Supplementary Information: Konger, R.L. et al. The PPARy agonist rosiglitazone suppresses syngeneic mouse SCC tumor growth through an immune-mediated mechanism.

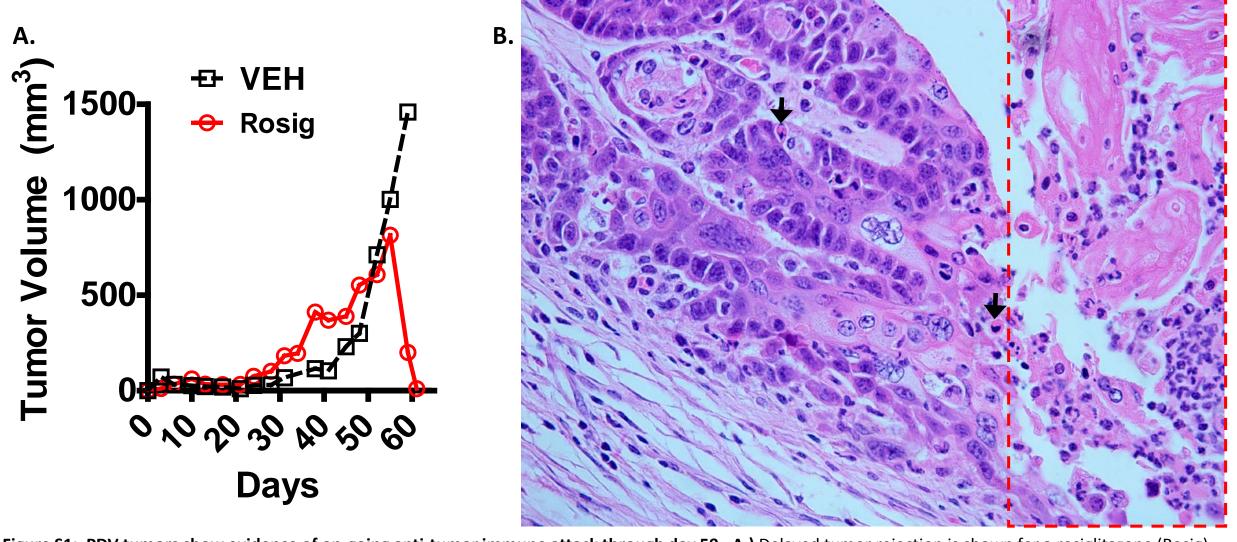


Figure S1: PDV tumors show evidence of on-going anti-tumor immune attack through day 59. A.) Delayed tumor rejection is shown for a rosiglitazone (Rosig)-treated tumor. The tumor showed progressive increases in tumor size for over 50 days, followed by an abrupt decrease in tumor size. No visible viable tumor was seen at 59 days by H&E stain. A vehicle treated tumor with progressive tumor growth is also shown. B.) H&E stained photomicrograph (400x) of a rosiglitazone treated tumor excised at day 59. Areas of central necrosis & cornification with neutrophilic infiltrates were noted (area inside red hash rectangle). This feature was observed in both rosiglitazone and vehicle controls. Tumors also showed numerous infiltrating lymphocytes and apoptotic bodies (arrows).

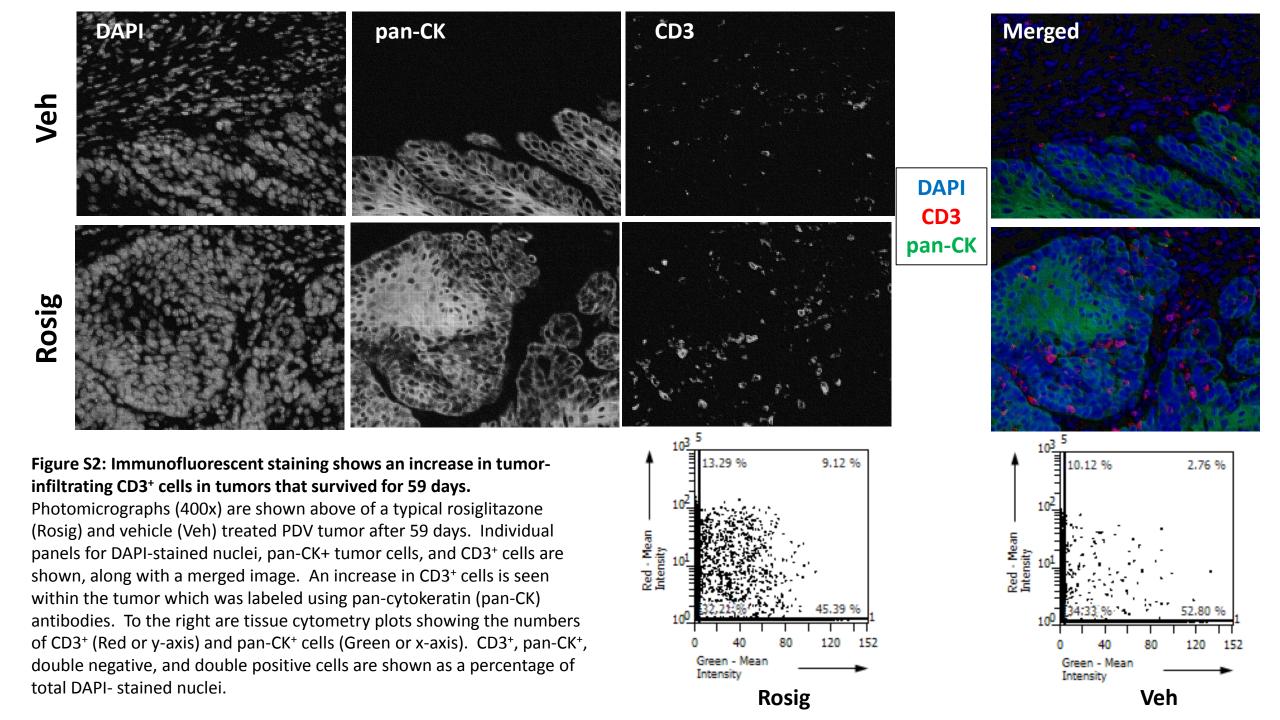


Figure S3: The ratio of total CD3⁺ cells relative to myeloid cells within the tumor microenvironment is altered by rosiglitazone treatment. Total CD3⁺ cells were determined for each tumor in figure 3 (Day 11) & figure 4 (Day 59). Similarly, the sum of all myeloid cell populations (expressing CD11b+, Gr-1+, and CD11b⁺Gr-1⁺) were also detected for each tumor. Rosiglitazone treatment promotes a time dependent increase in the ratio of CD3⁺ to all myeloid cells (the sum of CD11b⁺ + Gr-1⁺ + CD11b⁺Gr-1⁺ cells). The shift to a CD3 predominant inflammatory response (Ratio > 1.0), was only seen at day 59, but not in early tumors at day 11. *, p<0.05; **, p<0.01; One-way ANOVA with Tukey's Multiple Comparison Test.

