

Supplementary figure 1

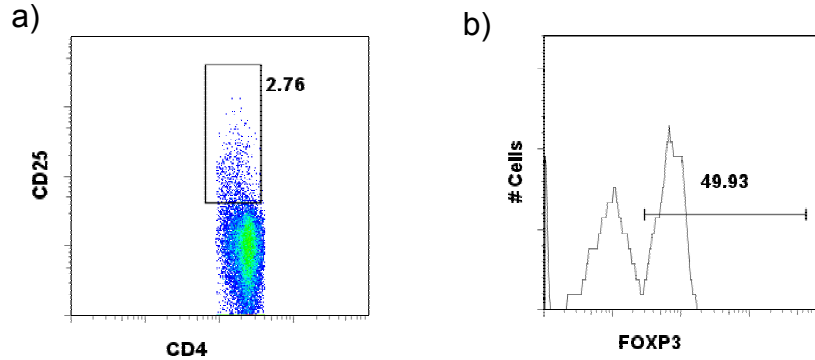


Figure S1) $CD4^+CD45RB^{hi}$ naïve T cells contain Tregs that co-express CD25 and Foxp3

Donor T cells derived from the spleens of Balb/cBy mice were stained for CD4 (Pacific blue-conjugated anti-CD4), CD45RB (FITC conjugated anti-CD45RB) and CD25 (Biotinylated anti-CD25 followed by Streptavidin conjugated Qdot 605) and then treated with Cytofix/Cytoperm (eBiosciences) followed by staining for intracellular Foxp3 (Alex 467 conjugated anti-Foxp3, eBiosciences) according to the manufacturer's instructions. a) Cells were gated on CD4 and $CD45RB^{hi}$ population. b) Cells were gated on the $CD4^+CD45RB^{hi}CD25^-$ population. Results indicate approximately 1% of the $CD4^+CD45RB^{hi}$ cells are positive for CD25 and Foxp3.

Supplementary figure 2

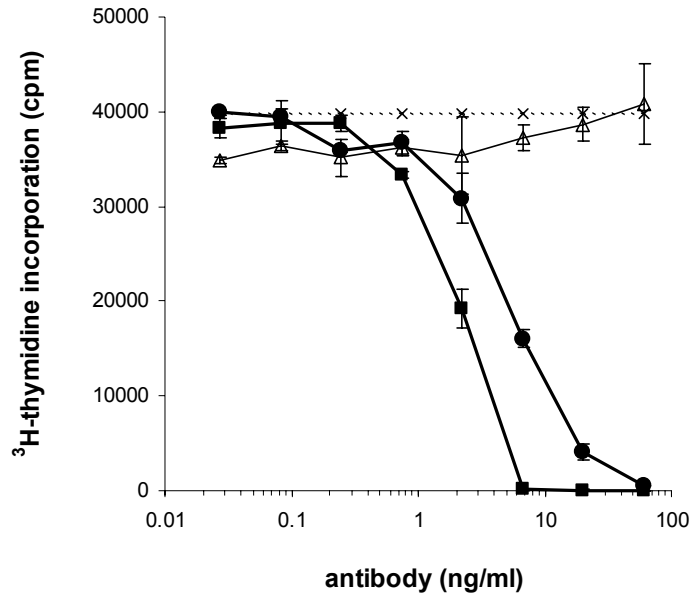


Figure S2) IL22-103 and IL22-104 antibodies neutralize IL-22 activity in BaF3 cell-based assay

1×10^4 BaF3 cells that expressed both mL-22R and mL-10R2 on the surface were added (in RPMI containing 10 % FCS and standard concentrations of penicillin, streptomycin, and glutamine) to each well of a 96 well plate that contained 1 ng/ml of mouse IL-22 (dashed line) with either a serial dilution of IL22-104 (solid square symbols), IL22-103 (solid circle symbols) or hlgG1 isotype control antibody (open triangle symbols). Cells were incubated in 150 μ l at 37°C and 5% CO₂ for 72 hours. Proliferation was evaluated by the incorporation of ³H-thymidine into cellular DNA, using standard methodologies.

Supplementary figure 3

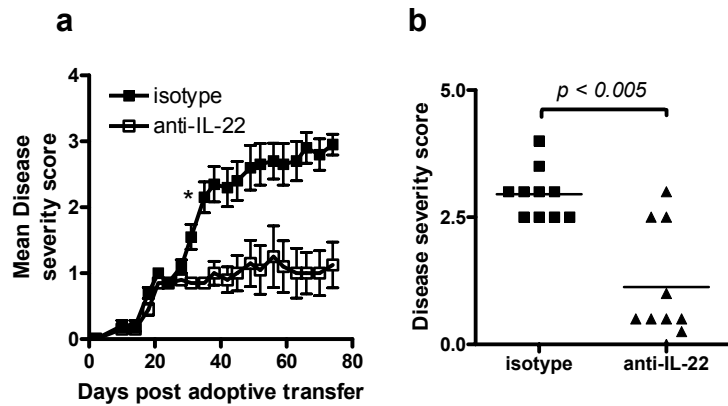


Figure S3) IL-22 neutralization suppresses disease progression in prophylactic setting

a) Disease progression in recipient *scid/scid* mice after transfer of 4×10^5 $CD4^+CD45RB^{hi}CD25^-$ cells and weekly treatment with 16mg/kg of IL-22 (clone IL22-103) or isotype control antibody, starting immediately before adoptive transfer.

Results reported as group means \pm standard error of the mean. $*p < 0.05$ starting on day 36 for group treated with IL-22 antibody compared to group receiving isotype control antibody. b) Individual disease severity score in each group at the end of the study.

The data are representative of at least two independent experiments with $n=10$ for each group.