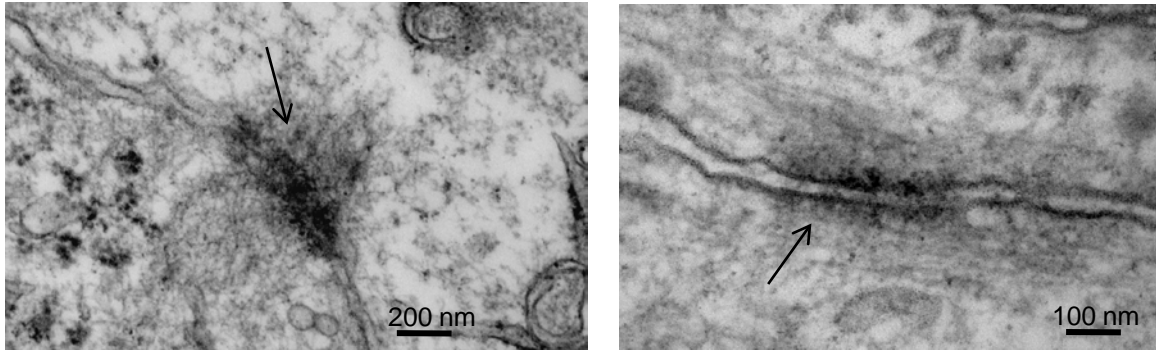
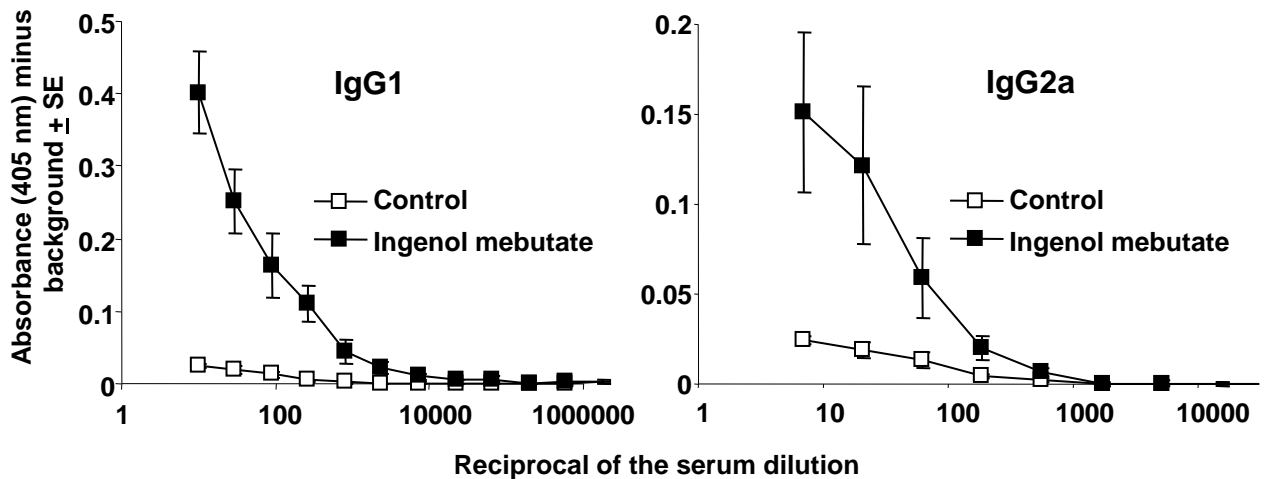


## Online Resource

Effective treatment of squamous cell carcinomas with ingenol mebutate gel in immunologically intact SKH1 mice. Arch Derm Res. Sarah-Jane Cozzi, Thuy T. Le, Steven M. Ogbourne, Cini James, Andreas Suhrbier. Queensland Institute of Medical Research. [andreasS@qimr.edu.au](mailto:andreasS@qimr.edu.au)



**Online Resource 1.** Transmission electron microscopy of a T7 tumour (day 20 post inoculation). Arrows indicate desmosomes and associated keratin filaments, indicating the epithelial origin of the tumour (Erlandson, R..A. 1981. Diagnostic transmission electron microscopy of human tumors: the interpretation of submicroscopic structures in human neoplastic cells New York: MASSON Publishing USA, Inc.).



**Online Resource 2.** Anti-T7 IgG responses. ELISA assays were performed on serum obtained from female mice that had T7 s.c. tumours cured by topical treatment with 0.25% ingenol mebutate gel 100 days previously (Ingénol mebutate). Control mice are naïve SKH1 mice. All absorbances at serum dilution lower than 1/10000 (IgG1) and 1/1000 (IgG2a) were significantly different between the two groups (Mann Whitney U,  $p < 0.03$ ). Blood (~50-100  $\mu$ l) was taken by tail bleeding into 0.8 ml MiniCollect® Z Serum Separator tubes (Greiner). The ELISA plates with T7 lysate as antigen were prepared, and the ELISA assays were performed, as described previously (Challacombe et al., J Immunol. 2006, 177: 8123–8132).