#### SUPPLEMENTARY FIGURE LEGENDS

# Supplementary Figure S1. *Trpm8<sup>-/-</sup>* mice are hypersusceptible to acute but not chronic experimental colitis.

(a) *Trpm8<sup>-/-</sup>* mice showed shorter colons without pelleted contents after DSS treatment compared to WT mice. Typical examples are shown. (b) Quantification of colon lengths from WT and  $Trpm8^{-/-}$  mice after DSS treatment. (c) Decreased expression of Muc2 and, (d) Muc3 transcripts in intestinal epithelial cells harvested from Trpm8<sup>-/-</sup> mice compared to WT, as determined by Q-PCR. Results were normalized to *Gapdh*. (e) Mean bodyweights of WT and  $Trpm8^{-/-}$  mice during treatment with 3 cycles of DSS. Significant differences between groups were only observed during the first cycle *i.e.* the acute stage of colitis. (f) No statistically significant difference in DAI between WT and *Trpm8<sup>-/-</sup>* mice after 3 cycles of DSS. (g) The extent of mucosal injury and inflammatory cell infiltration were comparable between WT and Trpm8<sup>-/-</sup> mice after 3 cycles of DSS. (h) No difference in pro-inflammatory cytokine production between WT and  $Trpm8^{-/-}$  mice after 3 cycles of DSS in colon explant cultures. (i) Similar or diminished levels of T-cell cytokines produced by MLN cells stimulated with anti-CD3/CD28 Abs in the Trpm8<sup>-/-</sup> cohort compared to WT. (i) Mean bodyweights of WT and  $Trpm8^{-/-}$  mice after topical re-challenge with 2.5% (w/v) TNBS or EtOH (negative control) on day 0 after cutaneous sensitization with 1% (w/v) TNBS on day -7. No statistically significant differences were observed between the two cohorts throughout follow-up. (k) Reduced signs of colitogenic activity in colons from Trpm8<sup>-/-</sup> compared to WT mice after TNBS treatment. (1) No differences between WT and Trpm8<sup>-/-</sup> mice in innate (TNF-a, IL-1β and IL-6) or T-cell derived (IFNy, IL-17A) pro-inflammatory cytokines in colon explant cultures after TNBS treatment. (m) Significantly reduced TNF- $\alpha$  production but similar levels of IFN $\gamma$  and IL-17A by anti-CD3/CD28 restimulated MLN cells isolated from *Trpm8*<sup>-/-</sup> mice compared to WT controls. Data are mean ± SEM. \**P*<0.05 by Student's t-test (c-d, i, m) or ANOVA (e). Scale bars = 500 µm (g) or 250 µm (k).

# Supplementary Figure S2. Lack of epithelial traits predisposing for colitis in *Trpm8<sup>-/-</sup>* mice.

(a) Similar expression levels of Muc2 and Muc3 in colonic epithelial cell lysates from naïve WT and Trpm8<sup>-/-</sup> mice, as determined by Q-PCR. Results were normalized for housekeeping gene Gapdh. (b) Comparable intestinal barrier functions measured in naïve WT and Trpm8<sup>-/-</sup> mice. Fecal albumin was measured by ELISA to quantify albumin leakage from the circulation to the intestinal lumen. (c) No difference in the uptake of dextran polymer FD-4 between WT and Trpm8<sup>-/-</sup> mice in vivo. FD-4 levels in the blood serum were quantified by measuring fluorescence, 2 hrs after oral gavage. (d) No differences in baseline active ion secretion (shortcircuit current, I<sub>sc</sub>), paracellular permeability (conductance, G) or macromolecular permeability (FITC dextran) as measured by Ussing chamber experiments with distal colon segments from naïve WT and  $Trpm8^{-/-}$  mice. (e) No difference in the expression of proliferation marker *Mki*67 in intestinal epithelial cells between WT and Trpm8<sup>-/-</sup> mice. Mki67 expression was determined in intestinal epithelial cell lysates from the small intestine and colon, respectively, by Q-PCR (normalized for *Gapdh*). (f) No difference in the number of Ki67 positive cells in the small intestine or colon between WT and Trpm8<sup>-/-</sup> mice. Ki67 immunoreactivity in paraffin sections was detected with DAB (brown). Counterstaining was performed with hematoxylin (blue). Scale bar = 100  $\mu$ m. (g) No expression of *Trpm8* in intestinal epithelial cell lysates, as determined by Q-PCR. Positive control: spine homogenate. Neurofilament (neuronal marker). Villin (intestinal epithelial cell marker). Data are presented as mean  $\pm$  SEM.

