

## SUPPLEMENTARY METHODS

### Genomic Characterization

The targeted sequencing processing of the IWG cohort has been previously described in detail.<sup>1,2</sup> Genomic and clinical data can be explored and downloaded through the cBioPortal platform (<https://www.cbioportal.org/>),<sup>3</sup> under the Data Set denoted as *Myelodysplastic Syndromes (MDS IWG, IPSSM, NEJM Evidence 2022)*. This includes the samples included in the IPSS-M study, as well as the additional samples of the present study.

Thirty patient diagnostic samples were also profiled with whole genome sequencing (WGS). We used an analysis framework to characterize likely acquired somatic events from unmatched WGS data.<sup>4</sup> Briefly, CNVkit was used to define chromosomal copy number alterations (CNVs) based on logR segmentation and bi-allelic frequencies (BAF), using an unrelated panel of normals as reference.<sup>5</sup> ThetA2 was used to estimate purity values.<sup>6</sup> Single nucleotide variants and indels were ascertained with Mutect2 and Strelka.<sup>7,8</sup> The results in cancer related genes and hotspots were matched using the established annotation of COSMIC and OncoKB databases.<sup>9,10</sup> Brass, GRIDSS and SvABA, were integrated to detect structural variants.<sup>11,12</sup>

### Clustering Analysis

Unsupervised clustering analysis was performed using Hierarchical Dirichlet Processes (HDP), with the R package available at <https://github.com/nicolaroberts/hdp>. A binary matrix for the presence or absence of molecular alterations was used as input to HDP, as previously described.<sup>13,14</sup> Molecular features included recurrent cytogenetic alterations, copy-neutral loss of heterozygosity events, and gene mutations. A total of 228 binary features observed in at least 5 patients were included. *TP53* multi-hit vs. monoallelic mutations, bi-allelic *TET2* vs. other *TET2* mutations (**Figure S2-S3**), *U2AF1*<sup>157</sup> vs. *U2AF1*<sup>34</sup> (**Figure S4**), and *IDH2*<sup>140</sup> vs. *IDH2*<sup>172</sup> were encoded as distinct features.<sup>1,2,14,15</sup>

The clustering analysis was performed in a stepwise manner, as illustrated in **Figure S5**. A first run of HDP was performed from the full cohort of 3,233 patients using a Gaussian base dirichlet distribution with hyperparameters for concentration set to rate=0.5 and shape=2. This resulted in 15 initial groups. We then examined the distribution of posterior probabilities of cluster assignment per patient across and within groups. The probabilities of assignment from two groups (groups 4-5 in **Figure S5**) were convoluted. We then therefore performed a second run of HDP only on the 1,051 patients initially classified within those two groups. We extracted three groups from the re-run that were enriched in patients with low genomic complexity (*del(5q)*, *SF3B1*, *DDX41*, *CCUS-like*). The two

runs of HDP were then combined and manually inspected and curated to derive a rule-based hierarchical classification tree. The confusion matrix between the raw clusters and the processed ones is provided in **Figure S5**.

## Clonality Analysis

Variant allele fraction (VAF) were corrected for allelic imbalances (adjusted VAF) using the estimation of total copy-number and major/minor allele specific copy-number provided by CNACS, as previously described.<sup>16</sup> The VAF of mutations occurring in males on the X chromosome were corrected by a factor two.

The adjusted VAF and total coverage depth were used to compute pairwise gene precedences from patients with 2 or more gene mutations, as previously described.<sup>13,14</sup> The tumor cell fraction (TCF) was defined as twice the adjusted VAF. In brief, a mutation A was considered to be dominant to a mutation B from the same patient if (i)  $TCF(A)+TCF(B)>1$  i.e. the pigeon-hole principle was violated and the mutations were likely to be in nested clones (not parallel subclones); and (ii)  $TCF(A)$  was significantly higher than  $TCF(B)$  using a fisher exact test accounting for depth (expected number of mutant and wildtype reads given the observed TCF and depth) and using a 0.01 p-value threshold for significance.

Following the above methodology, a matrix of precedence recording the number of times across the cohort each mutation A was dominant to each mutation B, and vice versa. This precedence matrix was used as input to a Bradley Terry model to estimate the relative order of mutation acquisition. We used the *BradleyTerry2* R package. Only genes with at least 10 informative precedences across all other genes were considered. Bradley Terry analysis was performed within each molecular group for which at least 3 genes were informative.

## Statistical Analysis

Distributions of categorical and continuous variables between two subgroups were compared using the Fisher's exact test and the Wilcoxon rank sum test, respectively. When more than two subgroups, distribution of continuous variables were compared using the Kruskal-Wallis test. Two-sided p-values  $<0.05$  were reported as significant with the following notations  $***p<0.001$ ,  $**p<0.01$ ,  $*p<0.05$ . P-values were corrected for multiple testing with the Benjamini-Hochberg procedure when appropriate.

For overall survival (OS) and leukemia-free survival (LFS) analysis, the time-to-event was measured from the time of sample collection to the time of the event of interest (death from any cause for OS, leukemic transformation, or death from any cause for LFS), or last follow-up. OS and LFS probabilities were estimated using the Kaplan-Meier method and comparisons between subgroups were conducted using the log-rank test. Cumulative incidence functions were used to estimate the rate of leukemic transformation. Comparisons of cumulative incidence functions between subgroups were conducted using the Grey's test.

All statistical analyses were conducted using the R statistical platform version 4.3.0.

## References

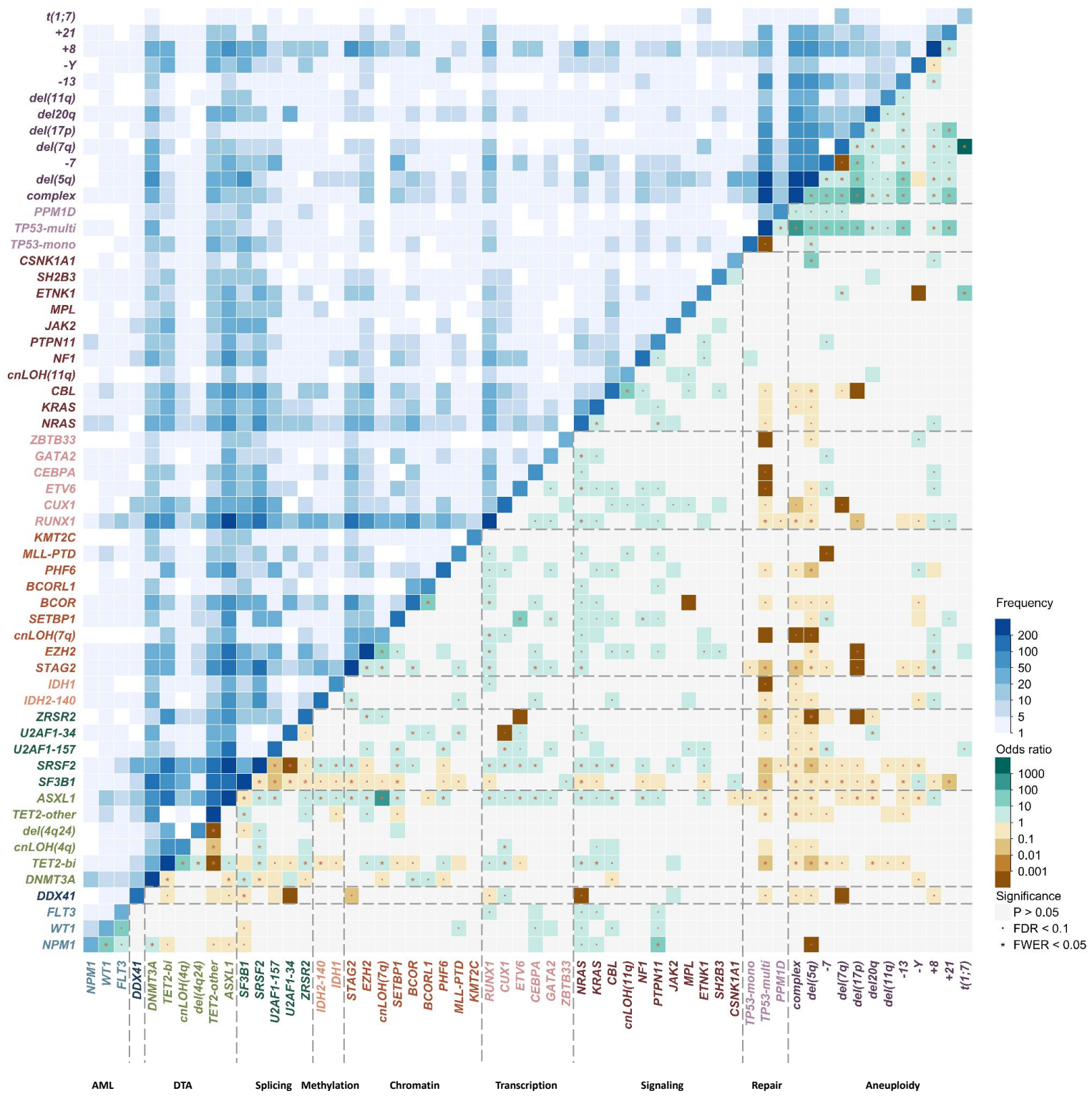
1. Bernard E, Nannya Y, Hasserjian RP, et al. Implications of TP53 allelic state for genome stability, clinical presentation and outcomes in myelodysplastic syndromes. *Nat Med* 2020;26(10):1549–56.
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**Figure S1 | Patterns of co-occurrence and mutual-exclusivity of molecular alterations from 3,233 MDS patients.**

The upper part of the heatmap in shades of blues represents the number of occurrences of each pairwise association of molecular alterations. The lower part of the heatmap represents the odds ratio, with darker brown color associated with increased strength of mutual-exclusivity and darker green color associated with increased strength of co-occurrence. FDR: false discovery rate; FWER: family-wise error rate.

Co-mutation patterns across gene mutations and copy-number alterations were consistent with prior studies (Papaemmanuil et al. 2013 PMID 24030381; Haferlach et al. 2014 PMID 24220272; Nazha et al., 2021 PMID 34406850), to include co-occurrence between *TP53* multi-hit mutations and aneuploidies, mutual-exclusivity among splicing factor mutations, or between *IDH1/2* and *TET2* mutations.

We also confirmed less commonly reported pairwise interactions, such as *CSNK1A1* mutations and deletion(5q) (Smith et al. 2015 PMID 26688096), *SF3B1* and *ZBTB33* mutations (Beauchamp et al. 2021 PMID 34568833) or *ETNK1* mutations and derivative (der) (1;7)(q10;p10) (Okuda et al. 2021 DOI: 10.1182/blood-2021-149556).

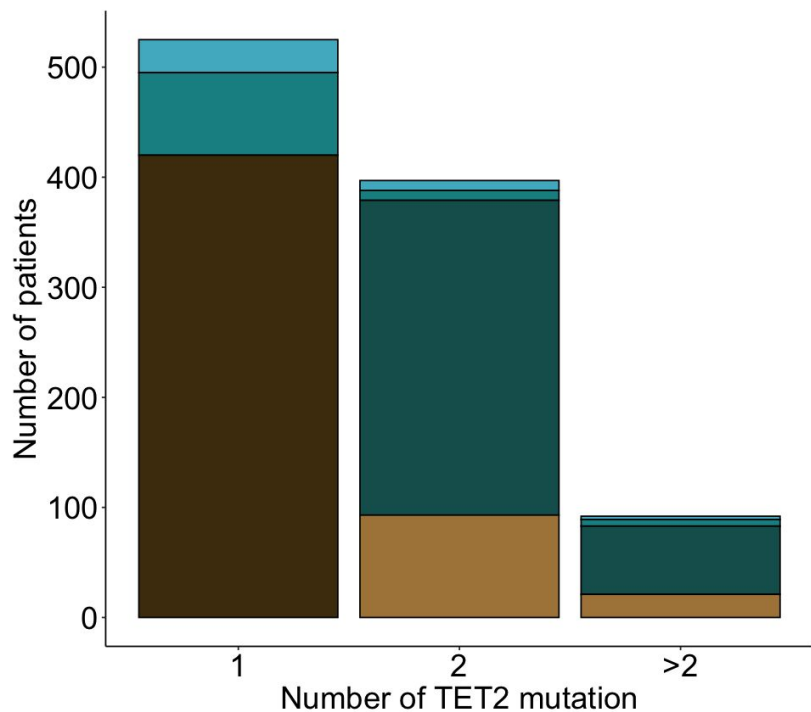


## Figure S2 | Categorization of *TET2* mutations as “*TET2* bi-allelic” or “*TET2* other”.

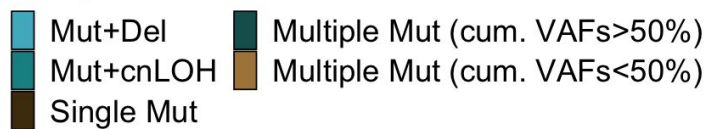
**A.** Number of *TET2* mutations per patient categorized according to their chromosomal and variant allele fraction (VAF) status. Among the 1,014 *TET2*-mutant patients, 525 (51%) had a single *TET2* mutation, 397 (40%) had two mutations, and 92 (9%) had more than two mutations. Loss of heterozygosity (LOH), either through haploid LOH (i.e. deletion, Del) or copy neutral LOH (cnLOH) at the *TET2* locus were observed in 20% (105 of 525) of cases with a single *TET2* mutation and in 6% (27 of 489) of cases with two or more mutations. Cum: cumulative.

**B.** Positive correlation between the VAFs of the first and second *TET2* mutations from 462 cases with multiple *TET2* mutations in the absence of LOH ( $R^2=0.46$ ,  $p<0.0001$ ). Of note, this correlation was less than the one observed in other genes subject to bi-allelic inactivation (e.g.  $R^2=0.77$  in the case of *TP53*, Bernard et al. *Nature Medicine* 2020 PMID: 32747829), and 114 cases had VAFs of the first two *TET2* mutations compatible with subclonal mosaicism. Therefore, we separated cases with multiple *TET2* mutations between those where the sum of the first two VAFs was below 50% ( $n=114$ , light brown) or above 50% ( $n=348$ , dark green).

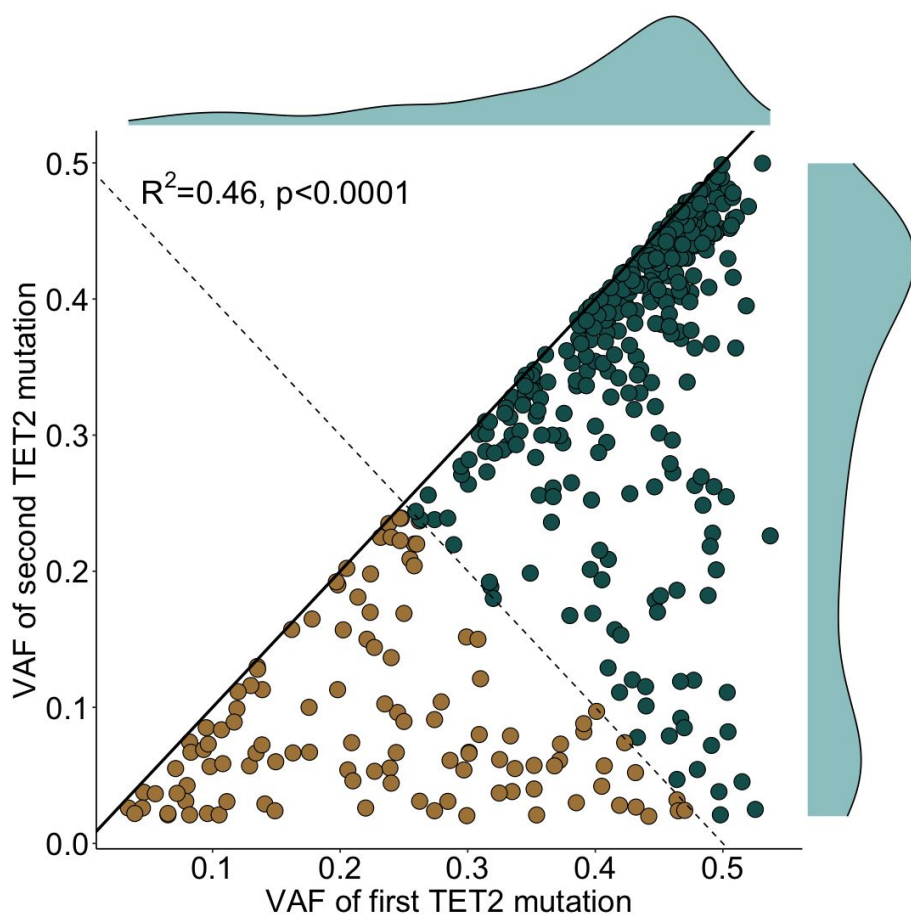
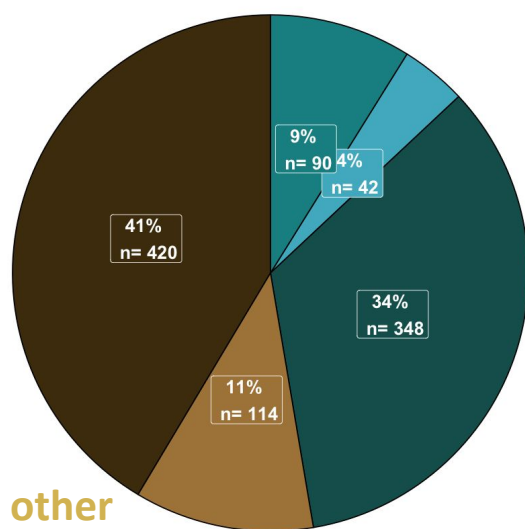
**C.** Categorization of *TET2*-mutant patients as having “*TET2* bi-allelic” or “*TET2* other” mutation allelic state. Consistent with published methodology (Awada et al. *Blood Advances* 2019 PMID: 30709865), we integrated the number of *TET2* mutations, their cumulative VAFs, and LOH status at the locus to stratify 1,014 *TET2*-mutant patients into two groups: (i) “*TET2* bi-allelic” (47%, 480 of 1,014), where 73% (348 of 480) had multiple mutations with cumulative VAFs above 50% in the absence of LOH, and 27% had LOH (90 of 480 with cnLOH and 42 of 480 with deletion); and (ii) “*TET2* other” (53%, 534 of 1,014), representing likely mono-allelic mutation, where 79% (420 of 534) had a single mutation (with VAF below 50%) and 21% had multiple mutations with cumulative VAFs below 50%.

**A.**

Categorization



n=462

**B.****C.***TET2* bi-allelic  
n=480*TET2* other  
n=534

**Figure S3 | Implications of the allelic state of *TET2* mutations for co-mutation and genotype-phenotype analysis.**

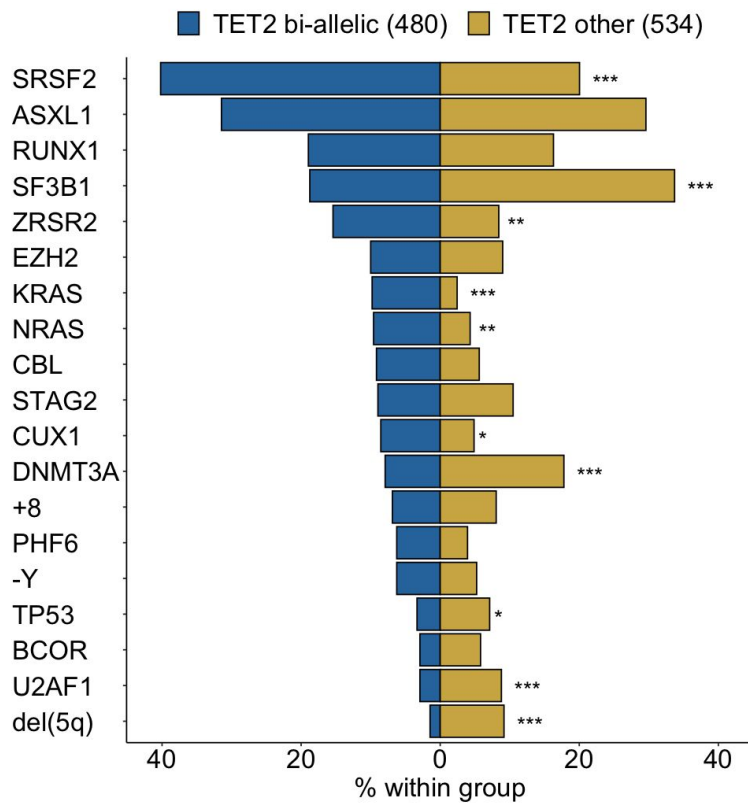
**A.** Frequency distribution of gene mutations and cytogenetic alterations in patients classified as *TET2 bi-allelic* (blue, n=480) or *TET2 other* (gold, n=534). \*\*\* $P < 0.001$ , \*\* $P < 0.01$ , \* $P < 0.05$ , two-sided Fisher's exact test with Benjamini–Hochberg multiple testing correction.

