

## Electronic Supplementary Information

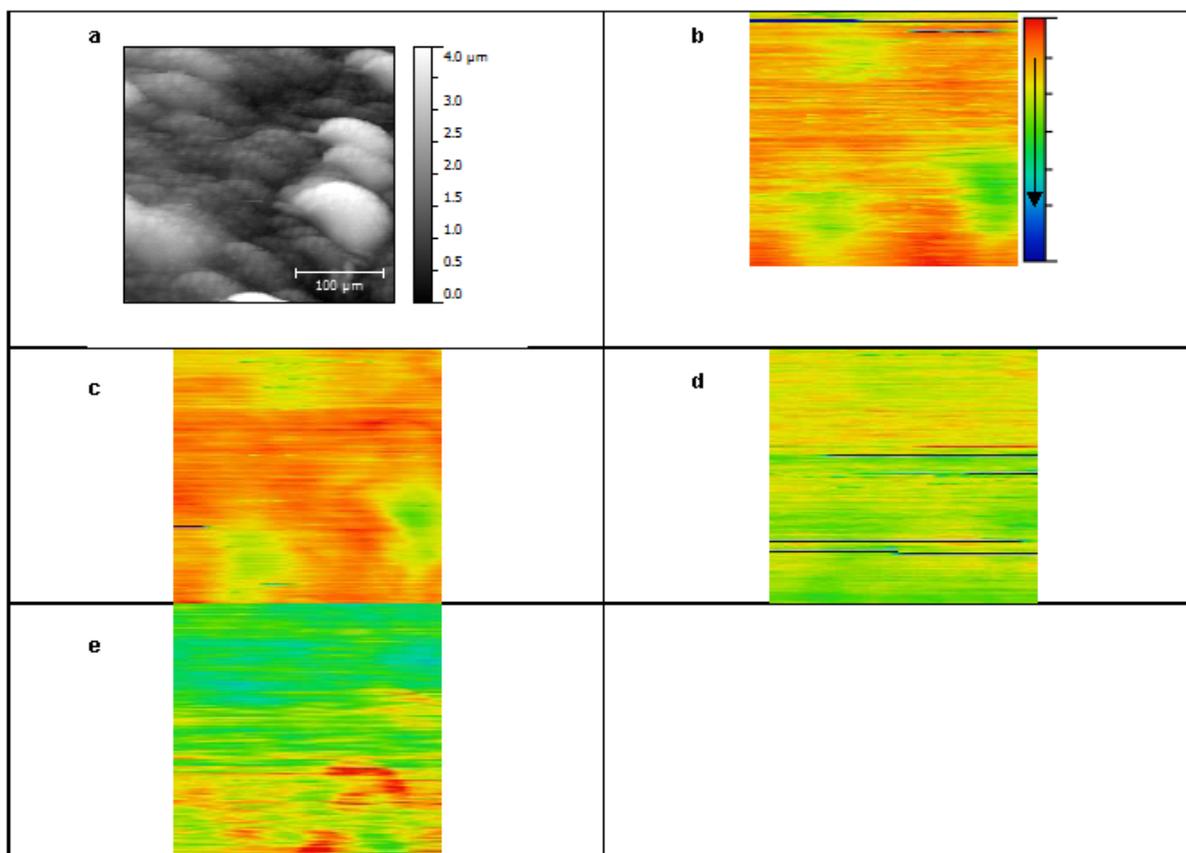
### **Imaging cervical cytology with scanning near-field optical microscopy (SNOM) coupled with an IR-FEL**

