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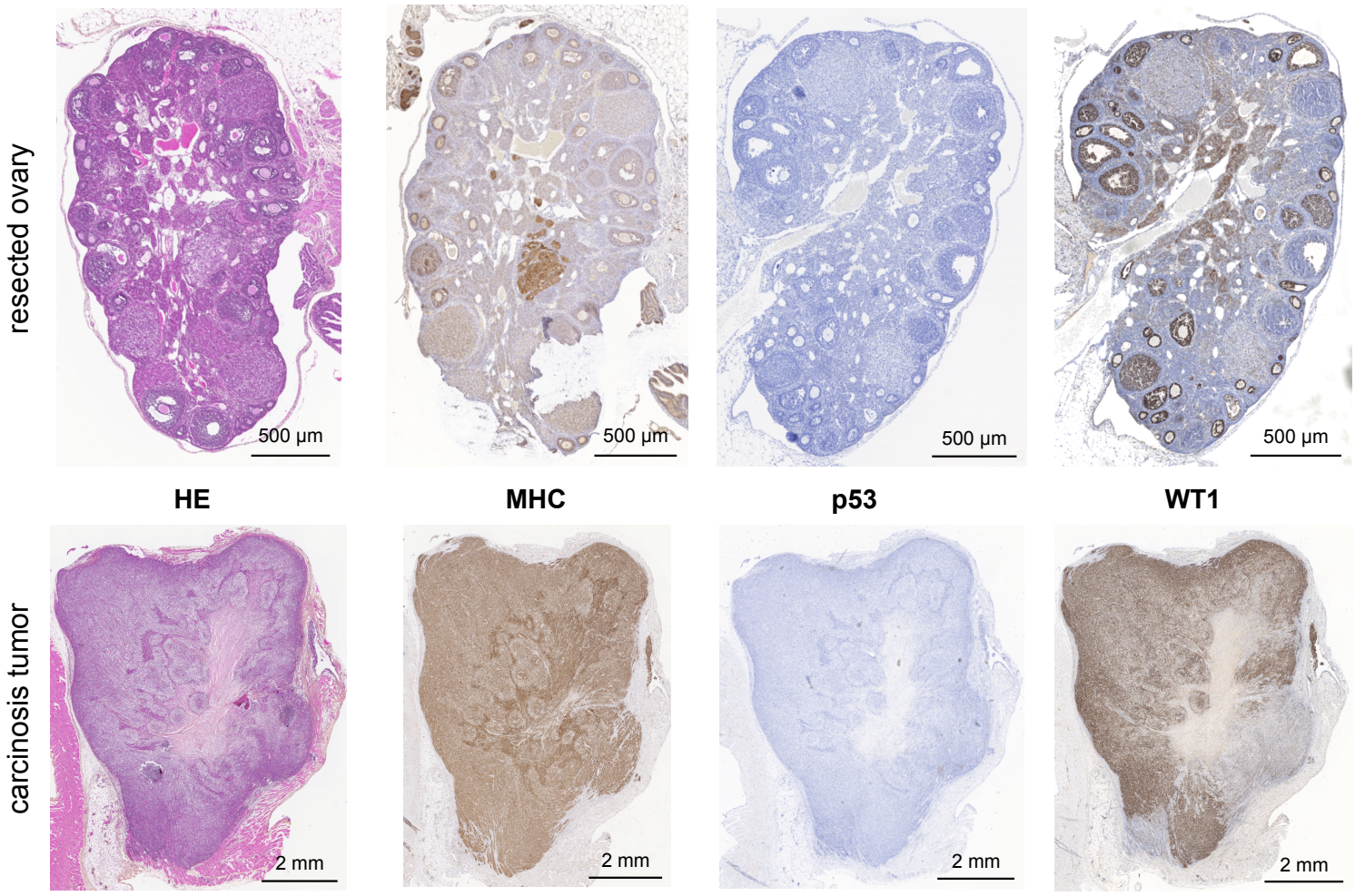
Supplemental Figure S1



Supplemental Figure S1. Anathomopathological analysis on resected ovary (upper pictures) and carcinosis tumors (down pictures). Sections were stained with hematoxylin eosine (HE); anti-MHC class I mAb (clone EPR1394Y, Abcam); anti-p53 mAb (clone DO.7, Dako) or an anti-WT1 mAb (clone 6F-H2, Dako).

