Supplementary Materials: Prognostic Impact of Tumor-Infiltrating Lymphocytes and Neutrophils on Survival of Patients with Upfront Resection of Pancreatic Cancer

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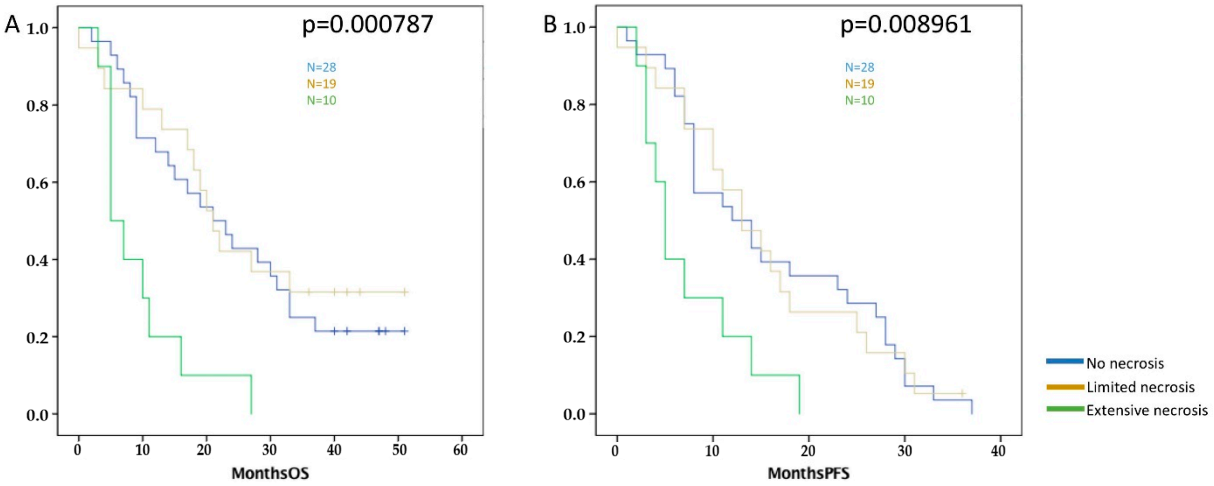

Figure S1. Extensive necrosis (grade 0–2) was correlated with impaired overall (**A**) and progression-free survival (**B**). Bigger tumor size was related with extensive grade of necrosis in the regression analysis (p = 0.000526).