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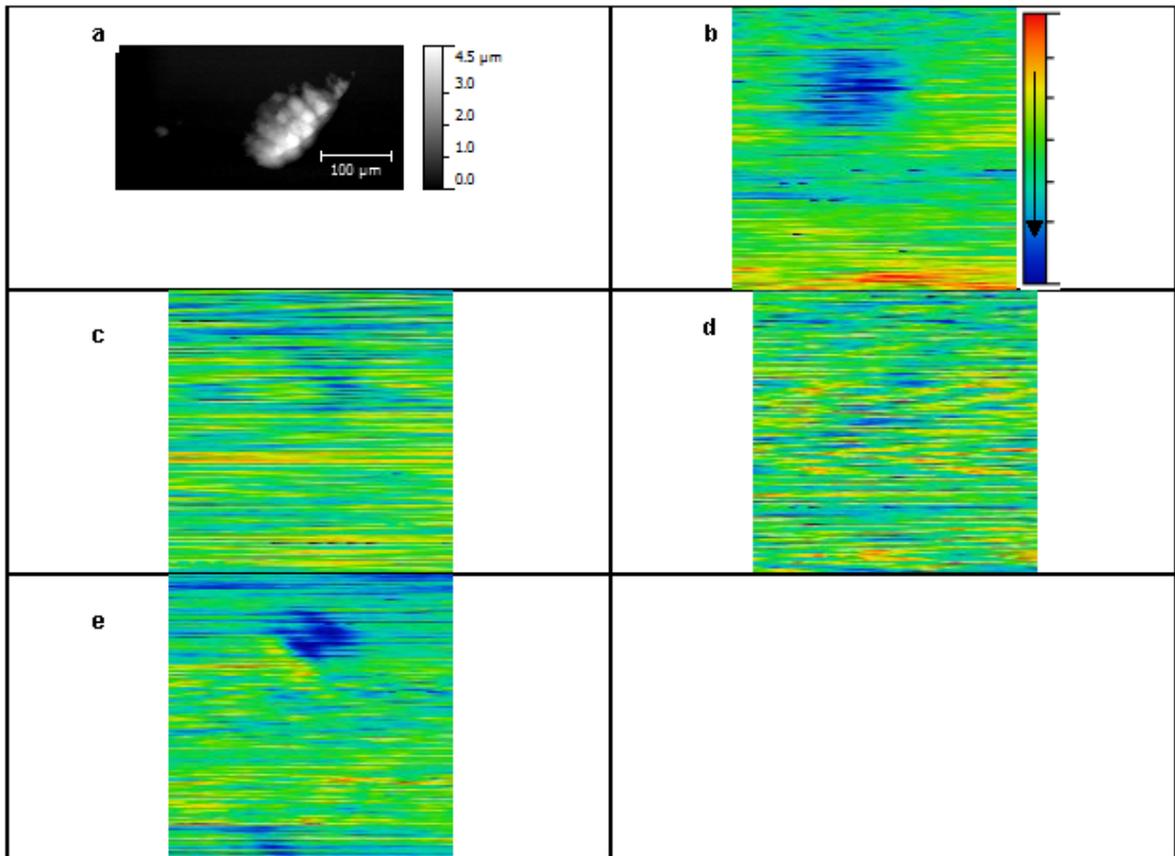
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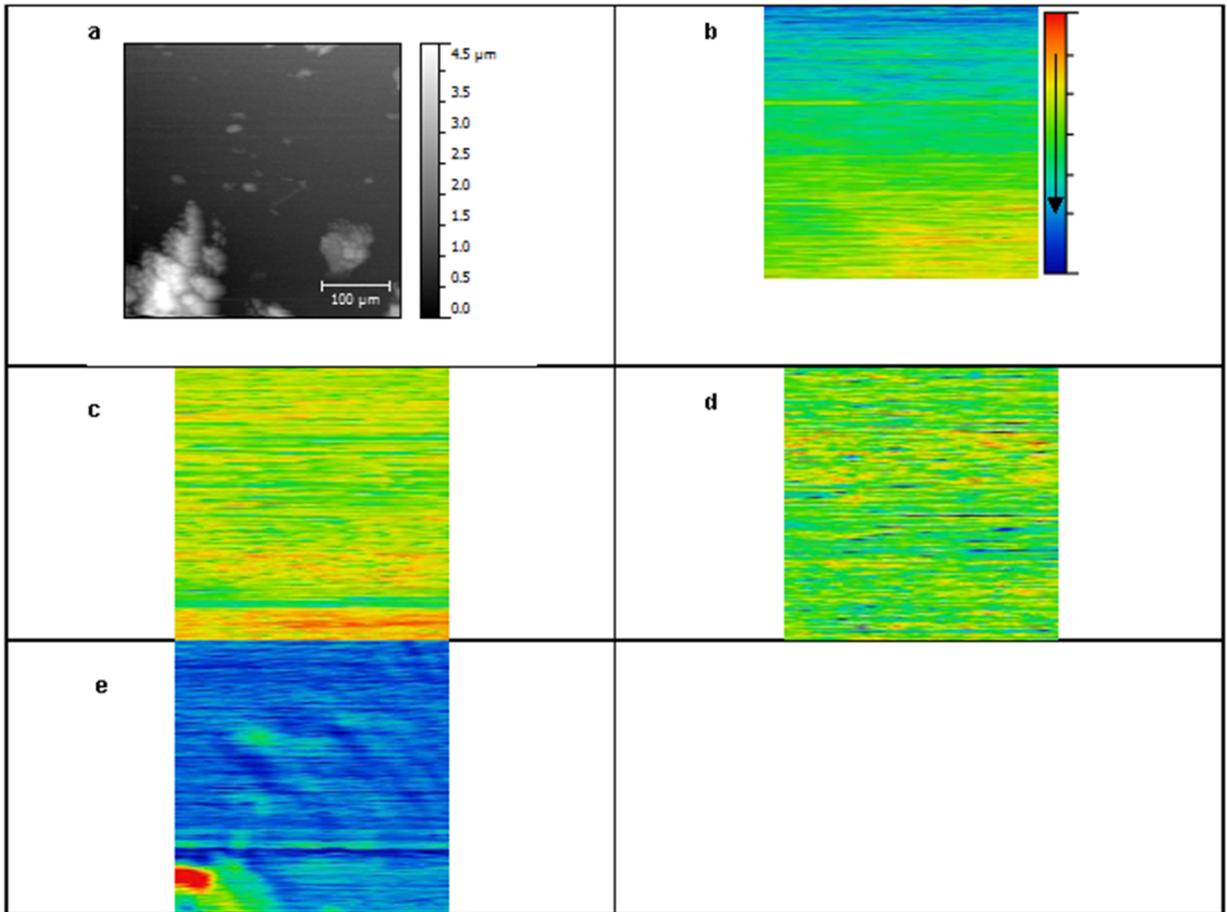
Number of Figures = 11



**Figure S1. SNOM-IR-FEL images of normal cells:** (a) topography; **transmission images:** (b) Amide I; (c) Amide II; (d) Lipids; and, (e) DNA. The colour scale bar arrow in (b) applies to (b-e) and indicates increasing biomarker absorption. SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.

