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Ethambutol partitioning in tuberculous pulmonary lesions explains its clinical efficacy

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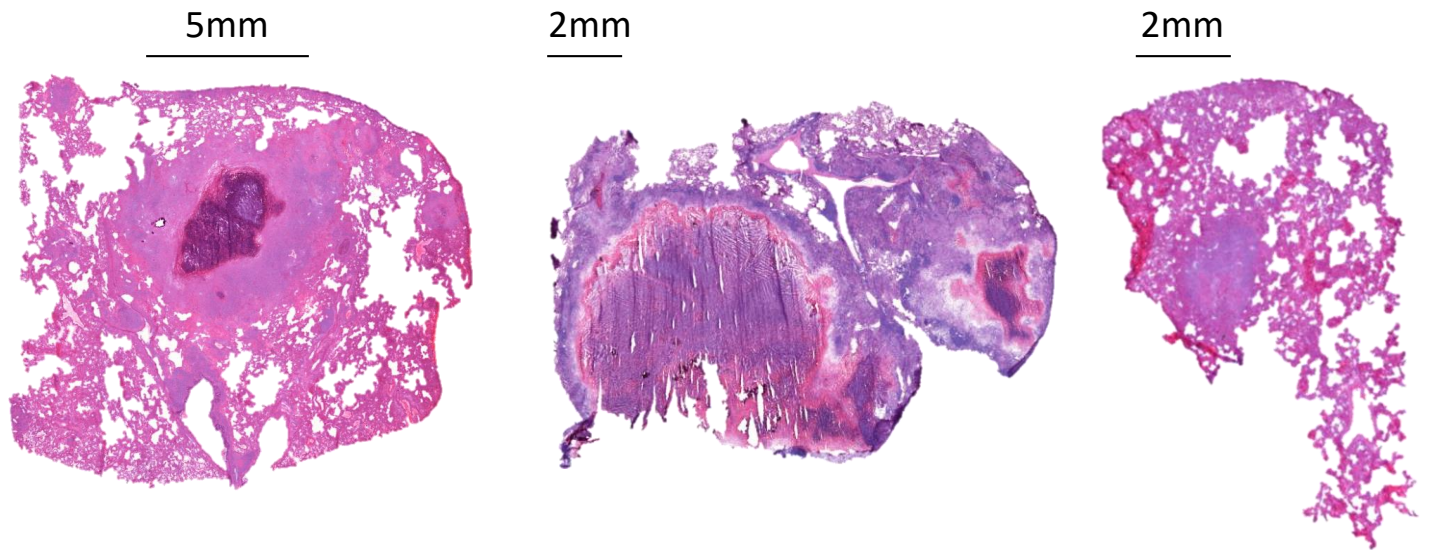
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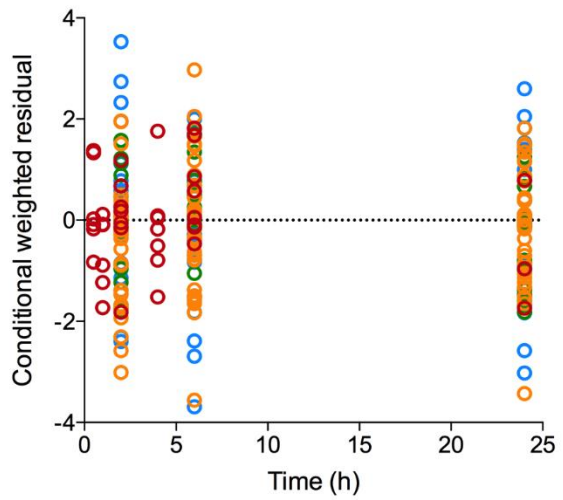
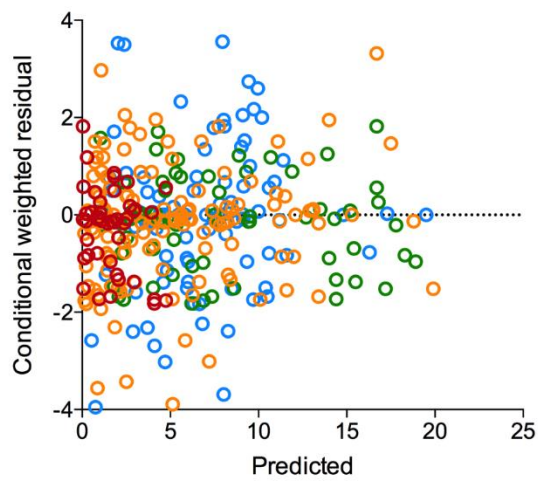
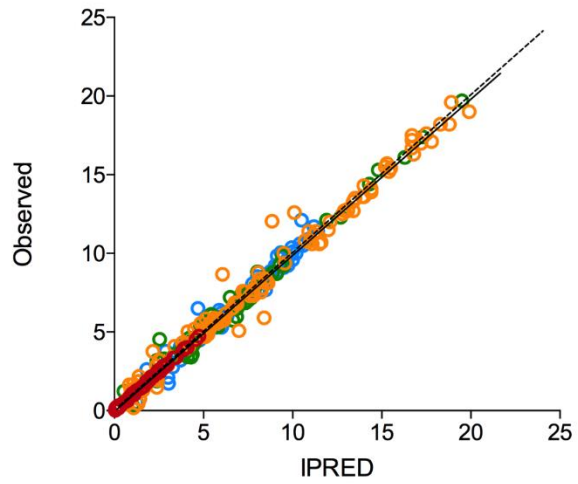
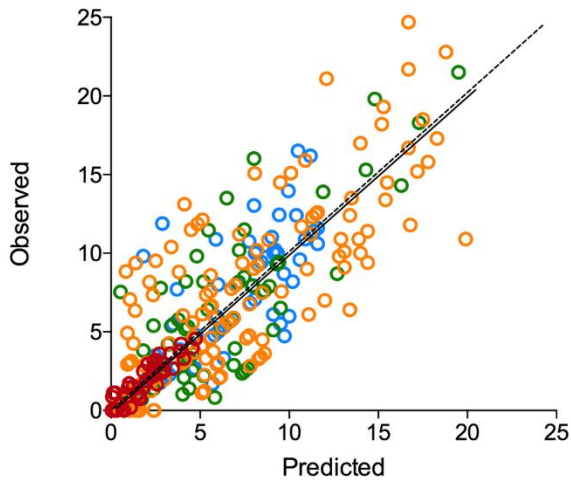
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20 **Supplemental figures**



