**Supplementary Table S4**. The incidence of AEs in the HCC patients

|  | *n* | | |
| --- | --- | --- | --- |
| AE | Grade 1-2 | Grade 3 | Grade 4 |
| Pyrexia | 11 | 2 | 0 |
| White blood cell count decreased | 4 | 0 | 1 |
| Neutrophil count decreased | 2 | 0 | 0 |
| Lymphocyte count decreased | 0 | 1 | 11 |
| Platelet count decreased | 4 | 3 | 1 |
| CRSa | 8 | 0 | 0 |
| CRP increased | 7 | 0 | 0 |
| Chills | 7 | 0 | 0 |
| Blood bilirubin level increased | 6 | 1 | 1 |
| Cough | 7 | 0 | 0 |
| Anemia | 6 | 0 | 0 |
| Decreased appetite | 5 | 0 | 0 |
| Asthenia | 4 | 0 | 0 |
| Nausea | 4 | 0 | 0 |
| Blood albumin level decreased | 3 | 1 | 0 |
| Peripheral edema | 3 | 0 | 0 |
| Hypoproteinemia | 3 | 0 | 0 |
| Abdominal distension | 3 | 0 | 0 |
| Insomnia | 3 | 0 | 0 |
| Blood creatinine level increased | 2 | 0 | 0 |
| Chest discomfort | 2 | 0 | 0 |
| Pleural effusion | 2 | 0 | 0 |
| Tachypnea | 2 | 0 | 0 |
| Dizziness | 2 | 0 | 0 |
| Tachycardia | 2 | 0 | 0 |
| Scleral hemorrhage | 2 | 0 | 0 |
| AFP level increased | 1 | 0 | 0 |
| Hemoglobin level decreased | 1 | 0 | 0 |
| Prothrombin time prolonged | 1 | 0 | 0 |
| Edema | 1 | 0 | 0 |
| Ulcer | 1 | 0 | 0 |
| Dyspnea | 1 | 0 | 0 |
| Epistaxis | 1 | 0 | 0 |
| Hypoalbuminemia | 1 | 0 | 0 |
| Hypokalemia | 1 | 0 | 0 |
| Coagulopathy | 1 | 0 | 0 |
| Constipation | 1 | 0 | 0 |
| Intra-abdominal fluid collection | 1 | 0 | 0 |
| Vomiting | 1 | 0 | 0 |
| Headache | 1 | 0 | 0 |
| Listlessness | 1 | 0 | 0 |
| Subcutaneous hemorrhage | 1 | 0 | 0 |
| Hyperhidrosis | 1 | 0 | 0 |
| Papule | 1 | 0 | 0 |
| Abnormal hepatic function | 1 | 0 | 1 |
| Palpitations | 1 | 0 | 0 |
| Renal impairment | 1 | 0 | 0 |
| Hypotension | 1 | 0 | 0 |
|  |  |  |  |
| aPatient P12 experienced grade 5 CRS and pulmonary edema.  NOTE: AE terms were coded using the Medical Dictionary for Regulatory Activities (version 21.1). AE grading was assessed using the Common Terminology Criteria for Adverse Events (version 4.03). CRS grading was assessed using Lee’s criteria (40). | | | |