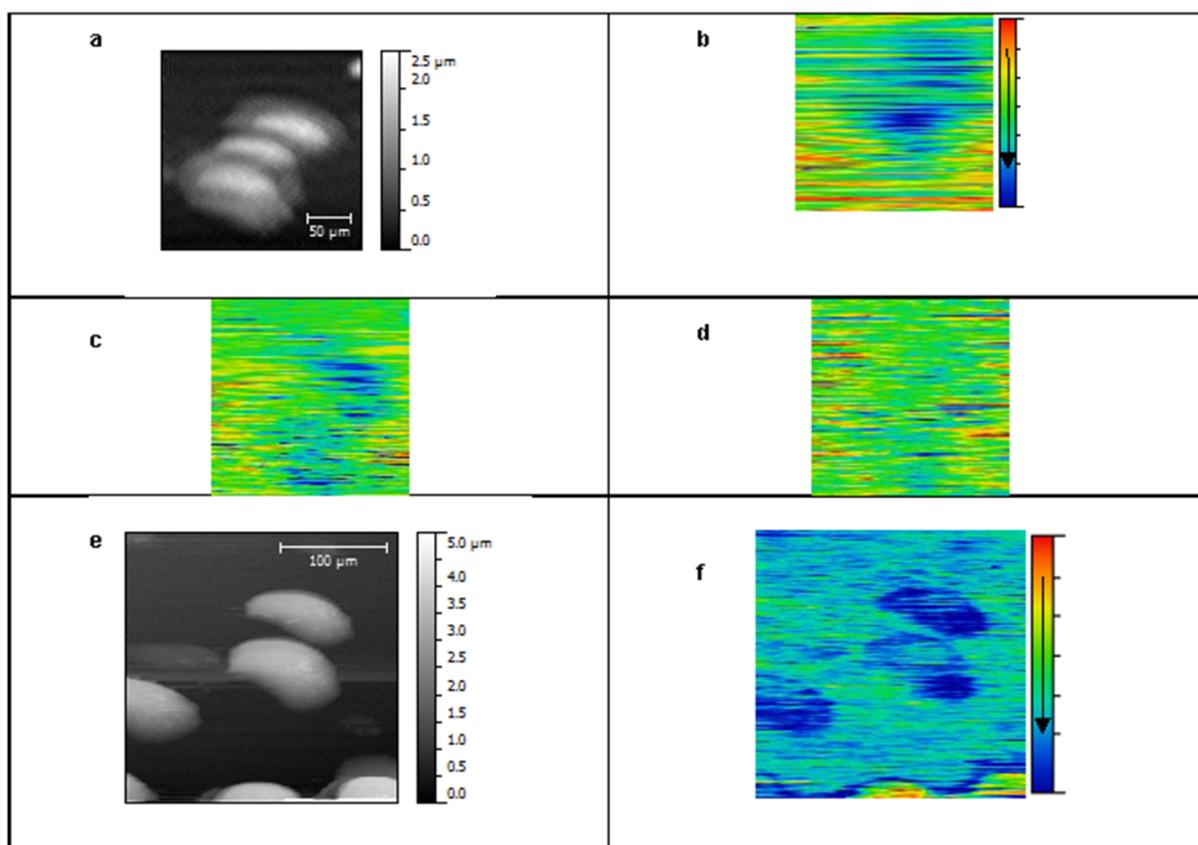


**Figure S2. SNOM-IR-FEL images of low-grade dyskaryosis: (a) topography; transmission images: (b) Amide I; (c) Amide II; (d) Lipids; and, (e) DNA. The colour scale bar arrow in (b) applies to (b-e) and indicates increasing biomarker absorption. SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.**