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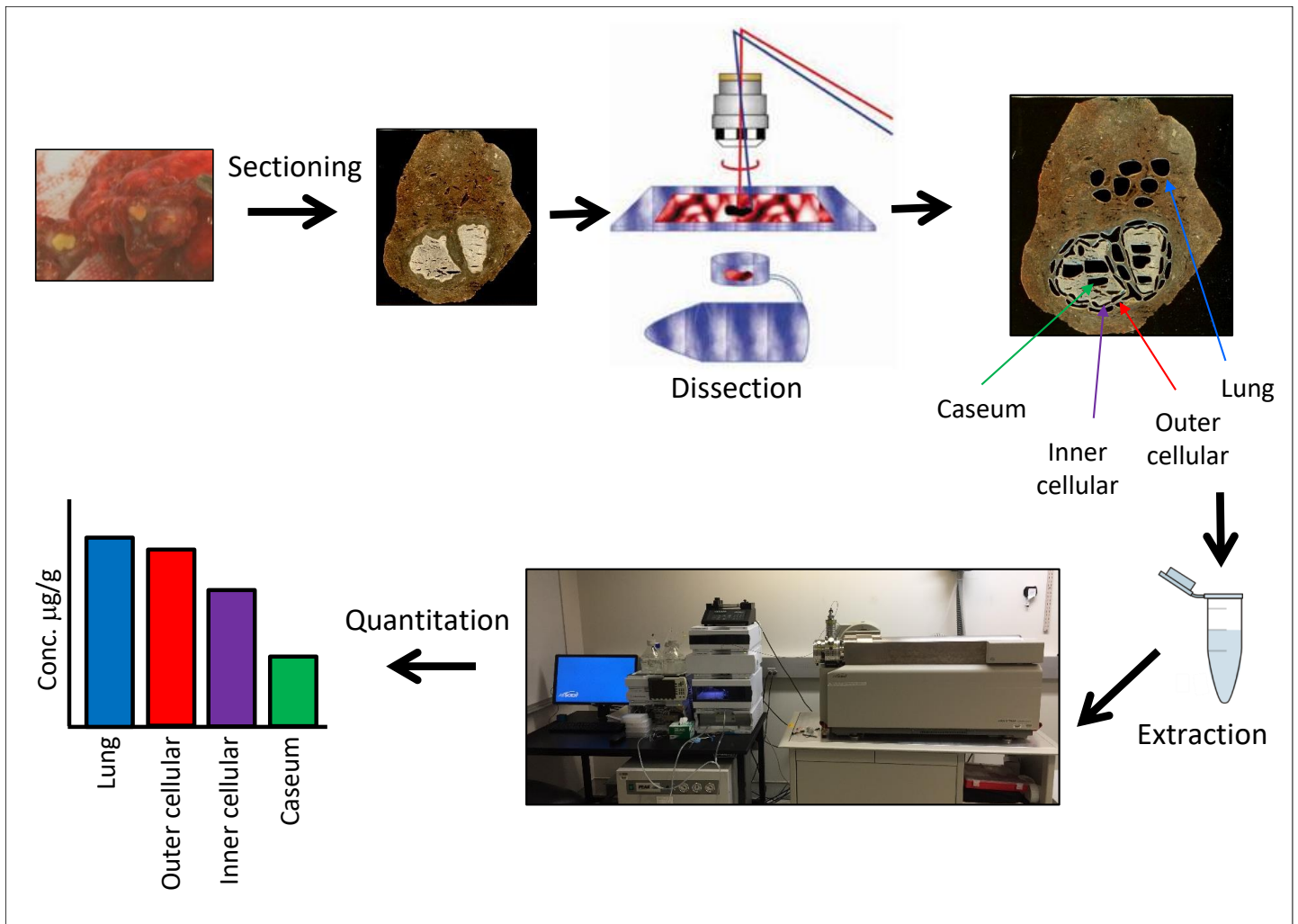
22 **Figure S1.** Typical example of a cavity, necrotic and cellular granuloma sampled in this study



