

Supplementary Figure S1. Tumor growths, relative body weights, and microvessel density in the RAG tumor model. Mice bearing RAG tumors were allocated into each treatment group on day 1 (when tumor volumes were approximately 90 mm³) and then treated with lenvatinib at 10 mg/kg once daily, axitinib at 10 mg/kg twice daily, or anti-PD-1 mAb at 200 µg/mouse twice weekly for 4 weeks. Data from 2 independent experiments were combined (n = 20). A. Tumor growth curves (days 1–29). Data are shown as mean \pm SEM. **P* < 0.05, ****P* < 0.001, *****P* < 0.0001 compared with control group; ###P < 0.001, ####P < 0.0001 compared with lenvatinib plus anti-PD-1 mAb combination group; $\dagger P < 0.05$, $\dagger \dagger \dagger P < 0.001$ compared with axitinib plus antimAb combination group (Dunnett's multiple comparison test after logarithmic transformation). B. Relative body weight during treatment period (days 1–29). Data are presented as means ± SEM. C. Antiangiogenic activities of lenvatinib, axitinib, and anti-PD-1 mAb in the RAG model. Mice bearing RAG tumors were allocated into treatment groups on day 1, when tumor volumes were approximately 110 mm³, and then treated with lenvatinib at 10 mg/kg once daily, axitinib at 10 mg/kg twice daily, or anti-PD-1 mAb at 200 µg/animal twice weekly for 1 week. Tumor sections were stained with anti-CD31 antibody. Left panel, representative images from each group. Bars, 100 µm. Right

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panel, microvessel density (number of microvessels per square millimeter) in each treatment group. Data are shown as mean + SEM (n = 5). *P < 0.05 unpaired *t*-test vs control group. PD-1 Ab, anti-PD-1 antibody; LEN, lenvatinib; Axi, axitinib.



Supplementary Figure S2. Plasma levels of mouse FGF23 after treatment with lenvatinib or axitinib. Balb/c mice received a single dose of lenvatinib at 10 or 30 mg/kg, a single dose of E7090 at 25 mg/kg, twice-daily doses of the vehicle for axitinib or axitinib at 5, 10, or 30 mg/kg. At 24 hours after the first administration, mice were anesthetized, blood was withdrawn, and plasma was prepared. The mouse plasma levels of FGF-23 shown represent data pooled from two independent experiments (n = 16; lenvatinib at 10 mg/kg, n = 15). Data are shown as mean \pm SEM. ***P* < 0.01, *****P* < 0.0001 Dunnett's multiple comparison test vs no-treatment group (black bar), ####*P* < 0.0001 unpaired *t*-test vs no-treatment group (black bar). n.s., not significant, Dunnett's multiple comparison test vs vehicle (Axi) group (white bar). LEN, lenvatinib; Axi, axitinib.



Supplementary Figure S3. Gating strategy for the flow cytometry analysis of RAG tumors. Immune cell populations of TAMs, PMN-MDSCs, M-MDSCs, CD8⁺ T cells, PD-1⁺ CD8⁺ T cells, IFN γ^+ CD8⁺ T cells, GzmB⁺ CD8⁺ T cells, PD-1⁺ Tim3⁺ CD8⁺ T cells, PD-1⁺ CD25⁺ CD8⁺ T cells, CD4⁺ T cells, IFN γ^+ CD4⁺ T cells, and Treg were gated as indicated. TAM, tumor-associated macrophage; PMN-MDSCs, polymorphonuclear myeloid-derived suppressor cells; M-MDSCs, monocytic MDSCs; Treg, regulatory T cells.



