

Figure S1

**Figure S1. Related to Figure 1. Immune-related gene expression and TMB are not highly detected in *RHOA* Y42-mutated GCs.**

**(A and B)** Representative contour plots of eTreg cells in surgically-resected GC samples classified according to *RHOA* gene status **(A)** and summaries **(B)** are shown. FOXP3<sup>+</sup> cells among CD45RA<sup>+</sup>CD4<sup>+</sup> T cells were defined: the line delineating FOXP3<sup>+</sup> cells derived from naive Treg cells demarcated FOXP3 high (eTreg cells) and low (non-Treg cells) in CD45RA<sup>+</sup>CD4<sup>+</sup> T cells. **(C)** Gene expression of *CD8A*, *IFNG*, and *CD274* was compared according to *RHOA* gene status with RNA-seq data. **(D)** Single nucleotide variants and frameshift variants were assessed according to *RHOA* gene status with WES data. **(E and F)** Representative histogram plots of CTLA-4 expression by eTreg cells in the TME in surgically-resected GC samples classified according to *RHOA* gene status **(E)** and summary of the proportion of CTLA-4<sup>+</sup> cells in eTreg cells **(F)** are shown. **(G)** Summaries of multiplexed IHC for CD4, CD8, and FOXP3-expressing cells according to *RHOA* gene status are shown. **(H)** Gene expression of *CD8A*, *IFNG*, *CD274*, and *FOXP3* and the ratio of *FOXP3* to *CD8A* expression were compared according to *RHOA* gene status with RNA-seq data from TCGA data. **(I)** Gene expression of *CXCL10*, *CXCL11*, *IRF1*, *CCL1*, *CCL17*, *CCL22*, and *FASN* was compared according to *RHOA* gene status with RNA-seq data. \*\*, P < 0.01; and ns, not significant.

