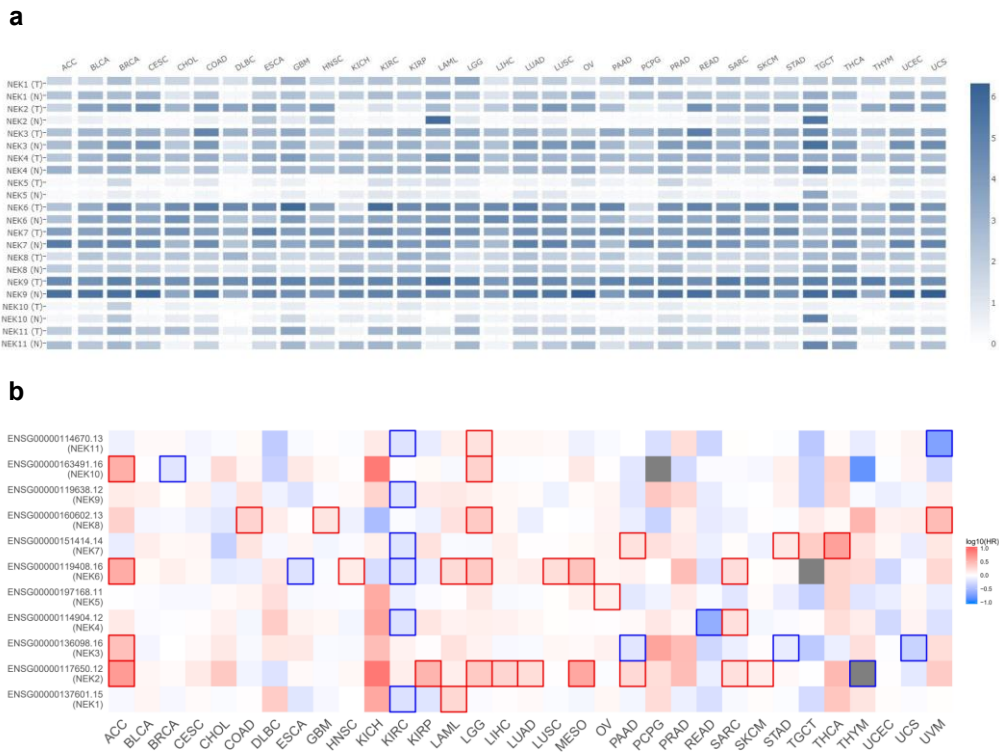
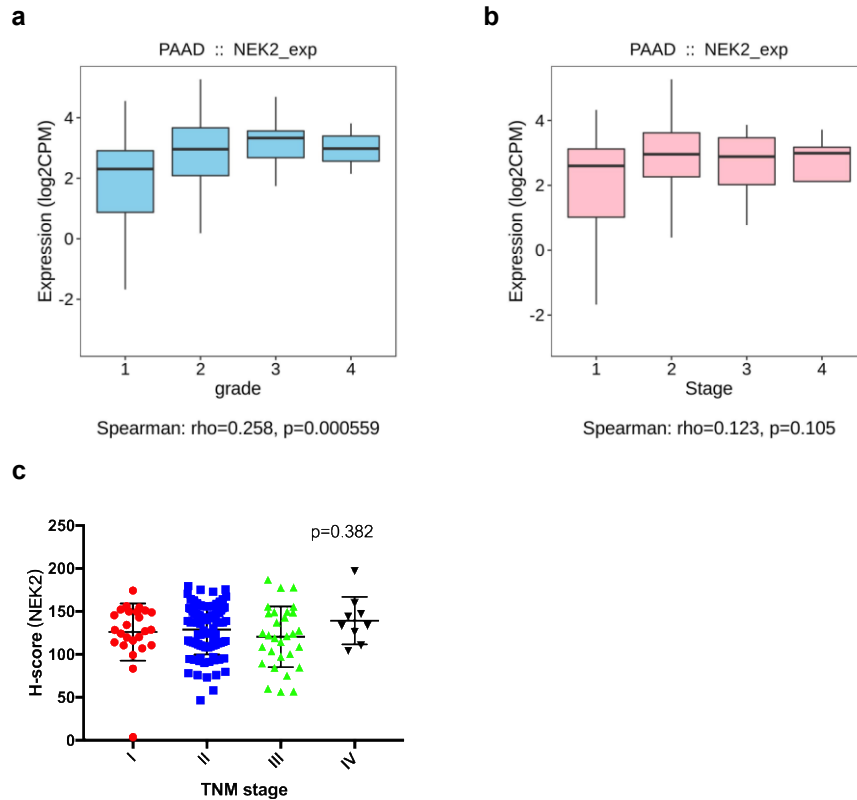


