

1 **Supplementary Methods**

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4 **Histochemistry Staining**

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6 Immunohistochemistry was performed with VECTASTAIN Elite ABC peroxidase kit
7 following manufacturer's instructions (Vector Laboratories, Burlingame, CA, USA) and
8 counterstained with Novocastra Hematoxylin (Leica, Newcastle upon Tyne, UK). 5 µm
9 sections were stained with CD73 (Sigma-Aldrich, St. Louis, MO, USA), Ki67 (12202, Cell
10 Signaling Technology, Danvers, MA, USA), and cleaved caspase-3 (9579, Cell Signaling
11 Technology, Danvers, MA, USA) antibodies.

12 The intensity score for immunohistochemistry was calculated by examining the
13 stain intensity (0 = none; 1 = weak; 2 = intermediate, 3 = strong) and the proportion of the
14 percentage of positively stained cell (0 = none; 1 = <5%; 2 = 5–25%; 3 = 26–50%; 4 =
15 51–75%; 5 = >75%). These scores were multiplied together to generate the final
16 histoscore. Images were captured at 20X.

17 H&E staining was performed by deparaffinization and hydration through graded
18 xylenes and ethanol before submerging in water. Slides were exposed to Gill hematoxylin
19 stain (Fisher Chemical, Geel, Belgium) for 5 min, rinsed, exposed to acid alcohol (75%
20 ethanol + 1/25000 HCl %v/v), rinsed, and incubated within an ammonia solution (0.084%
21 NH₄OH %w/v), before submerging in water for 5 min. Slides were exposed to 80%
22 ethanol before submerging in alcoholic eosin Y 515 (Leica) for 2 min. Slides were then
23 exposed to 95% and 100% ethanol before submerging in xylene for 2 min each. Images
24 were captured at 10X.

25 Representative images were taken by finding three tissues near the median cohort
26 weight and volume was used to break a tie. In the case of survival, the three tissues near

27 the median survival were used. Three tissues were examined and the tissue with the
28 median Ki67 was chosen to be the representative tissue.

29 30 **qRT-PCR**

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32 RNA isolation and qRT-PCR was performed as described previously [1], but analyzed on
33 QuantStudio 5 Real-Time PCR System (Thermo Fisher Scientific, Waltham, MA, USA).
34 Primers used for *Nt5e* were 5'-GGACATTTGACCTCGTCCAAT-3' (forward) and 5'-
35 GGGCACTCGACACTTGGTG-3' (reverse), and 5'-GGCTGTATTCCCCTCCATCG-3'
36 (forward) and 5'-CCAGTTGGTAACAATGCCATGT-3' (reverse) for *Actb*.

37 38 **Immunoblotting**

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40 Protein isolation and western blotting were performed as described previously [2], but
41 with nitrocellulose membranes. In short, cells were washed twice with PBS and utilized
42 radio-immunoprecipitation assay for lysis by shaking for 10 min on ice. Lysates were
43 centrifuged at 13000 rpm for 10 min at 4°C to collect the supernatant. Bradford assay was
44 used to determine the protein concentration. An equal amount of protein was loaded in
45 each well for western blotting. Specific proteins were probed by using primary antibodies
46 against CD73 (Cell Signaling Technology) and actin (JLA20; Developmental Studies
47 Hybridoma Bank, IA, USA).

48 49 **Flow cytometry**

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51 Peripheral blood was collected through submandibular bleeding [3] in accordance with
52 IACUC, lysed with ACK buffer (150mM NH₄Cl, 10mM KHCO₃, 0.1 mM EDTA, pH 7.3),
53 and processed for BD LSRII by staining with LIVE/DEAD Fixable Aqua Dead Cell Stain
54 Kit (Life Technologies Corporation, Eugene, OR, USA). Sample volumes were then split

55 in half with primary conjugated antibodies CD3 ϵ (100206, PE), CD19 (115520, PE-Cy7),
56 CD8 α (100711, APC), CD4 (100414, APC-Cy7), and FoxP3 (126421, AF700) from
57 BioLegend (San Diego, CA, USA) to examine T cell subsets. Myeloid subsets were
58 examined in the second half with Ly6G (127614, APC), Ly6C (128025, APC/Cy7), F4/80
59 (123120, AF488), Nos2 (696804, AF594) CD11b (101257, BV605), CD11c (117318,
60 PE/CY7) from BioLegend and CD11b (48-0112-82, e450) from Thermo Fisher Scientific
61 and Arg1 (1C5868N, AF700) from R&D Systems. Samples were run on a BD LSR II and
62 analyzed with FlowJo version 10. The pilot study utilized LIVE/DEAD Fixable Aqua Dead
63 Cell Stain, CD3 ϵ (100206, PE), CD8 α (100706, FITC), and CD4 (100414, APC-Cy7) from
64 BioLegend.

65 66 **Mass spectrometry of interstitial fluid**

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68 The interstitial fluid was collected as described previously [4, 5]. Briefly, blood was rinsed
69 quickly off tumors before incubating in 250 μ L saline on ice for 5 min. An additional 250 μ L
70 saline was given and sporadically mixed by inverting for 10 min. A 5 s spin was performed
71 on a mini-centrifuge before separating tissue from interstitial fluid and freezing in liquid
72 nitrogen. The interstitial fluid was thawed and the supernatant was taken after a spin at
73 1200 rpm at 4 $^{\circ}$ C for 10 min. Standards were made and processed in parallel with
74 interstitial fluid by taking 200 μ L of the supernatant or standard and adding 800 μ L of LC-
75 MS grade methanol on dry ice. Samples were then transferred to a -80 $^{\circ}$ C freezer for 2 h.
76 Samples were spun at 13000 rpm for 10 min and the supernatant was placed in a
77 speedvac until dry. Resuspension was done with LC-MS grade
78 methanol/water/acetonitrile (60:30:10 %vol/vol/vol) and ran through a LC-MS/MS with

79 standards. Quantification of peak areas were performed using MassLynx (Waters Co.,
80 Milford, MA, USA) and normalized with the tumor weight used.

81
82 **Co-culture assays to examine the effect of MDSCs on T cell activation**

83 CD4⁺ and CD8⁺ T cells were harvested from the spleen of healthy immunocompetent
84 C57/B6 mice. MDSCs were harvested from pancreatic tumor-bearing mice using
85 magnetic isolation kit (130-094-538, Miltenyi Biotec, Inc). To determine the effect of
86 MDSCs on T cell activation (cytokine analysis), CFSE-labeled CD4⁺/CD8⁺ T cells were
87 co-cultured with or without MDSCs and stimulated *in vitro* for 48 h (Cytokine analysis)
88 with anti-CD3/CD28 Dynabeads (Cat #, 11132D, Thermo Fisher Scientific). For
89 proliferation analysis, the isolated CD4⁺/CD8⁺ T cells were pre-stained with CFSE (Cat#,
90 C34554 Thermo Fisher Scientific) and co-cultured in the presence or absence of MDSCs
91 and stimulated *in vitro* for 96 h with anti-CD3/CD28 Dynabeads and recombinant mouse
92 IL-2 (20ng/mL, Cat # 212-12, PeproTech, Cranbury, NJ). The expression of IFN γ , IL10,
93 and TGF β and the intensity of CFSE signaling were detected by flow cytometry.