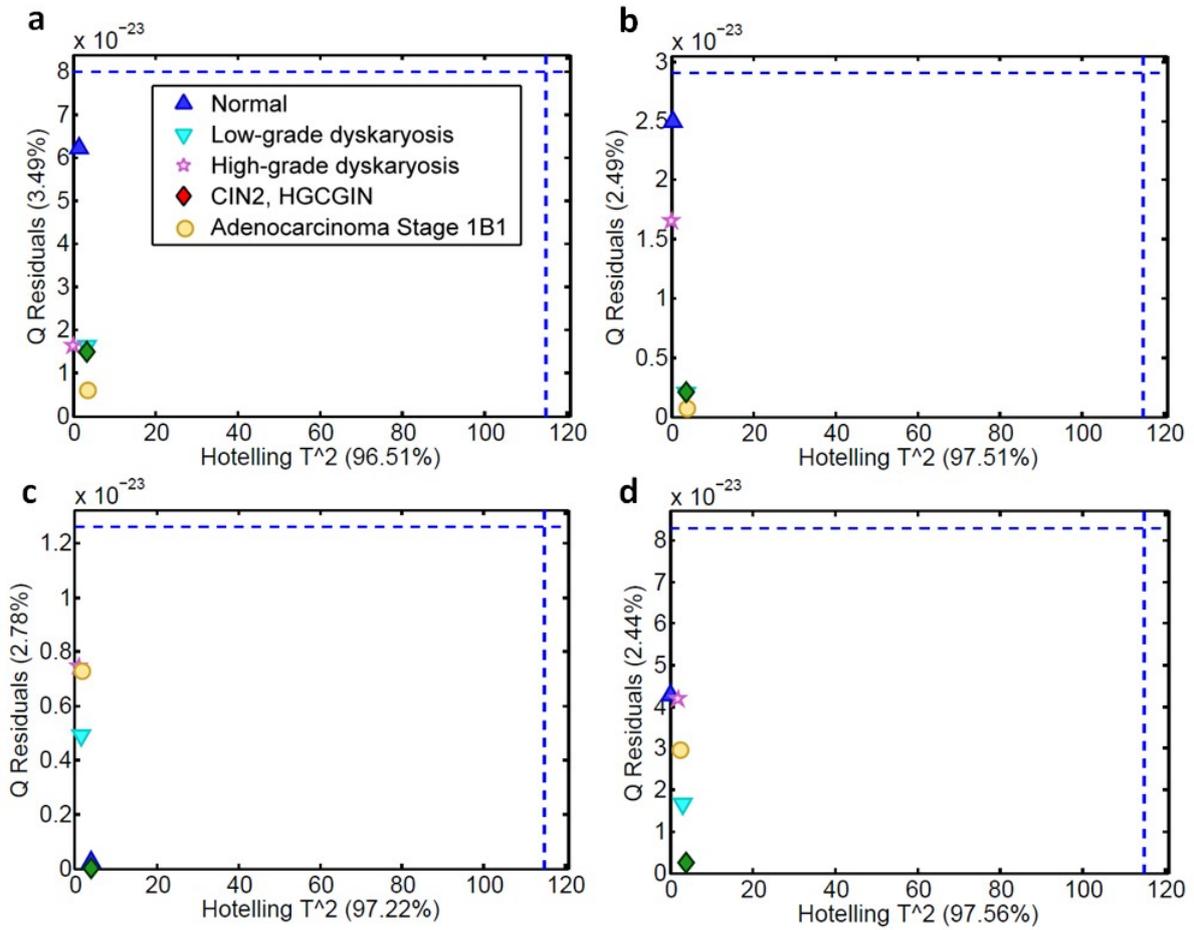


**Figure S3. SNOM-IR-FEL images of high-grade dyskaryosis: (a) topography; transmission images: (b) Amide I; (c) Amide II; (d) Lipids; and, (e) DNA. The colour scale bar arrow in (b) applies to (b-e) and indicates increasing biomarker absorption. SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.**

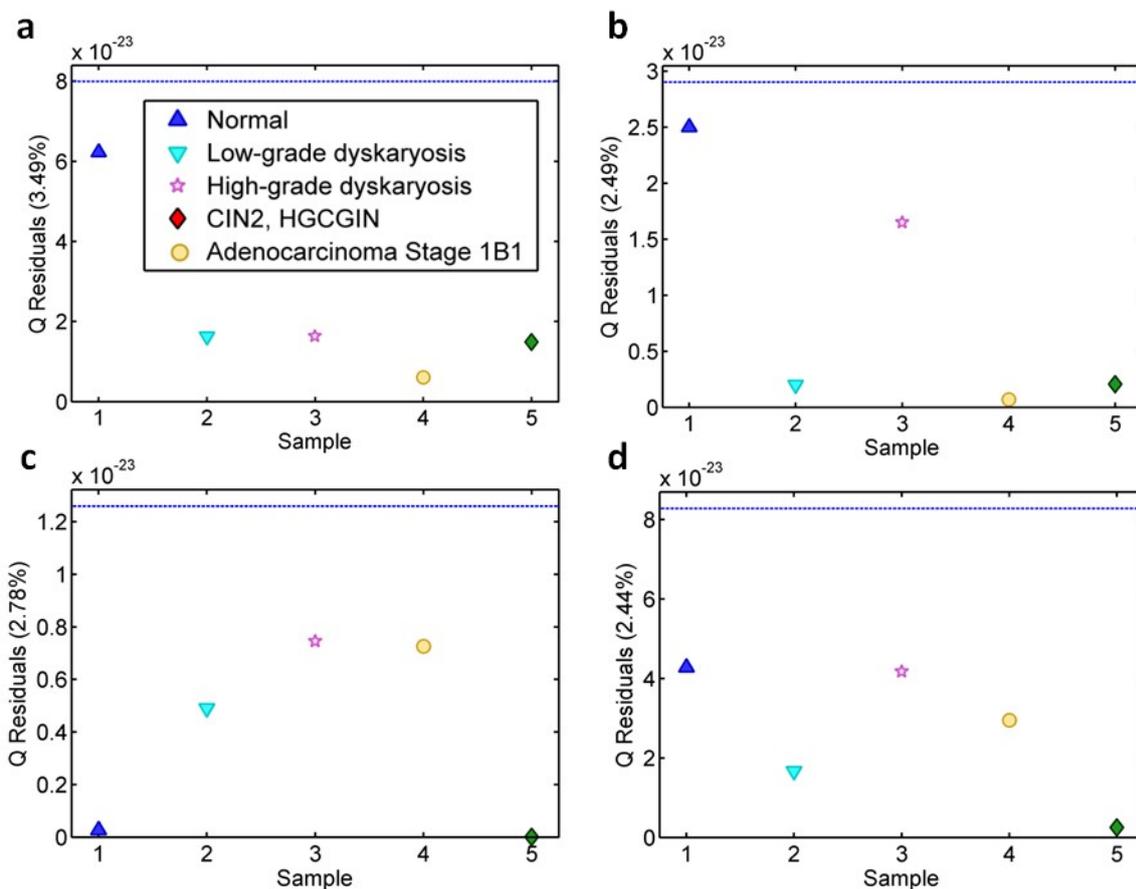
The SNOM-IR-FEL images and associated topography of the pre-invasive lesion (CIN2, HGCGIN) are presented in the main body of the text (see Figure 6).