Supplementary figures



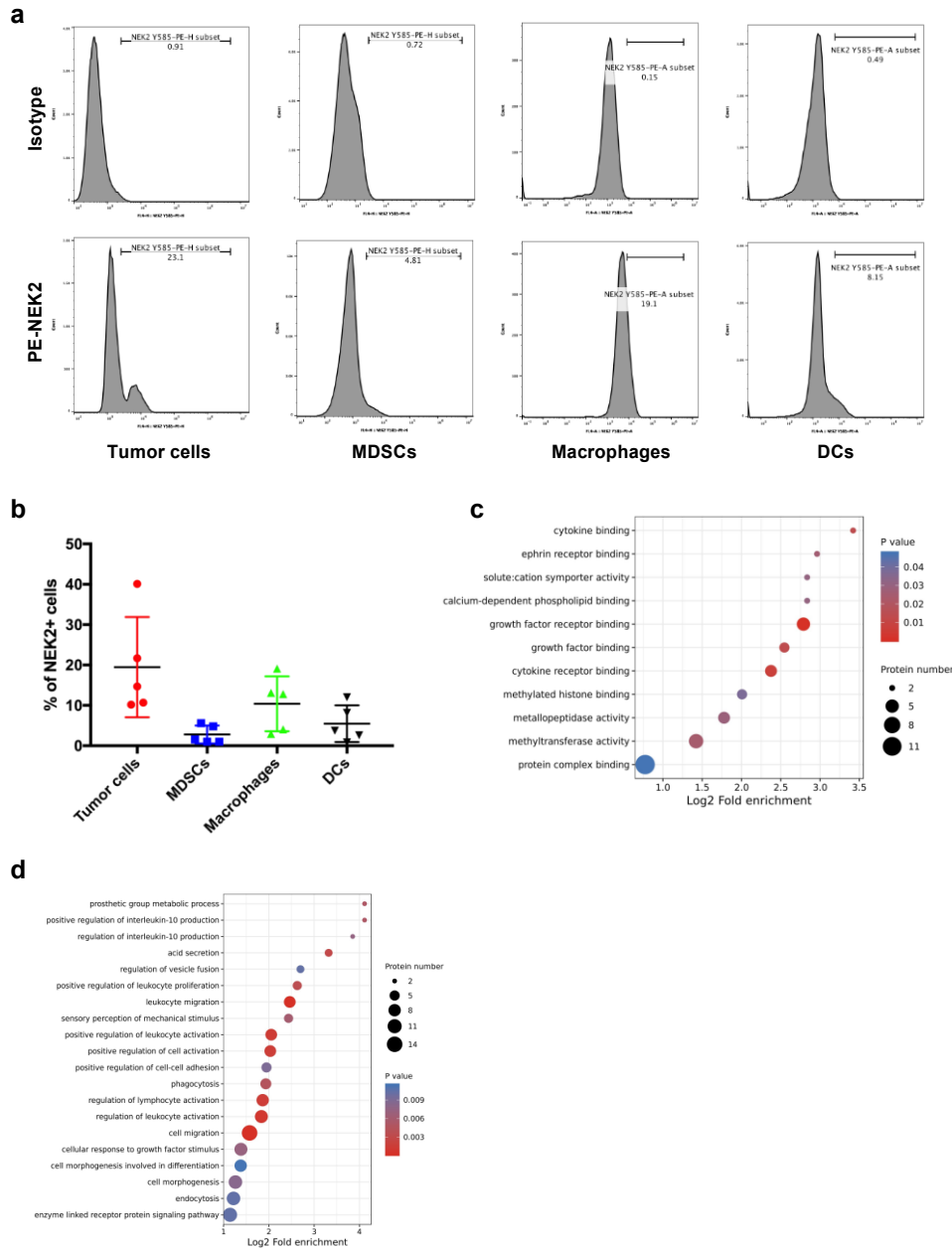
Supplementary Fig. 1: Expression profiles and survival map of NEK family proteins among multiple cancer types.

(a) Summary of the expression landscape of the NEK family proteins in multiple cancer types from the TCGA database. **(b)** Survival map of NEK family proteins in multiple cancer types from the TCGA database.



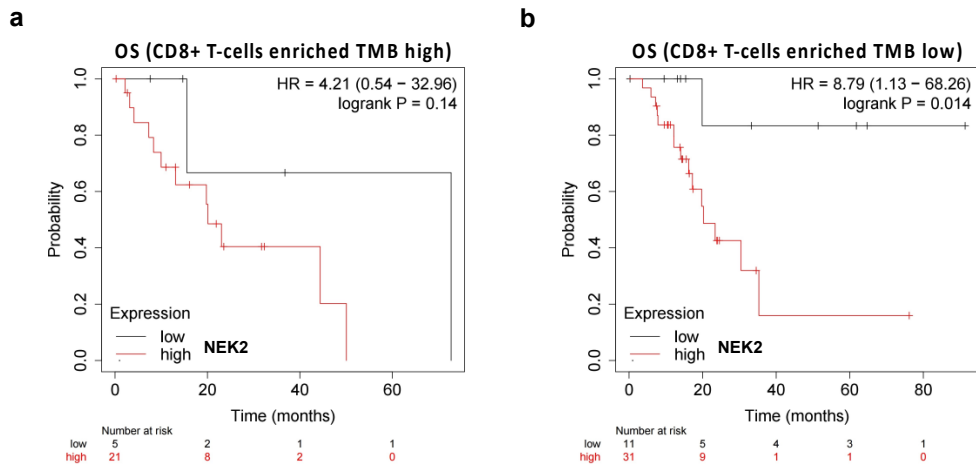
Supplementary Fig. 2: Association between the expression of NEK2 and clinical features.

(a, b) Association between the expression of NEK2, tumor stage, and grade in PAAD datasets from TCGA database. (c) Association between the expression of NEK2 and tumor stage in PDAC tissue microarray (n (stage I) = 25, n (stage II) =88, n (stage III) = 30, n (stage IV) =9). One-way and repeated-measures analysis of variance (ANOVA) were used to compare multiple groups in c. In a and b, data are represented as boxplots where the middle line is the median; the lower and upper hinges correspond to the first and third quartiles; the upper whisker extends from the hinge to the largest value no further than $1.5 \times \text{IQR}$ from the hinge (where IQR is the inter- quartile range); the lower whisker extends from the hinge to the smallest value at most $1.5 \times \text{IQR}$ of the hinge, while data beyond the end of the whiskers are outlying points that are plotted individually.



