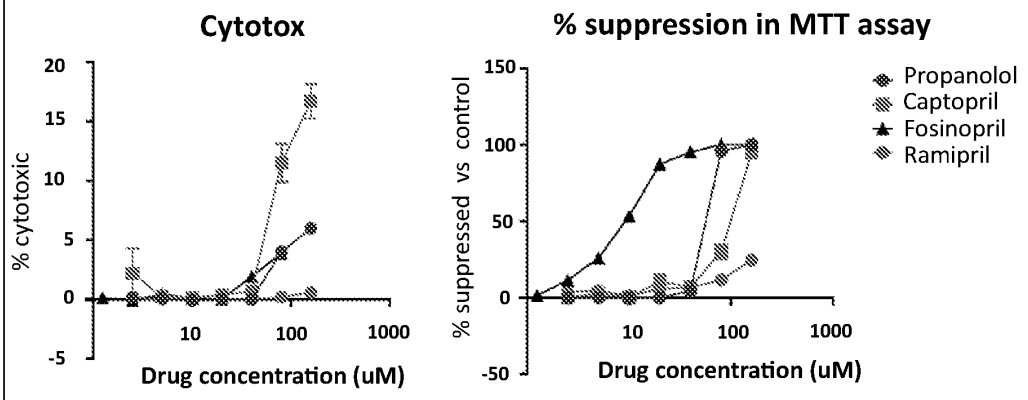
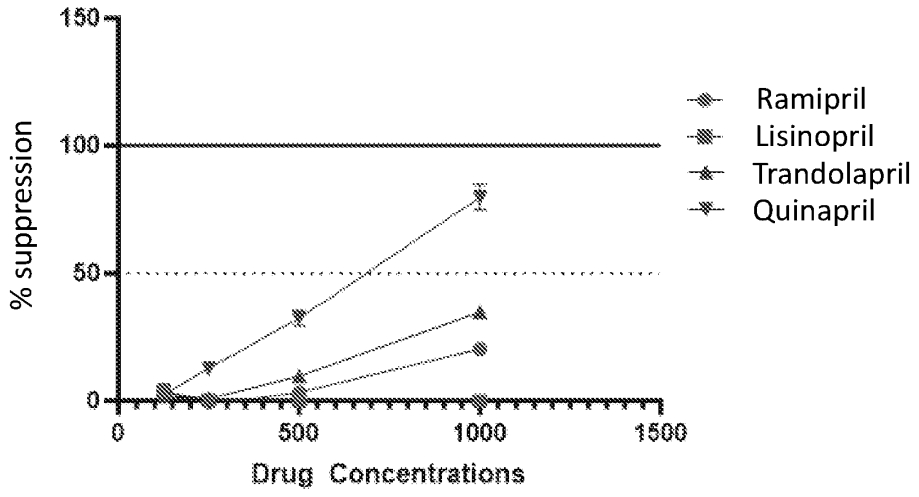
Figure 1