# Supplementary Figure S3. Optimization of anti-CGRP and anti-TRPM8 Abs for immunofluorescent staining.

(a) Immunofluorescent (IF) staining with anti-CGRP Ab (Abcam) of WT colon sections, detection with AF488 conjugated secondary Abs. Left panel: no primary Ab (control). Arrowheads: positive staining in myenteric plexus. Asterisk: positive staining fibre in the mucosal layer. (b) IF staining with anti-TRPM8 Abs (Abcam) of WT colons, detection with AF488 secondary Ab. Left panel: no primary Ab (control). Arrowheads: positive staining in myenteric plexus. Double asterisks: positive staining in serosal layer. (c) Staining of PFA-fixed colon sections prepared from WT mice treated with water or DSS 2% (w/v) for 3 days. The mucosal layer was visualized with differential interference contrast (DIC) microscopy and merged with fluorescence images (right panels). Typical results are shown (n=4/group), demonstrating that TRPM8-IR+ fibres are located between colonic crypts. (d) Double staining of DSS-treated WT colon section with anti-CGRP (green) and anti-TRPM8 (red) Abs. See additional comments in legends to Figure 3g. Imaging was performed at 63X.

#### Supplementary Figure S4. SP receptor deficiency protects against colitis.

(a) WT and  $NkI^{-/-}$  mice received DSS 2% (w/v) in drinking water for 5 days. Mice were euthanized on day 9 for analysis.  $NkI^{-/-}$  mice showed significantly less body weight loss during follow-up, less mucosal injury and hallmarks of colonic inflammation compared to WT mice. (b) Deficiency of the SP receptor in bone marrow derived cells protects against colitis. WT mice were reconstituted with either WT or  $NkI^{-/-}$  bone marrow followed by DSS 2% (w/v) treatment 6 weeks later. Mice were euthanized on day 10. Recipients of  $NkI^{-/-}$  bone marrow were protected

against acute colitis as demonstrated by reduced weight loss and less mucosal injury compared to control mice. Data are mean  $\pm$  SEM. \**P*<0.05 (2-way ANOVA). Scale bars = 100  $\mu$ m.

#### Supplementary Figure S5. CGRP antagonism aggravates DSS colitis in WT mice.

(a) WT mice showed an increased susceptibility to DSS colitis during treatment with the CGRP antagonist, CGRP<sub>8-37</sub>. WT and *Trpm8<sup>-/-</sup>* mice received DSS 2% (w/v) in drinking water for 5 days and were treated once daily with CGRP<sub>8-37</sub> (2 µg, i.p.). Whereas WT mice in the PBS group started recovering from the DSS-induced bodyweight loss at day 7, WT mice of the CGRP<sub>8-37</sub> group did not. No statistically significant differences were observed in mean bodyweights between the treatment groups on the *Trpm8<sup>-/-</sup>* background. (b) CGRP<sub>8-37</sub> vs. PBS treatment resulted in a significantly increased DAI in WT but not in *Trpm8<sup>-/-</sup>* mice. (c) WT mice showed more extensive mucosal injury and colonic inflammation in the CGRP<sub>8-37</sub> group compared to PBS-treated mice. A similar degree of colitis was observed in PBS vs. CGRP<sub>8-37</sub> treated *Trpm8<sup>-/-</sup>* mice. Scale bar = 500 µm. (d) Increased production of TNF- $\alpha$  and IL-6 in colon explants of CGRP<sub>8-37</sub> treated WT mice, but not *Trpm8<sup>-/-</sup>* mice. \**P*<0.05 CGRP<sub>8-37</sub> vs. PBS by ANOVA (a), Mann-Whitney (b) or t-test (d).

# Supplementary Table 1. Primer sequences.

Gene	Accession number	Sequence 5'-3'
Cd11c	NM_021334.2	CTGAGAGCCCAGACGAAGACA
		TGAGCTGCCCACGATAAGAG
Clr	NM_018782.1	GTTGCCAACGGATCACATTGC
		ACAAAGCAGCACAAATCGGAC
Gapdh	NM_008084	TCAACAGCAACTCCCACTCTT
		ACCCTGTTGCTGTAGCCGTAT
Muc2	XM_975612.2	ACATCACCTGTCCCGACTTC
		GAGCAAGGGACTCTGGTCTG
Мис3	XM_355711.9	GTGATCCTCGTGATCCTCCT
	XM_001478962.2	GATGCTCTGCCTTCCTCTTC
Mki67	NM_001081117.2	TGCCCGACCCTACAAAATG
		GAGCCTGTATCACTCATCTGC
Nefl	NM_010910	GGCCTTGGACATCGAGATTG
		TCTGCAAGCCACTGTAAGC
Ramp1	NM_016894.2	GACGCTATGGTGTGACT
		GAGTGCAGTCATGAGCAG
Trpm8	NM_134252.3	GCTGTACAAAGCCTTCAGCAC
		CTCATCACTGGCAAGGTCCA
Vil	NM_009509	TGGAAGAGTTTCAACAGAGGG
		CTGGTCTCGGATCTCTTTGG



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### Supplementary Figure S2. Lack of epithelial traits predisposing for colitis in *Trpm8*<sup>-/-</sup> mice.



## Supplementary Figure S3. Optimization of anti-CGRP and anti-TRPM8 Abs for immunofluorescent staining.



# Supplementary Figure S4. SP receptor defiency protects against colitis.





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