

Supplementary Fig. S1. Regulation of IFN- γ positive CD4+ and CD8+ T cells by ruxolitinib, AG490, and WHI-P154 in the presence of VZV lysate of RA patients. PBMCs (1 × 10⁶) from RA patients (n=7) were cultured for 72 h in 12-well plates in the presence of VZV lysate (5 μ g/mL) with or without various JAKi (ruxolitinib 10 or 20 μ M, AG490 20 or 40 μ M, and WHI-P154 125 or 250 μ M) and methotrexate (10 nM, used at the highest JAKi concentration), and then analysed by flow cytometry. The populations of (A) IFN- γ^{+} CD6⁺ T cells and (B) IFN- γ^{+} CD8⁺ CD69⁺ T cells in the presence of 10 μ M ruxolitinib, or 20 μ M ruxolitinib + 10 nM MTX; 20 μ M AG490, 40 μ M AG490, or 40 μ M AG490 + 10 nM MTX; or 125 μ M WHI-P154, 250 μ M WHI-P154, or 250 μ M WHI-P154 + 10 nM MTX were compared with those under the null condition (VZV lysate only). *p<0.05, **p<0.01, ***p<0.001.

Suppl	ementary	7 Table S1	. Baseline	characteristics	of RA	patients and	d healthy	controls
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	RA patients (n=14)	Healthy controls (n=7)
Age (years)	63.0 ± 8.8	36.1 ± 4.0
Sex (male, %)	7 (50.0%)	7 (100%)
Disease duration (years)	4.4 ± 5.4	
ESR (mm/hr)	33.4 ± 32.0	
CRP (mg/dL)	1.1 ± 1.8	
DAS-28 (CRP)	2.6 ± 1.1	
Rheumatoid factor positive (n, %)	10 (71.4%)	
Anti-CCP positive (n, %)	8 (57.1%)	
Biologic DMARDs use (n, %)	0	
Janus kinase inhibitor use $(n, \%)$	0	
Methotrexate use (n, %)	13 (92.9%)	
Sulfasalazine use (n, %)	8 (57.1%)	
Hydroxychloroquine use (n, %)	7 (50.0%)	
Leflunomide use (n, %)	3 (21.4%)	