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95 **Immunofluorescent imaging CD8 and CD4 cells**

96 Pancreatic tumors were examined for CD4⁺ and CD8⁺ T cells using fluorescent
97 immunohistochemistry. Briefly, freshly harvested tumors were embedded in OCT (Cat#,
98 4583, Sakura Finetek, Torrance, CA), and frozen sections of 6- μ m thickness tumor
99 tissues were fixed in 4% paraformaldehyde at room temperature for 10 min. Tumor
100 sections were stained with fluorescent anti-CD4 (Cat #, 100401, BioLegend) or anti-CD8a
101 (Cat #, 100701 BioLegend) overnight at 4°C in a humidified chamber. Subsequently,
102 slides were washed and mounted with ProLong™ Diamond Antifade Mountant with DAPI

103 (Cat# P36962, Thermo Fisher Scientific). Images were captured with a Zeiss 710 Meta
104 Confocal Laser Scanning Microscope and analyzed using the Zeiss Zen Blue software
105 (Carl Zeiss Microscope, LLC, NY, USA). The CD4⁺ and CD8⁺ cells were counted in
106 randomly selected 1.5 m² image areas.

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108 **Animal cohort sizes and statistics**

109 The luciferase study was performed in female B6(Cg)-Tyrc-2J/J mice implanted with
110 KPC1245 control (n=7), sh*Nt5e-a* (n=10), and sh*Nt5e-b* (n=10). Examining time point
111 differences with KPC1245 began with control (n=15), sh*Nt5e-a* (n=15), and sh*Nt5e-b*
112 (n=14) implanted mice and examined mice at day 20 (n=4 each cohort) and at day 30
113 using the remaining mice. The presence of metastasis was examined and analyzed using
114 a Fisher's exact test. Animal survival and growth kinetics were performed in female
115 B6(Cg)-*Tyr^{c-2J}/J* mice implanted with control (n=15), sh*Nt5e-a* (n=15), and sh*Nt5e-b*
116 (n=10) KPC1199 cell lines. Male B6(Cg)-*Tyr^{c-2J}/J* mice implanted with control (n=14),
117 sh*Nt5e-a* (n=16), and sh*Nt5e-b* (n=20) KPC1199 were used for tumor burden analysis
118 upon necropsy, cytokine array, and peripheral blood immune profiling. 6-8 week old male
119 Taconic athymic nude mice (CrTac:NCr-Foxn1nu) were implanted with KPC1199 control
120 (n=14), sh*Nt5e-a* (n=10), and sh*Nt5e-b* (n=9) cell lines. C57BL/6NTac male mice were
121 used to model immune depletion, in which KPC1245 control cell-implanted mice were
122 treated with anti-IgG2 α/β (n=10), anti-CD4 (n=10), and anti-CD8 (n=9), and KPC1245
123 sh*Nt5e-b*-implanted mice were treated with anti-IgG2 α/β (n=10), anti-CD4 (n=10), and
124 anti-CD8 (n=9). To examine the effects of GM-CSF and MDSCs, cohorts with Sg NT-
125 implanted cells were treated with anti-IgG2 β (n=11), GM-CSF (n=10), Sg NT with GM-
126 CSF and anti-Gr-1 (n=11) and knockout cell-implanted mice with IgG2 β (n=10), GM-CSF

127 (n=9), Sg NT with GM-CSF and anti-Gr-1 (n=11). However, one mouse from Sg NT IgG2 β
128 was later removed due to a poor implantation and one mouse from Sg NT GM-CSF due
129 to a premature death the night before the necropsy. Combination therapy used saline
130 (n=18), anti-Cd73 antibody (n=20), gemcitabine (n=20), and the combination of the two
131 (n=20) was administered to KPC1245-implanted C57BL/6NTac male mice. Survival for
132 all mice was examined for significance with a Mantel-Cox log-rank test and tumor burden
133 was examined with a one-way ANOVA with Dunnett's multiple comparison test for
134 significance, except when mentioned otherwise. Growth kinetics were examined for
135 significance using a two-way ANOVA with a Bonferroni post-test, except for the
136 knockdown anti-CD4 and anti-CD8 depletion study, as well as anti-CD73 with
137 gemcitabine therapy study. These studies overcame mice deaths using generalized linear
138 mixed model for longitudinal log-normal data incorporating compound symmetry
139 correlation among longitudinal data from the same subjects.

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141 **Metastasis scoring**

142 After euthanasia and subsequent necropsy, mice were evaluated for presence of
143 metastasis by gross examination, which visually inspected the spleen, liver, stomach,
144 intestines, lymph, mesentery, peritoneum, and the diaphragm for metastasis.

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146 **Statistics and sample sizes**

147 TCGA dataset utilized normal adjacent tissue (n=4) for the mean and standard deviation
148 to examine patients with *NT5E* mRNA expression two Z-scores above (n=19), below
149 (n=0), or within two Z-scores (n=131) of normal adjacent tissue. IQR survival analysis

150 examined the upper (n=38), lower (n=35), and middle interquartile range (n=73).
151 Differences in quartile sample size is due to first generating quartiles based on mRNA
152 expression before examining if the patient was diagnosed with pancreatic ductal
153 adenocarcinoma with clinical data. ICGC did not have normal samples, and hence a Z-
154 score could not be generated, therefore the upper quartile (n=24) and the lower quartile
155 (n=24) were examined. Both analyses used Mantel-Cox log-rank test for significance.
156 qPCR utilized technical replicates for each group (n=4) and used Kruskal-Wallis test with
157 a Dunn's posttest comparing each knockdown to the control. Peripheral blood flow
158 cytometry consisted of control (n=7), sh*Nt5e-a* (n=8), and sh*Nt5e-b* (n=7) mice and tumor
159 flow cytometry consisted of control (n=10), sh*Nt5e-a* (n=6), and sh*Nt5e-b* (n=9) mice
160 tumors which was compared with a one-way ANOVA with a Dunnett's multiple
161 comparison test. Co-culture was performed without MDSCs (n=5), control with MDSCs
162 (n=5), sh*Nt5e-a* with MDSCs (n=5), and sh*Nt5e-b* with MDSCs (n=5) and analyzed with
163 a one-way ANOVA with a Tukey's multiple comparison test. The tumor cytokine array
164 contained 7 tumors from each group using Dunnett's multiple comparison test for
165 significance.

166 The ANOVA analyses and Pearson's correlation checked normality assumptions
167 using summary statistics including mean, median, Kurtosis, and Shapiro-Wilk test. A p
168 value of less than 0.05 was considered significant. All error bars represent standard error
169 of mean. All animal experiments were replicated once.

