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Puellable patients, n=3; 11 or misself PTC lead on consistent with myeloma at time of enrolment, 1 or any myolodois discovered at cycle 3, 1 for tight chain disposition disease at cycle 1.
\*\*Documination of therapy, n=6; 2 did not complete 2 cycles therapy for which area id closeset (n=1) and influsion reaction with which wild all consent (n=1). 1 due to pneumonia at cycle 16, 1 due
\*\*Documination of therapy, n=6; 2 did not complete 2 cycles therapy for which area id closeset (n=1) and influsion reaction with which wall at consent (n=1). 1 due to pneumonia at cycle 16, 1 due
number of patients treated without NDE, mol, NDE. Myeloma defining events or overt myeloma negating at the therapy.
\*\*\* Death, m=2: 1 for uncontrolled diabetic ketascidosis, bowel perforation and septic shock at cycle 19 and 1 for hypertensive crisis and Myocardial infraction at cycle 24.

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Category	Description	N=51 (%)						
Hematological toxicity	Anemia	8 (16)		7	1			
	Cytopenia	10 (20)		8	2	1		
	Lymphocytopenia	14 (27)	3		11			
	Lymphocytosis	1 (2)	1					
	Neutropenia	15 (29)	2		12		1	
	Thrombocytopenia	7 (14)	4	2	1			
Metabolism and nutrition disorders	Diabetic ketoacidosis	1 (2)	1		_			
	Hyperglycemia	12 (24)		9		2 1		
	Hypophosphatemia	21 (41)	2			16		3
Infections and infestations	Lung infection	8 (16)	3	5				
	Sepsis	1 (2)	1					
	Upper respiratory infection	22 (43)				21		1
General disorders and admin site conditions	Fatigue	21 (41)			18	3		3
	Myocardial infarction	1 (2)	1					
Gastrointestinal disorders	Constipation	10 (20)		9		1		
	Diarrhea	10 (20)		8	2	:		
Psychiatric disorders	Insomnia	7 (14)		6	1		Gra	de
Vascular disorders	Hypertension	7 (14)	4	3			2 – Moderate	
Skin and subcutaneous tissue disorders	Rash maculo-papular	6 (12)	4	2	3 – Severe		ere	
Eye disorders	Cataract	1 (2)	1				4 – Life	Threatening
Hepatobiliary disorders	Cholecystitis	1 (2)	1				5 – Fatal	

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0 (%)

AEs grade 2+ in 10% or more of patients and all grade 4+





25 (49)

**Figure S1.** E-PRISM trial design and results, related to **Figure 1**. (A) E-PRISM trial schema. (B) CONSORT diagram of the E-PRISM study. (C) Treatment-related Grade 2 adverse events with at least 10% frequency and all Grade 3-5 events. (D) Kaplan-Meier curves for Overall Survival (OS) and Progression-Free Survival (PFS) in the E-PRISM cohort and by arm. (E) Kaplan-Meier curve of Progression-Free Survival (PFS) in patients from the E-PRISM cohort who were classified as high-risk based on the "20-2-20" criteria.

Evaluation						0	Outcome (90% CI)				
	sCR	CR	VGPR	PR	MR	CR or better	VGPR or better	PR or better			
Treat	ment arm										
<b>A</b> :	1/36, 3% (0 - 13%)	1/36, 3% (0 - 13%)	10/36, 28% (16 - 43%)	20/36, 56% (41 - 70%)	4/36, 11% (4 - 24%)	2/36, 6% (1 - 16%)	12/36, 33% (20 - 48%)	32/36, 89% (76 - 96%)			
В:	2/10, 20% (4 - 51%)	0/10, 0% (0 - 26%)	4/10, 40% (15 - 70%)	2/10, 20% (4 - 51%)	2/10, 20% (4 - 51%)	2/10, 20% (4 - 51%)	6/10, 60% (30 - 85%)	8/10, 80% (49 - 96%)			
A+B	3/46, 7% (2 - 16%)	1/46, 2% (0 - 10%)	14/46, 30% (19 - 43%)	22/46, 48% (35 - 61%)	6/46, 13% (6 - 24%)	4/46, 9% (3 - 19%)	18/46, 39% (27 - 52%)	40/46, 87% (76 - 94%)			

**Table S1:** Best overall response, R/N, % (90% CI), overall and by treatment arm (A: EloLenDex, B: LenDex), related to **Figure 1**.



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**Figure S2.** Impact of "20-2-20" risk stratification on response to therapy, related to **Figure 1**. (A) Kaplan-Meier curve of Progression-Free Survival (PFS) in the E-PRISM cohort, stratified based on the "20-2-20" criteria. (B) Kaplan-Meier curve of Progression-Free Survival (PFS) in the Lenalidomide arm of the ECOG cohort, stratified based on the "20-2-20" criteria.







