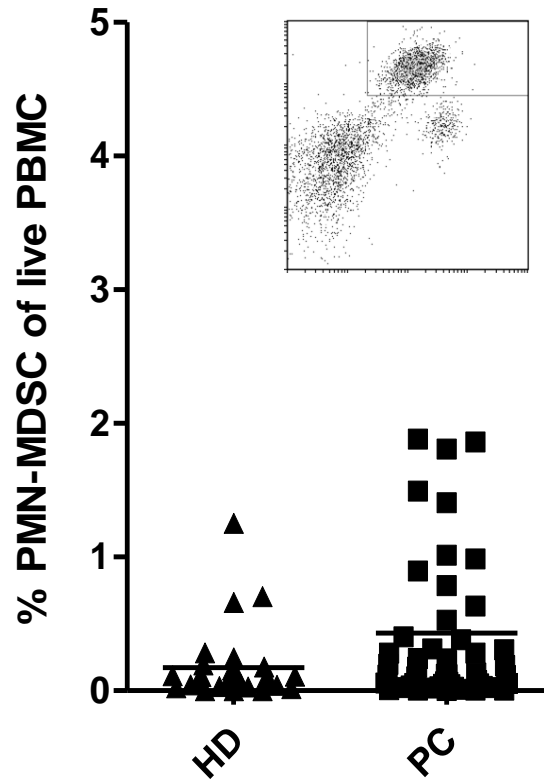
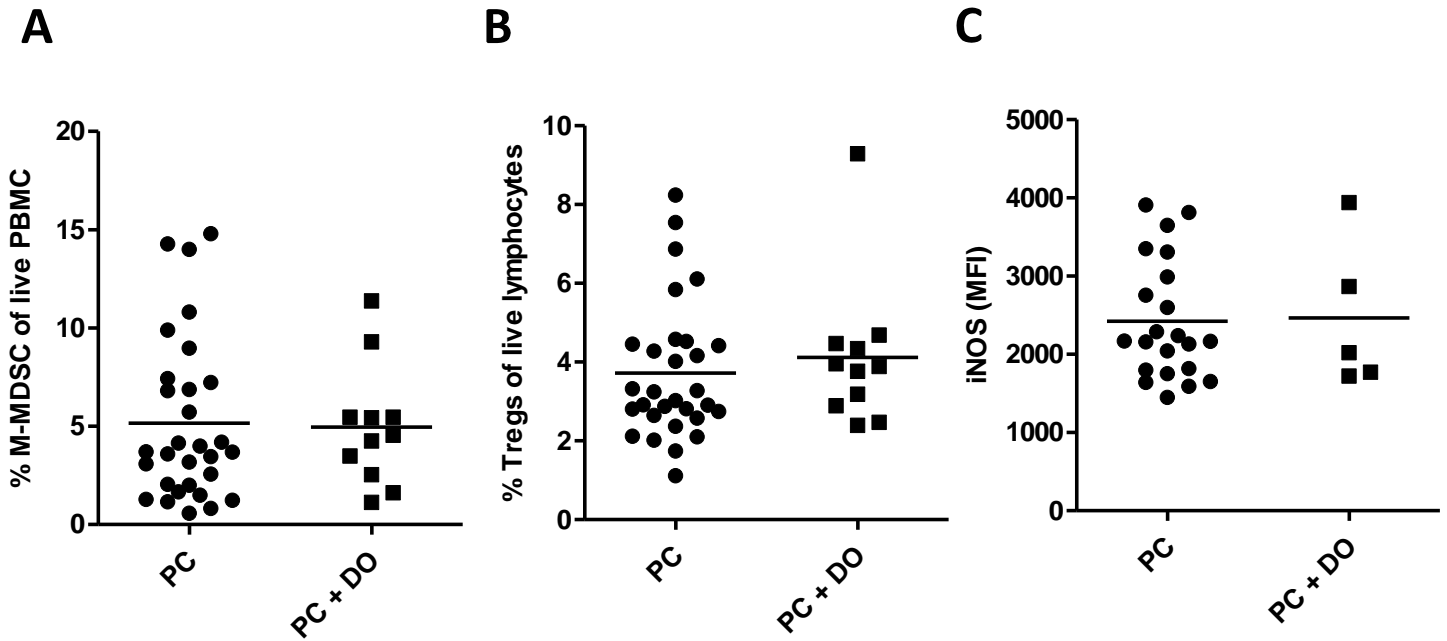


Suppl. Figure 1



Increased frequencies of PMN-MDSC in the blood of patients with PC.