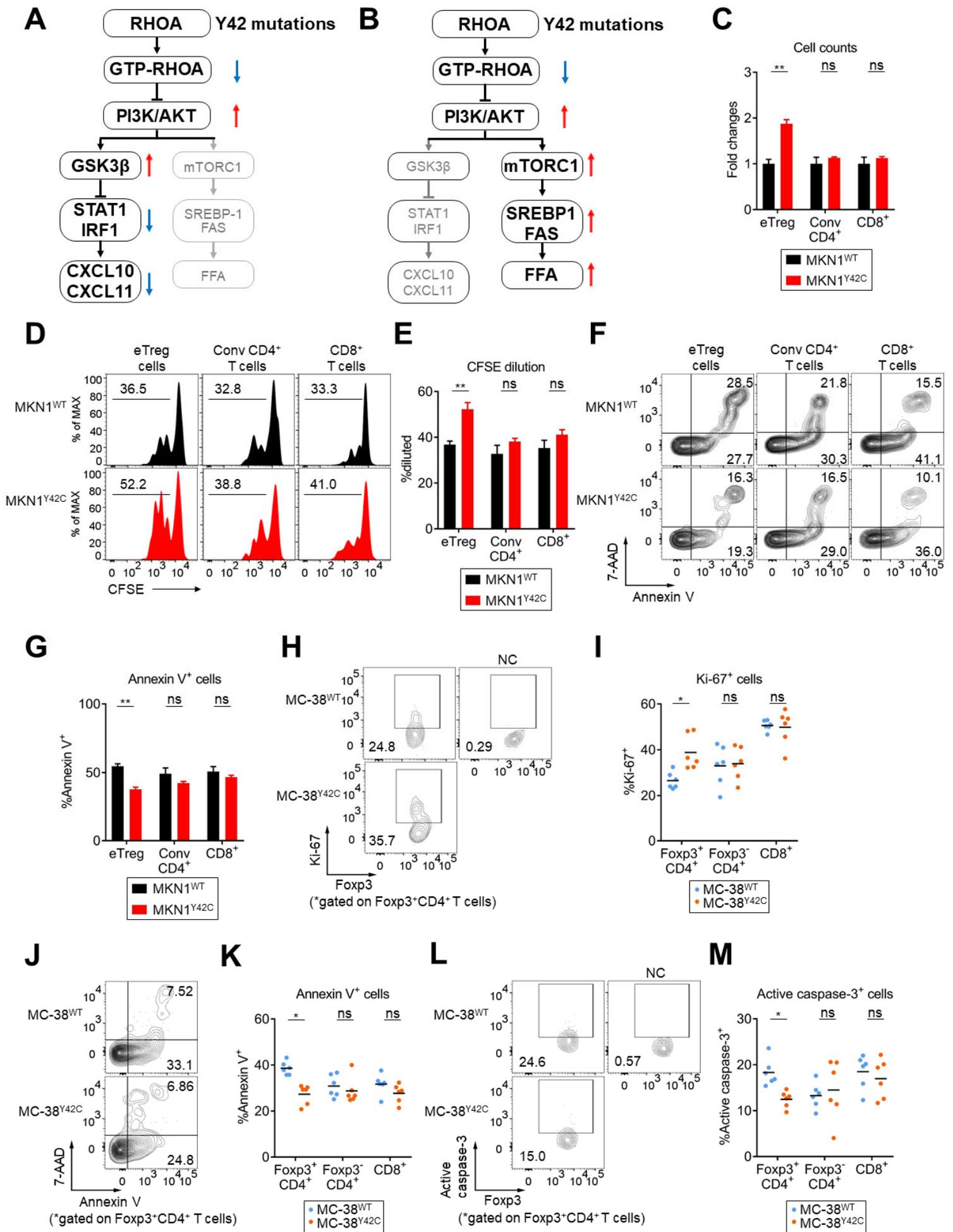


Figure S2

**Figure S2. Related to Figure 5. *RHOA* Y42 mutations promote the survival of eTreg cells *in vitro* and *in vivo*.**

**(A and B)** Schemas of signaling pathways in cancer cells harboring *RHOA* Y42 mutations. The changes of signaling pathways for gene expression of CXCL10, CXCL11, and IRF1 **(A)** and SREBP-1, FAS, and FFA **(B)** are shown. **(C-G)** MKN1<sup>WT</sup> or MKN1<sup>Y42C</sup> cells were cultured for seven days in glucose-free RPMI medium supplemented with 10% lipid-without FBS under low-glucose (3mM) condition. eTreg cells, conv CD4<sup>+</sup> T cells, and CD8<sup>+</sup> T cells were sorted from PBMCs of healthy individuals. Each T cell subset stimulated with anti-CD3 mAb and anti-CD28 mAb was cultured with irradiated APCs in the same wells of MKN1<sup>WT</sup> or MKN1<sup>Y42C</sup> cells without contact with cancer cells. **(C)** After ninety-six-hour incubation, cell counts of indicated T cell subsets were calculated with FCM. Cell counts of each T cell subset cultured with MKN1<sup>WT</sup> or MKN1<sup>Y42C</sup> are shown. **(D and E)** After ninety-six-hour incubation, proliferation was assessed by dilution of CFSE-labelled cells with FCM. Representative histograms of CFSE dilution **(D)** and summaries **(E)** are shown. **(F and G)** After forty-eight-hour incubation, apoptosis was evaluated by Annexin V and 7-AAD staining. Representative contour plots of Annexin V and 7-AAD **(F)** and summaries **(G)** are shown. **(H-M)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into *Foxp3*<sup>Thy1.1</sup> C57BL/6 mice on day 0 (N = 6). TILs prepared from tumor tissue samples on day 12 were subjected to FCM. Apoptosis was evaluated by Annexin V and 7-AAD staining and by assessing active caspase-3<sup>+</sup> T cells. Proliferation was detected by Ki-67 staining. Representative contour plots **(H, J, and L)** and summaries **(I, K, and M)** are shown **(H and I, Foxp3 and Ki-67; J and K, Annexin V and 7-AAD; and L and M, Foxp3 and active caspase-3)**. Means from three independent experiments are shown. NC, negative control; Bars, mean; error bars, SEM; \*, P < 0.05; \*\*, P < 0.01; and ns, not significant.

