Supplementary Material

DirkJan Hijnen¹,
Edward F. Knol¹,
Yoon Y. Gent¹,
Barbara Giovanonne¹,
Scott Beijn¹,
Thomas S. Kupper²,
Carla A.F.M. Bruijnzeel-Koomen¹,
Rachael A. Clark²

¹Department of Dermatology, University Medical Center Utrecht, Utrecht, The Netherlands
²Department of Dermatology, Brigham and Women’s Hospital and the Harvard Skin Disease Research Center, Boston, MA

Correspondence: DirkJan Hijnen, Department of Dermatology, University Medical Center Utrecht, 3584 CX Utrecht, Room G02.124, The Netherlands, phone: +31 88 7557388, fax: +31 88 755404, e-mail: dirkjanhijnen@gmail.com
Figure S1. Cytokine expression profiles of T cells isolated from normal skin biopsies (n=6). T cells were isolated from healthy human skin samples. Percentages of cytokine expressing T cells are shown for (a) CD4⁺ T cells and (b) CD8⁺ T cells.
Figure S2. CD8^+ T cells isolated from skin biopsies secrete IL-13 (upper left panel) and IFN-γ (lower left panel) as determined by ELISA. The CD8^- T cell population (mainly including CD4^+ T cells, right panels) produces amounts of IL-13 and IFN-γ comparable to the CD8^+ population.
Figure S3. High numbers of CD4+ and CD8+ T cells isolated from AD (n=4) and psoriasis (n=4) produced IL-22. Horizontal bars represent median percentages for each group.
Supplementary data S4

Figure S4. CD8$^+$ T cells from AD patients (n=4) show significantly higher expression levels of VLA-1 compared to CD4$^+$ T cells. Horizontal bars represent median percentages for each group. ** P<0.01
Figure S5. The percentages of CD4$^+$ and CD8$^+$ T cells isolated from normal skin biopsies are stable during five weeks ex vivo culture.