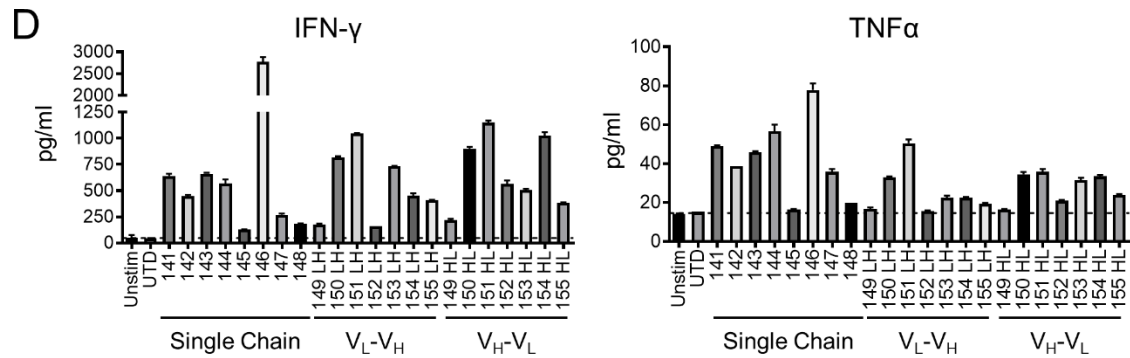
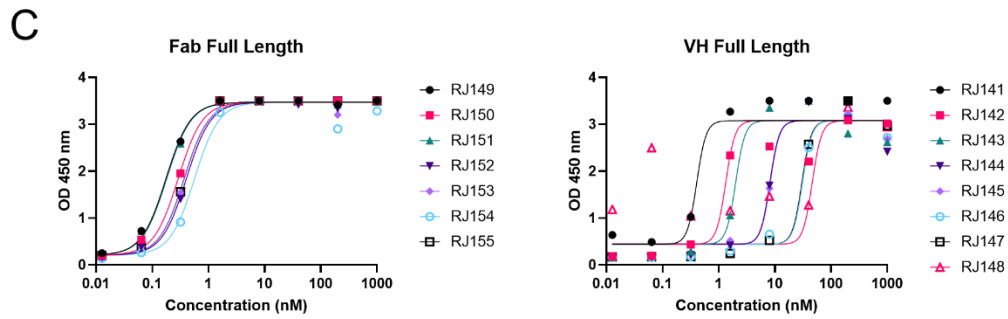
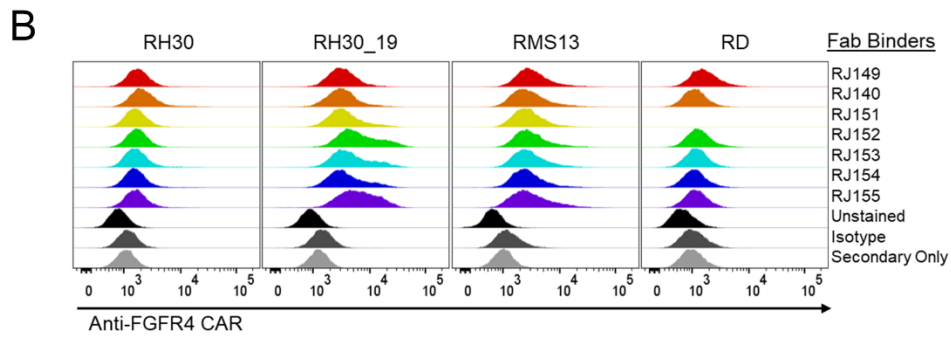
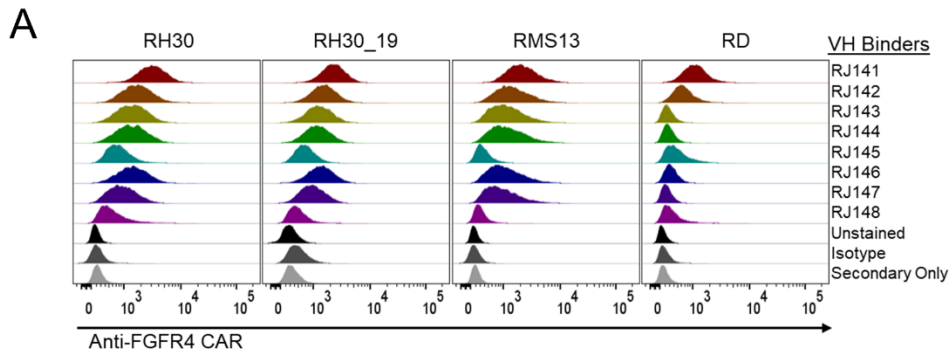


Supplementary Figures



S1. New anti-FGFR4 binder profiles for RMS cell lines. VH-only binders (**A**, RJ141 through RJ148) or Fab binders (**B**, RJ149 through RJ155) in purified VH/Fab-Fc-FLAG format recognize RMS cell lines RH30, RH30_19, RMS13, and RD. Unstained cells, isotype control, and secondary (anti-FLAG-PE) only samples were included as negative controls. **C.** ELISA targeting FGFR4 full-length extracellular domain with either Fab binders (left panel) or VH-only binders (right panel). **D.** IFN- γ and TNF α cytokines released during 20-hour co-incubation with FGFR4-expressing RH30_19 target cells were quantified using LegendPlex bead-based cytokine assay. Controls include unstimulated T cells (Unstim) and T cells activated for transduction but not exposed to LV (UTD).