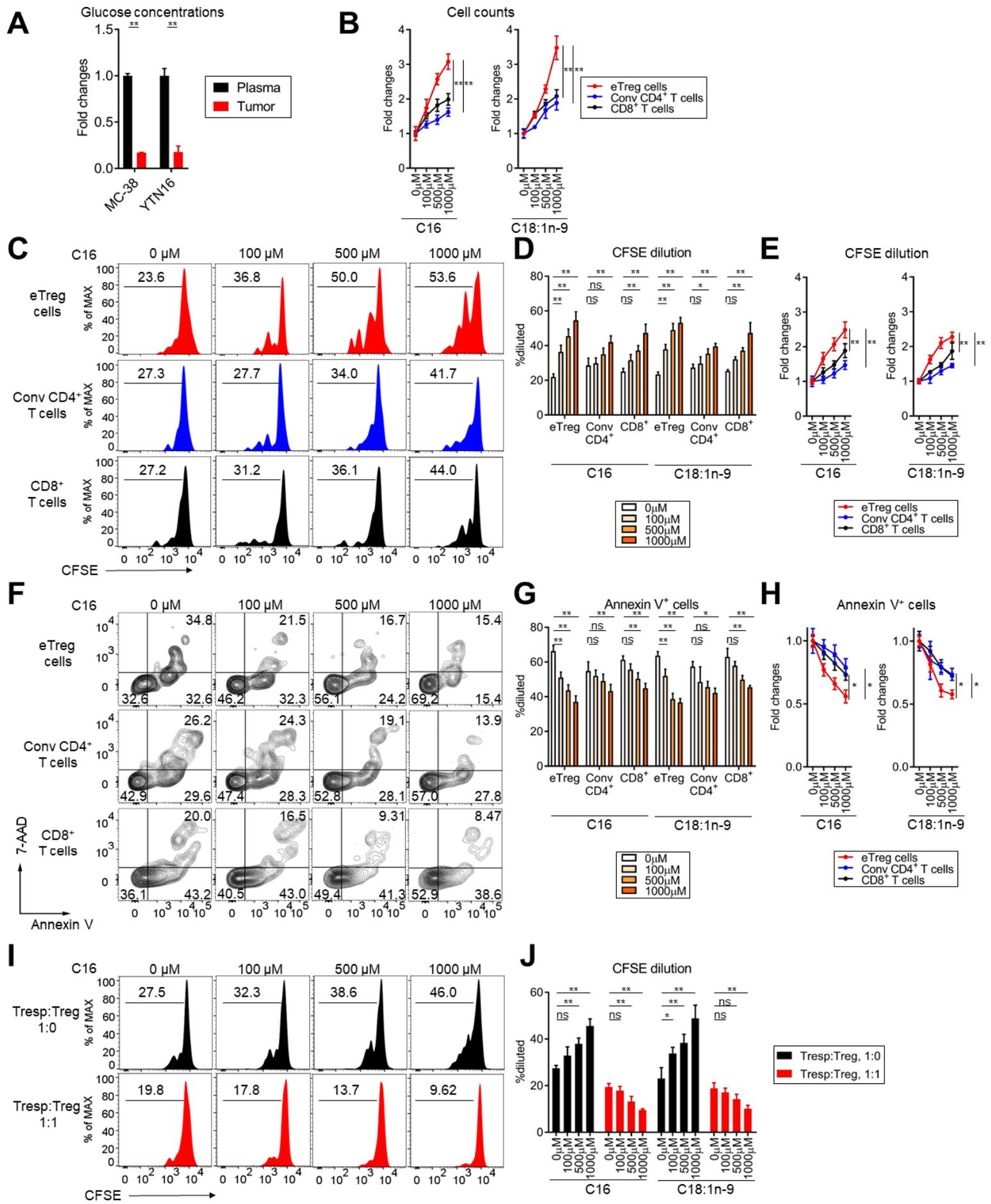


Figure S3

**Figure S3. Related to Figure 3. eTreg cells efficiently survive compared to other T cell subsets under low-glucose condition in an FFA dose dependent manner.**

**(A)** MC-38 or YTN16 cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0 (N = 4). On day 12, plasma and tumor fluids were extracted from blood and tumors, respectively. Glucose concentrations in plasma and tumor fluids were evaluated with the Glucose Assay Kit. **(B-H)** eTreg cells, conv CD4<sup>+</sup> T cells, and CD8<sup>+</sup> T cells were sorted from PBMCs of healthy individuals. Each T cell subset stimulated by anti-CD3 mAb and anti-CD28 mAb was cultured with irradiated APCs in glucose-free RPMI medium supplemented with 10% lipid-without FBS under low-glucose (1 mM) condition and the indicated concentration of palmitate-BSA or oleate-BSA. **(B-E)** After ninety-six-hour incubation, cell counts or proliferation of the indicated T cell subsets were evaluated with FCM. Proliferation was assessed by dilution of CFSE-labelled cells. Representative histograms of CFSE dilution **(C)** and summaries of cell counts **(B)** or CFSE dilution **(D and E)** are shown. **(F-H)** After forty-eight-hour incubation, apoptosis was evaluated by Annexin V and 7-AAD staining. Representative contour plots for Annexin V and 7-AAD **(F)** and summaries **(G and H)** are shown. **(I and J)** CFSE-labelled responder CD8<sup>+</sup> T cells sorted from PBMCs of healthy individuals were cocultured with or without unlabeled eTreg cells and stimulated with anti-CD3 mAb in glucose-free RPMI medium supplemented with 10% lipid-without FBS under low-glucose (1 mM) condition and the indicated concentration of palmitate-BSA or oleate-BSA. After ninety-six hours, proliferation was assessed by dilution of CFSE-labelled cells with FCM. Representative histograms of CFSE dilution **(I)** and summaries of suppressive function **(J)** are shown. Means from three independent experiments are shown. Bars, mean; error bars, SEM; \*, P<0.05; \*\*, P < 0.01; and ns, not significant.