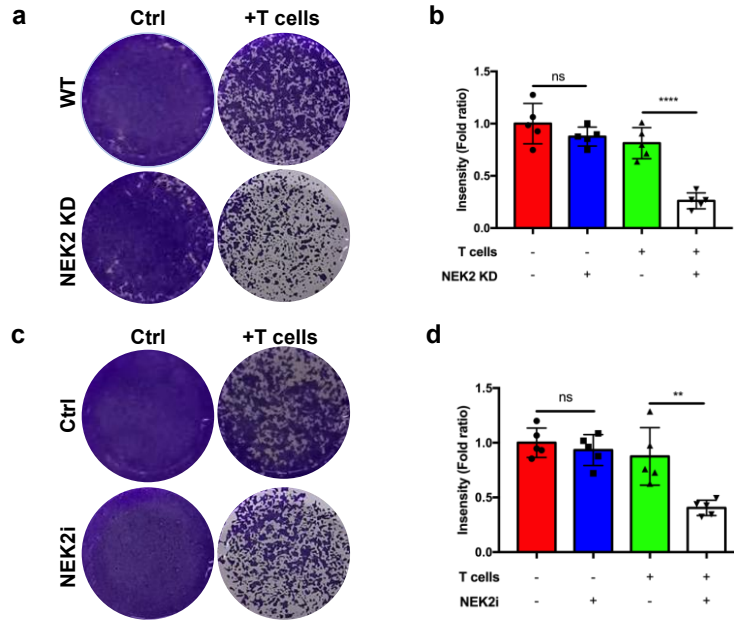
Supplementary Fig. 3: Association between NEK2 expression and the anti-tumor immunity signaling pathway.

(a, b) Flow cytometric analysis and statistical analysis of NEK2 expression in immunosuppressive populations in patient PDAC samples (n = 5). (c, d) Expression of proteins after *NEK2* overexpression analyzed by GO annotation in quantitative analysis of LC-MS proteomics. Results are presented as means ± SD from one representative experiment in b. All data are representative of three independently performed experiments.



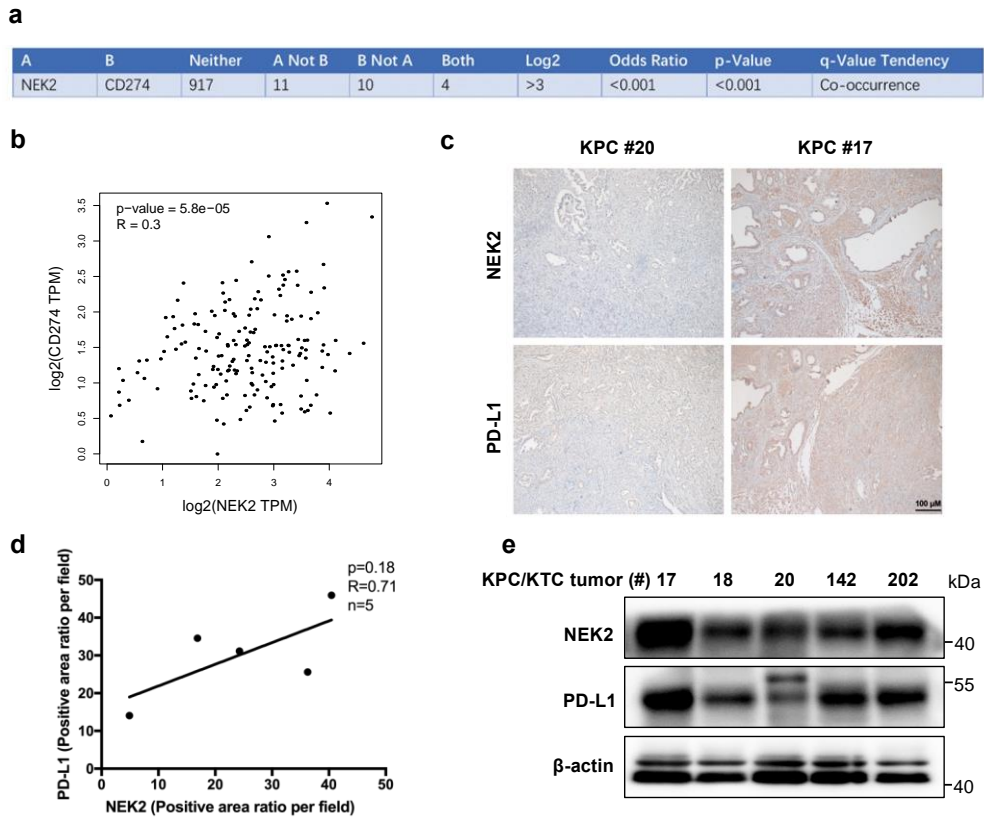
Supplementary Fig. 4: NEK2 correlates with OS in patients with pancreatic cancer with low TMB.

(a) Overall survival (OS) of pancreatic cancer patients with enriched numbers of CD8⁺ T cells, high TMB, and high or low expression of NEK2 (n = 76). (b) Overall survival (OS) of pancreatic cancer patients with enriched numbers of CD8⁺ T cells, low TMB, and high or low expression of NEK2 (n = 101). The Hazard Ratios (HR) and *p*-values by the log-rank (Mantel–Cox) test are indicated in a and b.



