

Supplementary Materials for

Fusobacterium nucleatum enhances the efficacy of PD-L1 blockade in colorectal cancer

Yaohui Gao^{1#}, Dexi Bi^{1#}, Ruting Xie^{1#}, Man Li¹, Jing Guo¹, Hu Liu¹, Xianling Guo², Juemin Fang², Tingting Ding¹, Huiyuan Zhu¹, Yuan Cao¹, Meichun Xing¹, Jiayi Zheng¹, Qing Xu², Qian Xu³, Qing Wei^{1*}, Huanlong Qin^{3*}.

*Correspondence to: Wei-Li Zhao, Email: zhao.weili@yahoo.com, and Meng-Meng Ji, Email: jimengmeng025@163.com.

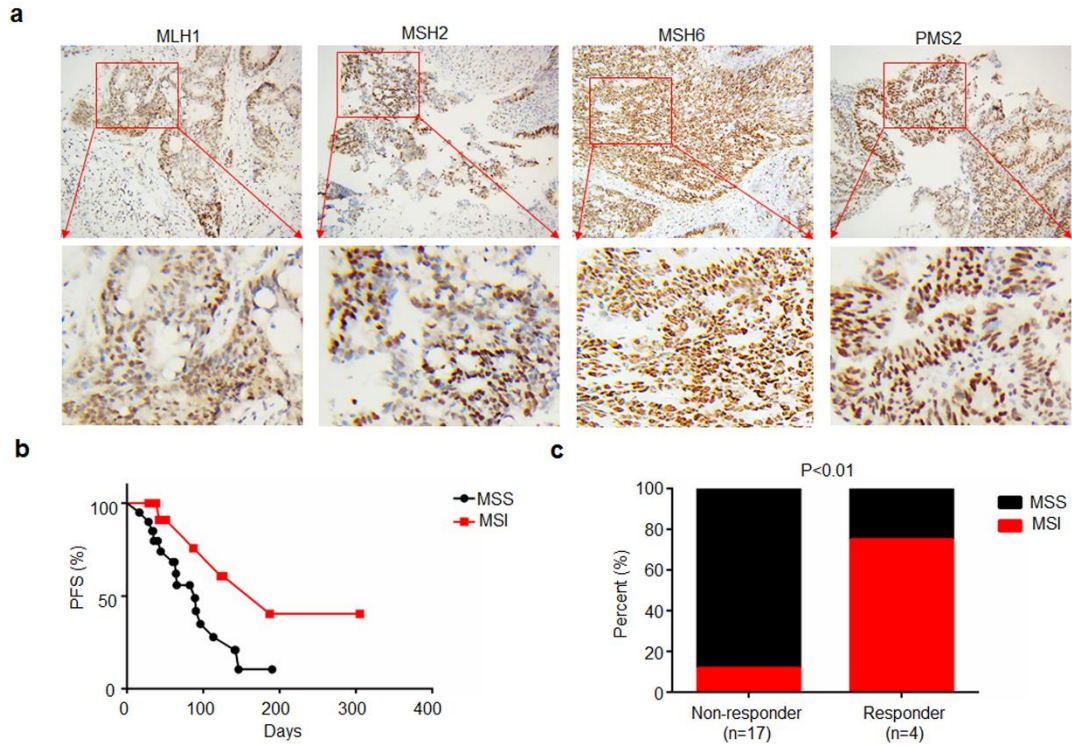
This PDF file includes:

Figures. S1 to S10

Tables S1 to S2

1

Gao et al. Supplementary Figure 1



2

3 **Fig. S1** Patients with dMMR were more responsive to PD-1 blockade than
4 those with pMMR. **a** Representative Immunohistochemistry images of
5 mismatch repair proteins in CRC tumor tissues. **b** The progression-free
6 survival of patients with CRC (n=35). **c** Correlation analysis between
7 patient outcomes and different MMR status. Chi-square test (one-sided).

