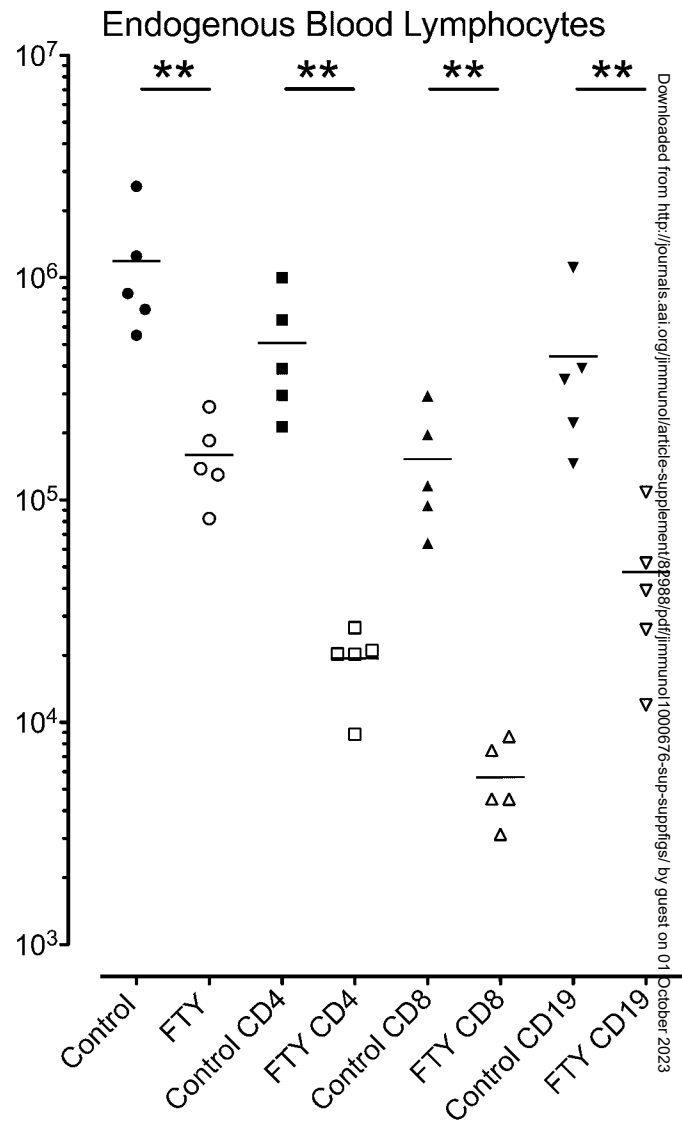
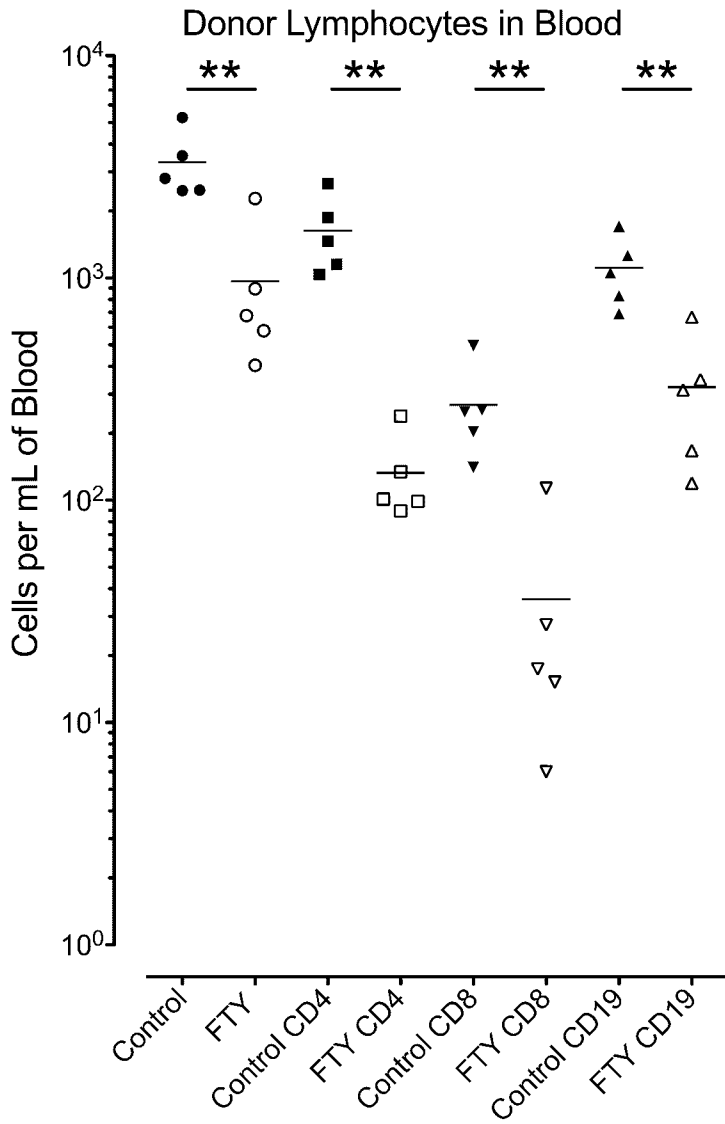


Supplemental Figure 1. FTY720 treatment used in Figure 6 of the manuscript is active for a period of >20h and sufficient to induce lymphopenia of endogenous as well as IV transferred lymphocytes. Recipient mice were treated with FTY720 IP as described in the manuscript. 8h after drug treatment, CFSE-labeled splenic lymphocytes from untreated donor mice were transferred IV. 12-20h later (20h shown here), the blood of recipient mice was analyzed for transferred and endogenous lymphocytes. Data points represent individually analyzed recipient animals. Horizontal lines represent the mean of each group of 5 mice. One of three experiments with similar results is shown. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$; NS, not significant ($p > 0.05$).

Supplemental Figure 2. Continuous oral treatment of both recipient and donor mice does not abrogate lymphocyte egress from the chronically inflamed skin. Naïve donor mice and recipient mice with 21d-old CFA-induced cutaneous inflammation in both hind footpads were treated orally in drinking water with 1mg/kg/day FTY720 or carrier only. >24h post treatment of donor mice, donor lymphocytes from spleen and skin lymph nodes were harvested, CFSE labeled, and injected into the chronically inflamed footpad skin of FTY720-treated mice. For the control group, lymphocytes from untreated donors were injected into chronically inflamed footpads of carrier-only treated mice. Recipient mice were kept on treatment for the entire length of the experiment. 12h after cell transfer, CFSE-labeled lymphocytes that migrated into the draining popliteal lymph node were enumerated by flow cytometry. Data points represent individually analyzed recipient animals with 8-10 mice per group, and horizontal lines indicate the mean of each group. One out of two experiments analyzed is shown. NS, not significant ($p > 0.05$)



Migration (% of injected)