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173 **Supplementary references**

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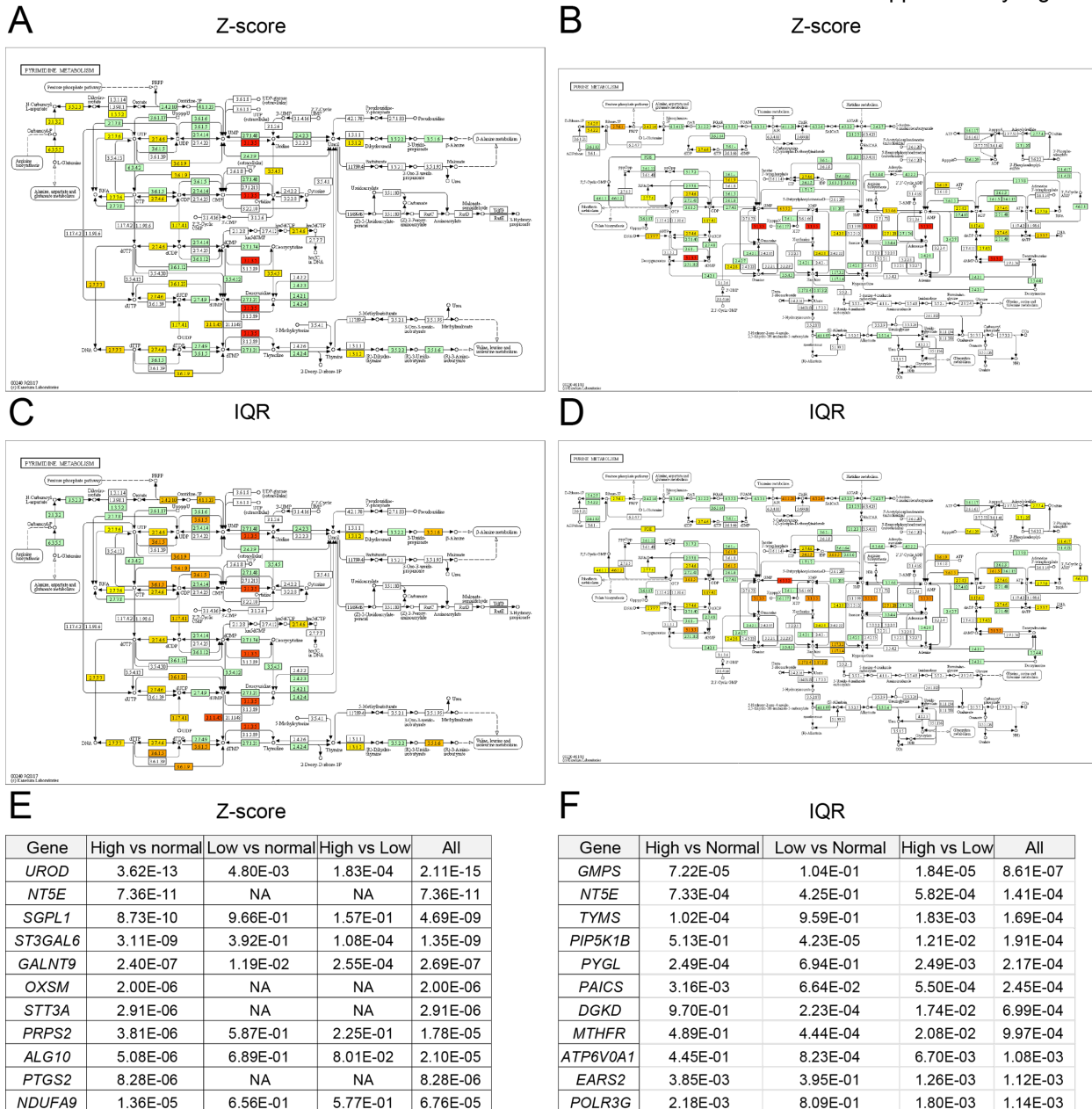
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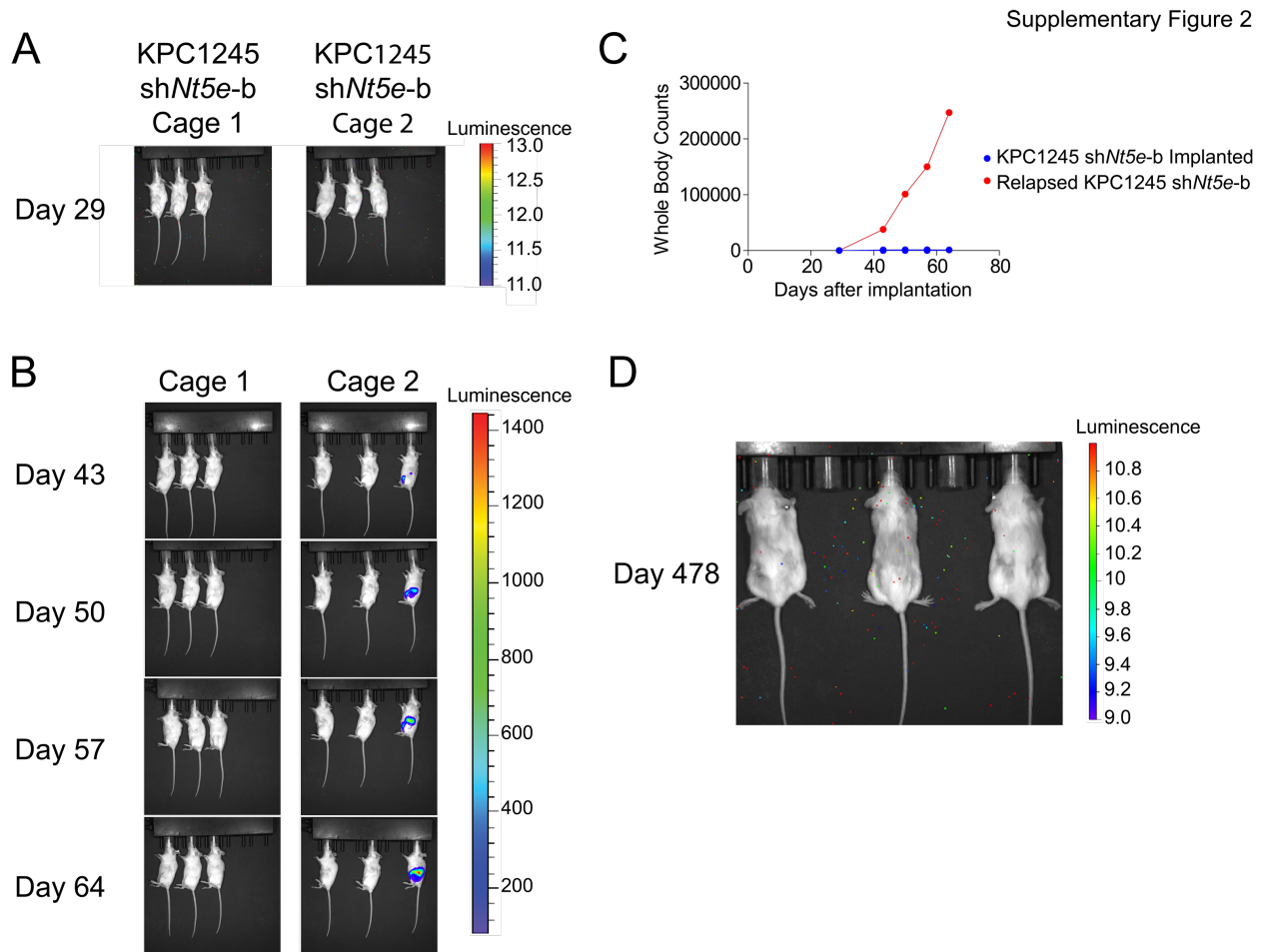
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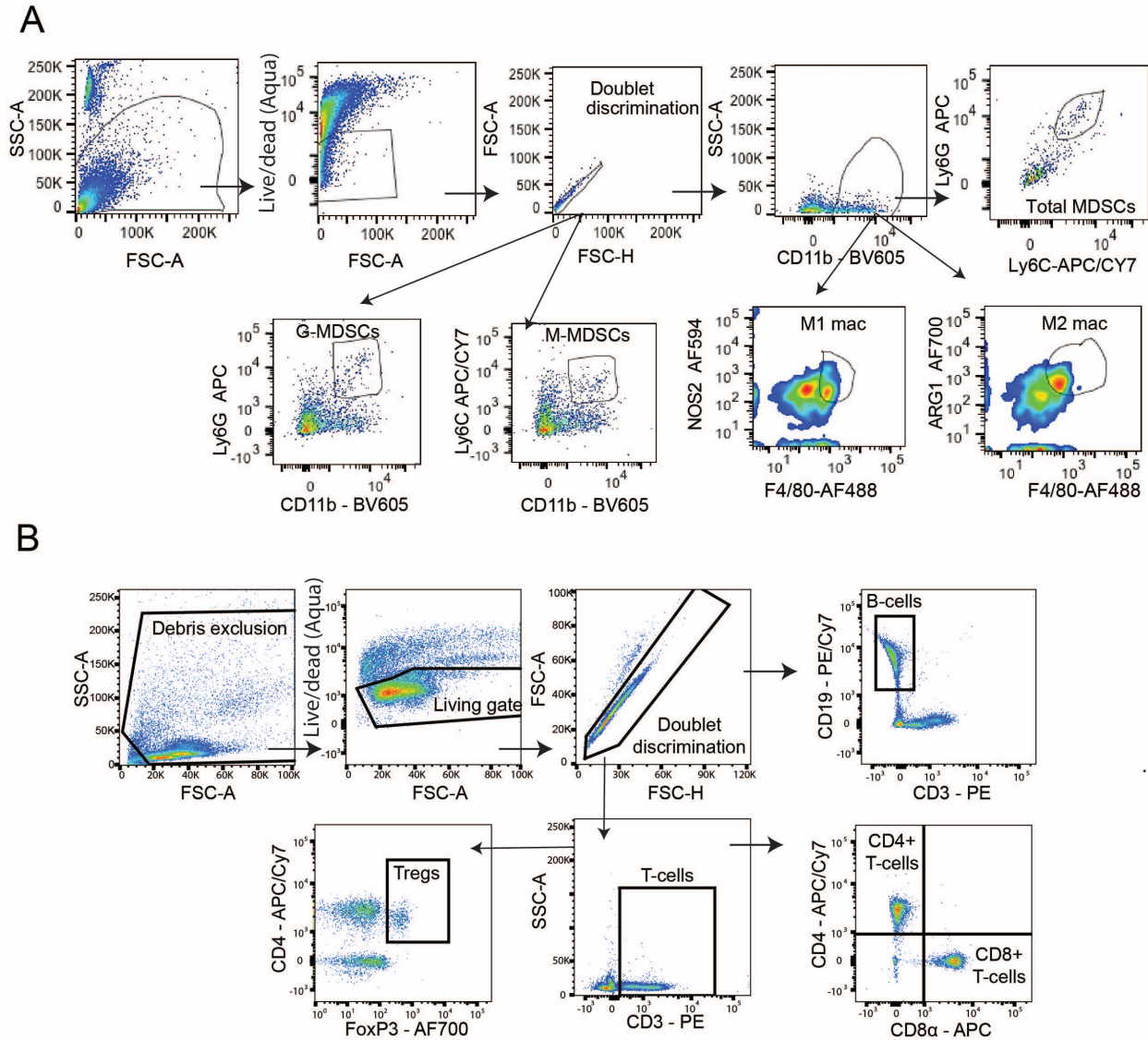
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 198 **Supplementary Figure 1. Pyrimidine and purine pathways are enriched in the**
 199 **survival-associated enzyme cohorts. A-B** Kyoto Encyclopedia of Genes and
 200 **Genomes' (KEGG) pyrimidine (A) and purine (B) metabolism pathways were colored**
 201 **according to Mantel-Haenszel log-rank survival p-value of genes when separating cohorts**
 202 **that are two standard deviations away from normal adjacent tissue mRNA (Z-score). C-D**
 203 **KEGG's pyrimidine (C) and purine (D) metabolism pathways colored according to Mantel-**
 204 **Haenszel log-rank survival p-value, however, patients were split into cohorts by the**
 205 **interquartile range (IQR) of a given gene. Genes are colored based on the Mantel-**
 206 **Haenszel log-rank survival p-value < 0.05. Yellow indicates a weaker significant p-value,**