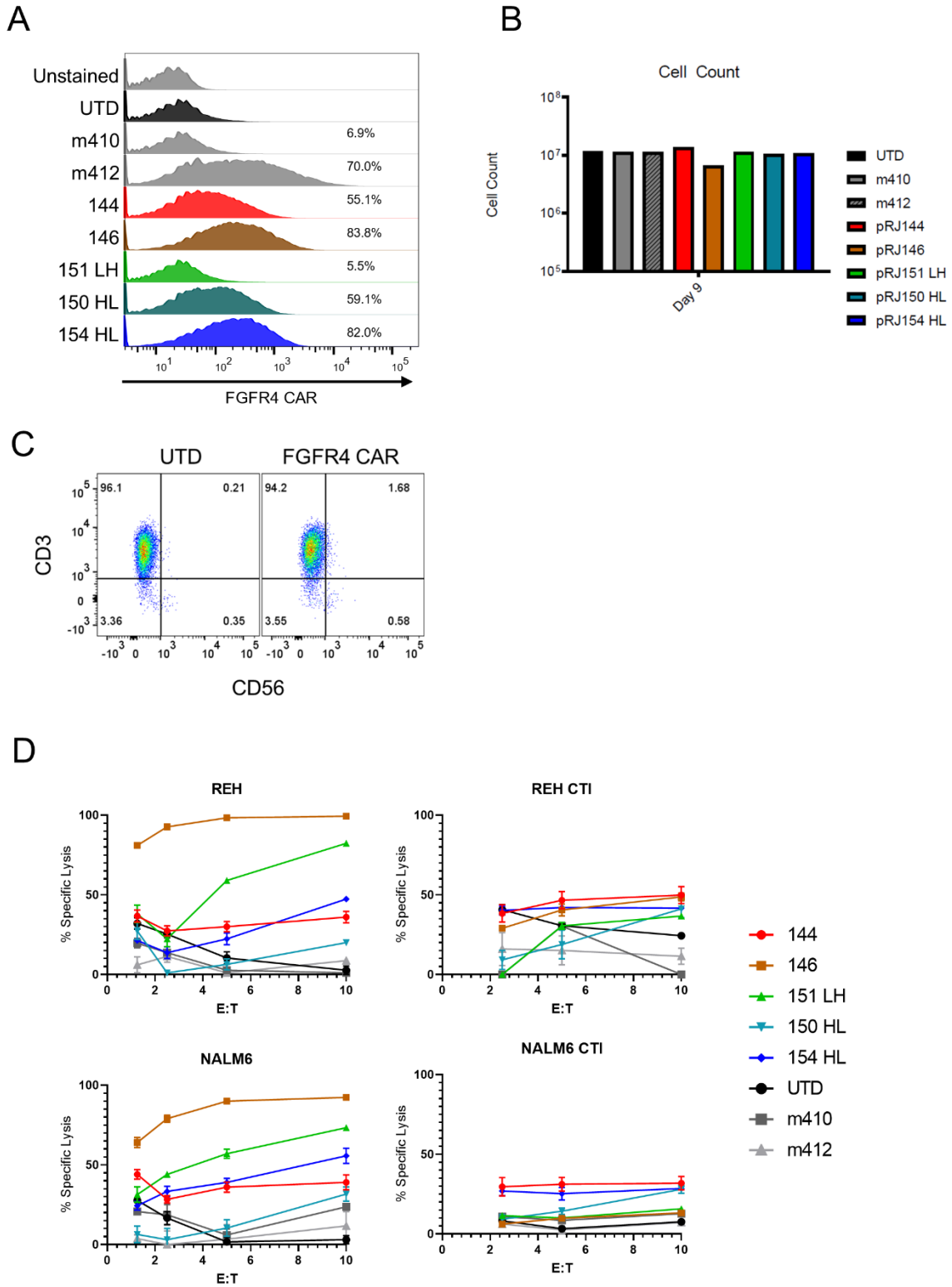


Figure S2. Screening top candidate anti-FGFR4 binders. A. Expression of anti-FGFR4 CAR was detected on the cell surface with biotinylated recombinant FGFR4-Fc

and streptavidin-PE. Unstained and untransduced (UTD) were used as negative comparison. m410 and m412 are previously tested anti-FGFR4 CARs and used for comparison to the new binders. **B.** Cell proliferation during in vitro expansion. Groups were started at 2×10^6 cells and final counts at day 9 post-activation are plotted. **C.** In vitro staining for CD56 to identify NK cell proportion of final CAR-T cell product. **D.** Cytotoxicity of candidate anti-FGFR4 CARs against non-FGFR4 expressing cells to determine non-specific killing. REH-ffLuc and NALM6-ffLuc with and without cold target inhibition (CTI), where unlabeled K562 were added at a 1:30 excess.