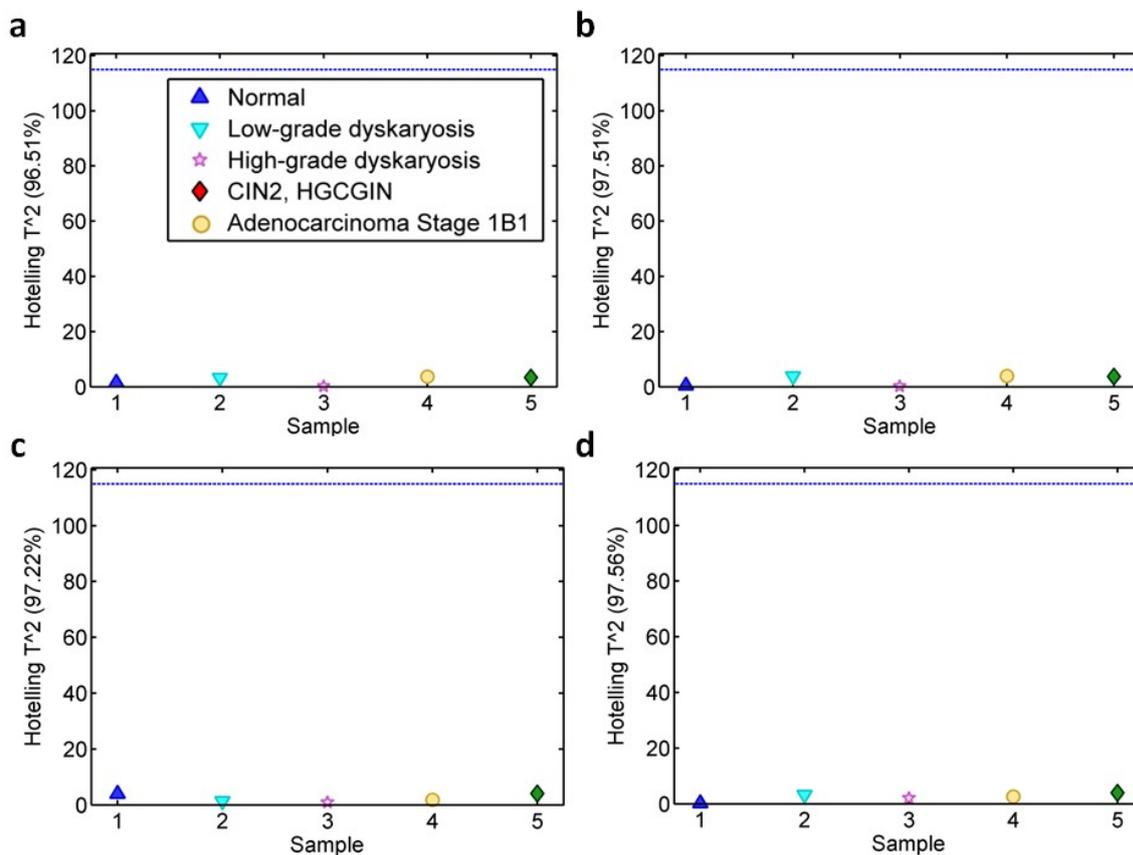
**Figure S4. SNOM-IR-FEL images of adenocarcinoma Stage 1B1:** (a) topography; **transmission images:** (b) Amide I (imaged from different site to topography shown here); (c) Amide II; and, (d) Lipids. (e) Topography of cells from a second area; and, (f) the corresponding SNOM transmission image for the DNA biomarker. The colour scale bar arrow in (b) applies to (b-d, f) and indicates increasing biomarker absorption. SNOM-IR-FEL: Scanning near-field optical microscopy coupled to an infrared-free electron laser.



