

1 **Supplemental Information**

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3 **Figure S1: Immunohistochemistry (IHC) of CRC tissues**

4 Formalin-fixed paraffin embedded (FFPE) tissues were mounted and stained with  
5 hematoxylin and eosin (HE) or with following antibodies on DAKO autostainers: anti-  
6 MLH1 (ES05, DAKO), anti-pan HLA class I (EMR8-5, Hokudo), anti-CD8 (C8/114B,  
7 DAKO), and anti-PD-L1 (E1L3N, CellSignaling). Magnification, ×200. CRC111 is a  
8 mismatch repair deficient (dMMR) tumor accompanied by loss of MLH1 expression. All  
9 the other CRCs are mismatch repair proficient (pMMR) tumors, which express both  
10 MSH6 and PMS2 in addition to MLH1 (data not shown). Primary sites, histological  
11 tumor types, and stages of six CRC tissues are shown.

12

13 **Figure S2: Proteogenomic pipeline for direct neoantigen identification**

14 CRC tumor tissues or patient-matched normal mucosa were analyzed. A personalized  
15 database for MS search was constructed per sample (upper panel). Each database  
16 contained altered amino-acid sequences determined by WES as well as reference  
17 protein sequences. Only the protein sequences with source gene expression (TPM > 0)  
18 determined by RNA-seq were enrolled. Meanwhile, HLA-A24 ligands were  
19 biochemically captured and analyzed using LC-MS/MS (lower panels). The obtained  
20 MS/MS signals were searched against the sample-specific database, yielding a  
21 comprehensive list of non-mutated HLA-A24 ligands and mutation-derived neoantigens,  
22 both of which were naturally processed and presented by the sample.

23

24 **Figure S3: Expression of the *TUBB* gene across tissue and organ types**

1 Abundant gene expression of *TUBB*, which encodes the RAF9 neoantigen in CRC111,  
2 across tissue and organ types (GTEx: <https://www.gtexportal.org/home/>).

3

#### 4 **Figure S4: HLA class I restriction of a T-cell response to RAF9**

5 IFN $\gamma$  ELISpot assay of an RAF9-reactive CD8<sup>+</sup> T cell clone (2F4) in response to T2-A24  
6 pulsed with 100 nM RAF9 peptide. The responses were assessed in the presence of  
7 100  $\mu$ g/mL of MHC antibodies. These results validated the HLA-A24 restriction of the T  
8 cell response to RAF9. Data represent means with SEM (n=3), and p-values were  
9 calculated using a two-tailed t-test (\*\* p < 0.01).

10

#### 11 **Figure S5: Enrichment of the RAF9-specific fraction of TCR-transduced PBMCs**

12 Flow cytometry of HD1-derived PBMCs transduced with a concatenated RAF9-reactive  
13 TCR $\alpha$  and  $\beta$  sequences. The fraction positive for the RAF9-HLA-A24 tetramer and CD8  
14 (2.41% of CD8<sup>+</sup> cells) was enriched using a cell sorter (FACS Aria II, BD).

15 Approximately 99.9% of the sorted cells were positive for the tetramer and CD8.

16

#### 17 **Table S1: HLA class I genotypes of patients with CRC**

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#### 19 **Table S2: List of non-mutated HLA-A24 ligands identified in CRC tissues and** 20 **matched normal tissues**

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#### 22 **Table S3: List of TAA candidates used for dMMR-CRC111 TIL analysis**

