	N (%)	Median (IQRª)
Institution		
LBJ ^b	24 (23.8)	
MDACC ^c	77 (76.2)	
Age (years)		45 (38 – 52)
Asian/Black/Other	13 (12.9)	
Hispanic	45 (44.5)	
White	43 (42.6)	
BMI ^d (kg/m ²)		28.8 (25 – 33.4)
Smoking Status	CO (C1 1)	
Never	62 (61.4) 20 (28 7)	
Current	29 (20.7) 10 (9.9)	
Histology		
Non-squamous ^e	21 (20.8)	
Squamous	80 (79.2)	
LVSI	00 (04 0)	
NO	ZZ (Z1.8) 7 (6.9)	
Unknown	72 (71.3)	
FIGO 2009 Stage ^f	()	
U II-II	54 (53.5)	
III-IV	47 (46.5)	
Grade	40 (47 0)	
Other/Unknown	7 (6 0)	
2	41 (40 6)	
-3	35 (34.7)	
HPV Type	, , ,	
HPV 16/18	63 (62.4)	
Negative/Other	33 (32.7)	
Cisplatin Cycles	5 (4.9)	5(5-6)
Radiation Dose (Gv)		8834 (8169 – 9299)
Antibiotic Use ^g		
No	62 (61.4)	
Yes	38 (37.6)	
Unknown	1 (1.0)	
Negative/Unknown	39 (38.6)	
Positive	62 (61.4)	
Tumor Dimension (cm)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.3 (4 – 6.5)

^a Interquartile range. ^b Lyndon B. Johnson Hospital, Harris Health System, Houston TX. ^c The University of Texas M.D. Anderson Cancer Center, Houston TX. ^d Body mass index. ^e Adenocarcinoma and adenosquamous carcinoma. ^f The International Federation of Gynecology and Obstetrics. ^g Antibiotic use within 30 days of baseline swab collection extracted from inpatient and outpatient pharmacy and electronic medical record data, antifungals not included.

Patient	Baseline	Week 1	Week 3	Week 5	Follow-up
1	\checkmark	\checkmark	\checkmark	Х	\checkmark
2	\checkmark	\checkmark	\checkmark	\checkmark	Х
3	\checkmark	\checkmark	\checkmark	\checkmark	Х
4	\checkmark	\checkmark	\checkmark	\checkmark	Х
5	\checkmark	\checkmark	\checkmark	\checkmark	Х
6	\checkmark	Х	Х	Х	Х
7	\checkmark	\checkmark	\checkmark	\checkmark	Х
8	\checkmark	\checkmark	\checkmark	\checkmark	Х
9	\checkmark	\checkmark	Х	\checkmark	Х
10	\checkmark	Х	Х	\checkmark	Х
11	\checkmark	Х	Х	Х	Х
12	\checkmark	\checkmark	\checkmark	\checkmark	Х
13	\checkmark	\checkmark	\checkmark	\checkmark	Х
14	\checkmark	\checkmark	\checkmark	\checkmark	Х
15	\checkmark	\checkmark	\checkmark	\checkmark	Х
16	\checkmark	\checkmark	\checkmark	\checkmark	Х
17	\checkmark	\checkmark	\checkmark	\checkmark	Х
18	\checkmark	\checkmark	\checkmark	\checkmark	Х
19	\checkmark	\checkmark	Х	Х	Х
20	\checkmark	\checkmark	\checkmark	\checkmark	Х
21	\checkmark	Х	Х	Х	Х
22	\checkmark	\checkmark	\checkmark	\checkmark	Х
23	\checkmark	\checkmark	Х	\checkmark	Х
24	\checkmark	\checkmark	\checkmark	\checkmark	Х
25	\checkmark	Х	\checkmark	\checkmark	Х
26	\checkmark	Х	\checkmark	\checkmark	Х
27	\checkmark	Х	Х	\checkmark	Х
28	\checkmark	\checkmark	\checkmark	\checkmark	X
29	\checkmark	\checkmark	\checkmark	\checkmark	X
30	\checkmark	Х	\checkmark	\checkmark	Х
31	\checkmark	\checkmark	\checkmark	Х	\checkmark
32	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
33	\checkmark	\checkmark	X	\checkmark	\checkmark
34	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
35	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
36	\checkmark	\checkmark	X	X	\checkmark
37	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
38	\checkmark	Х	Х	\checkmark	X
39	Х	\checkmark	\checkmark	\checkmark	Х

Supplemental Table 2. Availability of tumor swab samples for 16S sequencing at all timepoints, related to all Figures.

