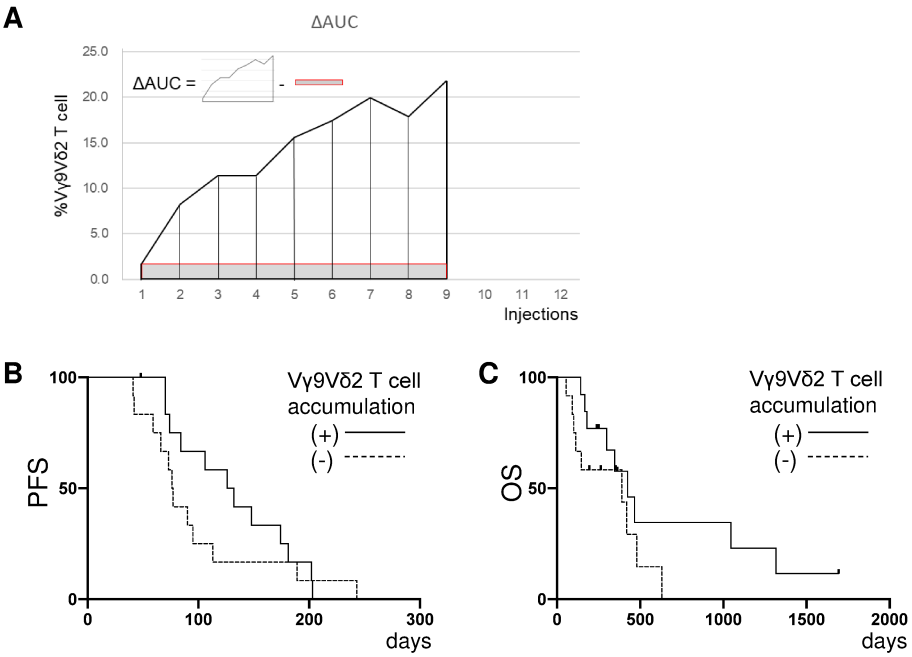

Supplementary Figure S4. Accumulation of Vγ9Vδ2 T-cells and clinical outcomes. In a previous study on the treatment of pancreatic cancer patients, the accumulation of Vγ9Vδ2 T-cells in PBMC after two injections was associated with prolonged recurrence-free survival (Reference#1). (A)The accumulation of Vγ9Vδ2 T-cells in PBMC was evaluated by the area under the curve (AUC) of the percentage of Vγ9Vδ2 T-cells in PBMC-time curve (Fig. 4B). AUC (%Vγ9Vδ2·injection) was calculated by the linear trapezoid methods. Then, the patients studied here were divided into two groups based on AUC (3.90 %Vγ9Vδ2 · injection), namely, those with (N=13, 3.90-30.26) or without (n=12, -1.85-3.33) such accumulations, respectively. (B) Kaplan-Meier analysis revealed that the median PFS was 129 days (95% CI 70-181 days) and 76.5 days (42-113 days) in this with and without Vγ9Vδ2 T-cell accumulations, respectively. (C) The median OS was 424 days (179-1316 days) and 389 (92-479 days), respectively. However, these differences were not statistically significant, suggesting that the accumulation of Vγ9Vδ2 T-cells in PBMC was not necessarily associated with clinical outcome.

Reference #1. Aoki T, Matsushita H, Hoshikawa M, et al. Adjuvant combination therapy with gemcitabine and autologous γδ T-cell transfer in patients with curatively resected pancreatic cancer. Cytotherapy 2017;19(4):473-85.