

Supplemental Figure 1
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A Antibody sequences (from <https://drugs.ncats.io/>)

10D1 (Ipilimumab) VH

QVQLVESGGGVVQPGRSLRLSCAASGFTFSSYTMHWVRQAPGKGLEWVTFISY
DGNNKYADSVKGRFTISRDNKNTLYLQMNSLRAEDTAIYYCARTGWLGPFDY
WGQGLTVTVSS

10D1 VL

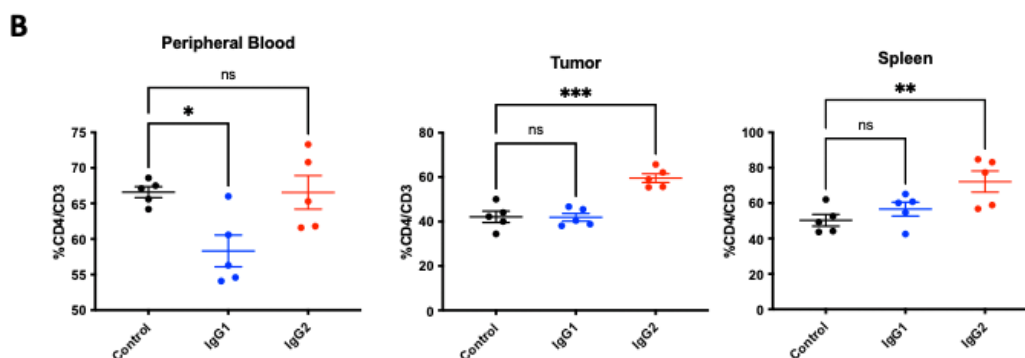
EIVLTQSPGTLSPGERATLSCRASQSVGSSYLAWYQQKPGQAPRLLIYGAFSRAT
GIP DRFSGSGSGTDFTLTISRLEPEDFAVYYCQQYGSSPWTFGQGTKVEIKR

1121 (Tremelimumab) VH

QVQLVESGGGVVQPGRSLRLSCAASGFTFSSYGMHWVRQAPGKGLEWVAVIWI
YDGSNKYADSVKGRFTISRDNKNTLYLQMNSLRAEDTAVYYCARDPRGATLYYYY
YGMADVWGQGT VTVSS

1121 VL

DIQMTQSPSSLSASVGRVITCRASQSINSYLDWYQQKPGKAPKLLIYAASSLQS
GVPS RFSGSGSGTDFTLTISLQPEDFATYYCQYYSTPFTFGPGTKVEIKR



Supplementary Figure 1: A) Amino acid sequence of each of the human anti-CTLA-4 antibodies used in these studies. B) In vivo evaluation of the MC38 colon carcinoma tumor microenvironment of subcutaneous tumors following systemic (i.p.) administration of anti-CD4-IgG1 or anti-CD4-IgG2 (both clone GK1.5) when compared to IgG1 isotype control. Tumor bearing hCTLA-4/hFcγR mice were treated with 200 μg of anti-CD4 mAb variants on days 0 and 3 following randomization, and sacrificed 24 hours later for flow cytometry analysis of CD4 T cells in the peripheral blood, tumor, or spleen.

Supplementary Table 1. Demographics of HNSCC patient tumor biopsies.

Age	Gender	Stage	Smoker
58	M	T3 N3b	Yes
68	M	T4b N0	Yes
63	F	T2 N0	No
52	M	T3 N0	Yes
72	F	T2 N2c	No
66	M	T3 N1	Yes
51	M	T1 N0	Yes
52	F	T1 N0	No
60	M	T3 N2b	Yes
66	F	T2 N0	Yes
42	F	T1 N0	Yes
41	M	T1 N0	No
50	M	T2 N0	No
64	M	T1 N0	No
83	M	T4a N0	No
74	M	T3 N2a	Yes
61	M	T2 N1	Yes