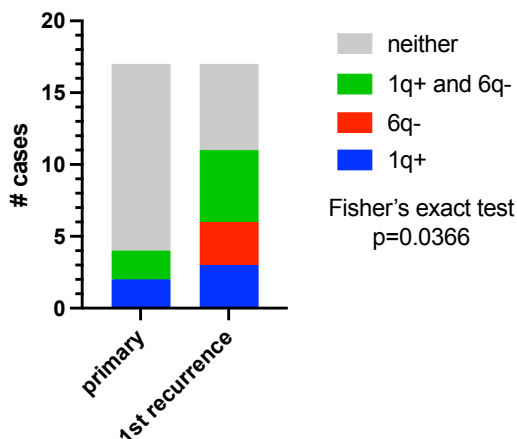
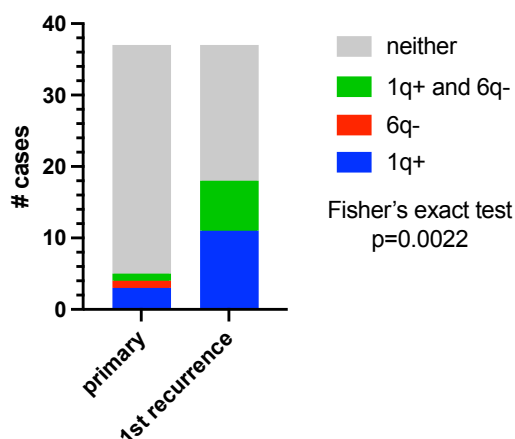


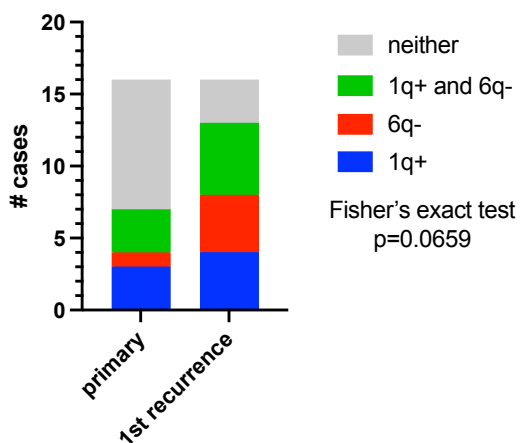
**Colorado 1q/6q CNV vs presentation**



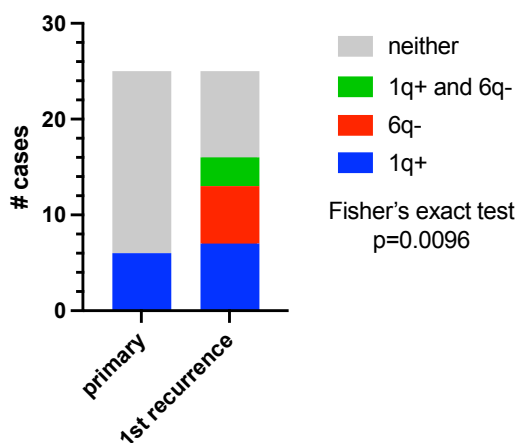
**Nottingham 1q/6q CNV vs presentation**



