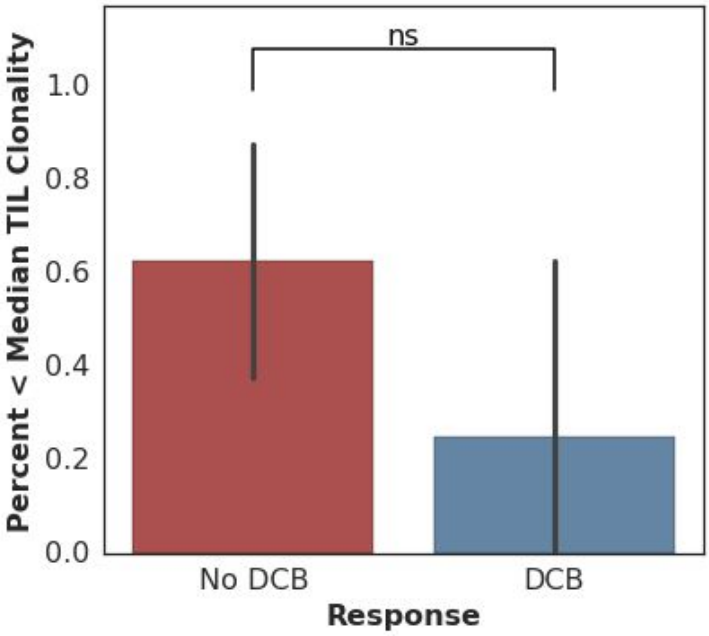
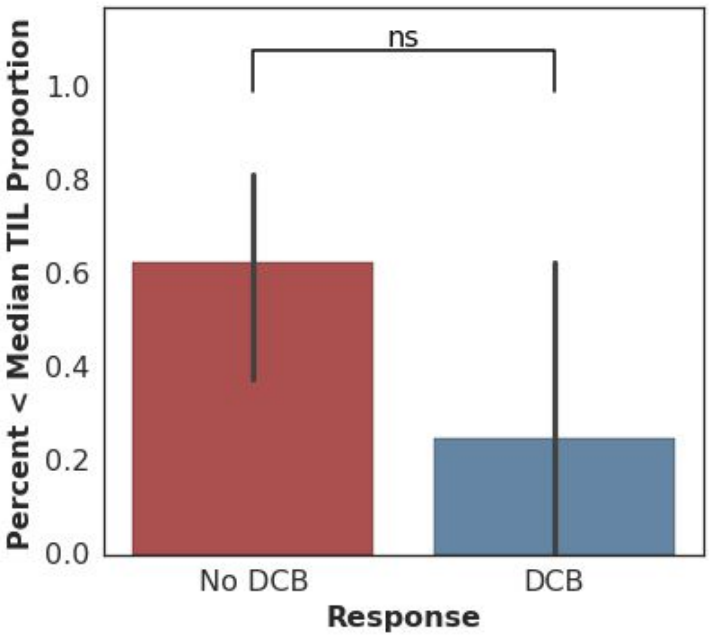
S1 Fig