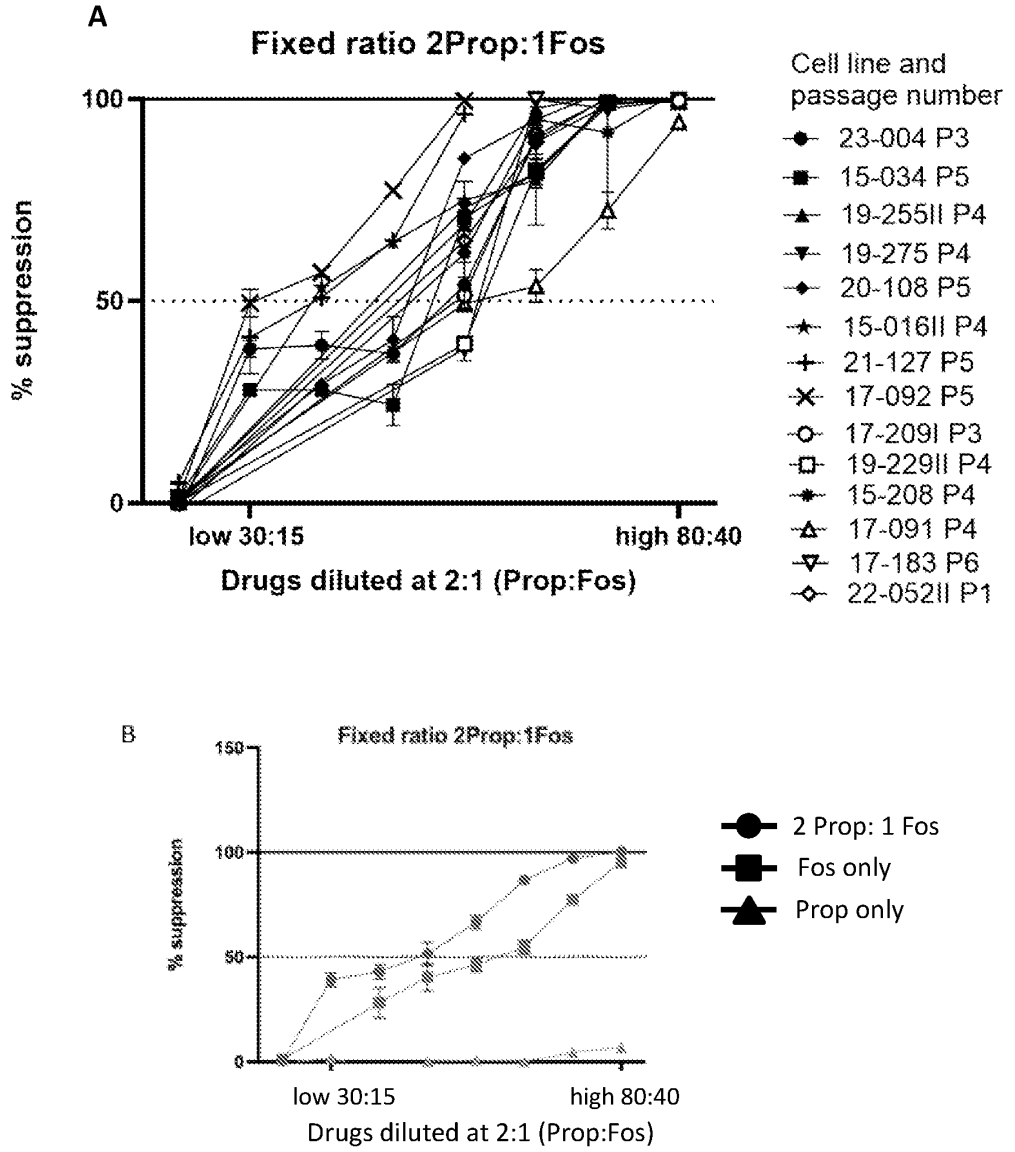
Treatment of infantile haemangioma with ACE inhibitors vs propranolol. Initial dose-response for propranolol, captopril, fosinopril, and ramipril up to 160 μM (n=3 cell lines derived from 5, 6 and 8 month old patients).

Figure 2



Treatment of infantile hemangioma with ACE inhibitors. Dose-response up to 1,000 μM with Ramipril, Lisinopril, Trandolapril, and Quinapril (n=3 cell lines derived from 5, 6 and 8 month old patients).