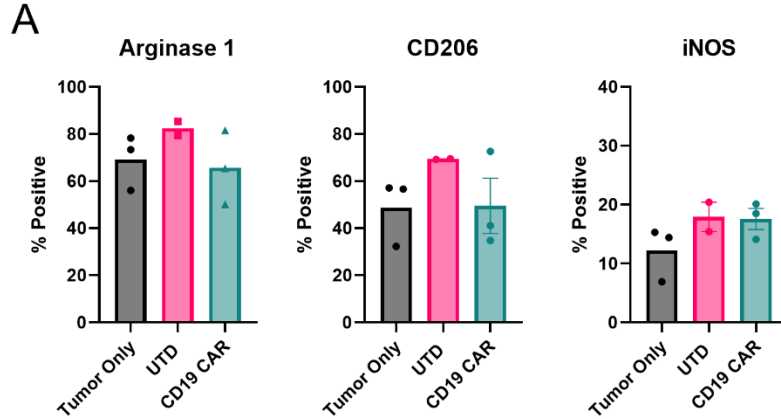


Figure S3. Phenotyping the TME for immunosuppressive cells. Mice were injected with 1×10^6 RH30_19 tumor cells intramuscularly, followed by 7×10^6 CD19 CAR-T cells on day 3. Mice were euthanized on day 21 and tumors processed and stained for flow cytometry analysis. **A.** Tumor associated macrophages (CD11b+, F4/80+) were stained for Arginase 1, CD206, and iNOS and graphed as percent positive of total macrophages for each marker.

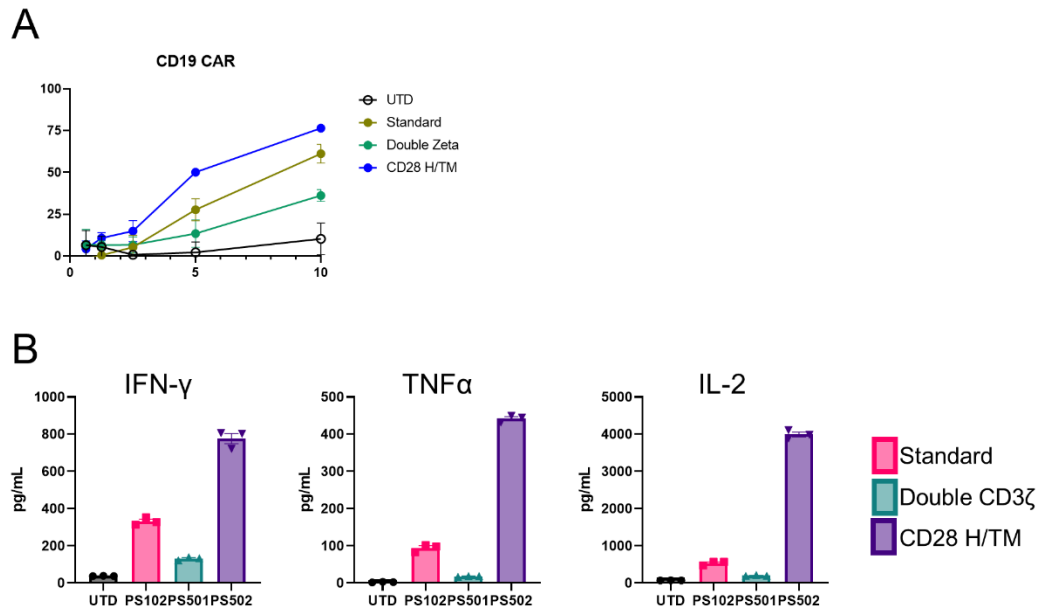


Figure S4. Tuning anti-CD19 CARs for low-density antigens. A. Cytotoxicity of anti-CD19 CAR-T cells against RD-ffLuc cell line after 5 hours of co-culture at indicated E:T ratios. **B.** Cytokine production by anti-CD19 CAR after 20 hours of co-culture with RH30_19 target cells.

