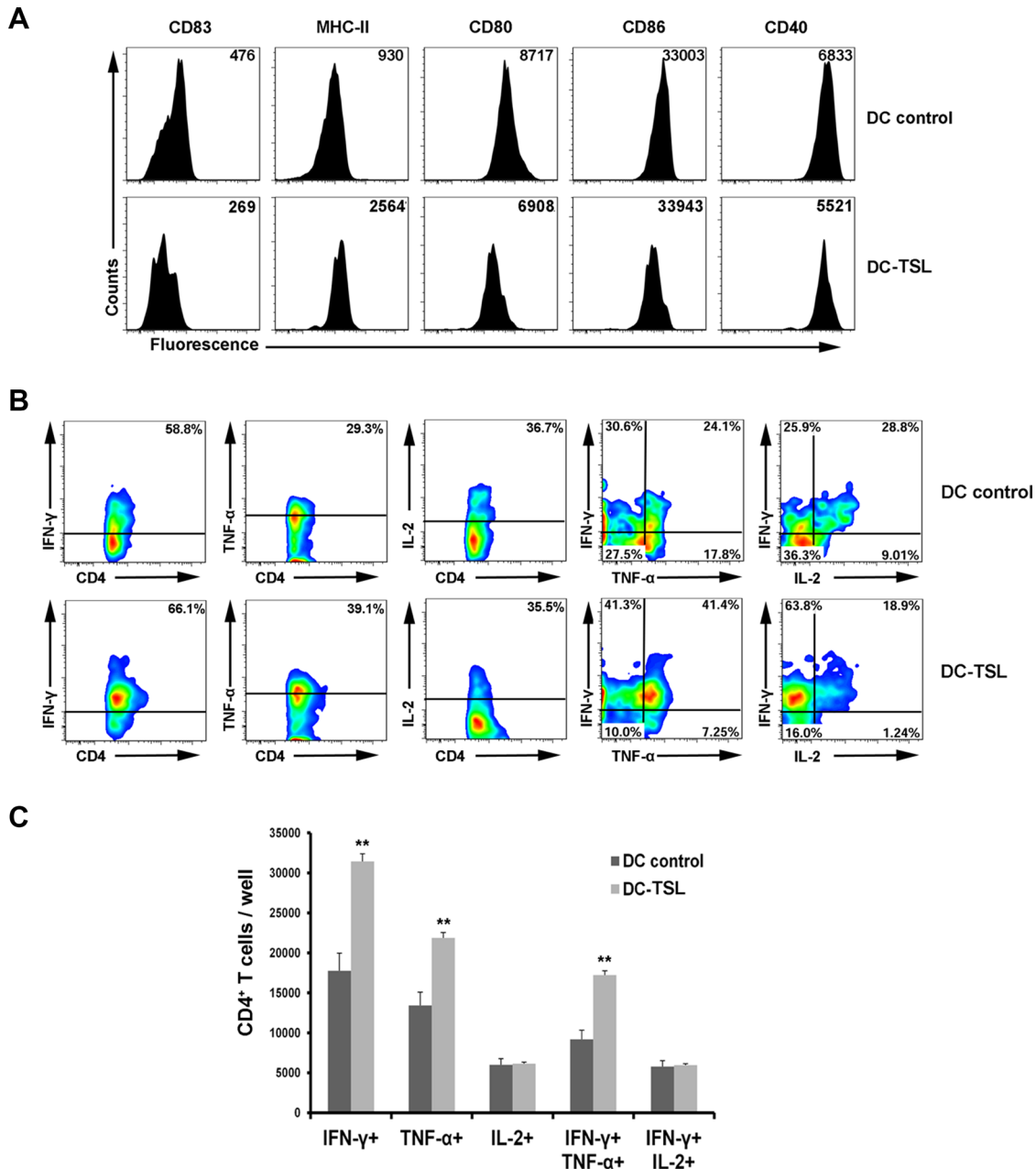