**B.** Distribution of WHO 2016 diagnosis per *TET2 bi-allelic* or *TET2 other* category. CMML (light green) represented 38% (180 of 480) of the *TET2 bi-allelic* group compared to 9% (46 of 534) of the *TET2 other* group.

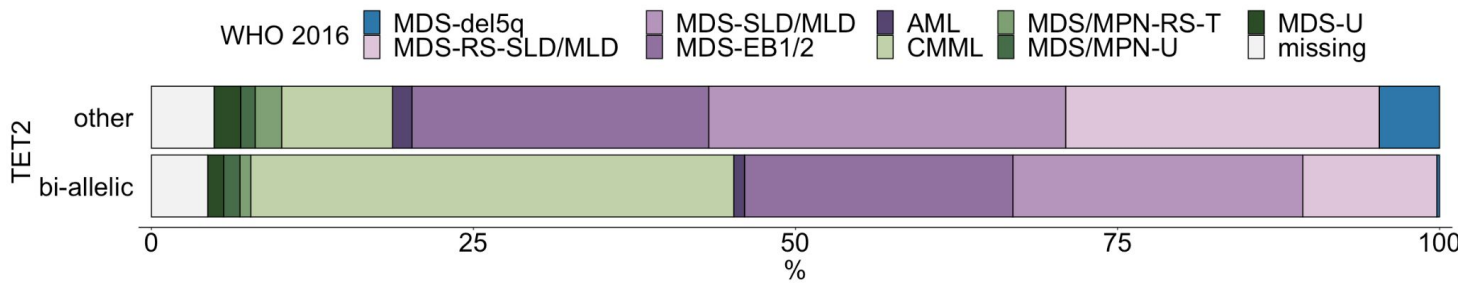
**C.** Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle) per *TET2 bi-allelic* or *TET2 other* category. P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation per *TET2 bi-allelic* or *TET2 other* category. P-value is from the Gray's test.



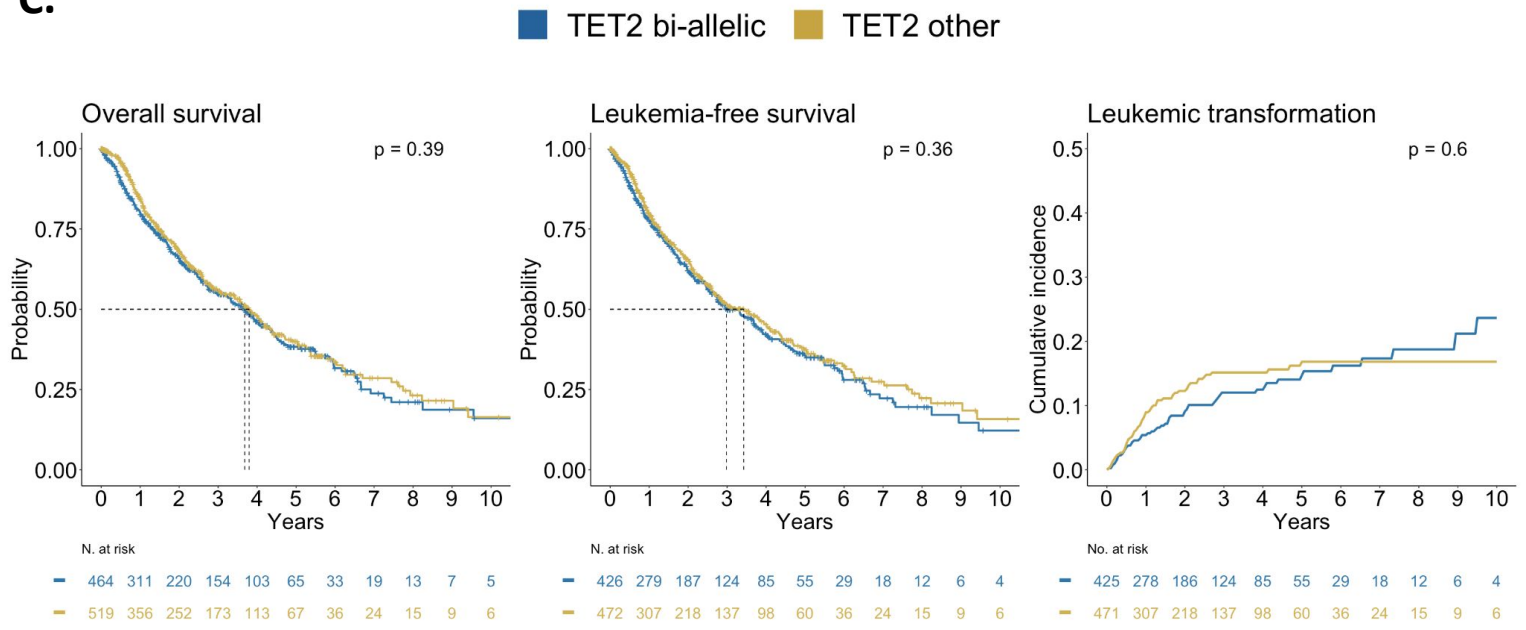
**A.**



**B.**



**C.**



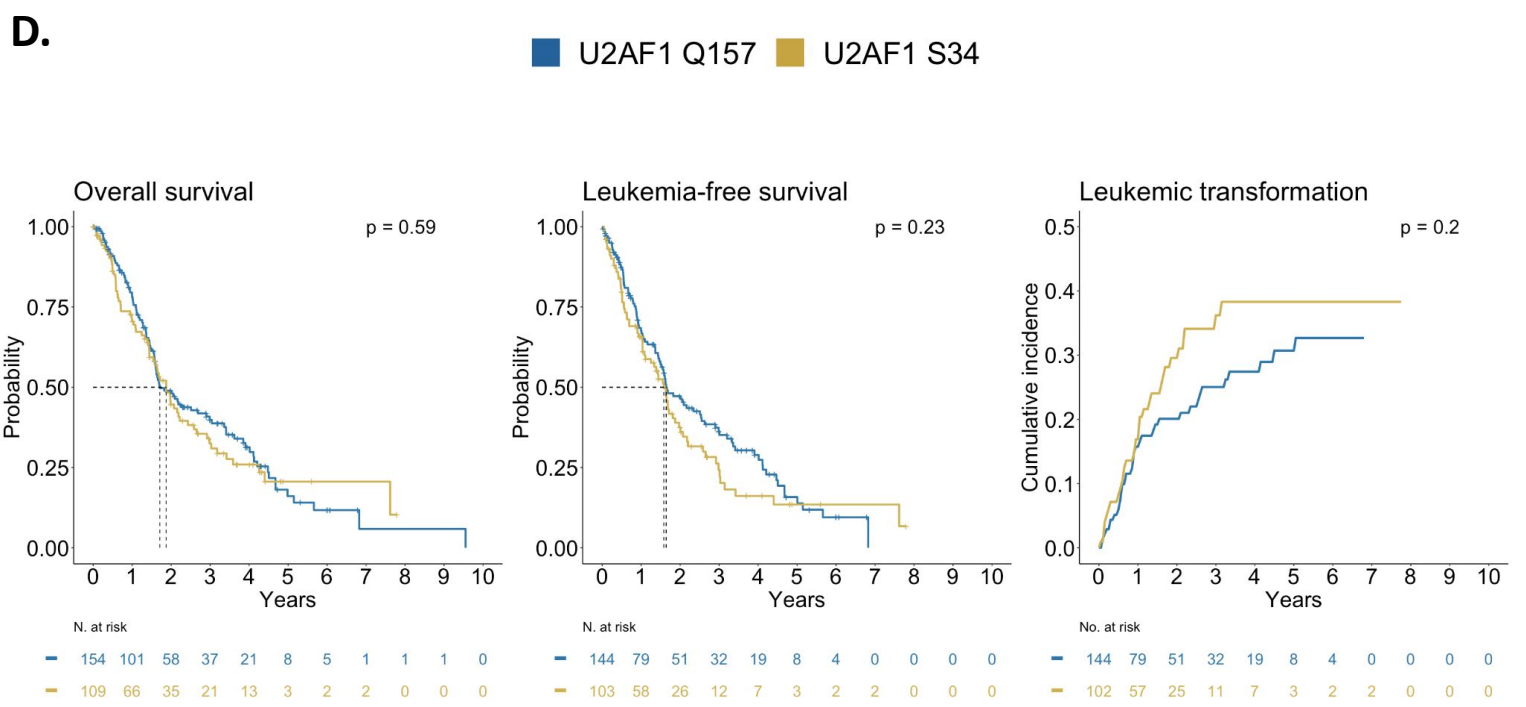
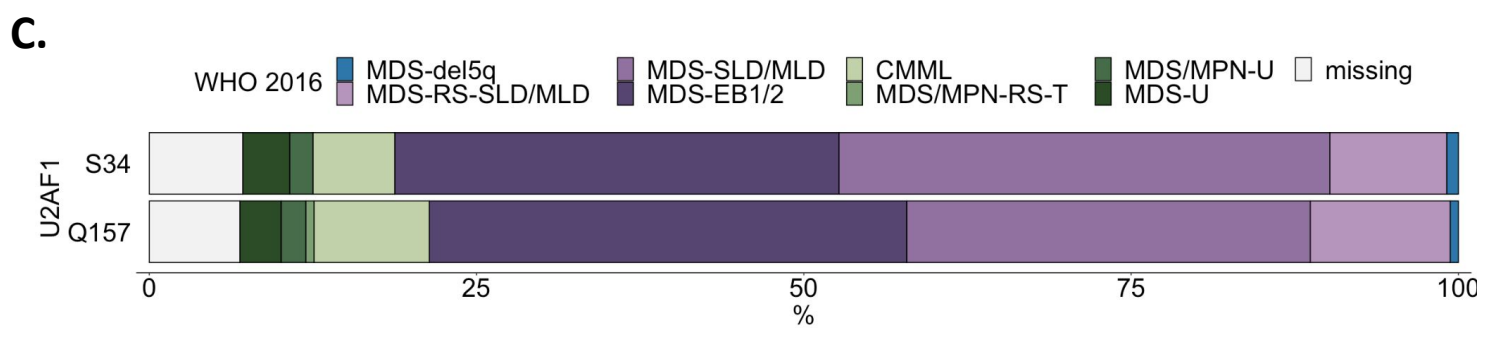
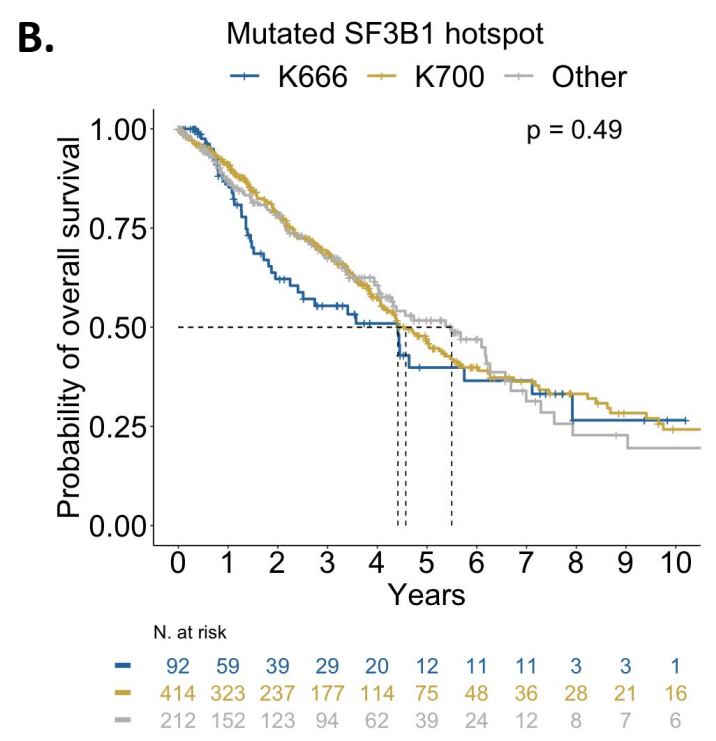
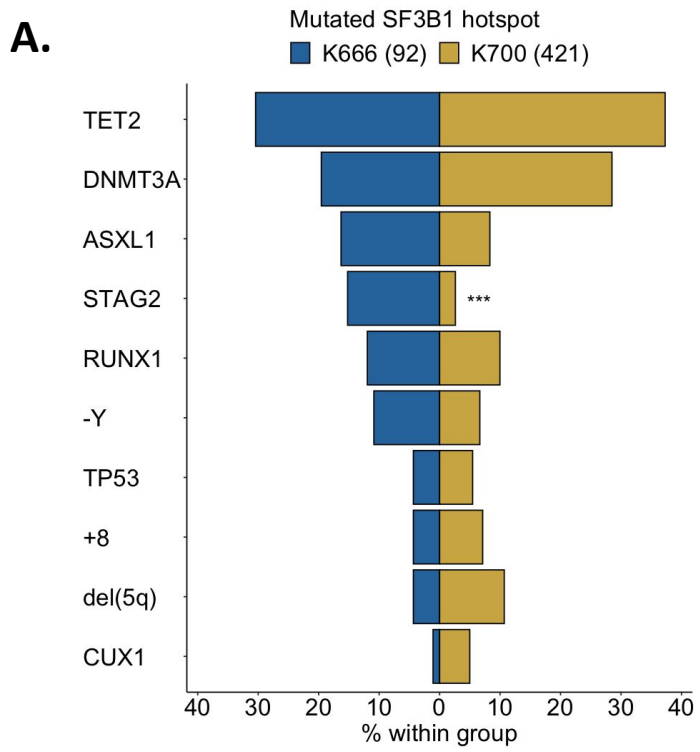
**Figure S4 | Comparisons between mutated *SF3B1* or *U2AF1* hotspots.**

**A.** Frequency distribution of gene mutations and cytogenetic alterations in patients with mutated *SF3B1* K666 hotspot (blue, n=92) or *SF3B1* K700 hotspot (gold, n=421). \*\*\* $p < 0.001$ , two-sided Fisher's exact test with Benjamini–Hochberg multiple testing correction.

**B.** Kaplan-Meier probability estimates of overall survival per mutated *SF3B1* K666 hotspot (blue), *SF3B1* K700 hotspot (gold), or other *SF3B1* driver mutations (grey). P-value is from the log-rank test.

**C.** Distribution of the WHO 2016 diagnosis subtypes for patients with mutated *U2AF1* Q157 hotspot (n=159) or *U2AF1* S34 hotspot (n=112).

**D.** Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle) per mutated *U2AF1* Q157 or S34 hotspot category. P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation per mutated *U2AF1* Q157 or S34 hotspot category. P-value is from the Gray's test.



## Figure S5 | Unsupervised clustering analysis and derivation of MDS molecular groups.

**A.** Stepwise analytical steps to derive MDS molecular groups from iterative hierarchical dirichlet process (HDP) analysis and manual curation.

**B. Top:** Posterior probability distribution per component (i.e. cluster) of the maximum probability per sample (plain color) and of the second maximum probability per sample (shaded color). **Middle:** zoom into components 4 and 5, with the distribution probabilities of pertaining to those components across all components. **Bottom:** Results of the the HDP re-run on components 4 and 5 with the extraction of three different new components (s1, s2, s3).

**C.** Concordance matrix comparing the assignments to HDP components with the processed/curated molecular subtypes.

**A.**

**Step 1**

**Hierarchical Dirichlet Process (HDP)**  
<https://github.com/nicolaroberts/hdp>

**Initialisation Parameters:**  
 Base Dirichlet distribution = Gaussian  
 Shape hyperparameter = 2  
 Rate hyperparameter = 0.5  
 Number of starting clusters = 15

**Gibbs sampling Parameters:**  
 Number of burn-in iterations = 5000  
 Number of posterior samples = 350  
 Number of iterations between collected samples = 20  
 Number of chains = 3

**Step 2**

**HDP post processing**

**Evaluation of Posterior Probability Distribution**  
 Distribution of the first and second maximum probabilities per data item (i.e. sample) per component (i.e. cluster)

**Selection of components for second iterative HDP run**  
 Second HDP run on low complexity components (i.e. SF3B1, del(5q), DDX41, CCUS-like)

**Step 3**

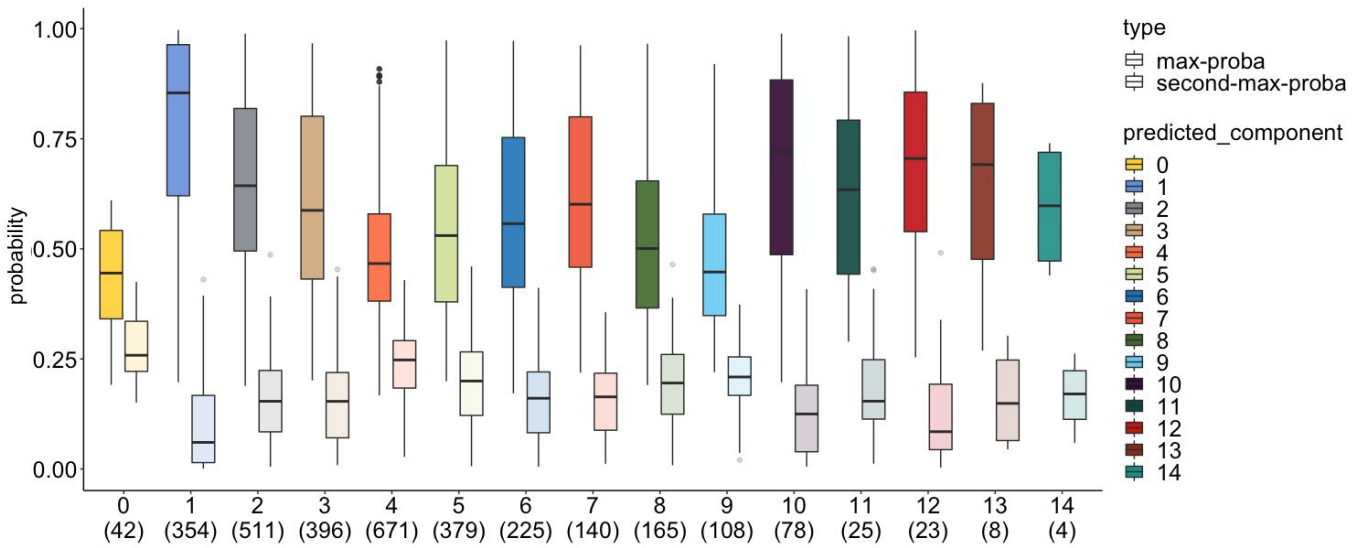
**HDP manual curation**

**Rule-based hierarchical classification tree**  
 Extraction of the strongest signals of mutual-exclusivity and co-occurrence

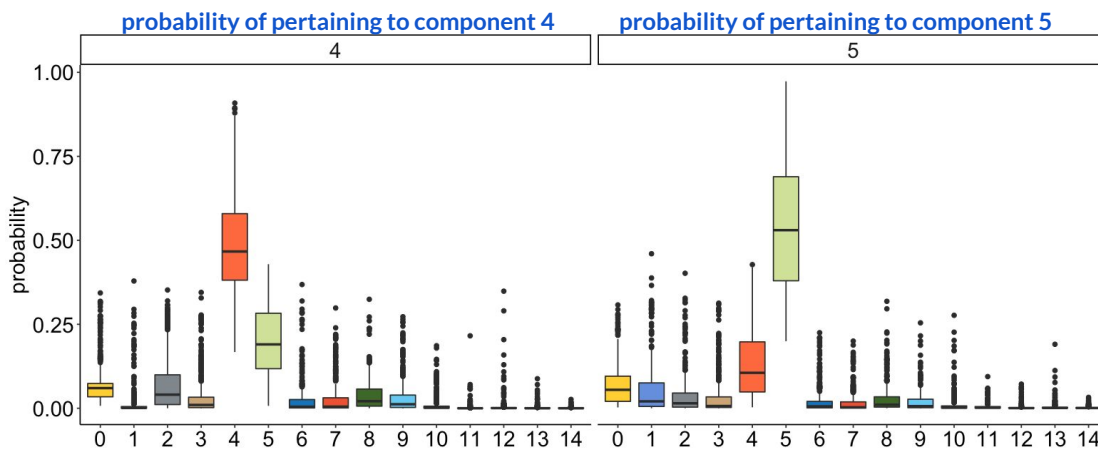
Comparisons of the raw clustering results and processed results

**B.**

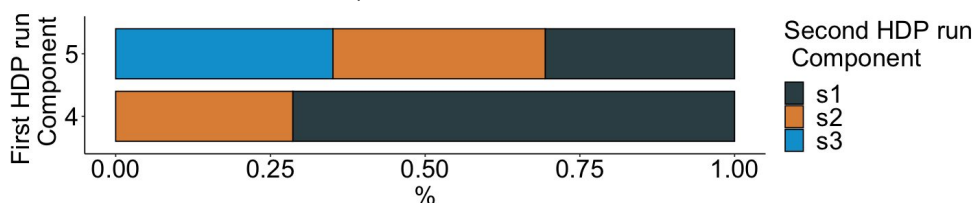
**Steps 1-2**



**ZOOM**  
4&5



**Re-run**  
HDP  
4&5



C.