8

Gao et al. Supplementary Figure 2

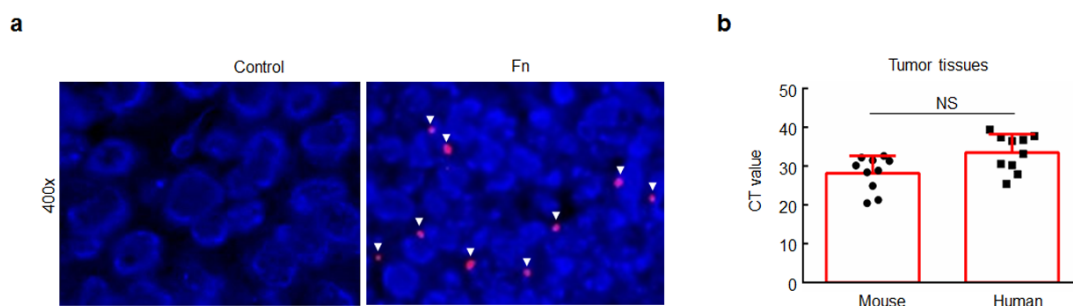


Fig. S2 *F. nucleatum* could colonize the tumor tissue of mice injected intratumorally with *F. nucleatum*. CT26.WT cells were injected subcutaneously into BALB/c mice. Tumor-bearing mice were intratumorally injected with PBS (control) or *F. nucleatum* (10^9 CFU) every two days for two weeks. **a** A FISH assay showed that *F. nucleatum* (red) was present in the tumor tissues of mice. The nuclei (blue) of cells in tumor tissue samples were stained with DAPI. The white arrows indicate positive staining (red) for *F. nucleatum*. The images are representative of the different treatment groups. **b** *F. nucleatum* was detected by RT-PCR in mouse and human CRC tissue samples ($n=10$). Data are expressed as mean + s.d. Student's t-test. NS, not significant. Fn, *F. nucleatum*.

Gao et al. Supplementary Figure 3

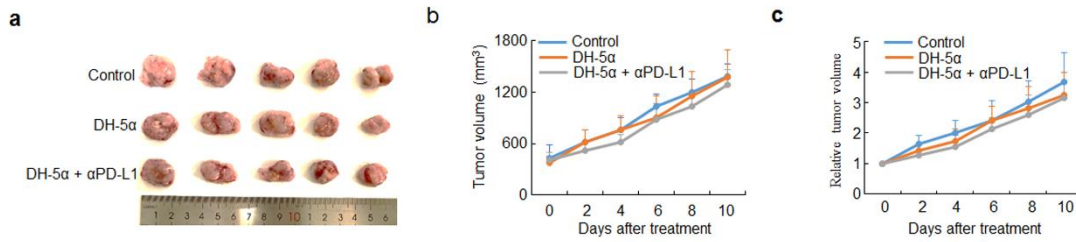
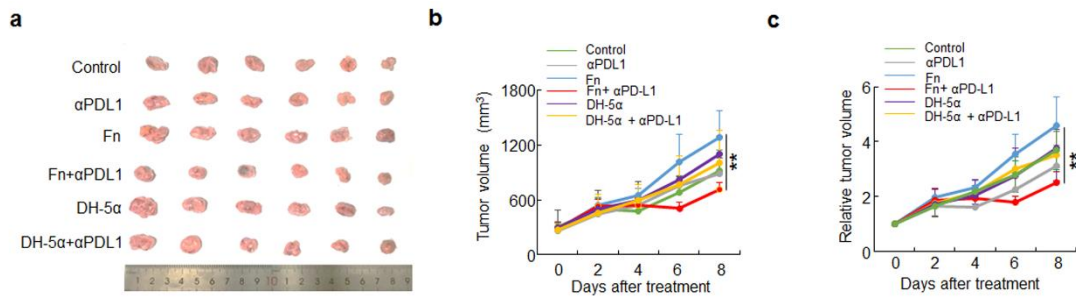


Fig. S3 Intratumoral injection of DH-5α did not affect the therapeutic efficacy of PD-L1 blockade. CT26.WT cells were subcutaneously injected into BALB/c mice. Tumor-bearing mice were intratumorally injected with PBS (control) or DH-5α (10^9 CFU) every two days and were intraperitoneally injected with an anti-PD-L1 mAb or an isotype control mAb. **a** An image of tumors collected in different groups at the end of the experiment is shown. **b, c** Tumor volumes and relative tumor volumes in different groups are shown. Data are shown as mean \pm s.d. One-way ANOVA and Bonferroni's multiple comparison test. Fn, *F. nucleatum*.