**Figure S1**

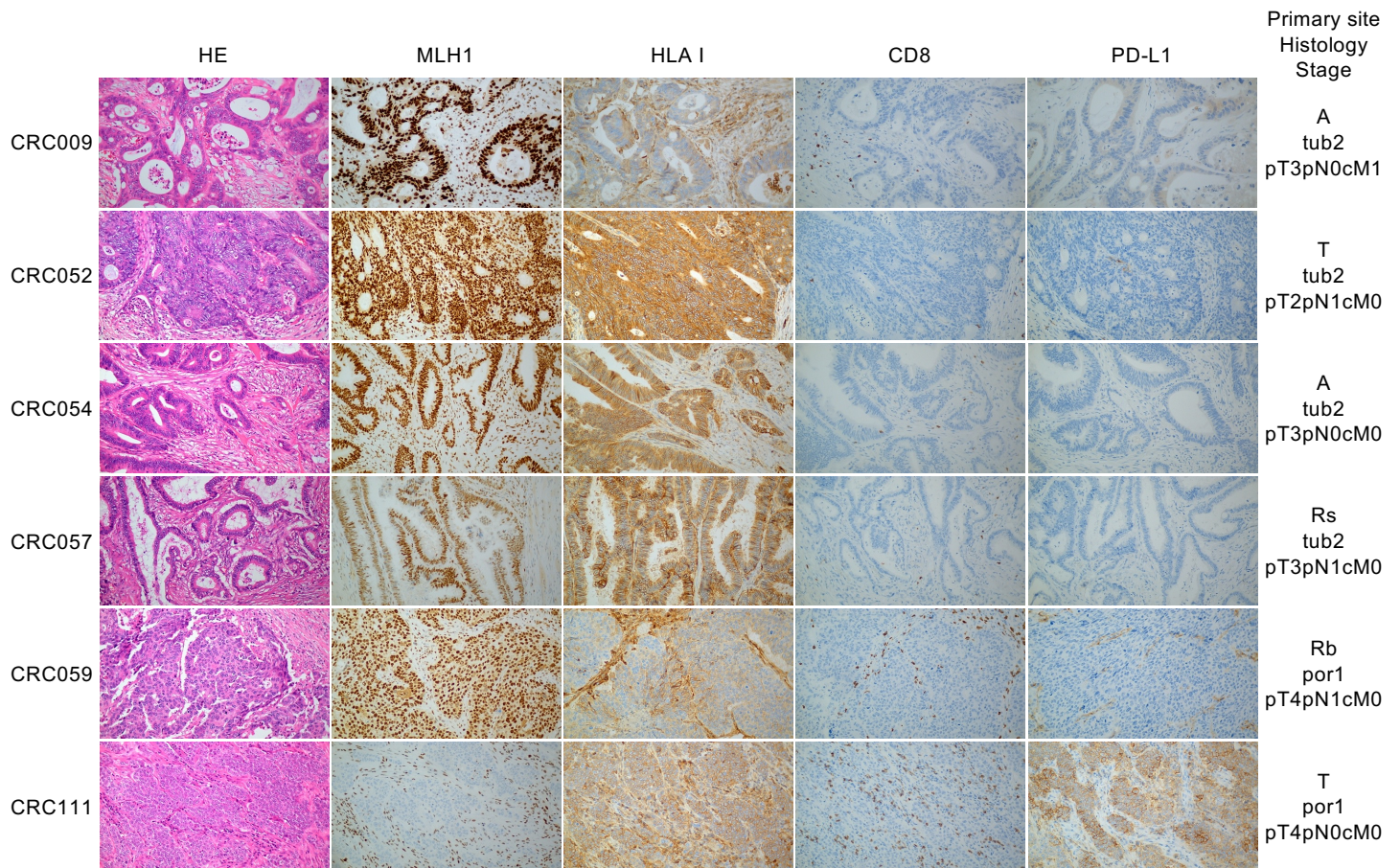


Figure S2

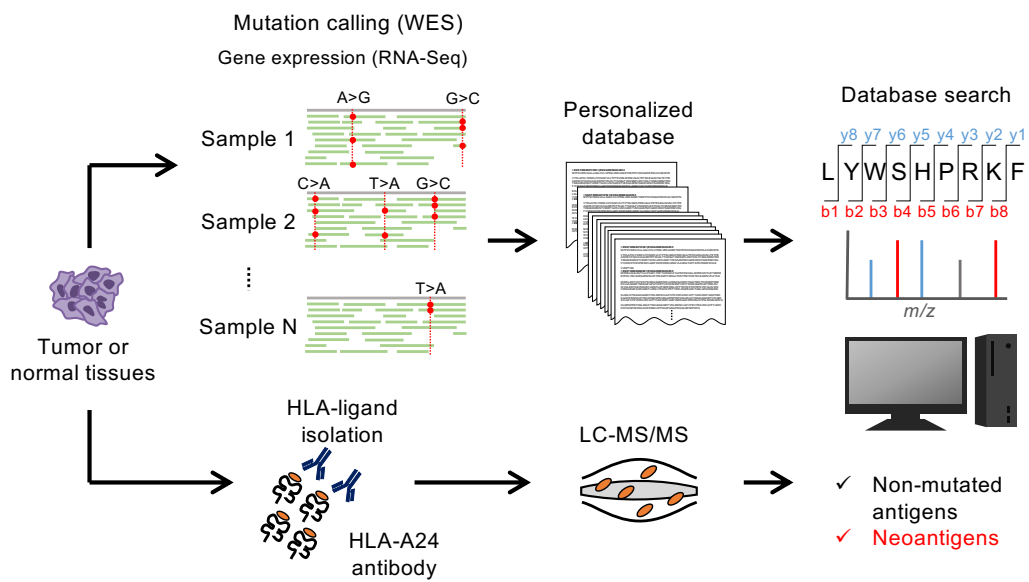