40	\checkmark	\checkmark	\checkmark	Х	Х
41	Х	\checkmark	Х	\checkmark	Х
42	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
43	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
44	\checkmark	Х	\checkmark	\checkmark	Х
45	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
46	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
47	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
48	\checkmark	Х	Х	Х	\checkmark
49	\checkmark	Х	Х	\checkmark	Х
50	Х	\checkmark	\checkmark	\checkmark	\checkmark
51	\checkmark	Х	Х	\checkmark	\checkmark
52	\checkmark	\checkmark	\checkmark	\checkmark	Х
53	\checkmark	\checkmark	\checkmark	\checkmark	Х
54	\checkmark	\checkmark	\checkmark	\checkmark	Х
55	\checkmark	Х	Х	Х	Х
56	\checkmark	\checkmark	\checkmark	\checkmark	Х
57	Х	\checkmark	\checkmark	\checkmark	Х
58	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
59	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
60	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
61	\checkmark	\checkmark	\checkmark	Х	\checkmark
62	\checkmark	Х	Х	\checkmark	\checkmark
63	\checkmark	\checkmark	Х	Х	\checkmark
64	\checkmark	\checkmark	Х	Х	Х
65	\checkmark	Х	\checkmark	\checkmark	Х
66	\checkmark	Х	Х	\checkmark	Х
67	\checkmark	\checkmark	Х	\checkmark	Х
68	\checkmark	\checkmark	\checkmark	\checkmark	Х
69	\checkmark	\checkmark	Х	Х	Х
70	\checkmark	Х	Х	Х	Х
71	\checkmark	\checkmark	\checkmark	Х	Х
72	\checkmark	\checkmark	\checkmark	\checkmark	Х
73	\checkmark	Х	Х	\checkmark	Х
74	\checkmark	Х	Х	Х	Х
75	\checkmark	Х	Х	Х	Х
76	\checkmark	Х	Х	Х	Х
77	\checkmark	Х	\checkmark	\checkmark	Х
78	\checkmark	Х	\checkmark	\checkmark	Х
79	\checkmark	Х	Х	Х	Х
80	\checkmark	Х	\checkmark	\checkmark	Х
81	\checkmark	Х	\checkmark	Х	\checkmark

82	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
83	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
84	\checkmark	\checkmark	\checkmark	\checkmark	Х
85	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
86	\checkmark	Х	Х	\checkmark	Х
87	\checkmark	\checkmark	\checkmark	Х	\checkmark
88	\checkmark	Х	\checkmark	\checkmark	Х
89	\checkmark	Х	Х	\checkmark	Х
90	\checkmark	Х	Х	\checkmark	Х
91	\checkmark	\checkmark	Х	\checkmark	\checkmark
92	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
93	\checkmark	Х	\checkmark	\checkmark	Х
94	\checkmark	\checkmark	Х	\checkmark	Х
95	\checkmark	\checkmark	\checkmark	\checkmark	Х
96	\checkmark	Х	Х	\checkmark	Х
97	Х	\checkmark	\checkmark	\checkmark	Х
98	\checkmark	\checkmark	\checkmark	\checkmark	Х
99	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
100	\checkmark	\checkmark	\checkmark	\checkmark	Х
101	\checkmark	\checkmark	\checkmark	\checkmark	Х

Supplemental Table 3. Univariate Cox proportional hazard survival analysis for other baseline tumor and gut microbiome metrics in all patients with baseline samples available (N=96), related to Figures 1 and 2.

