## **Supplementary Figures**

S1: AML blasts share the immunophenotype of MDSC and alter arginine metabolism. a) Blood samples from newly-diagnosed AML patients were stained for a panel of surface markers. The whole blood profile (FSC and SSC) and expression of surface markers is shown (histograms) for one representative patient. Red line = Flurochrome conjugated antibody; Black line = Isotype control. b) Arginase II and iNOS expression was determined by RT-PCR. Representative data from nine patients are shown. GAPDH was used as the housekeeping gene to ensure equal loading c) Whole cell lysates of AML blasts from 10 patients, or monocytes and neutrophils from healthy donors were tested for the ability to convert arginine into urea using a colorimetric assay. Arginase activity is found for AML blasts but not myeloid cells from healthy donors. d) No correlation between arginase activity of AML blast lysate as measured by colorimetric assay, and intracellular arginase II concentration measured by ELISA (p=0.29).

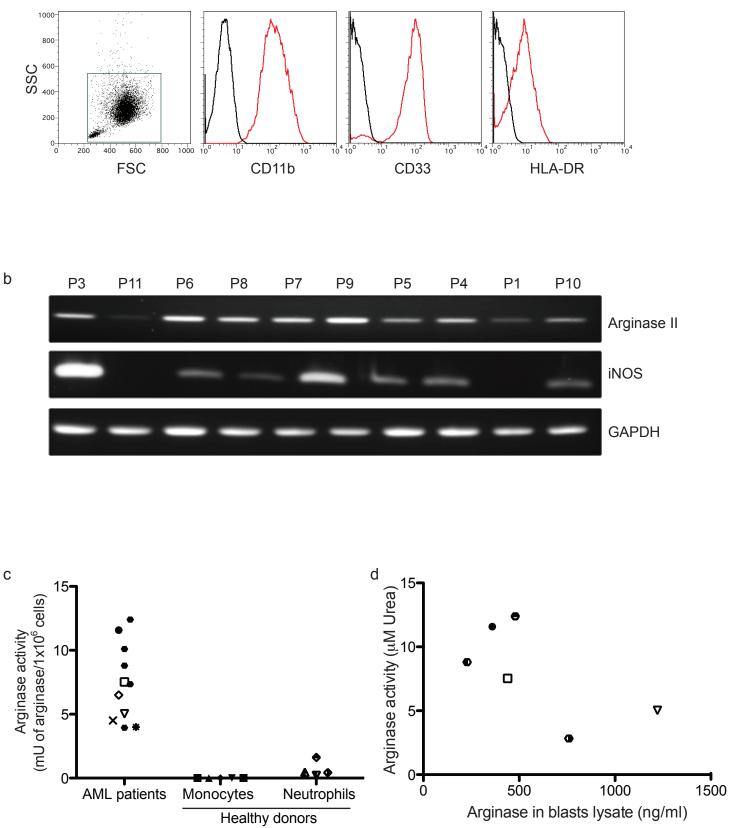
**S2:** Arginase I is not raised in the plasma of AML patients compared to healthy controls. **a**) Plasma from 15 AML patients and 15 healthy controls was analysed by ELISA for arginase I (p=0.03). **b**) The arginase activity in plasma from 2 patients decreases towards normal levels after 1 cycle of chemotherapy (p=0.04).

**S3. CD206<sup>+</sup> monocytes suppress T cell proliferation.** CD206<sup>+</sup> monocytes generated from 48 hour culture in AML patient plasma, significantly suppress T cell proliferation in MLR compared to monocytes cultured in the plasma of healthy patients. (\*\*\*p=0.0001)

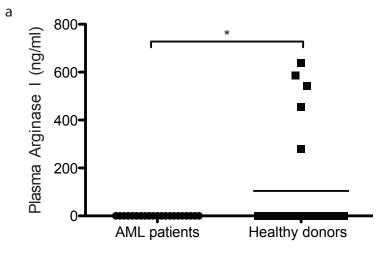
S4. Human CD34<sup>+</sup> HSCs cultured with AML plasma retain colony-forming potential. a) Human CD34<sup>+</sup> HSCs previously cultured for 3 days in either AML plasma or with AML plasma containing L-NMMA or NOHA, or healthy plasma, were transferred to a methylcellulose gel. Colony-formation was assessed after 7 days using an inverted microscope. (colony-forming units: AML plasma vs. AML plasma with inhibitors, \*\* p=0.029; AML plasma vs. healthy donor plasma, \*\*\*p=0.0007) b) Human CD34<sup>+</sup> HSCs maintain CD34 expression in the presence of AML patient plasma. HSCs were cultured in the presence of AML plasma, AML plasma with L-NMMA or NOHA, or healthy plasma. CD34<sup>+</sup> expression was assessed on Day 3 of culture by flow cytometry. Data from three separate experiments are shown. (AML plasma vs. AML plasma with inhibitors, \* p=0.027; AML plasma vs. healthy donor plasma, \*\*\*p=0.0002)