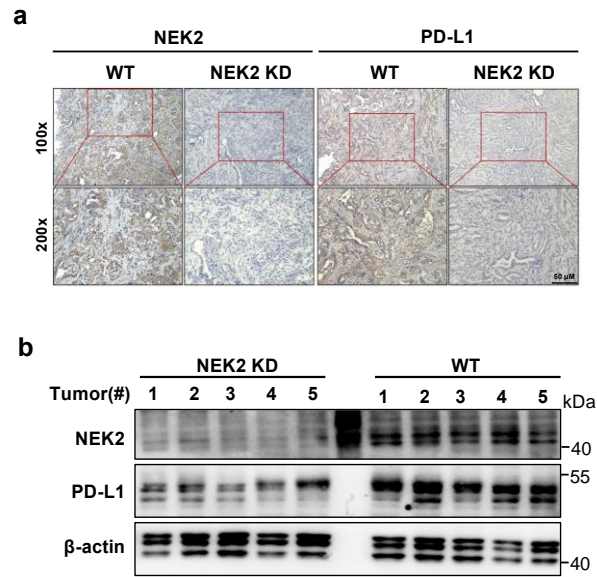
Supplementary Fig. 5: NEK2 inhibits T cell-mediated pancreatic cancer cell-destruction *in vitro*.

(a-d) Representative images and statistical analysis of a T cell-mediated cancer cell-destruction assay. KPC cells with *NEK2* knockdown cocultured with activated T cells for 48 h and stained with crystal violet. The ratio of tumor cells to T cells was 1:4. Representative images of live cells are shown (a) and further quantified (b) (n = 5). KPC cells pretreated with *NEK2* inhibitor for 24 h were cocultured with activated T cells for 48 h and stained with crystal violet. The ratio of tumor cells to T cells was 1:4. Representative images of live cells are shown (c) and further quantified (d) (n = 5). Results are presented as means \pm SD of one representative experiment in b and d. All data are representative of three independently performed experiments. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ using a two-tailed t-test; ns: not significant.



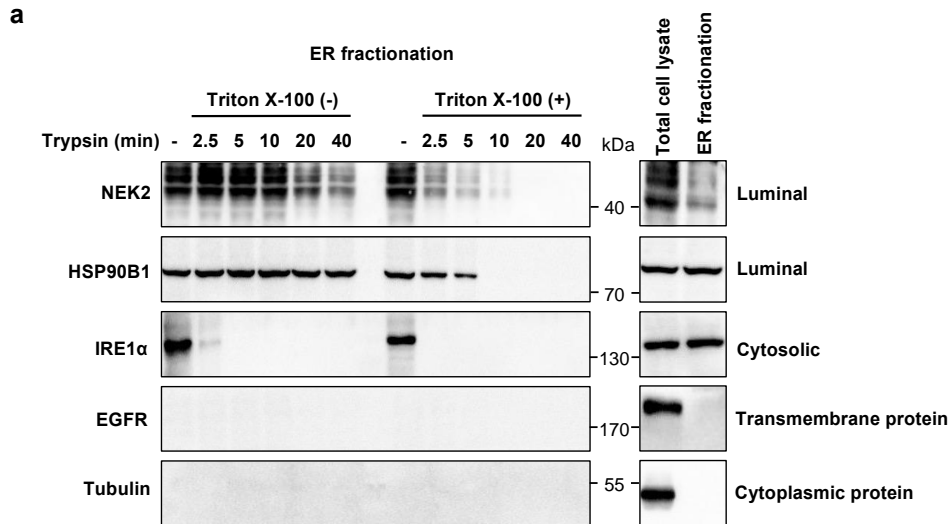
Supplementary Fig. 6: Correlation analysis of NEK2 and PD-L1 in pancreatic cancer.

(a) Bioinformatics analysis of mutual exclusivity between NEK2 and PD-L1 in integrated multiple pancreatic datasets from TCGA database, $n=179$. (b) Bioinformatics analysis of the correlation between NEK2 and PD-L1 using PAAD datasets from the TCGA and other databases. (c, d) Representative images and statistical analysis of IHC staining of NEK2 and PD-L1 in GEMM autochthonous tumors (KPC or KTC) ($n=5$). (e) Western blot analysis of NEK2 and PD-L1 expression in pancreatic tissue samples in mice (KPC or KTC) ($n=5$). The Spearman correlations and p -values by Spearman's test are indicated in d.



Supplementary Fig. 7: NEK2 positively correlates with PD-L1 in xenograft tumor samples.

