

Supplementary Information

Table S1. Patients' demographics, clinico-pathological characteristics and treatment.

| Characteristic | No. of Patients (<i>n</i> = 36) | |
|------------------------------|----------------------------------|------------|
| Gender | Male | 25 |
| | Female | 11 |
| Age, years | 59 (45–77) | |
| Location of tumor | Ut | 3 |
| | Mt | 23 |
| | Lt | 10 |
| Treatment | S | 24 |
| | S + C | 9 |
| | S + C + R | 3 |
| Median survival time, months | | 22 (2–143) |

Abbreviations: Lt, lower thoracic esophagus; Mt, middle thoracic esophagus; Ut, upper thoracic esophagus; S, surgery; C, chemotherapy; R, radiotherapy.

Table S2. Inflammatory-cell infiltration in SmCEC (small cell esophageal carcinoma) and ESqCC (esophageal squamous cell carcinoma).

| Inflammatory Cell Type | Cell Count (Mean ± SD)/HPF | <i>p</i> |
|------------------------|----------------------------|----------|
| <i>Eosinophils</i> | | |
| SmCEC (<i>n</i> = 36) | 7.57 ± 4.63/HPF | 0.038 |
| ESqCC (<i>n</i> = 16) | 13.15 ± 7.41/HPF | - |
| <i>Neutrophils</i> | | |
| SmCEC (<i>n</i> = 36) | 1.93 ± 1.14/HPF | 0.071 |
| ESqCC (<i>n</i> = 16) | 2.31 ± 0.68/HPF | - |
| <i>Lymphocytes</i> | | |
| SmCEC (<i>n</i> = 36) | 89.64 ± 23.90/HPF | 0.286 |
| ESqCC (<i>n</i> = 16) | 100.11 ± 39.85/HPF | - |
| <i>Macrophages</i> | | |
| SmCEC (<i>n</i> = 36) | 15.12 ± 8.53/HPF | <0.001 |
| ESqCC (<i>n</i> = 16) | 28.12 ± 7.91/HPF | - |

Abbreviations: HPF, High-Power Field.

Table S3. Tumor-infiltrating inflammatory cells in small cell lung cancer, ESqCC and SmCEC.

| Inflammatory Cell Type | Small Cell Lung Cancer | ESqCC | SmCEC in this Study |
|------------------------|---|---|---|
| Macrophages | A high number of intratumoral macrophages was associated with a favorable survival [26] | The 5-year survival rate of patients with high MφI total was significantly lower than that of patients with low MφI total [12] | High macrophage counts were correlated with better overall survival |
| Eosinophils | No related information | Cases associated with a larger number of tumor-associated eosinophil infiltrations usually demonstrated better clinical outcomes [13] | High eosinophil counts were correlated with better overall survival |
| Lymphocytes | A high number of intratumoral T cells was associated with a significantly better survival time [26] | Dense tumor infiltration by UCHL-1-positive T-cells within the cancer cell nests was related to a better prognosis [65] | No statistical significance |
| Neutrophils | No related information | No related information | No statistical significance |

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