

Supporting Information

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Synergistic activation of anti-tumor immunity by a particulate therapeutic vaccine

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Figure S1. Flow cytometry analysis on expression of STING and TLRs in DCs. Chromatograms of unstained cells are in dashed lines, and those stained with respective antibodies are in solid red.



Figure S2. IL-12p70 expression by BMDCs after treatment with soluble TLR ligands and STING agonist. FLT3L-induced BMDCs were treated with a TLR ligand, a STING agonist, or their combination for 24 hours, and ELISA was applied to measure IL-12p70 levels in cell growth media. Samples were triplicated.





packaged with FITC-CpG and cGAMP. Scale bar: 500 nm. (c) Quality control of µGCVax by HPLC. HPLC profile from µGCHer2 is shown here.



Figure S4. Comparison on stimulation of IFN- β and TNF- α expression by free liposomes and those loaded in μ -particles. BMDCs were treated with either free liposomal CpG+MPLA (labeled as "Liposome") or μ -particle-loaded CpG+MPLA (labeled as " μ -particle"), and (a) IFN- β and (b) TNF- α levels in cell growth media were measured and compared. Samples were triplicated. Statistics: Student's *t* test for comparison between two groups. *: p<0.05.



Figure S5. Lack of synergy on IFN- β expression between polyI:C and the μ -particle. GM-CSF/IL-4-induced BMDC, Flt3L-induced CD8⁺ DC, Flt3L-induced pDC and DC2.4 cells were treated with the μ -particle, polyI:C, or polyI:C-loaded μ -particle (μ polyI:C) for 18 hours, and IFN- β

levels in cell growth media were measured. μ GC served as a positive control in the Flt3L-pDC treatment study. Samples were triplicated.



Figure S6. Microscopic views of DC2.4 cells incubated with LipoGC (left) or μ GC (right). White arrows point to μ GC particles.



Figure S7. Enhanced STING stimulation by \muGC. DC2.4 cells were treated with LipoGC-FITC or μ GC-FITC, and stained with DAPI for nucleus (in blue) and anti-STING antibody (in red). (a) Representative images of DAPI, FITC-CpG, and STING staining. (b) Stronger STING activation in

cells treated with μ GC-FITC than those with LipoGC is demonstrated by dense STING staining as a result of activation.



Gating strategy for cDC maturation

Figure S8. Schematic view on gating strategy for measurement of maturation status of cDCs.



Figure S9. Flow cytometry analysis on mature DCs in lymph nodes. Samples were triplicated. Statistics: Unpaired Student's t test for comparison between two groups. *: p<0.05.



Figure S10. Biodistribution of μ -particle and μ GC in major organs. BALB/c mice with primary TUBO tumors were treated with ⁶⁴Cu-labeled μ -particles or μ GC, and radioactivity in major organs were measured 48 hours later. Samples were triplicated.



Figure S11. Images of ELISpot assay from different treatment groups.



Figure S12. Cytokine production by splenic cells after stimulation with Trp2 antigen peptide in an *ex vivo* setting. Splenic cells from post-vaccination mice were seeded in 24-well plates and stimulated with 10 μ g/mL Trp2 peptides in growth medium. ELISA was applied to measure cytokine levels. Samples were triplicated. Statistics: One-way ANOVA for multi-group comparison. ***: p<0.001.



Figure S13. Representative chromatograms of flow cytometry to determine CD4⁺ and CD8⁺ T cells in spleens, lungs, peripheral blood and lymph nodes. Representative graphs are shown. Samples were triplicated. Statistics: One-way ANOVA for multi-group comparison. *: p<0.05; **: p<0.01.



Figure S14. Effector memory T cells in tumor-bearing lungs and popliteal lymph nodes from post-vaccination mice. Effector memory T cells were determined based on CD44⁺CD62L⁻ cell surface markers. Samples were triplicated. Statistics: One-way ANOVA for multi-group comparison. *: p<0.05; **: p<0.01.



Figure S15. PD-1 expression in CD8⁺ T cells from lymph nodes and tumor-bearing lungs from μ GCTrp2-treated mice. Samples were triplicated. Statistics: Student's *t* test for comparison between two groups. *: p<0.05.



Figure S16. Regions of tumor boundary and tumor parenchyma that were used to determine T cell density. T: tumor bed; B: tumor boundary.



Figure S17. Growth curves of individual tumors in PBS control and μ GCHer2 vaccination groups. There were 7 mice in each group. Three mice in the μ GCHer2 vaccination group were tumor-free 35 days after vaccination.



Figure S18. Changes in tumor-infiltrated myeloid cells after mice with TUBO tumors were treated with μ GCHer2. Left panel: Percentage of PMN-cells in total cells inside the tumor tissue. Right panel: Percentage of PMN-cells in all CD11b⁺ myeloid cells from the tumor tissue. Samples were triplicated. *: p<0.05.



Gating strategy for DC subpopulations

Figure S19. Schematic view on gating strategy for measurement of subpopulations of DCs with flow cytometry.



Figure S20. Particulate vaccine treatment attracted local DC migration. Foot pads in PBS control mice and μ GCTrp2-treatment mice were processed, and tissue blocks were stained with an anti-CD207 antibody for Langerhans cells (in brown). Multiple Langerhans cells have exited the epidermis layer and entered the dermis region.



Figure S21. pDC depletion on therapeutic outcome. Mice with B16 melanoma lung metastasis were treated with μ GCTrp2 with or without anti-PDCA-1 (α PDCA-1), and animal survival was compared. IgG served as a control for α PDCA-1. n = 5 mice/group. **: p<0.01.



Figure S22. IFN-I expression in pDCs derived from wild-type (WT) and *Ifnar1* knockout (*Ifnar1*-/-) mice. WT and *Ifnar1*-/- pDCs were treated with μ -particles or μ GC, and cytokine levels in growth media were measured and compared. Samples were triplicated.