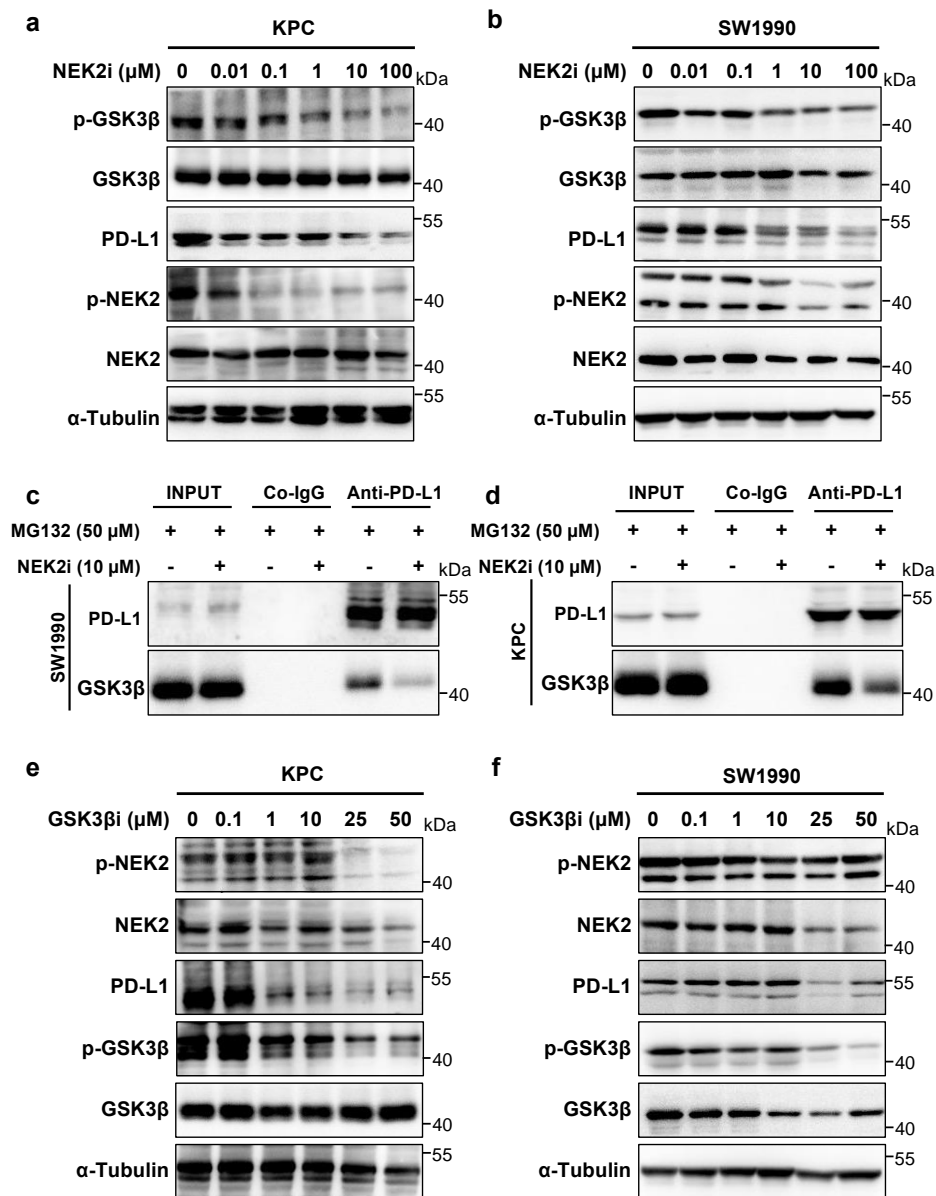
(a, b) Representative images of IHC staining and Western blotting of NEK2 and PD-L1 in xenograft tumor samples. Scale bars: 100x: 50 μ m; 200x: 100 μ m.



Supplementary Fig. 8: NEK2 regulates PD-L1 stability in the ER.

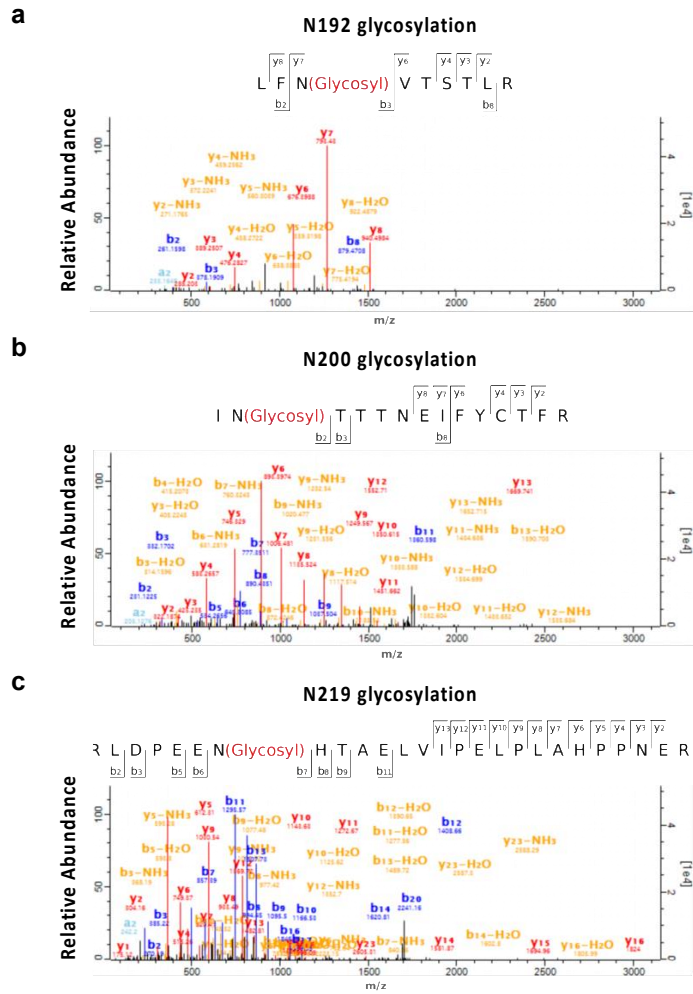
(a) Trypsin digestion of ER fractions with or without permeabilization in KPC cells.

Representative image is shown, n = 3 independent experiments.



