SUPPLEMENTAL MATERIAL

Supplemental Table 1. Monoclonal antibodies used for flow cytometry immune subset

analysis

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Target	Clone
CD11b	ICRF44
CD15	W6D3
CD16	3G8
CD19	HIB19
CD25	BC96
CD3	OKT3
CD33	WM53
CD357 (GITR)	621
CD4	RPA-T4
CD40	5C3
CD45RA	H100
CD56	MEM-188
CD8	SK1
CTLA4	L3D10
Foxp3	206D
HLA-DR	L243
ICOS	C398.4A
Ki67	B56
PD-1	EH12
Tim-3	F38-2E2

Supplemental Table 2. IFN- γ and expanded immune gene signatures

IFN-γ	Expanded
ID01	ID01
CXCL10	CXCL10
HLA-DRA	HLA-DRA
STAT1	STAT1
CXCL9	CD3D
IFNG	CIITA
	CD3E
	CCL5
	GZMK
	CD2
	CXCL13
	IL2RG
	NKG7
	CXCR6
	LAG3
	TAGAP
	GZMB
	HLA-E

Supplemental Table 3. Immune phenotypes and functional markers used for flow cytometry

Immune subset	Phenotype	Functional markers					
Lymphocytes							
CD4 ⁺ T lymphocytes	CD4 ⁺ CD8 ⁻	Ki67, PD1, HLA-DR, ICOSA, GITR					
CD8 ⁺ T lymphocytes	CD4-CD8+	Ki67, PD1, HLA-DR, ICOSA, GITR					
CD4 ⁺ Regulatory T cells	CD4 ⁺ CD25 ^{high} Foxp3 ⁺	CTLA4, TIM3					
CD8 ⁺ Regulatory T cells	CD8 ⁺ CD25 ^{high} Foxp3 ⁺	CTLA4, TIM3					
Effector Regulatory T cells	CD4 ⁺ /CD8 ⁺ CD45RA ⁻ Foxp3 ^{high}						
Foxp3 ⁻ CD4 ⁺ T cells	CD4 ⁺ CD8 ⁻ Foxp3 ⁻	TIM3					
Foxp3-CD8+T cells	CD4- CD8+Foxp3-	TIM3					
Total T cell	CD3 ⁺						
Total B cell	CD19+						
Monocytes							
Total monocytes	CD14+	HLA-DR					
Classical monocytes	CD14++CD16-	HLA-DR					
Intermediate monocytes	CD14++CD16+	HLA-DR					
Nonclassical monocytes	CD14+CD16++	HLA-DR					
Suppressive monocytes	CD14+HLA-DR ^{low}						
Myeloid derived suppressor	cells (MDSCs)						
Polymorphonuclear MDSCs	CD11b+CD14-CD15+						
Monocytic MDSCs	CD11b+CD14+HLA-DR-						
	CD15-						
Early-stage MDSCs	CD11b+CD3-CD14-CD15-						
	CD19-CD56-HLADR- CD33+						

Abbreviations: PD1 = programmed death 1; HLA-DR = Human Leukocyte Antigen DR antigen; ICOSA = inducible T-cell costimulatory A; GITR = glucocorticoid-induced TNFR-related protein

Supplemental Table 4. Relationship of treatment response with archival tissue tumor immune microenvironment

Patients with Evaluable Pre-Treatment Biopsy									
	all	PR	SD	PD	Clinical Benefit (PR or SD ≥ 6 mo)	No Clinical Benefit (SD < 6 mo or PD)	p-value*		
Number (%)	23	7 (30%)	9 (39%)	7 (30%)	13 (57%)	10 (43%)	N/A		
% TIL**	n = 21	n = 6	n = 9	n = 6	n = 12	n = 9			
Average % TIL	20%	26%	24%	9%	56%	40%	0.2		
any TIL >30% (n, %)	3 (14%)	1 (17%)	2 (22%)	0	3 (25%)	0	0.22		
TAM									
Present (Score 1-3)	100%	100%	100%	100%	100%	100%	N/A		
Non-focal (Score 2-3)	18 (78%)	7 (100%)	8 (89%)	3 (43%)	12 (92%)	6 (60%)	0.13		
Diffuse (Score 3)	3 (13%)	1 (14%)	2 (22%)	0	3 (23%)	0	0.23		
PD-L1 labeling in carcinoma									
Positive (≥1%)	11 (48%)	4 (36%)	5 (45%)	2 (18%)	7 (64%)	4 (36%)	0.25		
Negative	12 (52%)	3 (25%)	4 (33%)	5 (42%)	6 (50%)	6 (50%)	0.35		