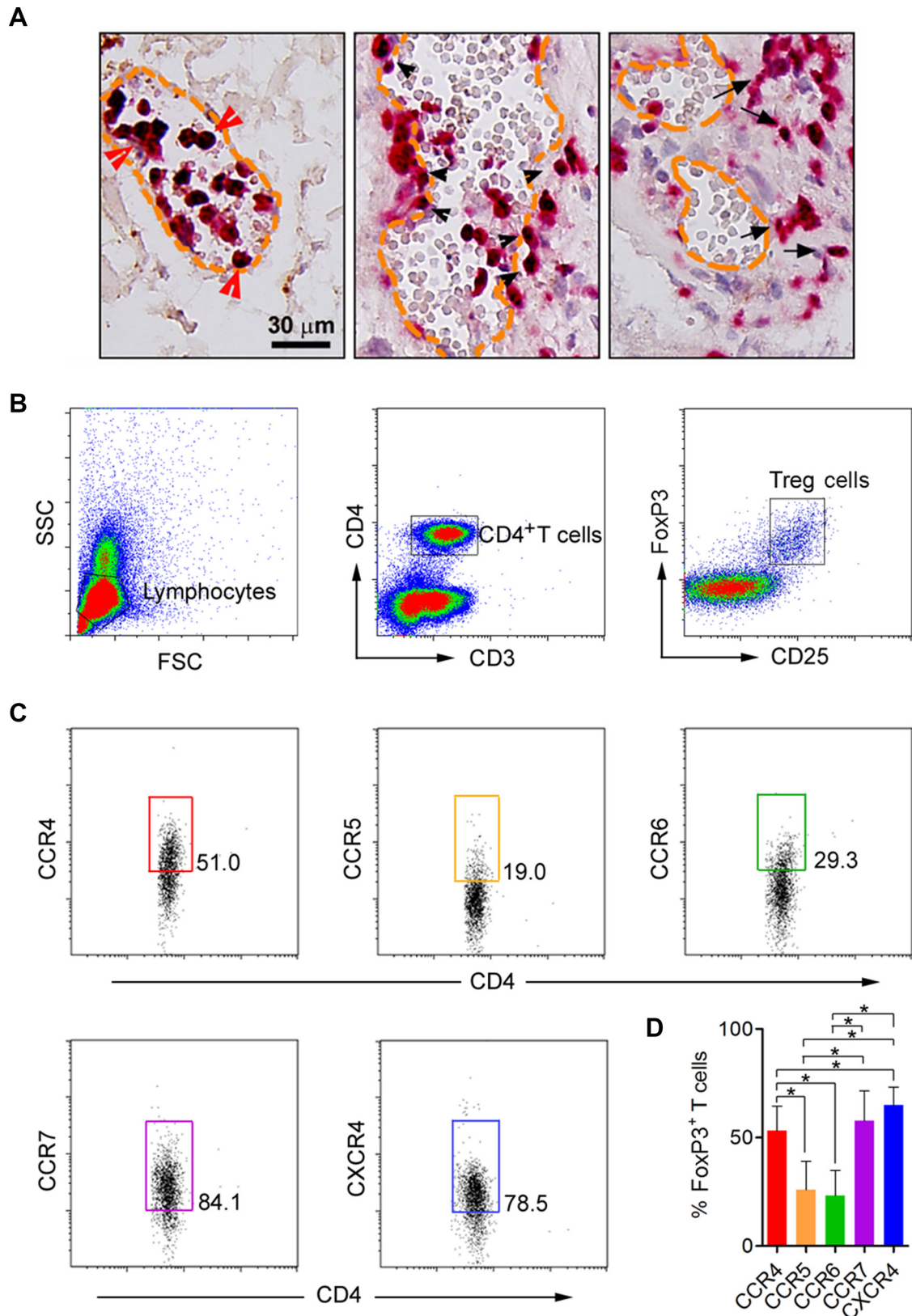