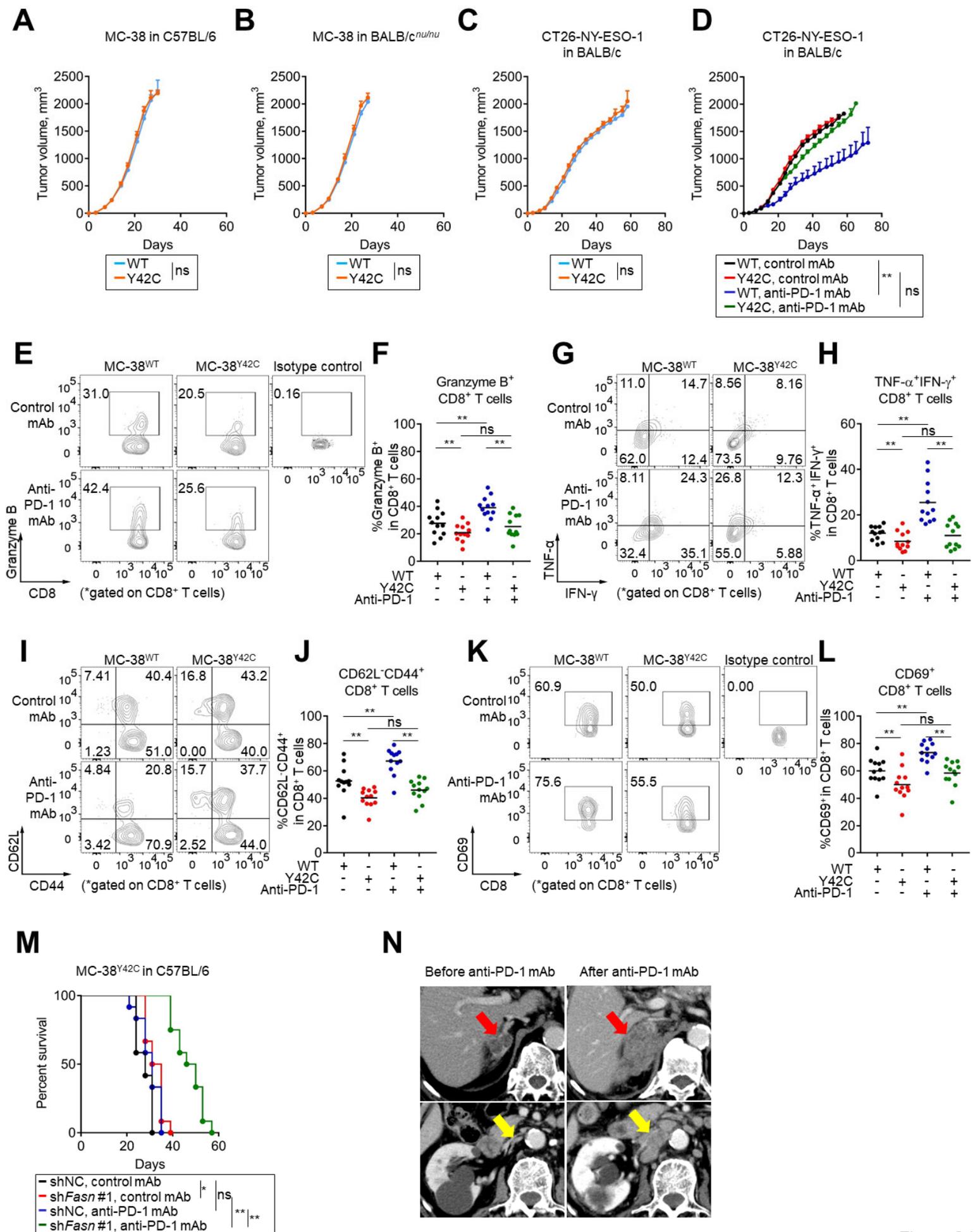


Figure S4

**Figure S4. Related to Figure 5 and 6. Tumor growth is comparable according to *RHOA* gene status and *RHOA* Y42 mutations significantly change the immunological status of the TME.**

**(A)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into immunocompetent wild-type C57BL/6 mice on day 0 (N = 12 per group). **(B)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into immunocompromised BALB/c<sup>nu/nu</sup> mice on day 0 (N = 12 per group). **(C)** CT26-NY-ESO-1<sup>WT</sup> or CT26-NY-ESO-1<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into BALB/c mice on day 0 (N = 12 per group). **(D)** CT26-NY-ESO-1<sup>WT</sup> or CT26-NY-ESO-1<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into BALB/c mice on day 0, and anti-PD-1 mAb was administered on days 6, 11, and 16 (N = 12 per group). **(E-L)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and anti-PD-1 mAb was administered on days 6, 11, and 16 (N = 12 per group). TILs prepared from tumor tissue samples on day 12 were subjected to FCM. Representative contour plots (**E, G, I, and K**) and summaries (**F, H, J, and L**) (N = 12) of FCM analysis are shown (**E and F**, CD8 and Granzyme B; **G and H**, IFN- $\gamma$  and TNF- $\alpha$ ; **I and J**, CD44 and CD62L; and **K and L**, CD8 and CD69). **(M)** MC-38<sup>Y42C</sup>-shNC or MC-38<sup>Y42C</sup>-sh*Fasn* cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and anti-PD-1 mAb or control mAb was administered on days 6, 11, and 16 (N = 12 per group). Survival curves of the indicated groups are shown. **(N)** An 82-year-old male patient with advanced diffuse-type *RHOA*-mutated gastric cancer with multiple metastases to the lymph nodes, peritoneum and adrenal gland. The patient received third-line anti-PD-1 mAb therapy. An initial evaluation with computed tomography (CT) after anti-PD-1 mAb administration showed progressive disease. Representative CT images before (left top and bottom) and after one course of anti-PD-1 mAb therapy (right top and bottom) are shown. The metastasis lesions of the right adrenal gland and of paraaortic lymph nodes were enlarged. Red and yellow arrows indicate the metastasis lesions of the right adrenal gland and of paraaortic lymph nodes, respectively. NC, negative control; \*, P<0.05; \*\*, P < 0.01; and ns, not significant.