207 orange indicates a moderately significant p-value, and red indicates the top spectrum of
208 the most significant p-value. Green indicates it was not seen as significant, whereas white
209 boxes indicate a non-human gene in the database. The color-coding scale for Z-score
210 and IQR charts are independent of each other. All enzymes within each cohort impact the
211 color scale regardless of their presence within a displayed pathway. **E** Z-score enzyme
212 survival p-values when ranked by high vs. normal mRNA expression. **F** IQR enzyme
213 survival p-values when ranking by all cohorts.
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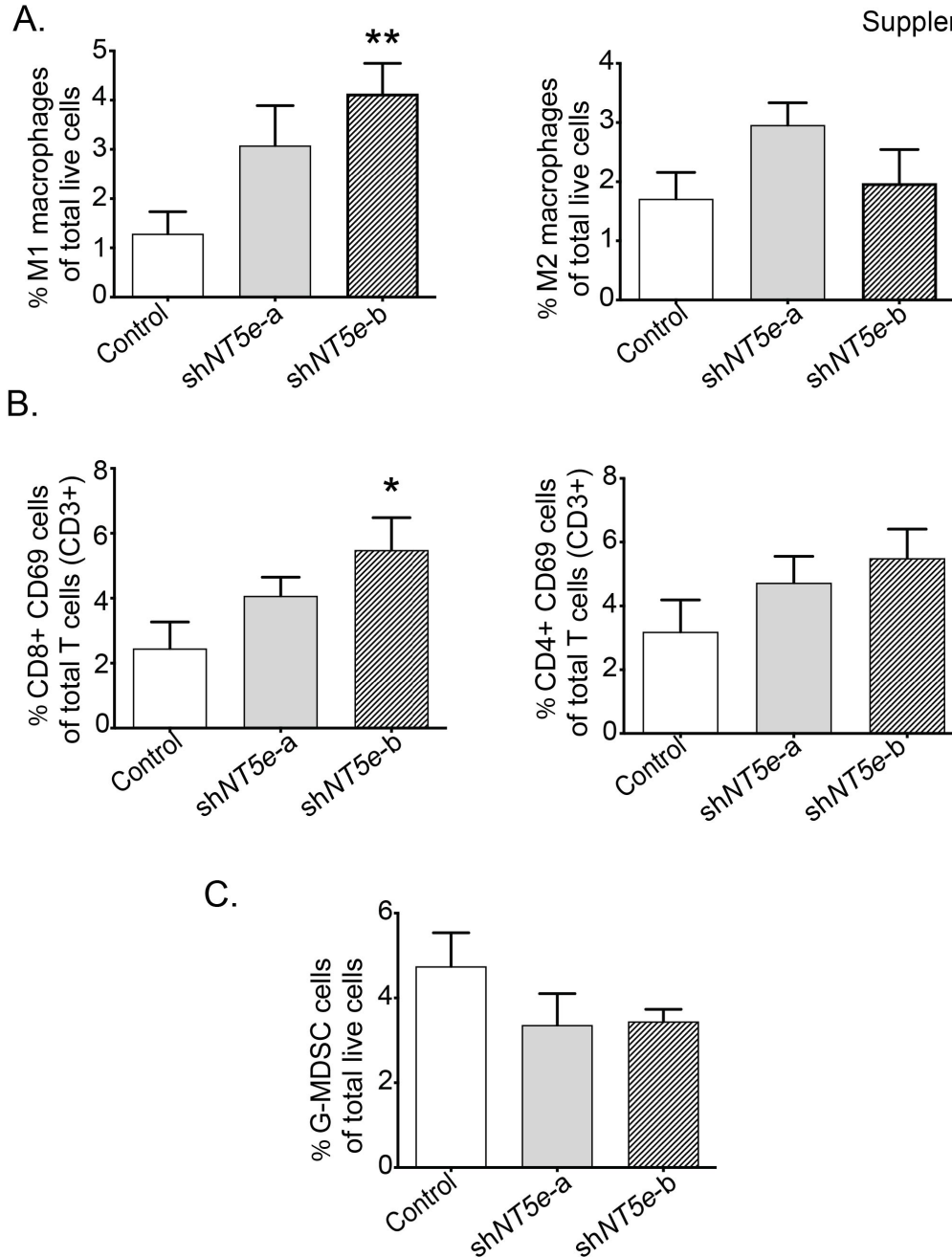
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Supplementary Figure 2. Long term survival and relapse observed in CD73 knockdowns. B6(Cg)-*Tyr^{c-2J}/J* mice were orthotopically implanted with 5×10^3 luciferase positive KPC1245 *Nt5e* knockdown or control cells. Upon necropsy, control mice had tumors while little-to-no tumor was observed in shNt5e-a (n=10) and shNt5e-b (n=4). The remaining mice (n=6) were spared and monitored if they will develop a tumor. **A** Mice were injected with luciferin to detect any tumor, as it appeared negative in the necropsy. **B** Mice were observed weekly and found one mouse that developed a tumor. **C** Whole-body counts with the same area were measured for each mouse. The red line indicates the mouse that developed a tumor, while the blue lines are the other mice. The observation ended several weeks later; however, one more mouse developed a tumor and died on day 175. **D** 478 days later, cage 1 was examined for presence a luminescence signal after injecting luciferin.