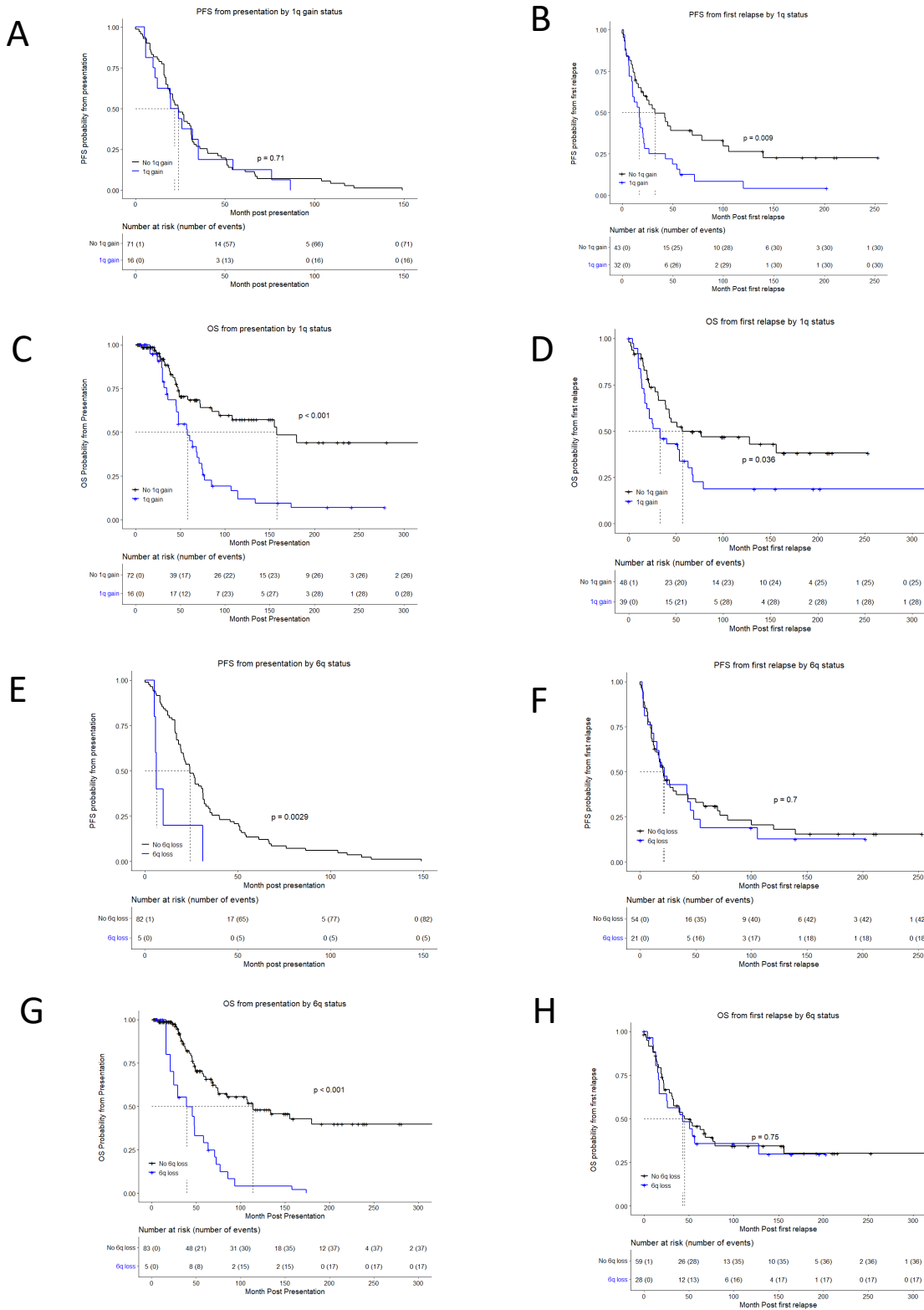
**Heidelberg 1q/6q CNV vs presentation**



**St Jude 1q/6q CNV vs presentation**

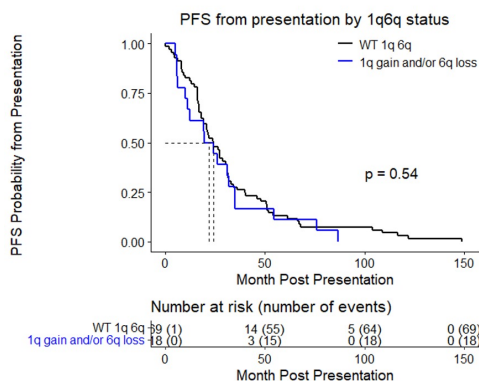


**Supplementary figure 1. Increased incidence of chromosome 1q gain and/or 6q loss in PFA at recurrence in all institutional cohorts.** Proportions of (i) 1q+ and 6q- co-occurrence (1q+ and 6q-), (ii) 1q+ with wildtype 6q (1q+), (iii) 6q- with wildtype 1q (6q-) and (iv) wildtype 1q and 6q (neither) at presentation and 1<sup>st</sup> recurrence from the four institutions that contributed to the study.

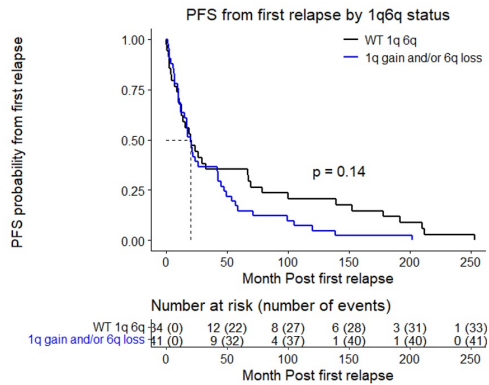


**Supplementary figure 2. Kaplan-Meier plots showing association of 1q+ and 6q- with outcome in PFA.** The effect of 1q+ status on PFS from (A) presentation and (B) 1<sup>st</sup> recurrence and on OS from (C) presentation and (D) 1<sup>st</sup> recurrence. The effect of 6q- status on PFS from (E) presentation and (F) 1<sup>st</sup> recurrence and on OS from (G) presentation and (H) 1<sup>st</sup> recurrence.