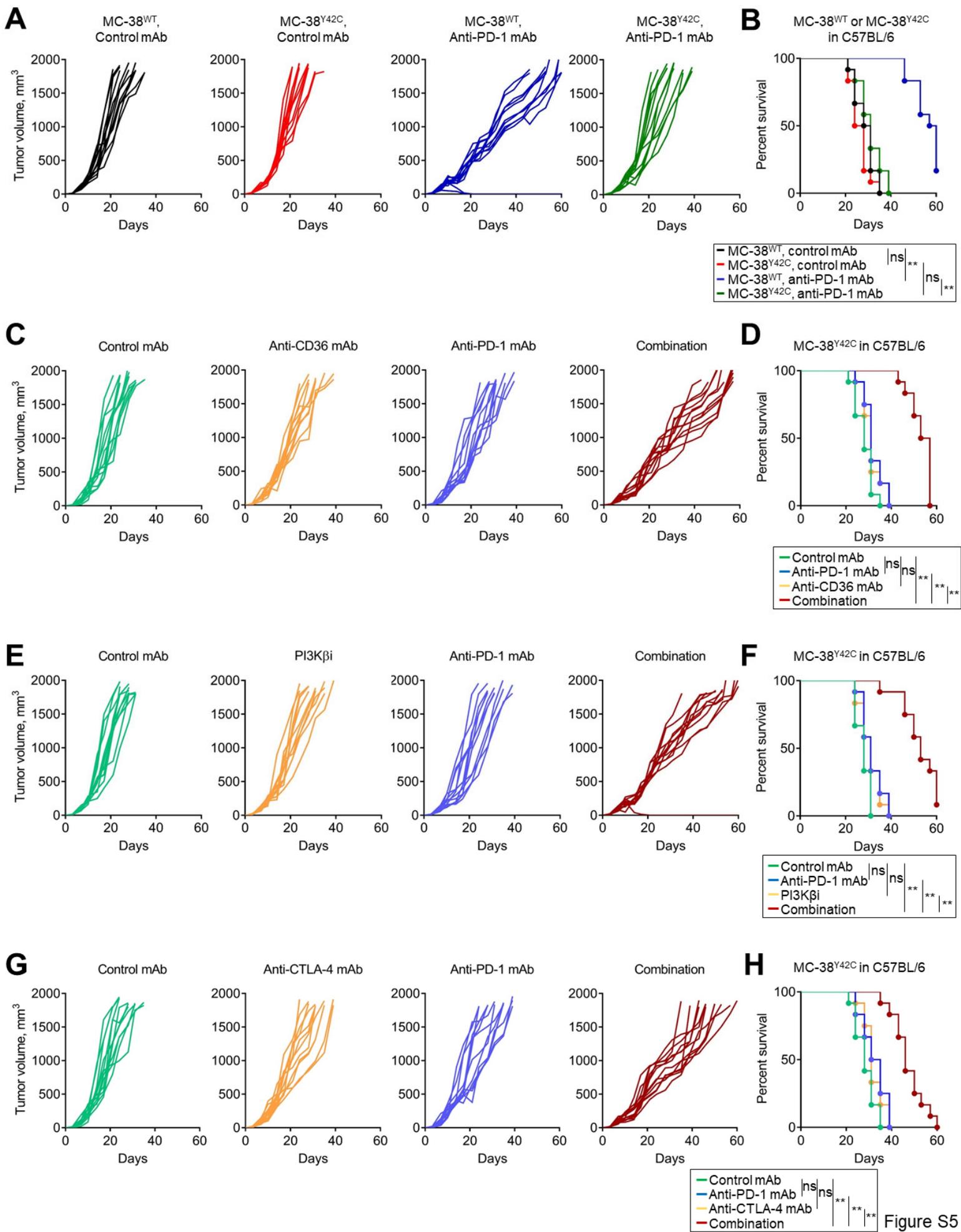


Figure S5

**Figure S5. Related to Figure 6 and 7. *RHOA* Y42-mutated tumors are resistant to anti-PD-1 mAb and responsive to combination of anti-CD36 mAb, PI3K $\beta$ i or anti-CTLA-4 mAb with anti-PD-1 mAb.**

**(A and B)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and anti-PD-1 mAb was administered on days 6, 11, and 16 (N = 12 per group). Individual tumor growth curves **(A)** and survival curves **(B)** are shown. **(C and D)** MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and anti-PD-1 mAb (intravenously, on days 6, 11, and 16) or anti-CD36 mAb (intravenously, daily) was administered (N = 12 per group). Individual tumor growth curves **(C)** and survival curves **(D)** are shown. **(E and F)** MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0. The mice were treated with anti-PD-1 mAb (intravenously, on days 6, 11, and 16) and/or GSK2636771 (orally, for five days) (N = 12 per group). Individual tumor growth curves **(E)** and survival curves **(F)** are shown. **(G and H)** MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0. These mice were treated with anti-PD-1 mAb (intravenously, on days 6, 11, and 16) and/or anti-CTLA-4 mAb (intravenously, on days 6, 11, and 16) (N = 12 per group). Individual tumor growth curves **(G)** and survival curves **(H)** are shown. Bars, mean; error bars, SEM; \*\*, P < 0.01; and ns, not significant.