## Steps 3

## HDP Components

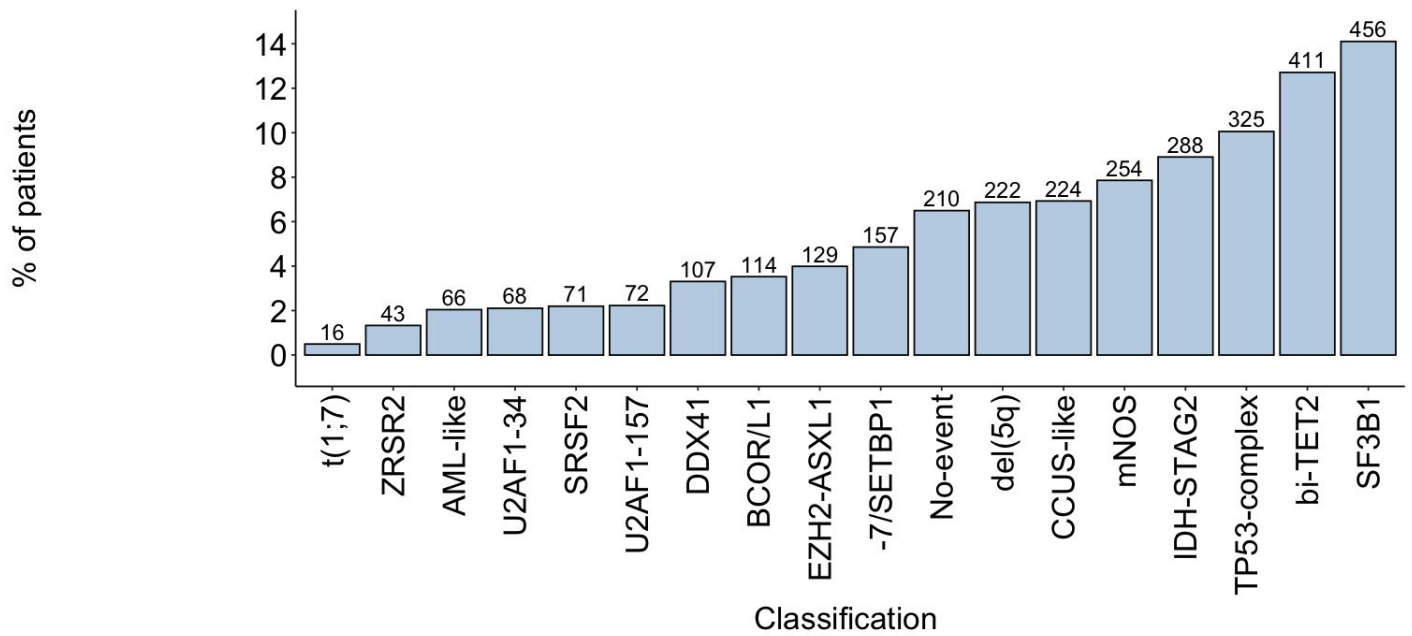
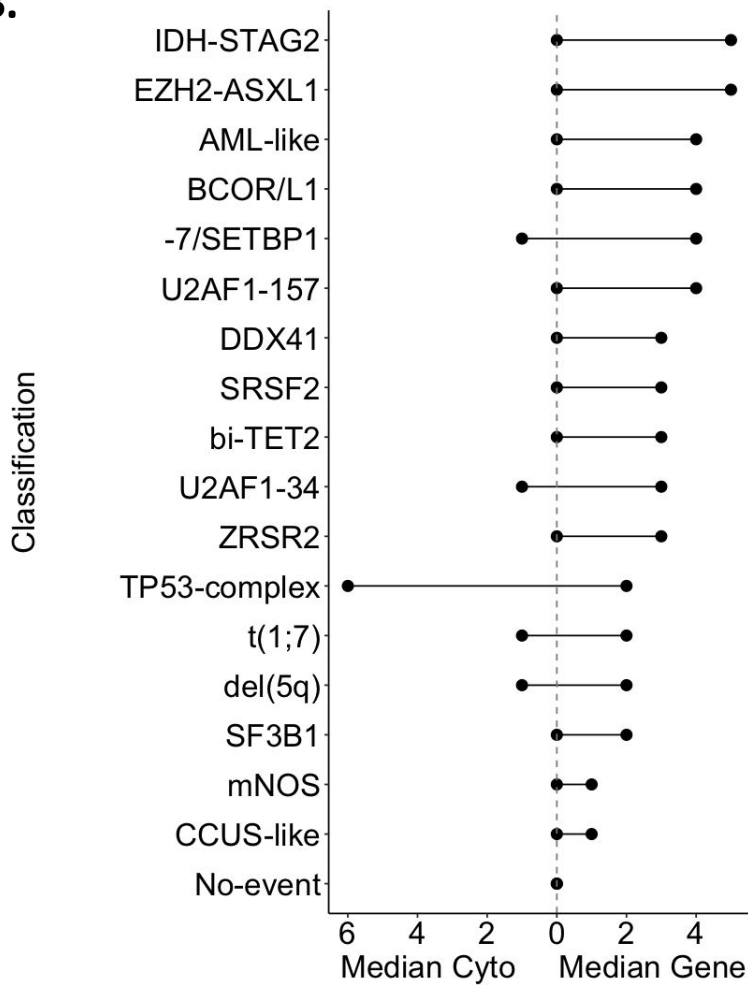
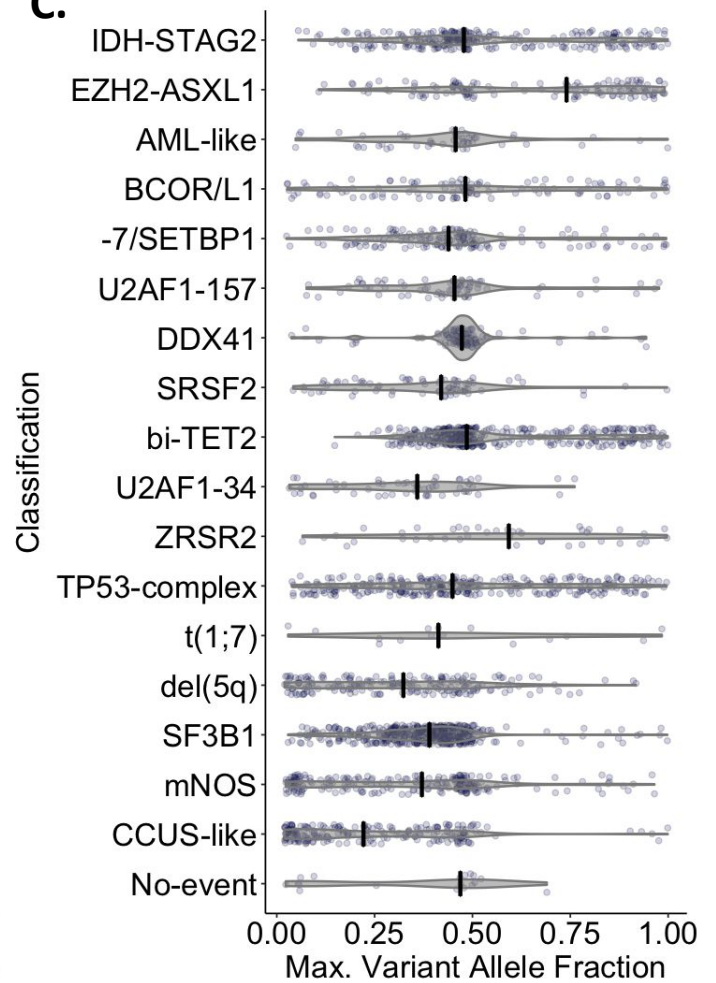
	0	1	10	11	12	13	14	2	3	6	7	8	9	s1	s2	s3
DDX41	0	2	0	1	0	0	0	29	3	2	0	0	2	17	50	1
AML-like	0	2	48	1	0	0	0	0	2	2	2	9	0	0	0	0
TP53-complex	2	263	0	21	1	3	2	1	1	10	2	3	2	0	5	9
der(1;7)	0	0	0	0	15	0	0	0	0	0	0	0	0	1	0	0
-7/SETBP1	0	8	0	0	1	0	0	2	4	119	5	1	4	4	9	0
del(5q)	2	12	1	0	0	0	0	6	5	2	0	6	1	45	34	108
EZH2-ASXL1	1	0	0	0	0	0	0	6	11	6	89	0	10	3	3	0
IDH-STAG2	0	0	0	0	0	0	0	17	217	4	12	4	10	11	13	0
BCOR/L1	0	1	0	0	1	0	0	7	14	6	0	76	4	2	3	0
bi-TET2	0	4	0	0	0	0	0	347	36	2	4	1	2	6	9	0
U2AF1-157	1	1	0	0	0	0	0	1	1	14	4	0	40	0	10	0
U2AF1-34	27	2	0	0	0	0	0	1	1	0	0	30	0	3	4	0
SRSF2	0	5	0	0	2	0	1	25	27	4	1	0	2	3	1	0
ZRSR2	0	0	0	0	0	0	0	9	0	0	6	1	2	14	11	0
SF3B1	1	6	3	0	0	1	0	11	3	6	2	17	1	339	66	0
CCUS-like	3	9	2	0	1	1	0	9	3	4	1	7	9	144	25	6
mNOS	5	18	7	1	2	3	1	32	52	29	8	2	17	0	66	8

**Figure S6 | Prevalence of MDS molecular groups and molecular characteristics.**

**A.** Proportion of patients from the 3,233 categorized within each molecular group. The absolute number of patients is indicated on top of each bar.

**B.** Summary of the molecular complexity of each molecular group, as indicated by the median number of cytogenetic alterations per patient (leftmost dot) and the median number of mutated gene per patient (rightmost dot) calculated within each group.

**C.** Distribution of the values of maximum variant allele fraction per patient within each molecular group. Median values are indicated by a thick black line.

**A.****B.****C.**



**Figure S7 | Heatmap representing the molecular composition of MDS molecular groups.** The groups are ordered by size. Each row represents a genetic alteration and each column represents a patient.

SF3B1  
14.1%

bi-TET2  
12.8%

TP53-complex  
10.1%

IDH-STAG2  
8.9%

mNOS  
7.9%

CCUS-like  
6.9%

del(5q)  
6.8%

-7/SETBP1  
4.9%

BCOR/L1  
3.5%

DDX41  
3.3%

EZH2-ASXL1  
4.0%

U2AF1<sup>157</sup>  
2.3%

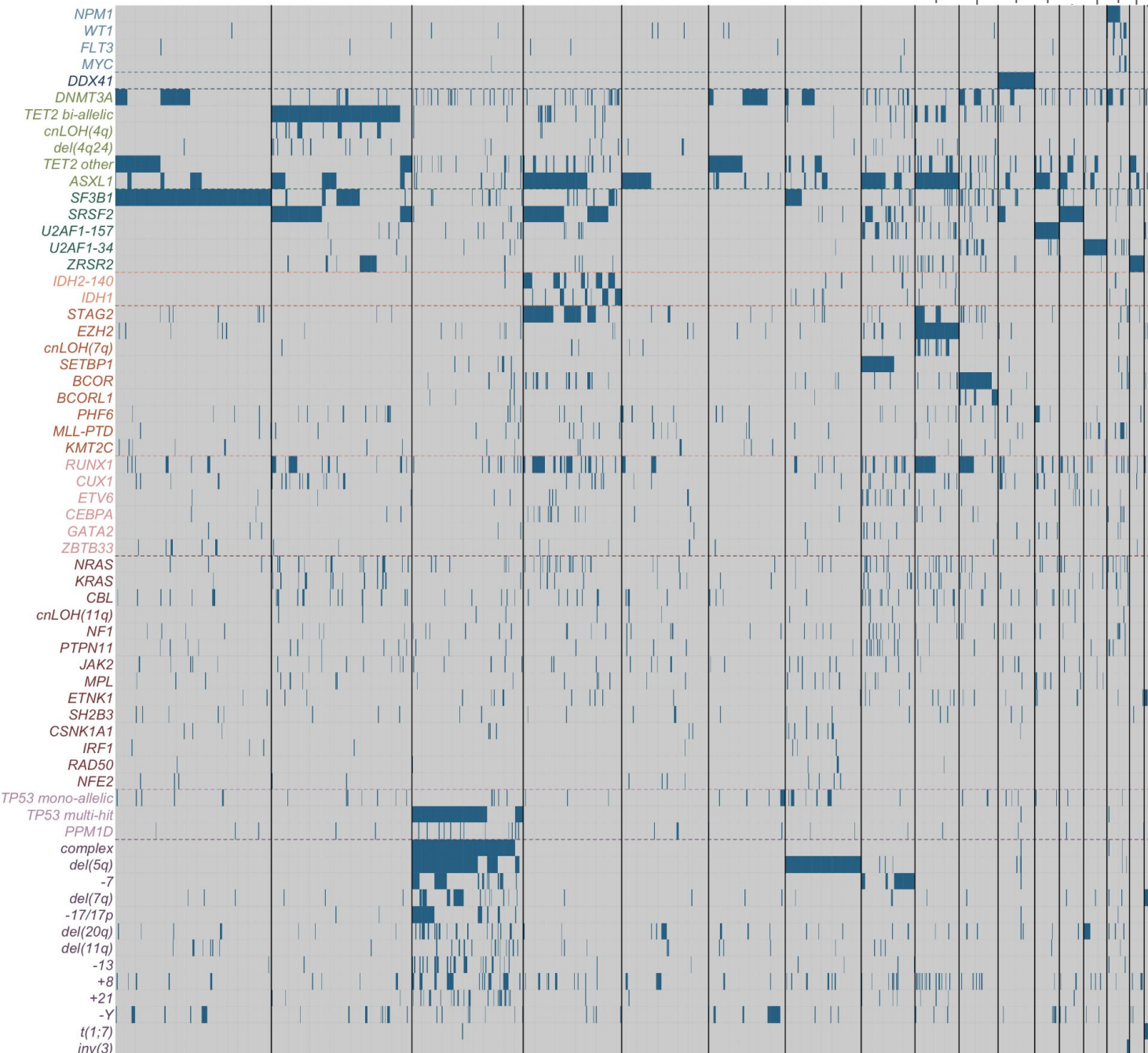
SRSF2  
2.2%

U2AF1<sup>34</sup>  
2.1%

AML-like  
2.0%

ZRSR2  
1.3%

der(1;7)  
0.5%



Diagnosis  
Blast  
IPSSM

**Diagnosis**  
 MDS  
 MDS/MPN  
 AML

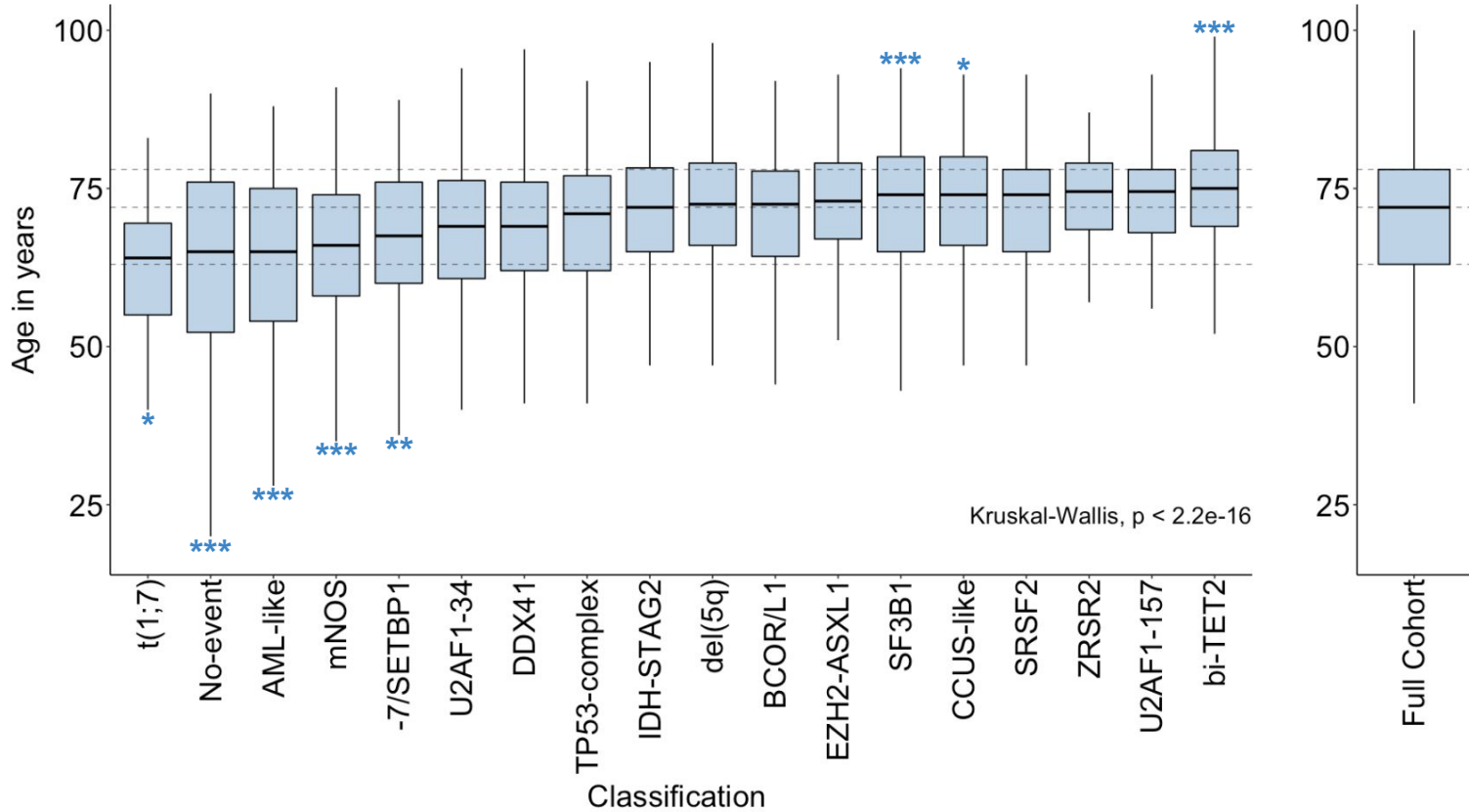
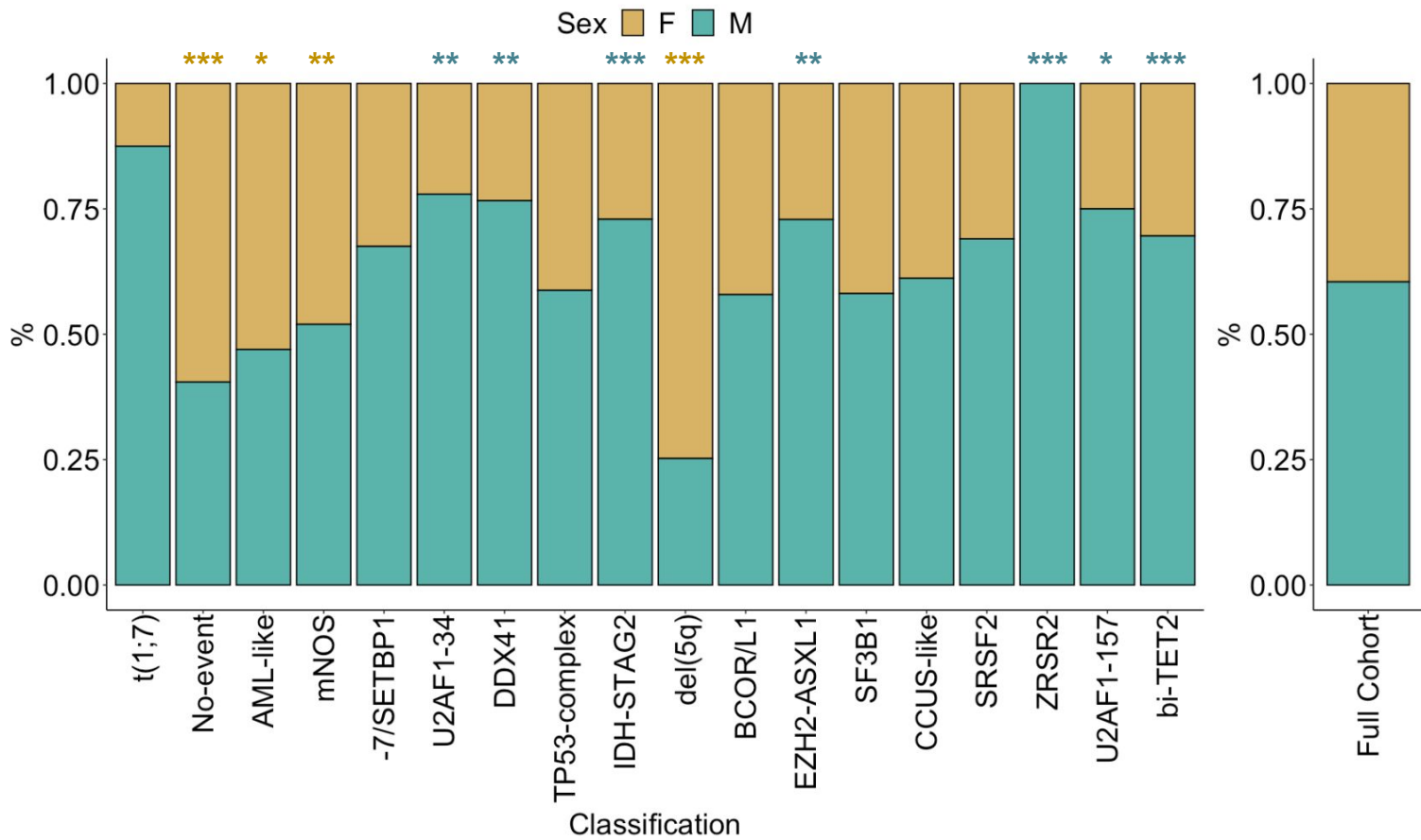
**IPSSM**  
 Very Low  
 Low  
 Moderate Low  
 Moderate High  
 High  
 Very High

**Blast**  
 [0,5)  
 [5,10)  
 [10,20)  
 [20,30]  
 missing

## Figure S8 | Demographics of MDS molecular groups.

**A.** Distribution of the age at diagnosis of patients within each molecular group. The distribution for the full cohort from 3,233 patients is depicted on the right for comparison. The global p-value is from the Kruskal-Wallis test. Stars at the top (elevated distribution) or the bottom (lower distribution) of each boxplot are the results of Wilcoxon rank-sum tests between a molecular group and the rest of the cohort with Benjamini–Hochberg multiple testing correction. \*\*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ .