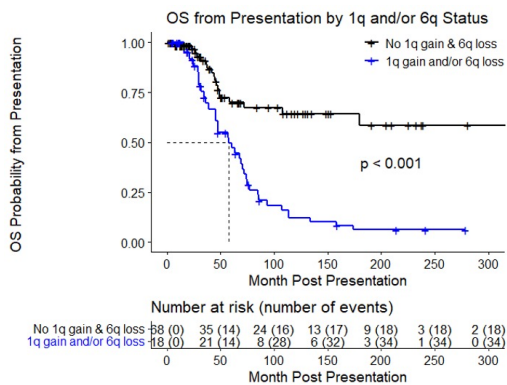
**A**



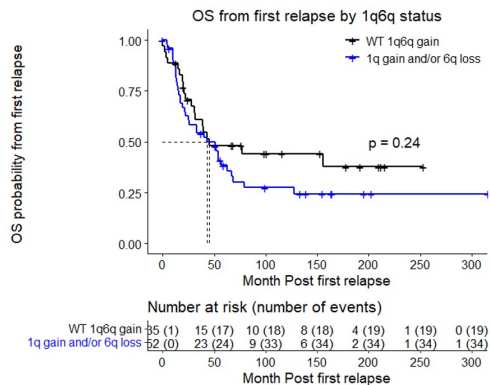
**B**



**C**



**D**

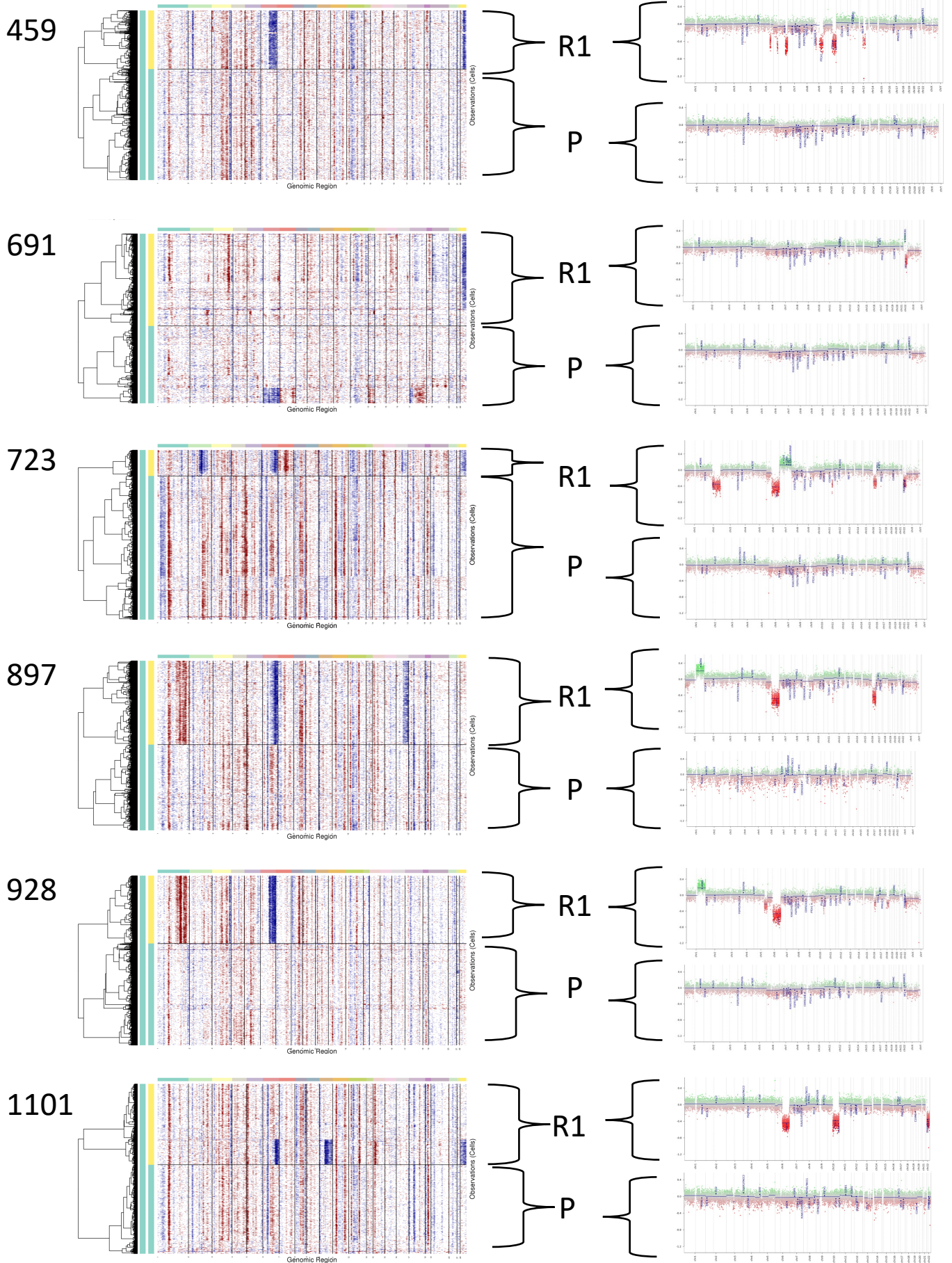


**Supplementary figure 3. Kaplan-Meier plots showing association of 1q+ and/or 6q- with outcome in PFA. The effect of 1q+ and/or 6q- status on PFS from (A) presentation and (B) 1<sup>st</sup> recurrence and on OS from (C) presentation and (D) 1<sup>st</sup> recurrence.**