		Recurrence-Free Survival		Overall Survival	
	Туре	HR (95%CI)	pval	HR (95%CI)	pval
Faith's PD ^a	Tumor	0.97 (0.77-1.22)	0.80	0.97 (0.70-0.36)	0.88
Fisher's Alpha	Tumor	1.00 (0.92-1.09)	0.99	1.00 (1.00-1.00)	1
Observed Features	Tumor	1.00 (0.98-1.01)	0.73	1.00 (0.98-1.02)	0.90
Pielou's Evenness	Tumor	0.80 (0.13-4.96)	0.81	0.77 (0.06-10.54)	0.85
Shannon Diversity	Tumor	0.98 (0.76-1.28)	0.91	0.99 (0.68-1.46)	0.98
Simpson's Evenness	Tumor	0.69 (0.04-13.46)	0.81	1.88 (0.04-85.00)	0.75
Simpson Diversity	Tumor	1.00 (0.22-4.50)	1.00	1.03 (0.12-9.11)	0.98
Faith's PD	Gut	1.01 (0.89-1.15)	0.88	0.89 (0.72-1.09)	0.26
Fisher's Alpha	Gut	1.00 (0.96-1.04)	0.95	0.98 (0.91-1.05)	0.57
Observed Features	Gut	1.00 (0.99-1.01)	0.72	1.00 (0.98-1.01)	0.47
Pielou's Evenness	Gut	0.04 (0.0004-4.21)	0.18	0.001 (1.83E-06 -0.61)	0.03 ^c
Shannon Diversity	Gut	0.80 (0.52-1.24)	0.32	0.57 (0.29-1.10)	0.09
Simpson's Evenness	Gut	0.02 (2.81E-06 -161.93)	0.40	2.3E-07 (7.5E-14 -0.73)	0.04
Simpson Diversity	Gut	0.003 (1.01E-05 -0.99)	0.049	6.5E-05 (2.87E-08 -0.15)	0.01
Prevotella	Tumor	1.04 (0.11-9.89)	0.97	1.43 (0.06-36.54)	0.83
Porphyromonas	Tumor	1.06 (0.04-29.93)	0.97	0.33 (0.001-95.83)	0.70
Gammaproteobacteria	Tumor	2.24E-05 (5.4E-12-92.32)	0.17	0.80 (0.001-949.69)	0.95
Actinobacteria	Tumor	0.03 (0.00-1.82)	0.09	1.47 (0.05-39.84)	0.82
Proteobacteria	Tumor	0.003 (1.6E-06 -6.94)	0.14	0.15 (0.0001-196.16)	0.61
Gardnerella vaginalis	Tumor	0.19 (0.01-5.68)	0.34	1.42 (0.05-40.17)	0.84
Prevotella bivia	Tumor	0.76 (0.04-16.09)	0.86	0.01 (5.87E-07 -110.07)	0.32
Atopobium vaginae	Tumor	0.01 (1.65E-08 -59968.67)	0.49	308.96 (0.002-5.68E07)	0.35
Escherichia shigella	Gut	23.06 (0.12-4272.69)	0.24	10.24 (0.01-12209.87)	0.52

^aPhylogenetic diversity ^bbold text denotes p value < 0.05.

Supplemental Figure 1. Other tumor microbiome features in pilot cohort are not associated with response or survival, related to Figure 1.

A. Kaplan-Meier curves for recurrence free survival stratified by baseline presence (N=38) or absence (N=3) of tumoral Proteobacteria in the initial cohort. Log-rank p-value reported.

B. Kaplan-Meier curves for recurrence free survival stratified by baseline presence (N=23) or absence (N=18) of tumoral Gammaproteobacteria in the initial cohort. Log-rank p-value reported.
C. Kaplan-Meier curves for recurrence free survival stratified by baseline presence (N=36) or absence (N=5) of tumoral Actinobacteria in the initial cohort. Log-rank p-value reported.

D. 16S Baseline tumor Simpson Diversity Index by response (Non-responders [N=12] vs.
 Responders [N=31]) in the initial cohort. Comparison was made using a Wilcoxon Rank Sum test.

E. 16S Baseline tumor Pielou's Evenness Index by response (Non-responders [N=12] vs.

Responders [N=31]) in the initial cohort. Comparison was made using a Wilcoxon Rank Sum test.
F. 16S Baseline tumor Observed Features by response (Non-responders [N=12] vs. Responders [N=31]) in the initial cohort. Comparison was made using a Wilcoxon Rank Sum test.

G. 16S Baseline tumor Faith's Phylogenetic Diversity (PD) by response (Non-responders [N=12] vs. Responders [N=31]) in the initial cohort. Comparison was made using a Wilcoxon Rank Sum test.

H. 16S Baseline tumor Fisher's Alpha by response (Non-responders [N=12] vs. Responders [N=31]) in the initial cohort. Comparison was made using a Wilcoxon Rank Sum test.

I. Forest plot of a univariate cox proportional hazard model for recurrence-free survival with 16S baseline tumor Simpson Diversity Index (N=41) in the initial cohort.

J. Forest plot of a univariate cox proportional hazard model for recurrence-free survival with 16S baseline tumor Pielou's Evenness Index (N=41) in the initial cohort.

K. Forest plot of a univariate cox proportional hazard model for recurrence-free survival with 16S baseline tumor Observed Features (N=41) in the initial cohort.