**Figure S3.** Reproducibility of cell type abundance quantification by single-cell RNAsequencing, related to **Figure 3**. (A) Boxplots, violin plots, and scatter plots comparing the inter-replicate Jensen-Shannon divergence of immune cell composition, compared to cross-replicate estimates for technical replicates (i.e., two cell vials from the same sample were thawed and libraries were prepared using the same technology), and technology replicates (i.e., two cell vials from the same sample were thawed and libraries were prepared using different technology for each replicate: 3'-end or 5'-end library preparation). Violin outline width represents density. P-values were computed using Wilcoxon's rank-sum test. (Box: 1st quartile, median, 3rd quartile; whiskers: +/- 1.5\*IQR). (B) Scatterplots of cell type proportions as measured by single-cell RNA-sequencing (yaxis) or CyTOF (x-axis) performed on CD138<sup>-</sup> bone marrow immune cells (*n*=17). Dashed black lines correspond to the diagonal (y=x); correlation coefficients and p-values were computed with Pearson's approach.



**Figure S4.** Alterations in BM immune cell composition in patients with HRSMM, related to **Figure 3**. Boxplots and scatterplots of (A) T cell, (B) Monocyte, and (C) B cell proportions in healthy individuals (NBM, n=22), patients with HRSMM in the E-PRISM cohort (n=26), and non-trial patients with HRSMM (n=9). The horizontal black line corresponds to the median, the box's hinges correspond to the first and third quartiles, the whiskers extend to the largest value within 1.5 times the interquartile range, and outliers are visualized with dots past the whisker ends. P-values were computed with Wilcoxon's rank-sum test and corrected using the Benjamini-Hochberg approach. Cell types with adjusted p-values < 0.1 have been annotated with brackets and their corresponding adjusted p-value.



Figure S5. Immune cell classifier and gene expression signature analysis, related to Figure 4. (A) Confusion matrix visualizing the performance of the disease classifier on a testing set of BM samples from patients and HD (n=16). (B) Scatterplot of the number of signatures extracted (K, x-axis) and the corresponding value of the objective function (yaxis) for each of the NMF runs (n=30). On the top axis, a histogram of the frequency of runs supporting a given K is visualized in black (mode=26). On the right axis, a density plot of the objective function values across all runs is visualized in yellow. The selected run, which has the lowest objective among runs with K equal to the distribution's mode (i.e., K=26), is highlighted in red. (C) Heatmap of mean z-scored gene expression (GEX) signature activity in cells assigned to those signatures through NMF. (D) Boxplots visualizing the activity of gene expression signature GEX-6 across lymphocytes and antigen-presenting cells. Cell types with significant activity are denoted in red. The horizontal black line corresponds to the median, the box's hinges correspond to the first and third quartiles, the whiskers extend to the largest value within 1.5 times the interguartile range, and outliers are visualized with dots past the whisker ends. (E) Forest plot showing the effect of mean BL GEX-6 and GEX-13 signature activity in the BM on PFS. Hazard ratio, 95% confidence interval, and p-value were computed using Cox proportional hazards regression. (F) Boxplots, violin plots, and scatter plots comparing the abundance of Cytokine<sup>+</sup> CD14<sup>+</sup> Monocytes and pDCs between patients classified as reactive (n=12) or not (n=12). Violin outline width represents density. P-values were computed with Wilcoxon's rank-sum test. (Box: 1st guartile, median, 3rd guartile; whiskers: +/- 1.5\*IQR).



**Figure S6.** Granzyme K-expressing CD8<sup>+</sup> TEM cells are associated with response to therapy, related to **Figure 5**. (A) Boxplots, violin plots, and scatter plots comparing mean *GZMK* expression levels in T cells of untreated patients (BL) compared to patients at EOT. Violin outline width represents density. The p-value was computed using Wilcoxon's rank-sum test. (Box: 1st quartile, median, 3rd quartile; whiskers: +/- 1.5\*IQR). (B) Scatterplot of the proportion of CD8<sup>+</sup> T cells that were positive for PD-1 (x-axis), and the proportion of CD8<sup>+</sup> T cells and were positive for both PD-1 and GZMK (y-axis) by CyTOF. A regression line is visualized (in orange), together with its standard error (in light blue). The dashed grey lines correspond to the diagonal (y=x) and the vertical distances from the regression line to the diagonal. (C) Kaplan-Meier curve of progression-free survival in the E-PRISM cohort, stratified based on the mean expression of *GZMK* across all T cells.



**Figure S7.** Possible homing of CD16<sup>+</sup> monocytes to the patient BM, related to **Figure 6**. Boxplot, violin plot, and scatter plot showing the abundance of CD16<sup>+</sup> monocytes in patient BM (BM), patient PB (PB), HD BM (NBM), and HD PB (NPB). Violin outline width represents density. P-values were computed using a paired t-test for matched patient BM and PB samples, and Wilcoxon's rank-sum test for unmatched HD BM and PB samples. (Box: 1st quartile, median, 3rd quartile; whiskers: +/- 1.5\*IQR).



**Figure S8.** Cohort diagram and dataset integration, related to **STAR Methods**. (A) Cohort diagram. (B) Scatterplot of immune cell composition principal components 1 (PC1, x axis) and 2 (PC2, y axis) demonstrating the absence of an observable batch effect due to the samples' tissue of origin or library preparation technology (n=176).