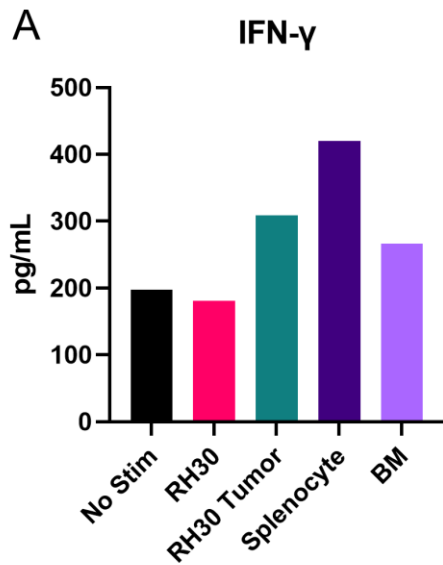
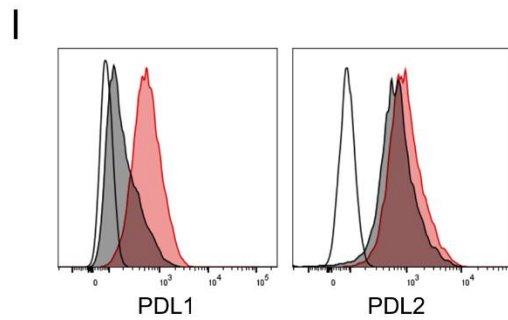
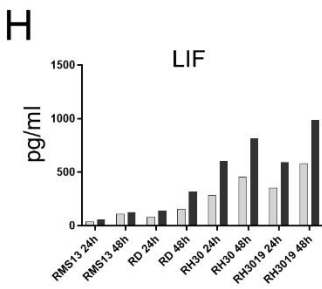
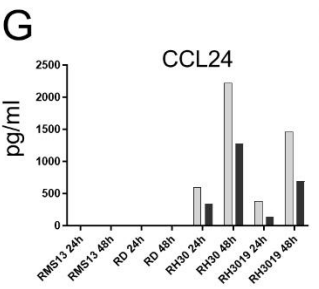
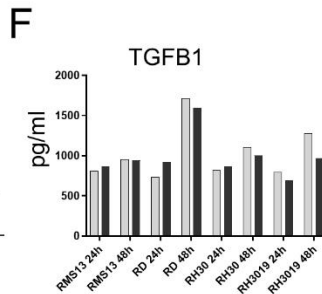
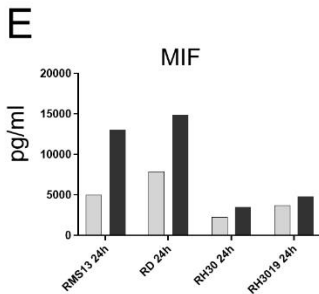
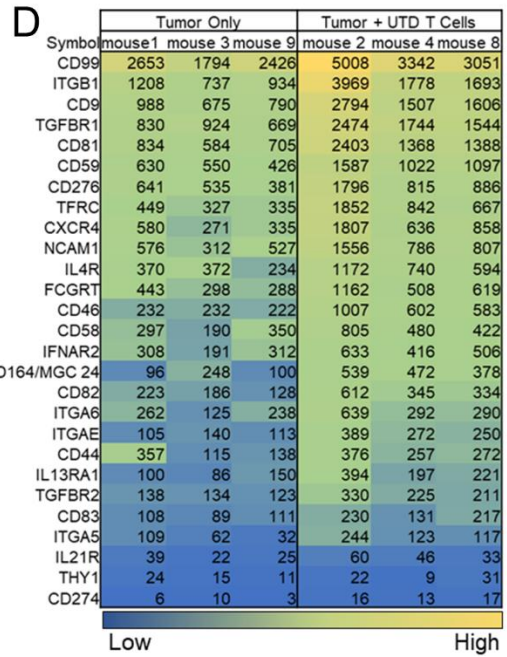
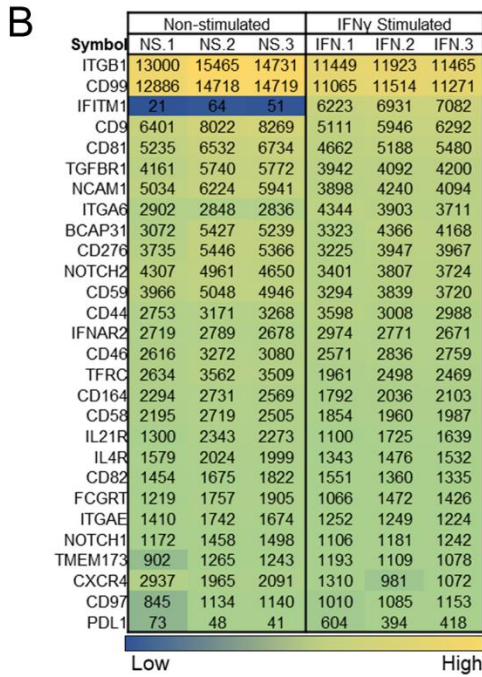
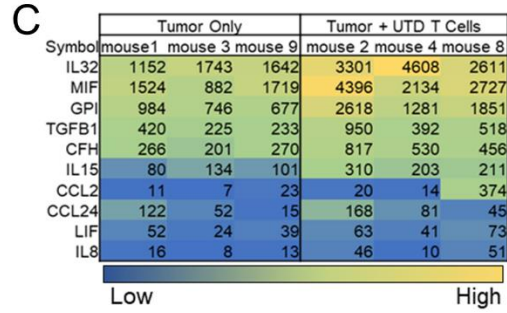
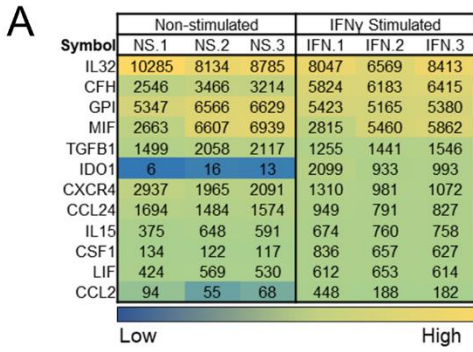


Figure S5. Untransduced (UTD) T cells produce IFN- γ when co-incubated with mouse cells. A. Day 9 post-activation UTD T cells were co-incubated with mouse tissue-derived cells at a 1:2 ratio for 20 hours. Supernatant was assessed for IFN- γ concentration by ELISA.