L. Forest plot of a univariate cox proportional hazard model for recurrence-free survival with 16S baseline tumor Faith's Phylogenetic Diversity (PD) (N=41) in the initial cohort.

M. Forest plot of a univariate cox proportional hazard model for recurrence-free survival with 16S baseline Fisher's Alpha (N=41) in the initial cohort.



Supplemental Figure 2. Tumor microbiome metrics do not change significantly over time and there is no bacterial, fungal or viral surrogate for *L. iners,* related to Figure 1.

A. Box plot of Simpson's Diversity Index during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96). Asterisks denote a significant p-value (<0.05).

B. Box plot of Pielou's Evenness Index during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96). Asterisks denote a significant p-value (<0.05).

C. Box plot of Observed Features during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96). Asterisks denote a significant p-value (<0.05).

D. Box plot of Faith's Phylogenetic Diversity (PD) during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96). Asterisks denote a significant p-value (<0.05).

E. Box plot of Firsher's Alpha during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96). Asterisks denote a significant p-value (<0.05).

F. Heatmap of unsupervised hierarchical clustering of the top 25 species in baseline samples. Blue color represents low relative counts of a species while red indicates a high relative count.

G. Box plot of relative counts of *Gardnerella vaginalis* during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96).

H. Box plot of relative counts of *Prevotella bivia* during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96).

I. Box plot of relative counts of *Atopobium vaginae* during CRT in tumor samples. Comparisons were made using a paired t-test to compare week 1 (N=68), week 3 (N=66), week 5 (N=78), and follow-up (N=30) timepoints to baseline (N=96).

J. Kaplan-Meier analysis for recurrence free survival stratified by baseline presence (N=55) or absence (N=41) of tumoral *Gardnerella vaginalis*. Log-rank p-value reported.

K. Kaplan-Meier analysis for recurrence free survival stratified by baseline presence (N=45) or absence (N=50) of tumoral *Prevotella bivia*. Log-rank p-value reported.

L. Kaplan-Meier analysis for recurrence free survival stratified by baseline presence (N=34) or absence (N=62) of tumoral *Atopobium vaginae*. Log-rank p-value reported.

M. Bar plot of baseline fungi reads per million (log normalized) by baseline *L. iners* status (Absent [N=69] vs. Present [N=64]). Comparison was made using an independent t-test.

N. Bar plot of baseline fungi reads per million (log normalized) by response (Responders [N=73] vs. Non-responders [N=23]). Comparison was made using an independent t-test.

O. Bar plot of baseline total viral reads per million (log normalized) by baseline *L. iners* status (Absent [N=49] vs. Present [N=4]). Comparison was made using an independent t-test.

P. Bar plot of baseline total viral reads per million (log normalized) by response (Responders [N=73] vs. Non-responders [N=23]). Comparison was made using an independent t-test.



Supplemental Figure 3. Gut microbiome features are significant in univariate, but not multivariate analysis, and patients with gut *L. iners* have tumor *L. iners*, related to Figure 1.

A. Multivariate cox proportional hazard analysis of overall survival including Pielou Evenness in the gut microbiome (N=90) and relative counts of baseline tumoral *L. iners* (N=90).

B. Linear discriminant analysis effect size (LEfSe) was performed using 16S data for baseline gut bacteria associated with response (Non-responders [N=22] vs. Responders [N=70] to CRT. Default parameters were used for LEfSe analysis with an LDA threshold of 3.0.

C. Multivariate cox proportional hazard analysis of recurrence-free survival including 16S relative counts of baseline *E. shigella* in the gut microbiome (N=89) and relative counts of baseline tumoral *L. iners* (N=89).

D. Kaplan-Meier curves for recurrence-free survival stratified by baseline presence (N=71) or absence (N=21) of gut *Escherichia Shigella* on 16S. Log-rank p-value reported.

E. Linear discriminant analysis effect size (LEfSe) was performed using 16S ribosomal RNA sequencing data for baseline gut bacteria associated with tumor *L. iners* status (Absent [N=48] vs. Present [N=42] to CRT. Default parameters were used for LEfSe analysis with an LDA threshold of 3.5.

F. Absolute number of patients with tumoral *L. iners* alone (N=17) vs. gut microbiome *L. iners* alone (N=5) vs. both (N=25). 43 patients did not have *L. iners* present in their gut or tumor microbiome.