Blockade of MCP-1/CCR4 signaling-induced recruitment of activated regulatory cells evokes an antitumor immune response in head and neck squamous cell carcinoma

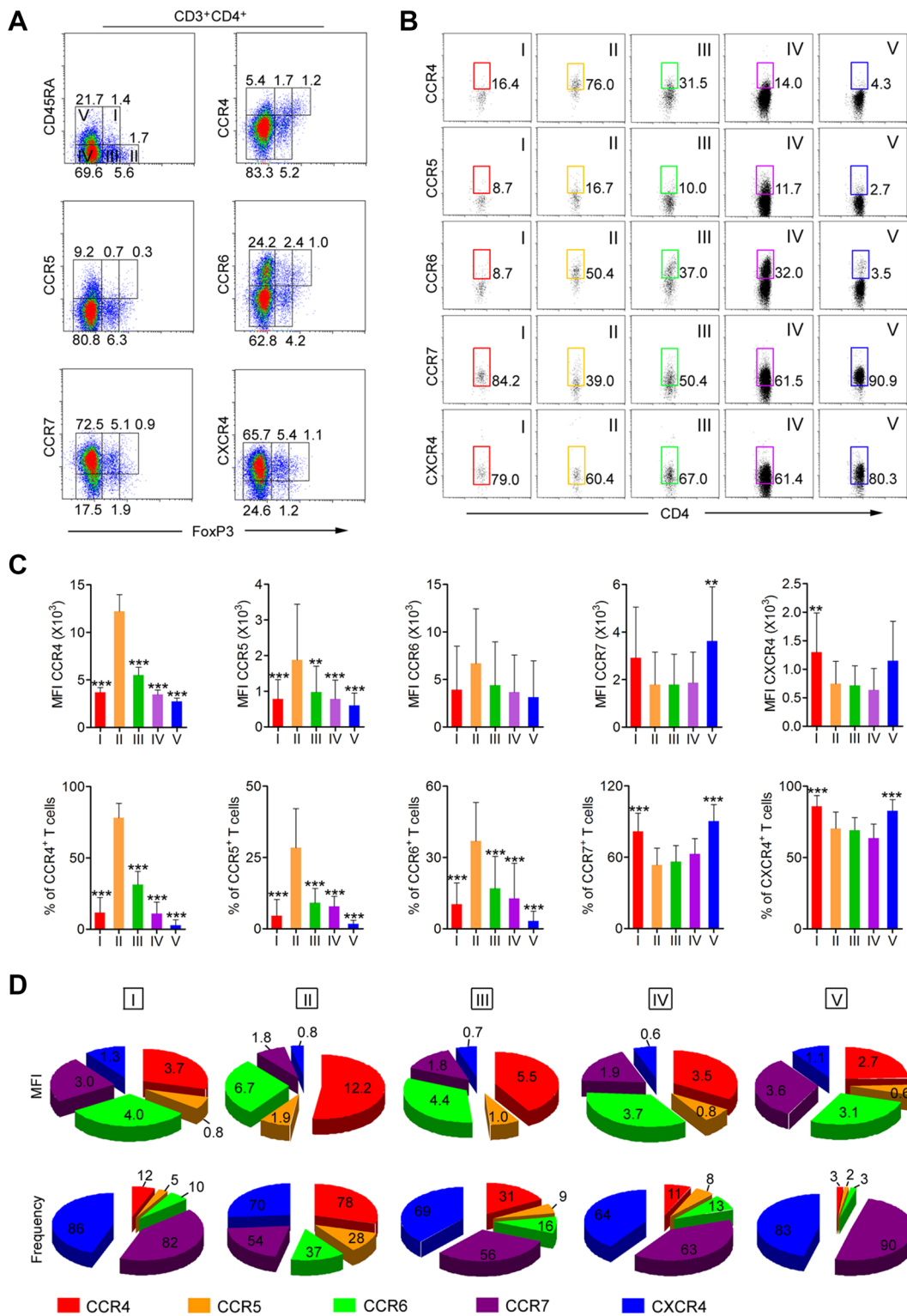
Supplementary Materials



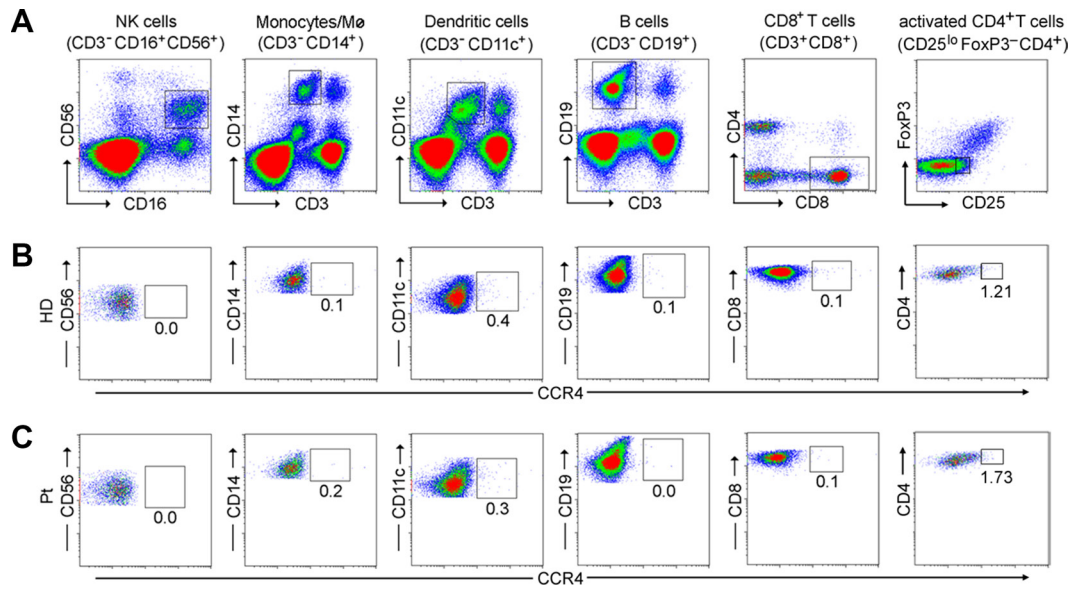
Supplementary Figure S1: Tumor lysate-exposed DCs stimulate cytokine production in autologous T cells. (A) Expression of DC markers, MHC, and co-stimulatory molecules on antigen-loaded DCs (DC-TSL) and a DC control. (B) The frequencies of IFN- γ ⁺CD4⁺, TNF- α ⁺CD4⁺, and IFN- γ ⁺TNF- α ⁺CD4⁺ T cells were higher than in the control. (C) Statistical comparisons were performed using Student's *t*-tests. Data are the mean \pm SD for triplicate experiments. ***P* < 0.01. DC-TSL: DC pulsed with tumor-stressed lysates.



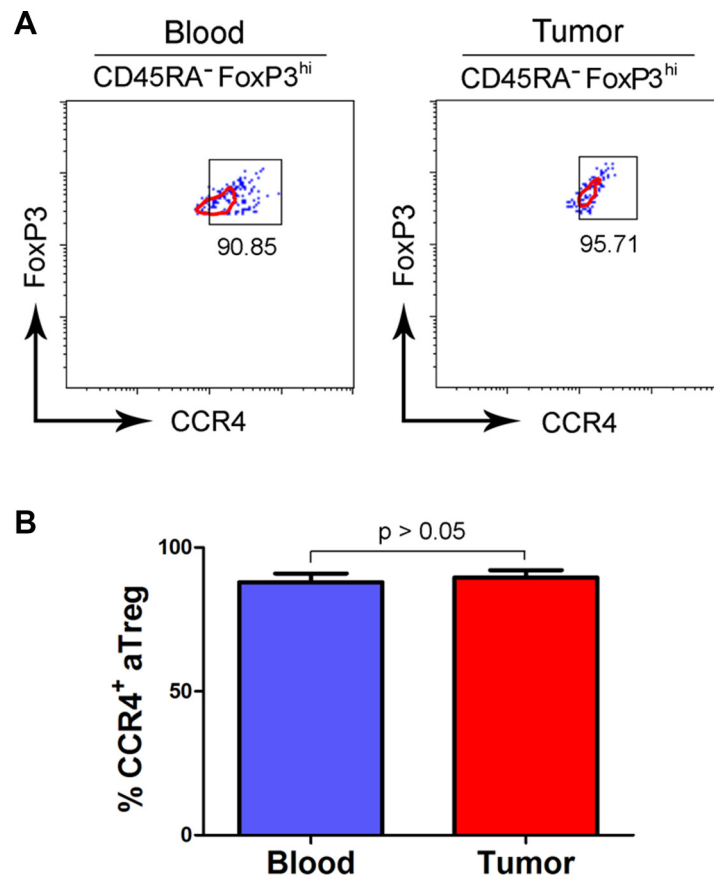
Supplementary Figure S2: Recruitment of aTreg cells and expression of chemokine receptors on circulating FoxP3⁺CD25⁺CD4⁺ Treg cells from HNSCC patients. (A) Representative images of aTreg-cell recruitment from blood vessels to the tumor microenvironment (red arrowheads: aTreg cells in vessels; black arrowheads: aTreg cells adjacent to vessels; black arrows: aTreg cells distant from vessels). Brown: FoxP3; Red: CD25. Scale bars: 30 mm. (B) The gating strategy used to identify the frequency of FoxP3⁺CD25⁺CD4⁺ Treg cells in the total CD3⁺CD4⁺ T cell population. (C) Representative images showing the expression of chemokine receptors CCR4, CCR5, CCR6, CCR7, and CXCR4 on circulating Treg cells. (D) Statistical differences between the five groups were analyzed using the Kruskal-Wallis test. **P* < 0.001.



