Supplemental Figure Legends:

Supplemental Figure 1 Legend. NKTR-214/RT therapy increases survival and immune activation compared to rhIL-2/RT therapy. CT26 tumors were implanted into bilateral flanks on day 0. Established tumors were treated with NKTR-214/RT or rhIL-2 on day 10 post-implantation and blood draws performed on day 17 post-implantation in order to assess systemic treatment effects. Tumor growth and overall survival were assessed (A). T cell subset and NK cell frequencies as well as Treg, $CD4^+$ Teff, and $CD8^+$ T cell activation, proliferation, and exhaustion markers in peripheral blood at day 17 are shown (B). Data is shown from a single experiment (n = 5-7 mice/group). Statistics show a one-way ANOVA Dunnett's test comparing each group to NKTR-214/RT combination therapy group. *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001.

Supplemental Figure 2 Legend. Increased $CD8^+$ T cell levels correlate with decreased tumor burden while increased Treg levels correspond with increased tumor burden in NKTR-214 treated animals. Correlation between each cell type and the total tumor burden (treatment and abscopal side) measured on day 17, limited to those mice that received either NKTR-214 montherapy (blue) or NKTR-214/RT combination therapy (red). All plots show data from two independent experiments (n = 14).

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Supplemental Figure 3 Legend. NKTR-214/RT combination treatment induces an increased percentage of CD8$^+$ T cells that correlates with reduction in tumor size. CT26 tumors were implanted into bilateral flanks on day 0. Established tumors were treated (NKTR-214 +/- RT) day 10 post implant and tumors were harvested 17 days post implant. Percentages of CD8$^+$ T cell **(A)**, Teff (FoxP3$^-$) **(B)**, or Treg cell (FoxP3$^+$) **(C)** phenotypes in treatment side (circles) and abscopal side (squares) tumors. Spearman's correlations of each cell subset from either treatment side (T) or abscopal side (A) with the corresponding tumor size on harvest day. For all box and whisker plots, statistics show a one-way ANOVA comparing each group to treatment side NKTR-214/RT combination *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001. For Spearman's correlations color represents r_s, statistics indicated by p-value.

Supplemental Figure 4 Legend. NKTR-214/RT combination treatment induces increased Nur77$^+$ CD8$^+$ T cell intratumoral density but does not increase the percent of Nur77$^+$ CD8$^+$ T cells. CT26 tumors were implanted into bilateral flanks of Nur77-GFP transgenic mice on day 0. Established tumors were treated (NKTR-214 +/- RT) day 10 post implant and tumors were harvested 17 days post-implant. Nur77$^+$ CD8$^+$ T cell, T effector cell (FoxP3$^-$), or T regulatory cell (FoxP3$^+$) densities (top row) or percentages (bottom row) in treatment side (circles) and abscopal side (squares) tumors. Spearman's correlations of each cell subset from either treatment side (T) or abscopal side (A) with the corresponding tumor size on harvest day. For all box and whisker plots, statistics show a one-way ANOVA comparing each group to treatment side NKTR-214/RT combination *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001. For Spearman's correlations color represents r_s, statistics indicated by p-value.

Supplemental Figure 5 Legend. NKTR-214/RT combination therapy increases chemokine receptor expression on the CD45- cells. CT26 tumors were implanted into bilateral flanks on day 0. Established tumors were treated with NKTR-214 or NKTR-214/RT on day 10 and tumors were harvested on day 17 post-implantation. DC, TAM, and MDSC populations were initially gated as $CD45^+$, CD11b+, and $Ly6C^-$ before differentiation using Ly6G+ (MDSCs) or MHC class II+ with CD24+ (DCs), or F4/80+ (TAM). Frequency and density of MDSC, TAM, DC, and $CD45^-$ populations within the tumor were assessed as well as the frequency of cells expressing CSFR1 and CX3CR1. Data is shown from a single experiment (n = 8 mice/group). Statistics show a one-way ANOVA Dunnett's test comparing each group to NKTR-214/RT combination therapy group. *p<0.05, **p<0.01, ***p<0.001.