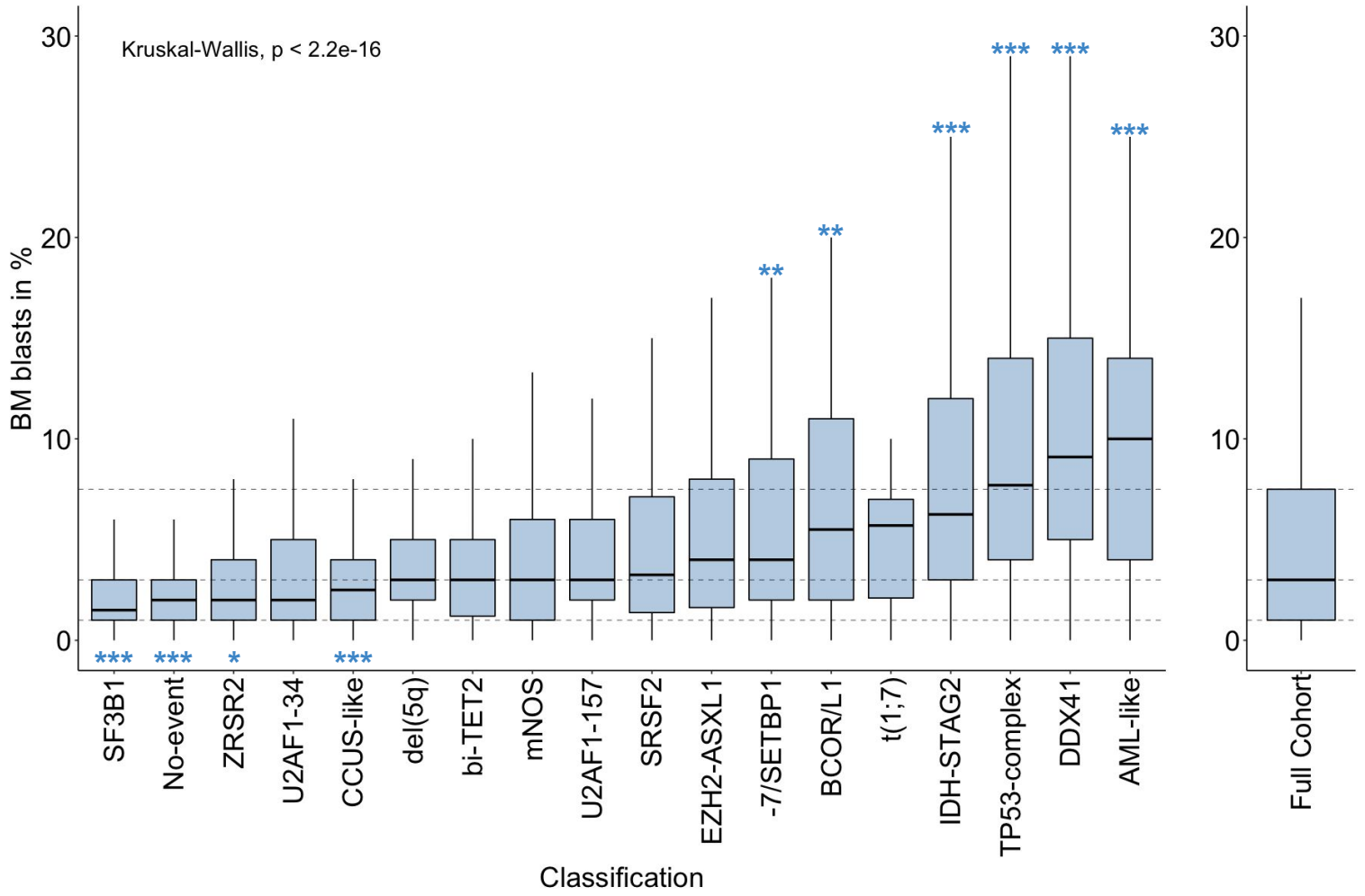
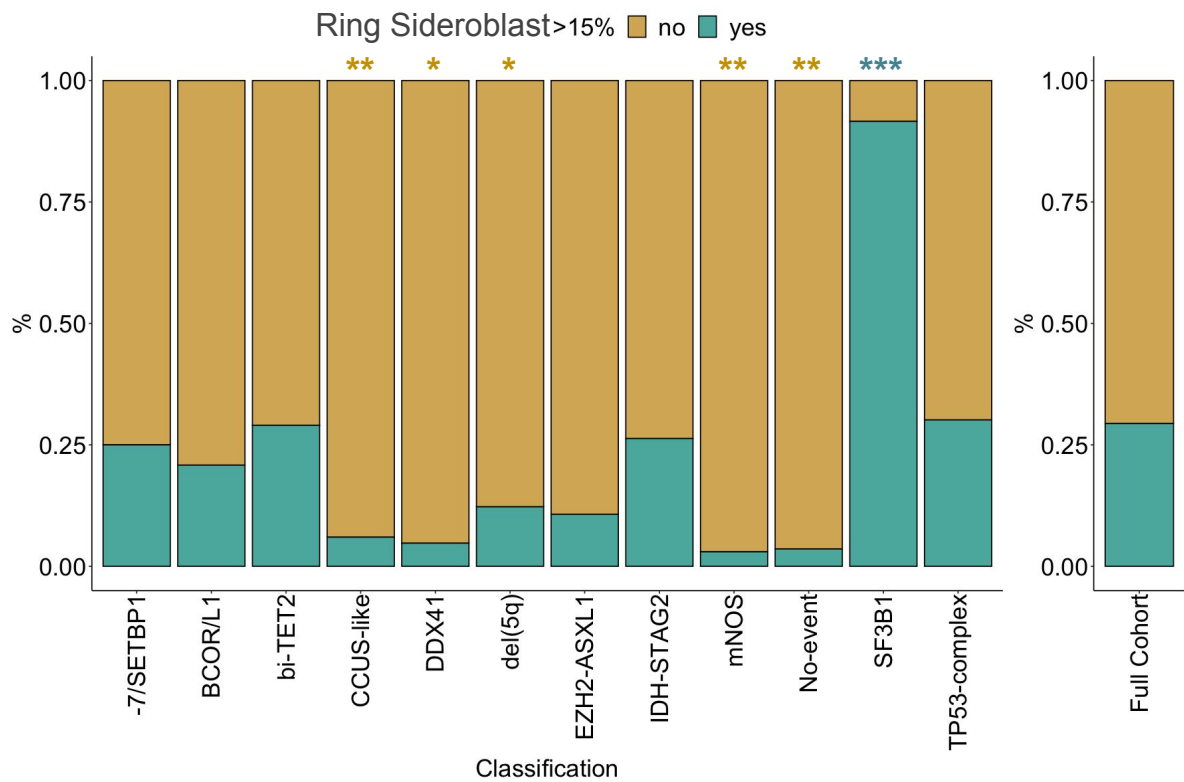
**B.** Male (M) / Female (F) proportion within each molecular group. The proportion for the full cohort from 3,233 patients is depicted on the right for comparison. Stars in gold (enriched for females) or green (enriched for males) colors at the top of each bar are the results of Fisher's exact tests between a molecular group and the rest of the cohort with Benjamini–Hochberg multiple testing correction. \*\*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ .

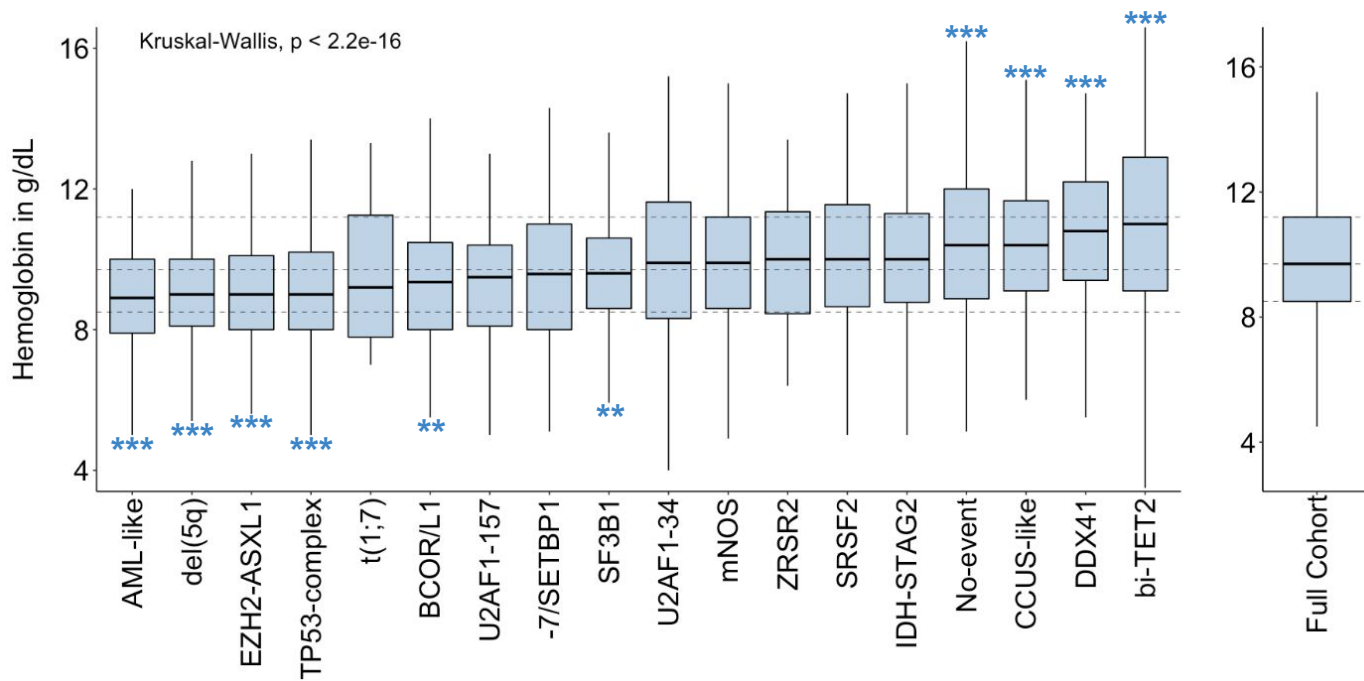
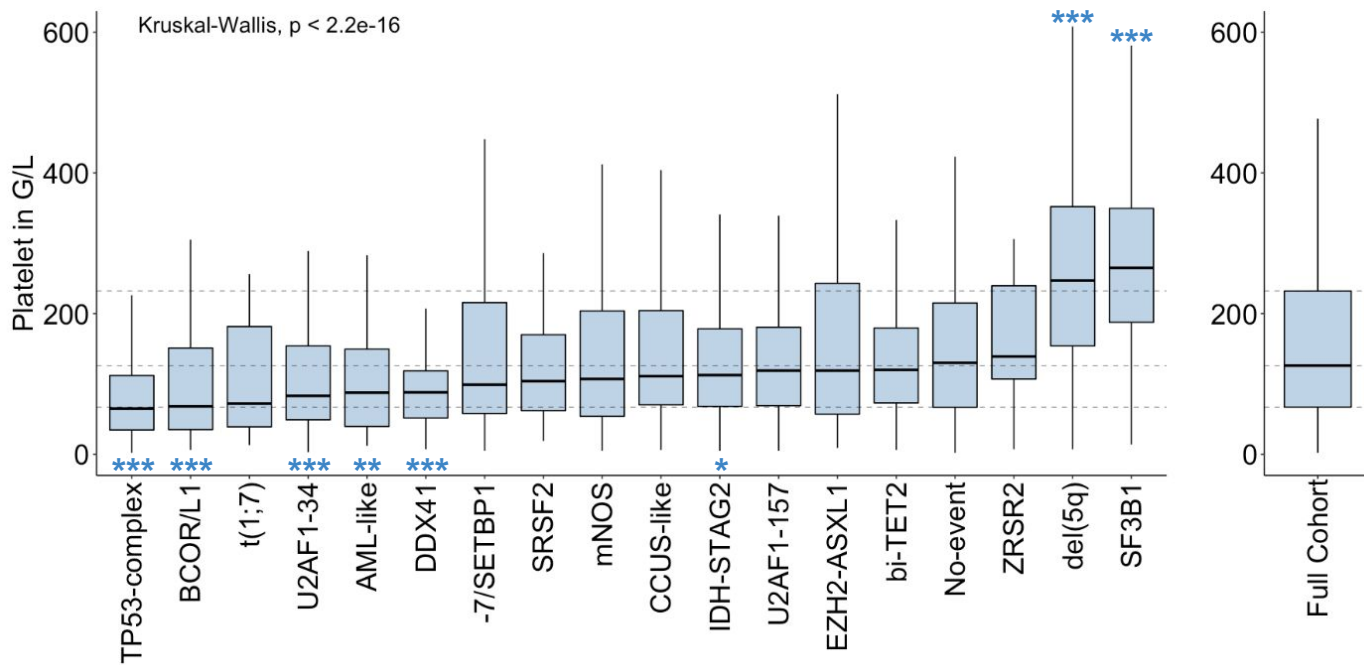
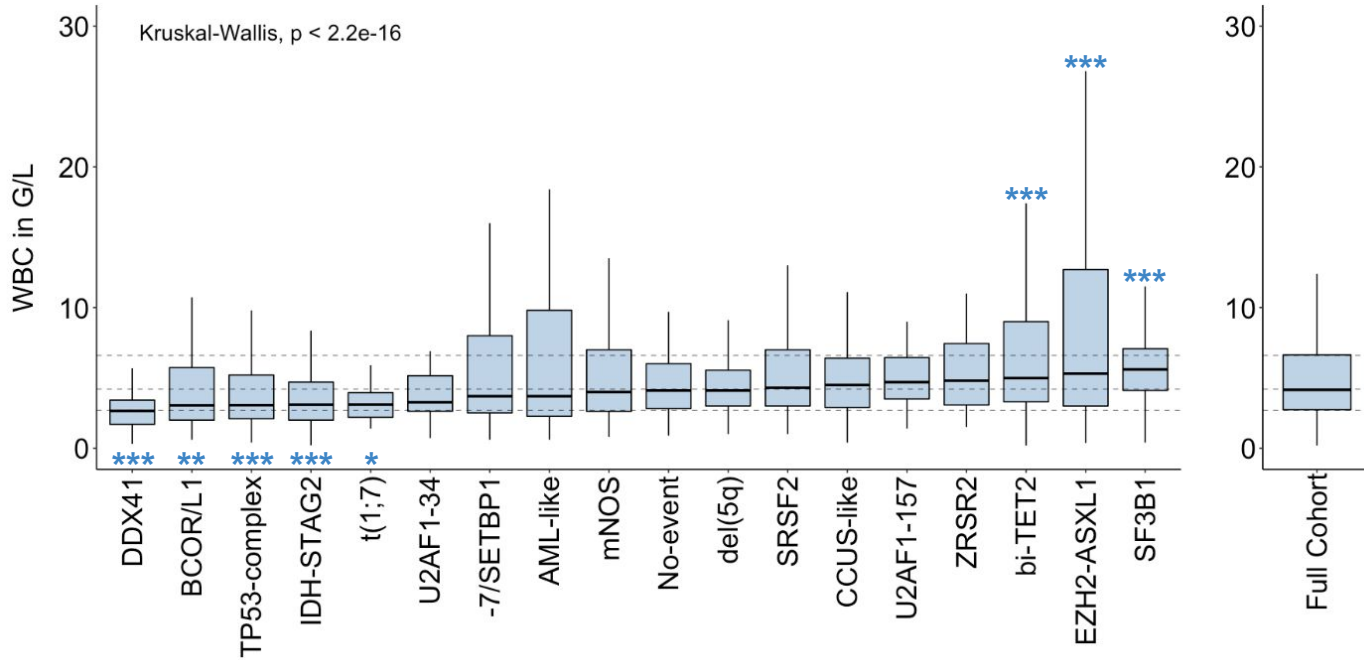
**A.****B.**

## Figure S9 | Association between MDS molecular groups and hematological phenotypes.

**A-E.** Distribution of the percentage of bone marrow blast (**A.**), percentage of ring sideroblast binarized at 15% (**B.**), hemoglobin level (**C.**), platelet count (**D.**), and white blood cell (WBC) count (**E.**) of patients within each molecular group. The distributions for the full cohort from 3,233 patients is depicted on the right for comparison. Statistical tests are depicted in the same way as explained in Figure S8A (**A., C-E.**) and Figure S8B (**B.**).

For (**B.**) the analysis is restricted to the molecular groups with at least 20 cases with available ring sideroblast data.

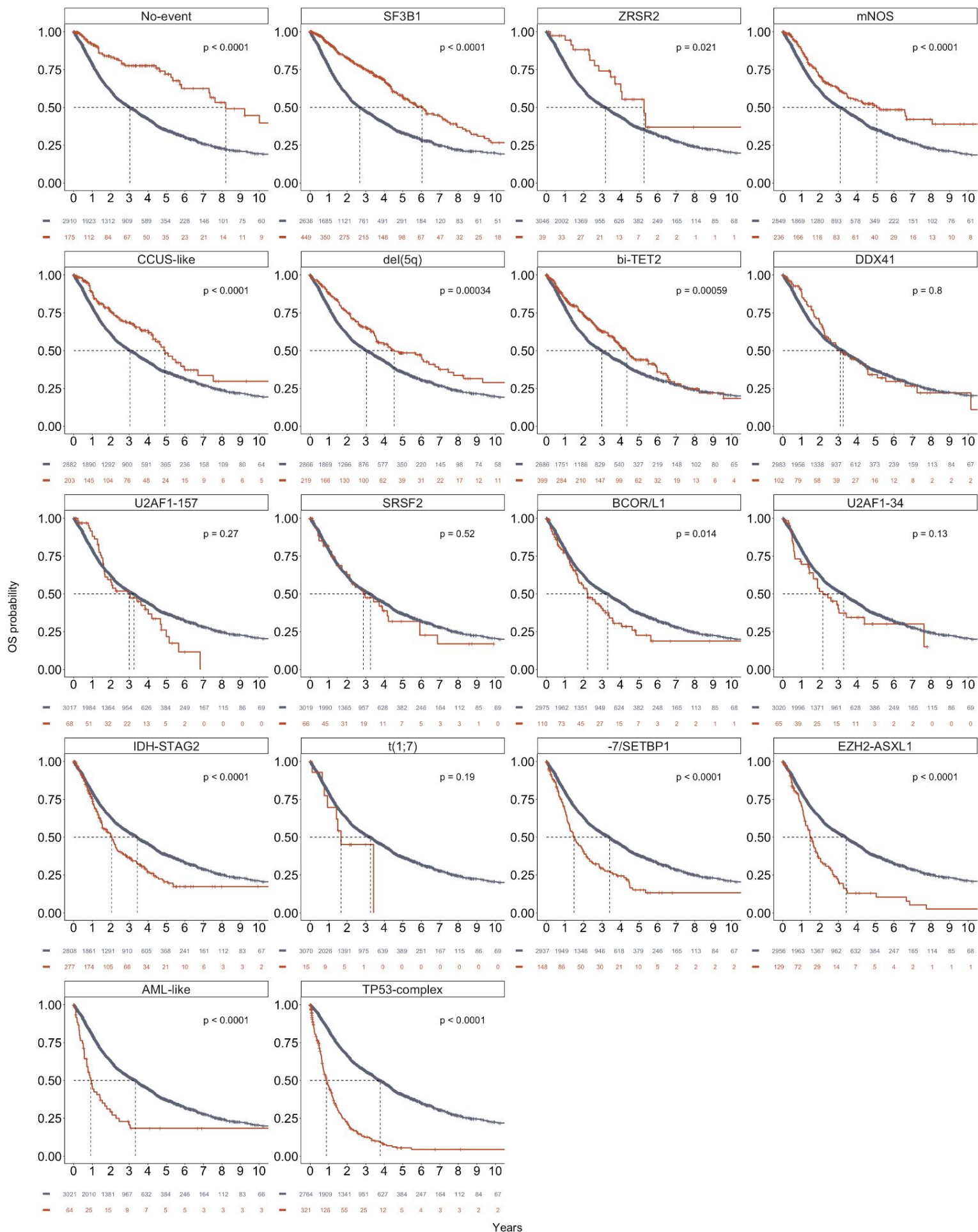
**A.****B.**

**C.****D.****E.**

**Figure S10 | Association between MDS molecular groups and overall survival.** Kaplan-Meier probability estimates of overall survival (OS) separating within each facet patients that are categorized in the molecular group (red curve) versus not (grey curve). P-values are from the log-rank test.

