Supplementary Figure 4 Treg specific for directly presented alloantigens prevent acute but not chronic cardiac allograft rejection. (a) B6 recipient mice were preconditioned i) with sublethal irradiation only (●, n=6), ii) with irradiation and injection of BALB/c (H-2d) bone marrow (▲, n=5), or iii) with irradiation and injection of donor bone marrow and Treg pre-activated in vitro (◆, n=5). Three to eight weeks later, mice were transplanted with BALB/c hearts. Allograft survival was monitored. (b) Representative features of cardiac histopathology 100 days after transplantation (HE, hematoxylin and eosin; Masson, Masson’s trichrome stains). Scale bar represents 200 µm in left panels, 100 µm in upper right panels, and 40 µm in lower right panels. (c) Clinical score of BALB/c heart graft rejection 100 days post-transplantation. Clinical scores of B6 hearts transplanted into sublethally irradiated B6 hosts are shown as comparison (n=5). **P<0.01 (Student’s t test). (d) PBMC from mice treated as described in the legend of Fig. 3 were analyzed by FACS at 100 days post cardiac transplantation, the day mice were euthanized and hearts taken for histological analysis. Indicated are the percentages of donor cells (H-2Kd+) among PBMC.