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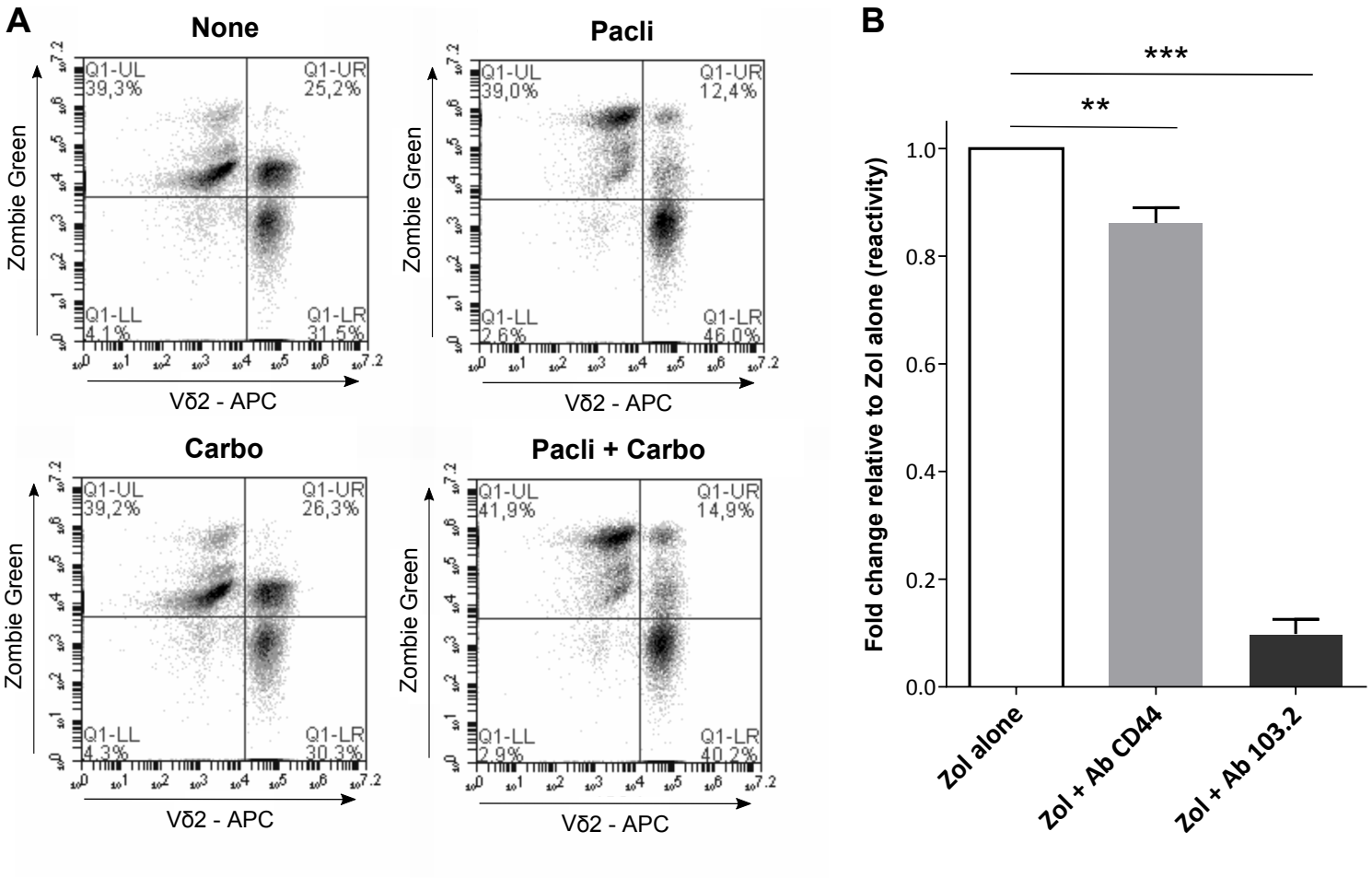
Supplemental Figure S2



Supplemental Figure S2. Negative impact of Paclitaxel on adhesion molecule expressed by tumor cells and reactivity of Vγ9Vδ2 T lymphocytes. (**A**) Paclitaxel, alone or combined with Carboplatin, decreases formation of cellular conjugates. SKOV-3 cells and Vγ9Vδ2 T lymphocytes were stained and flow cytometry analysis allowed the identification of double positive events which correspond to cellular conjugates. Representative dot plots for each conditions (control, Paclitaxel alone, Carboplatin alone, Paclitaxel + Carboplatin). (**B**) CD44 blockade decreases the reactivity of Vγ9Vδ2 T lymphocytes against SKOV-3 cells. After zoledronate sensitization (ED50), SKOV-3 cells were incubated for 15 minutes with an anti-CD44 (10 µg/mL, IM7, Biolegend) or anti-BTN3 (10 µg/mL, 103.2, ImCheck Therapeutics, Marseille, France) mAbs. Vγ9Vδ2 T lymphocytes were added and CD107a upregulation was measured on Vγ9Vδ2 T lymphocytes by flow cytometry. Results are expressed as fold change compared to control condition (Zoledronate alone) (mean ± SD ; n=4 ; ** p<0,01 ; *** p<0,001).

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Supplemental Table 1

Anonymous Name	Origin	FIGO stade	Classification
O829	Ovarian Tumor (CKT)	IIIC	adenocarcinoma
O370	Ovarian Tumor (CKT)	IV	adenocarcinoma
O527	Ovarian Tumor (CKT)	IIIC	Mucinous carcinoma
O151	Ovarian Tumor (CKT)	unkown	unkown
O829	Carcinosis (CKC)	IIIC	adenocarcinoma
O793	Carcinosis (CKC)	IV	adenocarcinoma
O114	Ascite (CASC)	unkown	unkown
O65	Ascite (CASC)	unkown	unkown
O400	Ascite (CASC)	IIIC	adenocarcinoma
O876	Ascite (CASC)	IIIC	adenocarcinoma

Supplemental Table 1. Patients characteristics of primary EOC cells. Primary cultures were classified based on the tissue origin, the International Federation of Gynecology and Obstetrics (FIGO) stade, and the anatomopathological classification.