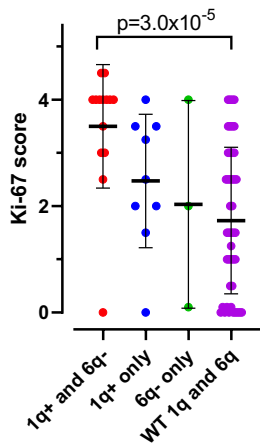
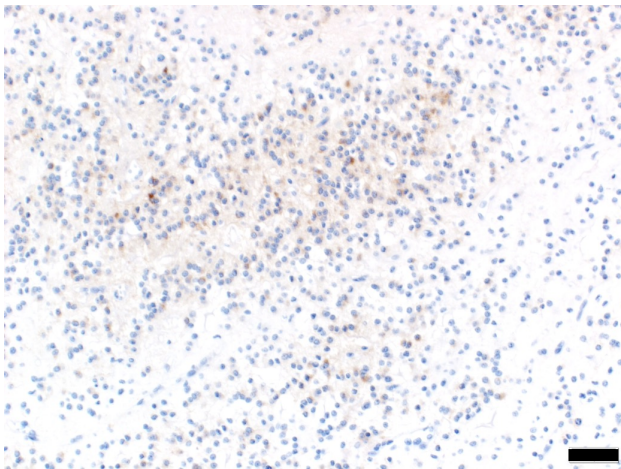
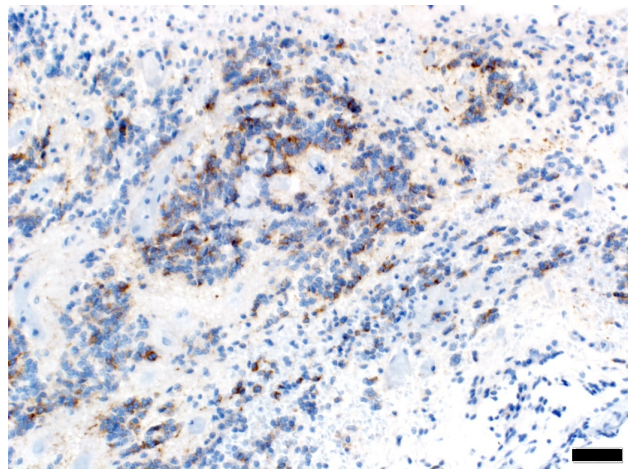
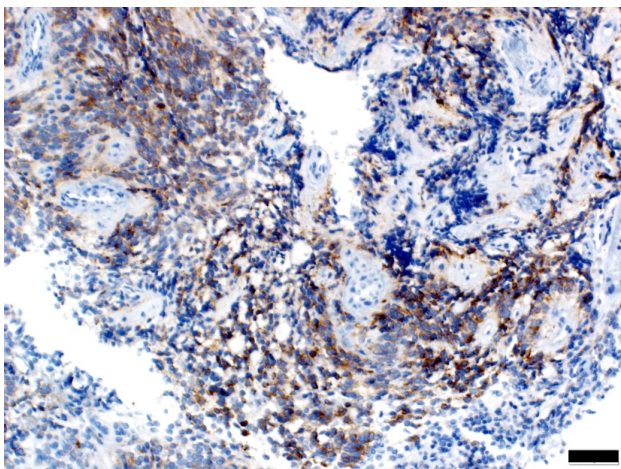
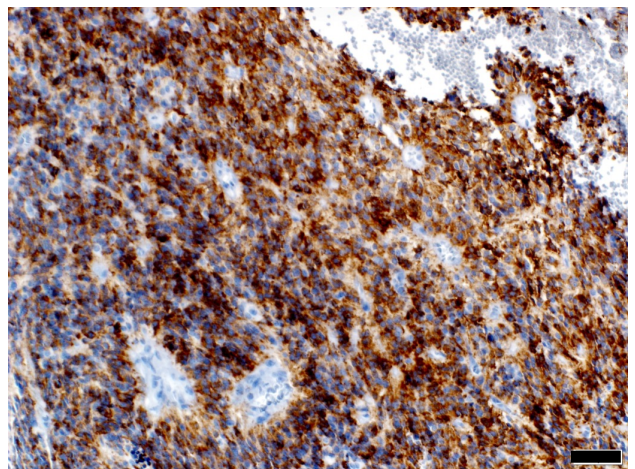
|              | neuroepithelial |       |       |       |       | mesenchymal |       |       |       |       |       |
|--------------|-----------------|-------|-------|-------|-------|-------------|-------|-------|-------|-------|-------|
|              | UEC-A           | TEC-A | TEC-B | TEC-C | TEC-D | CEC         | UEC-B | MEC-A | MEC-B | MEC-C | MEC-D |
| UEC-A        | 27.8            | 7.9   | 4.4   | 1.4   | 1.4   | 1.0         | 1.0   | 0.6   | 1.0   | 0.6   | 0.6   |
| UEC-A/prolif | 5.2             | 0.6   | 0.6   | 0.7   | 0.6   | 1.0         | 1.0   | 1.0   | 1.0   | 1.0   | 0.6   |
| TEC-A/CEC    | 6.0             | 31.0  | 3.7   | 16.7  | 4.4   | 20.6        | 0.6   | 1.0   | 1.0   | 0.6   | 0.7   |
| TECD low     | 1.0             | 4.4   | 1.0   | 1.0   | 6.0   | 1.0         | 1.0   | 1.0   | 1.0   | 0.6   | 0.7   |
| TECD high    | 1.8             | 19.3  | 3.0   | 7.9   | 37.7  | 0.6         | 1.8   | 1.8   | 0.6   | 0.6   | 1.0   |
| CEC          | 0.6             | 0.7   | 0.6   | 4.4   | 1.0   | 47.1        | 1.0   | 0.6   | 1.0   | 1.0   | 1.0   |