1

Gao et al. Supplementary Figure 4



2

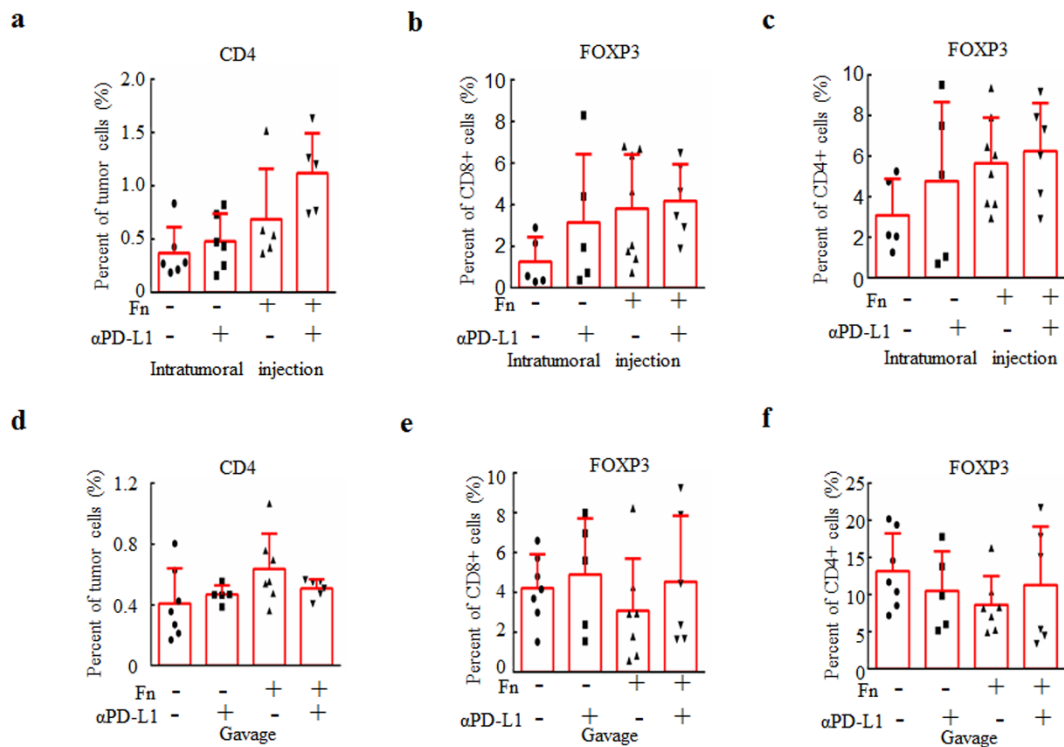
3 **Fig. S4** Gavage administration of *F. nucleatum* augmented the antitumor
4 effects of PD-L1 blockade on CRC. CT26.WT cells were injected
5 subcutaneously into BALB/c mice. Tumor-bearing mice were
6 administered with PBS (control), *F. nucleatum* (10^9 CFU) or DH-5 α (10^9
7 CFU) by gavage every two days and treated with an anti-PD-L1 mAb or
8 an isotype control mAb by intraperitoneal injection. Tumor volumes were
9 measured. **a** A picture of tumors from mice in different groups are shown.
10 **b, c** Tumor volume growth and relative tumor volume growth were
11 assessed. One-way ANOVA and Bonferroni's multiple comparison test.
12 **P<0.01.