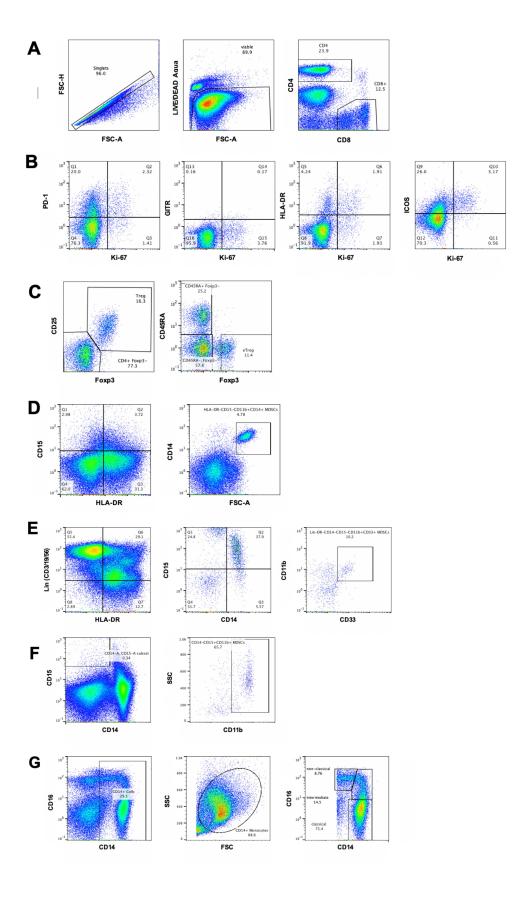
^{*}p-values are based upon a comparison of patients with clinical benefit to those without.

Abbreviations: n, number; N/A, not applicable; mo = month; PD, progressive disease; PR, partial response; SD, stable disease; TIL, tumor infiltrating lymphocytes; TAM = tumor-associated macrophage; PD-L1 = programmed death ligand

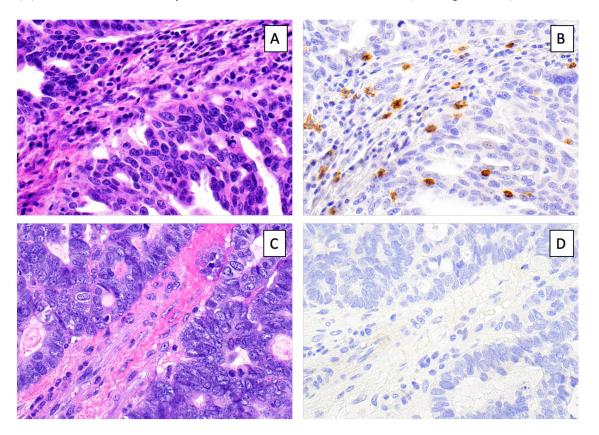
^{**}TIL assessment was not possible in 2 cases due to lack of associated stromal tissue.

Supplemental Figure 1. Flow cytometry gating strategies for PBMCs. (**A**) Gating was done on PBMCs with doublet exclusion, then gating on viable cells, and then on subsets of CD4⁺ or CD8⁺ T cell populations. (**B**) CD8⁺ or CD4⁺ T cells were further gated for functional markers (PD-1, GITR, HLA-DR, ICOS or Ki-67); data shown are CD4+ T cells. (**C**) CD4+ T cells were gated for Treg (left) or for eTreg (right). (**D**) M-MDSC were defined as CD11b⁺CD14⁺HLA-DR-CD15⁻. (**E**) E-MDSC were defined as CD11b⁺CD3⁻CD14⁻CD15⁻CD19⁻CD56⁻HLA-DR-CD33⁺ (**F**) PMN-MDSC were defined as CD11b⁺CD14⁻CD15⁺. (**G**) Total monocytes were subdivided by CD14 and CD16 expression: classical monocytes (CD14++CD16-); non-classical monocytes (CD14++CD16++); and intermediate monocytes (CD14++CD16+).

Abbreviations: PBMCs = peripheral blood mononuclear cells; PD-1 = programmed death-1; GITR = glucocorticoid-induced TNFR-related protein; ICOS = inducible T-cell costimulatory; HLA = Human Leukocyte Antigen; Treg= regulatory T cell; eTreg = effector regulatory T cell; M-MDSC = monocytic myeloid derived suppressor cell; E-MDSCs = early-stage myeloid derived suppressor cell; PMN-MDSCs = polymorphonuclear myeloid derived suppressor cell; FSC-H = forward scatter height; FSC-A = forward scatter area; SSC = side scatter.



Supplemental Figure 2. Representative image portraying PFS is longer in patients whose tumors demonstrate high TIL (≥30% stromal area). Patient 33 attained a durable response with a PFS of 16.5 months; (A) her tumor demonstrated 60% stromal TIL (H&E), (B) with cytotoxic T-cells highlighted by a CD8 immunostain. Patient 48 experienced a PFS of 2 months; (C) her tumor demonstrated <5% stromal TIL (H&E), (D) with no demonstrable cytotoxic T-cells on a CD8 immunostain (all images, X400).



Abbreviations: PFS = progression free survival; TIL = tumor infiltrating lymphocytes; H&E = Hematoxylin and eosin.