

Figure S1. 30 mg/kg sorafenib was more effective at treating HCC than 10 mg/kg and displayed liver toxicity. (A) The anti-tumor efficiency of 10 mg/kg and 30 mg/kg sorafenib were estimated in LPC-H12 and Hepa1-6 subcutaneous tumor model (n=6-8). Tumor growth, relative tumor volume (RTV), and tumor weight were measured. RTV= Day 12 tumor volume/Day 0 tumor volume. (B) Body weight changes of mice during different treatment were measured. (C) Mouse serum levels of the following liver or renal toxicity-related indices were quantified. Liver toxicity: aspartate aminotransferase (ALT), alanine aminotransferase (AST), and total bilirubin (T-BIL); renal toxicity: blood urea nitrogen (BUN), creatinine (CR), and uric acid (UA). Data are presented as means \pm SEM. ns, *P>0.05; *, P <0.05; **, P<0.01.

Figure S2. CKI combined with 10 mg/kg sorafenib showed no obvious side effects in mice. (A) Body weight changes of mice during indicated treatment were measured in different tumor models. (B) Liver index was measured through ALT, AST, T-BIL in the serum of mice after treatments. (C) The index of kidney toxicity was measured through BUN, CR, and UA in the serum of mice after treatments.

Figure S3. The effect of CKI combined with 30 mg/kg sorafenib on tumor growth, tumor weight, the distribution of immune cells, liver and renal toxicity-related indices were observed. (A) The anti-tumor efficiency of CKI combined with 10 mg/kg or 30 mg/kg sorafenib were estimated in LPC-H12 subcutaneous tumor model (n=6-10). Tumor growth and tumor weight were measured. (B) The infiltration of total immune cells (CD45⁺) in mice tumors after different treatment were measured by FACX. (C) The proportion of tumor-infiltrating immune cells in mice tumor tissues after treatment was quantified by flow cytometry. (D) The proportion of immune cells in mice blood after treatment was quantified by flow cytometry. (E) The levels of ALT, AST and T-BIL were detected in murine serum after indicated treatments. (F) The levels of BUN, CR and UA were detected in murine serum after indicated treatments. Data are presented as means \pm SEM. ns, *P>0.05; *, P <0.05; **, P<0.01.

Figure S4. The total immune cells and other type immune cells in mice blood or tumor tissues after CKI and 10mg/kg sorafenib combination treatment. (A) The infiltration of total immune cells in tumor tissues in different tumor models after indicated treatments. (B) The proportion of M-MDSC, M0, Neutrophil, NK and DC in LPC-H12 or Hepa1-6 subcutaneous tumors. (C) CD4⁺ T, CD8⁺ T, MDSC, Neutrophil, NK and DC in mice blood were measured by FACS. Data are presented as means \pm SEM. **, P<0.01; ***, P<0.001.

Figure S5. CKI combined with 10mg/kg sorafenib shown no anti-tumor effect in nude mice. (A) Tumor growth, tumor weight, and body weight of LPC-H12 subcutaneous tumor in nude mice (n=6-8) after the indicated treatments were measured. (B) The proportion of CD4⁺ T, CD8⁺ T, M1-TAMs, and M2-TAMs were determined by FACS in nude mice tumor tissues. (C) The M1/M2 fold changes were quantified after indicated treatments. (D) The influence of 0.66mg/mL CKI on the proliferation of CFSE-labeled CD8⁺ T cells after coculture for 72h. (E) After co-incubation with CKI and different doses of sorafenib, the cytotoxicity of Hepa1-6 cells was determined. Data are presented as means \pm SEM. *, P <0.05; **, P<0.01.

Figure S6. The CD8⁺ T cells and macrophages depletion efficiency of neutralizing anti-CD8 antibody and clodronate liposomes. (A) The number of CD4⁺ and CD8⁺ T cells were analyzed by flow cytometry after 4 days with or without 200 μ L clodronate liposomes or 200 μ g neutralizing anti-CD8 antibody treatment in the blood and spleen of C57BL/6 mice. (B) The number of CD11b⁺Ly6C⁺ monocytes in blood and CD11b^{low/int}F4/80^{high} macrophages in spleen were detected by FACX after 4 days with or without 200 μ L clodronate liposomes or 200 μ g neutralizing anti-CD8 antibody treatment of C57BL/6 mice. Data are presented as means \pm SEM. ***, P<0.001.

Figure S7. The other type immune cells in murine blood or tumor tissue with CD8⁺ T cells or macrophages depletion after CKI and 10mg/kg sorafenib combination treatment. (A) The proportion of M-MDSC, M0, Neutrophil, NK and DC in LPC-H12 subcutaneous tumors. (B) CD4⁺ T, CD8⁺ T, Monocyte, Neutrophil, NK and DC in mice blood were measured by FACS. (C) The M1/M2 fold changes were quantified after indicated treatments. Data are presented as means \pm SEM. ***, P<0.001.

Figure S8. The tumor growth was measured in different groups with the indicated treatments. Data are presented as means \pm SEM. *, P <0.05

Figure S9. The immunosuppressive effect of different time intervals CM-treated macrophages on CD8⁺ T cells. (A) The mRNA expression of related anti-inflammatory markers in macrophages treated with Hepa1-6 CM for 24, 48 or 72h. (B) The proliferation of CFSE-labeled CD8⁺ T cells cocultured with different time intervals CM-treated macrophages. (C) The influence of different dose CKI treatment on the proliferation of CFSE-labeled CD8⁺ T cells cocultured with macrophages (CM treatment for 72h before). (D) The representative histograms of CFSE-labeled CD8⁺ T cells for B. (E) The representative histograms of CFSE-labeled CD8⁺ T cells for C. Data are presented as means \pm SEM. *, P <0.05; **, P<0.01; ***, P<0.001.

Figure S10. CKI influenced M_{hepa1-6} polarization at different times. Data are presented as means \pm SEM. *, P <0.05; **, P<0.01; *, P<0.001.**

Figure S11. The expression of cytotoxic markers in CD8⁺ T cells co-cultured with CKI-primed M_{hepa1-6} or CKI-primed M_{hepa1-6} Supernatant was determined by qRT-PCR. Data are presented as means \pm SEM.

Figure S12. CKI influenced the expression of receptors and related signaling pathways. (A) The expression of pro-inflammatory polarization-related receptors in M1 and M2 with 0.66 mg/mL CKI incubation was measured. (B) The expression of pro-inflammation genes in M_{hepa1-6} exposed to CKI (0.66 mg/mL) along with Sparstolonin B (10 μ M) or IFN- γ R monoclonal antibody (4 μ g/mL) was measured by qRT-PCR. (C) The expression of TNFR1 in M_{hepa1-6} exposed to CKI (0.66 mg/mL) along with Sparstolonin B (10 μ M), IFN- γ R monoclonal antibody (4 μ g/mL) or anti-TNFR1 antibody (25 μ g/mL) was determined by western blotting. (D) M_{hepa1-6} cells were exposed to 0.66 mg/mL CKI for 12h and 10 ng/mL TNF- α for different time intervals, and the amount of TRADD, RIP1, TAB1, phosphorylated and total JNK and ERK was measured. (E) Body weight changes of mice during

indicated treatments were measured in LPC-H12 subcutaneous tumor. Data are presented as means \pm SEM. **, P<0.01; ***, P<0.001.