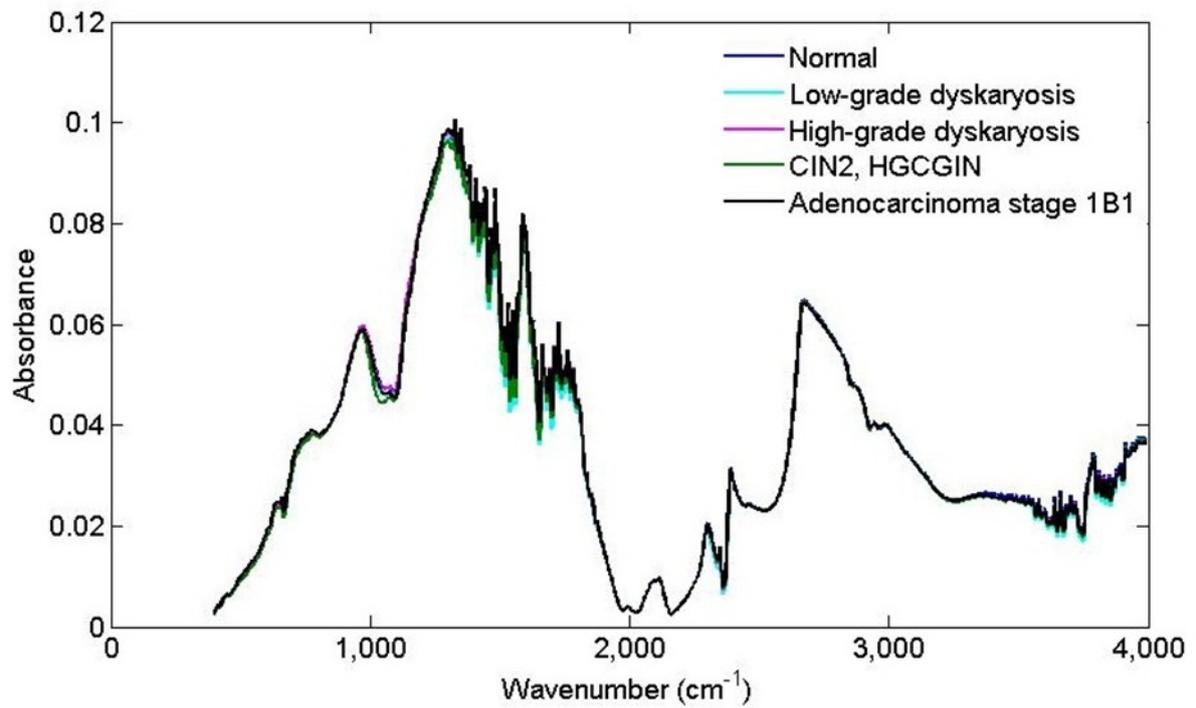
**Figure S5. Transmission SNOM-IR-FEL:** Hotelling  $T^2$  versus Q Residuals graphs for the type of cells according to each biomarker response: (a) Amide I; (b) Amide II; (c) Lipids; and, (d) DNA. All 5 samples fell within the 95% confidence limits (blue dotted line), and shows there were no outliers. The score for Hotelling  $T^2$  ranged from 96.51% to 97.56%; whilst the score for Q residuals ranged from 2.44% and 3.49%. CIN2, HGCGIN: Cervical intraepithelial neoplasia 2, high-grade cervical glandular intraepithelial neoplasia; SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.



**Figure S6. Transmission SNOM-IR-FEL:** Validation of the PCA model using Q Residuals to measure variation outside the PCA model for each sample according each biomarker response: (a) Amide I; (b) Amide II; (c) Lipids; and, (d) DNA. The optimal score for Q Residuals is 0% and here ranged from 2.44% to 3.49%. All 5 samples fell within the 95% confidence limits (blue dotted line), shows there were no outliers and that the data fits the model well. CIN2, HGCGIN: Cervical intraepithelial neoplasia 2, high-grade cervical glandular intraepithelial neoplasia; SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.