Isotype Control
 Unstim
 IFN- γ 24hr

Figure S6. Expression analysis of soluble factors and surface receptors in RMS tumors. **A, B.** RH30_19 cells were treated with IFN- γ or left untreated for 24 hours in culture. RNA was isolated for Nanostring nCounter gene expression using the Human Immunology V2 Panel. Expression of soluble factors (**A**) or surface markers (**B**) were ranked by highest expression under IFN- γ treatment. Data from three independent experiments is shown in each column, and order by strength of expression in the IFN- γ treated samples. **C, D.** RH30_19 tumors were injected I.M. in NSG mice followed by untransduced T cell injection on day 3. Tumors were excised and processed into single cell suspensions. RNA was extracted and analyzed using a Nanostring nCounter with the Human Immunology V2 Panel. **C.** Highest expressed soluble factors were ranked by expression level in UTD T cell treatment. **D.** Surface receptor expression is ranked by highest expression with UTD T cell treatment. Each column is a replicate (N=3 mice). Ranks are based on the average of three tumor samples. **E-H.** Expression of mRNA for soluble factors was confirmed with ELISA for MIF (**E**), TGFB1 (**F**), CCL24 (**G**), and LIF (**H**) in RH30_19, RH30 parental line, RD, and RMS13 cell lines. **I)** PDL1 (CD274) and PDL2 (CD273) expression was assessed by flow cytometry on RH30_19 with and without 24 hour IFN- γ treatment. (isotype control, White; unstimulated RH30_19 cells, Black; 24 hour IFN- γ treatment, Red).

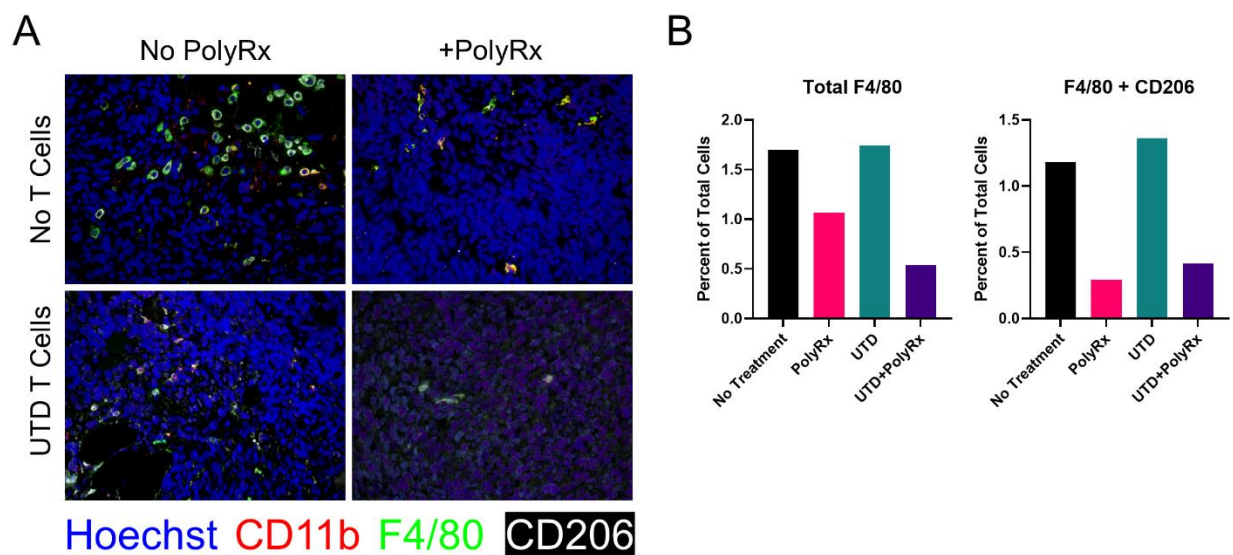


Figure S7. PolyRx treatment reduces immunosuppressive cells in the TME. Mice received No Treatment (no T cells or PolyRx), PolyRx only, UTD T Cells only, or UTD T Cells with PolyRx. Tumors were excised when mice reach endpoint and processed for IHC. **A, B.** Sections were stained for Hoechst (blue) CD11b (red), F4/80 (green) and CD206 (white) to quantify macrophages within the TME. 10 images from each tumor were used for quantification. Representative images are shown in **A**, and the total F4/80 positive cells or F4/80 and CD206 double positive cells as a percent of total cells are graphed in **B**.

