Figure S1. Treatment of sorafenib combined with α-IL-33 or α-ST2L antibody does not cause significant toxicity in mice. (A and B) HCC-bearing mice were treated with sorafenib (10 μg/g), α-IL-33 (10 μg/g), α-ST2L (10 μg/g), or a combination of sorafenib with α-IL-33 or α-ST2L. (A) The body weights of HCC-bearing mice were measured. (B) The serum levels of GOT/AST, GPT/ALT, albumin, BUN and creatinine were determined at the end of the experiment. HCC, hepatocellular carcinoma; GOT, glutamic oxaloacetic transaminase; GPT, glutamic pyruvic transaminase; BUN, blood urea nitrogen.

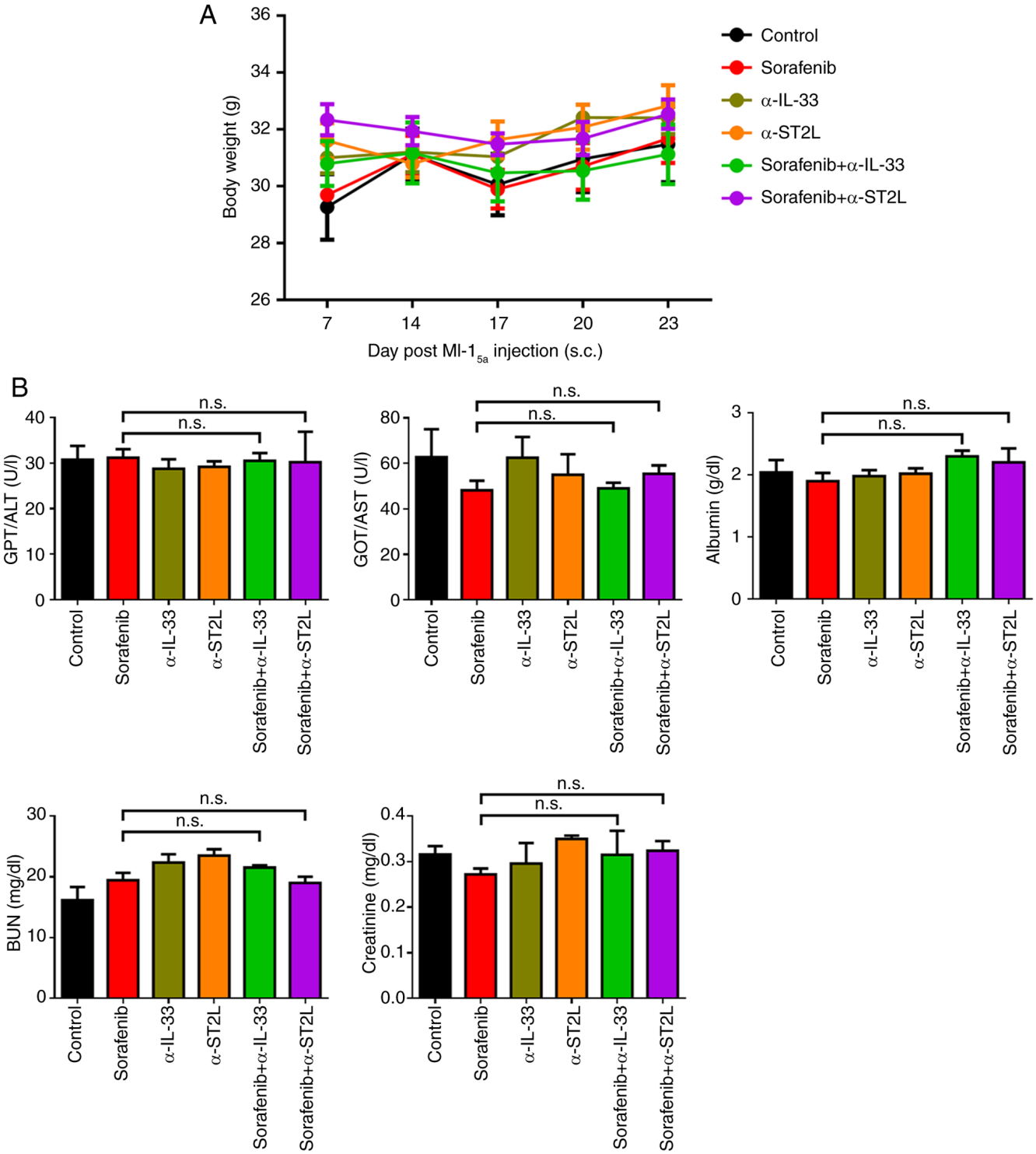

Figure S2. Measurement of IL-6 secretion in Huh7 cells treated with sorafenib or regorafenib. Huh7 cells were treated with sorafenib (10 μM) or regorafenib (20 μM) for 72 h, and IL-6 secretion was assessed by ELISA. OD450 values of experimental samples were below the detection limit of the standard curve (9.375 pg/ml).

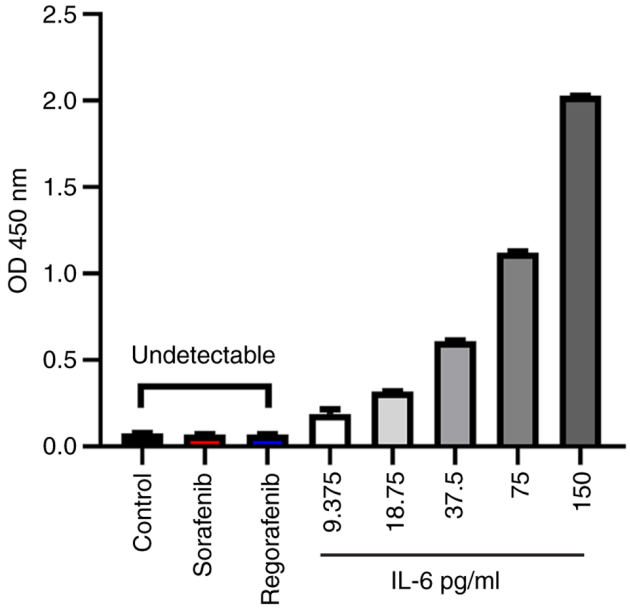

Figure S3. Correlation between *IL33* and *CD274* expression in patients with LIHC. Analysis was performed using the TIMER2.0 web server. RNA-seq data from the The Cancer Genome Atlas-LIHC cohort were used to evaluate the association between *IL33* and *CD274* mRNA expression levels. Spearman's correlation analysis revealed a significant positive correlation (rho=0.349, P=4.78x10^{-12}). LIHC, liver hepatocellular carcinoma.