G. Kendall Rank correlation between baseline gut and tumor *L. iners.*



Supplemental Figure 4. *L. iners*- have increased T-cell infiltration and T-cells are more resilient to CRT, related to Figure 1.

A. Overall productive templates in tumor samples from T-cell receptor sequencing. N=59. unpaired t-test for comparison. * p<0.05, <0.01.

B. Overall tumor CD3+ cells (% lymphocytes) on flow cytometry. N=70. unpaired t-test for comparison. * p<0.05, <0.01.

C. Overall tumor CD4+ cells (% lymphocytes) on flow cytometry. N=70. unpaired t-test for comparison. * p<0.05, <0.01. ** p>0.01, <0.001

D. Overall tumor CD8+ cells (% lymphocytes) on flow cytometry. N=70. unpaired t-test for comparison. * p<0.05, <0.01.

E. Total templates over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

F. Total templates over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

G. Productive clonality over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

H. Productive clonality over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

I. Productive templates over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

J. Productive templates over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

K. Maximum productive frequency over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

L. Maximum productive frequency over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

M. Maximum frequency over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

N. Maximum frequency over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

O. Productive rearrangements over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

P. Productive rearrangements over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

Q. Out of frame rearrangements over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

R. Out of frame rearrangements over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

S. Productive entropy over time in tumor samples from T-cell receptor sequencing in *L. iners* + patients. N=30. paired t-test for comparison.

T. Productive entropy over time in tumor samples from T-cell receptor sequencing in *L. iners* - patients. N=26. paired t-test for comparison.

U. HPV-specific TCR sequences as a proportion of total TCR sequences at each time point for *L. iners*+ vs. *L.iners*- patients. HPV-specific T-cells were identified from previously published datasets. 3-way ANOVA for comparison.



Supplemental Figure 5. Experimental data for CFS in other cell lines, related to Figure 2.

A. CaSki and B1188 cells treated with increasing concentrations of CFS. No statistical comparison. 20% CFS was chosen

B. Cell viability of B1188 alone after cisplatin treatment.

C. Cell viability of B1188 alone after irradiation (2Gy)

D. Histogram of organoid size and count (percentage of total counted) for PDO B1188 pretreated with CC-L. iners 366 CFS (red), CC-L. iners 370 CFS (dark red) vs. non-cancer derived L. iners (NC-L. iners; pink) vs. control (NYC Broth; grey) followed by 4Gy irradiation.

E. Histogram of organoid size and count (percentage of total counted) for PDO B1188 pretreated with CC-*L. iners* 366 CFS (red), CC-*L. iners* 370 CFS (dark red) vs. non-cancer derived *L. iners* (NC-*L. iners*; pink) vs. control (NYC Broth; grey) followed by 8Gy irradiation..

F. Cell viability (measured by CellTiter Glo) of Ca Ski cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by cisplatin. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

G. Cell viability (measured by CellTiter Glo) of Ca Ski cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by gemcitabine. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

H. Cell viability (measured by CellTiter Glo) of Ca Ski cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by 5-Fluorouracil. 4 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

I. Cell viability (measured by CellTiter Glo) of SiHa cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by cisplatin. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

J. Cell viability (measured by CellTiter Glo) of SiHa cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by gemcitabine. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

K. Cell viability (measured by CellTiter Glo) of SiHa cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by 5-Fluorouracil. 2 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

L. Cell viability (measured by CellTiter Glo) of HeLa cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by gemcitaine. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

M. Cell viability (measured by CellTiter Glo) of HeLa cells pretreated with CC-*L. iners* cell-free supernatant (CFS) vs. NC-*L. iners* CFS vs. control (NYC Broth) followed by 5-Fluorouracil. 3 experiments, 3 replicates, 2 patient-derived CC-*L. Iners* strains pooled. Mean and SEM are presented. One way ANOVA between each CFS and control shown.

N. HeLa cells treated with cancer-derived *L. crispatus* CFS, non-cancer derived *L. crispatus* CFS, or NYC broth control at increasing doses of irradiation. 1 experiment, 3 replicates. No statistical comparison made.



Supplemental Figure 6. L-lactate causes treatment resistance and lactate signaling pathways are upregulated, related to Figures 3 and 4.

A. Hallmark pathways for primary cells B1188 were pre-treated with *L. iners* (1 NC-*L. iners* strain, 2 CC-*L. iners* strains) CFS vs. control (NYC broth) prior to RNA sequencing. Fold change in gene expression from control (right) to L. iners (left) is shown. Log2 (Fold Change) threshold of -1, 1. – Log10 (FDR- adjusted p-value) threshold is 1.2. 1 experiment, 3 replicates for each group.