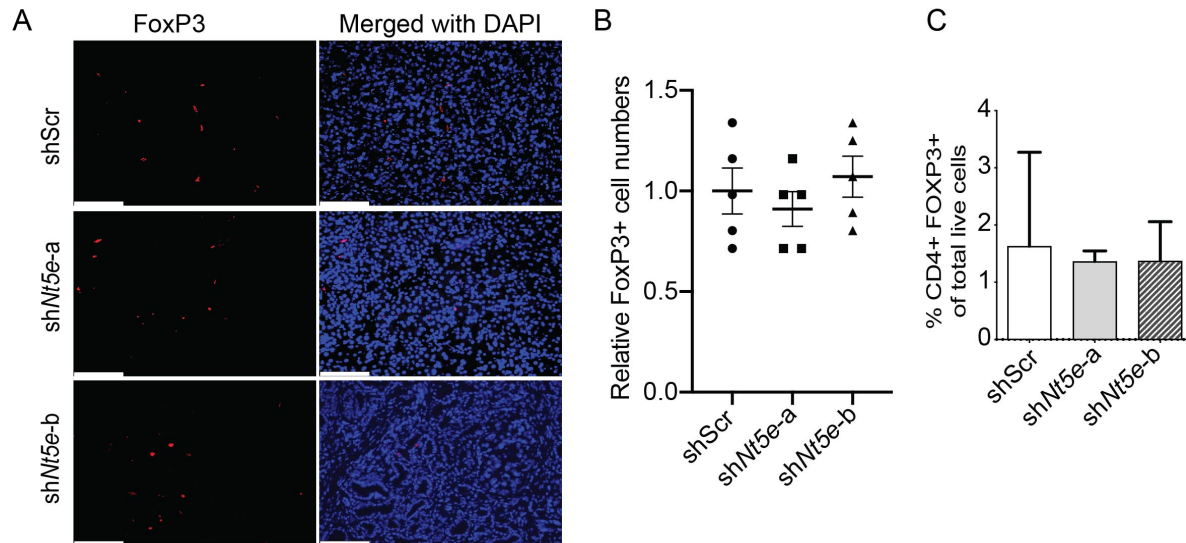
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Supplementary Figure 3: Schematic representation of the gating strategy for immune cell profiling in tumor and blood from pancreatic tumor-bearing mice. A Schematic flow for analyzing G-MDSCs, M-MDSCs, M1-macrophages and M2-macrophages. **B** Schematic flow for analyzing T cells in blood and tumors.



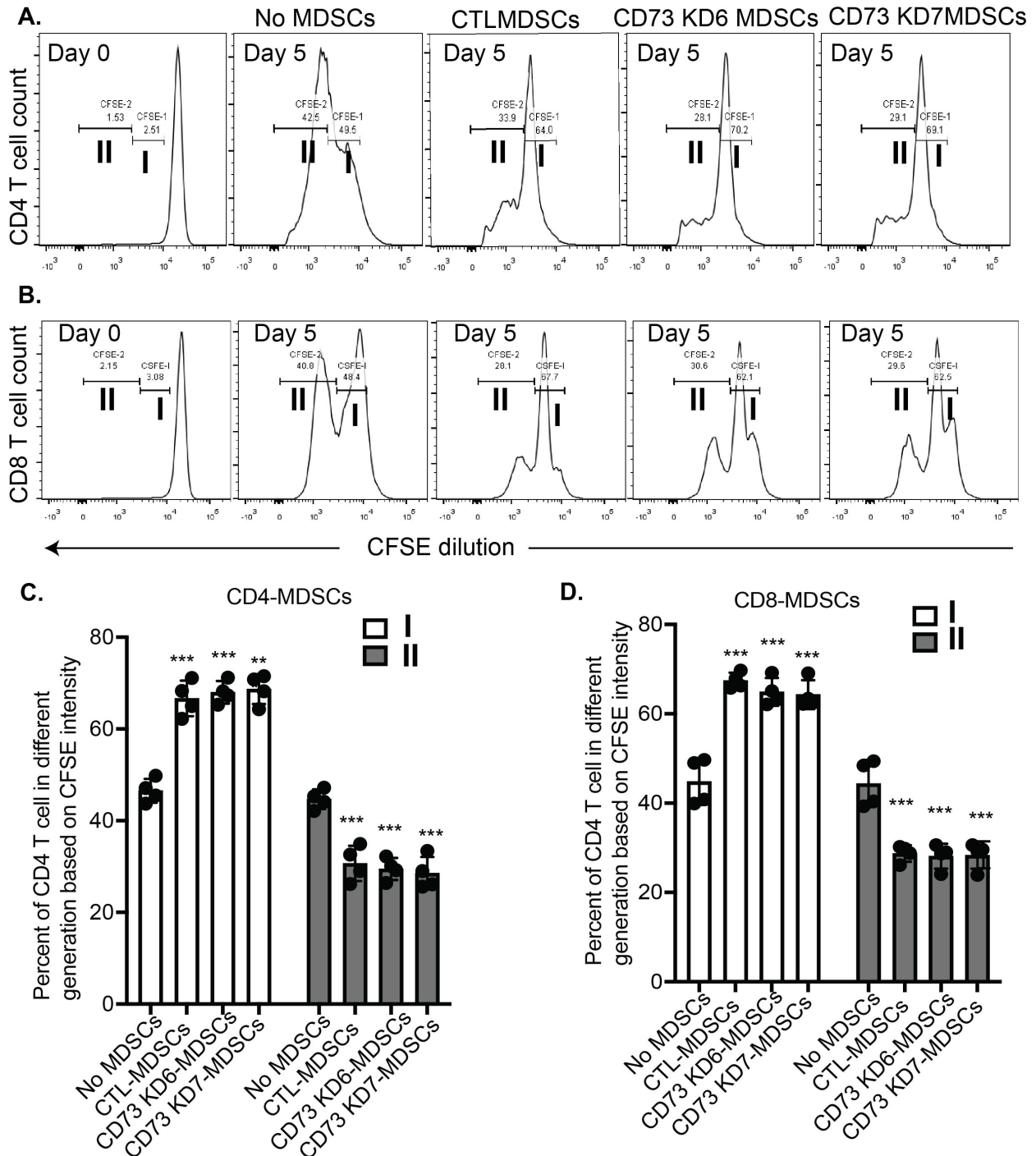
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Supplementary Figure 4: *Nt5e* knockdown tumors display increased proportion of M1 macrophages and attenuated levels of M-MDSCs. B6(Cg)-*Tyr^{c-2J}/J* mouse pancreatic tumors from control and *Nt5e* knockdown tumor-bearing mice were harvested and processed for single-cell suspension and stained for surface and intracellular proteins. **A** Proportion of M1 (NOS2⁺ F4/80⁺ CD11b⁺) macrophages and M2 (Arg1⁺ F4/80⁺ CD11b) macrophages in *Nt5e* knockdown tumor-bearing mice compared to controls. **B** Activated CD8 T cells (CD8⁺ CD69⁺) and CD4 T cells (CD4⁺ CD69⁺), respectively in *Nt5e* knockdown tumors. **C** G-MDSCs (Ly6G⁺ CD11b⁺) in *Nt5e* knockdown tumors compared to control tumors [control (n=7), shNT5e-a (n=6), shNT5e-b (n=9)]. Bar charts were compared with a one-way ANOVA with Tukey's multiple comparison Test. Error bars depict the standard error of the mean. *P < 0.05, **P < 0.01.



