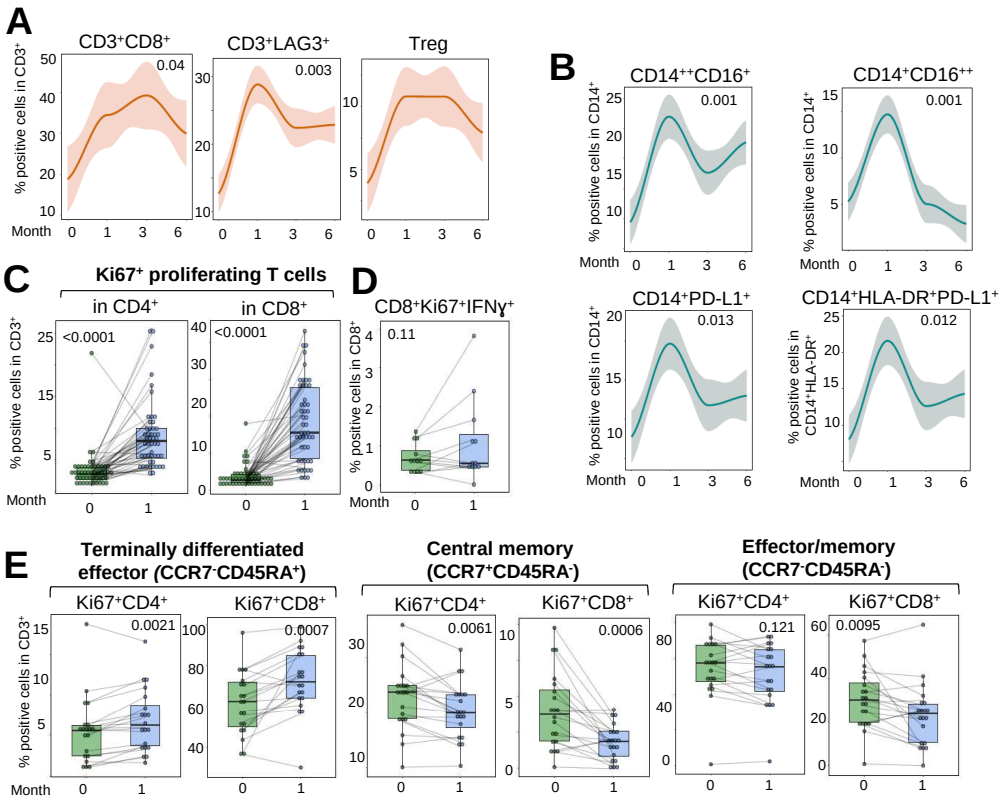
Supplementary figure



Supplementary figure. Additional blood immune modulations observed 1 month after Y^{90}TARE in HCC patients, as detected by multiparametric flow cytometry. (**A**) Treatment-induced increase in the percentage of CD3$^+$CD8$^+$, activated/exhausted CD3$^+$LAG3$^+$ lymphocytes and regulatory T cells (Treg, CD4$^+$CD25^{hi}Foxp3$^+$), peaking one month after therapy; (**B**) Treatment-induced increase in PBMC of intermediate (CD14^{++}CD16$^+$) and non-classical (CD14$^+$CD16^{++}) monocytes and of activated CD14$^+$ and HLA-DR$^+$CD14$^+$PD-L1$^+$ monocytes, all peaking one month after treatment; (**C**) Treatment-induced increase of CD4$^+$ and CD8$^+$ T cells expressing the proliferative marker Ki67 in post-Y^{90}TARE (1 month) *vs* pre-Y^{90}TARE (time 0) PBMC; (**D**) IFN-γ intracellular staining in post-Y^{90}TARE (1 month) *vs* pre-Y^{90}TARE (time 0) CD8$^+$Ki67$^+$ cells ($p>0.05$); (**E**) Increased frequency in post- Y^{90}TARE (1 month) compared to pre-Y^{90}TARE (time 0) of Ki67$^+$CD4$^+$ and Ki67$^+$CD8$^+$ T cells expressing a terminally differentiated effector (CCR7$^-$CD45RA$^+$) phenotype; decrease in both memory (central, CCR7$^+$CD45RA$^-$) and effector (CCR7$^-$CD45RA$^-$) subsets. For statistical analyses the Friedman (A, B) and Wilcoxon (C-E) tests were applied. Statistical significance was set at $p<0.05$.