Appendix 1

Materials and methods

The short-term immunotherapy response assessment

According to immune Response Evaluation Criteria in Solid Tumors (iRECIST) 1.1, complete response (CR) was defined as the disappearance of the tumor, partial response (PR) was defined as the reduction in the sum of the longest diameters of the tumor of more than 30%, and progressive disease (PD) was defined as the increase in the sum of the longest diameters of the tumor more than 20% or the appearance of a new lesion. If the classification was neither PR nor PD, the response was defined as stable disease (SD).

Immunohistochemical assays and assessment

Two pathologists with more than 12 years of experience (L.W. and Lina Hu) who were blinded to clinical information and CT findings evaluated the immunohistochemistry (IHC) results via a consensus method. All pathological slides were digitized with the Pannoramic MIDI scanner (3DHISTECH, Budapest, Hungary). Whole-slide images (WSIs) were reviewed by two pathologists.

Microvessel density (MVD) slides were initially scanned at 40× magnification to identify the five highest vascularization areas (hot spots). The number of positively stained vessels within these areas was counted at 200× magnification. The average value from the five hot spots was considered to be the final MVD.

Staining intensity of vascular endothelial growth factor (VEGF) was graded as follows: 0, no staining (not applicable in this study); 1, pale yellow; 2, brownish yellow; and 3, strong brown. Representative IHC images are presented in *Figure S1*. The proportion of positive cells was scored as follows: 0, 0–5%; 1, 6–25%; 2, 26–50%; 3, 51–75%; and 4, >75%. A composite score was calculated by multiplying the staining intensity by the percentage of positive cells for each section.

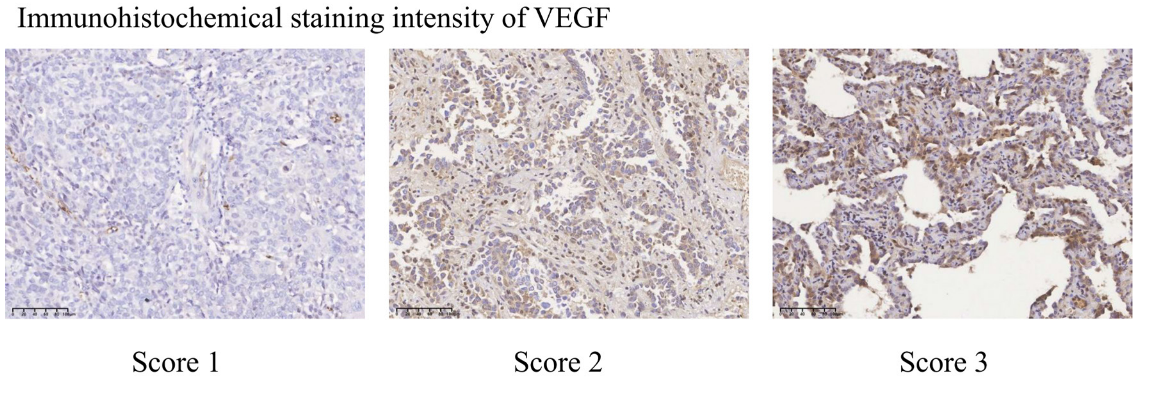

Figure S1 Representative immunohistochemical staining intensity results in non-small cell lung cancer samples. VEGF, vascular endothelial growth factor.

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