

Follicular Helper T Cells Remodel the Immune Microenvironment of Pancreatic Cancer via Secreting CXCL13 and IL-21

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Table S1. Demographics and clinical characteristics of the cohort of patients with PDAC from whom were obtained fresh intra-tumor tissues and peripheral blood samples from ($n = 62$) in the study.

Characteristics	Number	Percentage (%)
Sex		
Male	32	51.6
Female	30	48.4
Age (years) (median)	52	/
Tumor size (mm)		
Mean (SD)	30.5	2.0
Median (range)	29.1	6.0–95.0
Location		
Head	36	58.1
Others	26	41.9
Lymph node positive		
Yes	27	43.5
No	35	56.5
AJCC ^{8th} TNM stage		
I	23	37.1
II	20	32.2
III	19	30.6
With chemotherapy *		
Yes	5	8.1
No	57	91.9

AJCC^{8th}, 8th edition American Joint Committee on Cancer; TNM, tumor-node-metastasis. * Except for the five patients in Figure 6 who had received neoadjuvant chemotherapy before surgery, none of the patients received chemotherapy before surgery.

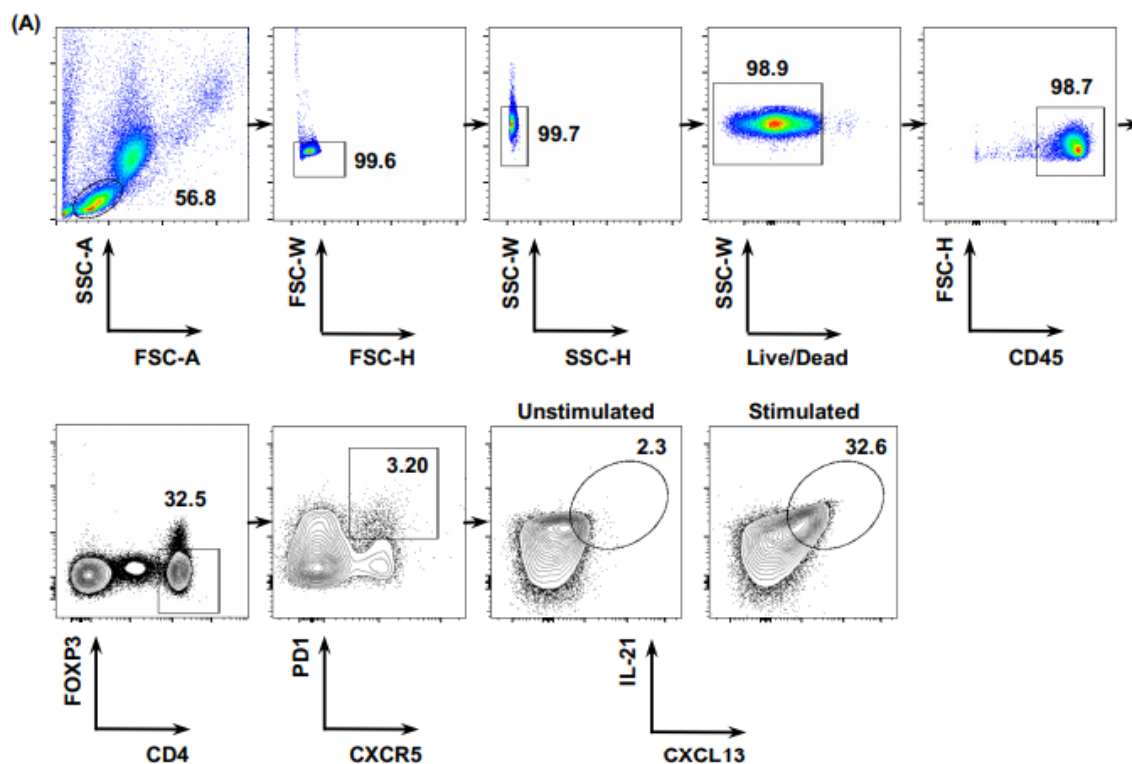


Figure S1. (A) The strategy of gating Tfh cells, taking the peripheral blood sample as an example.