13

14

1

Gao et al. Supplementary Figure 5



2

3 **Fig. S5** *F. nucleatum* did not modulate the proportion of CD4⁺ and FOXP3⁺

4 T cells during treatment with an anti-PD-L1 mAb. CT26.WT cells were

5 subcutaneously injected into BALB/c mice. **a-c** Tumor-bearing mice were

6 treated with PBS or *F. nucleatum* by intratumoral injection and

7 intraperitoneally injected with an anti-PD-L1 mAb or an isotype control

8 mAb. Flow cytometry was used to detect the levels of different types of T

9 lymphocytes in the tumor tissues of mice. One-way ANOVA and

10 Bonferroni's multiple comparison test. **d-f** Tumor-bearing mice were

11 treated with PBS or *F. nucleatum* by gavage and intraperitoneally injected

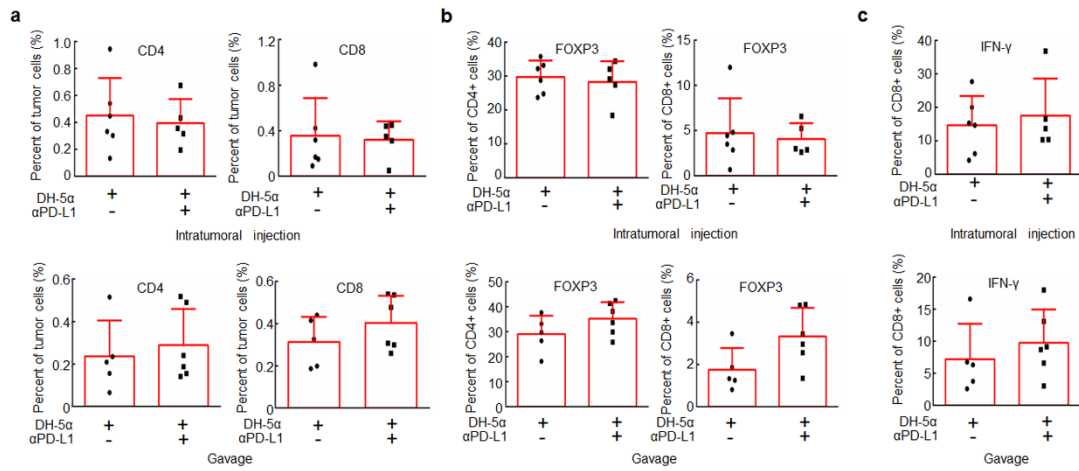
12 with an anti-PD-L1 mAb or an isotype control mAb. Flow cytometry was

13 used to detect the levels of different types of T lymphocytes in the tumor

14 tissues. One-way ANOVA and Bonferroni's multiple comparison test.