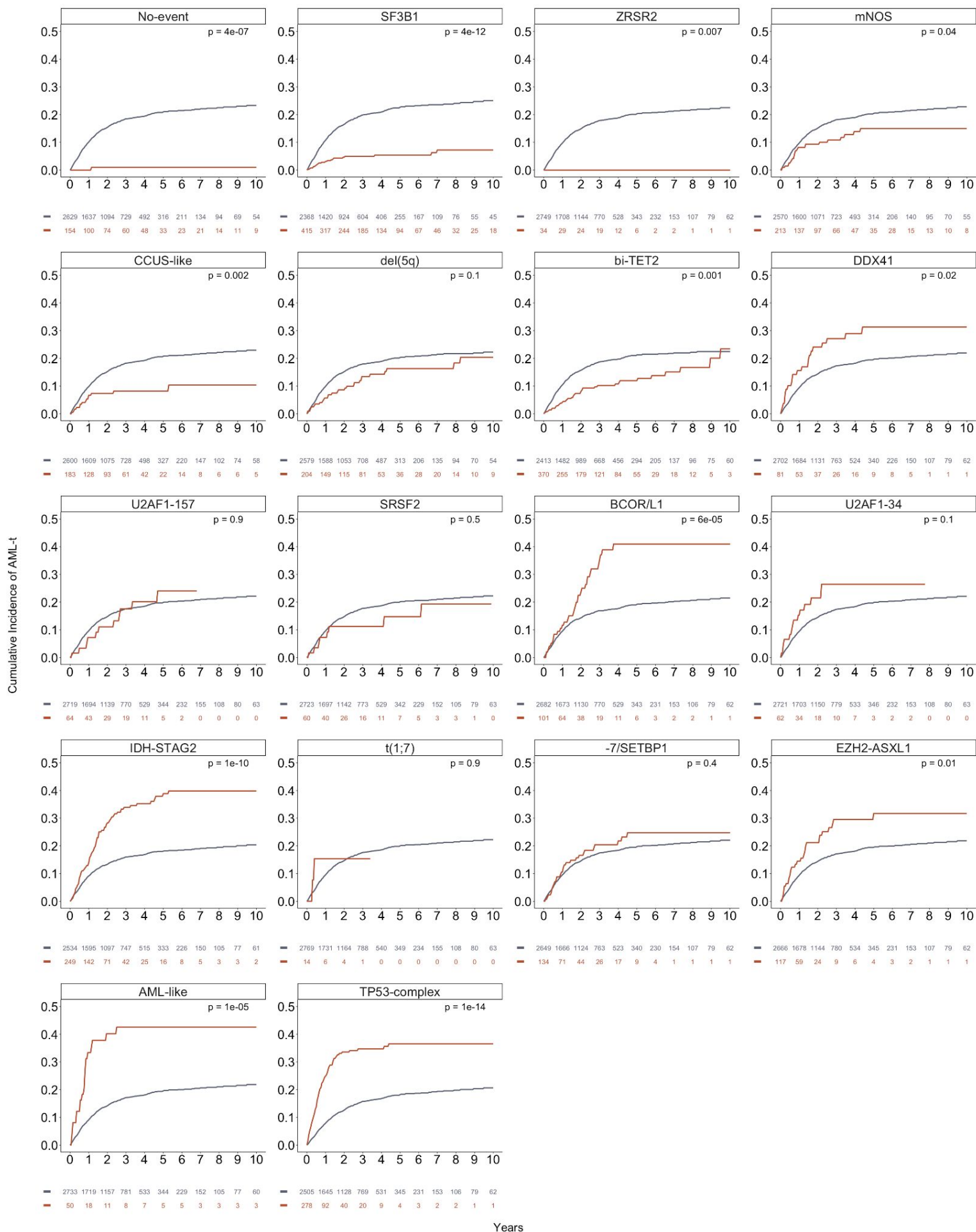


— Not in the class — In the class



**Figure S11 | Association between MDS molecular groups and leukemic transformation.** Cumulative incidence curves of AML transformation separating within each facet patients that are categorized in the molecular group (red curve) versus not (grey curve). P-values are from the Gray's test.

— Not in the class — In the class



**Figure S12 | Comparison of the predictive performances for patient outcomes for molecular group based models versus IPSS-M models.**

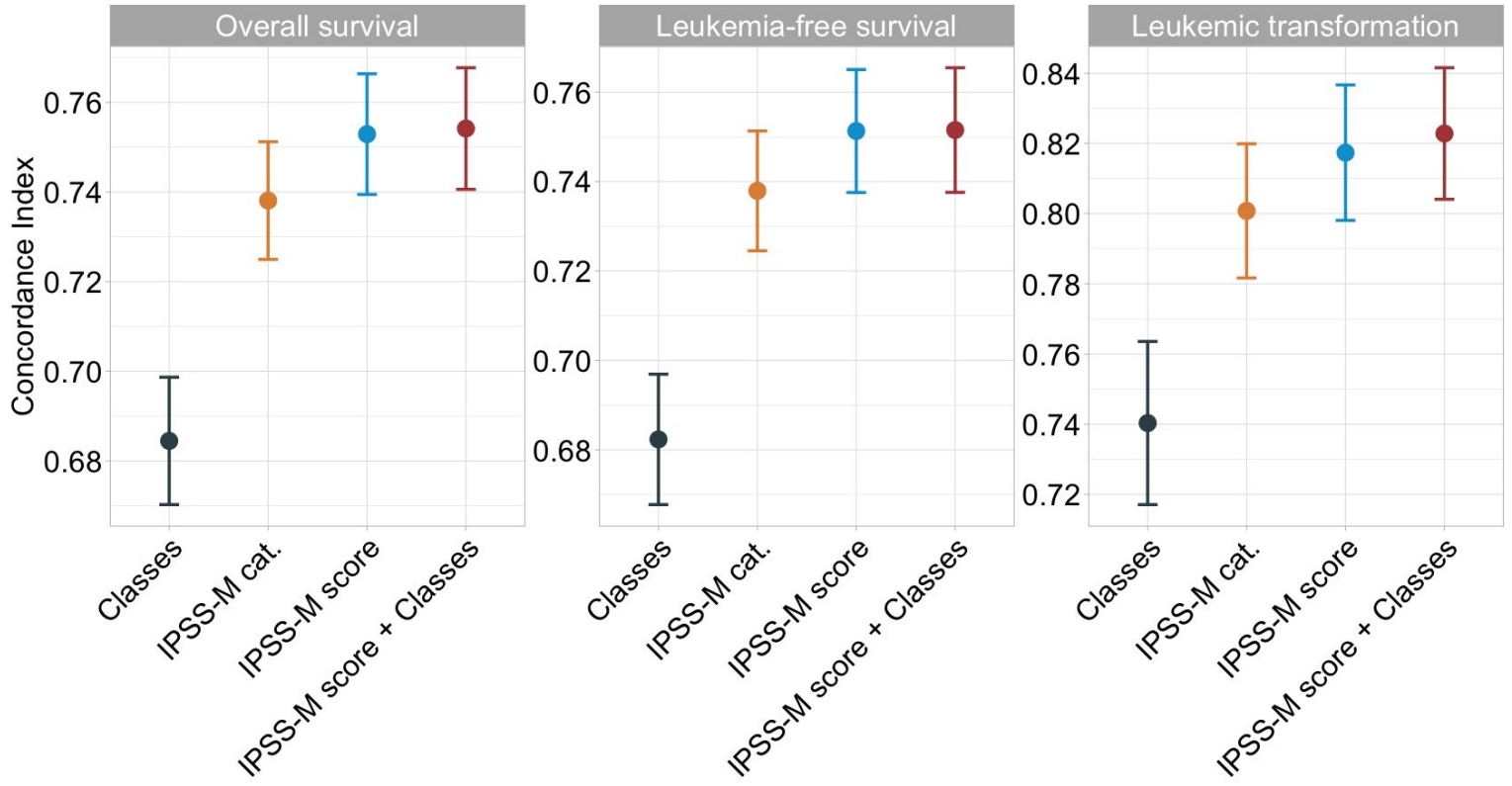
**A.** Model discrimination as measured by the concordance index across three endpoints (left: overall survival; middle: leukemia free survival; right: leukemic transformation) obtained with different predictive models: a molecular group only model (back), a model using the IPSS-M risk category (orange) or the IPSS-M risk score (blue), and a model combining the IPSS-M risk score and the molecular group (red).

The predictive performances for clinical outcomes of a model considering molecular groups were inferior to the IPSS-M (e.g. 0.68 and 0.75 concordance index for OS, respectively). Adding molecular groups to the IPSS-M did not improve prognostication, consistent with previous studies comparing class-based versus gene-based models (Bersanelli et al., JCO 2021).

**B.** Kaplan-Meier probability estimates of overall survival (OS) stratified by IPSS-M risk category within each molecular group. P-values are from the log-rank test.

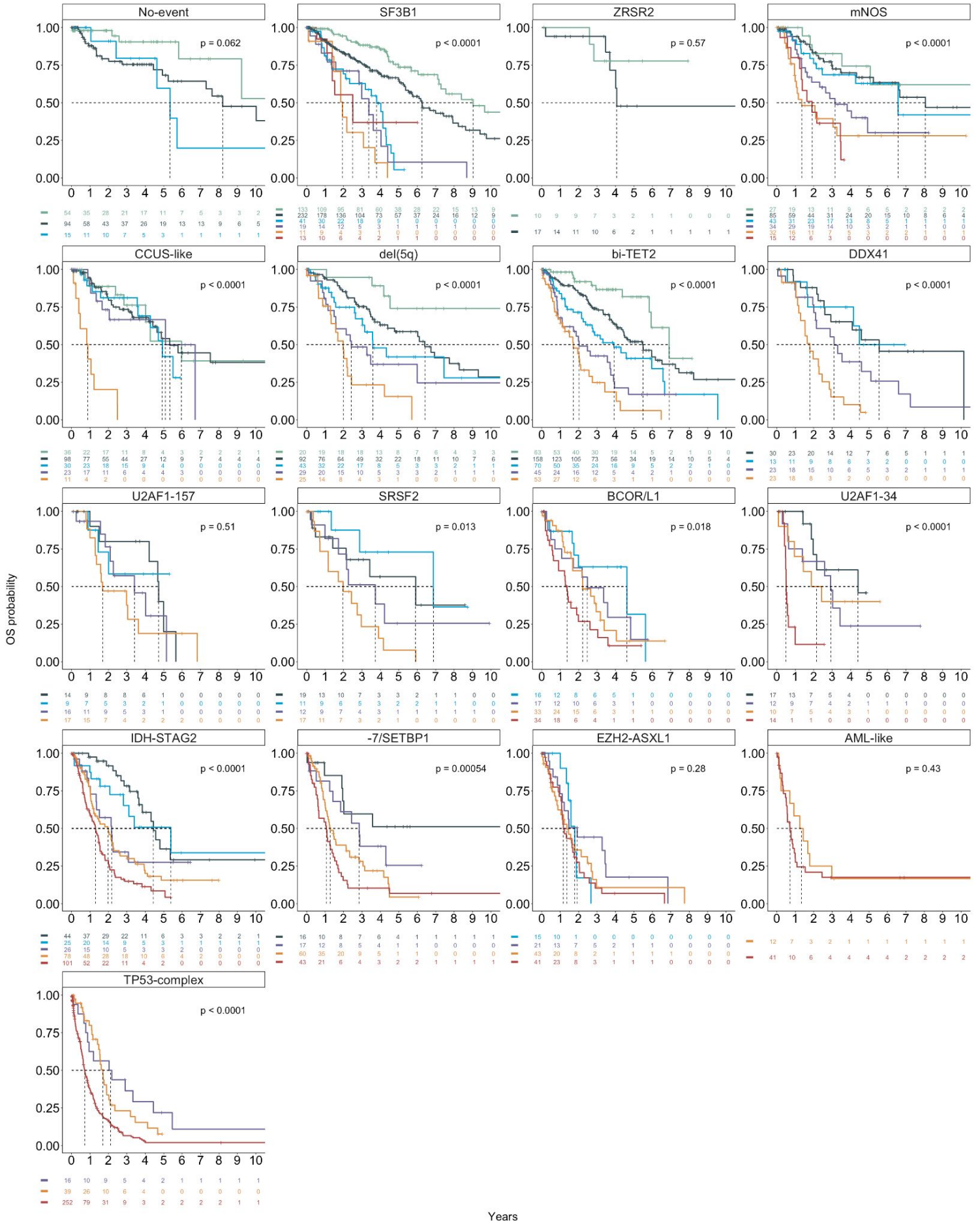
A.

model ● Classes ● IPSS-M cat. ● IPSS-M score ● IPSS-M score + Classes



B.

IPSSM



Years

**Figure S13 | Summary molecular and clinical metrics of the *DDX41* group.** Two multi-panel figures, molecular (**A.**) and clinical (**B.**), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group.

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

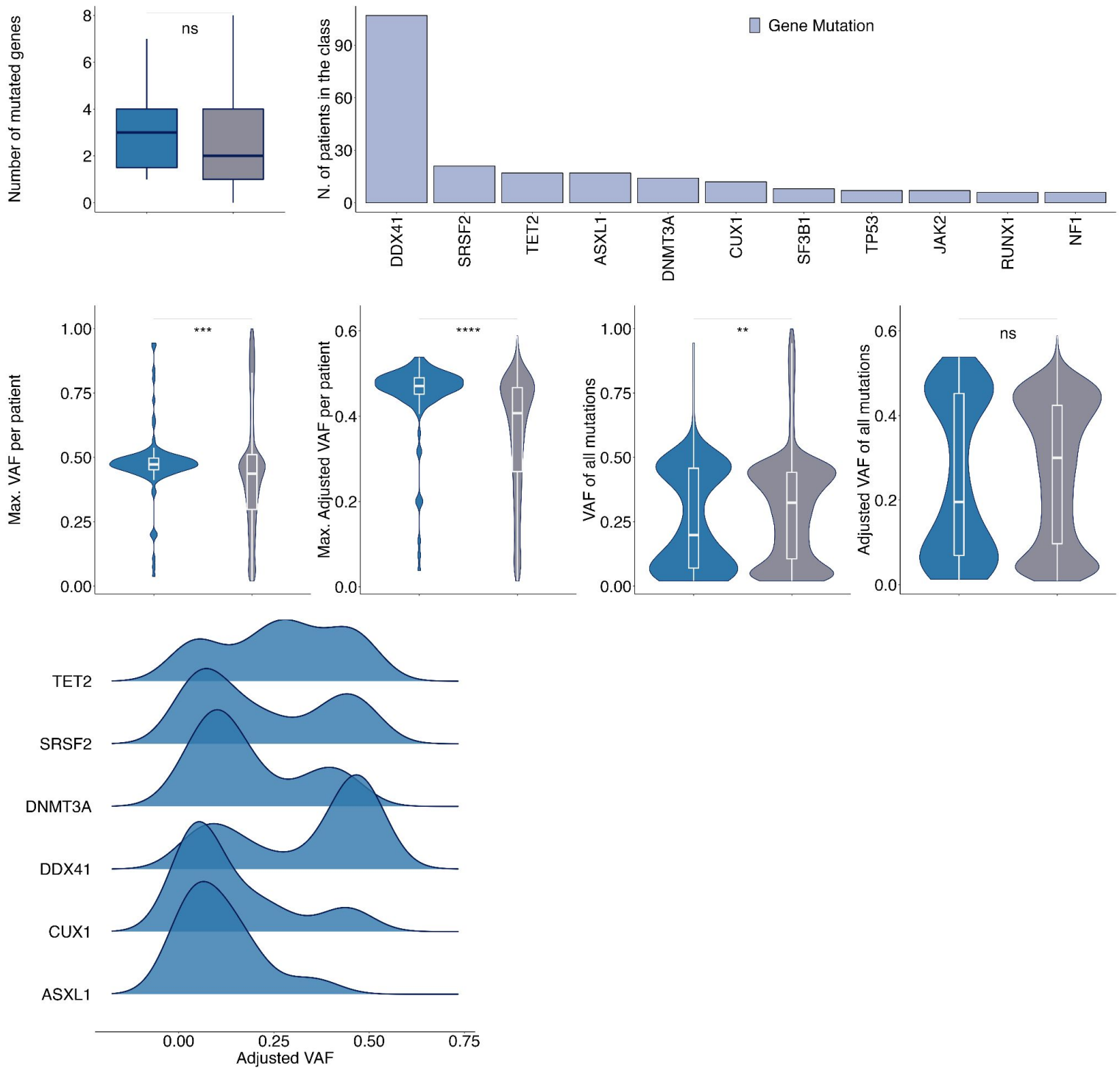
Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

A.

