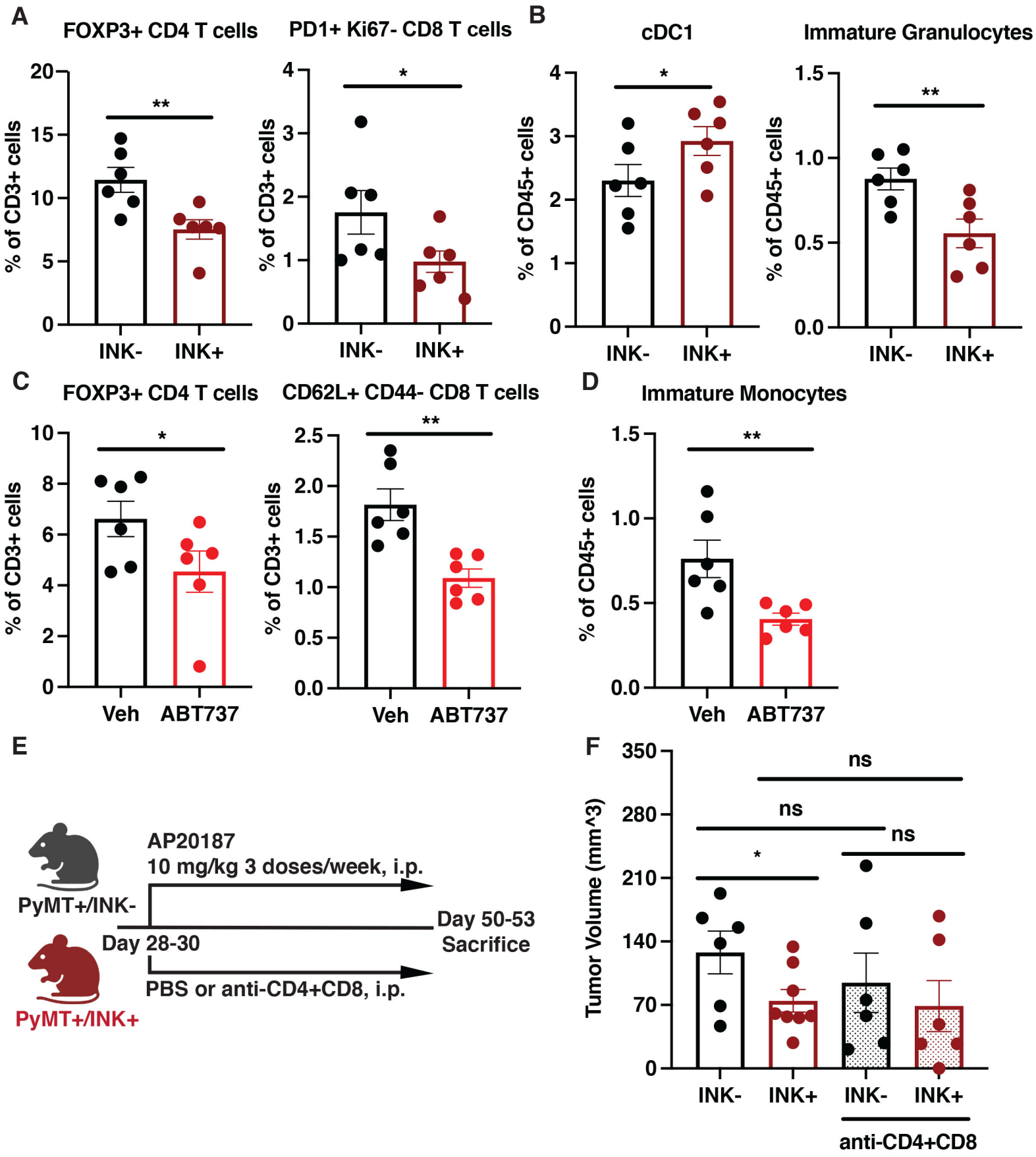

Suppl. Figure 7

Supplemental Figure 7. Loss of p16+ senescent CAFs impacts the immune milieu of a tumor. (A) Flow cytometric analyses of FOXP3+ $CD4^+$ T cells (left) and non-proliferative (Ki67-), PD1+ $CD8^+$ T cells (right) from INK- versus INK+ mice. **(B)** Flow cytometric analyses of conventional dendritic cell type I (cDC1) (left) and immature granulocytes (right) from INK- versus INK+ mice. **(C)** Flow cytometric analyses of FOXP3+ $CD4^+$ T cells (left) and naïve $CD8^+$ T cells (right) from MMTV-PyMT mice treated with vehicle (Veh) or ABT737. **(D)** Flow cytometric analyses of immature monocytes from MMTV-PyMT mice treated with vehicle (Veh) or ABT737. **(E)** Schematic AP20187 (AP) treatment combined with CD4 and CD8 depletion in INK- and INK+ mice. First dose of anti-CD4+CD8 antibodies was administrated at 500 ug/mouse of antibody/mouse. The remaining doses were administrated every 4 days at 250 ug/mouse of antibody/mouse. **(F)** Tumor volume measured with calipers at week 7 for INK- versus INK+ mice depleted of T cells (anti-CD4+CD8). INK- mice on PBS treatment, n=6; INK+ mice on PBS treatment, n=8; INK- mice on anti-CD4+CD8 treatment, n=6; INK+ mice on anti-CD4+CD8 treatment, n=6. All statistical analyses were conducted using unpaired one-tailed student t-test; data are represented as mean ± SEM *$p<0.05$; **$p<0.01$; ns, not significant.