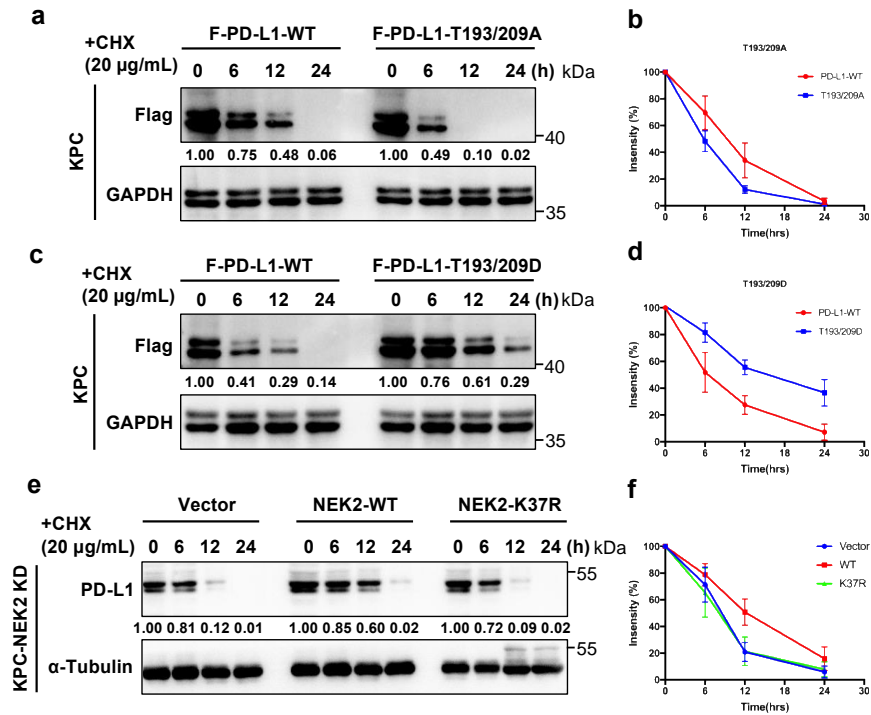
Supplementary Fig. 9: Relationship between the role of NEK2 and GSK3β in pancreatic cancer cells.

(a, b) Western blot analysis of p-GSK3β, GSK3β, and PD-L1 in KPC and SW1990 cells treated with NEK2 inhibitor. Representative image is shown, n = 3 independent experiments. (c, d) IP analysis of PD-L1 and GSK3β treated with NEK2 inhibitor in SW1990 and KPC cells. Representative image is shown, n = 3 independent experiments. (e, f) Western blot analysis of p-NEK2, NEK2, and PD-L1 in KPC and SW1990 cells treated with GSK3β inhibitor. Representative image is shown, n = 3 independent experiments.



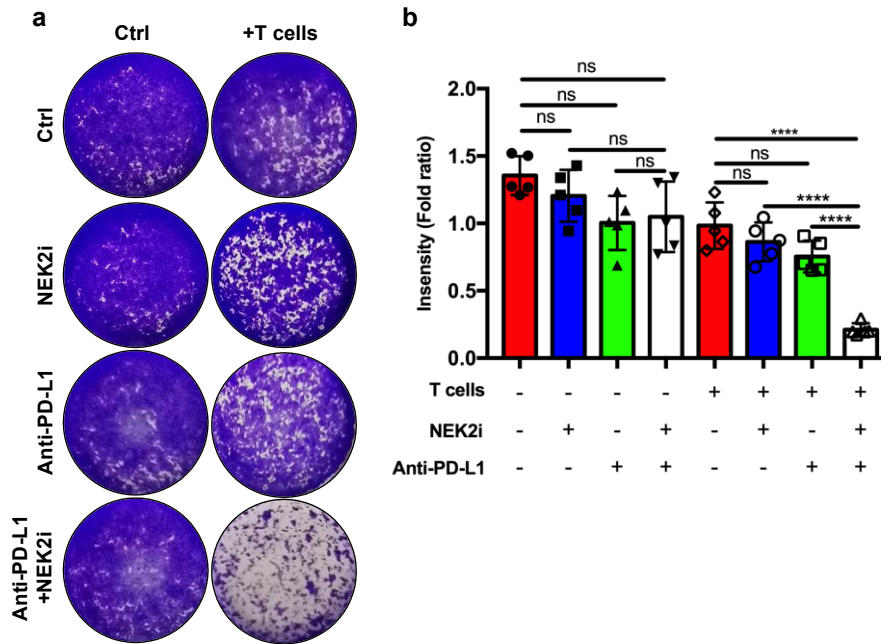
Supplementary Fig. 10: NEK2 overexpression stimulates PD-L1 glycosylation.

(a-c) PD-L1 glycosylation at the N192/N200/N219 residues were identified by mass spectrometry analysis.