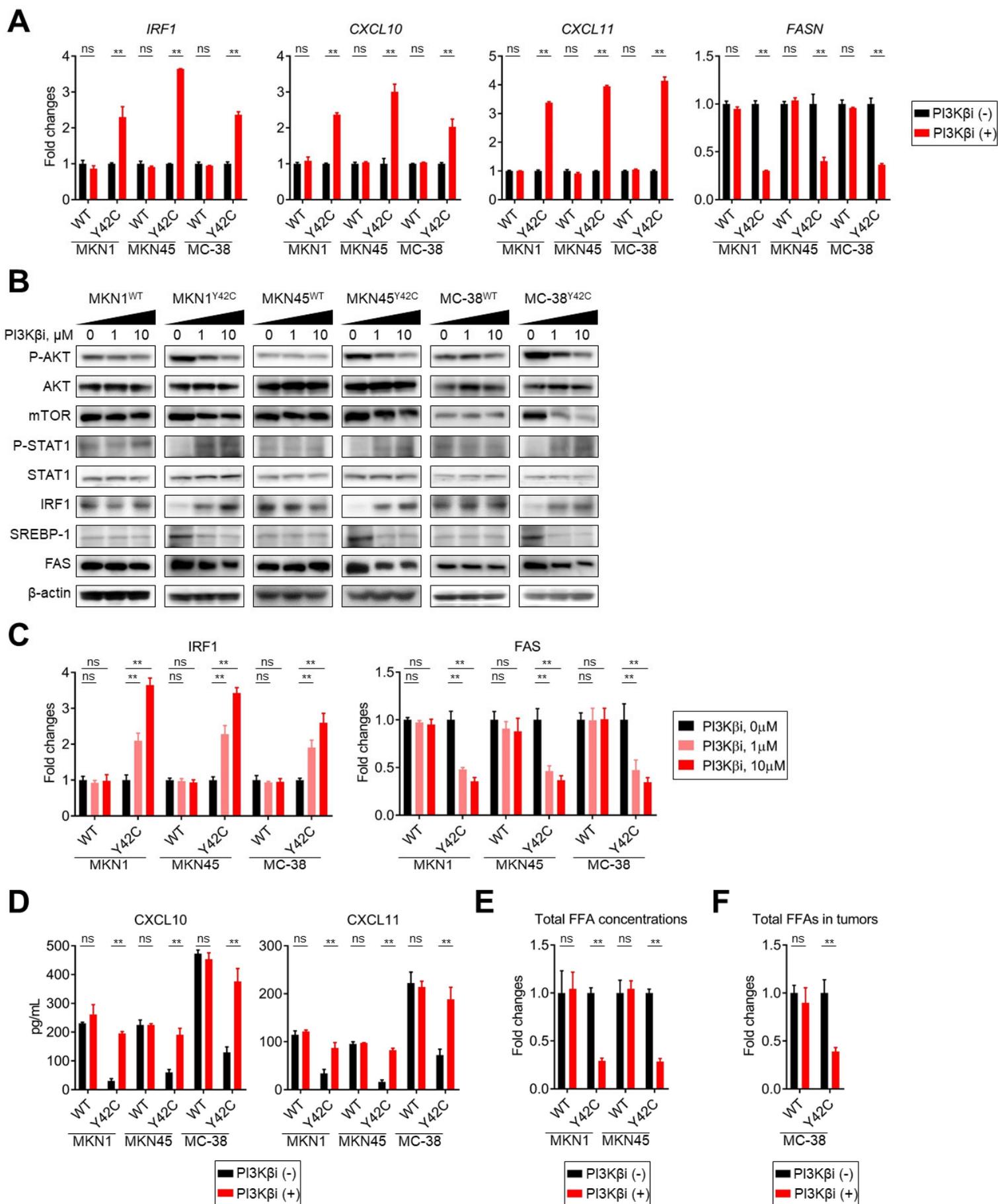


Figure S6

**Figure S6. Related to Figure 7. A PI3K $\beta$  inhibitor increases the levels of effector T cell-recruiting chemokines and reduces the levels of FFAs by inhibiting the PI3K-AKT signaling pathways in *RHOA* Y42C-overexpressing cell lines.**

