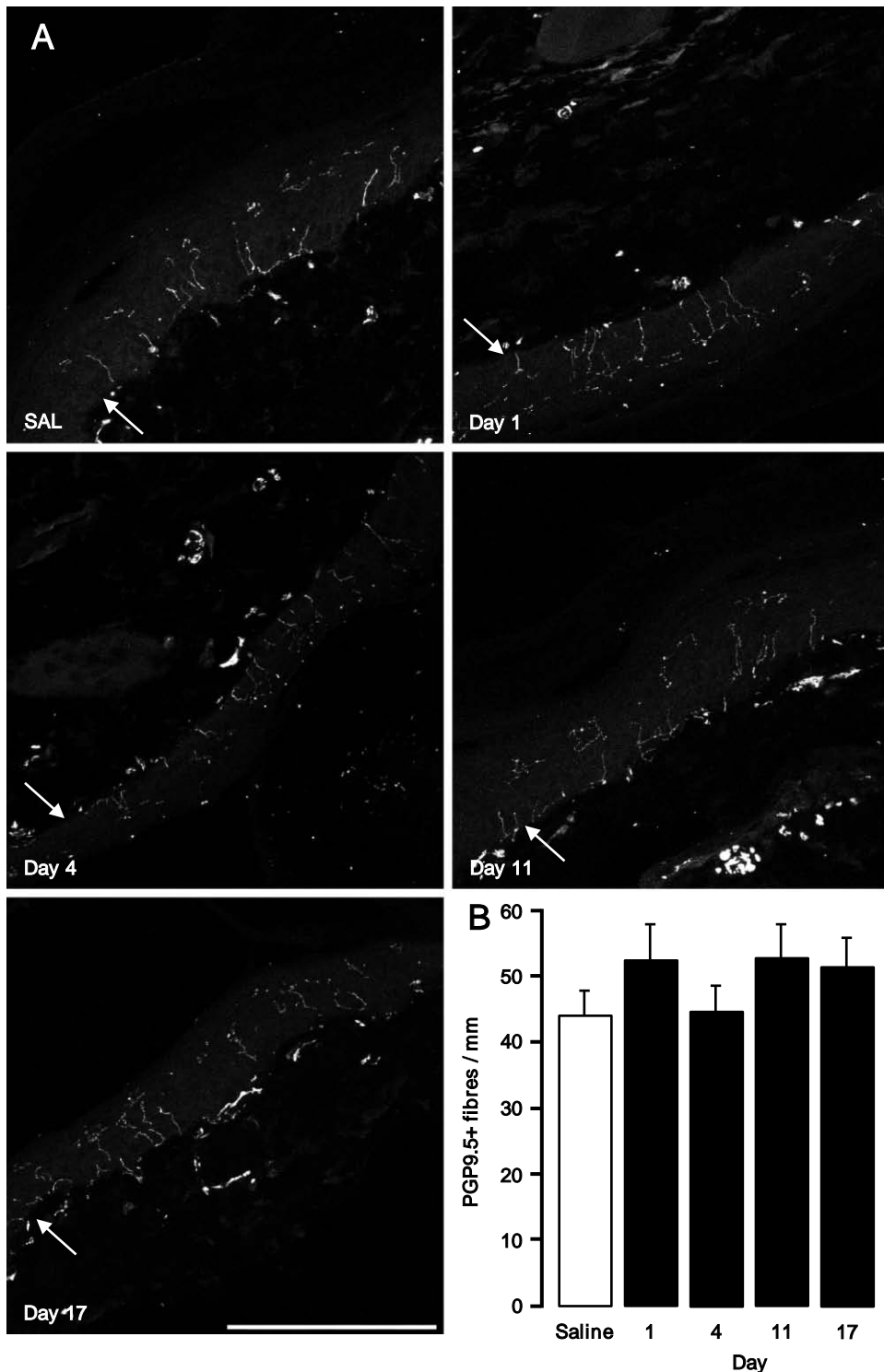
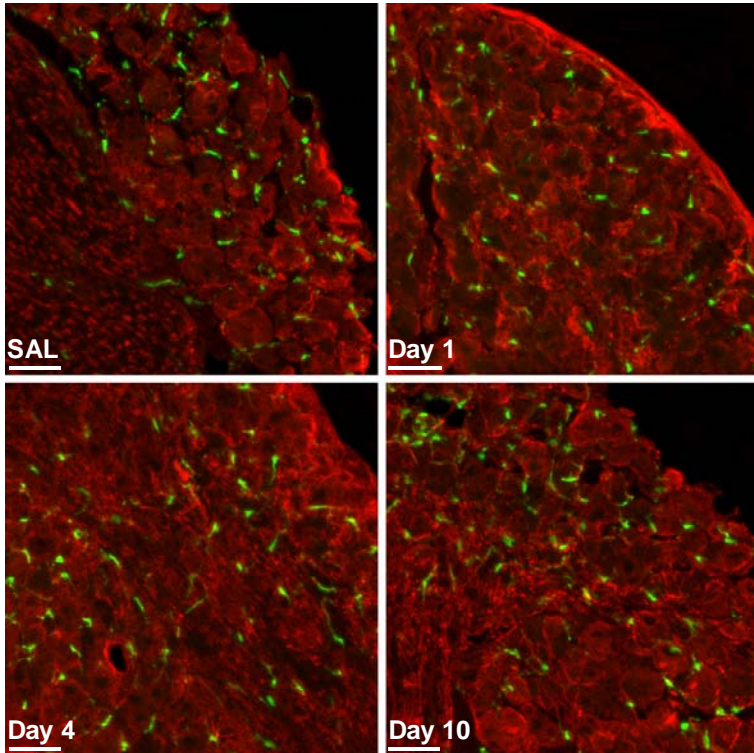


**Supplementary Figure 1. No evidence of neuronal stress in dorsal root ganglia during vincristine treatment.** (A) Representative photomicrographs of lumbar DRG sections obtained after either saline or VCR treatment (2x5day cycles; 0.5mg/kg/day i.p.) representing ATF-3 (red) and B<sub>III</sub>tubulin (green) expression, scale bar equal 100 $\mu$ m. (B) DRG were collected after saline treatment, first VCR cycle (day4) and second VCR cycle (day11). The percentage of ATF3 positive cell bodies was counted in 10<sup>4</sup> $\mu$ m<sup>2</sup> boxes and data are shown as mean  $\pm$ SEM, n=4 mice/group.

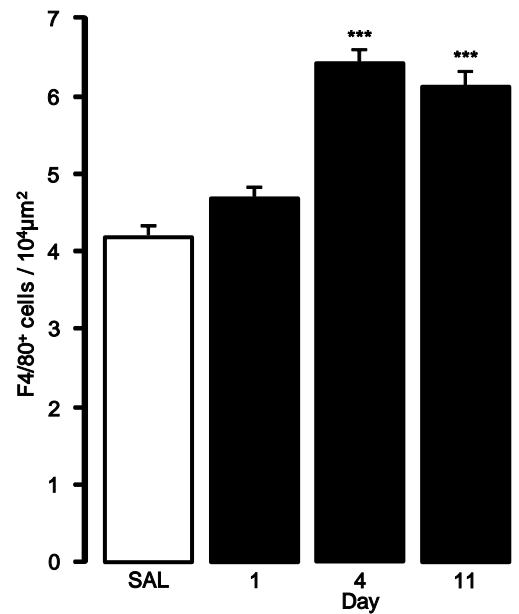


**Supplementary Figure 2. No change in intraepidermal nerve fibre density in the plantar skin following vincristine treatment.** Saline or VCR (0.5mg/kg/day i.p.) were administered for 2x5day-cycles and skin samples collected on day 1, at the end of first cycle (day4), second cycle (day11) and 6 days after cessation of treatment (day17). **(A)** Representative photomicrographs of PGP9.5+ fibres in glabrous skin sections. Scale bar equals 100µm and arrow shows epidermal border. **(B)** The number of PGP9.5+ fibres was counted throughout the whole skin section and data are shown as mean ±SEM, n=5 mice/group.