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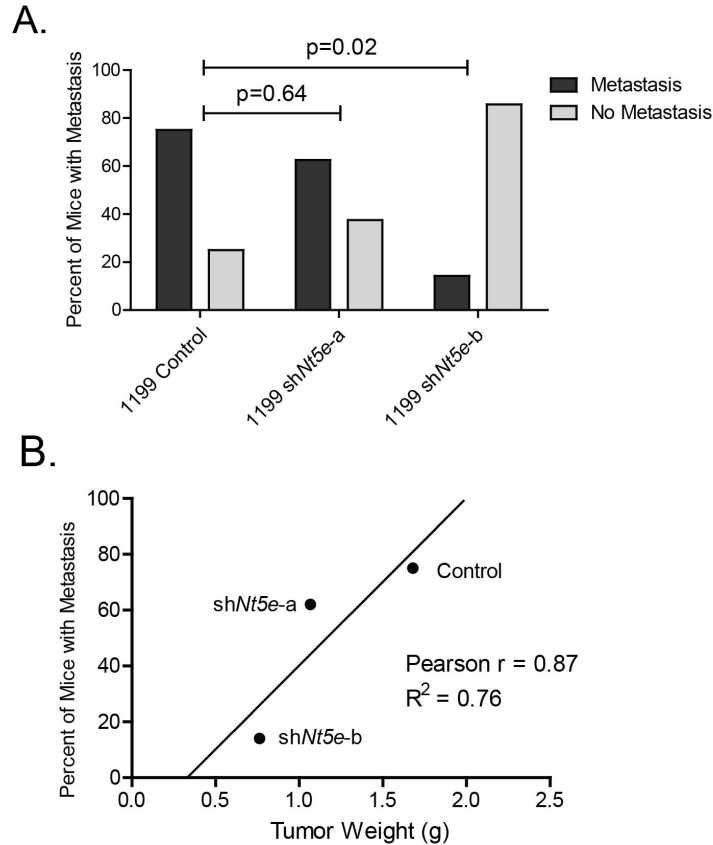
Supplementary Figure 5: FoxP3+ cell numbers in control and *Nt5e* knockdown tumors and circulation. **A-B** Representative immunofluorescence images (**A**) and quantitation of FoxP3 staining (**B**) in orthotopic tumors from B6(Cg)-*Tyr^{c-2J}/J* mice implanted with control and *Nt5e* knockdown KPC1245 cells. Scale bar: 123.4 μ m. (**C**) Representative bar chart demonstrating circulating Treg population in B6(Cg)-*Tyr^{c-2J}/J* mice with control and *Nt5e* knockdown KPC1245 orthotopically implanted tumors [ShScr (n=7), shNt5e (n=8)]. Data was compared by one-way ANOVA with Tukey's multiple comparison test. Error bars depict the standard error of the mean.



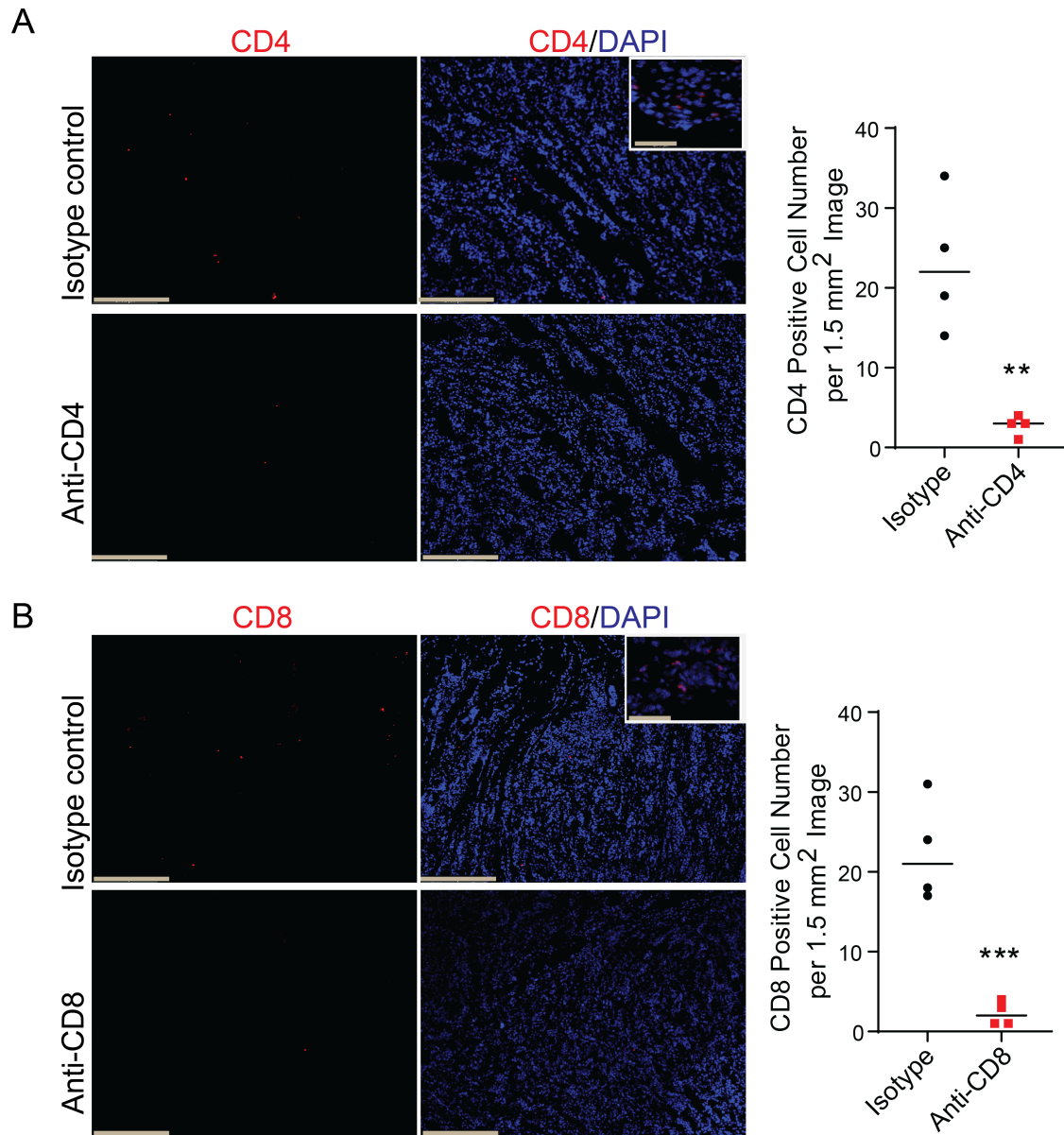
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Supplementary Figure 6: CD8 T cell proliferation suppression by MDSCs from tumor-bearing mice. A-B Representative image depicts suppression of CD4 T cell (A) and CD8 T cell (B) proliferation by MDSCs derived from control and *Nt5e* knockdown tumor-bearing C57BL6/J mice. C-D Bar charts demonstrate the percentage of CFSE+ population in different generations (I, II) in CD4 T cells (C) and CD8 T cells (D) post co-