Class DDX41 (n=107) --- Summary of molecular characteristics

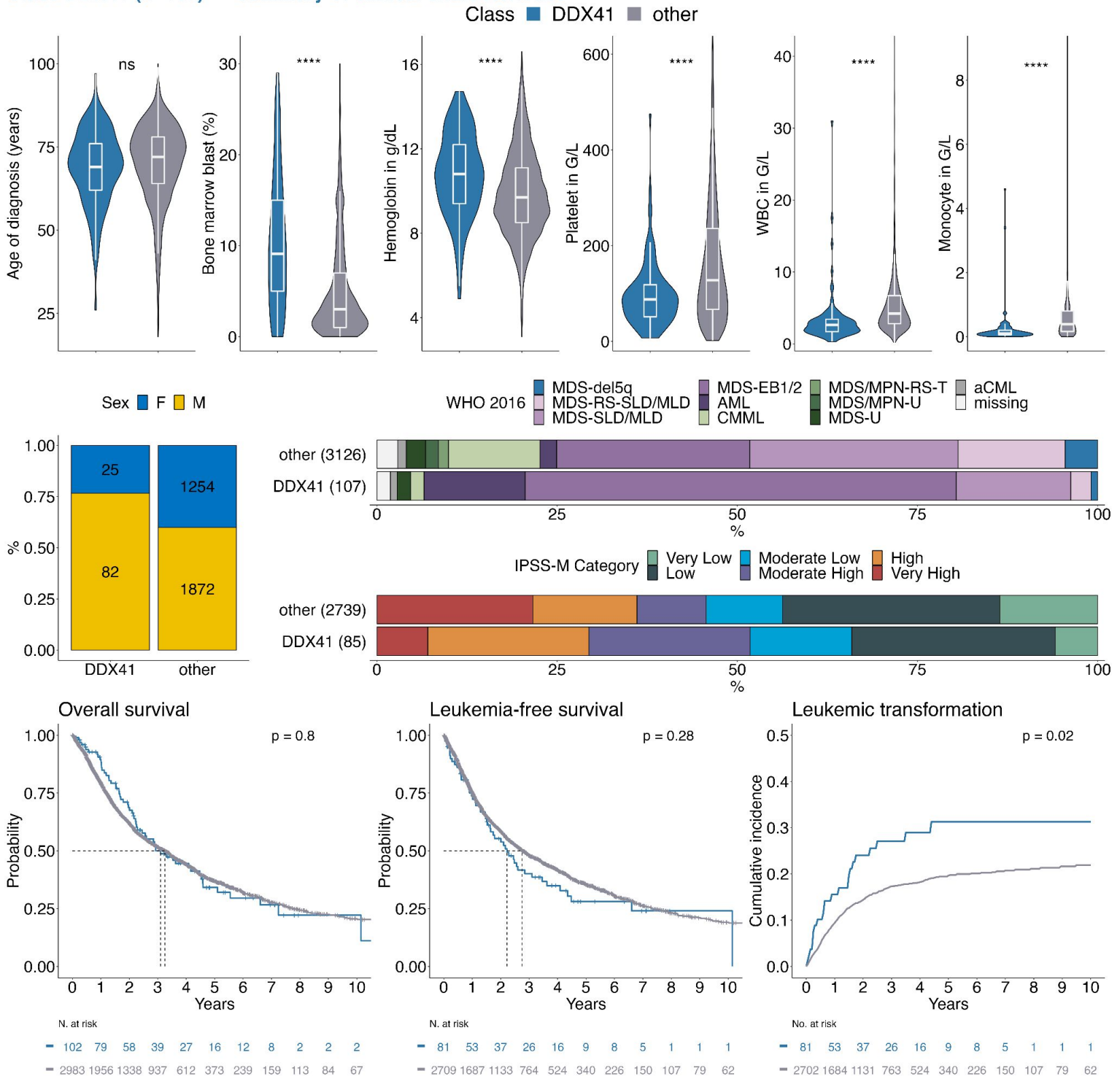
Class ■ DDX41 ■ other





**B.**

**Class DDX41 (n=107) --- Summary of clinical characteristics**



**Figure S14 | Summary molecular and clinical metrics of the *AML-like* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Scatter plot representing the VAF of *NPM1* and *DNMT3A* mutations from patients harboring both of those mutations (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

**C. Clinical summary metrics of subgroups of *AML-like*** comparing cases with AML-defining features (*NPM1* mutation, inv(3)) (gold) versus other cases with 2 or more mutations in (*WT1*, *FLT3*, *MLL* PTD, *MYC*) (green).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

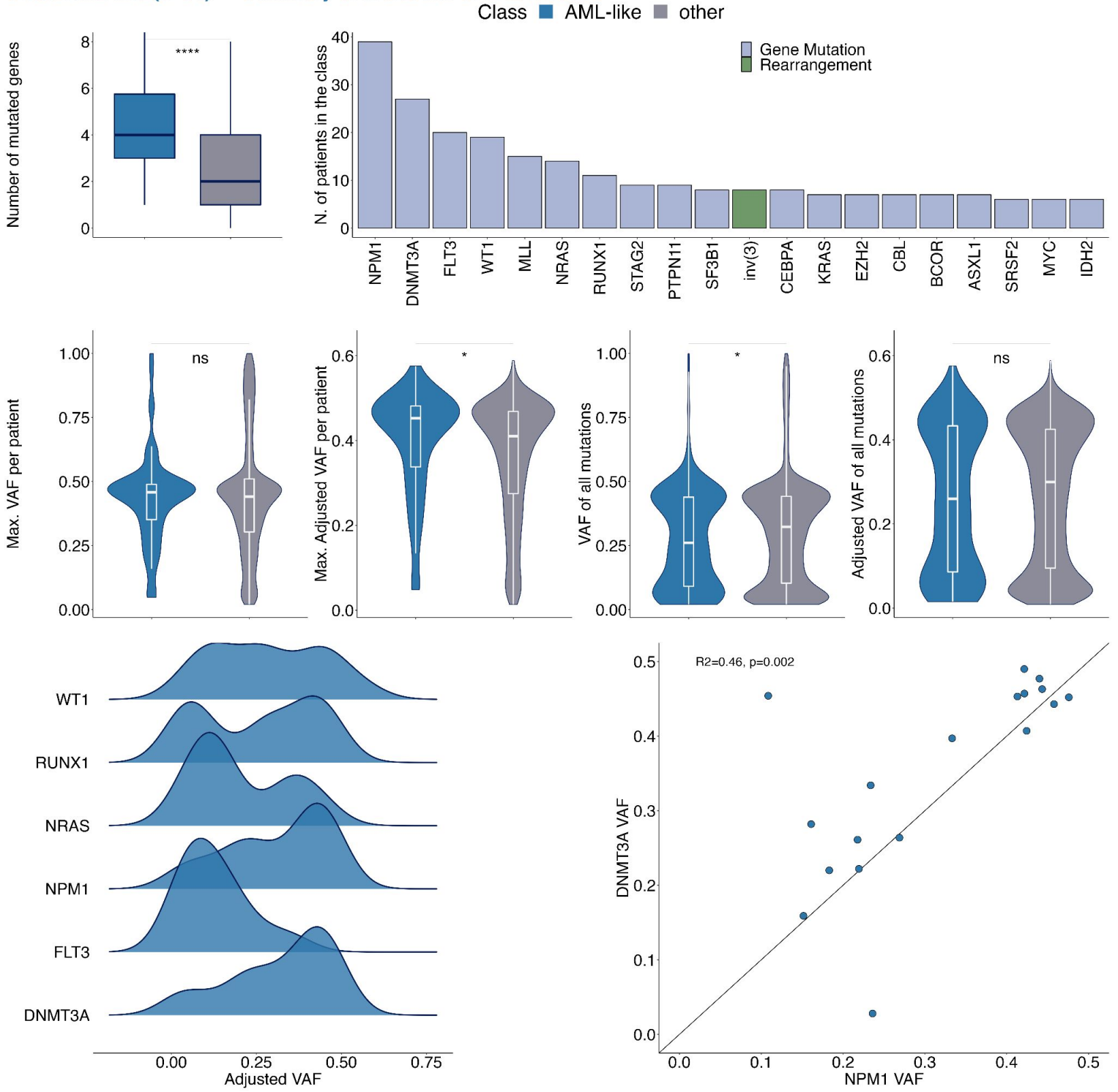
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

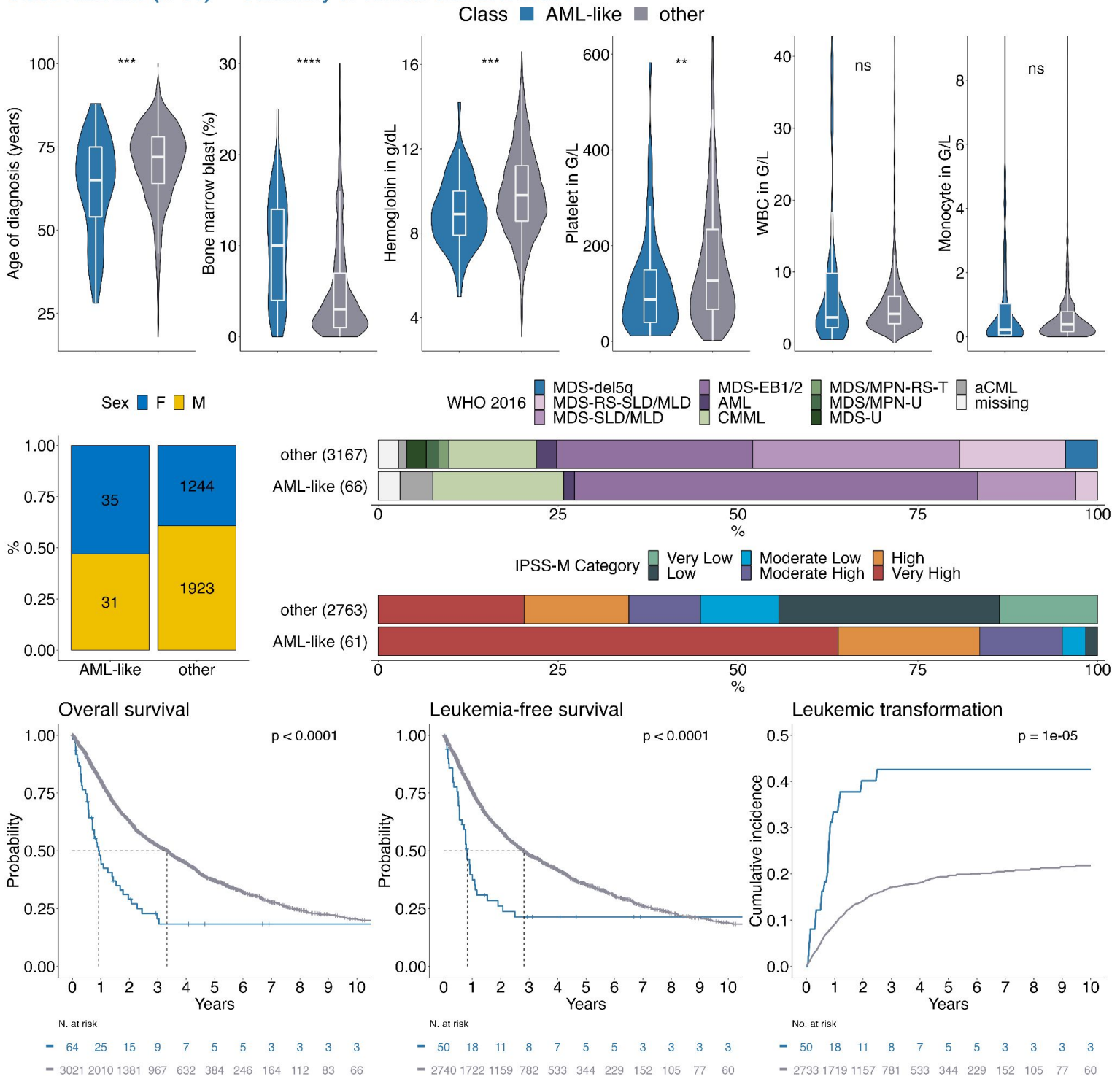
A.

Class AML-like (n=66) --- Summary of molecular characteristics



**B.**

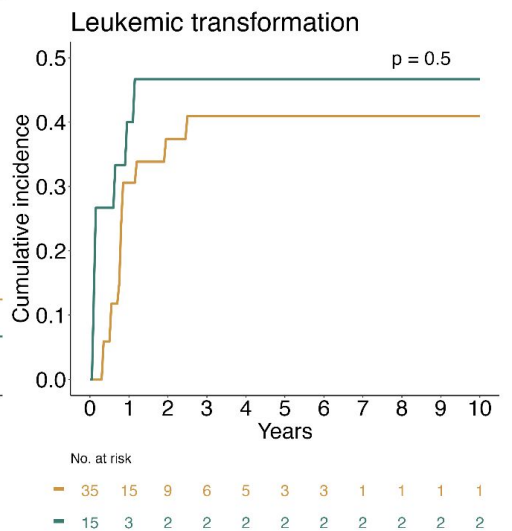
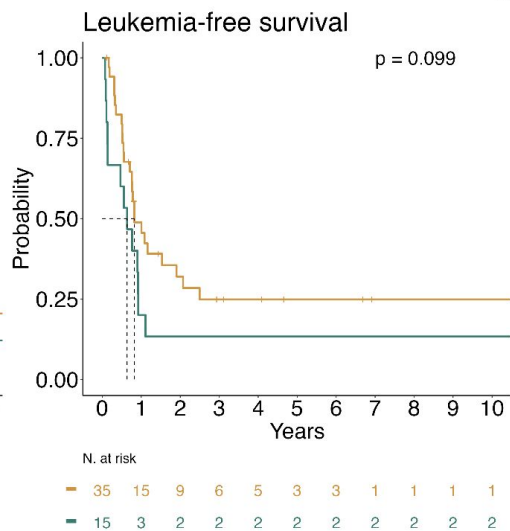
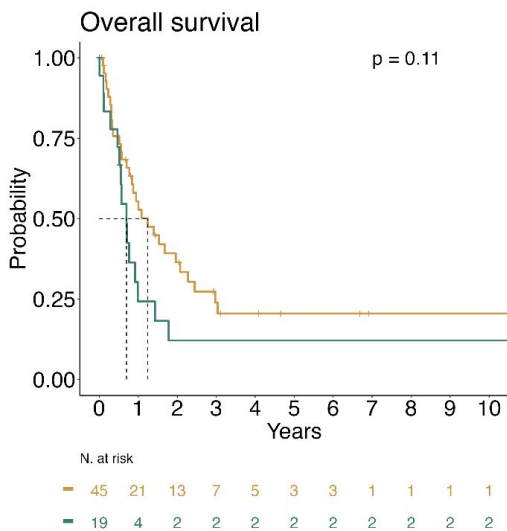
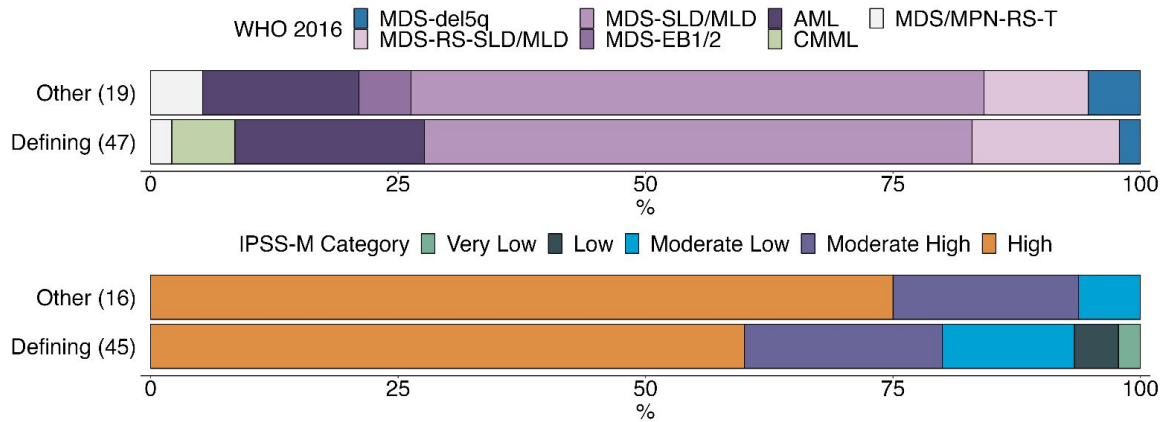
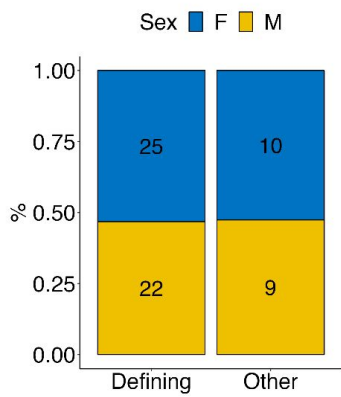
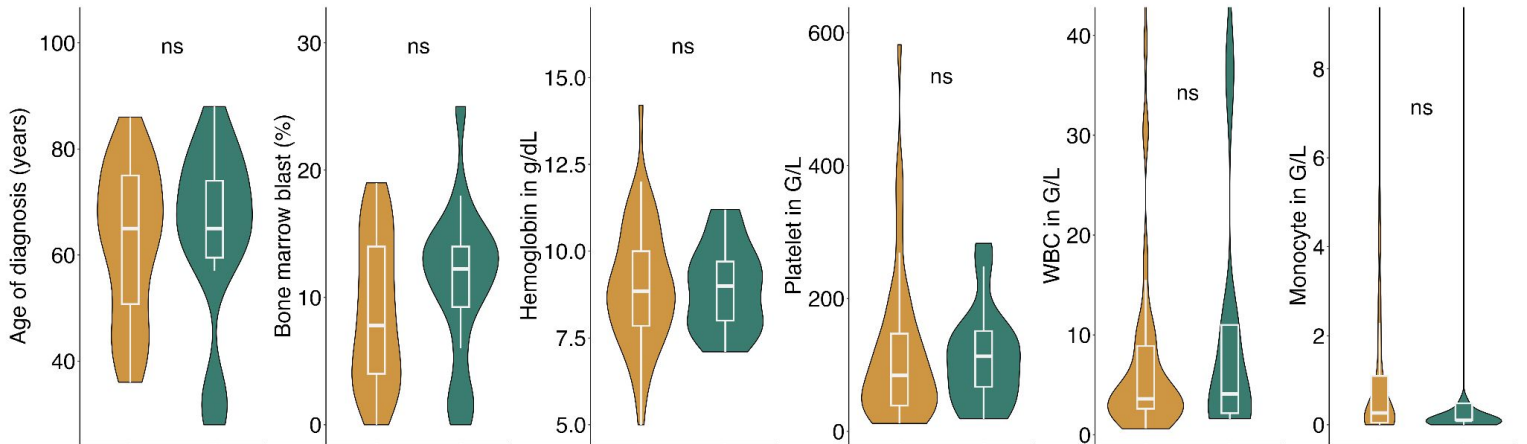
**Class AML-like (n=66) --- Summary of clinical characteristics**



C.

**Class AML-like (n=66) --- Sub-categorization as AML defining (n=47) or Other AML like (n=19)**

Sub-group ■ AML defining (NPM1, inv(3)), N=47 ■ Other i.e. 2 or more events in (WT1, FLT3, MLL PTD, MYC) mutations, N=19



**Figure S15 | Summary molecular and clinical metrics of the *TP53-complex* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

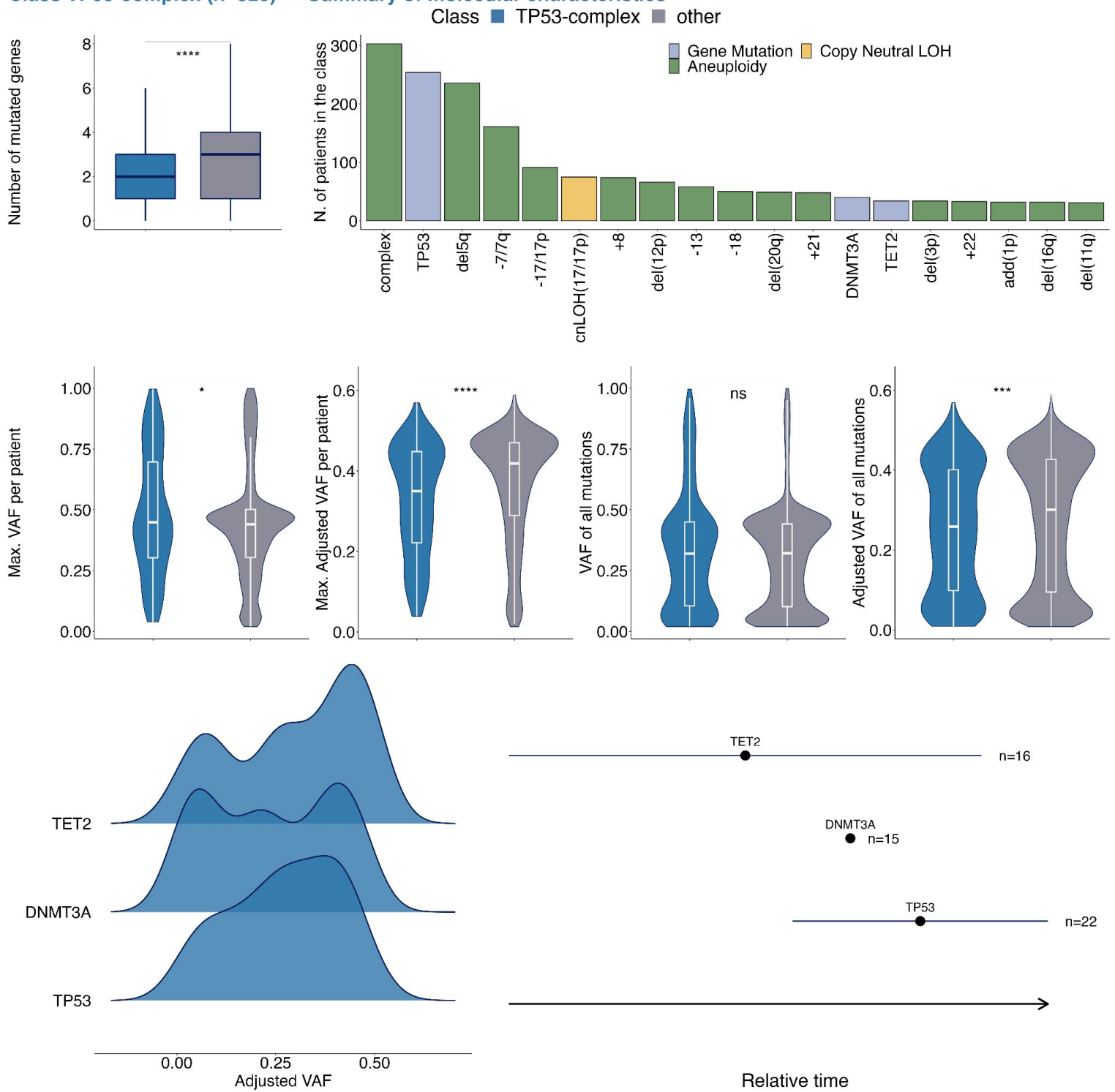
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

A.

