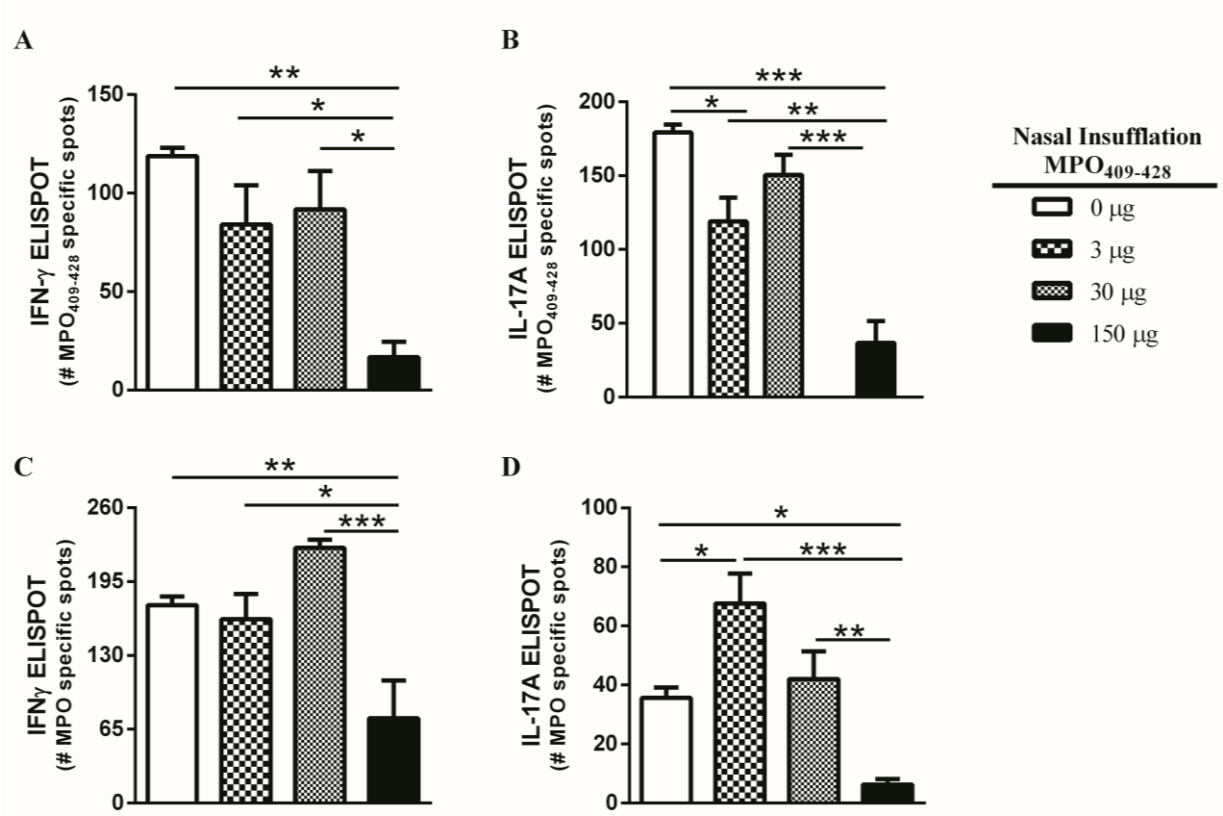
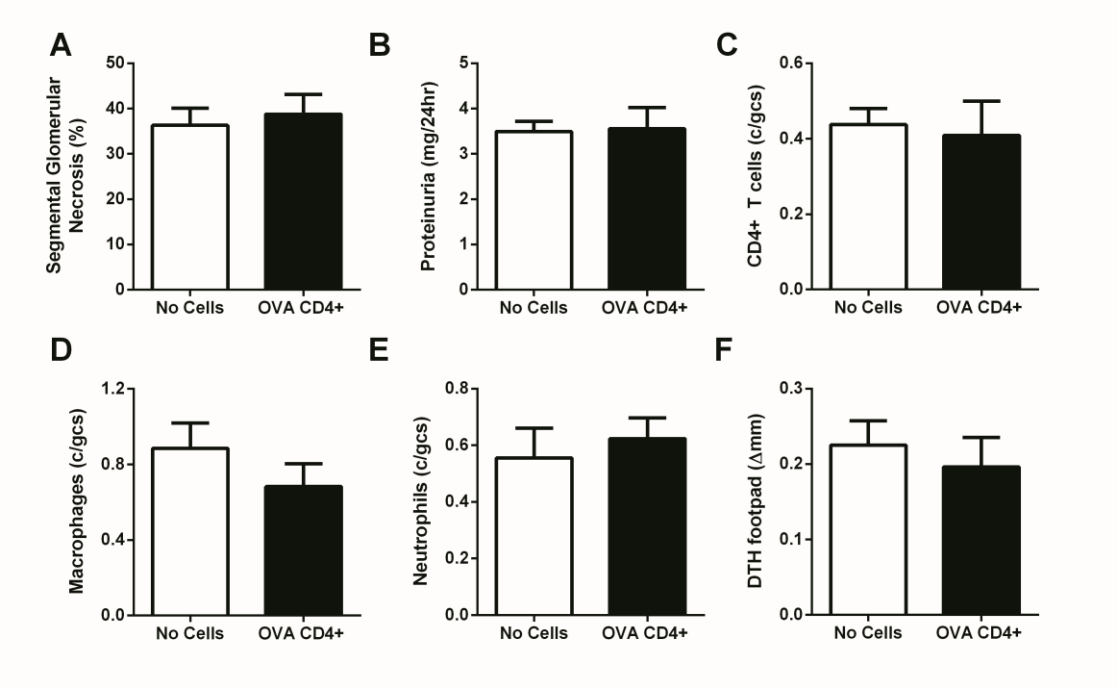
Supplementary Figure 1



To investigate the administrative dose of $MPO_{409-428}$ that induces nasal tolerance, mice were administered with different dosages of $MPO_{409-428}$ nasally (3µg, 30µg and 150µg divided over three consecutive daily doses, *n=4/group*) prior to $MPO_{409-428}$ immunisation. Systemic immune response was measured in draining LNs 10 days later and restimulated with either the $MPO_{409-428}$ or whole protein MPO *in vitro*. (A and B) Mice that received the lower cumulative doses (3µg and 30µg) $MPO_{409-428}$ failed to inhibit $CD4^+$ anti-MPO T cell responses, measured by IFN-γ and IL-17A recall responses against $MPO_{409-428}$. Nasal administration of a cumulative dose of 150µg $MPO_{409-428}$ was the most effective in preventing subsequent induction of autoimmunity to MPO. (C and D) Nasal insufflation of 150µg $MPO_{409-428}$ reduces the frequency of IFN-γ and IL-17A producing cells against the full sequence of MPO. **P*<0.05, ***P*<0.01 and ****P*<0.001.

Supplementary Figure 2



Adoptive transfer of nasally tolerized $OVA_{323-339}$ $CD4^+$ T cells to mice with established anti-MPO autoimmunity *(n=12)* did not attenuate GN as measured by percentage segmental glomerular necrosis (A), proteinuria (B) and glomerular leukocytes ($CD4^+$ T cells, macrophages and neutrophils; C-D) compared with mice that did not receive cells *(n=8)*. MPO specific footpad DTH was not reduced in mice that received $OVA_{323-339}$ tolerized $CD4^+$ T cells (E).