265 culture with MDSCs. MDSCs were enriched from splenocytes from control or *Nt5e*
266 knockdown C57BL6/J tumor-bearing mice and co-cultured for 6 days with CFSE-labelled
267 and previously stimulated (anti-CD3+anti-CD28) naive CD8 T cells, in a 2:1 ratio in the
268 presence of mouse recombinant IL-2 (20ng/ml). Post incubation, cells were labelled with
269 anti-CD4 and anti-CD8 antibodies and analyzed by a flow cytometer. Error bars depict
270 the standard error of the mean. Data was analyzed by ANOVA with Tukey's multiple
271 comparison test, *** $P < 0.001$.
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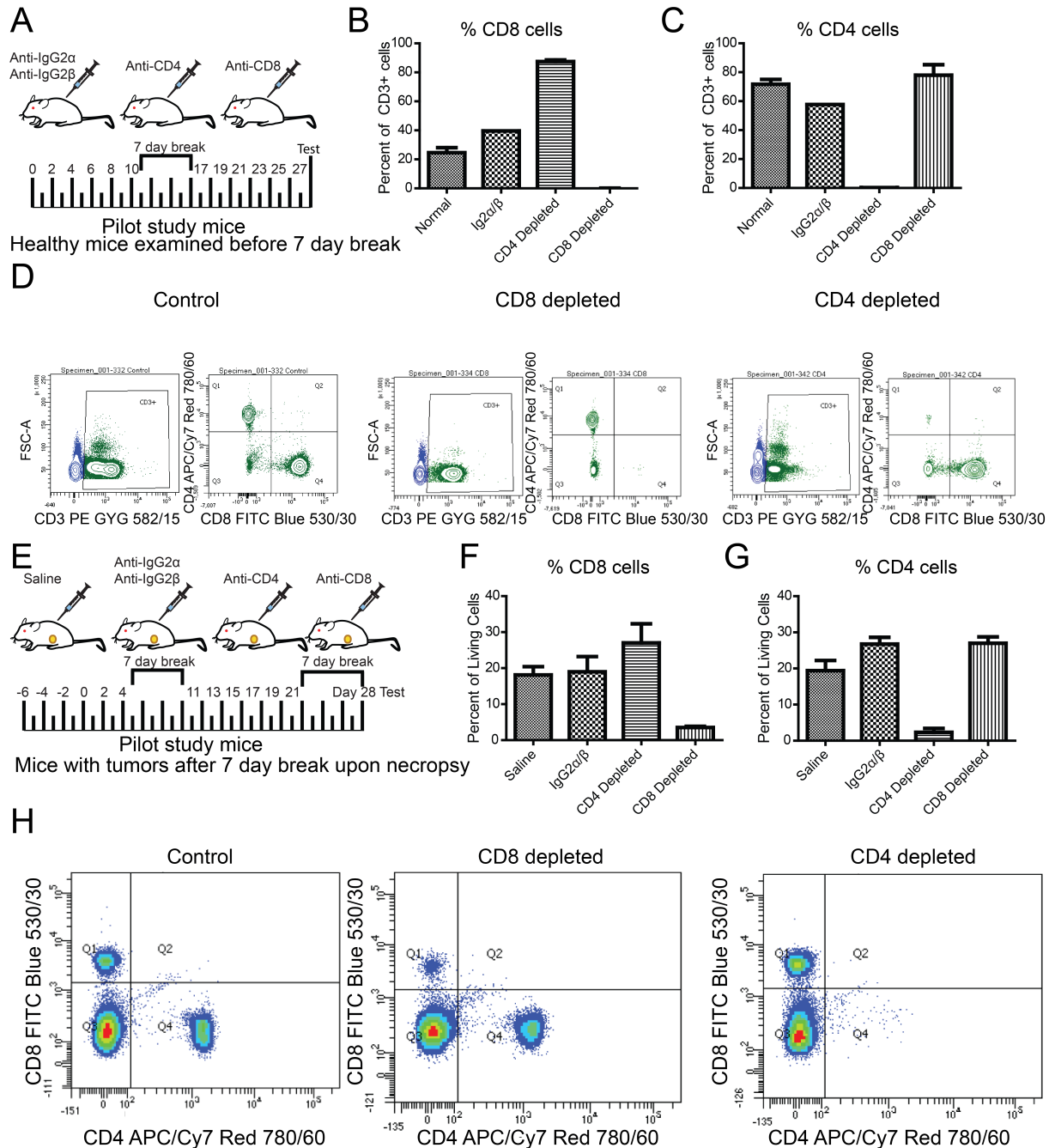


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 274 **Supplementary Figure 7: CD73 knockdown decreases metastasis in shNt5e-b**
 275 **tumor-bearing mice.** **A** Bar chart displaying the percentage of control and *Nt5e*
 276 knockdown tumor-bearing athymic nude mice exhibiting metastasis with Fisher's exact
 277 test for significance. **B** Scatter plot showing a positive association between the tumor
 278 weight and the incidence of metastasis. Data was fit with a linear regression and the
 279 Pearson's r is shown, but p value is not significant. Athymic nude mice were implanted
 280 with KPC1199 control ($n=7$), *shNt5e-a* ($n=6$), and *shNt5e-b* ($n=9$) cell lines and are the
 281 mice from Fig. 4A-D.