**(A)** *RHOA*-overexpressing cell lines were treated with 10  $\mu$ M GSK2636771 for 24 hours. The expression of *IRF1*, *CXCL10*, *CXCL11*, and *FASN* was examined with real-time qRT-PCR. Fold changes relative to each cell line treated with DMSO are shown. **(B and C)** *RHOA*-overexpressing cell lines were treated with titrated doses (0, 1, and 10  $\mu$ M) of GSK2636771 for 24 hours, and the indicated protein expression was examined by western blotting **(B)**. Summaries of quantified IRF1 (IRF1/ $\beta$ -actin) and FAS (FAS/ $\beta$ -actin) expression in the GSK2636771-treated cell lines relative to the expression in each cell line treated with DMSO are shown **(C)**. **(D and E)** *RHOA*-overexpressing cell lines were treated with 10  $\mu$ M GSK2636771 for 24 hours. **(D)** The concentrations of CXCL10 and CXCL11 in the culture medium of *RHOA* WT- or *RHOA* Y42C-overexpressing cell lines were analyzed with ELISA. **(E)** The total FFA concentration in the culture medium of *RHOA* WT or Y42C-overexpressing cell lines was assessed with the Free Fatty Acid Quantification Kit. Fold changes relative to each cell line treated with DMSO are shown. **(F)** MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and GSK2636771 was administered orally for five days (N = 3 per group). Tumor interstitial fluids were extracted from the MC-37<sup>WT</sup> or MC-38<sup>Y42C</sup> tumors on day 12. Total FFAs in the interstitial fluids of the MC-38<sup>WT</sup> or MC-38<sup>Y42C</sup> tumors were evaluated by the Free Fatty Acid Quantification Kit.  $\beta$ -actin and 18S ribosomal RNA were used as internal controls for protein and mRNA expression analyses, respectively. Means from three independent experiments are presented. Bars, mean; error bars, SEM; PI3K $\beta$ i, PI3K $\beta$  inhibitor; \*\*, P < 0.01; and ns, not significant.

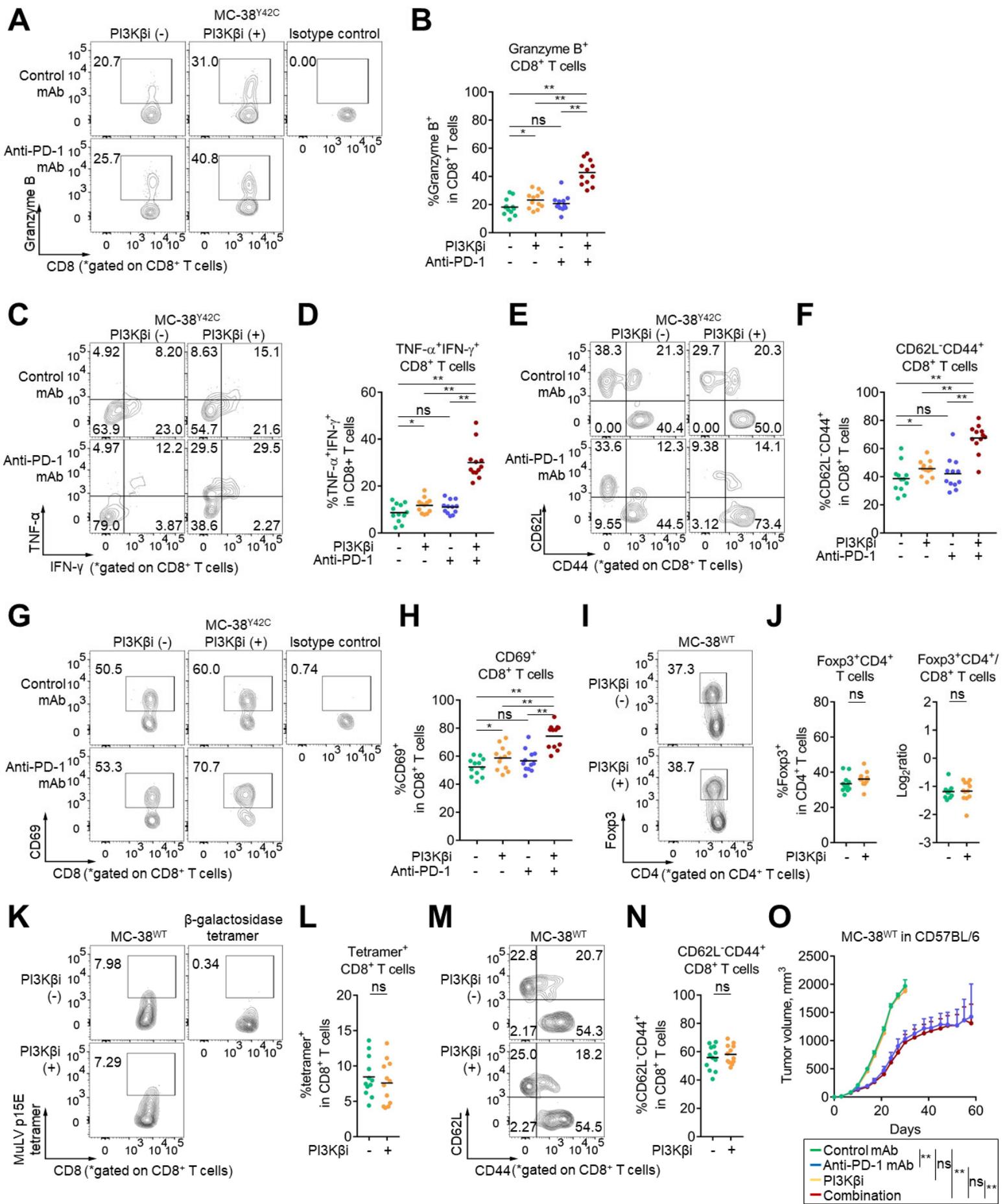


Figure S7

**Figure S7 Related to Figure 7. The combination of PI3K $\beta$  inhibitor and anti-PD-1 mAb improves the immunological status of the TME of MC-38<sup>Y42C</sup> tumors, but not MC-38<sup>WT</sup> tumors.**

