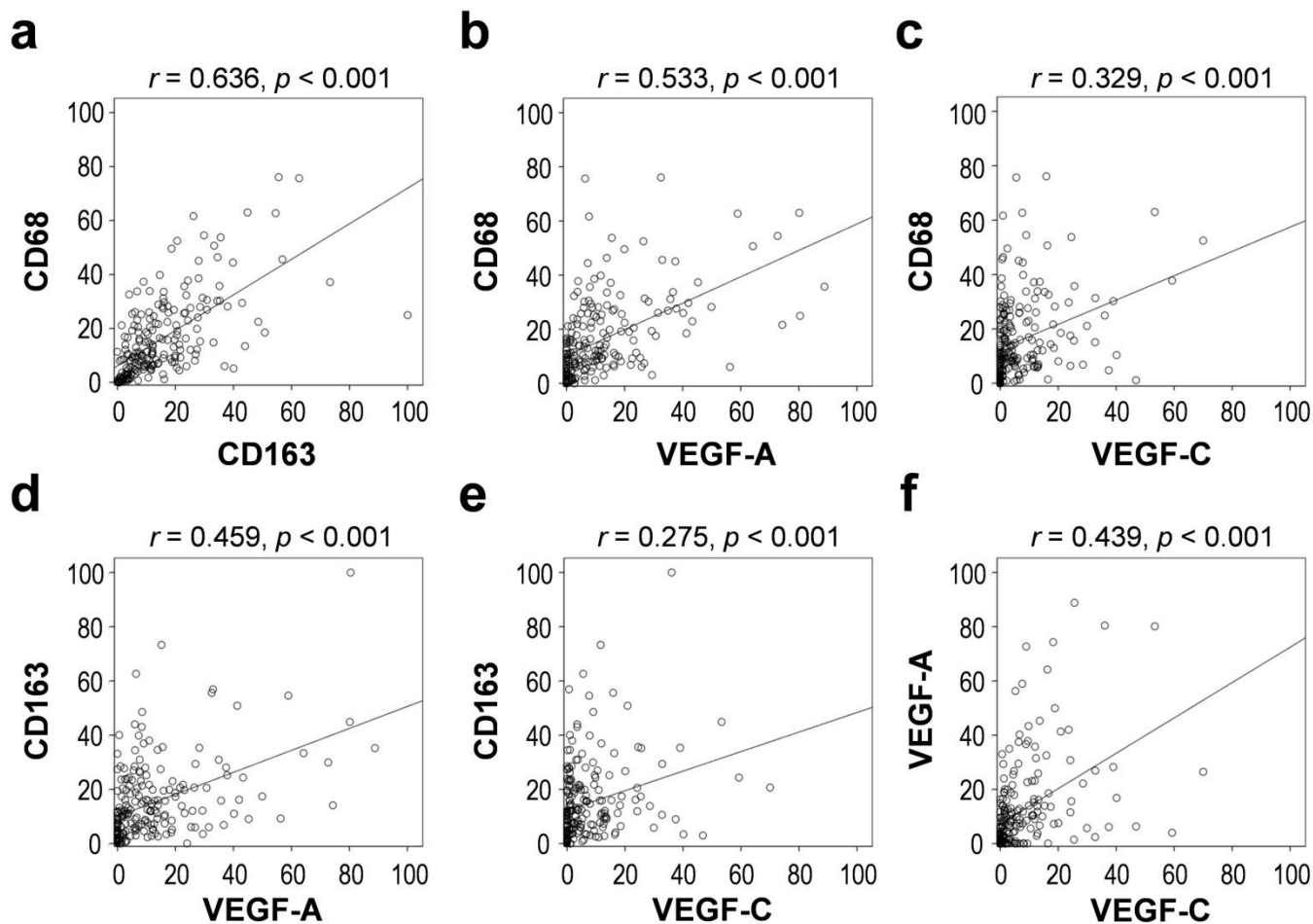
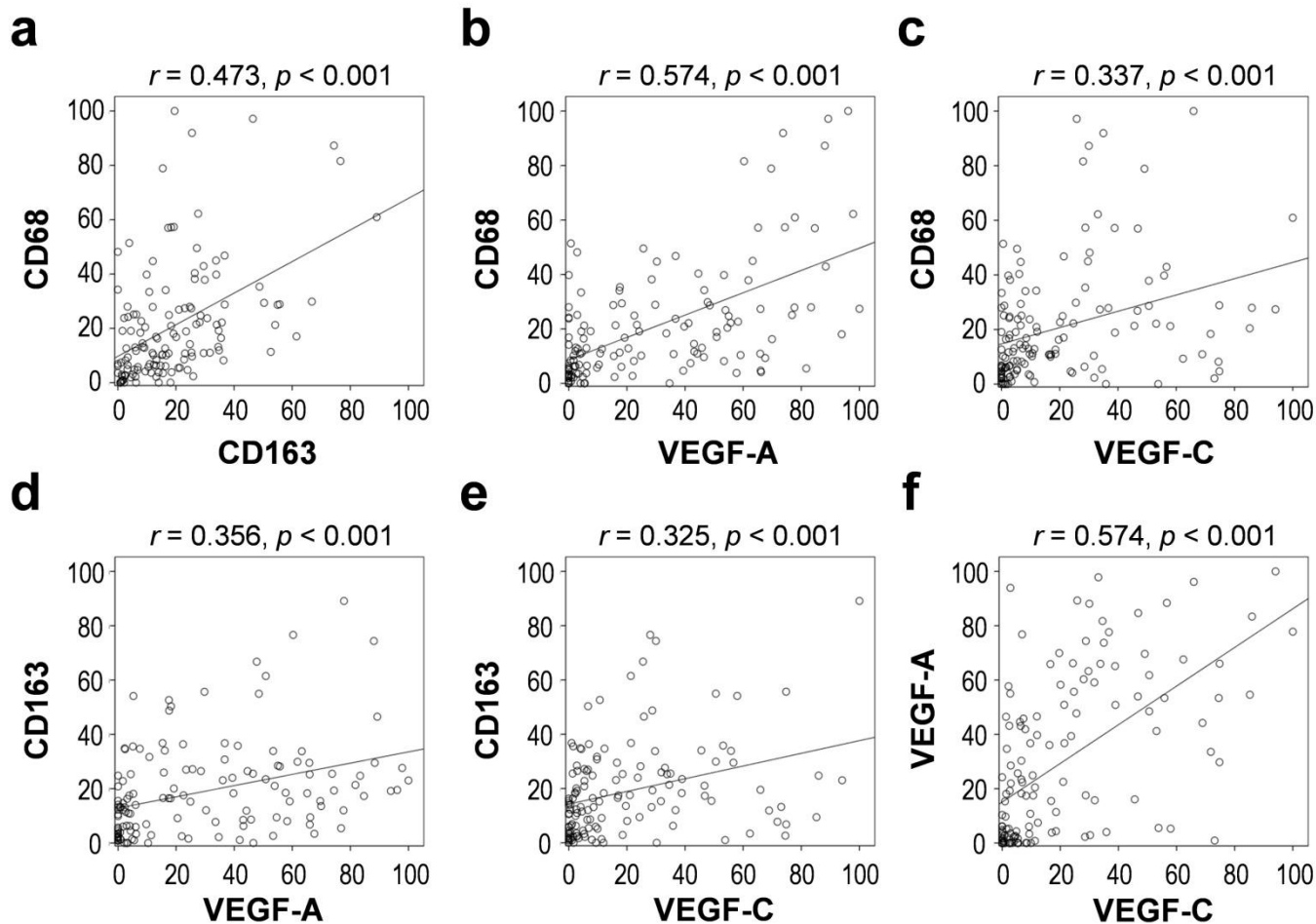


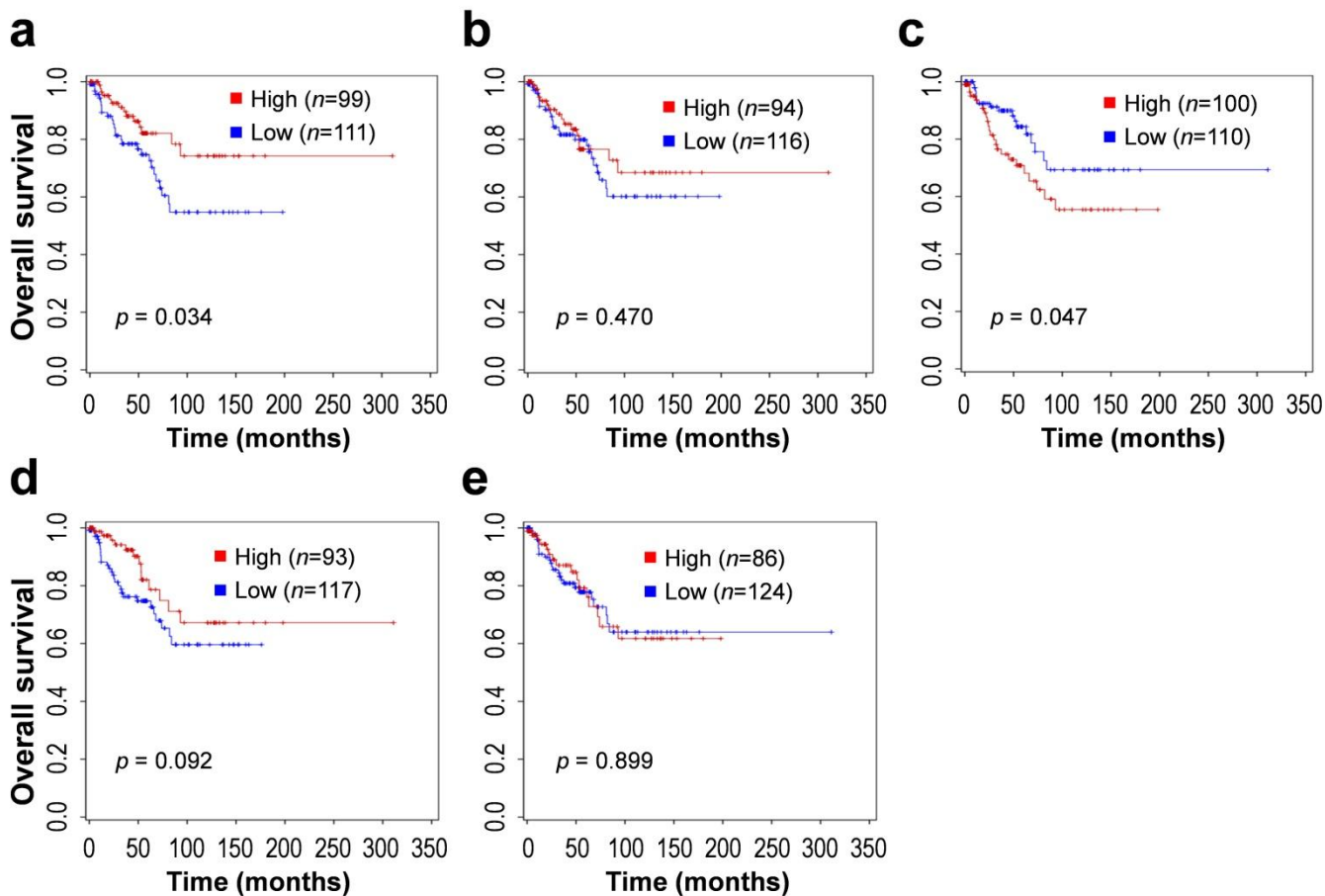
Supplementary Fig. S1 Association between tumor-associated macrophage and VEGFs in human non-small cell lung cancer (NSCLC). Correlation between tumor-associated macrophage and VEGF-A (**a**) and VEGF-C (**b**).



