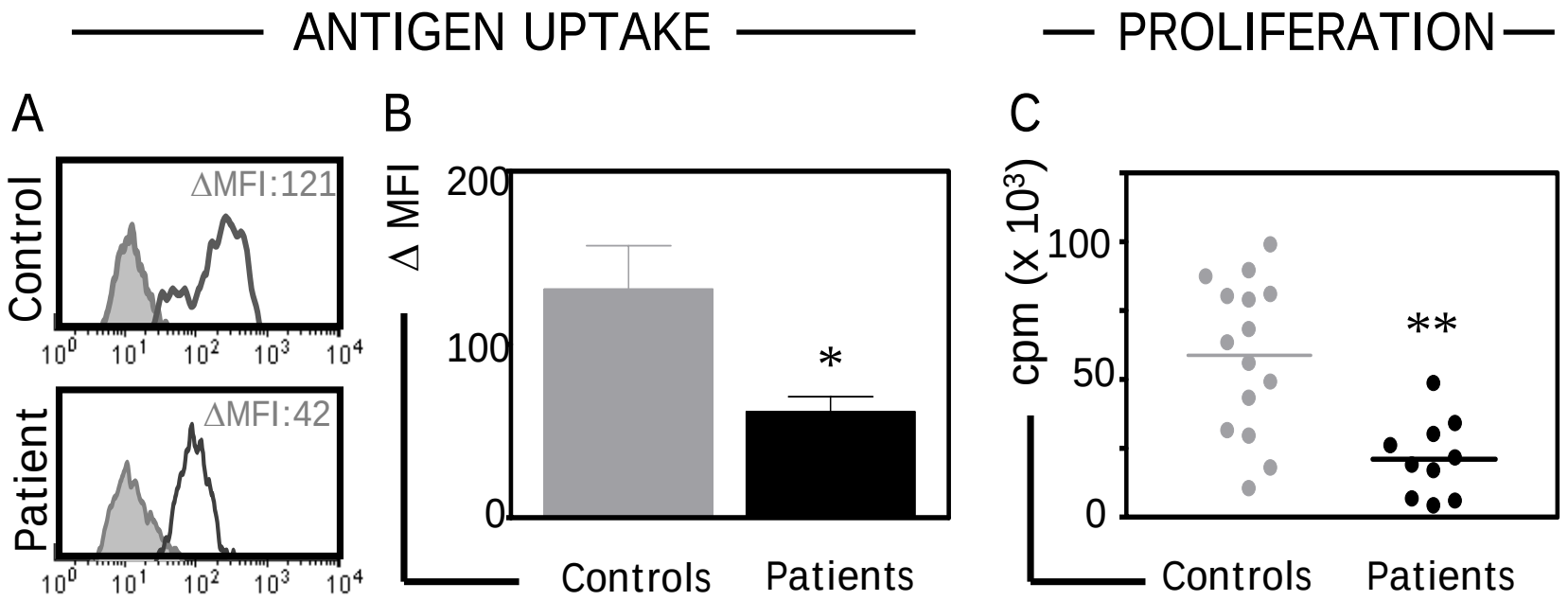

Supplementary Figure 1 Pinzon-Charry *et al*

Impaired uptake and allo-stimulatory capacity of blood DC from patients with breast cancer

(A) To estimate antigen uptake, PBMC isolated from patients with breast cancer (Stage I-II; *n=13*) or healthy volunteers (*n=15*) were incubated with soluble FITC-conjugated tetanus toxoid (0.5 mg/mL) at either 4^oC or 37^oC. Cells were extensively washed and uptake by blood DC (Lin^- $HLA\text{-}DR^+$ cells) estimated by flow cytometry as the difference in mean fluorescence intensity (ΔMFI) between the test (37^oC, empty histograms) and the negative control (4^oC, filled histograms). In all experiments, each patient was tested in parallel with at least one healthy volunteer. Representative histograms are shown. **(B)** Summary of antigen uptake data. The average antigen uptake (ΔMFI ± standard error of the mean, SEM) by blood DC from all patients and healthy volunteers is shown accordingly. **(C)** To estimate allo-stimatory capacity, blood DC purified (99% purity; MoFlo Sorter) from breast cancer patients (Stage I-II; *n=10*) or age-matched healthy volunteers (*n=15*) were individually tested against allogeneic T-cells obtained from a panel of healthy volunteers (*n=3*). The pairs giving maximal responses are shown as means of triplicate measurements of ^3H-thymidine uptake at 1:30 DC:T ratio. Similar patterns of results were found for all DC:T ratios. Overall means are shown as horizontal lines and statistically significant differences between controls and patients are indicated * $p<0.05$, ** $p<0.01$. Altogether, these data show significantly reduced antigen uptake and allo-stimulatory capacity of blood DC from breast cancer patients compared to blood DC from healthy volunteers.