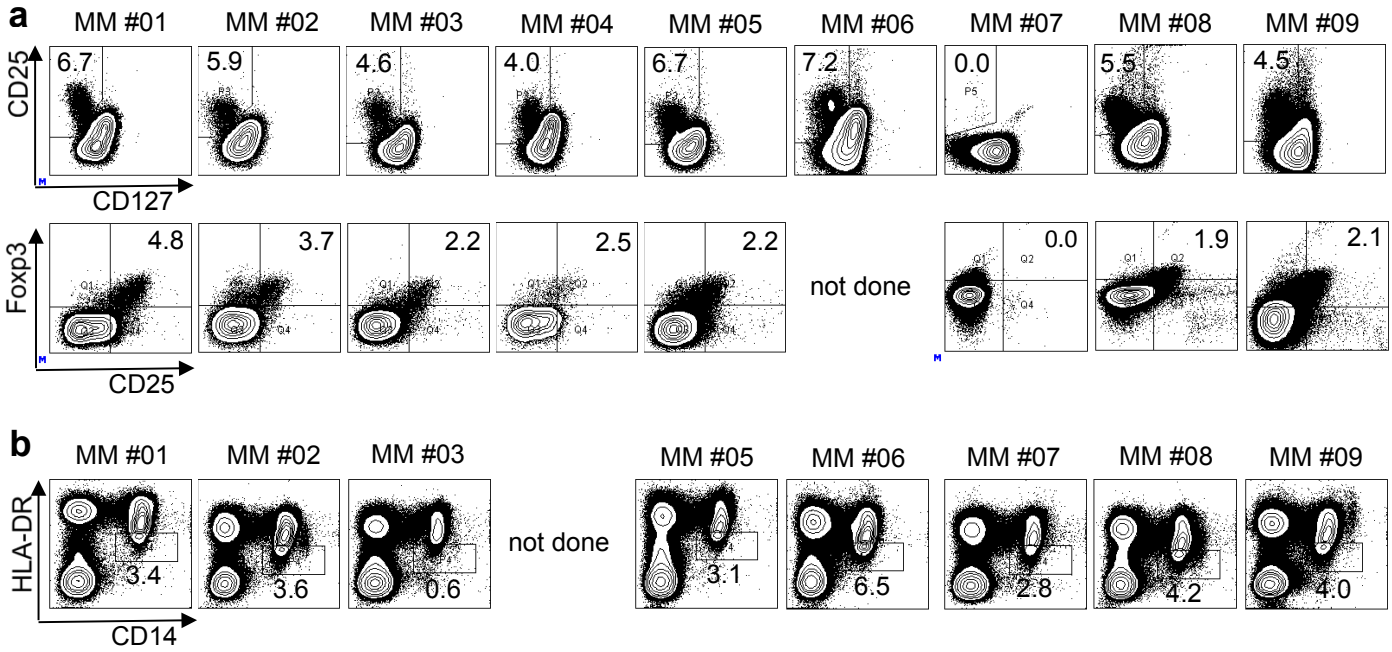
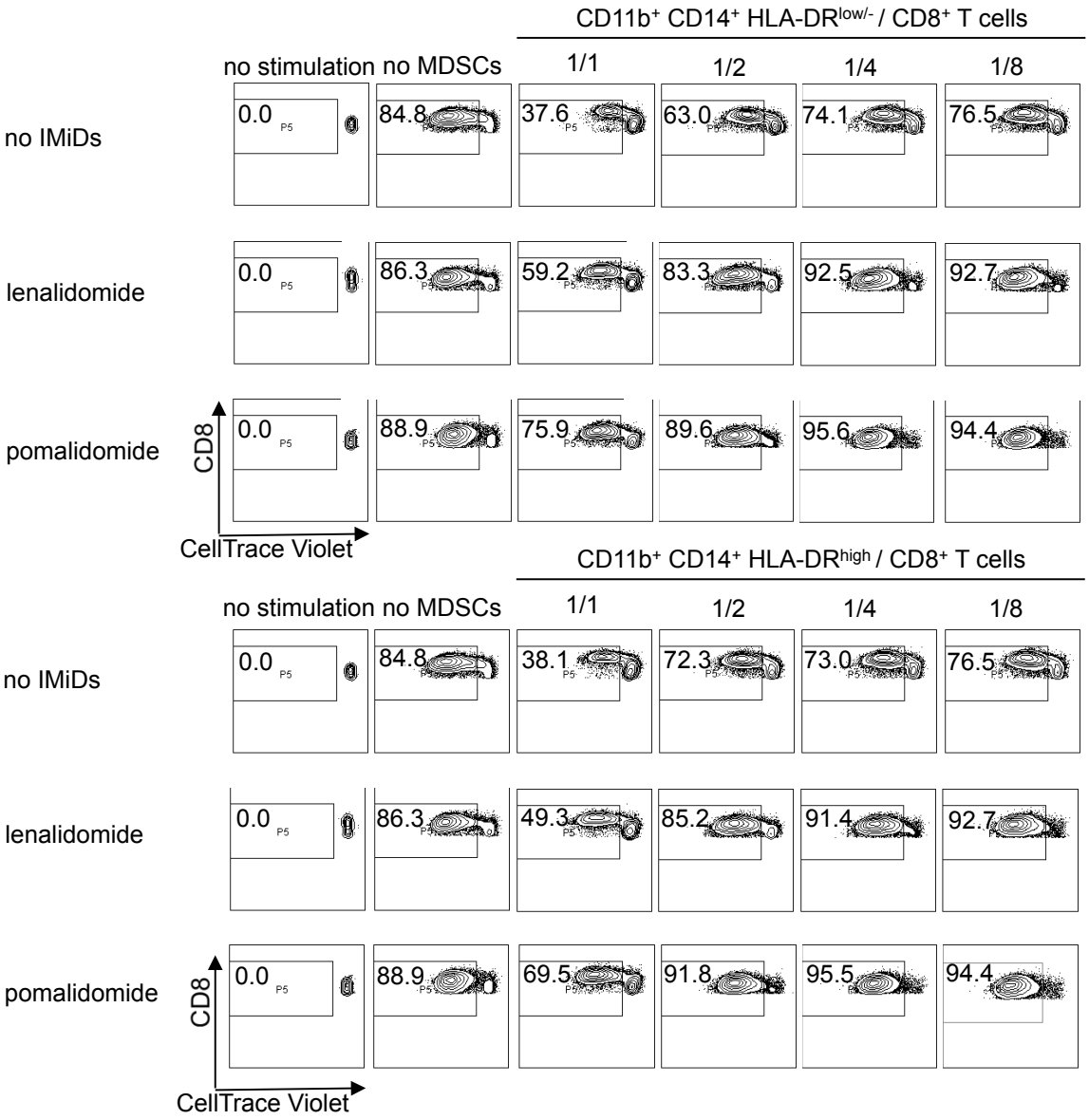