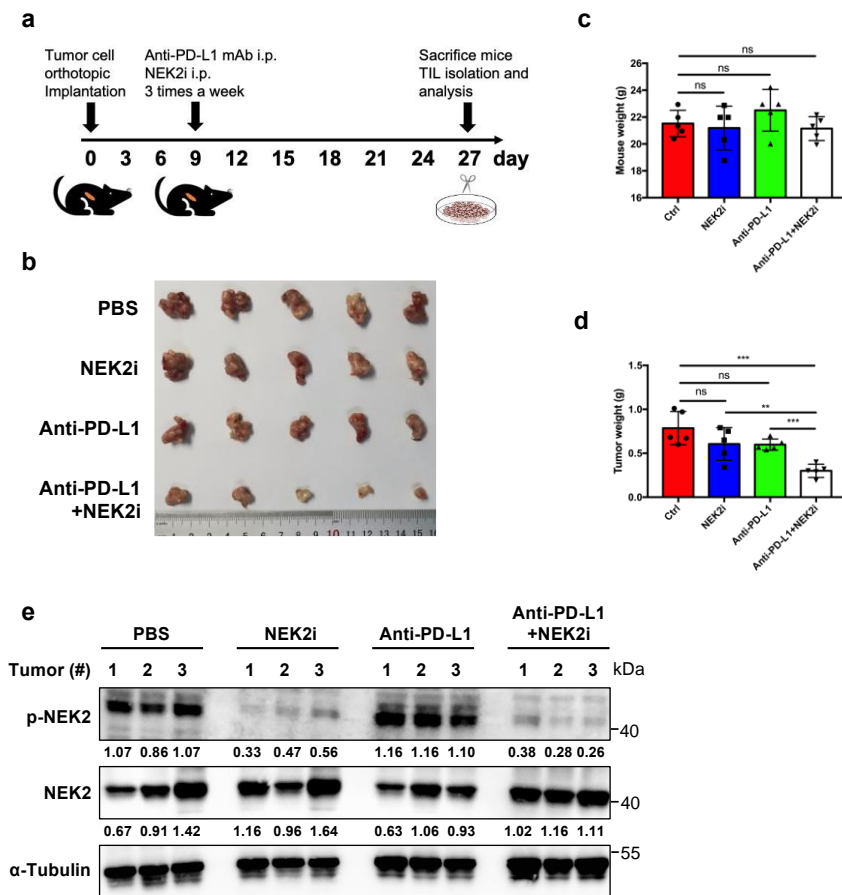
Supplementary Fig. 11: NEK2 phosphorylates PD-L1 by K37 to maintain protein stability.

(a-d) Half-life analysis of PD-L1 in Flag-PD-L1 WT and T193/209A or T193/209D KPC cells treated with CHX (20 µg/mL). (e, f) Half-life analysis of PD-L1 in WT and K37R KPC cells treated with CHX (20 µg/mL). The intensity of PD-L1 protein expression was quantified using a densitometer. Statistical analysis is based on three independent experiments. Results are presented as means ± SD of one representative experiment in b, d and f. All data are representative of three independently performed experiments. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ using a two-tailed t-test; ns: not significant.



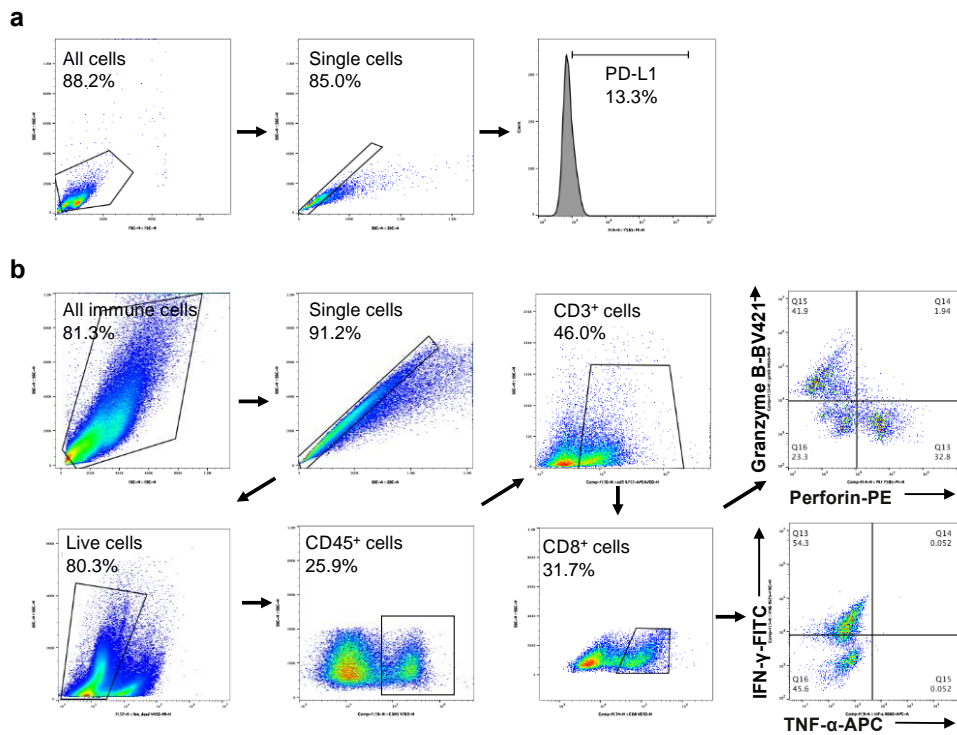
Supplementary Fig. 12: Co-targeting NEK2 and PD-L1 enhances the killing function of T cells *in vitro*.

(a, b) Results of a T cell-mediated cancer cell-killing assay. KPC cells pretreated with NEK2 inhibitor for 24 h, with or without PD-L1 blockade, were cocultured with activated T cells for 48 h and stained with crystal violet. The ratio of tumor cells to T cells was 1:4. Representative images of live cells are shown (a) and were further quantified (b) (n = 5). Results represent means \pm SD of one representative experiment in b. All data are representative of three independently performed experiments. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ using a two-tailed t-test; ns: not significant.



