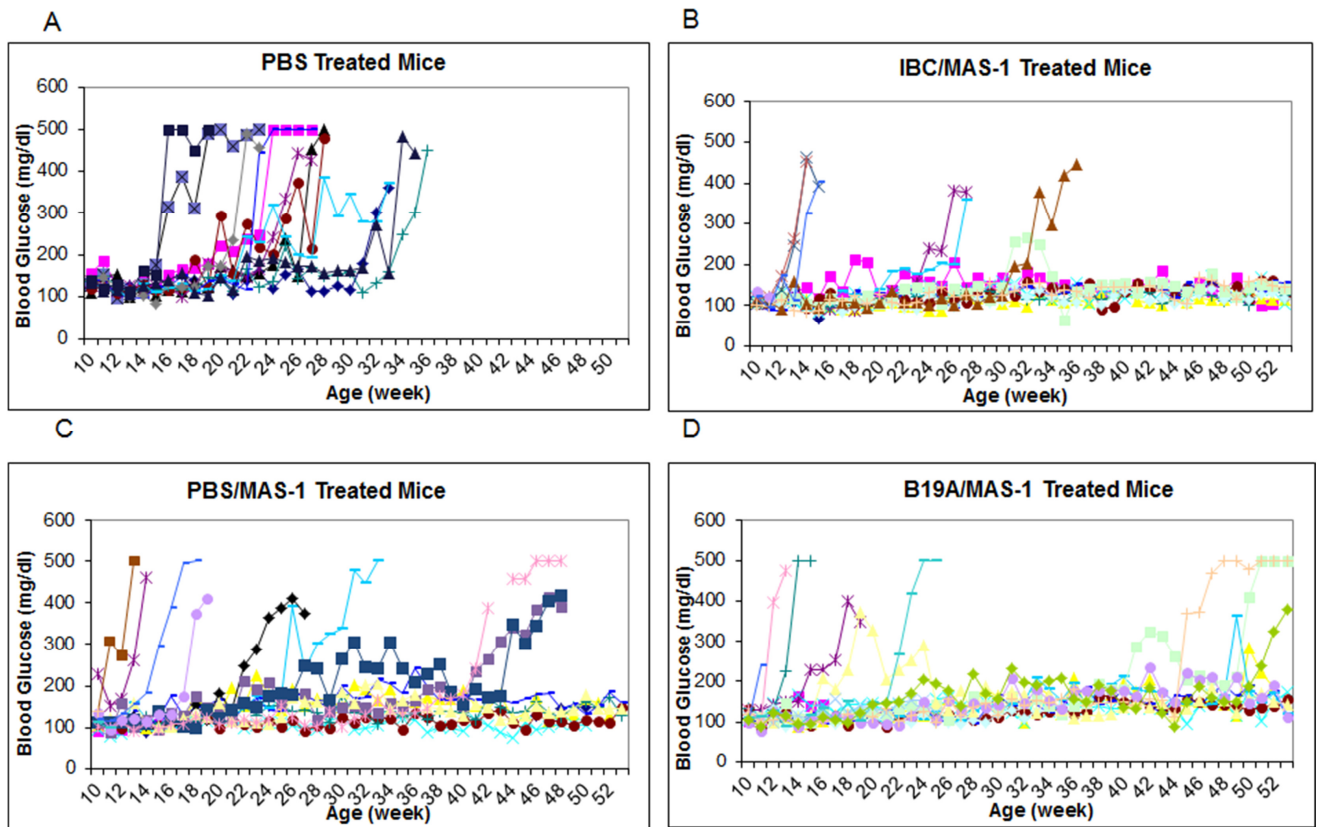
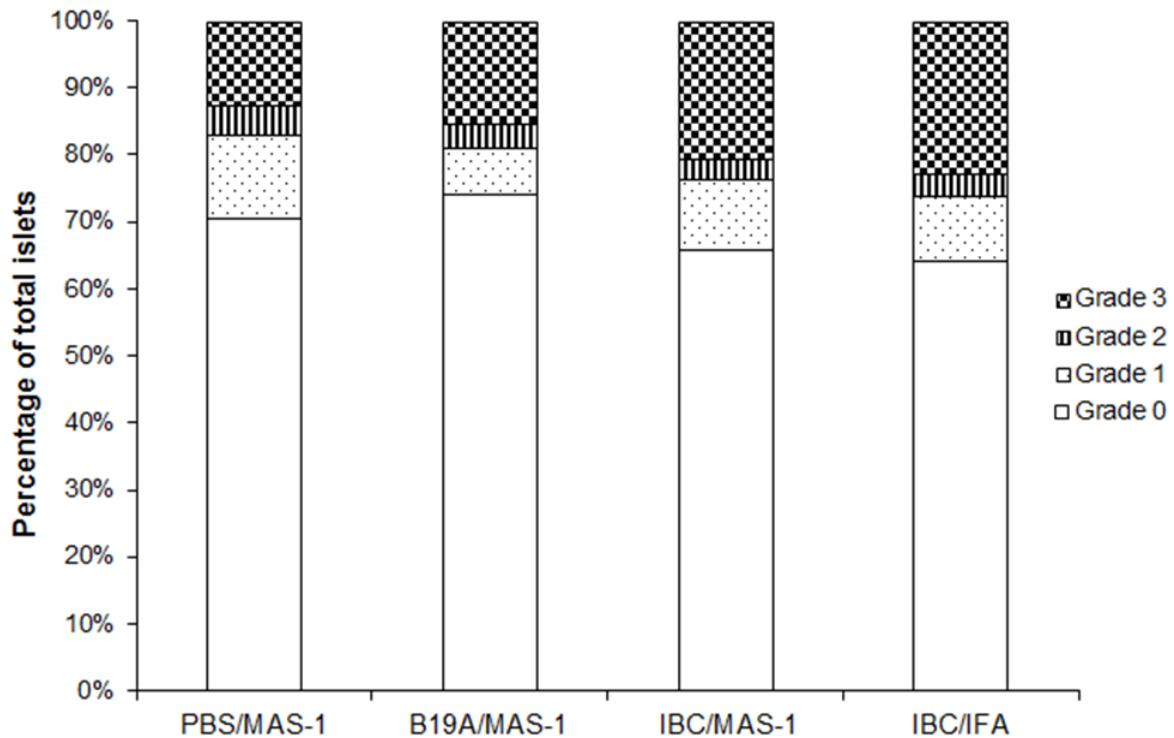


