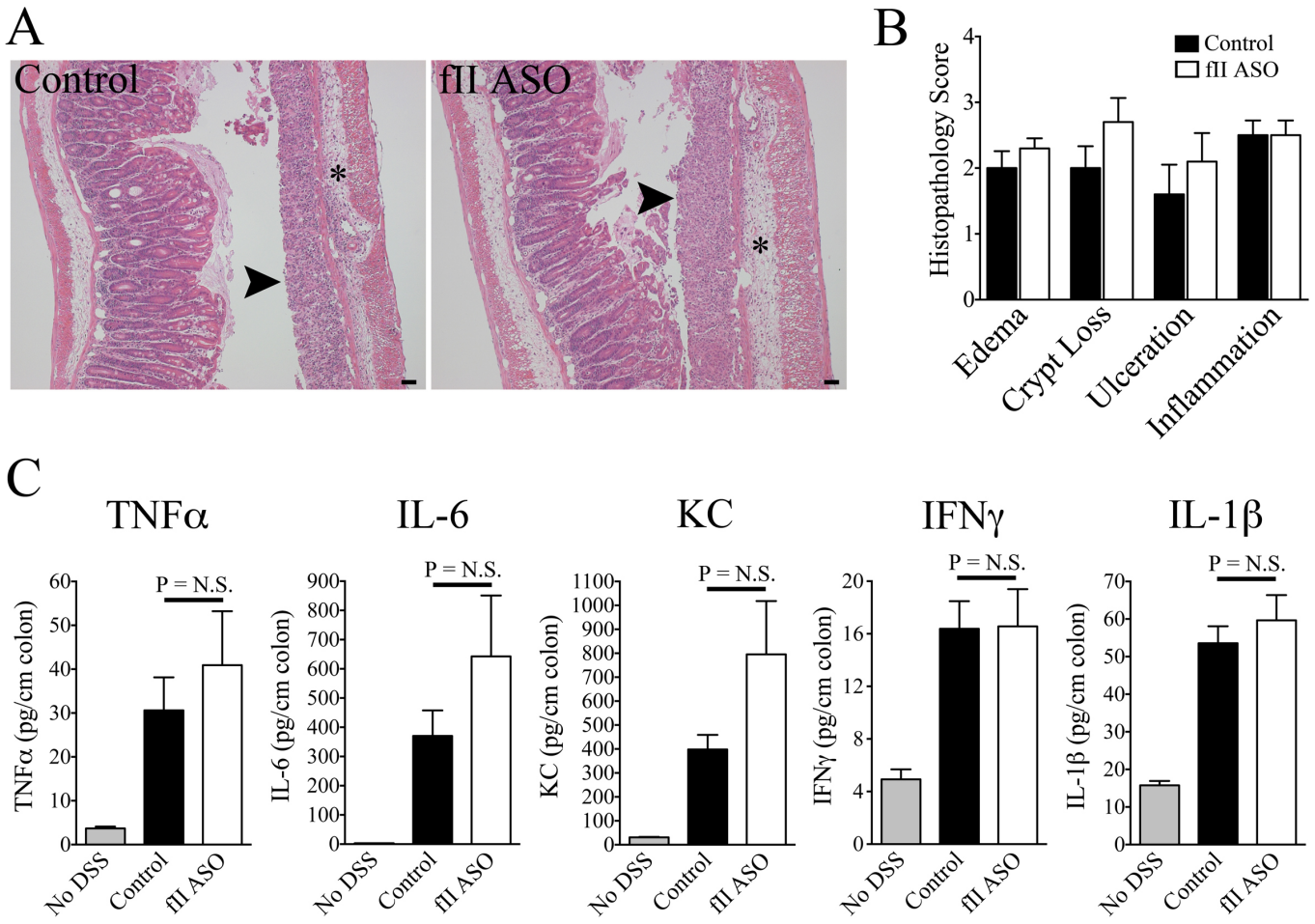
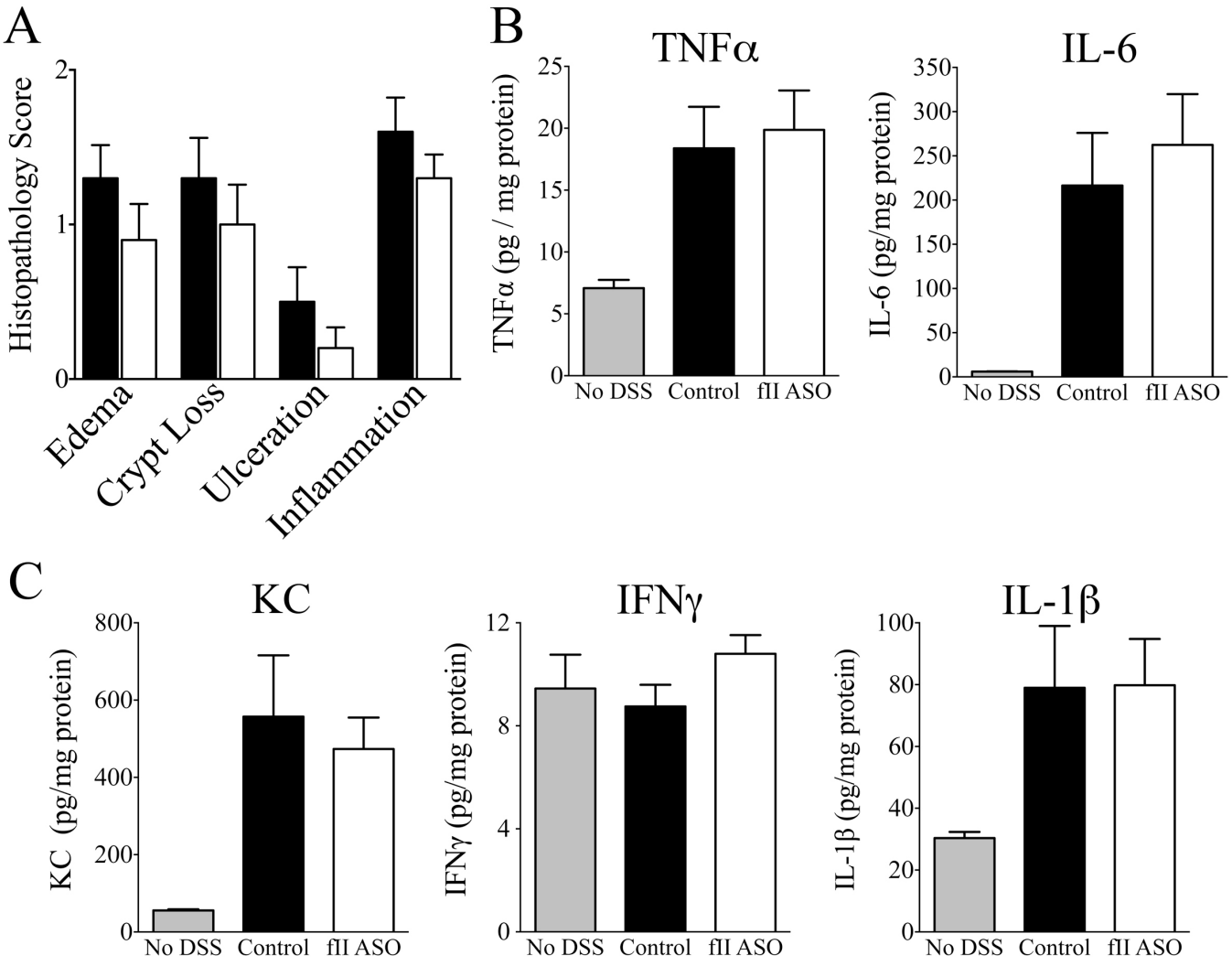


Supplemental Figure 1: Modest ASO-mediated decrease in circulating prothrombin does not significantly affect mucosal injury, inflammatory cell accumulation or local inflammatory cytokine production following DSS challenge. (A) Shown are representative photomicrographs of colonic tissue harvested from mice following a 7 day DSS challenge that were treated with either a prothrombin (fII)-specific ASO or a control oligonucleotide. Colons from both cohorts revealed similar degrees of significant mucosal ulcerations (arrows) and inflammatory edema (*). (B) This was confirmed by detailed analyses using a multiparameter histopathological scoring system. (n = 10 per group, *P* values were not significant for each comparison.) (C) Levels of inflammatory cytokines measured in colonic homogenates harvested from control and fII ASO treated mice immediately following 7 days of DSS challenge (n = 10 per group) as well as levels in colons from unchallenged mice (n = 4). Note that levels of each cytokine measured were significantly elevated in DSS-challenged colons relative to those from unchallenged mice, but fII ASO treatment had no significant effect on local cytokine levels.



Supplemental Figure 2: Resolution of inflammation following DSS withdrawal is not significantly affected by a modest ASO-mediated decrease in circulating prothrombin. (A) Shown are results of detailed multiparameter histopathological analyses of colons harvested from AOM/DSS-challenged mice treated with prothrombin-specific ASO or control oligonucleotide just 1 week after withdrawal of the second course of DSS (i.e., day 42). (n = 10 per group, *P* values were not significant for each comparison.) (B & C) Levels of inflammatory cytokines measured in colonic homogenates harvested at this same time point (n = 10 per group) as well as levels in colons from unchallenged mice (n = 4). Note that levels of each cytokine measured were unaffected by fII ASO treatment.