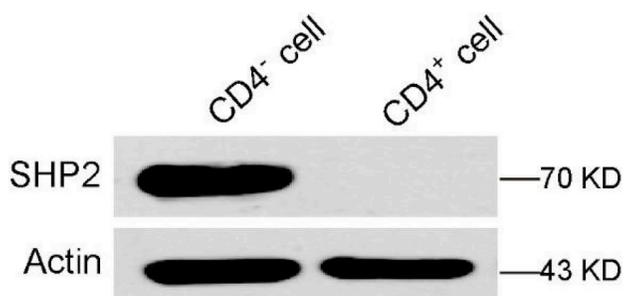
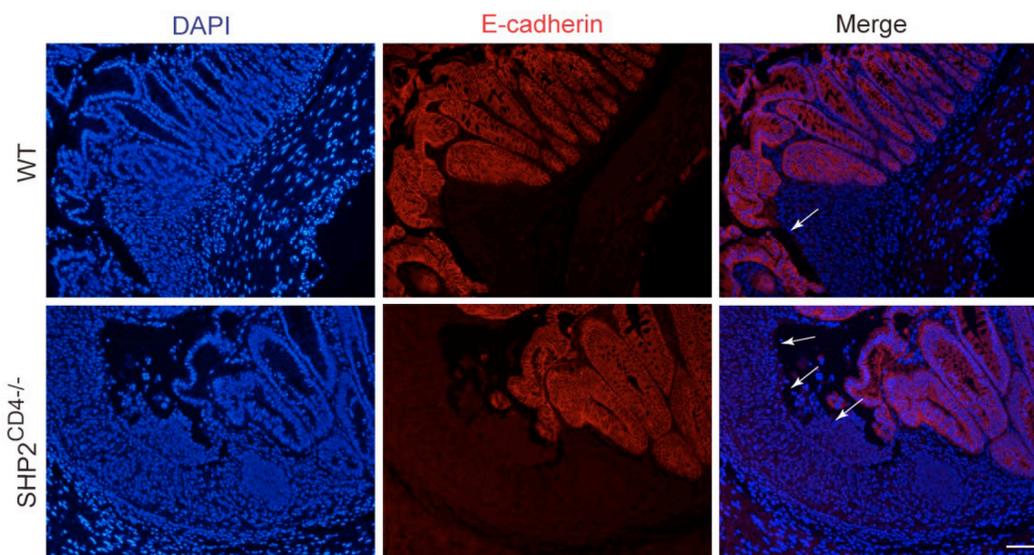


## T lymphocyte SHP2-deficiency triggers anti-tumor immunity to inhibit colitis-associated cancer in mice

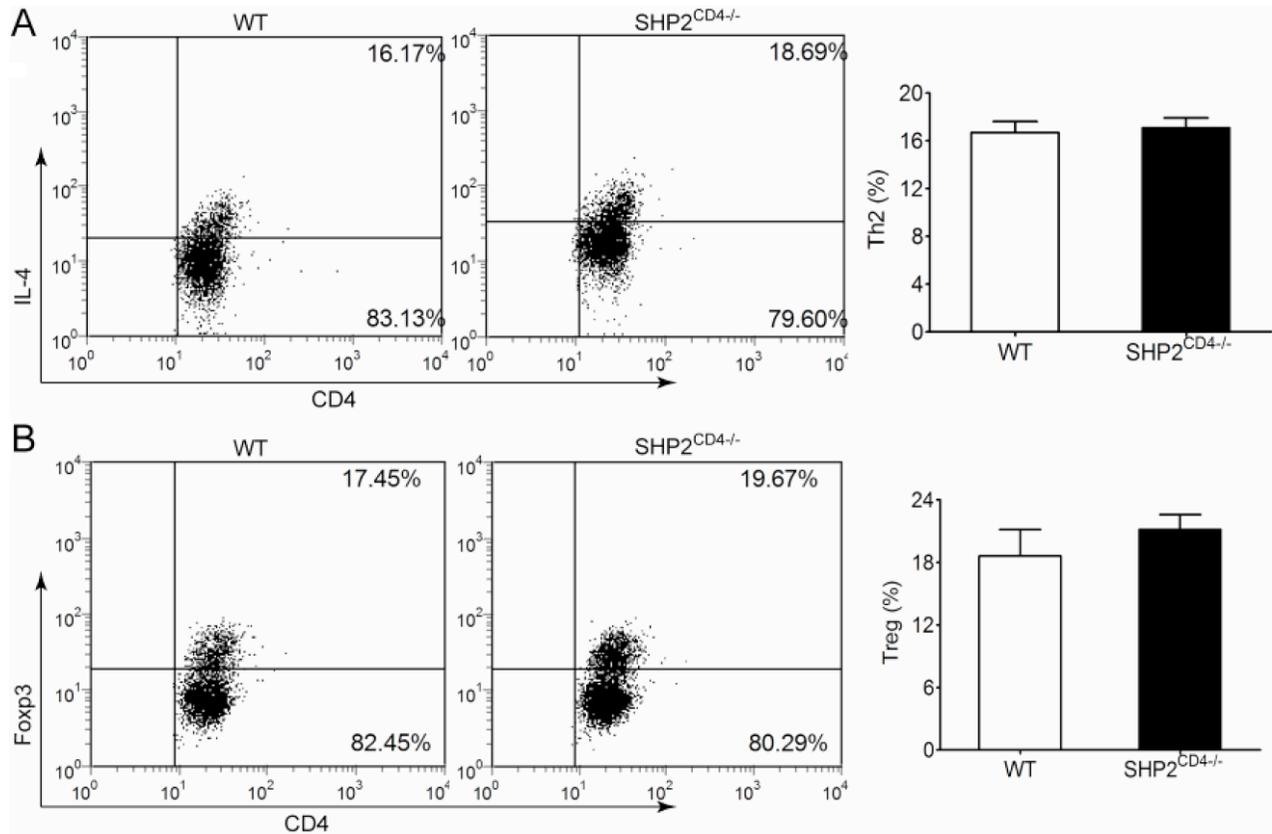
### Supplementary Materials



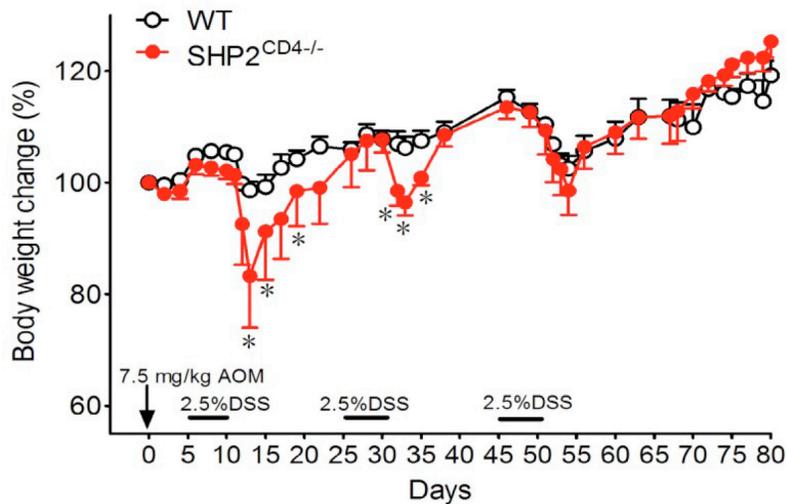
**Supplementary Figure S1: CD4<sup>+</sup> T cell-specific knockout of SHP2 in SHP2CD4<sup>+/-</sup> mice.** Immunoblotting analysis of SHP2 expression on CD4<sup>+</sup> T cells purified from lymph node of SHP2<sup>CD4<sup>+/-</sup></sup> mice. Data are representative of three independent experiments.



