



Fig. S4. ESRRRA inhibition correlated with immune infiltrations and proinflammatory signaling in patient tumors.

(A, B) Spearman correlation of ESRRRA activity with levels of immune biomarkers in TCGA (A) and PRECOG (B) cancer cohorts. (C) ESRRRA activity in bladder cancer patient (n=348; *Mariathasan et al.*) tumors with inflamed, excluded, and desert immunophenotypes (based on CD8⁺T infiltration levels: inflamed > excluded > desert) in bladder cancer cohort. P-value was estimated using the Kruskal-Wallis test. (D) Unsupervised clustering of bladder cancer tumors identified two groups with markedly different ESRRRA activities, shown by the UMAP plot. Significance is from the two-sided Wilcoxon rank-sum test. (E) Inflamed immunophenotype of bladder cancer patients concomitant with low ESRRRA activity in tumors. Colors represent tumor classifications (Lund2) based on immunohistochemistry of tumors from bladder cancer patients. (F) The expression of the differentially expressed genes between two clusters with different ESRRRA activities in the bladder cancer cohort. Cytokines and MHC genes are shown. (G) The z-score normalized expression of M1-polarizing cytokines in patients with low (green in the colorbar) and high ESRRRA activity (red in the colorbar) in the bladder cancer cohort.