Figure S3

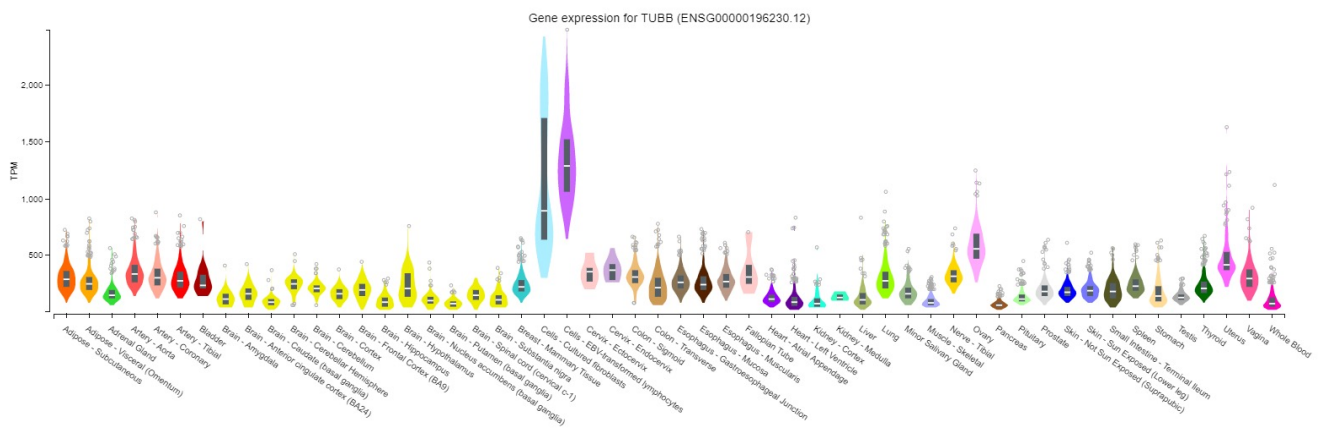


Figure S4

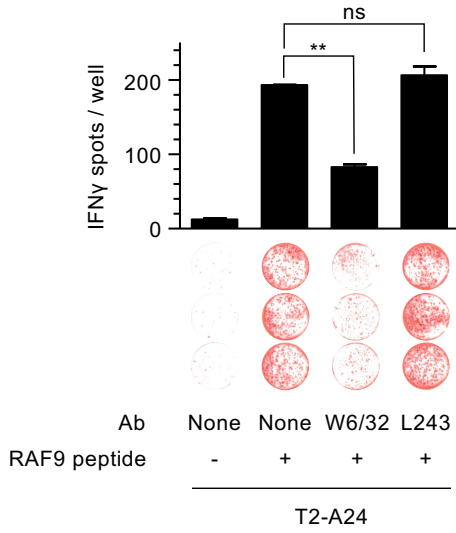


Figure S5