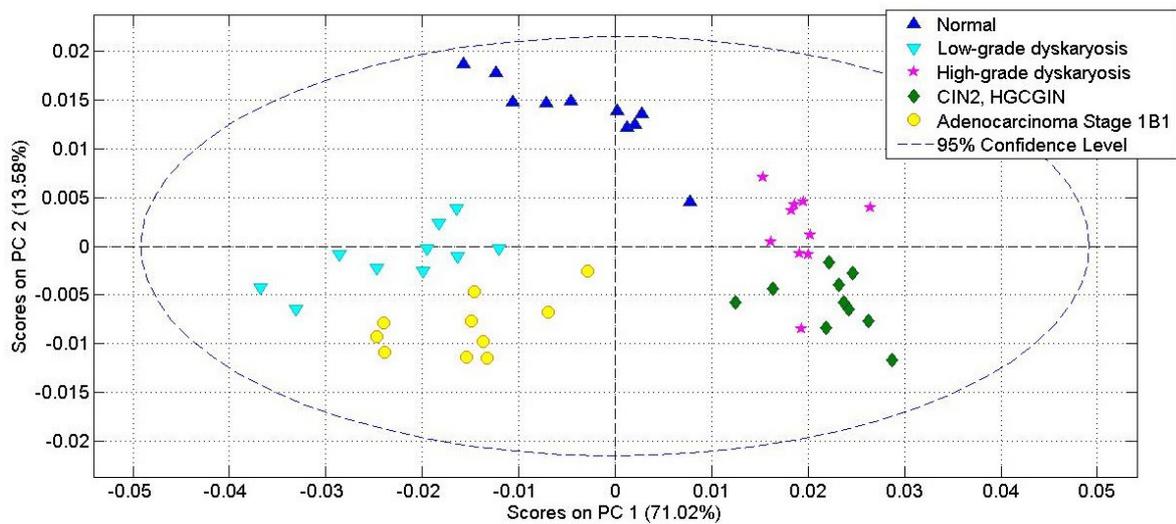


**Figure S7. Transmission SNOM-IR-FEL:** Validation of the PCA model using Hotelling  $T^2$  to measure variation within the PCA model for each sample according each biomarker response: (a) Amide I; (b) Amide II; (c) Lipids; and, (d) DNA. The optimal score for Hotelling  $T^2$  is 100% and here ranged from 96.51% to 97.56%. All 5 samples fell within the 95% confidence limits (blue dotted line), shows there were no outliers and that the data fits the model well. CIN2, HGCGIN: Cervical intraepithelial neoplasia 2, high-grade cervical glandular intraepithelial neoplasia; SNOM-IR-FEL: Scanning near-field optical microscopy coupled with an infrared-free electron laser.