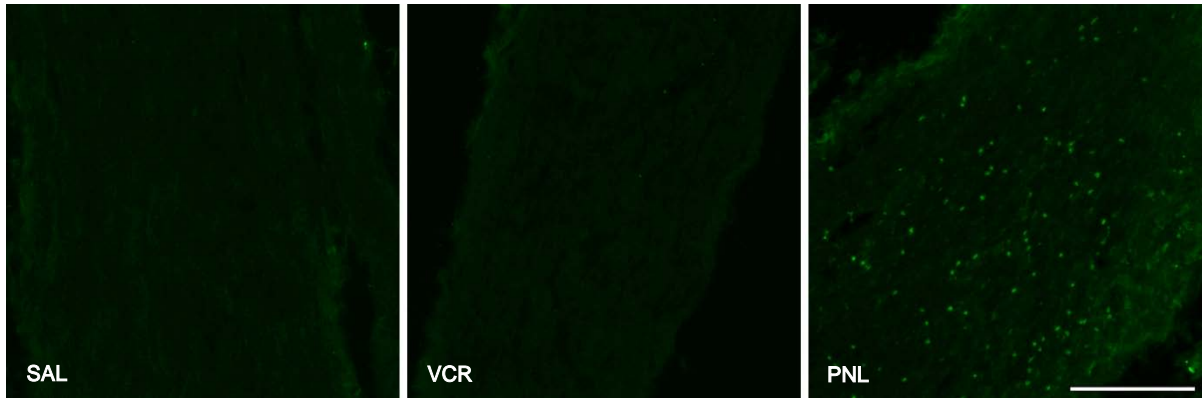
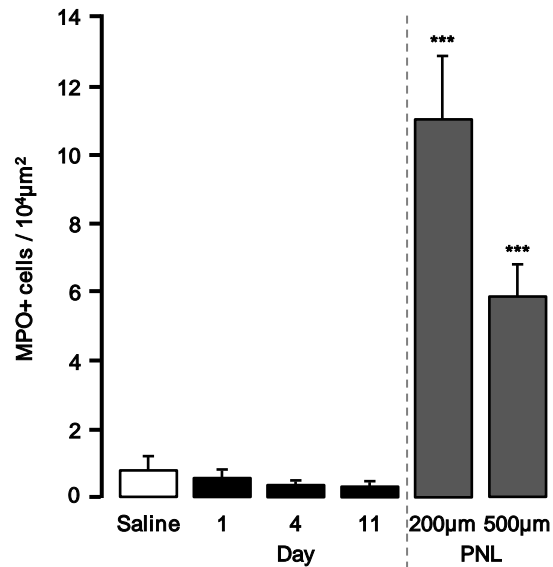
A



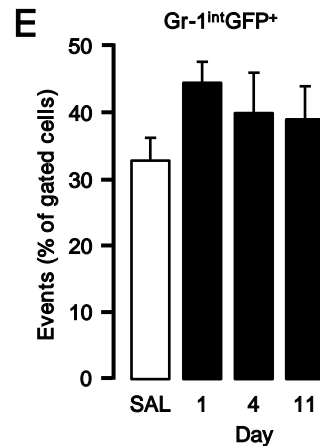
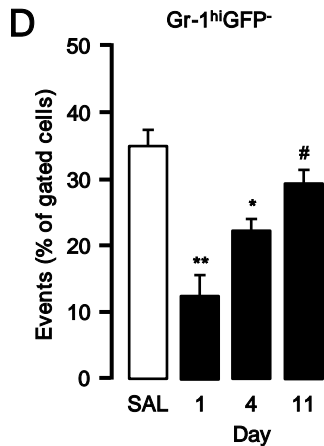
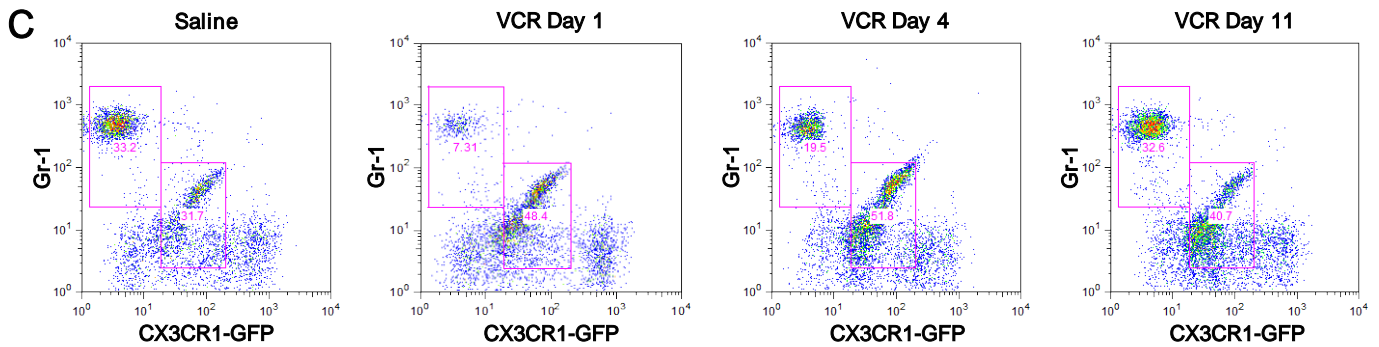
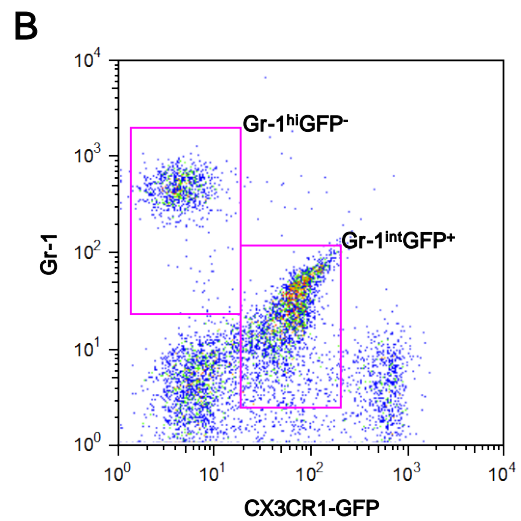
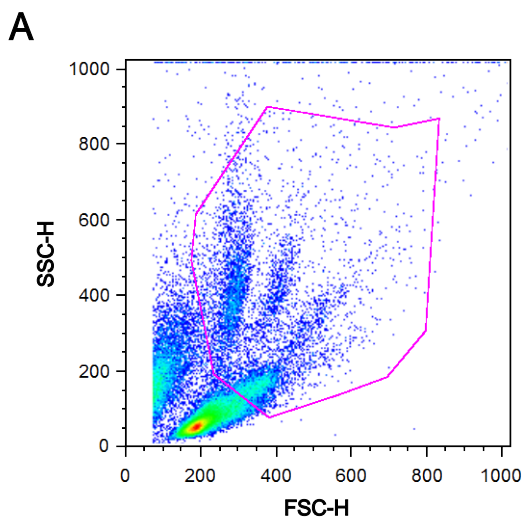
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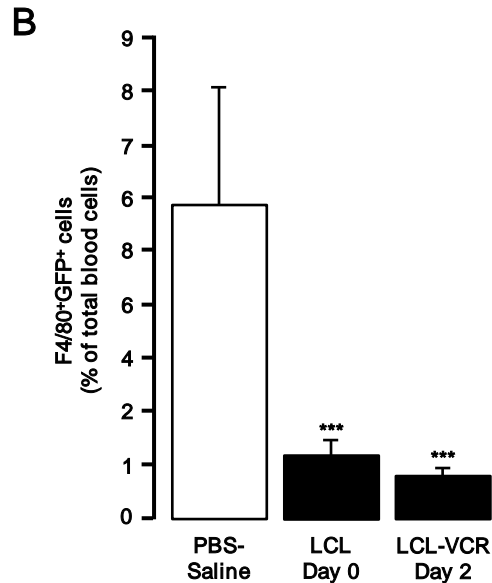
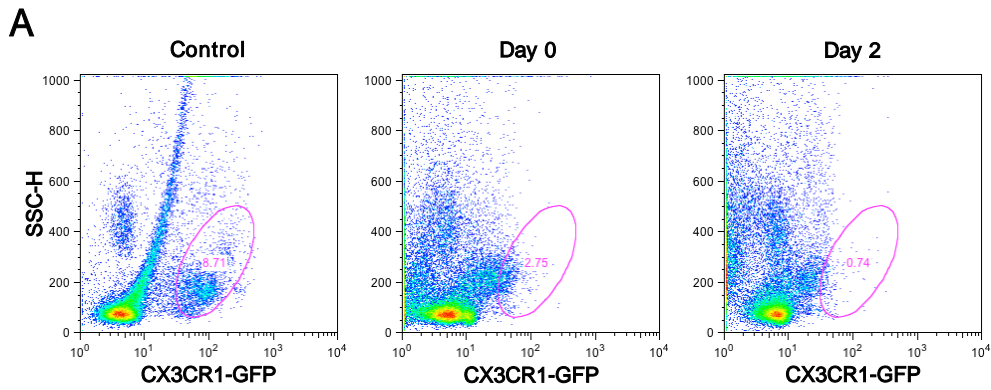
**Supplementary Figure 3. Significant monocyte-macrophage infiltration of the dorsal root ganglia during vincristine treatment.** Saline or VCR (0.5mg/kg/day i.p.) were administered for 2x5day-cycles and DRG collected on day 1 and at the end of first cycle (day4) and second cycle (day11) **(A)** Representative photomicrographs of