1

Gao et al. Supplementary Figure 6



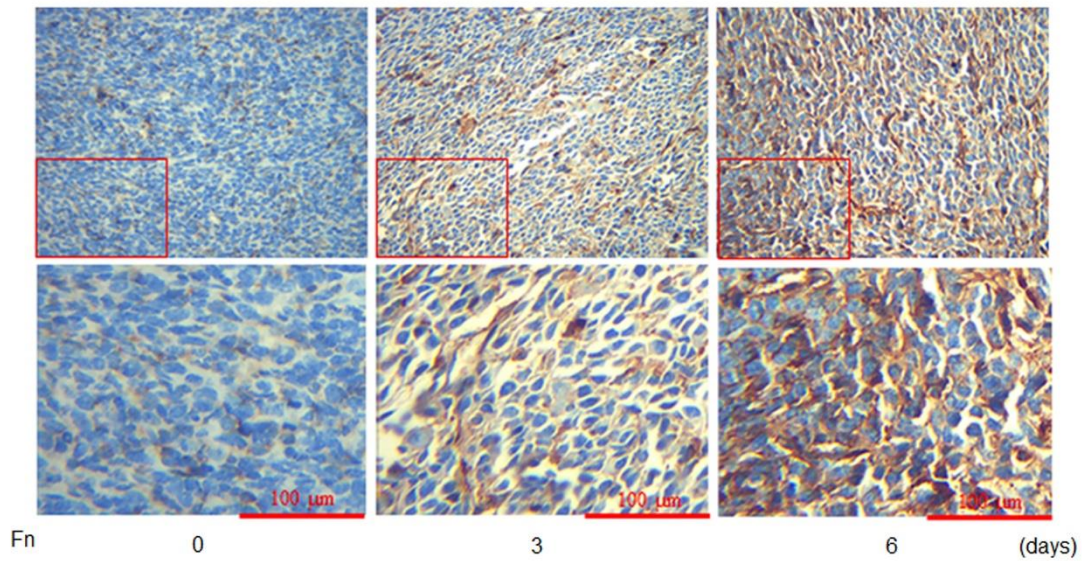
2

3 **Fig. S6** DH-5α does not modulate the proportion or activity of CD8⁺ T cells
 4 during treatment with an anti-PD-L1 mAb. CT26.WT cells were
 5 subcutaneously injected into BALB/c mice. Tumor-bearing mice were
 6 treated with DH-5α (10⁹ CFU) or PBS (control) by intratumoral injection
 7 or garage and intraperitoneally injected with an anti-PD-L1 mAb or an
 8 isotype control mAb. For mice treated with DH-5α by intratumoral
 9 injection, the anti-PD-L1 mAb treatment time was 9 days. For mice treated
 10 with DH-5α by garage, the anti-PD-L1 mAb treatment time is 7 days. **a-c**
 11 Flow cytometry was used to detect the levels of different types of T
 12 lymphocytes in the tumor tissue of mice. One-way ANOVA and
 13 Bonferroni's multiple comparison test. All P>0.05.