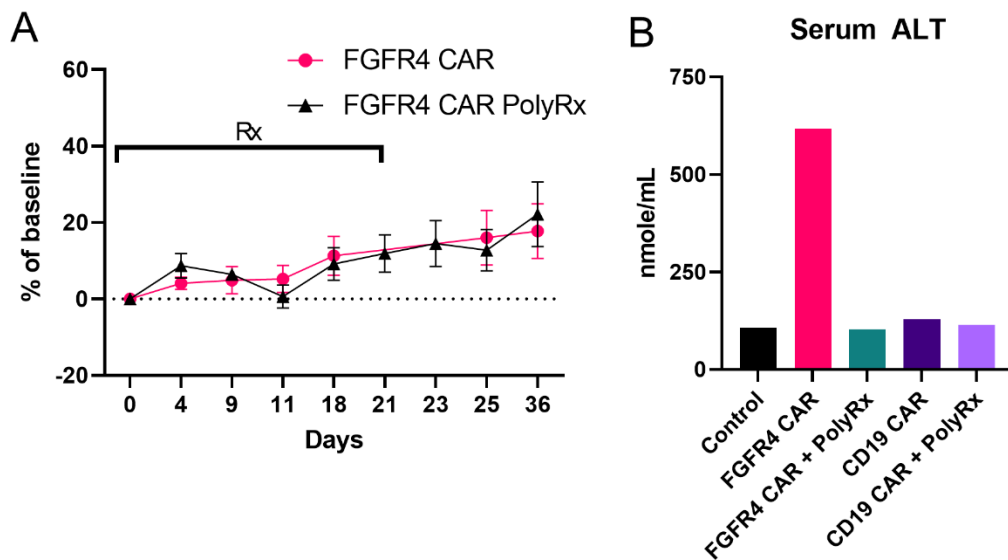


Figure S8. PolyRx does not cause overt toxicity in mice. **A.** Mice receiving either FGFR4 CAR or FGFR4 CAR with PolyRx were weighed throughout treatment and weights were plotted as percent of starting weight (baseline). N=5 animals per group **B.** Serum was collect from available mice at euthanization and analyzed for liver ALT using an ALT Activity Assay. FGFR4 CAR-T treated mice showed ALT increase over untreated control mice, but not with CD19 CAR-T cells or any PolyRx treated groups. N=2-3 per group.