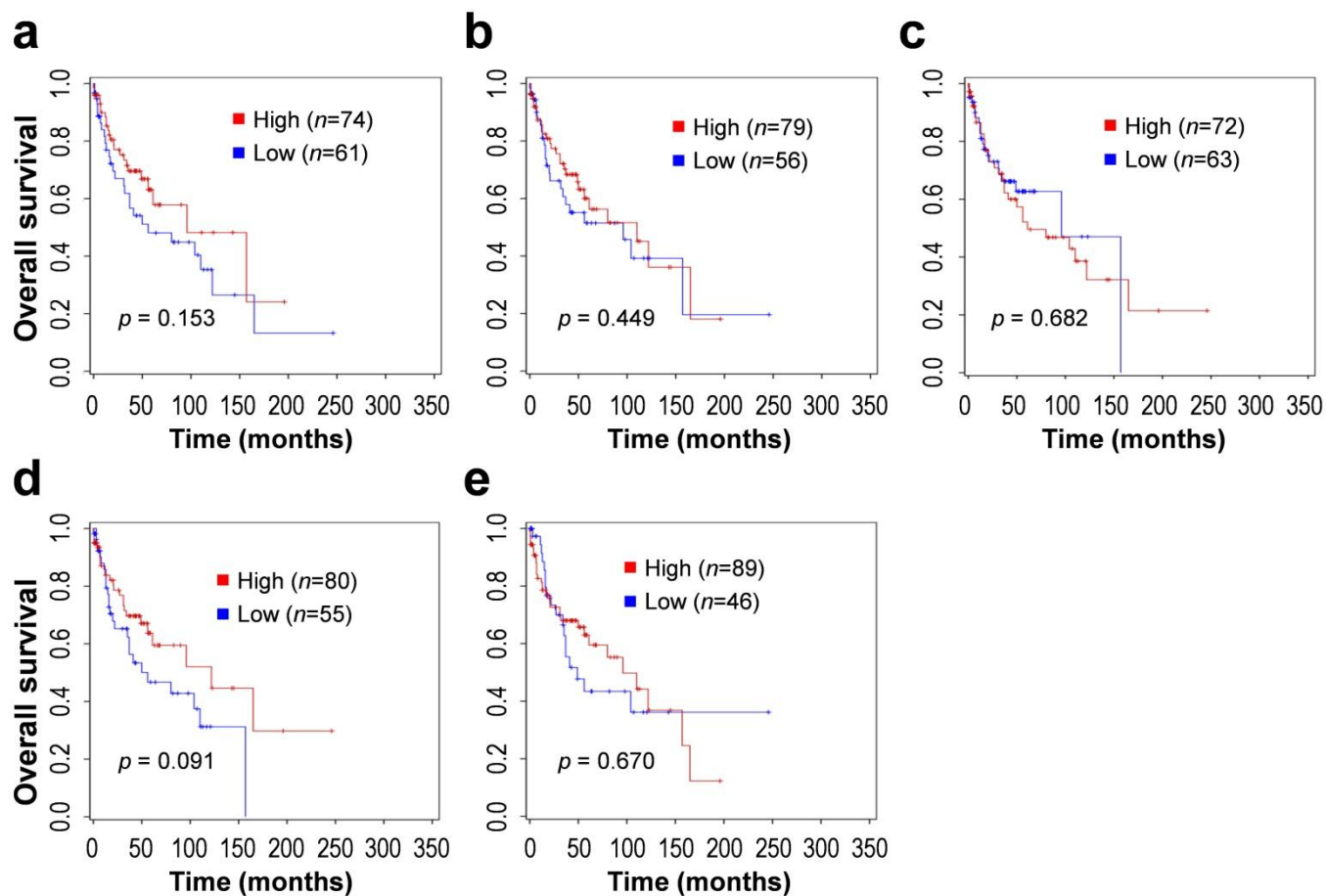
Supplementary Fig. S2 Correlation among tumor-associated macrophage-, angiogenesis- and lymphangiogenesis-related markers in patients with adenocarcinoma NSCLC. CD68 expression positively correlated with CD163 (a), VEGF-A (b), and VEGF-C (c) expression. CD163 expression showed a significant positive correlation with VEGF-A (d), but a weak correlation with VEGF-C (e) expression. There is a positive correlation between VEGF-A and VEGF-C (f).