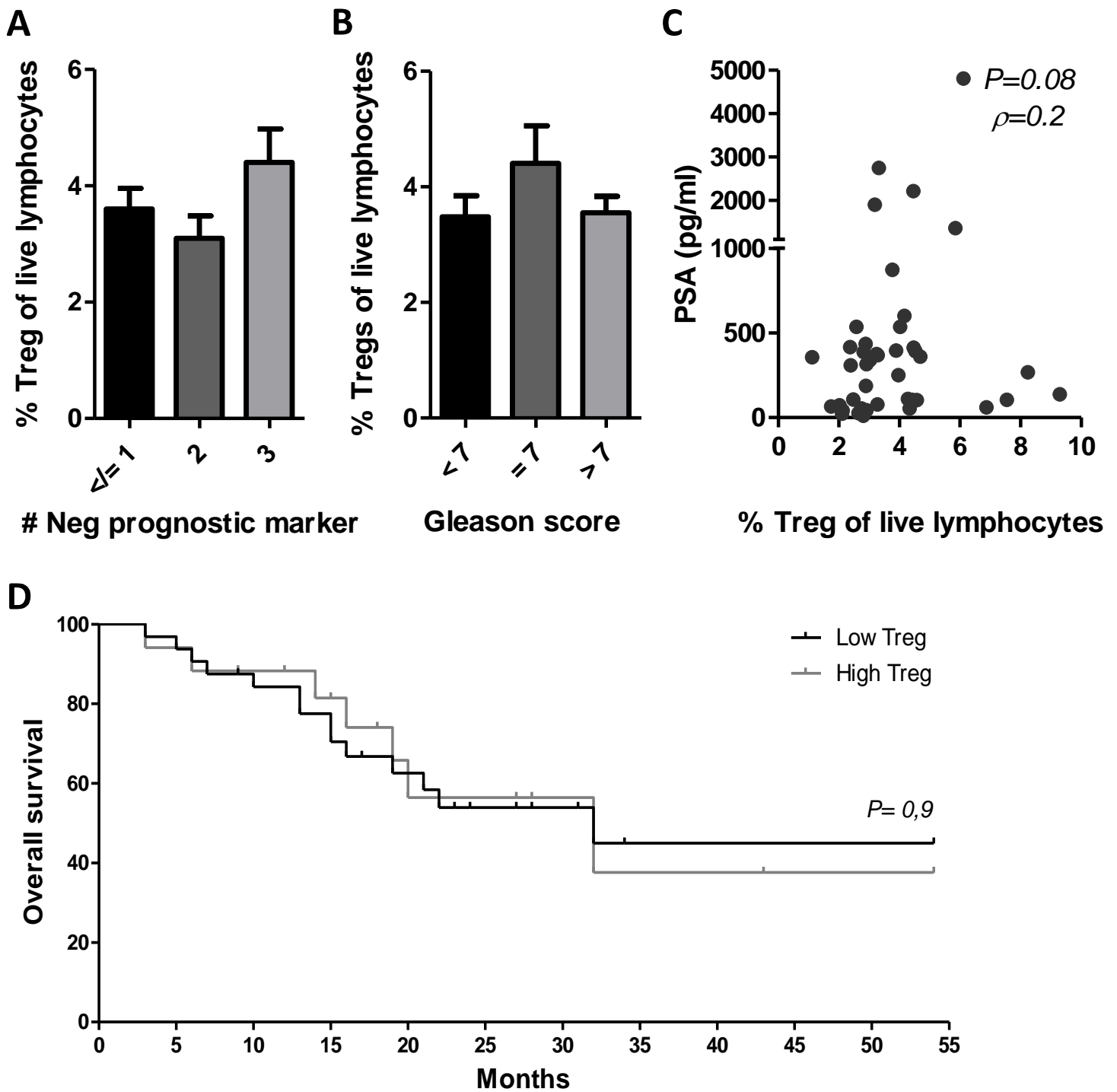
Frequencies of PMN-MDSC, initially gated as M-MDSC (HLA-DR^{neg/low} Lin⁻ CD33⁺ CD11c⁺ cells), further gated as CD15 CD66b double positive, tend to be higher in patients with PC compared to healthy donors.



Prior docetaxel treatment of a fraction of the patient cohort does not affect immune cell populations at the time of inclusion

Distribution of immune suppressive cells, **A)** M-MDSC and **B)** Tregs in patients with prostate cancer is not affected by docetaxel treatment prior to inclusion in this study (PC, n=30, PC +DO, n=11). **C)** iNOS expression level in M-MDSC from untreated patients (n=22) and docetaxel treated patients (n=5). PC = Prostate cancer, DO = Docetaxel, MFI = Mean fluorescence intensity.

Suppl. Figure 3



Treg levels does not correlate with negative prognostic markers or overall survival, but tend to correlate with plasma PSA. Patients stratified into groups; **A**) harbouring ≤ 1 (n=17), 2 (n=11) or 3 (n=13) independently negative prognostic markers or **B**) low (< 7 , n=5), intermediate (7, n= 10) or high (> 7 , n=25) gleason score at diagnosis. Mann-Whitney test, error bars designate standard error of the mean, SEM. **C**) Circulating Tregs and plasma PSA tend to correlate (n=41, $P=0.08$, $\rho=0.2$, Spearman rank correlation test). **D**) Treg level does not impact OS.