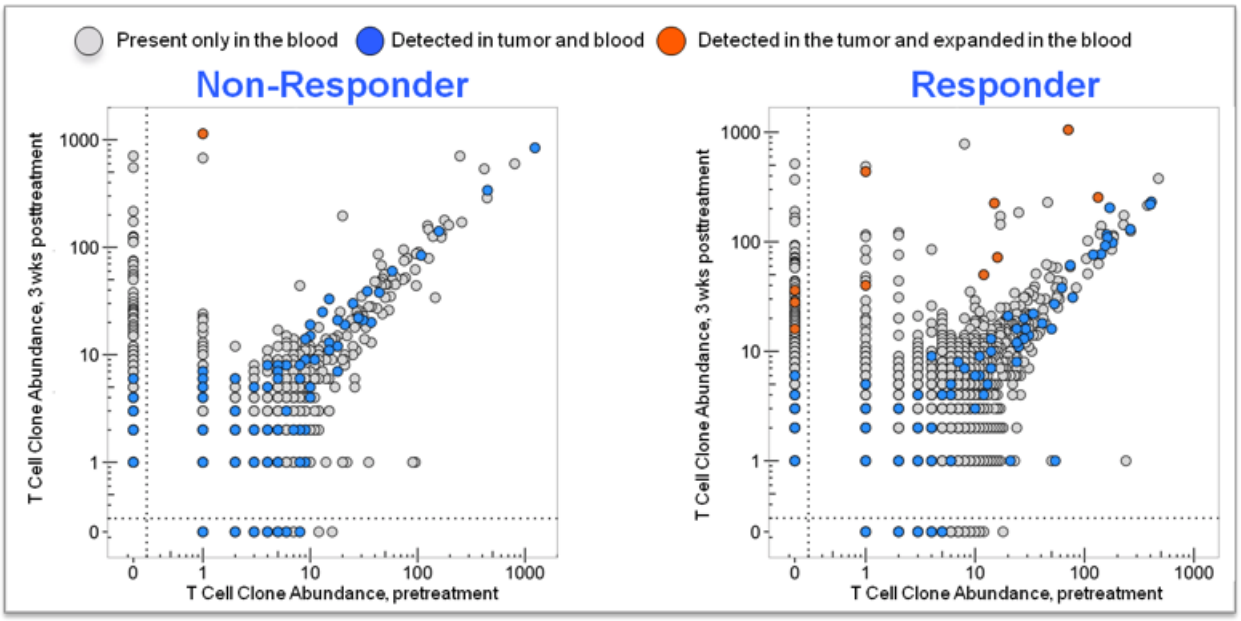
S1A Fig





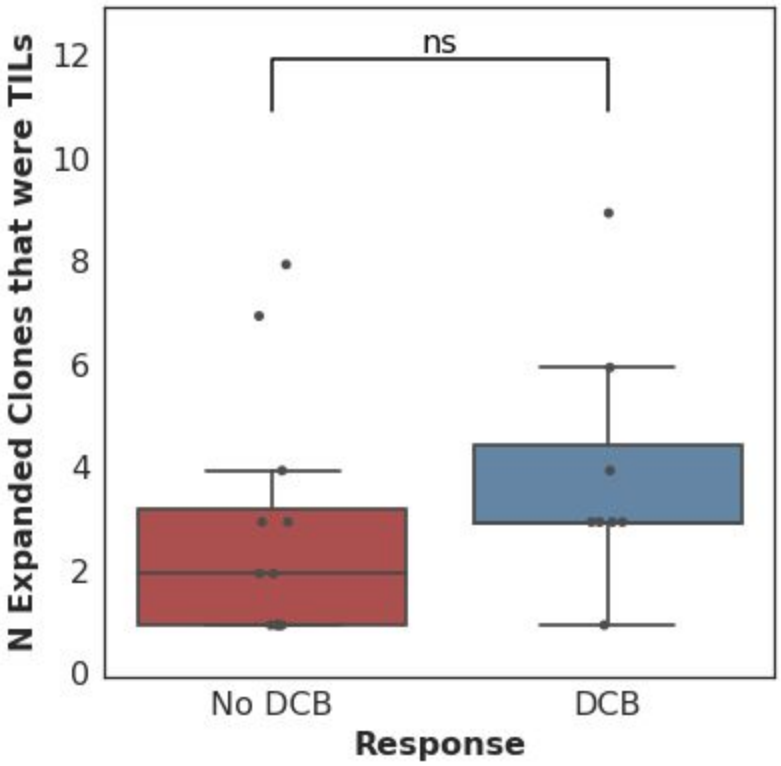
25% of patients with DCB had less than the median TIL proportion versus 63% of patients without DCB (n=24, Fisher's Exact p=0.19); similarly, 25% of patients with DCB had less than the median TIL clonality versus 63% of patients without DCB (n=24, Fisher's Exact p=0.19).

S1B Fig



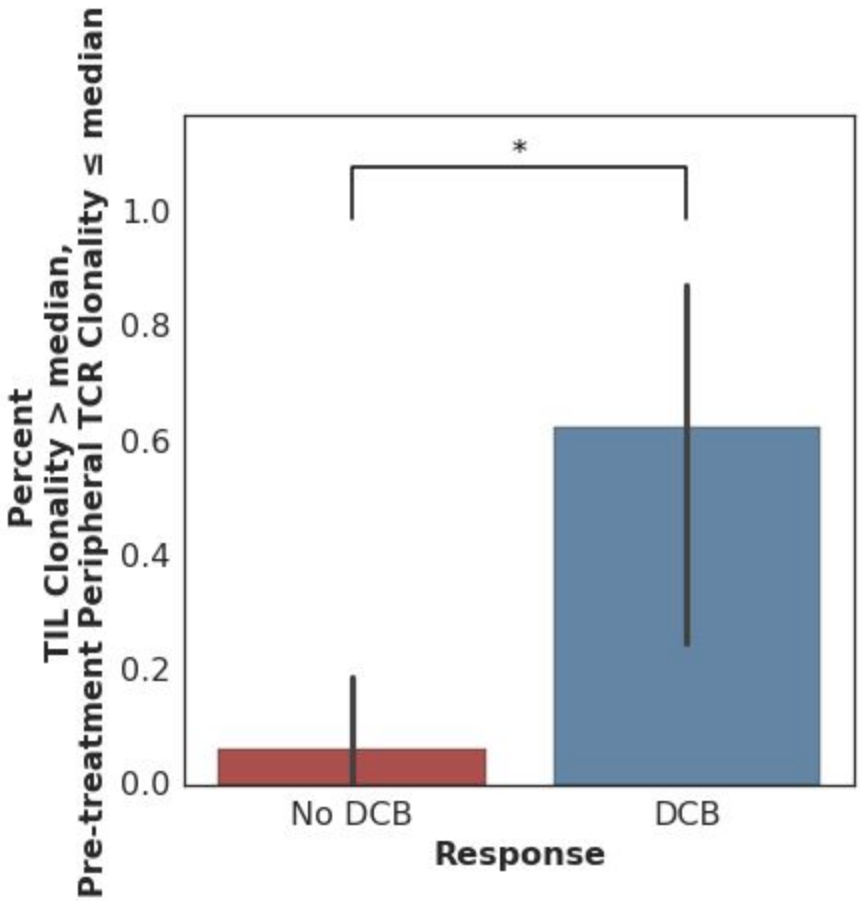
TCR overlap between the pre-treatment and 3-week post-treatment peripheral blood in one patient with limited clinical benefit (PFS=37 days) and one patient with durable clinical benefit (CR at 630 days after starting treatment). The association between pre-treatment peripheral blood TCR sequences (x axis) and post-treatment peripheral blood TCR sequences (y axis) is overlaid with the presence of tumor associated T cell clones. Gray indicates TCRs present only in the peripheral blood; blue indicates TCRs present in the tumor and blood; orange indicates TCRs present in the tumor and expanded in the blood with treatment.