Supplementary Figure S3: CCR4 is predominantly expressed on aTreg cells from healthy donors. (A) CCR4, CCR5, CCR6, CCR7, and CXCR4 expression by subpopulation of FoxP3⁺ Treg cells in PBMCs from healthy donors. (B) CCR4, CCR5, CCR6, CCR7, and CXCR4 expression were evaluated in each fraction of CD4⁺ T cells. Representative data from 22 healthy donors are shown. (C) Mean fluorescence intensity (MFI, upper) and frequency (lower) of CCR4, CCR5, CCR6, CCR7, and CXCR4 expression by each fraction of CD4⁺ T cells in PBMCs from healthy donors ($n = 22$). Statistical differences were analyzed using the Kruskal-Wallis test. * $P < 0.05$, ** $P < 0.001$, and *** $P < 0.0001$. (D) Summary of MFIs (means, upper) and frequencies (means, lower) of CCR4, CCR5, CCR6, CCR7, and CXCR4 in each fraction of CD4⁺ T cells. I: FoxP3^{lo}CD45RA⁺CD4⁺ resting Treg cells; II: FoxP3^{hi}CD45RA⁺CD4⁺ aTreg cells; III: cytokine-secreting FoxP3^{lo}CD45RA⁺CD4⁺ non-Treg cells; IV: FoxP3⁺CD45RA⁺CD4⁺ T cells; V: FoxP3⁺CD45RA⁺CD4⁺ T cells.



Supplementary Figure S4: CCR4 is not significantly expressed on NK cells, monocytes/macrophage, DCs, B cells, CD8⁺ T cells, and activated CD4⁺ T cells. (A) PBMCs from 13 HNSCC patients and 10 healthy donors were stained for cell type-specific markers. CCR4 expression in each cell population from 10 healthy donors (B) and 13 HNSCC patients (C) was analyzed by flow cytometry. Representative data from one HNSCC patient and one healthy donor are shown.



Supplementary Figure S5: CCR4 expression in tumor infiltrating aTreg cells corresponds to the expression in aTreg cells in blood. (A) CCR4 expression was analyzed in aTreg cells from tumor tissues and blood. Data for one representative patient are shown. (B) The statistical difference between two groups was analyzed using Mann-Whitney *U*-tests (*n* = 18).

Supplementary Table S1: Relationship between tumor-infiltrating aTreg cells and clinical variables

	Tumor grade			<i>P</i>	Stage		<i>P</i>
	Poor	Moderate	Well		I–II	III–IV	
aTreg cells (median, range)	4.50 (0.75–17.50)	4.00 (0–18.50)	2.88 (0–24.00)	> 0.05	2.50 (0–9.25)	9.75 (0–24.00)	< 0.001

Supplementary Table S2: Factors influencing survival in 72 LSCC patients as determined using the Cox proportional hazards model

	Overall survival	
	<i>P</i>	Relative risk (95% CI)
aTreg cells	0.035	4.05 (1.10–14.88)
Stage (I–II vs. III–IV)	0.040	1.65 (1.02–2.65)

LSCC: Laryngeal squamous cell carcinoma; CI: Confidence Interval.