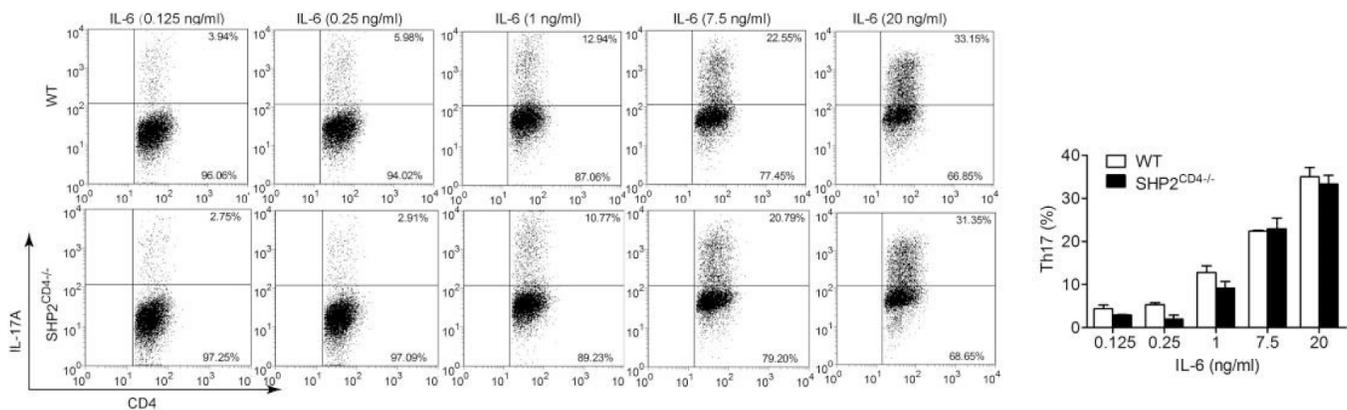
**Supplementary Figure S2: SHP2 deficiency leads to more loss of epithelial E-cadherin in DSS-induced colitis model.** Mice were treated with 2.5% DSS in drinking water for 5 days to induce acute colitis. Immunofluorescence analysis of E-cadherin expression in colonic tissues from colitis mice on day 8. Arrows indicate the area where E-cadherin is lost. Scale bar: 100  $\mu$ m.



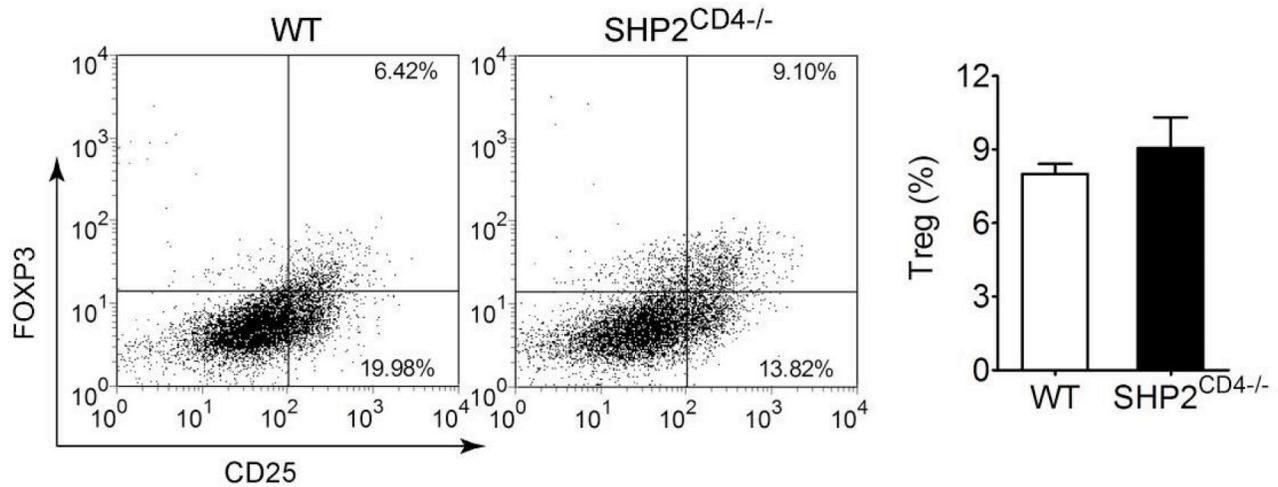
**Supplementary Figure S3: SHP2-deficiency has no effect on Th2 or Treg cell differentiation in DSS-induced colitis model.** Flow cytometry analysis of CD4<sup>+</sup>IL-4<sup>+</sup> (Th2) and CD4<sup>+</sup>Foxp3<sup>+</sup> (Treg) cells in T cells isolated from colitis mice at day 8. CD4<sup>+</sup> T cells were purified from mice with MicroBeads and differentiated *in vitro*. For Th2 or Treg differentiation, CD4<sup>+</sup> T cells were