**Supplementary Table S1:** Demographic and clinical characteristics of the study population

| Patient | Gender | Group | Age | Diagnosis | Initial mPDN dose | mPDN dose at LAM1 | LAM1 > L0 | L/HL | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | **LAM1** | **LAM2** |
| # 1 | F | 1 | 59 | Sarcoidosis | 32 | 32 | YES |  | L |
| # 2 | F | 1 | 94 | IgG4 disease | 16 | 16 | YES | L | HL |
| # 3 | M | 1 | 62 | Polychondritis | 32 | 32 | NO |  |  |
| # 4 | M | 1 | 26 | Adult-onset Still’s disease | 48 | 32 | YES | HL |  |
| # 5 | F | 1 | 88 | COPD | 16 | 16 | YES |  |  |
| # 6 | F | 1 | 52 | Sarcoidosis | 24 | 24 | YES |  |  |
| # 7 | F | 1 | 55 | Aortitis | 48 | 32 | YES | HL | L |
| # 8 | F | 1 | 32 | Chronic urticaria | 32 | 32 | YES |  | L |
| # 9 | M | 2 | 45 | Behcet’s disease | 32 | 32 | YES |  |  |
| # 10 | F | 2 | 28 | Erythema multiforme | 32 | 32 | YES |  |  |
| # 11 | F | 2 | 60 | Giant cell arteritis | 48 | 48 | YES | HL | HL |
| # 12 | M | 2 | 24 | Behcet’s disease | 16 | 16 | YES |  |  |
| # 13 | F | 2 | 65 | Devic’s disease | 12 | 12 | NO |  |  |
| # 14 | M | 1 | 47 | Adult-onset Still’s disease | 32 | 32 | YES |  |  |
| # 15 | F | 1 | 30 | Behcet’s disease | 32 | 32 | YES |  |  |
| # 16 | M | 2 | 55 | Sarcoidosis | 16 | 16 | YES |  |  |
| # 17 | M | 2 | 47 | Intestinal lung disease (ILD) | 8 | 8 | YES |  |  |
| # 18 | F | 2 | 65 | Sarcoidosis | 32 | 32 | YES |  |  |
| # 19 | F | 2 | 52 | Serum sickness | 48 | 48 | YES | L | L |
| # 20 | M | 1 | 68 | Vasculitis | 16 | 16 | YES |  |  |

LAM1 > L0 : mentioned as yes if an increase of the morning lymphocyte count was observed under mPDN administration

Group: patient in group 1 (propranolol) or group 2 (placebo) in the second part of the study

mPDN dose at LAM1: mPDN dose when LAM1 was recorded; in patients #3 and #7, an increase of the lymphocyte count was observed when the mPDN dose was reduced

L/HL: the morning lymphocyte count reached a value higher than 4,000 cells/µL (lymphocytosis noted as L) or higher than 5,000 cells/µL (hyperlymphocytosis noted as HL)

LAM1: morning lymphocyte count during period 1; LAM2: morning lymphocyte count during period 2

Exclusion criteria were as follows: contraindication for beta-blockers (asthma, severe COPD, second and third degree atrioventricular block), treatment that could interfere with beta-blockers (verapamil, diltiazem, ion exchanging resin), concomitant immunosuppressive therapy, age < 18 years, lymphocyte count <1000/mm3 at the beginning of treatment and intake of beta-blockers before mPDN therapy