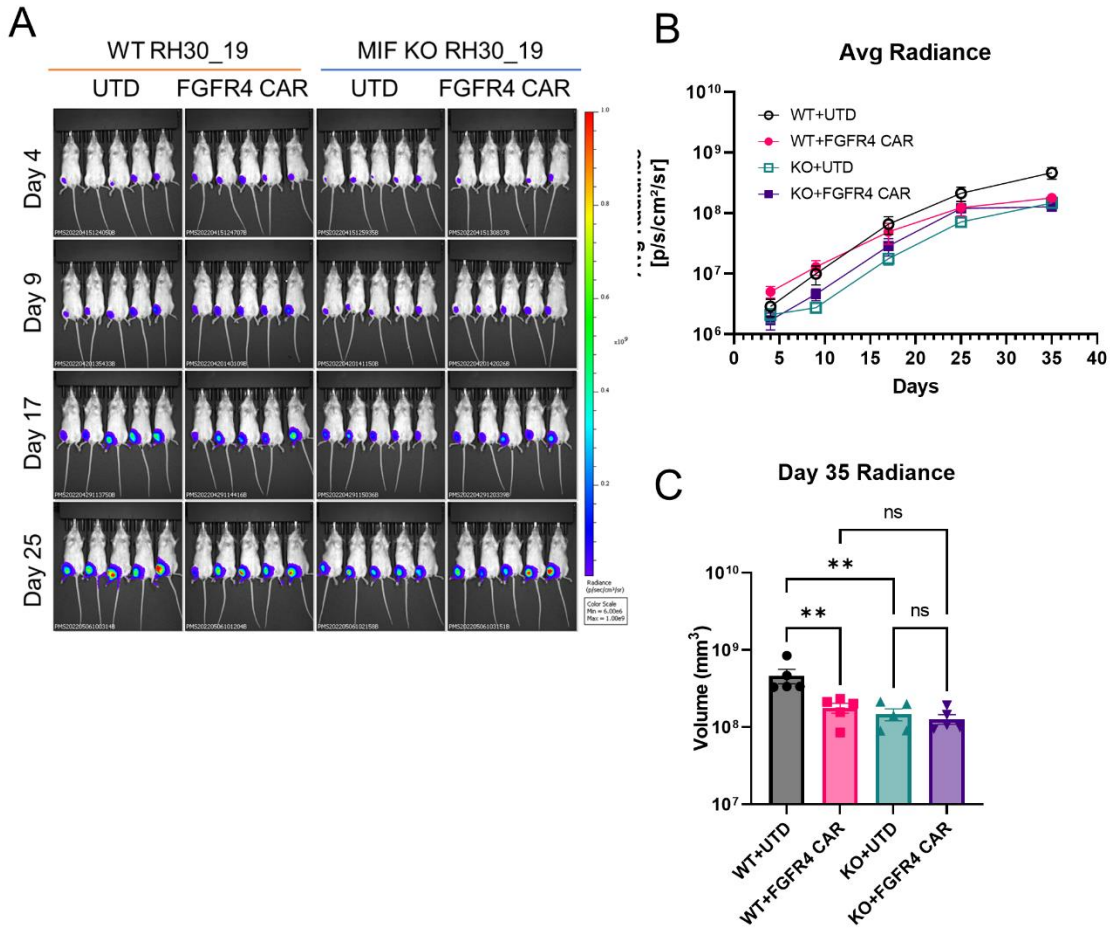


Figure S9. MIF KO slow RH30_19 tumor growth. NSG mice were injected intramuscularly with 1×10^6 RH30_19 WT or MIF KO tumor cells. On day 3, 1×10^7 UTD T cells or FGFR4 CAR-T were injected intravenously. Mice were followed with IVIS imaging weekly until tumor burden-defined endpoint (**A**). IVIS measurements were graphed as average radiance (**B**). Day 35 IVIS average radiance was analyzed by one-way ANOVA (**C**). $N=5$ animals per group.