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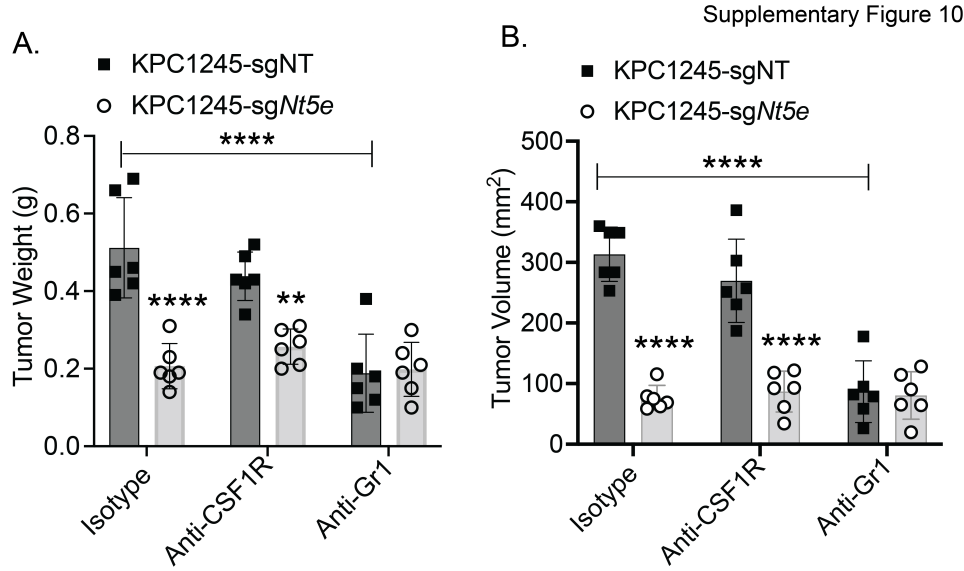
Supplementary Figure. 8: CD8 and CD4 depletion in tumor-bearing mice. A-B Immunohistochemistry images display CD4 (**A**) and CD8 T cell (**B**) staining in tumors from the isotype control or anti-CD8 and anti-CD4 antibody-treated B6(Cg)-*Tyr^{c-2J}/J* mice. Corresponding strip charts demonstrate the frequency of each T cell subtype in different treatment cohorts. Scale bar is 250 μ m in the 10x images and 56 μ m in the insets. Data was compared by unpaired t-test. *P < 0.05, **P < 0.01, ***P < 0.001.



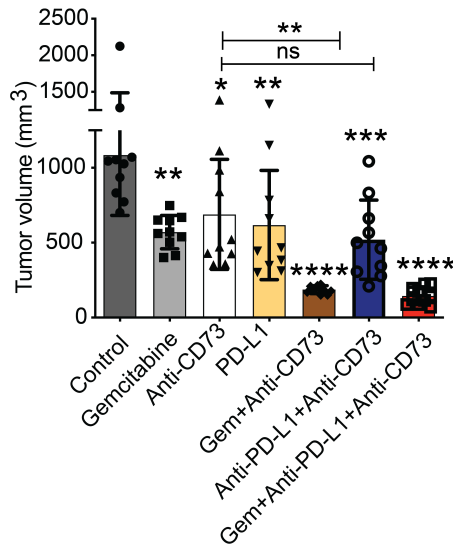
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Supplementary Figure 9: Immune depletion validation. Pilot experiments were carried out to verify CD4 and CD8 α depletion. **A** Layout of the injection schedule and experimental cohorts, which also included healthy age-matched mice as a control (normal). **B-C** Peripheral blood was collected through submandibular bleeding and gated for size, viability, and CD3 ϵ ⁺ before gating for CD8 α ⁺ (**B**) and CD4⁺ (**C**). **D** Representative gating after gating for size and viability. **E** Depletion strategy of mice implanted with 5x10³ KPC1245 cells to examine depletion. **F-G** Submandibular peripheral blood was gated for size, viability, and CD3 ϵ ⁺ before gating for CD8 α ⁺ (**F**) and CD4⁺ (**G**). **H** Representative

298 gating after gating for size, viability, and CD3ε⁺ cells. Error bars depict the standard error
 299 of the mean.



300 **Supplementary Figure 10: MDSC, but not macrophage, depletion attenuates tumor**
 301 **burden in KPC1245-sgNT control tumor bearing mice.** Bar charts represent tumor
 302 weight (A) and volume (B) in different treatment cohorts of orthotopic KPC1245-sgNT or
 303 *Nt5e* knockout (KPC1245-sgCD73) tumor-bearing B6(Cg)-*Tyr^{c-2J}/J* mice. Mice were
 304 treated with anti-CSF1R (200ug, i.p, 3 times per week, starting 2 days prior tumor
 305 implantation) and anti-Gr-1 (200ug, i.p, every two days starting two days before
 306 implantation) for depletion of macrophage and MDSCs, respectively. Control mice were
 307 treated with isotype control Rat IgG2b and Rat IgG2a antibodies, following the dose and
 308 schedule corresponding to the anti-CSF1R and anti-Gr-1 antibodies. Data was compared
 309 by two-way ANOVA with Tukey's multiple comparison test. Error bars depict the standard
 310 error of the mean, *P < 0.05, **P < 0.01, ****P < 0.0001.
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Supplementary Figure. 11: Anti-CD73 and gemcitabine combination demonstrates better therapeutic efficacy than anti-CD73 or immune checkpoint blocker (anti-PD-L1) treatments. Bar chart demonstrates tumor volume at day 28 post orthotopic KPC1245 tumor cell implantation in B6(Cg)-*Tyr^{c-2J}/J* male mice. Mice were treated with anti-CD73 (100ug, i.p, three times per week), anti-PD-L1 (200ug, i.p., twice were week) and gemcitabine (50mg/kg, i.p., twice per week in 100μL saline). Data for each set was compared to the control, or as indicated, by one-way ANOVA with Tukey's multiple comparison test. Error bars depict the standard error of the mean, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001.

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Supplementary Tables:

Supplementary Table 1. Enzyme survival p-values from mRNA Z-score cohorts. Pancreatic cancer patients from The Cancer Genome Atlas (TCGA) were split into cohorts based on if the mRNA was lower, similar, or higher than normal mRNA based on if it was more than two standard deviations below (low), above (high), or within (normal) two standard deviations from the normal adjacent tissue mRNA expression. All cohorts were analyzed pairwise or together in the all category. P-values represent the significance of a Mantel-Haenszel log-rank test.

Supplementary Table 2. Enzyme survival p-values from mRNA interquartile range cohorts. Pancreatic cancer patients from The Cancer Genome Atlas (TCGA) were split into cohorts based on if the mRNA was in the <25% (low), 25%-75% (normal), or >75% (high) interquartile range. P-values represent the significance of a Mantel-Haenszel log-rank test. All cohorts were analyzed together in the all category.

Supplementary Table 3. Survival p-values of all available genes from mRNA interquartile range cohorts. Pancreatic cancer patients from The Cancer Genome Atlas (TCGA) were split into cohorts based on if the mRNA was in the <25% (low), 25%-75% (normal), or >75% (high) interquartile range. P-values represent the significance from a Mantel-Haenszel log-rank test. All cohorts were analyzed pairwise or together in the all category. P-values represent the significance of a Mantel-Haenszel log-rank test.