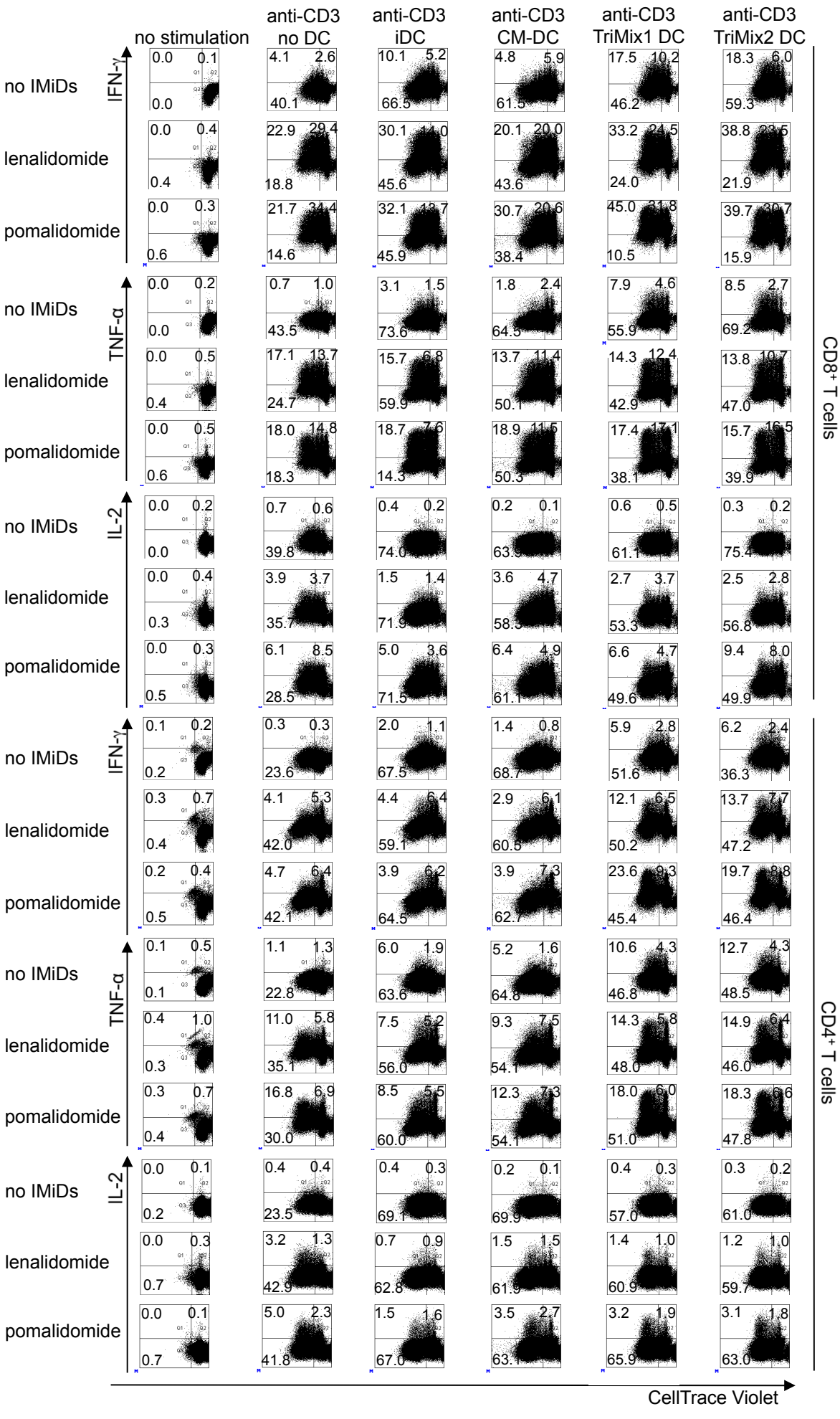