incubated with plate-bound mAbs of anti-CD3 and anti-CD28 under Th2 conditions (10 ng/ml IL-4, 10 μg/ml anti-IFN-γ mAb, 1 μg/ml anti-IL-12 mAb), or Treg conditions (1 ng/ml TGF-β, 20 ng/ml IL-2) for 72 h. Differentiated Th cells were washed and restimulated with plate-bound anti-CD3 mAb for 24 h, and cell were used for measuring cytokine levels by intracellular staining. Data are representative of three independent experiments (mean ± SEM of three independent samples).



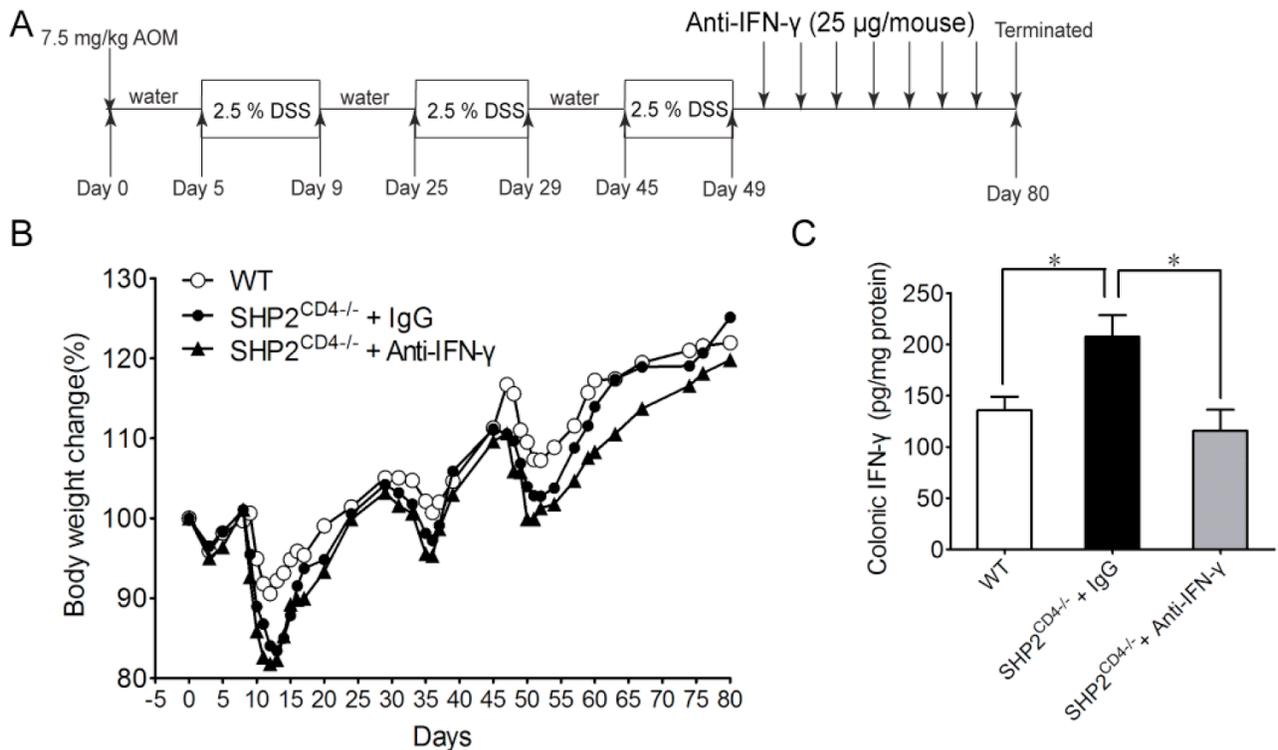
**Supplementary Figure S4: SHP2<sup>CD4</sup><sup>-/-</sup> mice exhibit significantly more body weight loss than WT mice in AOM-DSS model.** WT and SHP2<sup>CD4</sup><sup>-/-</sup> mice were subjected to AOM-based induction protocol using three cycles of 2.5% DSS in the drinking water. Body weight was recorded every day. Data are mean ± SEM of 12 mice per group. \**P* < 0.05 vs. WT group.