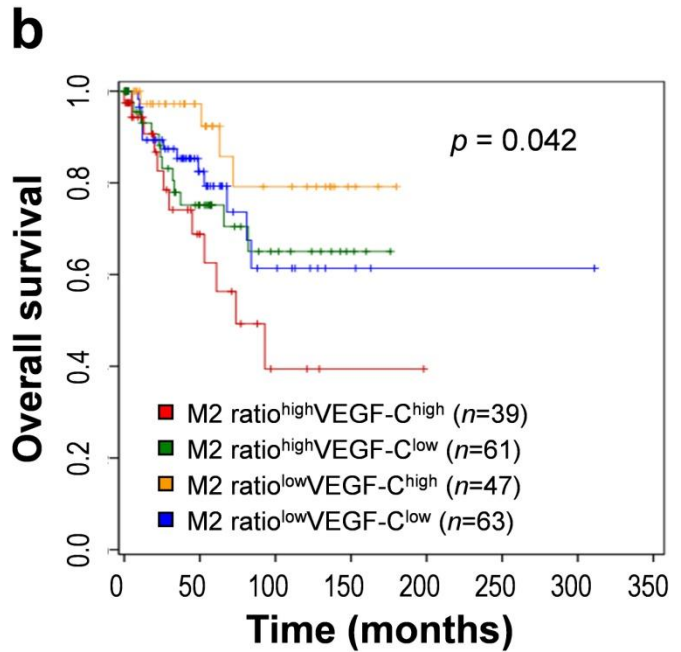
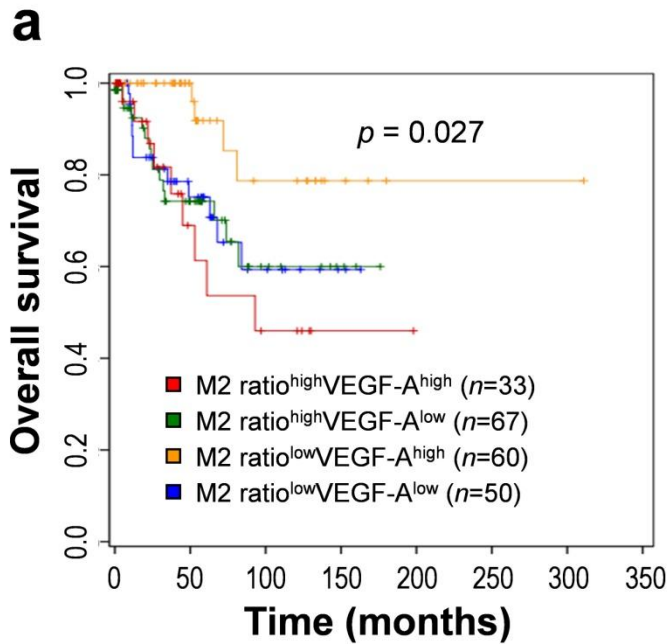
Supplementary Fig. S3 Correlation among tumor-associated macrophage-, angiogenesis- and lymphangiogenesis-related markers in patients with squamous cell carcinoma NSCLC. CD68 expression positively correlated with CD163 (a), VEGF-A (b), and VEGF-C (c) expression. CD163 expression showed a moderate correlation with VEGF-A (d) and VEGF-C (e) expression. There is a significant positive correlation between VEGF-A and VEGF-C (f).