Figure 3

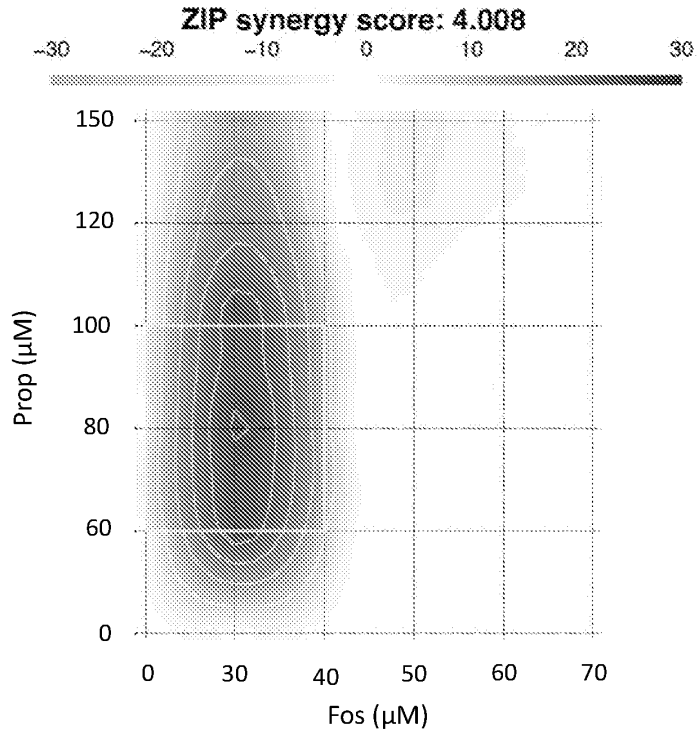


(A) Patient-derived haemangioma cell line response to multiple treatments (3 x administrations) of fixed-ratio 2:1 propranolol : fosinopril (n=14). All 14 patient-derived cell lines responded to 2 Propranolol : 1 Fosinopril, exhibiting dose-response consistency between patient-derived cells.

(B) Average response of all 14 cell lines treated with 2 Propranolol : 1 Fosinopril compared to treatment with fosinopril or propranolol only. Data shows mean ± SEM.

Figure 4

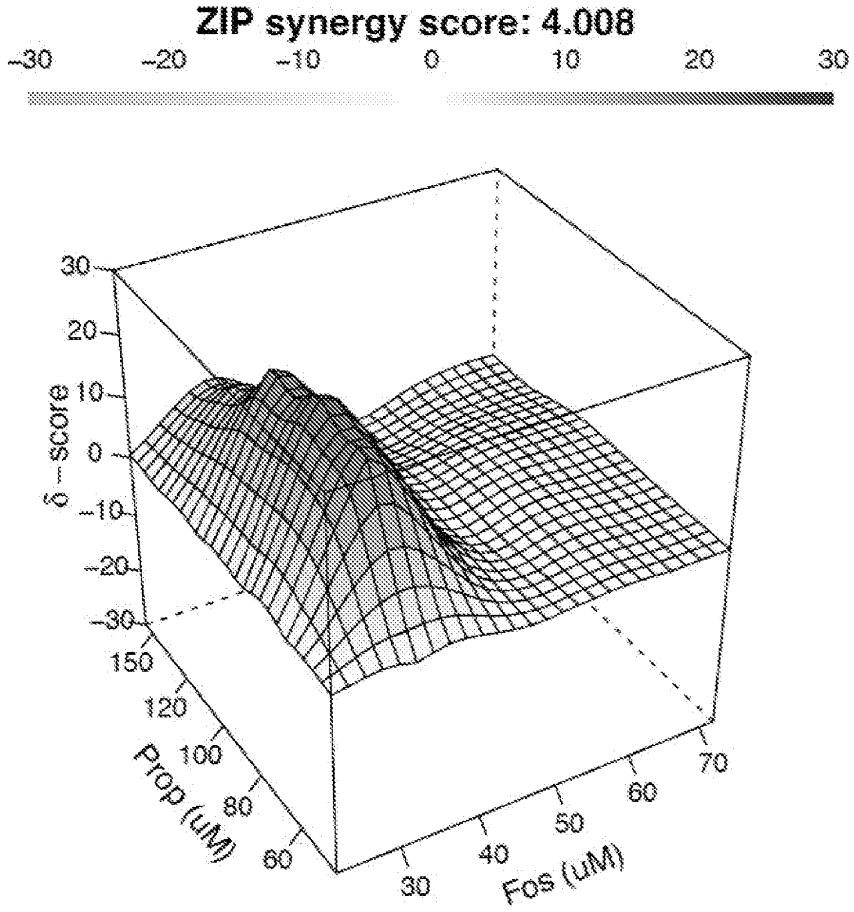
A



(A) Averaged response of patient-derived hemangioma cell lines to multiple treatments (3 x administrations) of varying concentrations (varying ratios) of propranolol (0-150 µM) and fosinopril (0-70 µM) (n=7).