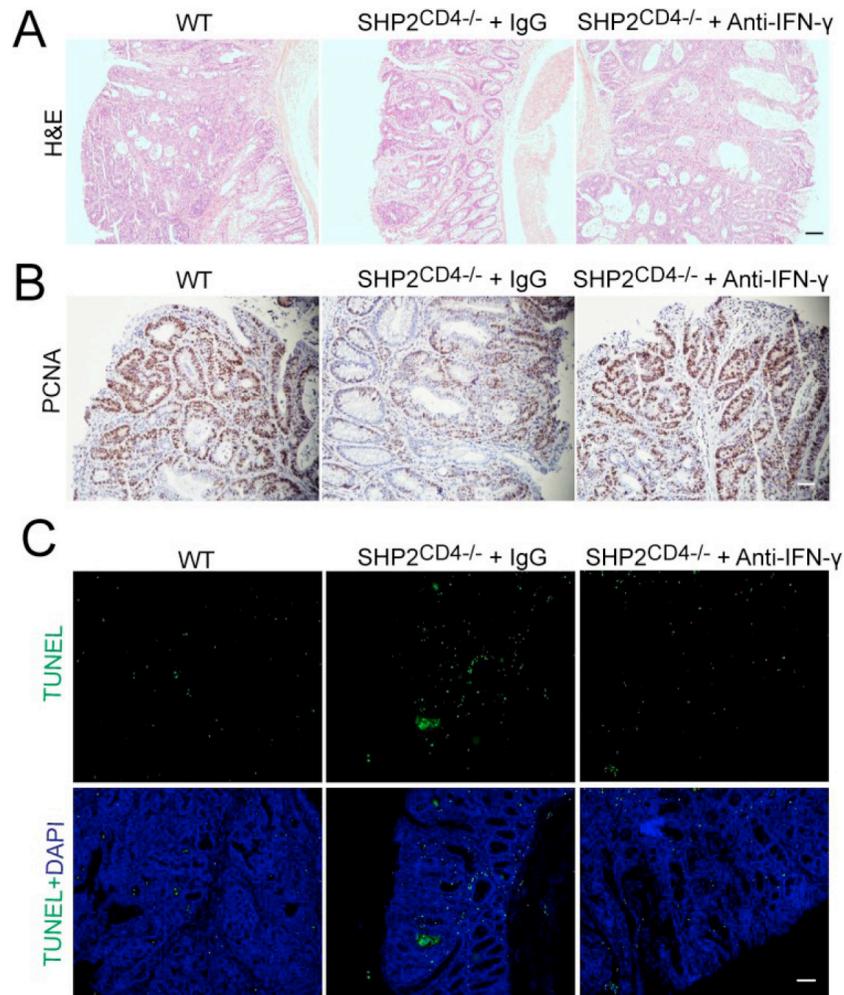
**Supplementary Figure S5: SHP2-deficiency does not affect Th17 differentiation *in vitro*.** Flow cytometry analysis of CD4<sup>+</sup>IL-17A<sup>+</sup> (Th17) in T cells isolated from WT and SHP2<sup>CD4</sup><sup>-/-</sup> mice. Naive CD4<sup>+</sup> T cells were purified from mice with MicroBeads and differentiated *in vitro*. For Th17 differentiation, naive CD4<sup>+</sup> T cells were incubated with plate-bound mAbs of anti-CD3 and anti-CD28 under Th17 conditions (1 μg/ml anti-IL-4 mAb, 10 μg/ml anti-IFN-γ mAb, 20 ng/ml IL-6, 1 ng/ml TGF-β). Differentiated Th cells were washed and restimulated with plate-bound anti-CD3 mAb for 24 h, and cell were used for measuring cytokine levels by intracellular staining. Data are representative of three independent experiments (mean ± SEM of three independent samples).



