



**Fig. S2. The numbers of Th17 and Th22 cells in peripheral blood mononuclear cell (PBMC) samples analysed by flow cytometry.** As representative samples, PBMC samples from a psoriatic patient (a) before and (b) after one week of betamethasone monotherapy and samples from another psoriatic patient (c) before and (d) after 1 week of calcipotriol/betamethasone combination therapy are shown. CD4<sup>+</sup> T cells were selected from PBMC samples (*first column*). Memory CD4<sup>+</sup> T cells were identified as CD4<sup>+</sup>, CD45RA<sup>-</sup> T cells (*second column*). Th17 memory cells were identified from memory CD4<sup>+</sup> T cells as CD4<sup>+</sup>, CD45RA<sup>-</sup>, CXCR3<sup>-</sup>, CCR6<sup>+</sup> cells (*third column*). Th22 memory cells were identified from Th17 memory cells as CD4<sup>+</sup>, CD45RA<sup>-</sup>, CXCR3<sup>-</sup>, CCR6<sup>+</sup>, CCR10<sup>+</sup> cells and (*fourth column*) and skin-homing Th17 cells as CD4<sup>+</sup>, CD45RA<sup>-</sup>, CXCR3<sup>-</sup>, CCR6<sup>+</sup>, CLA<sup>+</sup> cells (*fifth column*). Both topical therapies reduced the numbers of Th22 cells (*fourth column*: combination therapy from 10.6% to 7.45% and monotherapy from 9.52% to 4.64%) and skin homing CLA<sup>+</sup> Th17 cells (*fifth column*: combination therapy from 19.5% to 17.2% and monotherapy from 12.6% to 6.91%).