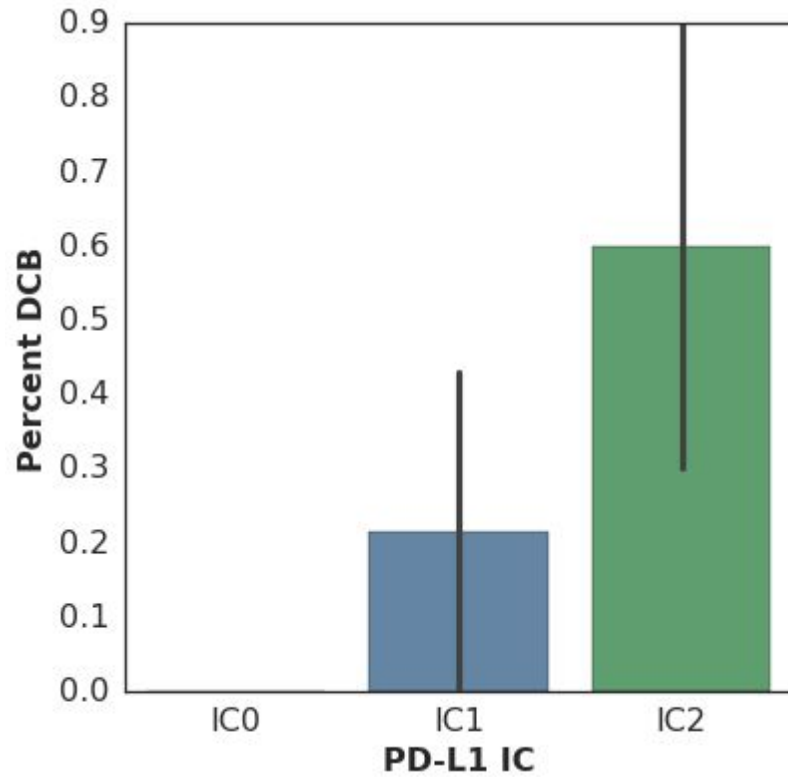


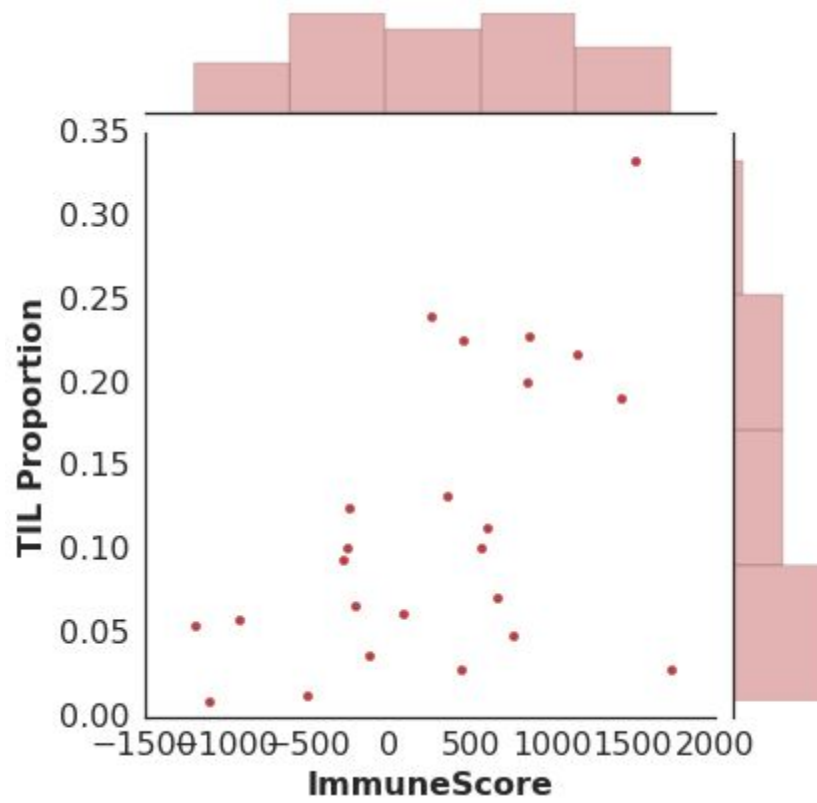
## S4 Fig

### S4A Fig



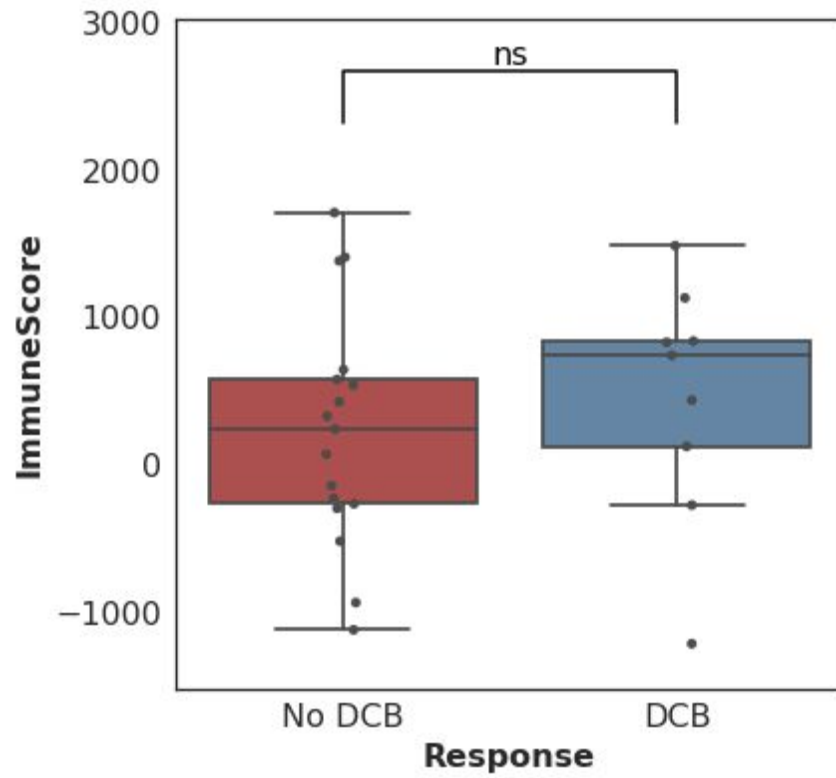
PD-L1 IC staining as reported by the sponsor in the published study (2) and outcome in our cohort were significantly associated in this sub-study ( $n=29$ , Spearman  $\rho=0.48$   $p=0.0083$ ).

S4B Fig



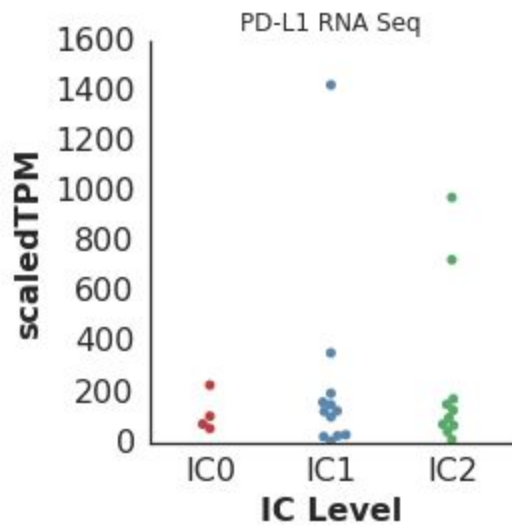
ImmuneScore was associated with TIL proportion ([n=24, Spearman rho=0.47 p=0.022](#)).