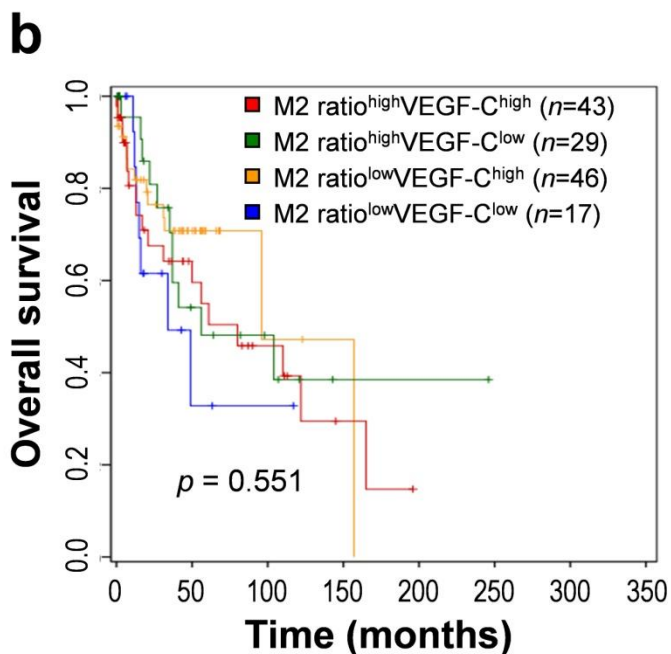
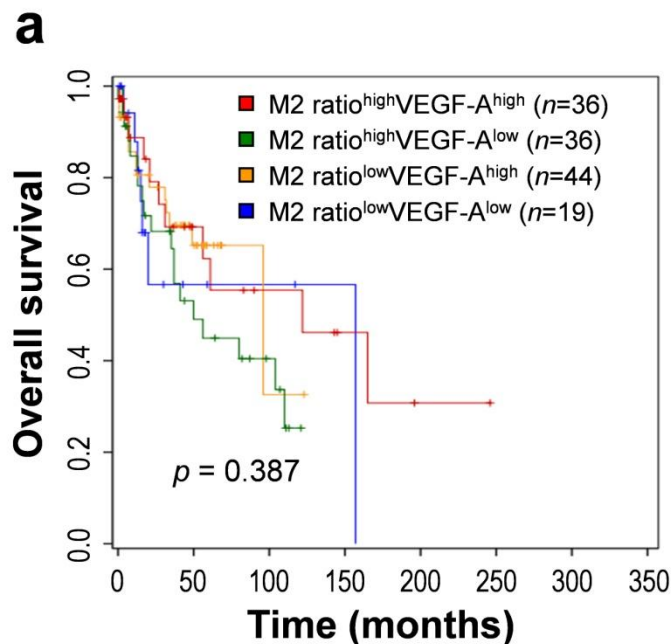
Supplementary Fig. S4 Kaplan-Meier survival curves for tumor-associated macrophage-, angiogenesis- and lymphangiogenesis-related markers in NSCLC patients with adenocarcinoma. Patients expressing CD68 had better overall survival than patients who did not (OS rate, 85.9% vs. 75.7%, log rank $p=0.034$) (a), while CD163 was not associated with patient survival ($p=0.470$) (b). Patients with a high M2 ratio (CD163/CD68) had significantly shorter overall survival than patients with a low M2 ratio (OS rate, 76.0% vs. 84.5%, log rank $p=0.047$) (c). There were no meaningful overall survival differences for VEGF-A ($p=0.092$) (d) and VEGF-C ($p=0.899$) (e) expression in NSCLC patients.



Supplementary Fig. S5 Kaplan-Meier survival curves for tumor-associated macrophage-, angiogenesis- and lymphangiogenesis-related markers in NSCLC patients with squamous cell carcinoma. There were no meaningful overall survival differences for CD 68 ($p=0.153$) (a), CD163 ($p=0.449$) (b), M2 ratio ($p=0.682$) (c), VEGF-A ($p=0.091$) (d) and VEGF-C ($p=0.670$) (e) expression in NSCLC patients with squamous cell carcinoma.



Supplementary Fig. S6 Survival analysis of NSCLC patients with M2 ratio expression according to angiogenesis (VEGF-A) or lymphangiogenesis (VEGF-C) marker expression in NSCLC patients with adenocarcinoma. Survival differences were observed among 4 NSCLC patient groups classified according to their M2 ratio and VEGF-A expression (log rank $p=0.027$) (a). A significant difference of survival rate was found among 4 NSCLC patient groups classified according to their M2 ratio and VEGF-C expression (log rank $p=0.042$) (b).



Supplementary Fig. S7 Survival analysis of NSCLC patients with M2 ratio expression according to angiogenesis (VEGF-A) or lymphangiogenesis (VEGF-C) marker expression in NSCLC patients with squamous cell carcinoma. There were no meaningful overall survival differences for combination M2 ratio and VEGF-A ($p=0.387$) (a) or VEGF-C ($p=0.551$) (b).