F4/80<sup>+</sup> (green) cells in lumbar DRG sections, scale bars equal 100μm (B<sub>III</sub>tubulin-red). **(B)** The number of cells expressing F4/80 were counted in 10<sup>4</sup>μm<sup>2</sup> boxes in DRG sections and data are shown as mean ±SEM, n=4 mice/group. \*\*\*P<0.001 compared to saline, one-way ANOVA, post-hoc Tukey test.

**A****B**

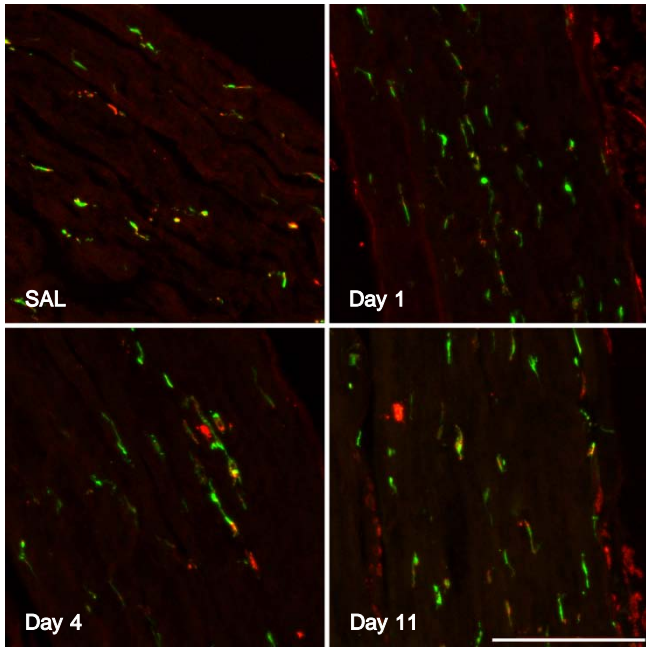
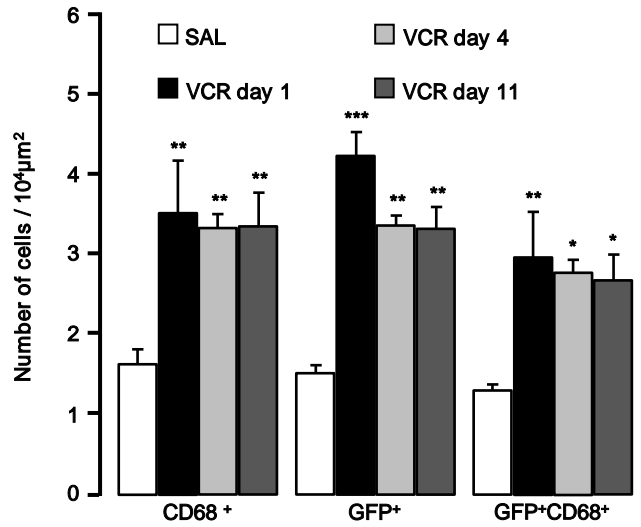
**Supplementary Figure 4. No infiltration of neutrophils into the sciatic nerve after VCR treatment.** Saline or VCR (0.5mg/kg/day i.p.) were administered for 2x5day-cycles and sciatic nerve segments collected on day 1 and at the end of first cycle (day4) and second cycle (day11). For comparison purposes, perfuse-fixed sciatic nerve segments were also