**(A-I)** MC-38<sup>Y42C</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0. The mice were treated with anti-PD-1 mAb (intravenously, on days 6 and 11) and/or GSK2636771 (orally, for five days) (N = 12 per group). TILs prepared from tumor tissue samples on day 12 were subjected to FCM. Tumor growth was monitored twice weekly. Representative contour plots **(A, C, E and G)** and summaries **(B, D, F and H)** (N = 12) are shown **(A and B, CD8 and Granzyme B; C and D, and IFN- $\gamma$  and TNF- $\alpha$ ; E and F, CD44 and CD62L; and G and H, CD8 and CD69)**. **(I-O)** MC-38<sup>WT</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously into C57BL/6 mice on day 0, and GSK2636771 was administered orally for five days (N=12 per group). TILs prepared from tumor tissue samples on day 12 were subjected to FCM. The frequency of Treg cells in the TME was evaluated. MC-38 tumor antigen-specific CD8<sup>+</sup> T cells detected by MuLV p15E/H-2Kb tetramers and the activation of CD8<sup>+</sup> T cells in the TME were analyzed. Representative contour plots **(I, K, and M)** and summaries **(J, L, and N)** (N = 12) are shown. **(I and J, CD4 and Foxp3; K and L, CD8 and MuLV p15E/H-2Kb tetramer; M and N, CD44 and CD62L)**. **(O)** MC-38<sup>WT</sup> cells ( $1.0 \times 10^6$ ) were injected subcutaneously on day 0. The mice were treated with anti-PD-1 mAb (intravenously, on days 6, 11, and 16) and/or GSK2636771 (orally, for five days) (N = 12 per group). Bars, mean; error bars, SEM; PI3K $\beta$ i, PI3K $\beta$  inhibitor; \*, P < 0.05; \*\*, P < 0.01; and ns, not significant.

Patient characteristics	N=23	
Sex, male/female	16/7	
Age, median (range)	73 (54-86)	
Histology		
	Diffuse	5
	Intestinal	18
pT		
	T1	4
	T2	4
	T3	7
	T4	8
pN		
	N0	11
	N1	6
	N2	2
	N3	4
pM		
	M0	21
	M1	2
pStage		
	I	5
	II	11
	III	5
	IV	2
FCM analysis of TILs	21	

**Table S1 Related to Figure1. Characteristics of surgically-resected GC patients**

Patient characteristics	N=85
Sex, male/female	59/26
Age, median (range)	67 (39-85)
PS	
	0/1 22/63
Histology	
Diffuse/Intestinal/Others	57/24/4
PD-L1	
Positive/negative/unknown	12/68/5
EBV status	
Positive/negative/unknown	5/73/7
MMR status	
Proficient/deficient/unknown	73/4/8

PS, ECOG performance status; EBV, Epstein-Barr virus; MMR, mismatch repair

**Table S2 Related to Figure 1. Characteristics of advanced GC patients enrolled in immunological analysis.**

Patient characteristics	N=7
Sex, male/female	5/2
Age, median (range)	67 (54-80)
PS	
	0/1 2/5
Histology	
Diffuse/Intestinal	6/1
PD-L1	
Positive/negative/unknown	0/6/1
EBV status	
Positive/negative/unknown	0/6/1
MMR status	
Proficient/deficient/unknown	6/0/1
BODIPY FL C16 assay	5
BODIPY 493 assay	5

PS, ECOG performance status; EBV, Epstein-Barr virus; MMR, mismatch repair

**Table S3 Related to Figure 4. Characteristics of advanced GC patients for BODIPY analysis.**

Case	Sex	Age	PS	Histology	Histological subtype	<i>RHOA</i> gene mutations	Sites of metastasis	PD-L1 positivity	EBV status	MMR status	Response
#1	Male	82	1	Adenocarcinoma	diffuse	V9G, Y42H	LN, peritoneum, adrenal gland	0%	-	Proficient	PD
#2	Male	59	0	Adenocarcinoma	diffuse	Y42C	LN, peritoneum	0%	-	Proficient	SD
#3	Male	65	1	Adenocarcinoma	diffuse	Y42C	Peritoneum	0%	-	Proficient	PD

PS, ECOG performance status; LN, lymph node; EBV, Epstein-Barr virus; MMR, mismatch repair

**Table S4 Related to Figure 6. Characteristics of three advanced GC patients with *RHOA* mutations who received anti-PD-1 mAb**