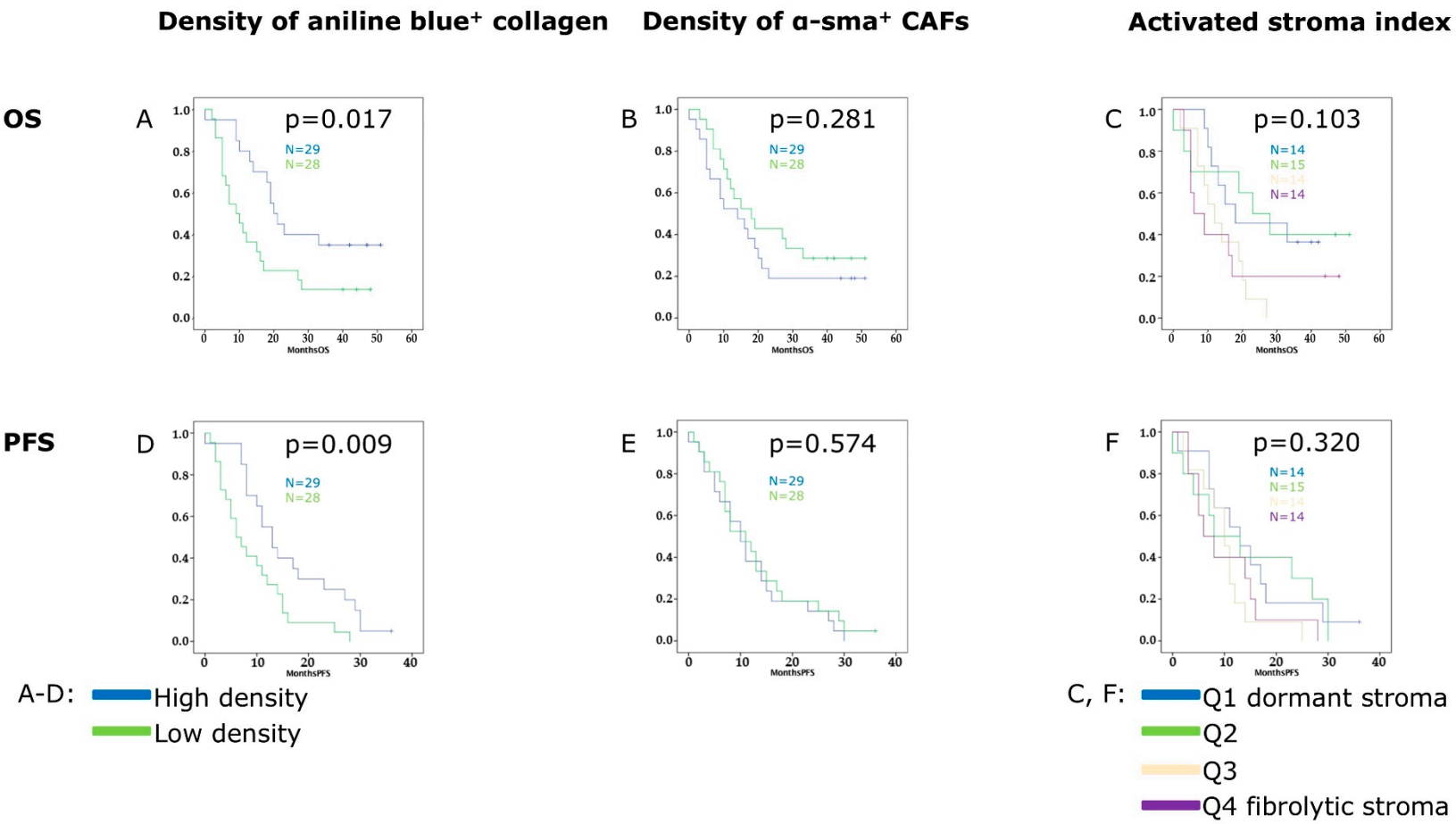

Figure S2. (**A**–**C**) Kaplan-Meier curves for overall survival (OS) and quality of the tumor stroma and for progression-free survival (PFS) and quality of the tumor stroma (**D**–**F**). A high density of aniline blue+ collagen areas was related significantly with OS ($p = 0.017$) and PFS ($p = 0.009$). A trend regarding OS can be described for high density of α-sma and cancer-associated fibroblasts (CAFs) and for a dormant stroma type in the activated stroma index.