14

1

Gao et al. Supplementary Figure 7



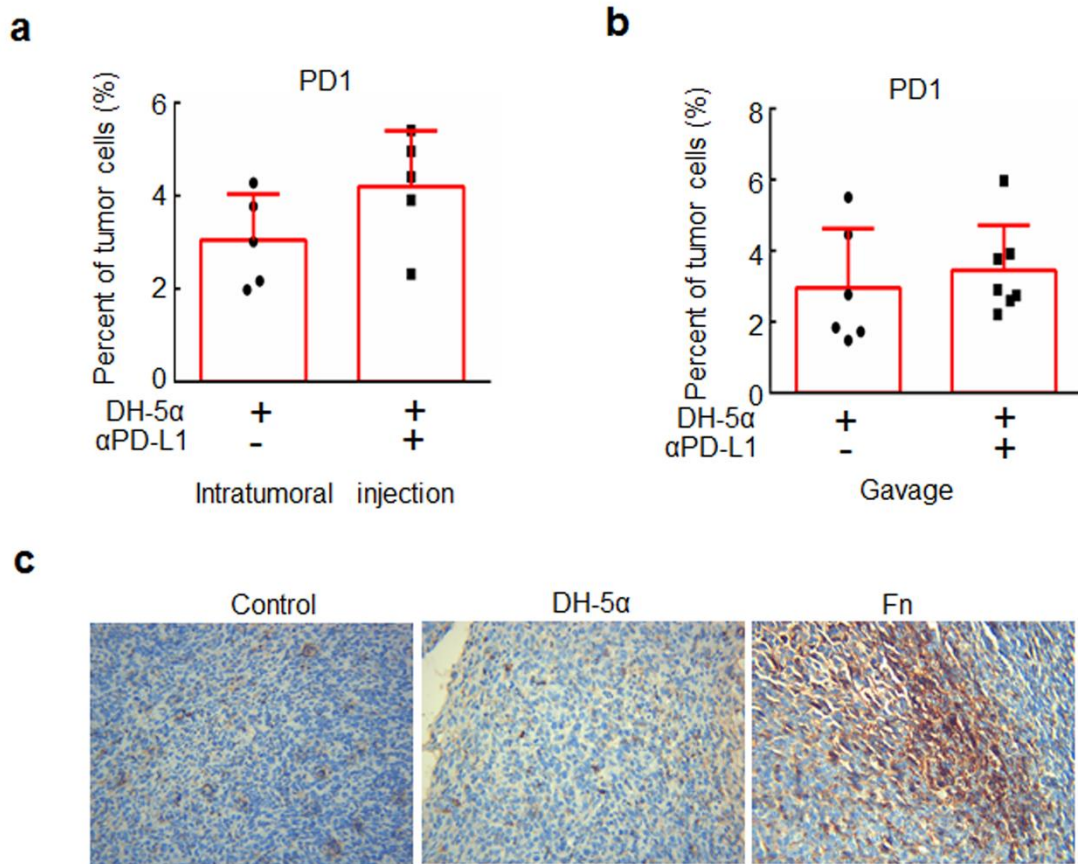
2

3 **Fig. S7** *F. nucleatum* treatment enhanced PD-L1 expression in mouse
4 tumor tissues. CT26.WT cells were subcutaneously injected into BALB/c
5 mice. When the tumor volumes reached more than 100 mm³, tumor-
6 bearing mice were intratumorally injected with *F. nucleatum* (10⁹ CFU) for
7 3 days or 6 days. The expression of PD-L1 (brown) was detected by IHC.
8 Hematoxylin (blue) was used to visualize nuclei. The IHC images are
9 representatives of different treatment groups.

10

1

Gao et al. Supplementary Figure 8

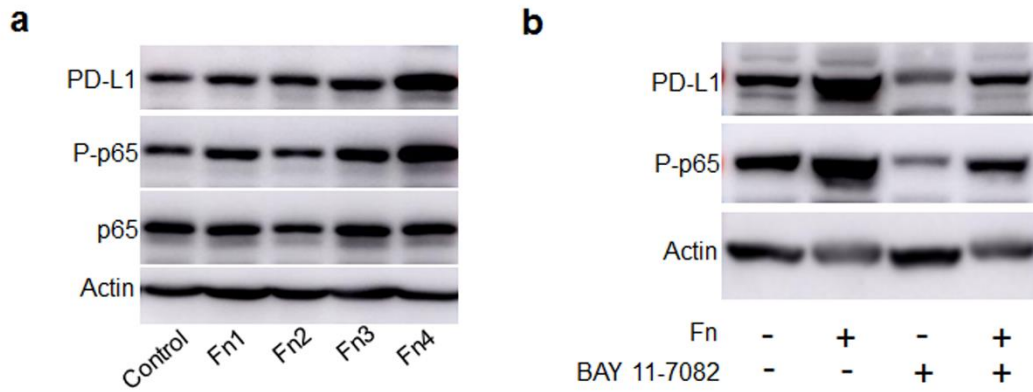


2

3 **Fig. S8** DH-5α did not modulate the proportion of PD-1⁺ T cells or PD-L1
4 expression during treatment with an anti-PD-L1 mAb. CT26.WT cells
5 were subcutaneously injected into BALB/c mice. **a, c** Tumor-bearing mice
6 were treated with DH-5α, *F. nucleatum* or PBS (control) by intratumoral
7 injection or garage for 10 days. **a** Flow cytometry was used to detect the
8 proportion of PD-1⁺ cells in tumor tissue samples. Student's t-test. **c** The
9 expression of PD-L1 (brown) detected by IHC. Hematoxylin (blue) was
10 used to visualize nuclei. **b** Tumor-bearing mice were treated with DH-5α
11 or PBS by garage for 8 days. Flow cytometry was used to detect the
12 proportion of PD-1⁺ cells in tumor tissue samples. Student's t-test.

1

Gao et al. Supplementary Figure 9



2

3 **Fig. S9** *F. nucleatum* upregulated the expression of PD-L1 by
4 phosphorylation of P65. **a** DLD1 cells were treated with different *F.*
5 *nucleatum* isolates obtained from CRC patients, and the expression of the
6 indicated proteins was detected. **b** Caco-2 cells were treated with Fn
7 (1:1000) and/or 5 μ M BAY 11-7082 for 24 hours. Protein expression was
8 detected by Western blotting.