## **Supplementary Table**

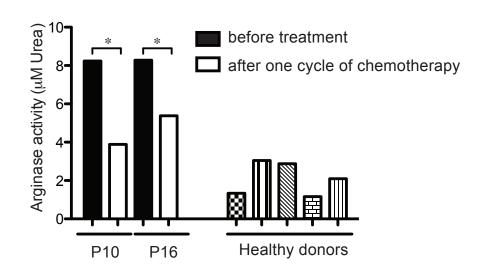
## S Table 1. Table of patients' characteristics

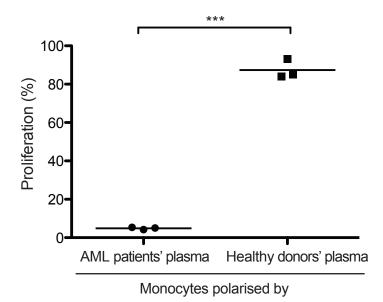


Supplementary Figure 1

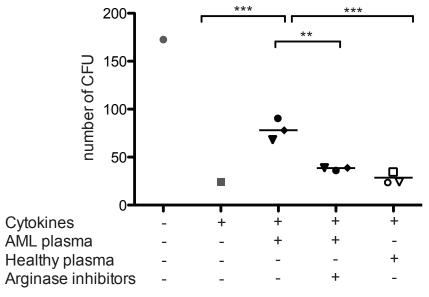




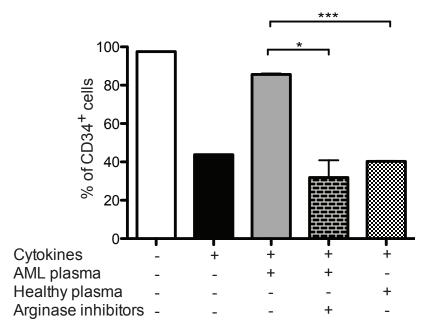




Supplementary Figure 3



b



Supplementary Figure 4

Patient	Sample origin	Timing	Sex	Age	Diagnostic white cell count (x10 <sup>3</sup> /uL)	Cytogenetics	FAB	Immunophenotype
P1	Blood	Diagnosis	F	3	338	49,6,+8,+8,t(10;13;11) (p13;q14;q23)[9]/ 46,XX[1]	M5	CD11b+/CD33+/CD14(12%)/CD34-
P2	Blood	Diagnosis	М	44	246	Normal	M4	CD11b/CD33+/CD34-/CD15+(15%)
Р3	Blood	Diagnosis	F	77	2.6	Normal	M5	CD11b+/CD33+/CD14+/CD34-/ CD117+/ CD64+
P4	Blood	Diagnosis	F	64	3.1	Normal	M5	CD11b+/CD34+/CD33+/CD38+/CD15+(30%)/ CD7+(40%)/CD11b+
P5	Blood	Diagnosis	F	89	5.7	Normal	M1	CD11b+/CD34+/CD33+(30%)
P6	Blood	Diagnosis	F	88	1.3	Normal	M0-1	CD11b+/CD34+/CD33-
Р7	Blood	Diagnosis	F	13	37	MLL, t(9;11)	M4	CD11b+/CD33+/CD15+(65%)/CD19+/CD117+/ NG2+
P8	Blood	Diagnosis	F	26	5.0	46XX, t(5;17)	M3	CD11b+/CD33+/CD34-
Р9	Blood	Diagnosis	F	58	76	Normal	M5	CD11b+/CD34+/CD15+/CD33+/CD38+/CD71+/ CD117+
P10	Blood	Diagnosis	F	3	30	Constitutional +21, GATA- 1+	M7	CD11b+/CD33+/MPO+/ CD41-/CD117+/CD34+/GLYA- /CD10+/CD19+
P11	Blood	Diagnosis	М	39	185	Normal	M4Eo	CD11b+/CD33+/CD15+(22%)/CD34-
P12	Blood	Diagnosis	М	80	7	Normal	CMML	CD11b+/CD34+/CD33+
P13	Blood	Diagnosis	F	68	47.2	Normal	M5	CD34+/CD117+/CD14+/CD64+/CD300e+ /CD11b+/CD15+/CD16+
P14	Blood	Diagnosis	F	56	166	Normal	M4	CD11b+/CD33+/CD34+
P15	Blood	Diagnosis	F	27	10.4	Normal	Mixed Lineage	CD34+ (10%) of which 50% MPO; CD13+/CD33+(60%); CD7+/CD2+/TdT+ (50%)

Supplementary Table 1