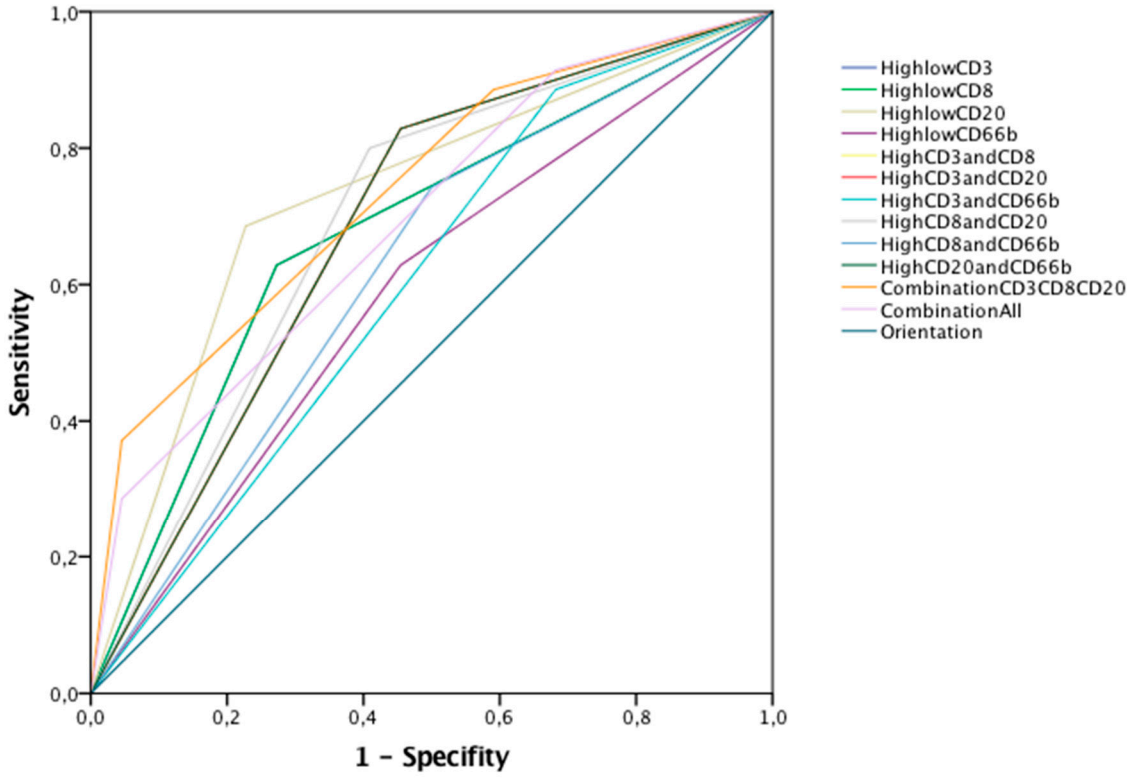

Figure S3. Receiver operating characteristic (ROC) curves for $CD3^+$, $CD8^+$, $CD20^+$, and $CD66b^+$ cells and combinations in relation to OS after 24 months. Here, the specificity and sensitivity of each cell type and combined immune cell groups are shown graphically. Evaluated tumor-infiltrating leukocytes help to predict survival two years after resection significantly (Table 3).

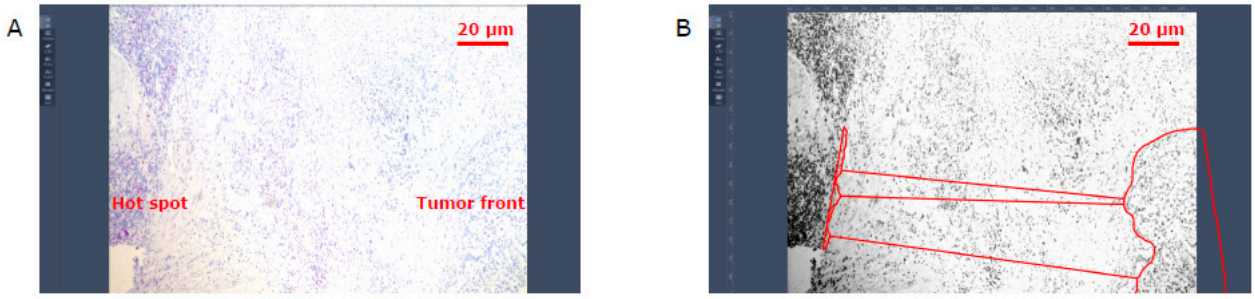

Figure S4. (**A**) On the left, a CD8+ TIL hot spot under a power field of 40× magnification with the microscope and on the right, the tumor front. (**B**) The distance between the hot spot and the tumor front was calculated using the ZEN 2 lite software (ZEN 2.0, Carl Zeiss, Jena, Germany), choosing 3 differences in this 2D-model and determining the mean value of the three.