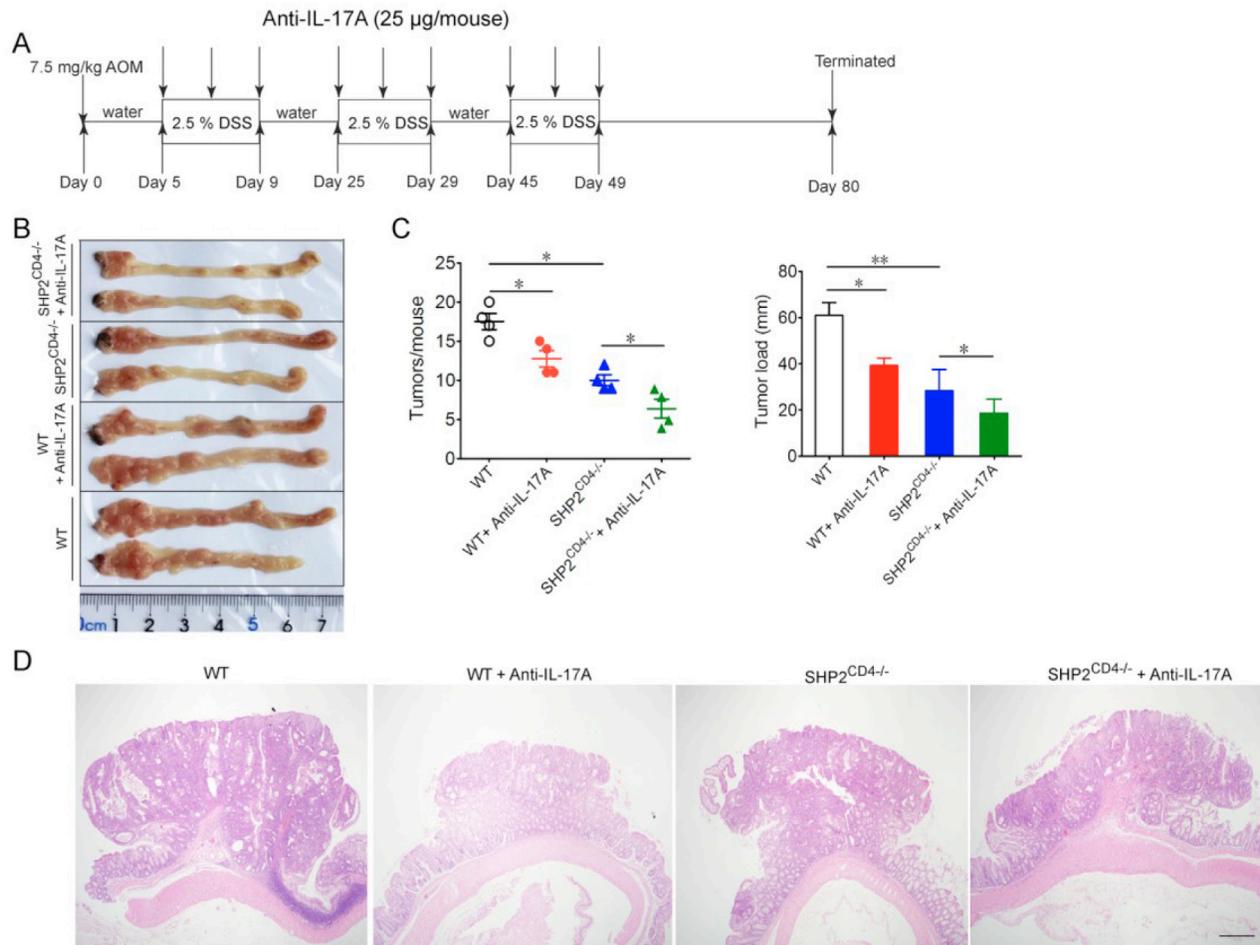
**Supplementary Figure S6: Loss of SHP2 does not affect Treg differentiation *in vitro*.** Flow cytometry analysis of CD4<sup>+</sup>Foxp3<sup>+</sup> (Treg) cells in T cells isolated from WT and SHP2<sup>CD4-/-</sup> mice. Naive CD4<sup>+</sup> T cells were purified from mice with MicroBeads and differentiated *in vitro*. For Treg differentiation, naive CD4<sup>+</sup> T cells were incubated with plate-bound mAbs of anti-CD3 and anti-CD28 under Treg conditions (1 ng/ml TGF- $\beta$ , 20 ng/ml IL-2) for 72 h. Differentiated Th cells were washed and restimulated with plate-bound anti-CD3 mAb for 24 h, and cell were used for measuring cytokine levels by intracellular staining. Data are representative of three independent experiments (mean  $\pm$  SEM of three independent samples).



**Supplementary Figure S7: The level of IFN- $\gamma$  is suppressed by anti-IFN- $\gamma$  antibody neutralization.** WT and SHP2<sup>CD4-/-</sup> mice were subjected to AOM-based induction protocol using three cycles of 2.5% DSS in the drinking water. (A) Scheme of treatment with anti-IFN- $\gamma$  neutralized antibody during late stage of CAC in SHP2<sup>CD4-/-</sup> mice. (B) The body weight of mice was record. (C) ELISA analysis of IFN- $\gamma$  in colonic tissues from WT mice, SHP2<sup>CD4-/-</sup> mice plus anti-IgG control and SHP2<sup>CD4-/-</sup> mice plus anti-IFN- $\gamma$  antibody at day 80. Data are presented as means  $\pm$  SEM ( $n = 5$ ). \* $P < 0.05$ , \*\* $P < 0.01$  vs. as indicated.