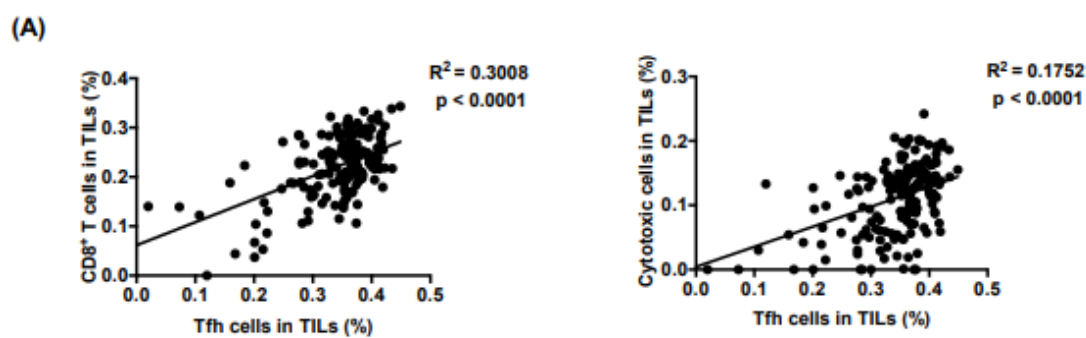


Figure S2. (A) Analysis result of correlation between functional Tfh cells with CD8⁺ T cells from the public database (<http://bioinfo.life.hust.edu.cn/web/ImmuCellAI/>).

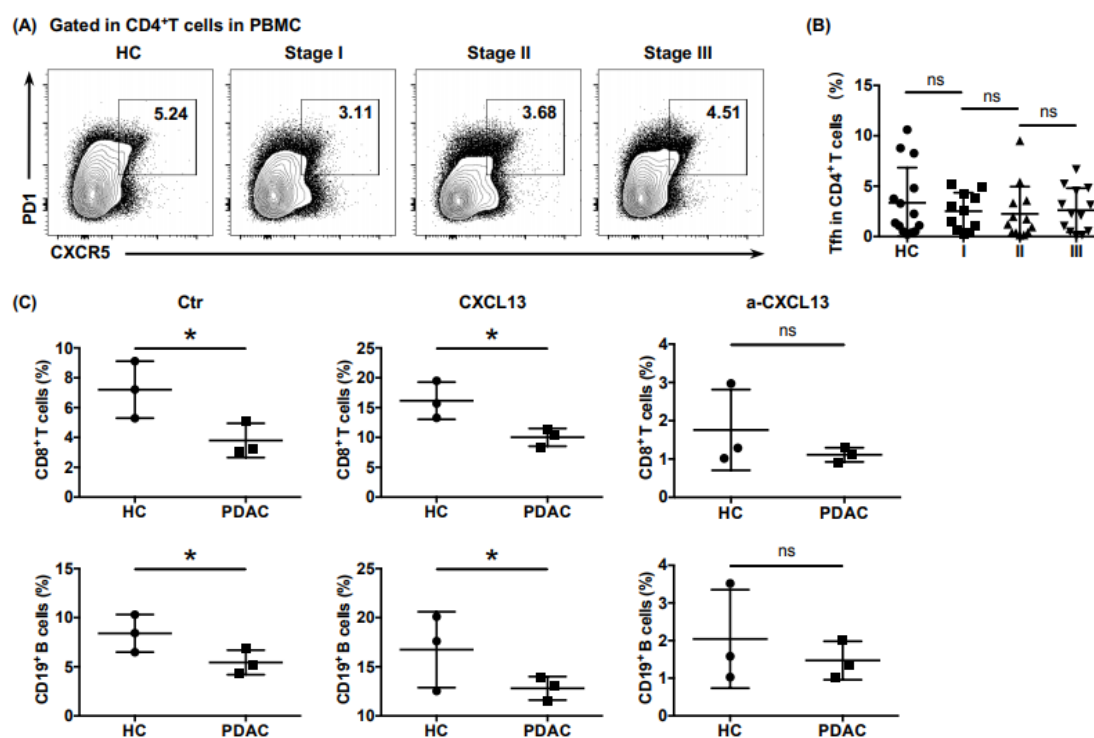


Figure S3. (A) Representative flow cytometry data and (B) the proportion of Tfh cells (CD4⁺ CXCR5⁺ PD1⁺) in CD4⁺ T cells from the peripheral blood of healthy donors ($n = 14$) and patients with PDAC at different stages ($n_I = 11$, $n_{II} = 13$, $n_{III} = 13$). (C) Comparison of the proportion of CD8⁺ T cells and B cells recruited to the bottom of the Transwell chamber by cTfh cells between HC and PDAC for conditions treated with or without rhCXCL13 or anti-CXCL13 neutralizing antibodies.