Supplementary Figure S4. Flow cytometry of isolated T cells, Ly6G⁺ cells, Ly6G⁻ Gr-1^{int} (Gr-1^{intermediate}) cells, and F4/80⁺ cells and ex vivo co-culture assay of T cells with Ly6G⁺ cells and Ly6G⁻ Gr-1^{int} cells isolated from RAG tumors. Naïve T cells were isolated from the spleens of Balb/c mice with RAG tumors. F4/80⁺ cells, Ly6G⁺ cells, and Ly6G⁻ Gr-1^{int} cells were isolated from RAG tumors. A-D. The isolated cells were analyzed by flow cytometry. A. The populations of CD8⁺ T cells (CD45⁺ CD3⁺ CD11b⁻ $CD8^+$) and $CD4^+$ T cells ($CD45^+$ $CD3^+$ $CD11b^ CD4^+$) in naïve T cells isolated from spleen. **B.** The population of TAMs (CD45⁺ CD11b⁺ Ly6G⁻ Ly6C⁻ F4/80⁺) in F4/80⁺ cells isolated from tumors. C. The population of PMN-MDSCs (CD45⁺ CD11b⁺ Ly6G⁺ $Ly6C^{-}$) in $Ly6G^{+}$ cells. **D.** The populations of M-MDSCs (middle; CD45⁺ CD11b⁺ Ly6G⁻ Ly6C⁺) and small populations of contaminated TAMs (right; CD45⁺ CD11b⁺ Ly6G⁻ Ly6C⁻ F4/80⁺) in isolated Ly6G⁻ Gr-1^{int} cells. E-H. Ex vivo co-culture assay of T cells with Ly6G⁺ cells and Ly6G⁻ Gr-1^{int} cells. Naïve T cells were labeled with CMFDA dye (CellTracker), stimulated with anti-CD3/CD28 beads, and co-cultured with Ly6G⁺ cells and Ly6G⁻ Gr-1^{int} cells for 4 days at the indicated ratios (T cells: Ly6G⁺ cells or Ly6G⁻ Gr-1^{int} cells). The proliferation of T cells (CD4⁺ T cells, CD45⁺ CD3⁺ CD4⁺; CD8⁺ T cells, CD45⁺ CD3⁺ CD8⁺) was analyzed via flow cytometry. E and **F.** Histograms of CMFDA-labeled CD8⁺ T cells co-cultured with (**E**) Ly6G⁺ cells or (**F**) Ly6G⁻ Gr-1^{int} cells. G and H. Proliferation of (F) CD8⁺ T cells and (H) CD4⁺ T cells co-cultured with Ly6G⁺ cells or Ly6G⁻ Gr-1^{int} cells compared with T cell single culture (T cells only). Data are representative of two independent experiments performed in triplicate.



Supplementary Figure S5. Inhibitory effects of FGFR signaling on expression levels of IFN γ -induced genes in RAG cells. RAG cells were treated first with lenvatinib at 1 or 3 μ M or with E7090 at 1 μ M for 1 hour and then with bFGF (10 ng/mL) for 23 hours. Afterward, cells were stimulated with IFN γ (5 ng/mL) for 24 hours. Expression levels of IFN γ -target genes were determined through qRT-PCR analysis. Data were normalized according to the expression level of the *Gapdh* gene. Data are presented as means + SEM of 4 independent experiments. *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001 unpaired *t*-test between groups; #P < 0.05, ##P < 0.01, ###P < 0.001, Dunnett's multiple comparison test vs bFGF+IFN γ -treated group (blue bar); †P < 0.05, †††P < 0.001, ††††P < 0.0001, unpaired *t*-test vs bFGF+IFN γ -treated group (blue bar). bFGF, basic fibroblast growth factor; LEN, lenvatinib.

A. MFE280

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for 1 hour and then treated with bFGF (10 ng/mL) for 23 hours. Afterward, cells were stimulated with IFN γ (5 ng/mL) for 24 hours. (lower panel; without exogenous bFGF) MFE280 cells were treated with lenvatinib at 1 or 3 μ M or with E7090 at 0.3 μ M for 24 hours and then stimulated with IFN γ (5 ng/mL) for 24 hours. **B.** JHH-7 cells were treated first with lenvatinib at 1 or 3 μ M or with E7090 at 0.3 μ M for 24 hours and then stimulated with IFN γ (5 ng/mL) for 24 hours. **B.** JHH-7 cells were treated first with lenvatinib at 1 or 3 μ M or with E7090 at 0.3 μ M for 24 hours and then stimulated with IFN γ (5 ng/mL) for 24 hours. Expression levels of IFN γ -target genes were determined by using qRT-PCR analysis. Data were normalized according to the expression level of the *GAPDH* gene. Data are presented as means + SEM of 3 independent experiments. *P < 0.05, **P < 0.01, ***P < 0.001, ###P < 0.0001, unpaired *t*-test between groups; #P < 0.05, ##P < 0.01, ###P < 0.001, ####P < 0.001, ####P < 0.001, ###P < 0.001, ##P < 0.001, ##



Supplementary Figure S7. Effects of anti-IFN γ antibody on antitumor activity with lenvatinib, anti-PD-1 Ab, and its combination treatments. Individual tumor volumes and waterfall plots with anti-IFN γ blocking antibody in the RAG model. Mice bearing RAG tumors were injected intraperitoneally with anti-IFN γ mAb or control IgG1 at 300 µg/animal 2 days before allocation to treatment groups (ie, day –1) and twice weekly thereafter. On day 1, when tumor volumes were approximately 90 mm³, mice were allocated randomly into treatment groups. Lenvatinib was orally administered at 10 mg/kg once daily, and anti-PD-1 mAb was injected intraperitoneally at 200 µg/mouse

twice weekly for 4 weeks. **A**. Tumor volumes of individual mice. (upper panel) Control IgG-treatment group, (lower panel) anti-IFN γ mAb treatment group. **B**. Waterfall plots showing the greatest percent change from baseline in the RAG model after day 8 from the initiation of each treatment. LEN, lenvatinib; PD-1 Ab, anti-PD-1 antibody.