B. Cell viability (measured by CellTiter Glo) of CaSki cells pretreated with lactate isoforms (20mM) prior to being treated with Gem 0.5 μ M (1 experiment, 3 replicates) Unpaired t-test for comparison L-lactate to CTRL.

C. Cell viability (measured by CellTiter Glo) of CaSki cells pretreated with lactate isoforms (20mM) prior to being treated with 5-FU 1 μ M (1 experiment, 3 replicates) Unpaired t-test for comparison L-lactate to CTRL.

D. Cell viability (measured by CellTiter Glo) of CaSki cells pretreated with lactate isoforms (20mM) prior to being treated with IR 3.0 gy (1 experiment, 3 replicates) Unpaired t- for comparison L-lactate to CTRL.

E. Cell viability (measured by CellTiter Glo) of primary cells B1188 pretreated with lactate isoforms (20mM) prior to being treated with 8 uM Cisplatin (3 experiment, 3 replicates) unpaired t-test for comparison L-lactate to CTRL.

F. Principle coordinate analysis (PCA) of non-targeted metabolomics for validation cohort. DSC p-value shown.

G. Supervised clustering of metabolites for L. iners+ and L. iners- tumors in validation cohort, with assigned pathways. N=29. No statistical comparison.

H. Unsupervised clustering of metabolites for CFS alone in validation cohort, with assigned lactate regulated pathways. NS P > 0.05, *P \leq 0.05, *P \leq 0.01, *** P \leq 0.001, **** P \leq 0.0001.









Supplementary Figure 7. Unique genomic features of CC-L. iners vs. NC-L. iners may be responsible for differing effects on cancer gene expression, related to Figure 6.

A. Number of genes in Lactobacillus pangenome from Shotgun metagenome sequencing of tumor swabs, with those assigned to *L. iners* (blue) vs. other Lactobacilli (orange).

B. KEGG orthology molecular functions specific for cervical cancer *L. iners* not identified in healthy *L. iners* are common across different patients and associated with bacterial immunity and pathogenic phenotypes, R-M: Restriction-modification system; PTS: PhosphoTransferase System; TA: Toxin-antitoxin system.

C. KEGG orthology pathways for cancer-derived *L. iners* are differentially identified vs. healthy *L. iners*.

D. Fully assembled genome for one CC-*L*. *iners* isolate.

E. Primary cells B1188 were pre-treated with NC-*L. iners* CFS (1 NC-*L. iners* strain) vs. CC-*L. iners* CFS (2 strains) prior to RNA sequencing. Fold change in gene expression from NC-*L.iners* CFS (right) to CC-L. iners CFS (left) is shown. Log2 (Fold Change) threshold of -1, 1. –Log10 (FDR-adjusted p-value) threshold is 1.2. 1 experiment, 3 replicates for each group.

F. Hallmark pathways for unirradiated primary cells B1188 pre-treated with NC-*L. iners* (1 NC-*L. iners* strain) CFS vs. CC-*L. iners* (2 strains) CFS prior to RNA sequencing. Fold change in gene expression from NC-*L.iners* (right) CFS to CC-*L. iners* (left) CFS is shown. Log2 (Fold Change) threshold of -1, 1. –Log10 (FDR- adjusted p-value) threshold is 1.2. 1 experiment, 3 replicates for each group.

G. Hallmark pathways for irradiated (8Gy) primary cells B1188 pre-treated with NC-*L. iners* (1 NC-*L. iners* strain) CFS vs. CC-*L. iners* (2 strains) CFS prior to RNA sequencing. Fold change in gene expression from NC-*L. iners* (right) CFS to CC-*L. iners* (left) CFS is shown. Log2 (Fold Change) threshold of -1, 1. –Log10 (FDR- adjusted p-value) threshold is 1.2. 1 experiment, 3 replicates for each group.







Supplementary Figure 8. Batch effect control for 16S, related to Figure 1.

- A. Alpha rarefaction curves for baseline, samples colored by batch.
- B. Association networks of all samples included in the study colored by batch.
- C. Association networks of all samples included in the study colored by institution.
- D. Association networks of all samples included in the study colored by clinical response.
- E. Association networks of all samples included in the study colored by sample ID.
- F. Association networks of all baseline samples included in the study colored by batch.
- G. Association networks of all baseline samples included in the study colored by clinical response.







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