| MEC          | 1.0             | 1.0   | 0.6   | 2.4   | 1.0   | 0.6         | 23.4  | 34.2  | 35.9  | 35.9  | 23.4  |

**Supplementary figure 4.** Single nuclei RNAseq neoplastic clusters were annotated using hypergeometric enrichment analysis, which calculates marker gene overlap (displayed as heatmap of  $-\log^{10}$  p-values) with previously published neoplastic subpopulation markers<sup>5</sup>

Supplementary Figure 5



**Supplementary figure 5.** Inference of CNVs (inferCNV) in neoplastic single nuclei in 6 representative PFA presentation (P)/1<sup>st</sup> recurrence (R1) pairs aligned with CNVs inferred from bulk methylation analysis (CNV plots obtained from [molecularneuropathology.org](http://molecularneuropathology.org)).

**A****B****C****D****E**

**Supplementary Figure 6.** (A) Ki-67 overall score in individual patient samples grouped according to (i) 1q+ and 6q- co-occurrence (1q+ and 6q-; n=14), (ii) 1q+ with wildtype 6q (1q+ only; n=9), (iii) 6q- with wildtype 1q (6q- only; n=3) and (iv) wildtype 1q and 6q (WT 1q and 6q; n=27). COL9A2 staining patterns representative of scoring criteria (B) 1, (C) 2, (D) 3 and (E) 4 (size bars = 50 $\mu$ m).