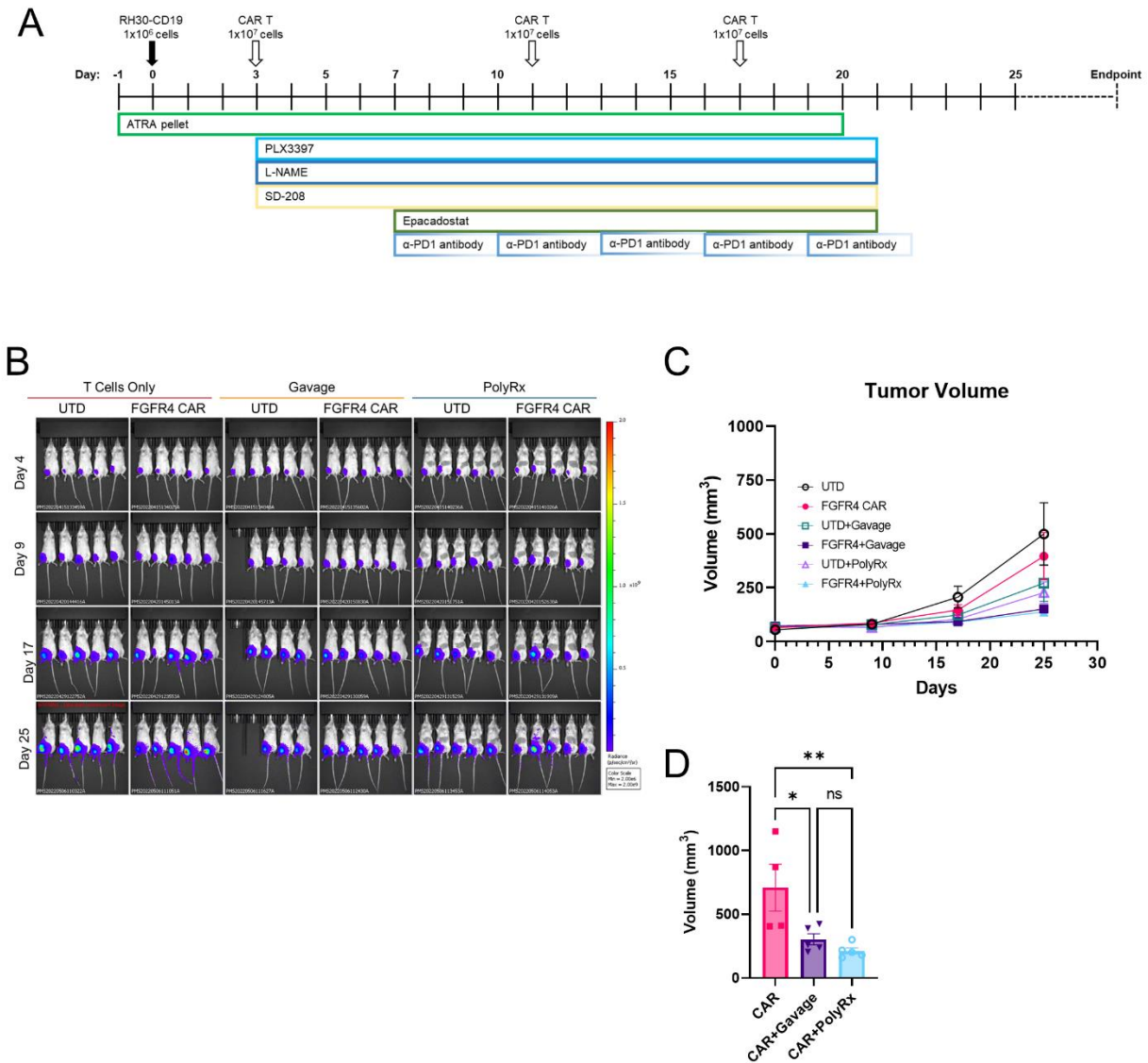


Figure S10. Reduced PolyRx achieves tumor control in RH30_19 tumors. **A.** Schematic of experimental plan. Mice were inoculated with WT RH30_19 tumors and treated with full PolyRx or a reduced PolyRx consisting of Epacadostat, Pexidartinib, and SD-208, “Gavage Only” treatment along with either UTD T cells or FGFR4 CAR-T cells. **B.** Mice were imaged by IVIS weekly. **C.** Tumor volume was also measured weekly by digital caliper and plotted. **D.** Day 25 tumor volumes were graphed and compared using one-way ANOVA.

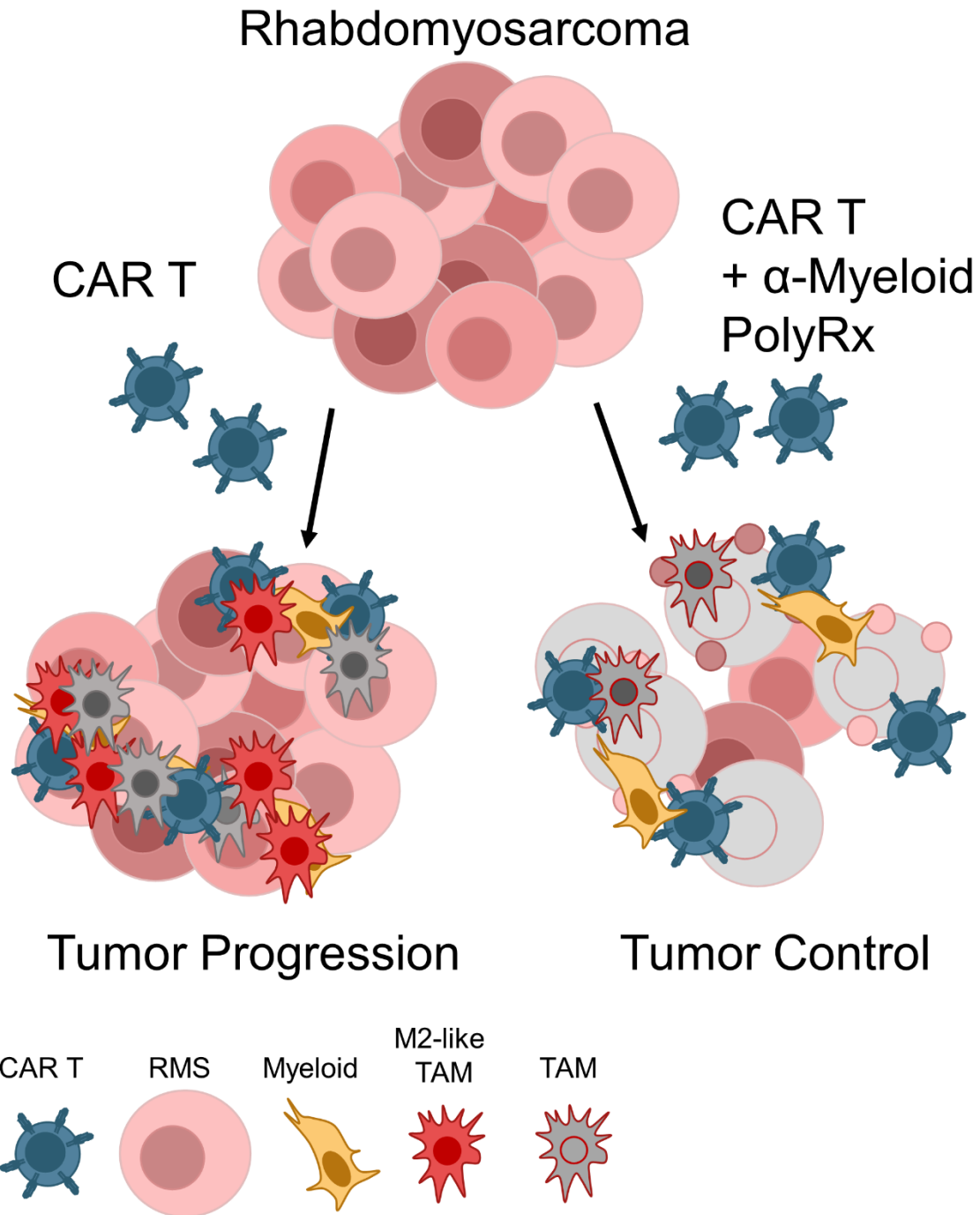


Figure S11. Illustration of RMS tumors with CAR-T cells alone or CAR-T cells with anti-myeloid PolyRx. RMS tumors in NSG mice respond to T cells (CAR T Cells) by producing a stroma containing suppressive myeloid populations (TAM, M2-like TAM, MDSC). Using anti-myeloid PolyRx disrupts this immunosuppression and allows CAR T cells to control the tumor.