Supplemental material



Supplemental figure 1: Staining of human lymphocytes with anti-hCCR6 mAbs. Human peripheral lymphocytes were stained with CD19-APC; CD3-PE; CD4-Pacific Blue and (A) anti-human CCR6-FITC (clone 29A6) or (B) commercial anti-CCR6-FITC (clone G034E3 from Biolegend). Dead cells were excluded with 7AAD. The FACS plots represented 7AAD⁻; CD19⁻; CD3⁺ gate.



Supplemental figure 2: C57BL/6 and hCCR6 Tg mice showed similar disease kinetic in the rmMOG induced EAE and IMQ-skin inflammation models. (A) C57BL/6 (Black curve) and hCCR6 Tg/mCCR6^{-/-}mice (Red curve) were immunized with rmMOG and disease score were monitor daily other 3-weeks. (B) IMQ-skin inflammation was induced in C57BL/6 (Black curve) and hCCR6 Tg/mCCR6^{-/-}mice (Red curve). Skin thickness was monitor daily other 10 days and compare with control hCCR6 Tg/mCCR6^{-/-} mice treated with Vaseline cream (Blue curve). IMQ and rmMOG induced expression of hCCR6 on T-cells. T-cells from peripheral lymph nodes (C; D; E) and spleens (F; G ;H) from untreated hCCR6 Tg/mCCR6^{-/-}mice (C; F); hCCR6 Tg mice treated with IMQ (D: G) and hCCR6 Tg mice immunized with rmMOG (E; H) were stained with anti-B220-APC; anti-CD4-Pacific Blue; anti-CD3-PE, anti-CD8-PeCy7, anti-hCCR6-FITC (clone 29A6) and 7AAD. FACS plot represent lymphocytes population in the 7AAD⁻; B220⁻; CD3⁺ gate.