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24 **Figure S2.** Goodness-of-fit plots for the final model structure. Red, orange, green and blue circles are data in
 25 plasma, lung, cellular lesions and caseous lesions, respectively. IPRED, individual predicted.

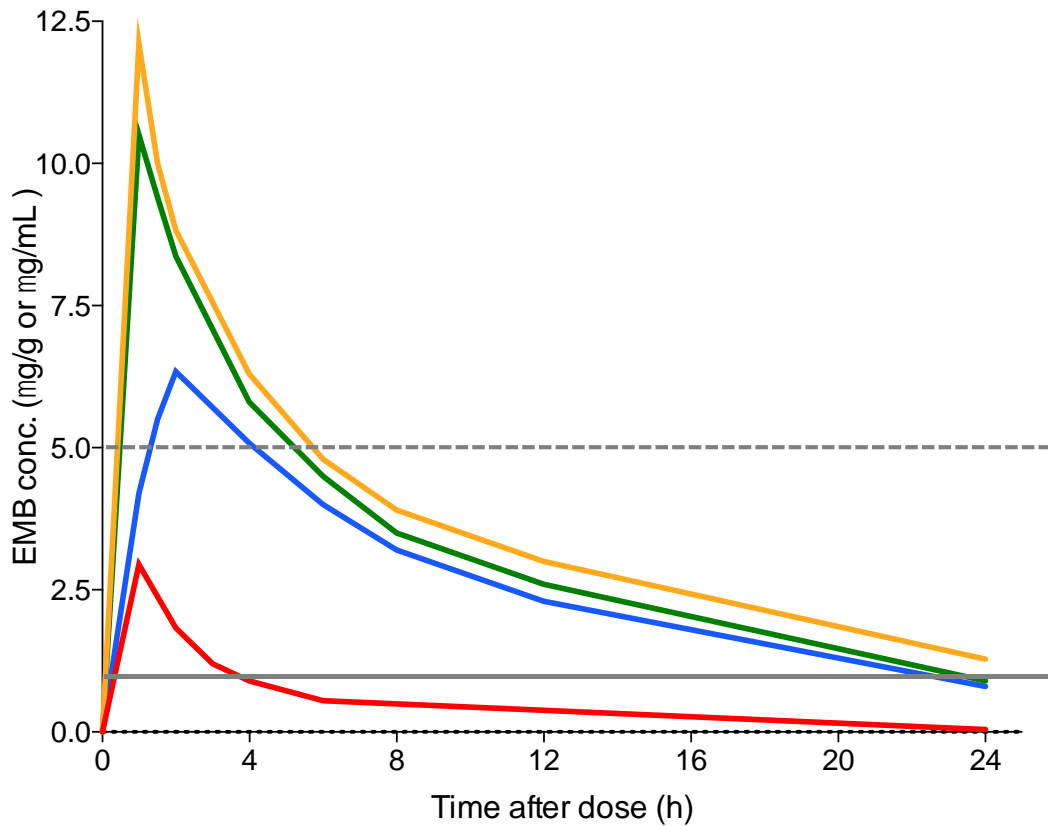
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28 **Figure S3.** Schema describing the workflow of laser-capture microdissection coupled to sample analysis by
 29 HPLC/tandem mass spectrometry.

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32 **Figure S4.** Simulated concentration-time profiles showing average exposures (population mean) for subjects
 33 (rabbits) receiving 200 mg/kg EMB to achieve plasma AUC equivalency to adults receiving 1,200 mg. Red,
 34 plasma; orange, lung; green, cellular lesions and blue caseous lesions. The solid grey line indicates the MIC
 35 (minimum inhibitory concentration) against extracellular *M. tuberculosis* bacilli as well as the minimum static
 36 concentration against intracellular *M. tuberculosis*. The dashed grey line indicates the MBC₉₉ (concentration
 37 which kills 99% of replicating extracellular bacilli) and minimum cidal concentrations against intracellular *M.*
 38 *tuberculosis*.