S4C Fig

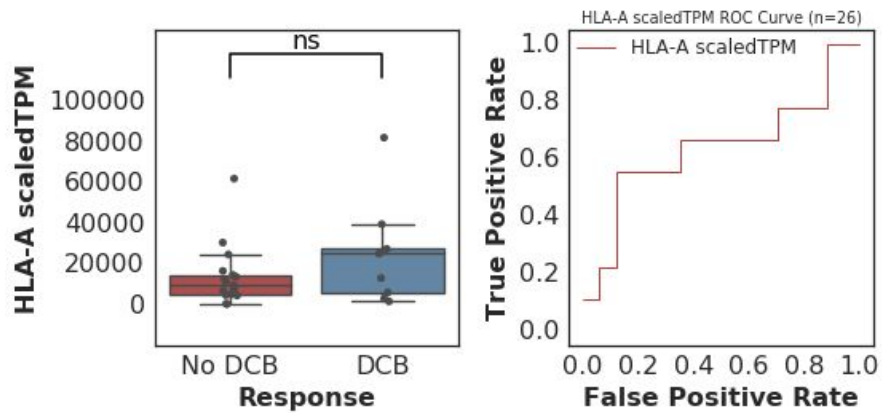


There was no association between ImmuneScore and DCB (DCB, [764.37 \(range -1195.08-1509.65\)](#); no DCB [263.49 \(range -1100.78-1734.28\)](#) (n=26, Mann-Whitney p=0.33).

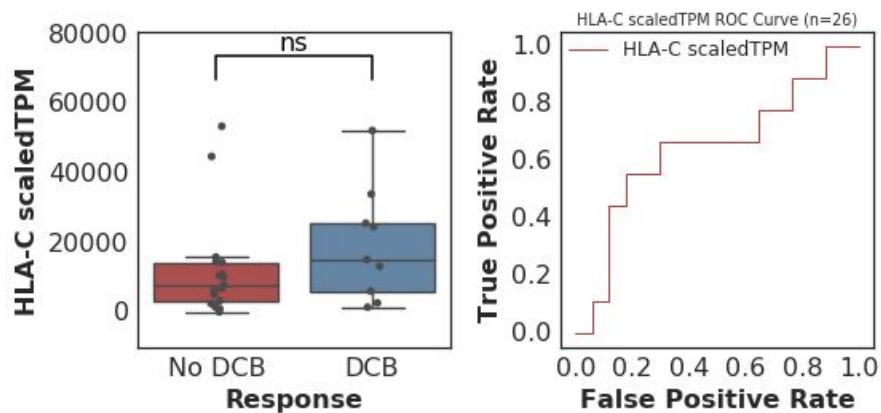
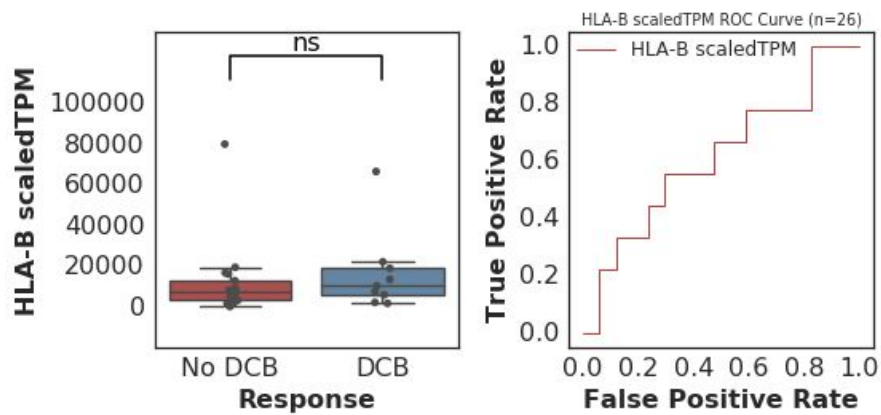
S4D Fig



PD-L1 expression as measured by RNA-seq was not associated with PD-L1 IC level ([n=26](#), [Spearman rho=0.045 p=0.83](#)). Tumor cell PD-L1 staining was not available.