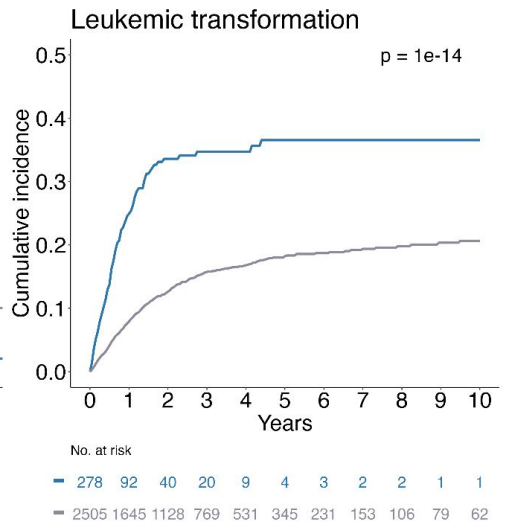
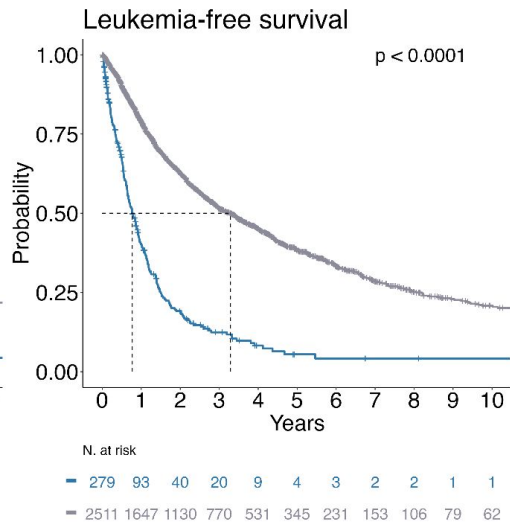
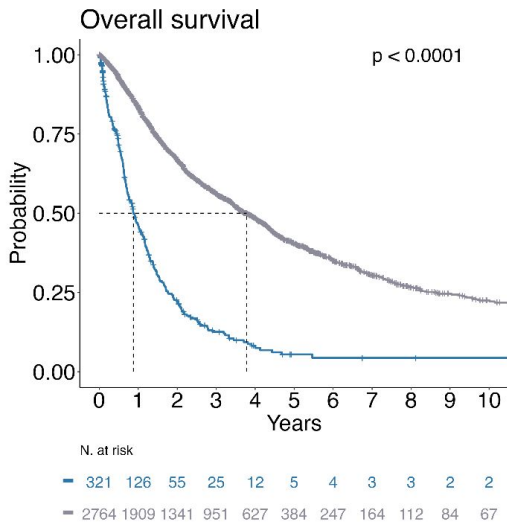
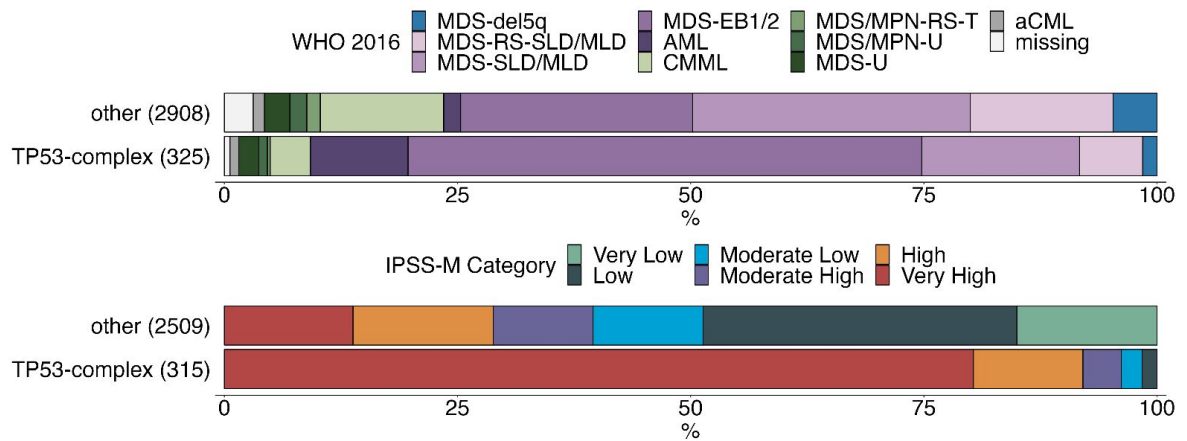
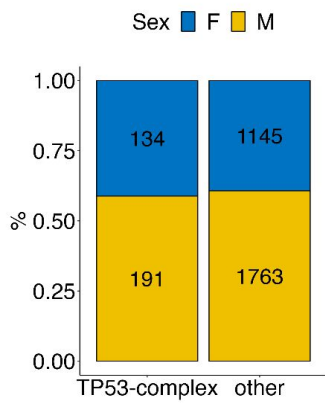
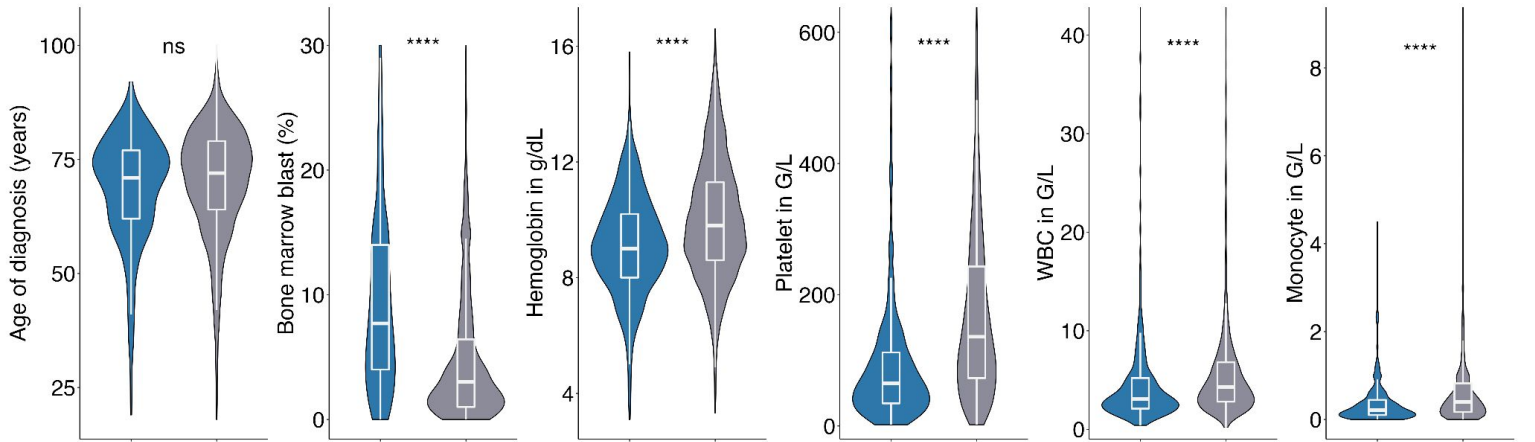
### Class TP53-complex (n=325) --- Summary of molecular characteristics



**B.**

**Class TP53-complex (n=325) --- Summary of clinical characteristics**

Class ■ TP53-complex ■ other





**Figure S16 | Summary molecular and clinical metrics of the *del(5q)* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

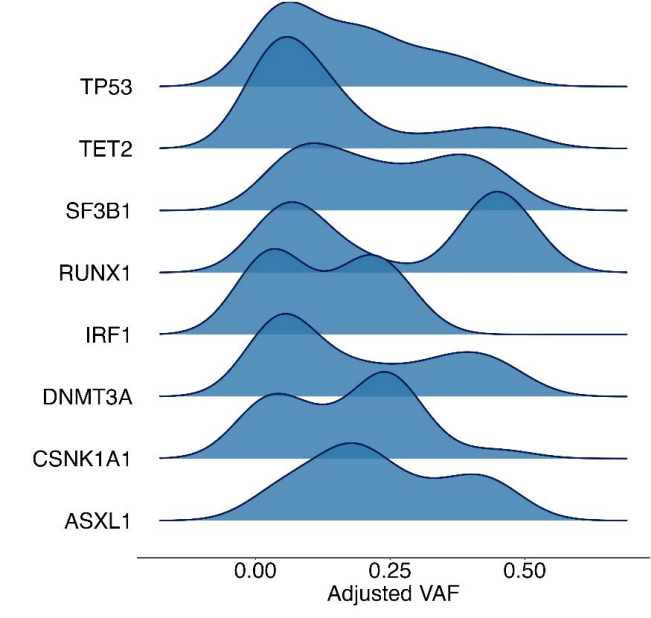
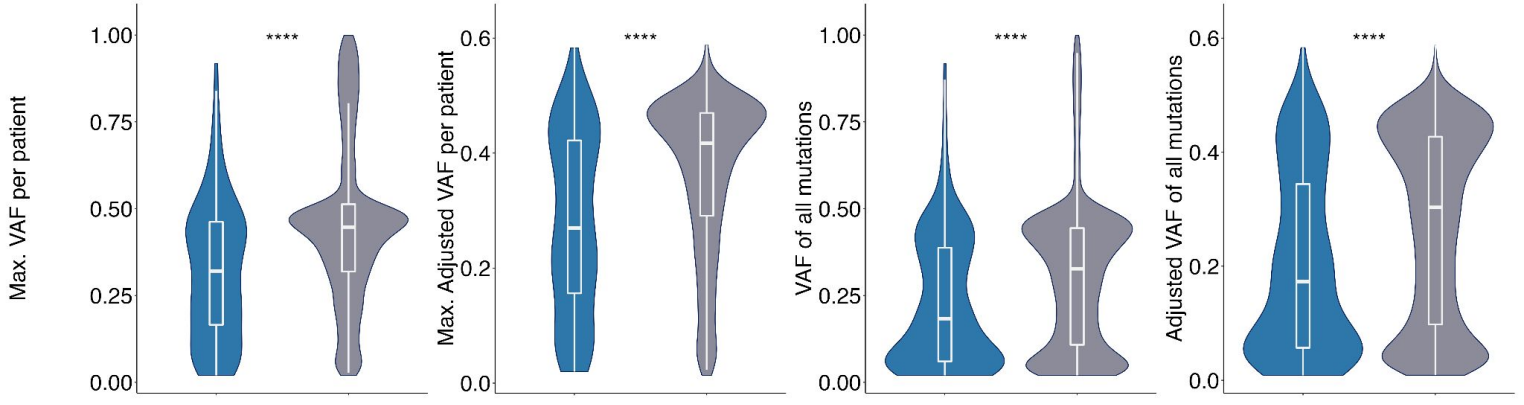
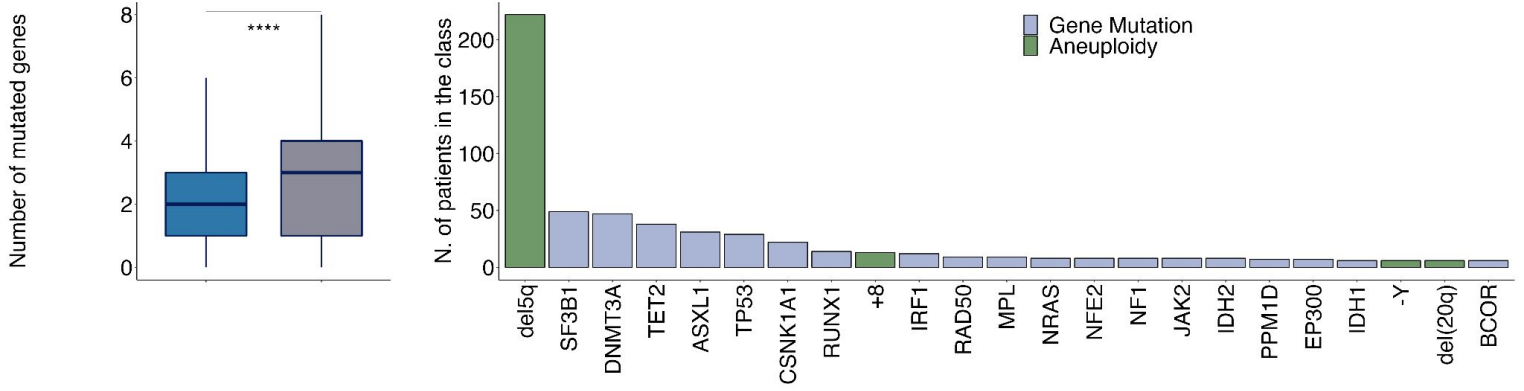
Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

A.

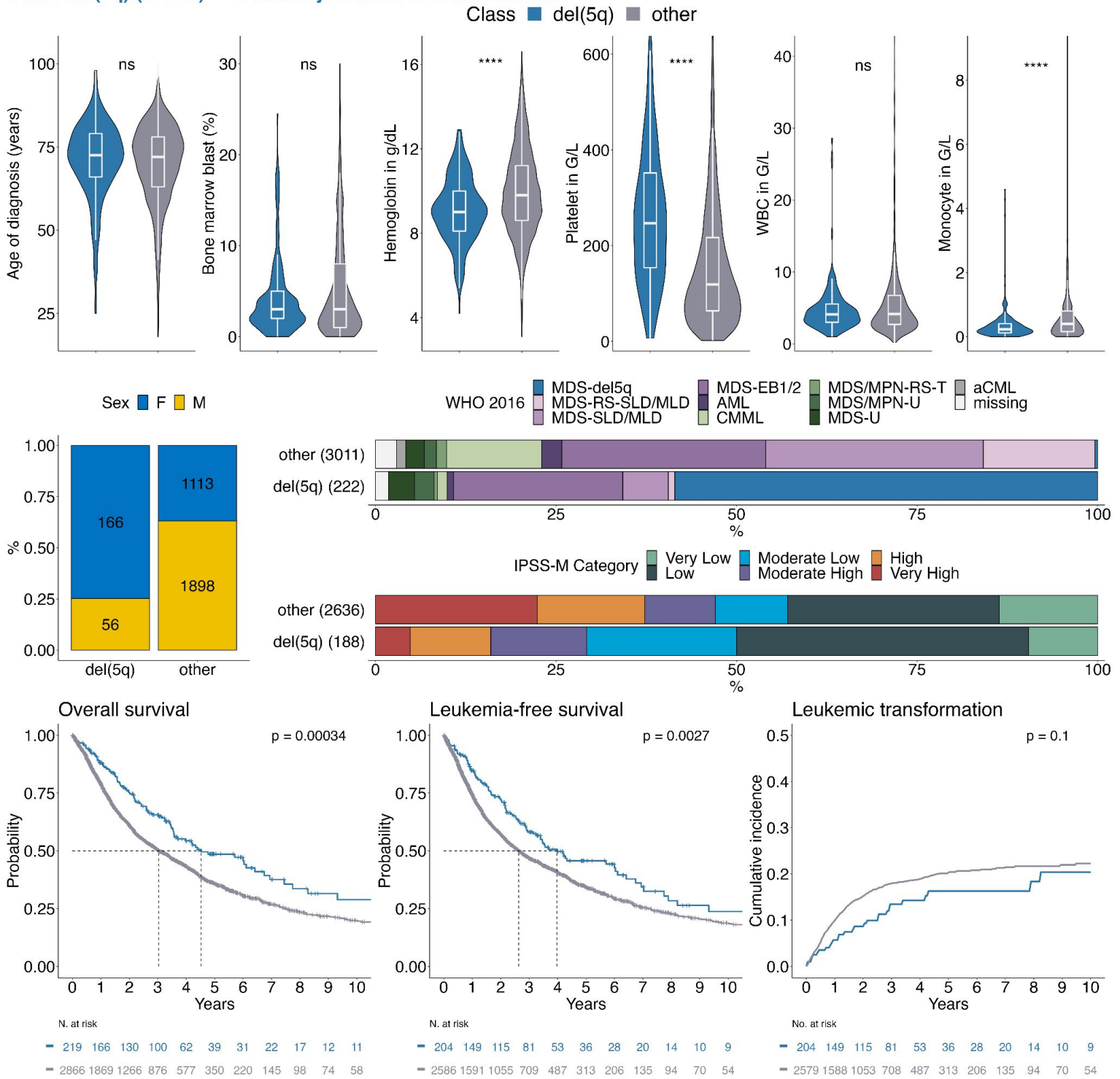
Class del(5q) (n=222) --- Summary of molecular characteristics

Class ■ del(5q) ■ other



**B.**

**Class del(5q) (n=222) --- Summary of clinical characteristics**



**Figure S17 | Summary molecular and clinical metrics of the *SF3B1* group.** Two multi-panel figures, molecular (**A.**) and clinical (**B.**), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

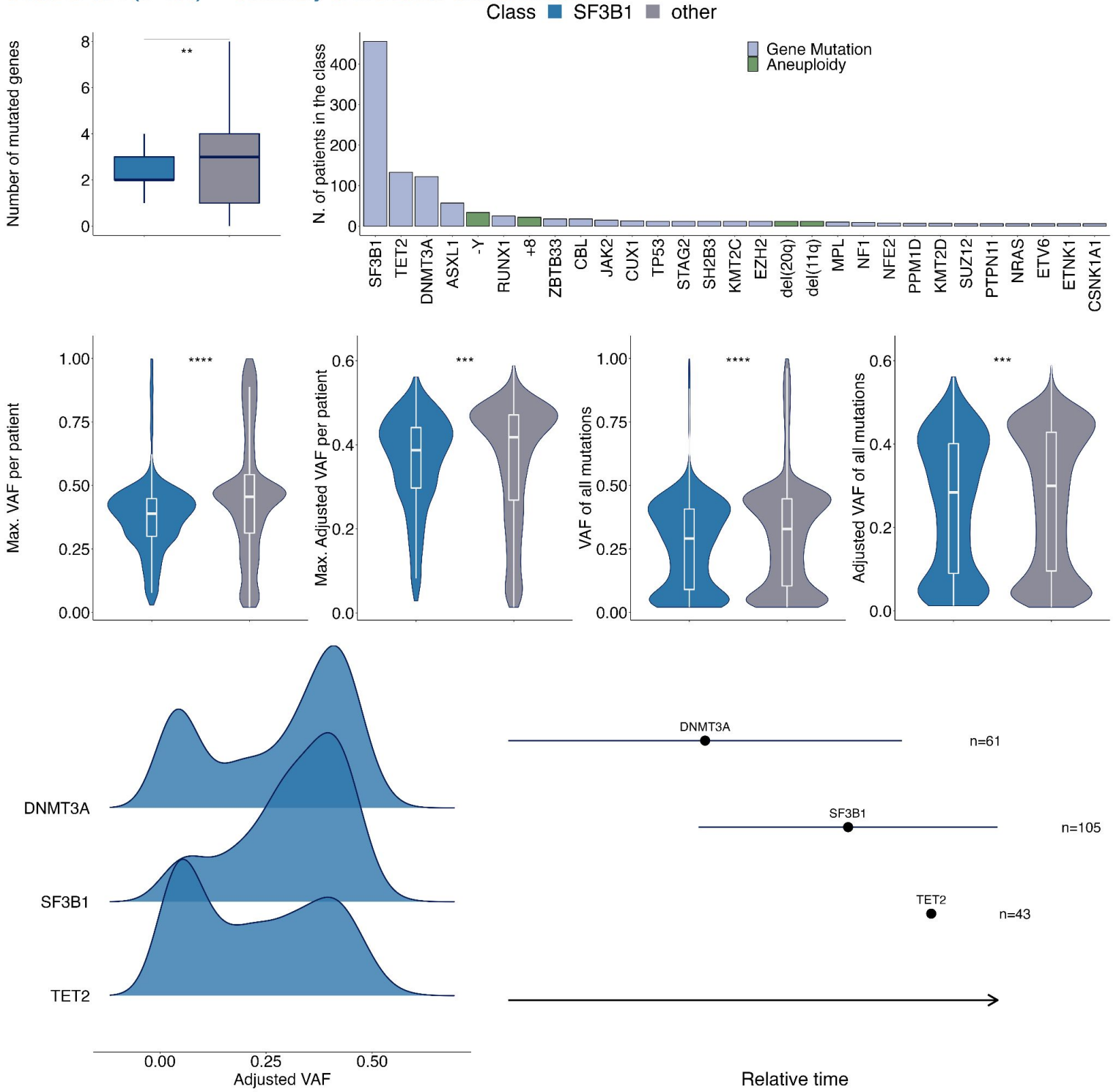
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

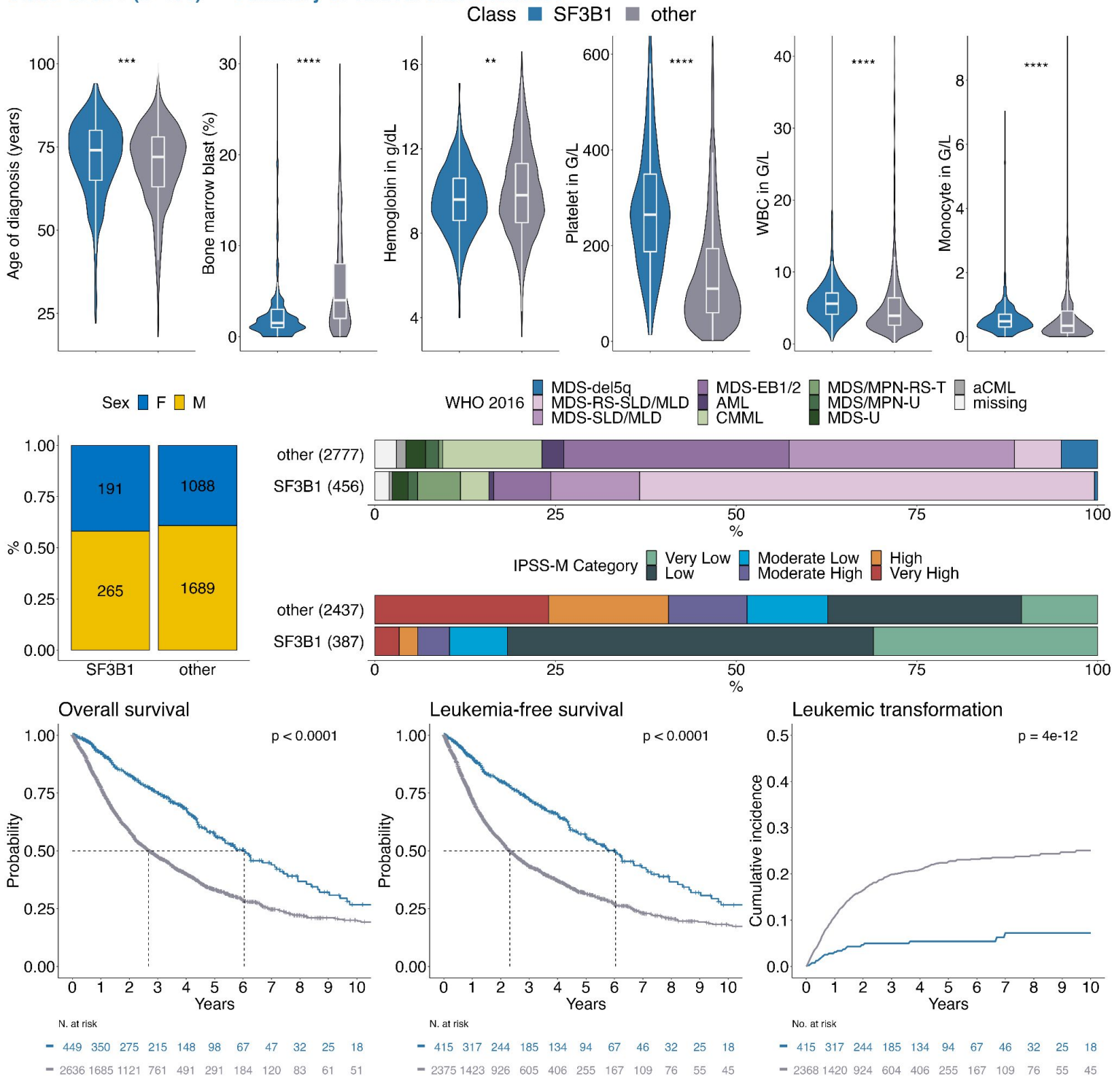
A.

