion or cellular injury |
| 3 | Multiple foci of bile duct injury and regeneration  |
| 4 | Widespread injury and destruction of bile ducts |
|  |  |
|  |   **Right Kidney(5; 6)** |
| 0 | Normal  |
| 0.5 | Focal and rare lymphocytic infiltrates within renal interstitium |
| 1 | Mild lymphocytic infiltrates within renal interstitium |
| 2 | Mild lymphocytic infiltrates with focal tubulitis or glomerulitis |
| 3 | Heavy lymphocytic infiltrates with moderate tubulitis and glomerulitis |
| 4 | Severe tubulitis and glomerulitis, widespread injury, tubular and glomerular structure damage  |

1. Ferrara J, Guillen FJ, Sleckman B, Burakoff SJ, Murphy GF: Cutaneous acute graft-versus-host disease to minor histocompatibility antigens in a murine model: histologic analysis and correlation to clinical disease. The Journal of investigative dermatology 1986;86:371-375

2. Bryson JS, Jennings CD, Caywood BE, Dix AR, Lowery DM, Kaplan AM: Enhanced graft-versus-host disease in older recipient mice following allogeneic bone marrow transplantation. Bone marrow transplantation 1997;19:721-728

3. Naserian S, Leclerc M, Thiolat A, Pilon C, Le Bret C, Belkacemi Y, Maury S, Charlotte F, Cohen JL: Simple, Reproducible, and Efficient Clinical Grading System for Murine Models of Acute Graft-versus-Host Disease. Frontiers in immunology 2018;9:10

4. Cooke KR, Hill GR, Crawford JM, Bungard D, Brinson YS, Delmonte J, Jr., Ferrara JL: Tumor necrosis factor- alpha production to lipopolysaccharide stimulation by donor cells predicts the severity of experimental acute graft-versus-host disease. The Journal of clinical investigation 1998;102:1882-1891

5. Hu M, Wang C, Zhang GY, Saito M, Wang YM, Fernandez MA, Wang Y, Wu H, Hawthorne WJ, Jones C, O'Connell PJ, Sparwasser T, Bishop GA, Sharland AF, Alexander SI: Infiltrating Foxp3(+) regulatory T cells from spontaneously tolerant kidney allografts demonstrate donor-specific tolerance. American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2013;13:2819-2830

6. Tse GH, Hesketh EE, Clay M, Borthwick G, Hughes J, Marson LP: Mouse kidney transplantation: models of allograft rejection. Journal of visualized experiments : JoVE 2014:e52163