obtained from mice 11 days after sciatic nerve partial (surgical) injury [PNL] (25). **(A)** Representative photomicrographs of myeloperoxidase (MPO)<sup>+</sup> cells in sciatic nerve sections, scale bar equal to 200μm. **(B)** The number of MPO<sup>+</sup> cells were counted in 10<sup>4</sup>μm<sup>2</sup> boxes, data are shown as mean ±SEM, n=4 mice/group. \*\*\*P<0.001 compared to saline control, one-way ANOVA, post-hoc Tukey test.



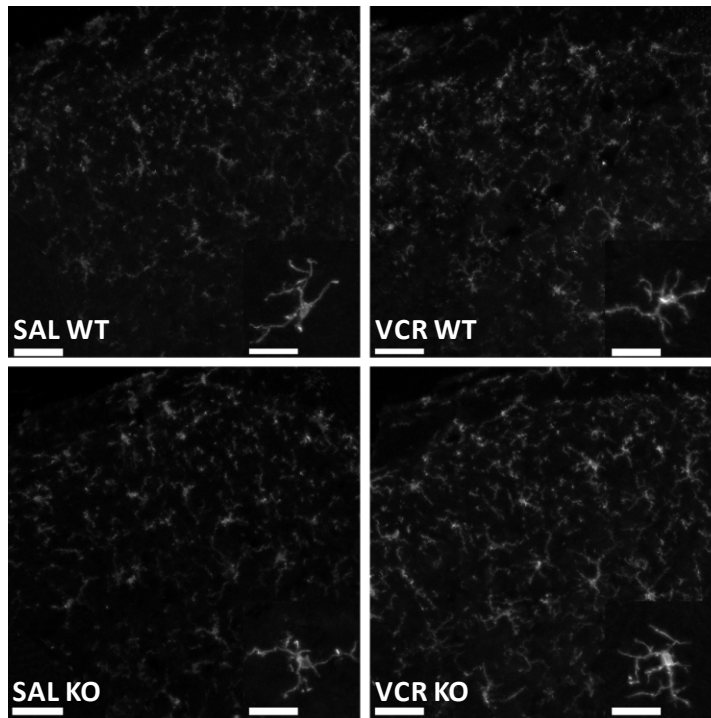
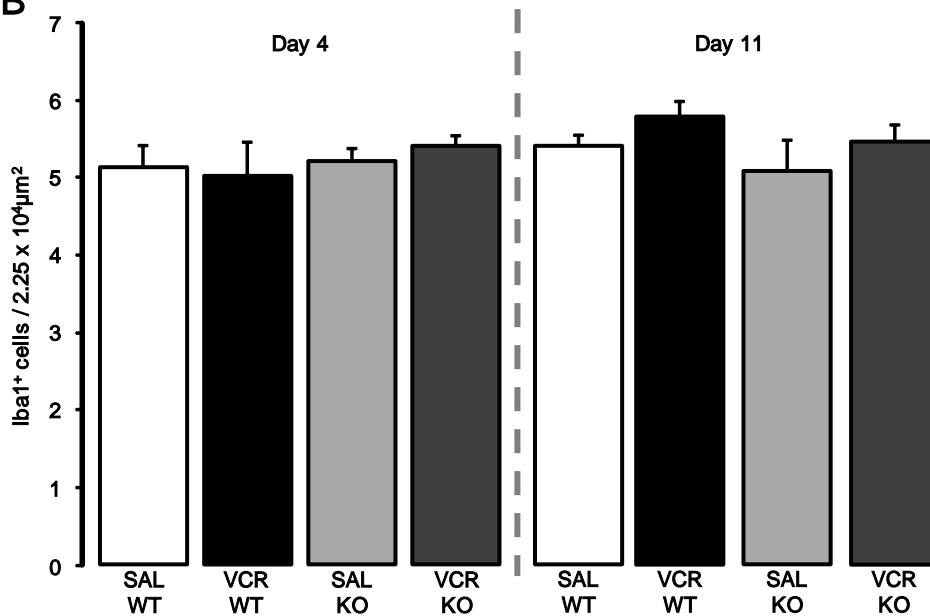
**Supplementary Figure 5. VCR treatment is associated with no change in circulating monocyte and decrease in granulocyte population.** The monocyte blood population Gr-1<sup>+</sup>/CX3CR1-GFP<sup>+</sup> did not change over VCR (0.5mg/kg/day i.p.) 