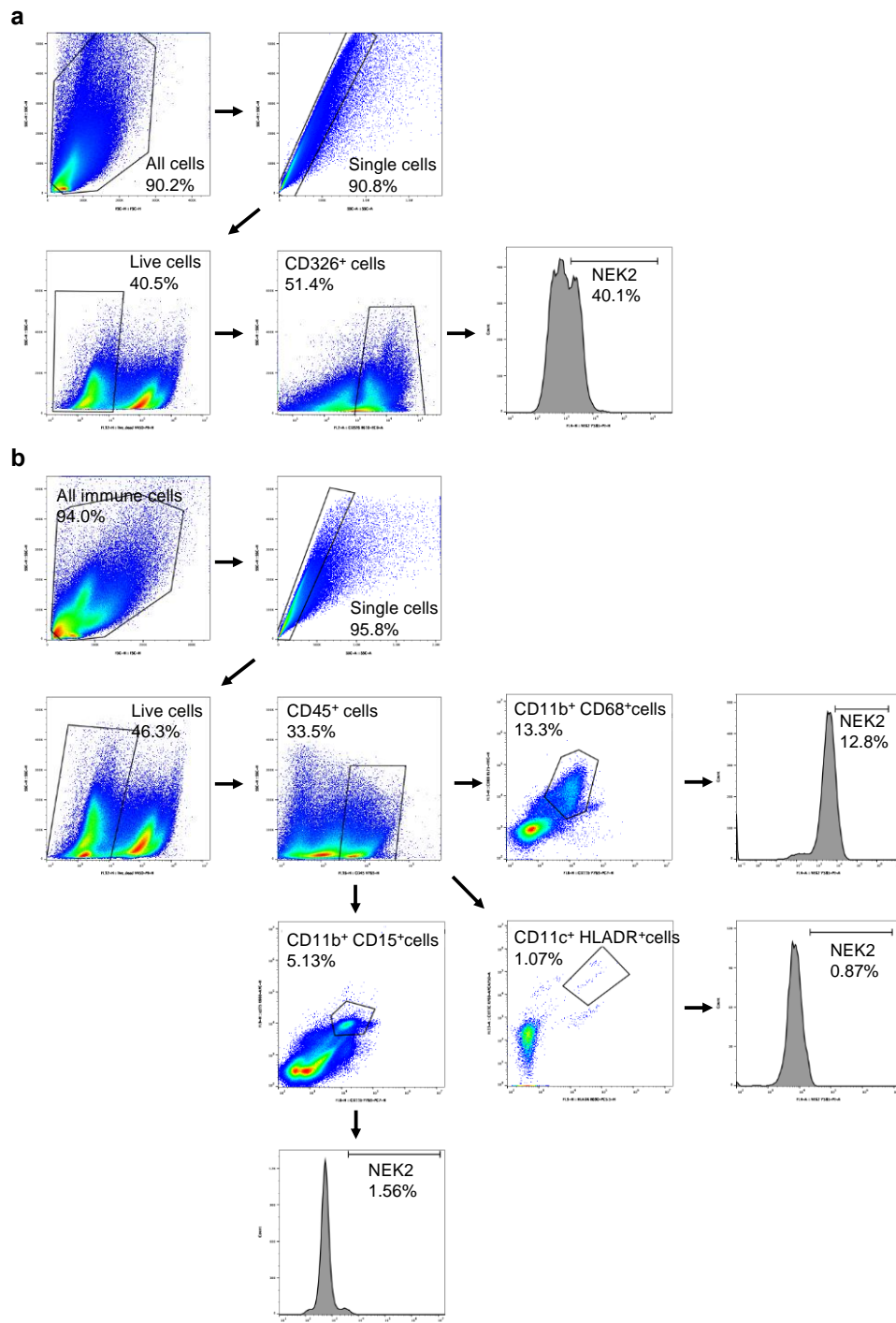
Supplementary Fig. 13: NEK2 inhibition sensitizes PD-L1-targeted pancreatic cancer immunotherapy in an orthotopic model.

(a) Schematic protocol of anti-PD-L1 antibody and NEK2 inhibitor combination therapy. (b) Representative images displaying tumors harvested from mice bearing KPC cells treated with anti-PD-L1 antibody, NEK2 inhibitor, or their combination (n = 5). (c) Tumor growth curve of mice treated with anti-PD-L1 antibody (200 µg/mouse), NEK2 inhibitor (200 µg/mouse), or their combination (n = 5). (d) Tumor weight in mice treated with anti-PD-L1 antibody, NEK2 inhibitor, or both (n = 5). (e) Western blot analysis of p-NEK2 and NEK2 in tumor samples from an orthotopic model that received PD-L1 antibody in combination with NEK2 inhibitor (n = 3). Results represent means ± SD of one representative experiment in c and d. All data are representative of three independently performed experiments. **P* < 0.05, ***P* < 0.01, ****P* < 0.001 using a two-tailed t-test; ns: not significant.



Supplementary Fig. 14: Gating strategies used in FACS analysis for cell lines and mouse-bearing tumors.

(a) Gating strategy to analyze the expression of PD-L1 in pancreatic cancer cells. **(b)** Gating strategy to analyze the number and function of CD8⁺ T cell in mouse-bearing tumors.



Supplementary Fig. 15: Gating strategies used in FACs analysis for patient PDAC samples.

(a) Gating strategy to analyze the expression of NEK2 in pancreatic tumor cells. **(b)** Gating strategy to analyze the expression of NEK2 in immunosuppressive populations (macrophages, DCs and MDSCs) in patient PDAC samples.