Supplementary figure 1 – Frequency of Tregs and monocytic MDSCs in MM patients
(**a**) Frequency of Tregs in the peripheral blood of MM patients. The flow cytometry plots show the percentages of $CD25^{high}$ $CD127^{low}$ and $CD25^{high}$ $Foxp3^{high}$ cells within the $CD4^{+}$ T-cell population. (**b**) Frequency of monocytic MDSCs in the peripheral blood of MM patients. The flow cytometry plots show the percentages of $CD14^{+}$ $HLA\text{-}DR^{low}$ cells within the PBMC.



Supplementary figure 2 – Suppression of CD8$^+$ T-cell proliferation by MDSCs
Purified CD8$^+$ T cells from MM patients were labelled with CellTrace Violet stimulated with anti-CD3 and anti-CD28 coated microbeads and cocultured with either CD11b$^+$ CD14$^+$ HLA-DR$^{low/-}$ or CD11b$^+$ CD14$^+$ HLA-DR^{high} cells, at different ratio's. On day 6, the cells were stained for CD3 and CD8 and T-cell proliferation was analysed. The flow cytometry show the percentage of proliferating (CellTrace Violet^{low}) cells within the CD3$^+$ CD8$^+$ T-cell population. One representative out of 4 (HLA-DR^{high} cells) or 5 (HLA-DR$^{low/-}$ cells) experiments is shown.



Cancer Immunology, Immunotherapy (submitted in 2013) – Brenda De Keersmaecker et al.

Supplementary figure 3 – Effects of DC type and IMiDs on T-cell proliferation and cytokine production

NACs from MM patients were labelled with CellTrace Violet and stimulated with anti-CD3 coated microbeads in combination with several DC types. On day 6, brefeldin was added to the cocultures to block secretion of produced cytokines. On day 7, the cells were harvested and stained for CD4, CD8, IFN-γ, TNF-α and IL-2 and (concomitant) cytokine production and proliferation was analysed. The percentages of proliferating and/or cytokine producing $CD4^+$ and $CD8^+$ T cells are indicated on the flow cytometry plots. One representative out of 5 experiments is shown.