**Supplementary Figure S8: IFN- $\gamma$  neutralization reverses the inhibitory effect of SHP2-deficiency on CAC.** WT and SHP2<sup>CD4-/-</sup> mice were induced with AOM-DSS colitis-associated colon cancer (CAC) model. Mice were injected intraperitoneally with 25  $\mu$ g anti-IFN- $\gamma$  neutralized antibody or anti-IgG antibody every 4 days after the last DSS cycle. (A) Hematoxylin and eosin (H&E)-stained colonic tissue sections harvested from CAC mice on day 80. Scale bar, 100  $\mu$ m. (B) Immunohistochemistry analysis of PCNA expression on colonic tissue sections from CAC mice on day 80. Scale bar, 100  $\mu$ m. (C) Apoptosis was analyzed by TUNEL staining in colonic tissues from CAC mice on day 80. Data are representative of three independent experiments.



**Supplementary Figure S9: IL-17A neutralization reduces tumor growth on CAC mice.** (A) Scheme of treatment with IL-17A neutralized antibody during CAC in SHP2<sup>CD4</sup><sup>-/-</sup> mice. Mice were injected intraperitoneally (i.p.) with 25 µg anti-IL-17A neutralized antibody or anti-IgG control every 3 days during DSS cycle. (B) The inside of the colon was photographed. (C) The number of tumors and tumor load were determined. (D) Hematoxylin and eosin (H&E)-stained colonic tissue sections harvested from CAC mice on day 80. Data are representative of three independent experiments (mean ± SEM of 5 mice per group in C). \* $P < 0.05$ , \*\* $P < 0.01$ .

**Supplementary Table S1: Patient information for tissue arrays of human malignant colon cancer tissues of different clinical stages (carcinoma, stages I–IV).** See Supplementary\_Table\_S1