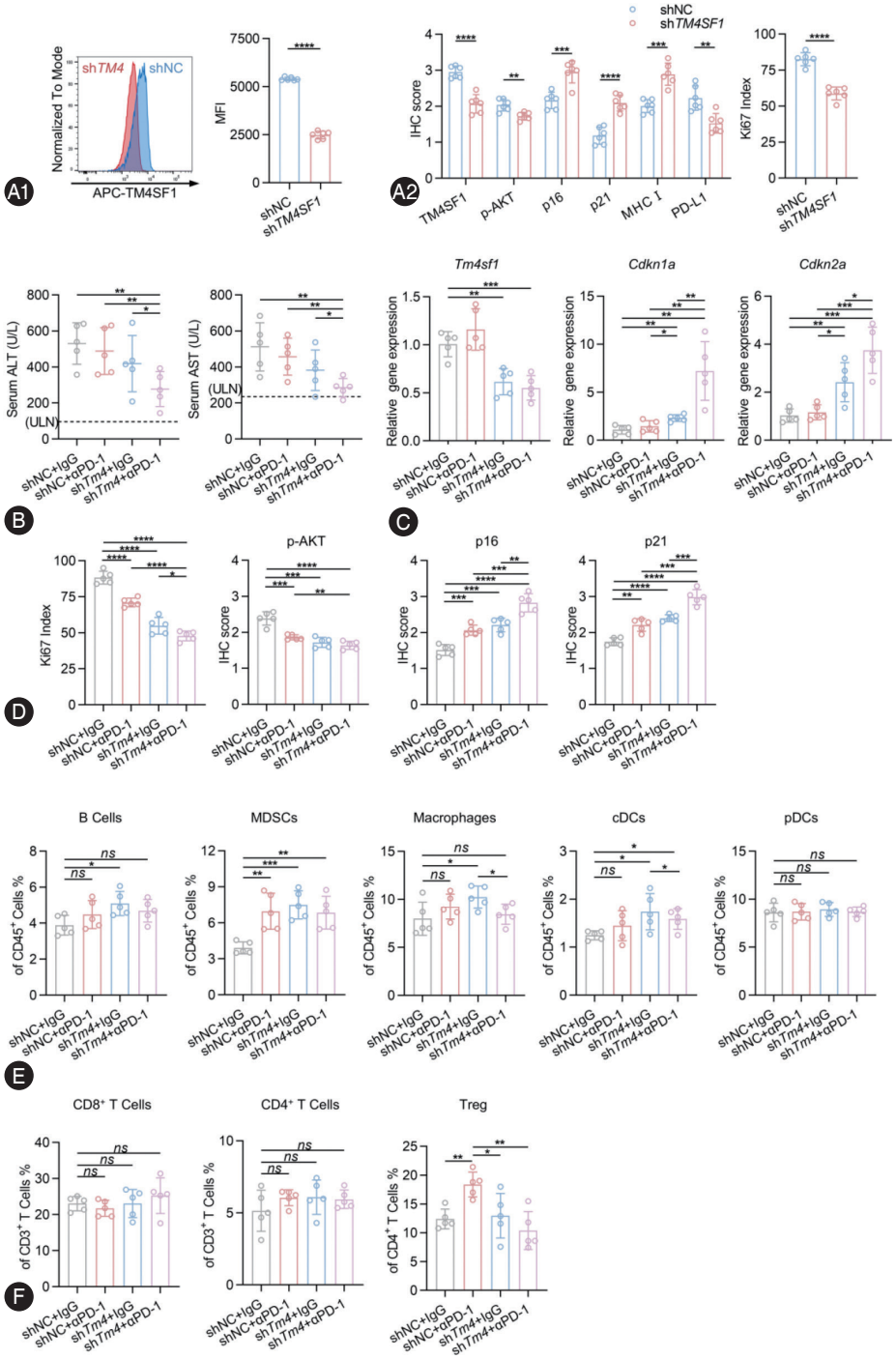

Supplementary Figure 8. Treatment targeting TM4SF1 suppresses tumor progression and sensitizes immunotherapy. (A) 1) Validation of TM4SF1 knockdown by scAAV in orthotopic model, by flow cytometry; 2) Statistical analysis of IHC staining and Ki-67 index in AAV-treated orthotopic model (n=6). (B) Serum ALT and AST level in HTVi-induced HCC model with different treatments (n=5). (C) Expression of *Tm4sf1*, *Cdkn1a*, and *Cdkn2a* in different groups (n=5). (D) Statistical analysis of IHC score and Ki-67 index in HTVi-induced HCC model with different treatments (n=5). (E) Proportions of main immune cell subsets in HTVi-induced HCC model with different treatments (n=5). (F) Proportions of CD4+ and CD8+ T cells and Tregs in HTVi-induced HCC model with different treatments (n=5). Data are represented as means±standard deviation. *P*-values were calculated using the Student's *t*-test (unpaired). ns>0.05, *P<0.05, **P<0.01, ***P<0.001, ****P<0.0001. TM4SF1, transmembrane 4 L six family member 1; scAAV, self-complementary adeno-associated virus; IHC, immunohistochemistry; AAV, adeno-associated virus; ALT, alanine aminotransferase; AST, aspartate aminotransferase; HTVi, hydrodynamic tail vein injection; HCC, hepatocellular carcinoma; ns, not significant.