2x5day-cycles. Whole blood samples were taken on days 1, 4 and 11, as well as from saline controls. Blood samples were labelled with Gr-1. **(A)** Cells were gated as neutrophil and monocyte population according to forward and side scatter profiles (note the classical spread of mouse granulocyte populations). **(B)** Gated cells were subsequently clustered into 2 distinct groups namely: Gr-1<sup>hi</sup>CX3CR1-GFP<sup>-</sup>, Gr-1<sup>int</sup>CX3CR1-GFP<sup>+</sup>. **(C)** Representative plots shown for each time point. **(D-E)** Bar graphs reporting summary data (mean  $\pm$ SEM) as quantified in the specific gates, indicates initial depletion of neutrophils/Gr-1<sup>hi</sup>CX3CR1-GFP<sup>-</sup> (D) but no change in monocytes/Gr-1<sup>int</sup>CX3CR1-GFP<sup>+</sup> (E). \* P<0.05 compared to saline # P<0.05 compared to day 1, one-way ANOVA with post-hoc Tukey test, n=3 mice/group.



**Supplementary Figure 6. Depletion of blood monocytes following liposome chlodronate treatment.** LCL was administered twice (2x100 $\mu$ l/10g injections of 5mg/ml in PBS i.p.) and blood samples collected to be analysed by flow cytometry after depletion only (Day0) or depletion plus two days of VCR (0.5mg/kg/day i.p.) treatment (Day2). **(A)** Dot plot analysis of side scatter and CX3CR1-GFP<sup>+</sup> blood cells. **(B)** Cumulative data for relative percentage of total blood cells that are F4/80<sup>+</sup>CX3CR1-GFP<sup>+</sup>. Data shown are mean  $\pm$ SEM, \*\*P<0.01, One way ANOVA followed by Tukey post-hoc test; n=3 mice/group.