S4E Fig

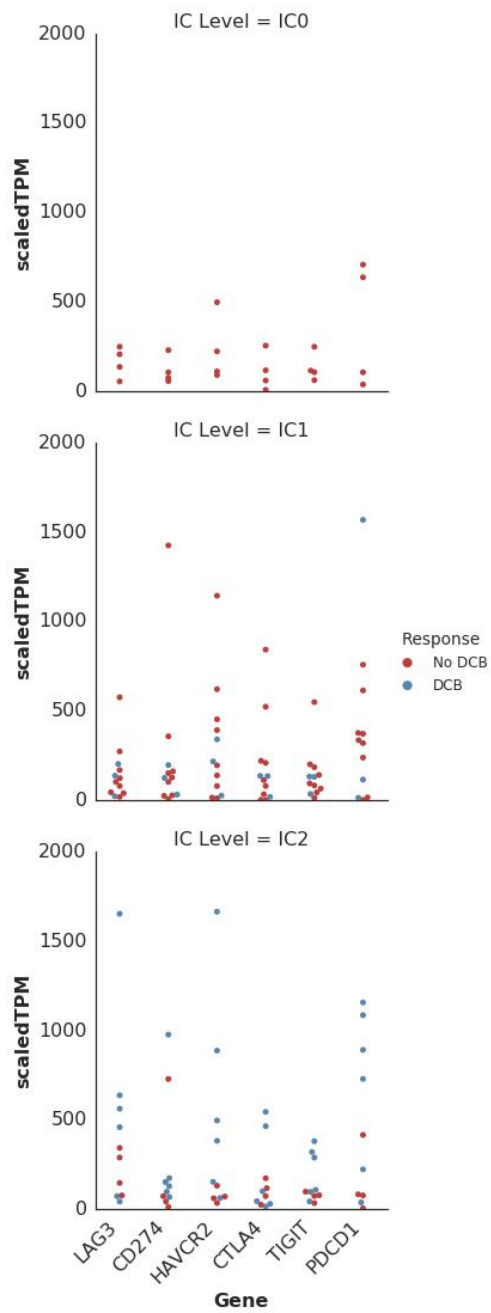


HLA Class I expression was not associated with DCB (HLA-A: [n=26, Mann-Whitney p=0.26](#),

HLA-B: [n=26, Mann-Whitney p=0.36](#), HLA-C: [n=26, Mann-Whitney p=0.24](#)).

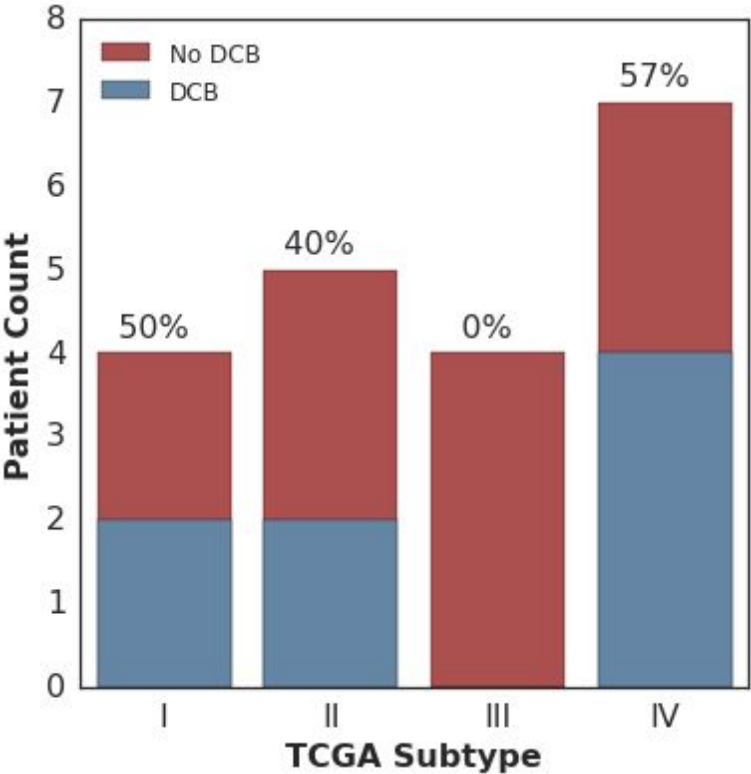


## S4F Fig



Expression of other inhibitory markers, in particular *HAVCR2* (also known as *TIM-3*) was higher in DCB patients in the IC2 group.

S4G Fig



No association was found between TCGA RNA Subtype and response in this sub-study ([n=20](#), Fisher's Exact  $p=0.36$ ).