9

Gao et al. Supplementary Figure 10

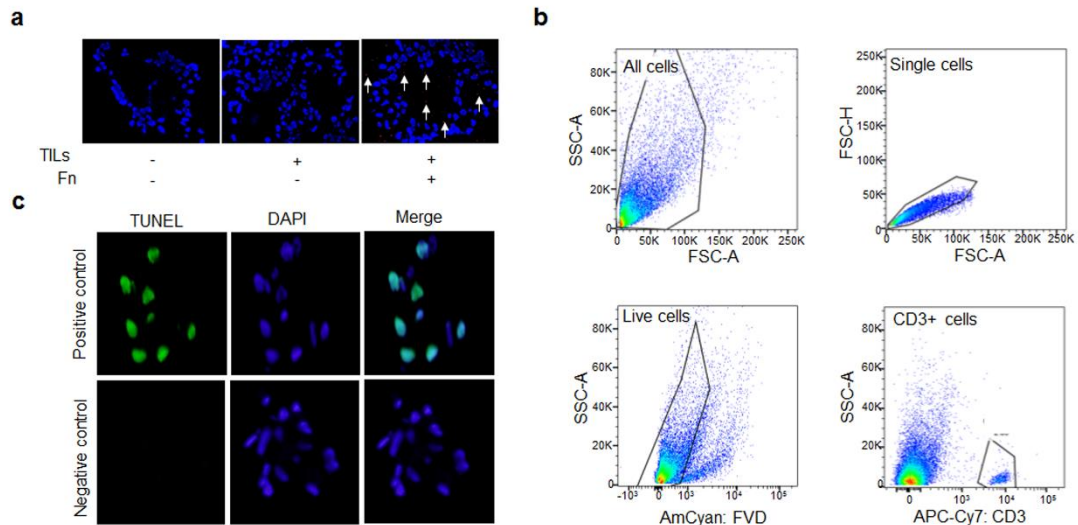


Fig. S10 Validation of tumor-derived organoid models of CRC. CRC organoids were mixed with TILs (10^5 /well) and *F. nucleatum* (10^8 CFU) for one week. **a** *F. nucleatum* was detected in the CRC organoids with a FISH assay. The nuclei (blue) of cells in tumor tissue samples were stained with DAPI. The white arrows indicate positive staining (red) for *F. nucleatum*. **b** Flow cytometry was used to detect CD3⁺ T cells in the CRC organoids. **c** The controls for the TUNEL assay are shown. The CRC organoids without treatment were used as negative controls. The CRC organoids with DNase I treatment (1500u/ml) for 30 min were used as negative controls.

1

Supplementary Table 1

Characteristics		No. of patients	Fn content		P value
			High	Low	
Age (years)	≥65	11	7	4	0.3096
	<65	16	7	9	
Gender	Male	17	10	7	0.3445
	Female	10	4	6	
Liver metastasis	Yes	14	9	5	0.1796
	No	13	5	8	
Lung metastasis	Yes	13	7	6	0.8416
	No	14	7	7	
Abdominal cavity metastasis	Yes	7	1	6	0.0208*
	No	20	13	7	
pelvic metastasis	Yes	4	2	2	0.936
	No	23	12	11	
Ovarian metastasis	Yes	4	2	2	0.936
	No	23	12	11	
Bone metastasis	Yes	4	2	2	0.936
	No	23	12	11	

2 **Table S1.** Correlations between the relative *F. nucleatum* levels in tumor
3 tissues and clinicopathological characteristics of the patients with CRC.
4 The Chi-square test was used for analysis.

5

1

Supplementary Table 2

Characteristics		No. of patients	Fn		P value
			Yes	No	
Age (years)	≥65	15	11	4	0.8023
	<65	23	16	7	
Gender	Male	28	21	7	0.3693
	Female	10	6	4	
Liver metastasis	Yes	23	15	8	0.326
	No	15	12	3	
Lung metastasis	Yes	21	14	7	0.5076
	No	17	13	4	
Abdominal cavity metastasis	Yes	9	8	1	0.1768
	No	29	19	10	
pelvic metastasis	Yes	4	2	2	0.3263
	No	34	25	9	
Ovarian metastasis	Yes	2	1	1	0.5
	No	36	26	10	
Bone metastasis	Yes	6	5	1	0.4698
	No	32	22	10	

2 **Table S2.** Correlations between the relative *F. nucleatum* levels in feces
3 and clinicopathological characteristics of the patients with CRC. The Chi-
4 square test was used for analysis.

5

6

7

8