Figure 4 continued

B



(B) 3D representation of averaged responses of patient-derived hemangioma cell lines to propranolol – fosinopril treatment at varying drug ratios highlighting the area of maximal synergistic efficacy (n=7).

Figure 5

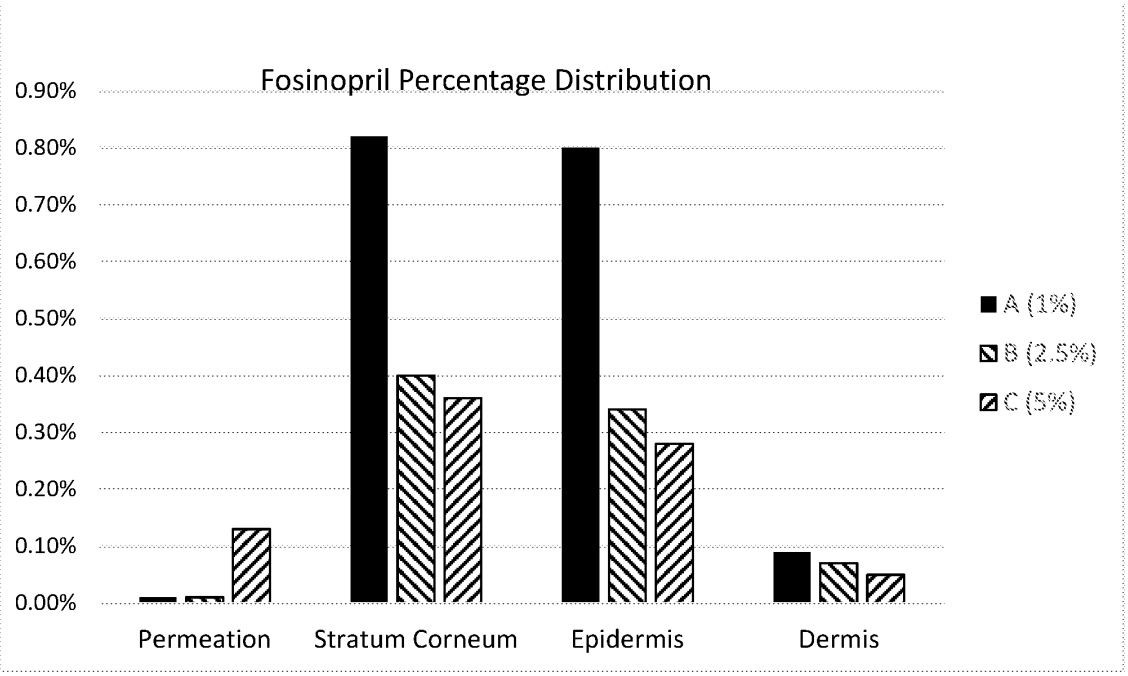


Figure 6

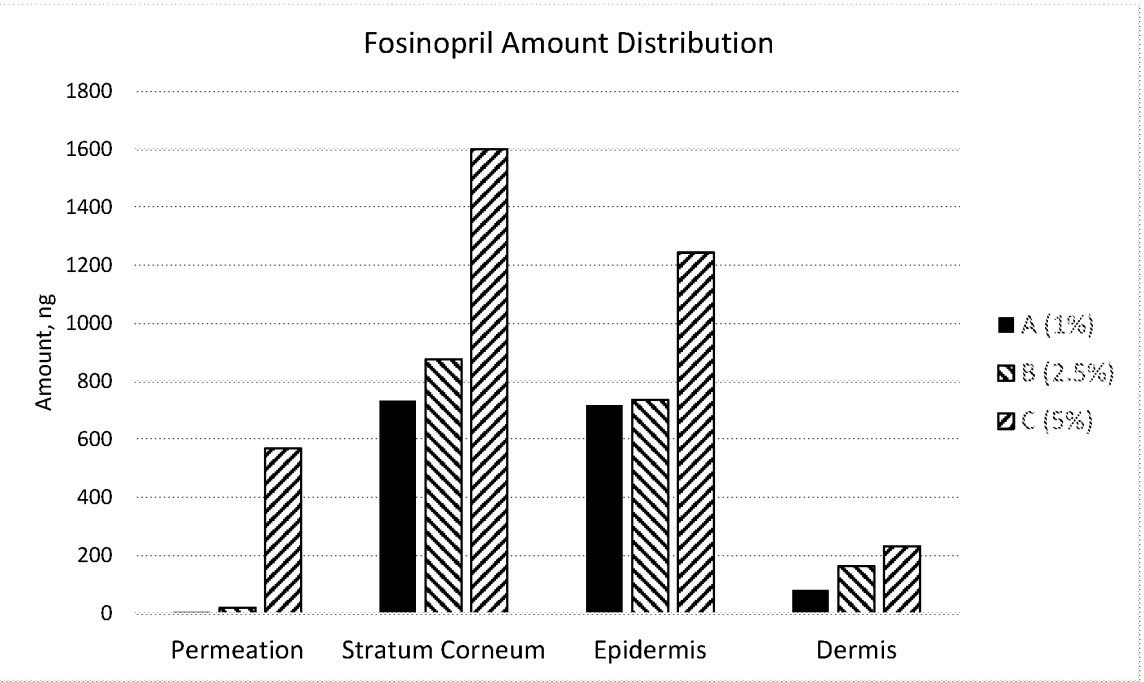


Figure 7

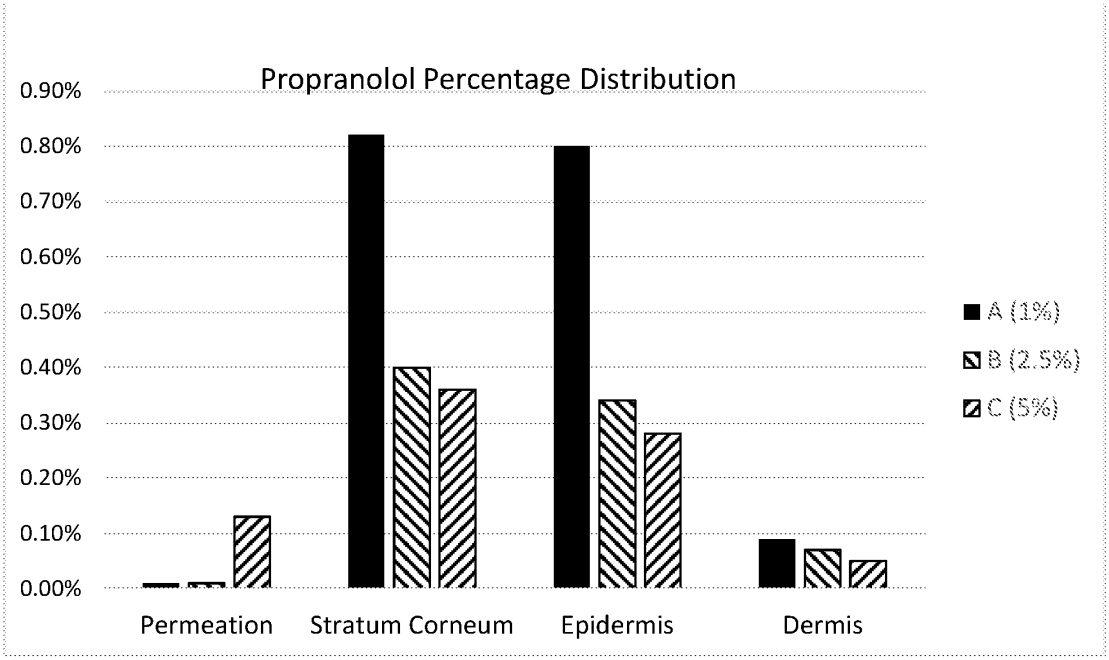


Figure 8