Supplemental figure legends:

Supplemental Figure 1: Blood glucose levels of treated animals. Blood glucose levels were monitored weekly starting from 10 weeks of age with a ReliOn Ultima blood glucose monitor (Abbott Diabetes Care, Inc. CA, USA). Blood glucose was recorded as 500mg/dl if above the measurable limitation of meter.



Supplemental Figure 2: Insulinitis scores of long-term diabetes-free NOD mice were assessed following sacrifice at 52 weeks. At least 15 islets for each non-diabetic mouse were scored blindly. Insulinitis was scored by its severity: Grade 0 = intact islet, Grade 1 = <25% of islet infiltrated or peri-insulinitis, Grade 2 = 25–75% of islet infiltrated. Grade 3 = severe insulinitis (>75% of islet infiltrated). The number of surviving mice differed between groups; analyses performed among long-term survivors included: PBS/MAS-1 n = 5; B19A/MAS-1 n = 6; IBC/MAS-1 n = 7; IBC/IFA n = 8.



Supplemental Figure 3: The development of insulin autoantibodies was assessed by radioimmunoassay using radio-iodinated insulin. A: The peak values of IAA measured by RIA. $**P < 0.001$ compared with PBS control mice. The specificity of IAA in the sera from each treatment group was assessed by inhibition of antibody binding to ^{125}I -insulin using unlabelled human insulin or each test insulin-derived peptide. The IAAs from PBS controls (B) or from B19A either in PBS or MAS-1 treated mice, (C) were only absorbed by intact insulin, not by peptides IBC, B19A, or B:9-23, whereas IAAs from IBC/MAS-1 and IBC/IFA treated mice (D) were absorbed by both intact insulin and IBC peptide. Each line represents one mouse, and the value is the mean value of duplicate wells.

