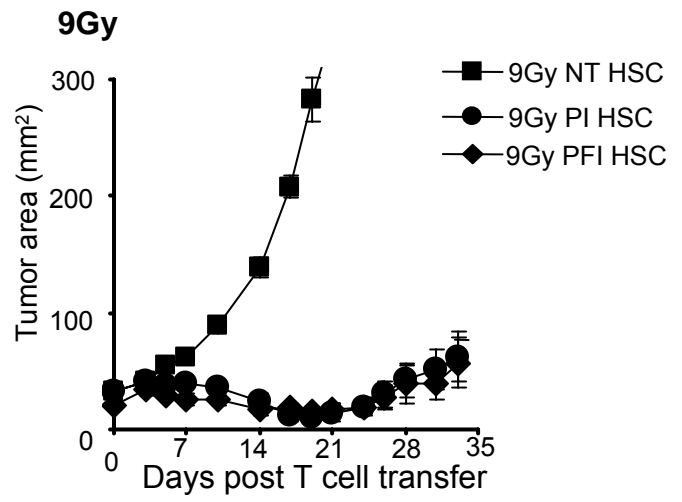
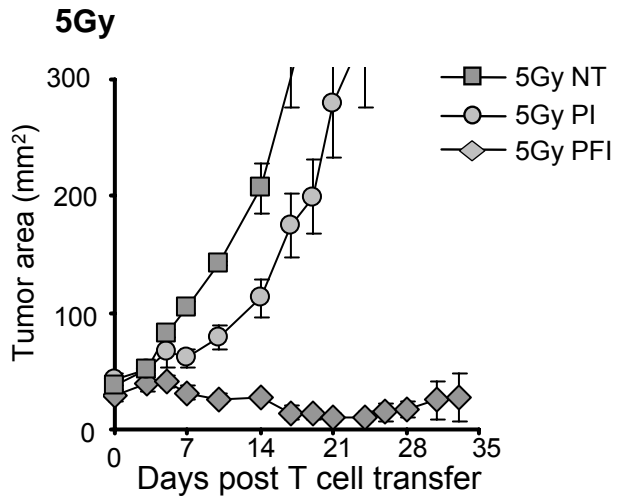


# Supplemental Figure 1



## Supplemental Figure 1

Myeloablative TBI (9Gy) with HSC transplant significantly increases ACT independent of vaccination. Tumor-bearing mice received 5Gy (left panel) or 9Gy TBI with a HSC transplant rescue (right panel) and received transfer of one million effector pmel-1 CD8<sup>+</sup> T cells (P) and rhIL-2 (I) with or without rFPhgp100 vaccination (F) or were left untreated as a control (NT). In non-myeloablated mice, there was no treatment observed in the absence of vaccination when PI was used without vaccination ( $P = 0.9$ ; 5Gy NT vs. 5Gy PI); vaccination was essential to mediate tumor destruction with pmel-1 CD8<sup>+</sup> T cells ( $P = 0.006$ ; 5Gy PI vs. 5Gy PFI). However, in myeloablated animals dramatic tumor treatment was reached even in the absence of vaccination ( $P < 0.0001$ ; 9Gy NT HSC vs. 9Gy PI HSC). Further, vaccination did not add to the tumor treatment efficacy ( $P = 0.4$ ; 9Gy PI HSC vs. 9Gy PFI HSC). Results for tumor area are the mean of measurements from 5 to 6 mice per group (+/-SEM). Data shown were replicated in 3 independent experiments.