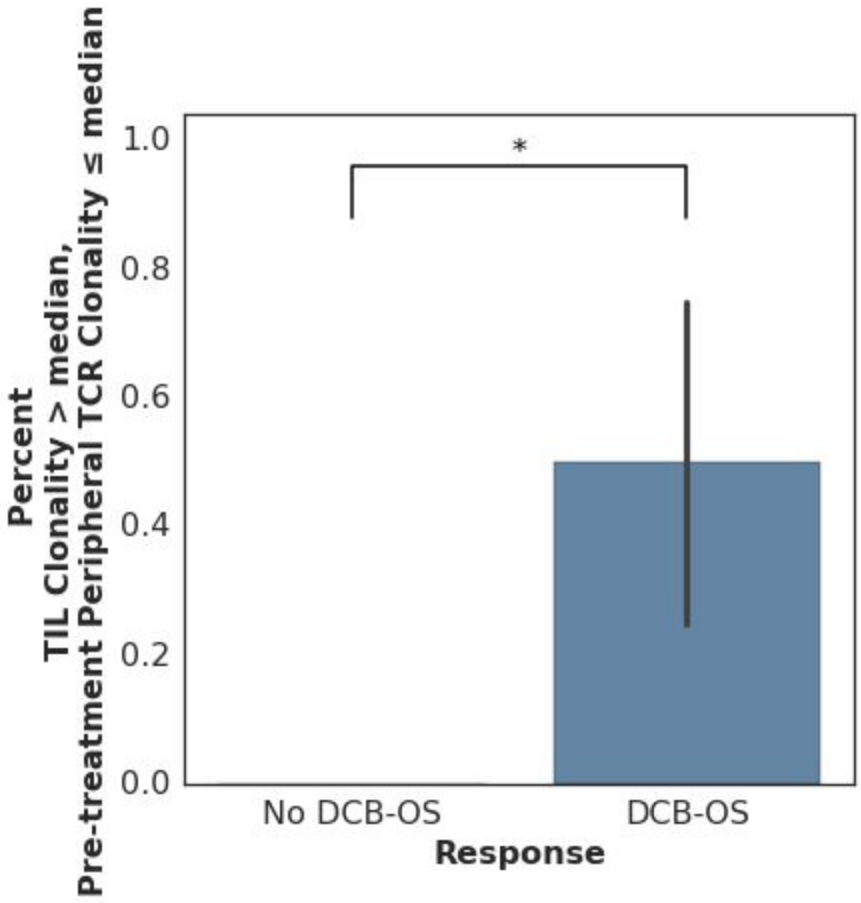
S1C Fig



There was no significant expansion of TIL-associated TCR clones between pre-treatment (3.00 (range 1.00-9.00)) and 6 weeks post-treatment (2.00 (range 1.00-8.00)), n=20, Mann-Whitney p=0.17.

S1D Fig


Percent
TIL Clonality > median,
Pre-treatment Peripheral TCR Clonality ≤ median
1.0
0.8
0.6
0.4
0.2
0.0
*
No DCB
DCB
Response



The combination of high pre-treatment TIL and low pre-treatment peripheral blood TCR clonality were predictive of DCB (n=24, Fisher's Exact p=0.0069) and DCB-OS (n=24, Fisher's Exact p=0.014). For DCB, a logit model combining both was more predictive than peripheral blood (n=24, log-likelihood p=0.00029) or TIL (n=24, log-likelihood p=0.00051) clonality alone. For DCB-OS, both combined were more predictive than TIL (n=24, log-likelihood p=0.0029) clonality alone.