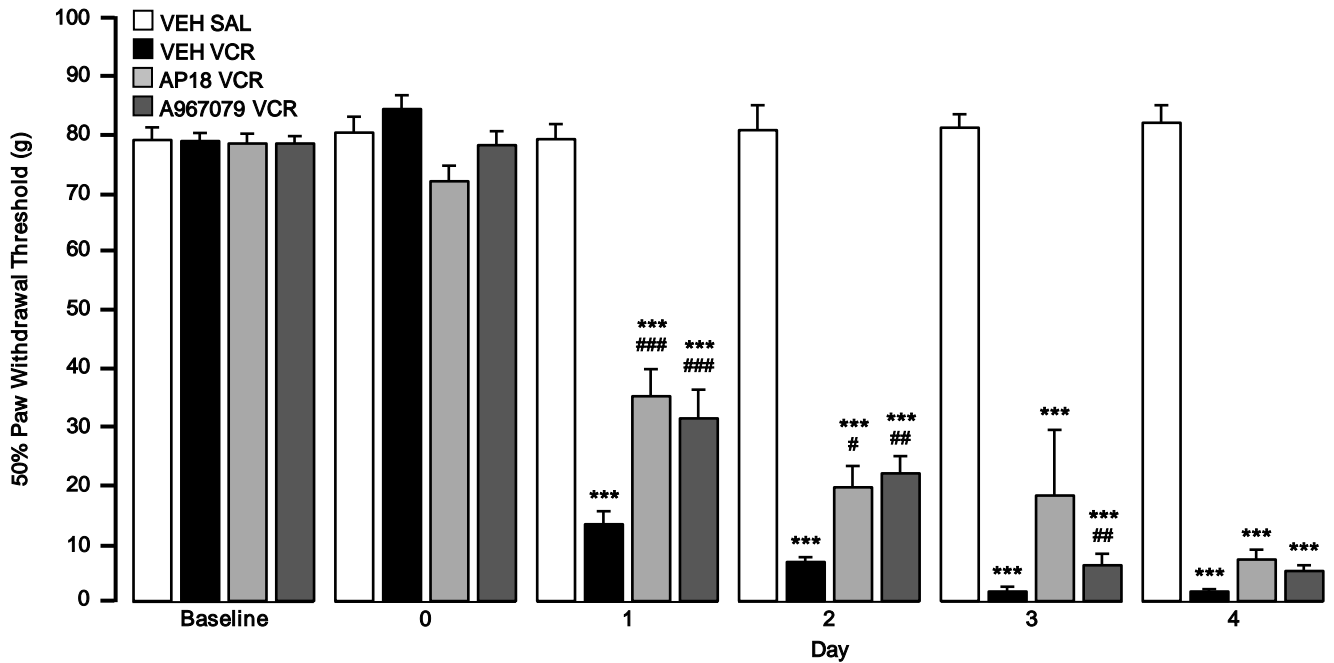
**A****B**

**Supplementary Figure 7. Vincristine treatment induces infiltration of CD68<sup>+</sup> monocyte-macrophages in the sciatic nerve.** CD68<sup>+</sup> monocyte-macrophages populate the sciatic nerve immediately after VCR (0.5mg/kg/day i.p.) treatment (day1) and in the first cycle (days0-4) and second cycle (days7-11). **(A)** Representative photomicrographs demonstrating CX3CR1-GFP<sup>+</sup> cells (green) and CD68<sup>+</sup> cells (red) in sciatic nerve sections where the scale bars equal to 200μm. **(B)** Positive cells were counted in 10<sup>4</sup>μm<sup>2</sup> boxes and data are shown as mean ±SEM, n=5 mice/group, \* P<0.05, \*\* P<0.001 compared to saline, one-way ANOVA, post-hoc Tukey test.

**A****B**

**Supplementary Figure 8. No change in microglial cell numbers in the dorsal horn of *Cx3cr1*-deficient or wildtype mice during or at the end of VCR cycles.** Saline or VCR (0.5mg/kg/day i.p.) were administered for 2x5day-cycles and perfuse-fixed lumbar spinal cord obtained at the end of first cycle (day4) and second cycle (day11). **(A)** Representative photomicrographs of dorsal horn sections showing microglia (Iba1+ cells) in this area, scale bars equal 100μm and 20μm in the insets, respectively. **(B)** The number of Iba1+ cells was counted in 2.25x10<sup>4</sup>μm<sup>2</sup> boxes and data are shown as mean ±SEM, n=4 mice/group.





**Supplementary Figure 9. TRPA1 antagonists attenuate VCR-induced mechanical allodynia.** Both AP-18 and A9670079 partially prevented the development of VCR-induced allodynia. AP-18 (100mg/kg twice a day p.o.) and A9670079 (100mg/kg twice a day p.o.) were administered 1 hour prior to VCR (0.5mg/kg/day i.p.) and paw withdrawal thresholds (PWT) measured 1 hour after VCR. Data are expressed as 50% PWT and shown as mean  $\pm$ SEM, n=10 mice/group. \*\*\*P<0.001 compared to vehicle (VEH SAL) thresholds, # P<0.05, ##P<0.001, ###P<0.001 compared VCR (VEH VCR) treated thresholds, two-way RM ANOVA, post-hoc Holm-Sidak test.