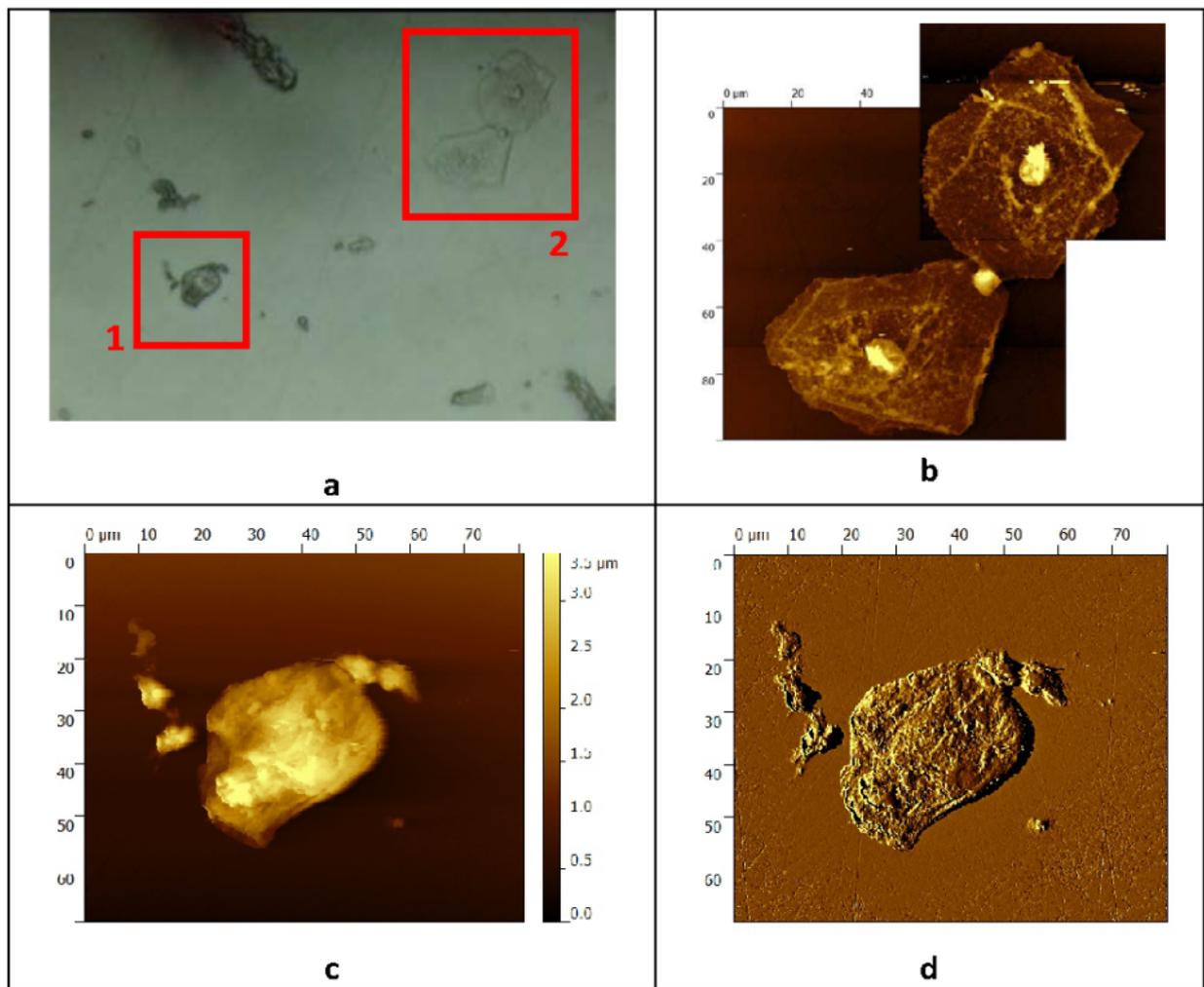


**Figure S8: ATR-FTIR spectroscopy:** Average infrared spectra of cell types.

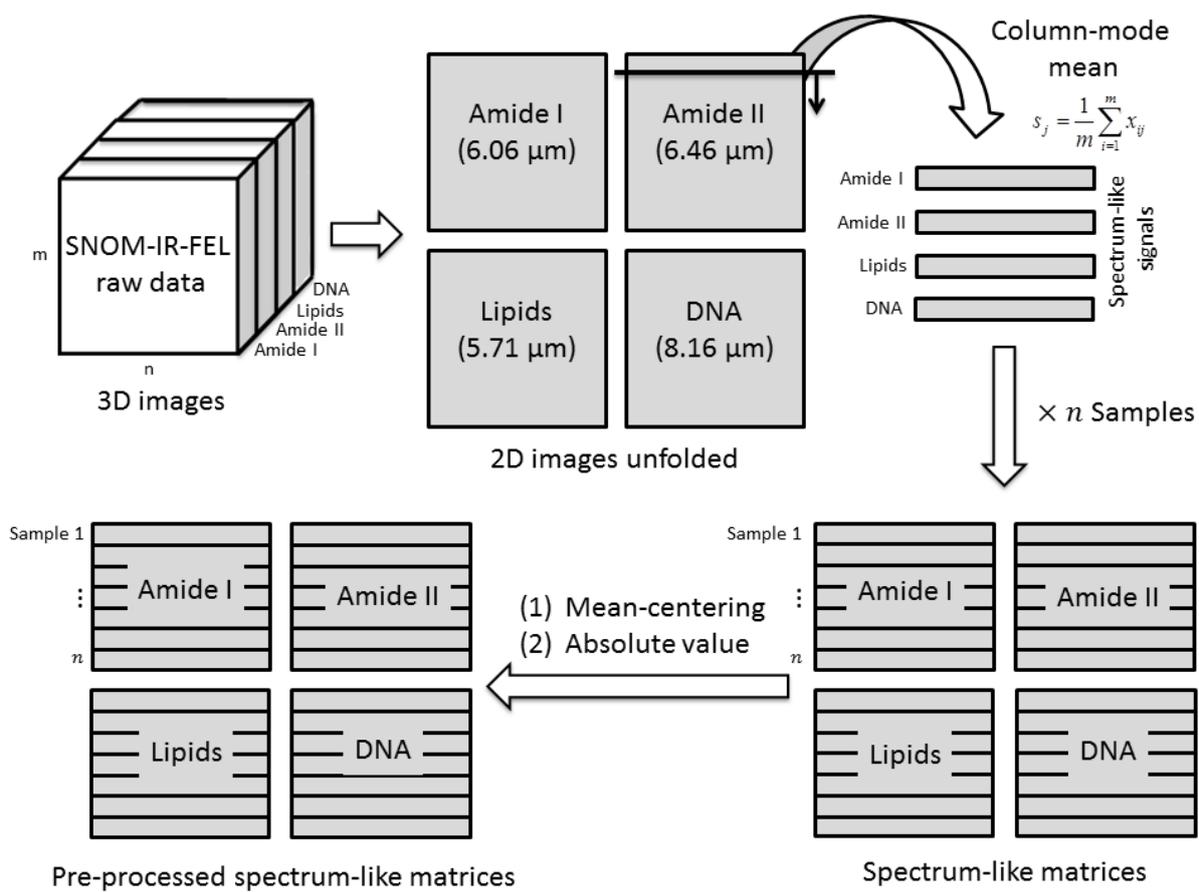
ATR-FTIR spectroscopy: Attenuated total reflection Fourier-transform infrared spectroscopy; CIN2, HGCGIN: Cervical intraepithelial neoplasia 2, high-grade cervical glandular intraepithelial neoplasia.



**Figure S9. ATR-FTIR spectroscopy:** Scores plot of 1<sup>st</sup> and 2<sup>nd</sup> principal components at a 95% confidence level. ATR-FTIR spectroscopy: Attenuated total reflection Fourier-transform infrared spectroscopy; CIN2, HGCGIN: Cervical intraepithelial neoplasia 2, high-grade cervical glandular intraepithelial neoplasia; principal components.



**Figure S10. AFM imaging of adenocarcinoma Stage 1B1:** (a) Optical image ( $\times 10$  magnification) identifying cells for investigation by AFM; and, (b) AFM topography image of two intermediate glandular cells [area 2 in (a)], the lower cell has two nuclei. The cells exhibit a long axis of  $\sim 75 \mu\text{m}$ . The cell thickness was measured at  $\sim 200 \text{ nm}$ , whereas the nuclei protruded  $\sim 1 \mu\text{m}$  in height from the substrate. (c) AFM topography; and, (d) deflection image of a cell identified [area 1 in (a)] as having a single enlarged nucleus separated from the rest of the cell by a halo. AFM: atomic force microscopy.



**Figure S11.** The computational steps taken in processing the data.