Class SF3B1 (n=456) --- Summary of molecular characteristics



**B.**

**Class SF3B1 (n=456) --- Summary of clinical characteristics**



**Figure S18 | Comparison of cases with complex karyotype with or without mutated *TP53*.**

**A.** Distribution of the number of cytogenetic alterations and number of mutated genes per patient for cases with complex karyotype (CK) and with wildtype (WT) *TP53* or mutated (MUT) *TP53*.

**B.** Frequency distribution of gene mutations and cytogenetic alterations in patients with complex karyotype and mutated *TP53* (blue, n=232) or complex karyotype and wildtype *TP53* (gold, n=71).

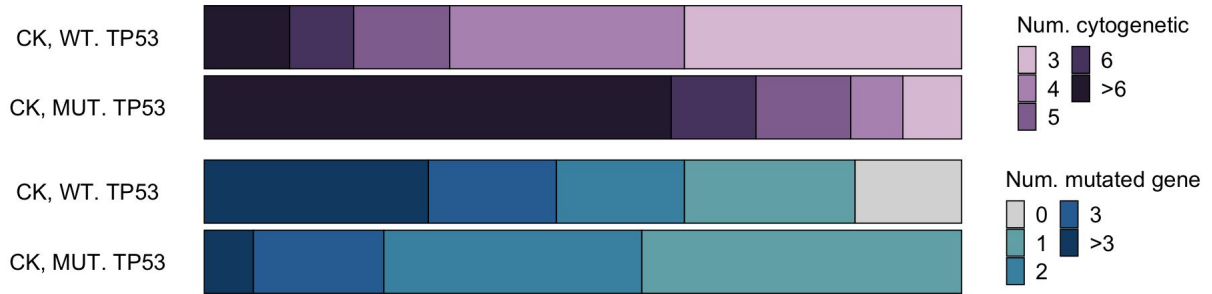
\*\*\*p< 0.001, \*\*p< 0.01, \*p< 0.05, two-sided Fisher's exact test with Benjamini–Hochberg multiple testing correction.

**C.** Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

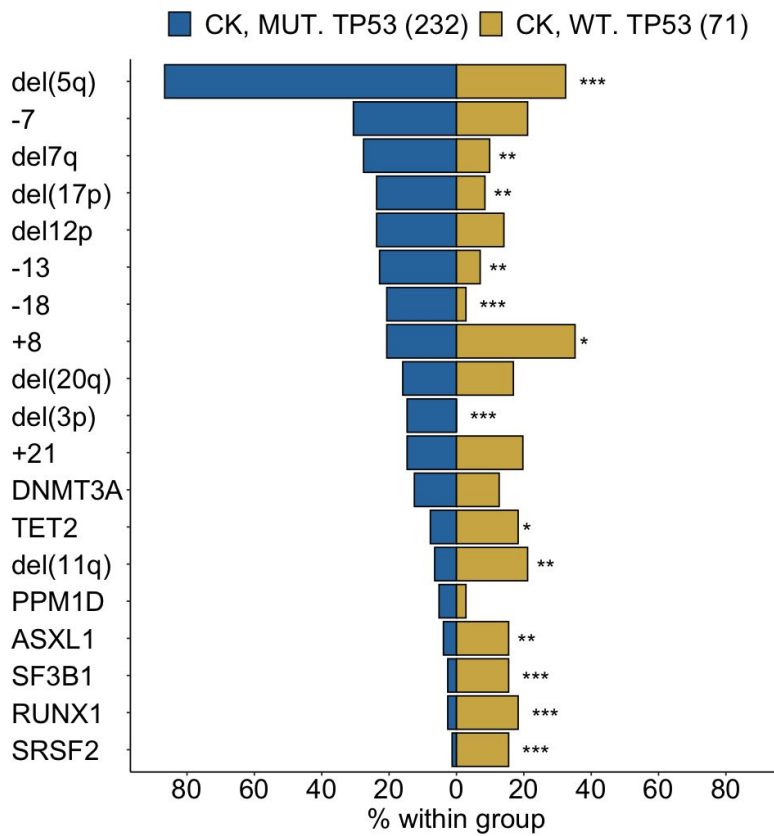
CK, MUT. TP53 n=232

CK, WT. TP53 n=71

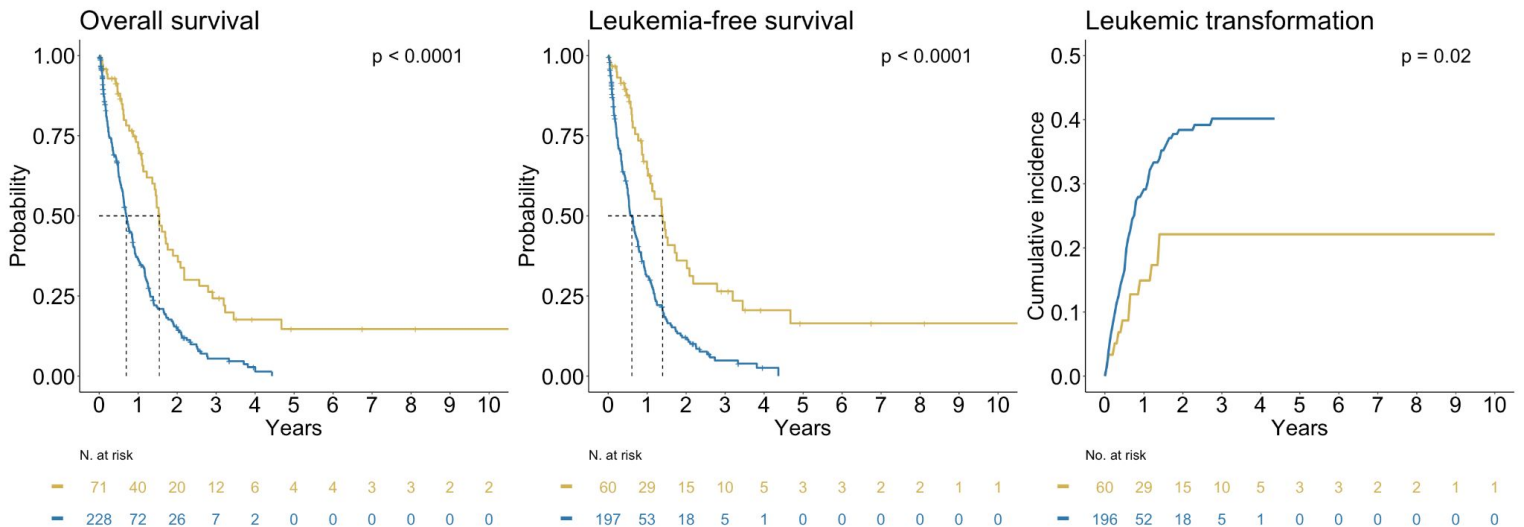
A.



B.



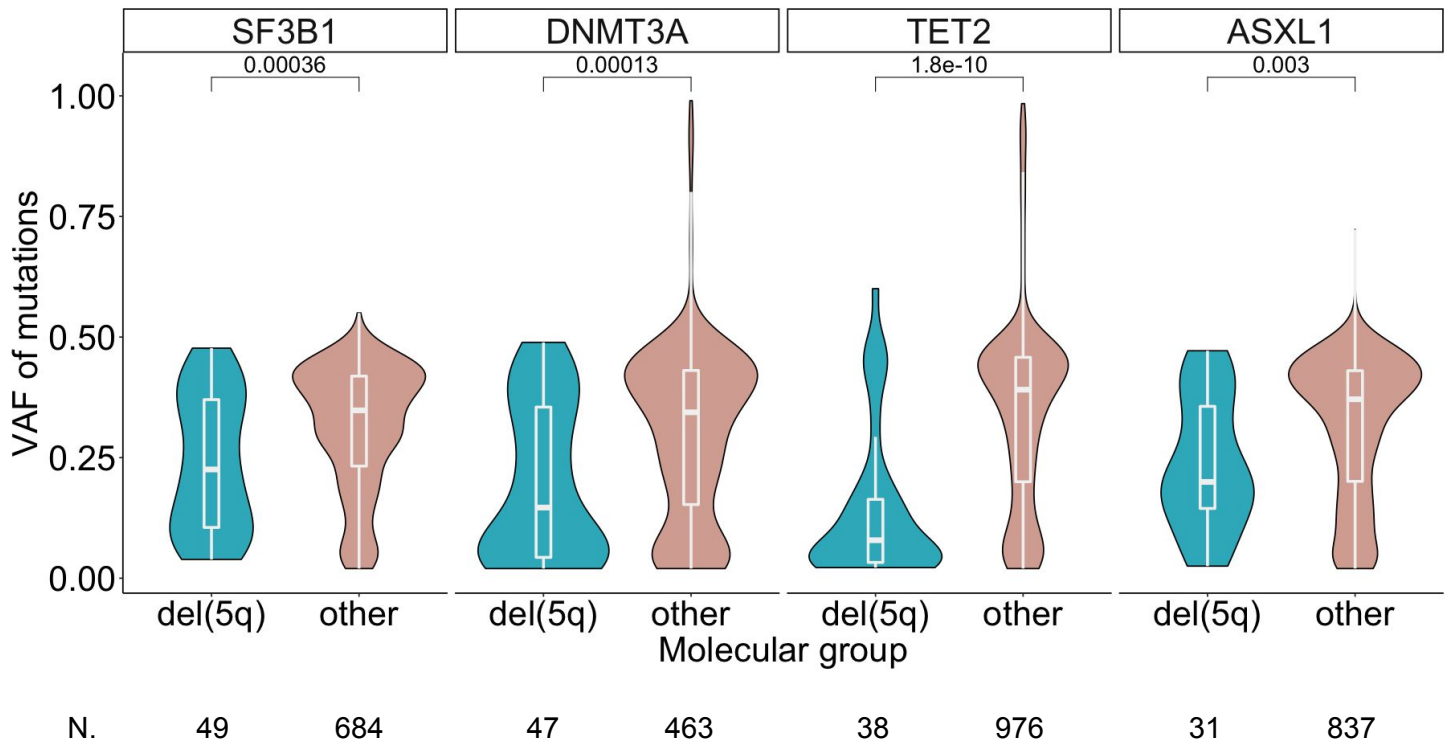
C.





**Figure S19 | Comparison of the variant allele fraction of *SF3B1* and *DTA* mutations between the *del(5q)* or other molecular groups.**

Violin plots and boxplots represent the distribution of variant allele fraction (VAF) of *SF3B1* or *DTA* (*DNMT3A*, *TET2*, *ASXL1*) mutations from patients classified within the *del(5q)* (green) or other molecular subgroups (red). Number of patients with *SF3B1* or *DTA* mutations are indicated below the plot. P-values are from the Wilcoxon rank-sum test. The VAFs of *SF3B1* and *DTA* mutations were significantly lower within the *del(5q)* group compared to other molecular groups (22% vs. 35% and 15% vs. 38%, respectively).



**Figure S20 | Summary molecular and clinical metrics of the *bi-TET2* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

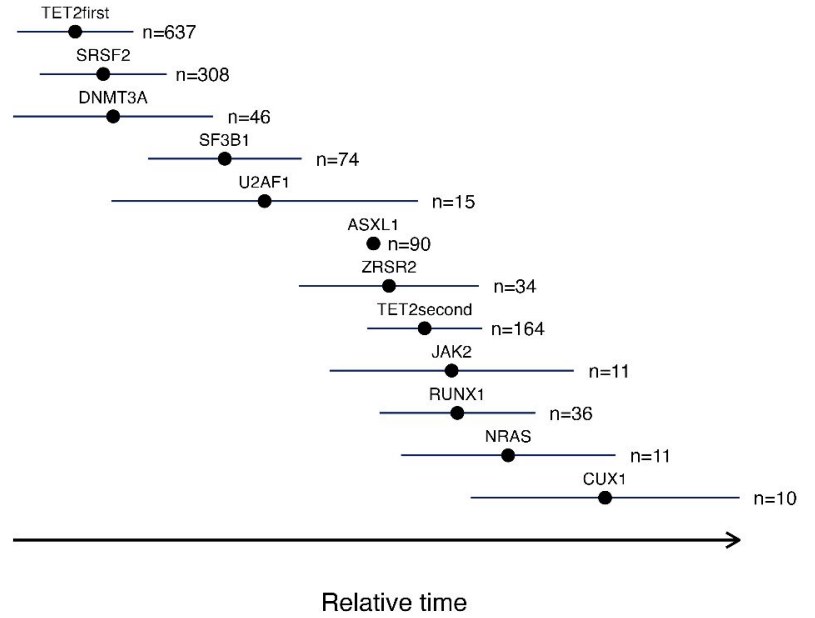
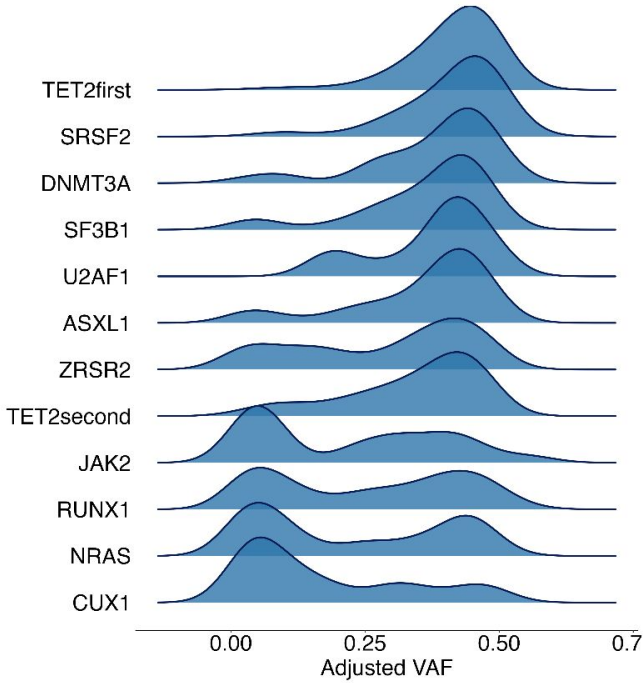
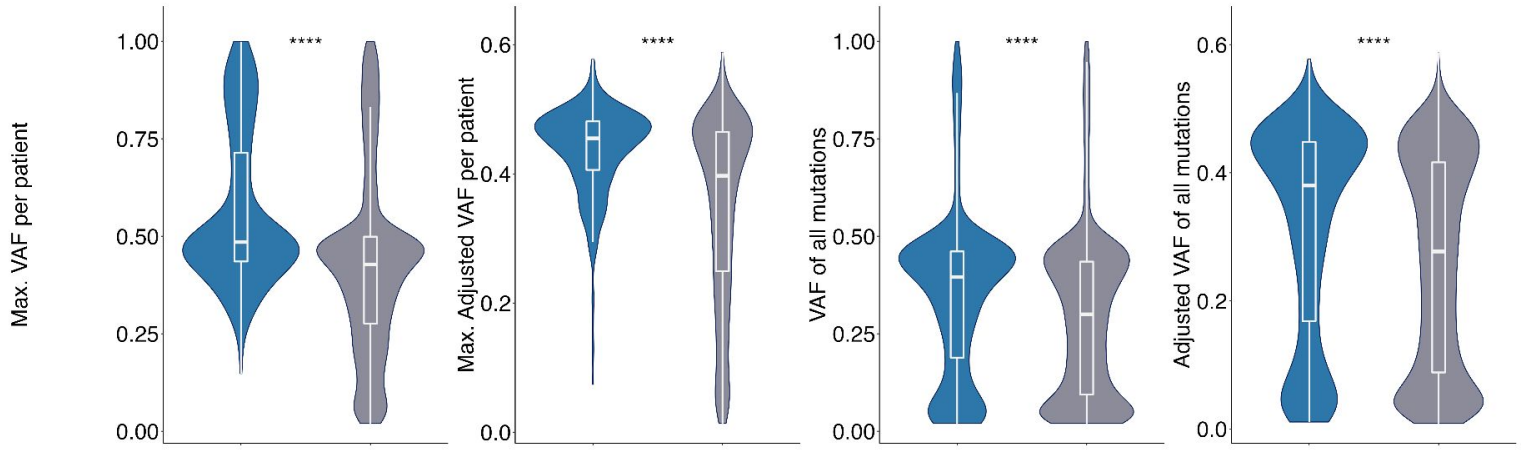
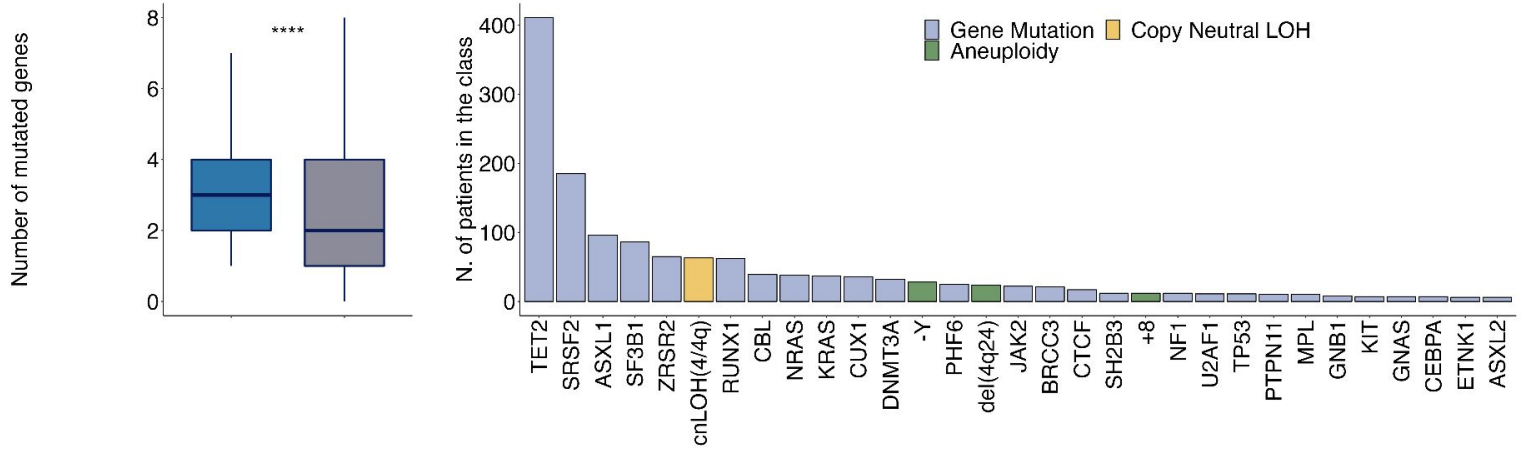
Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

A.

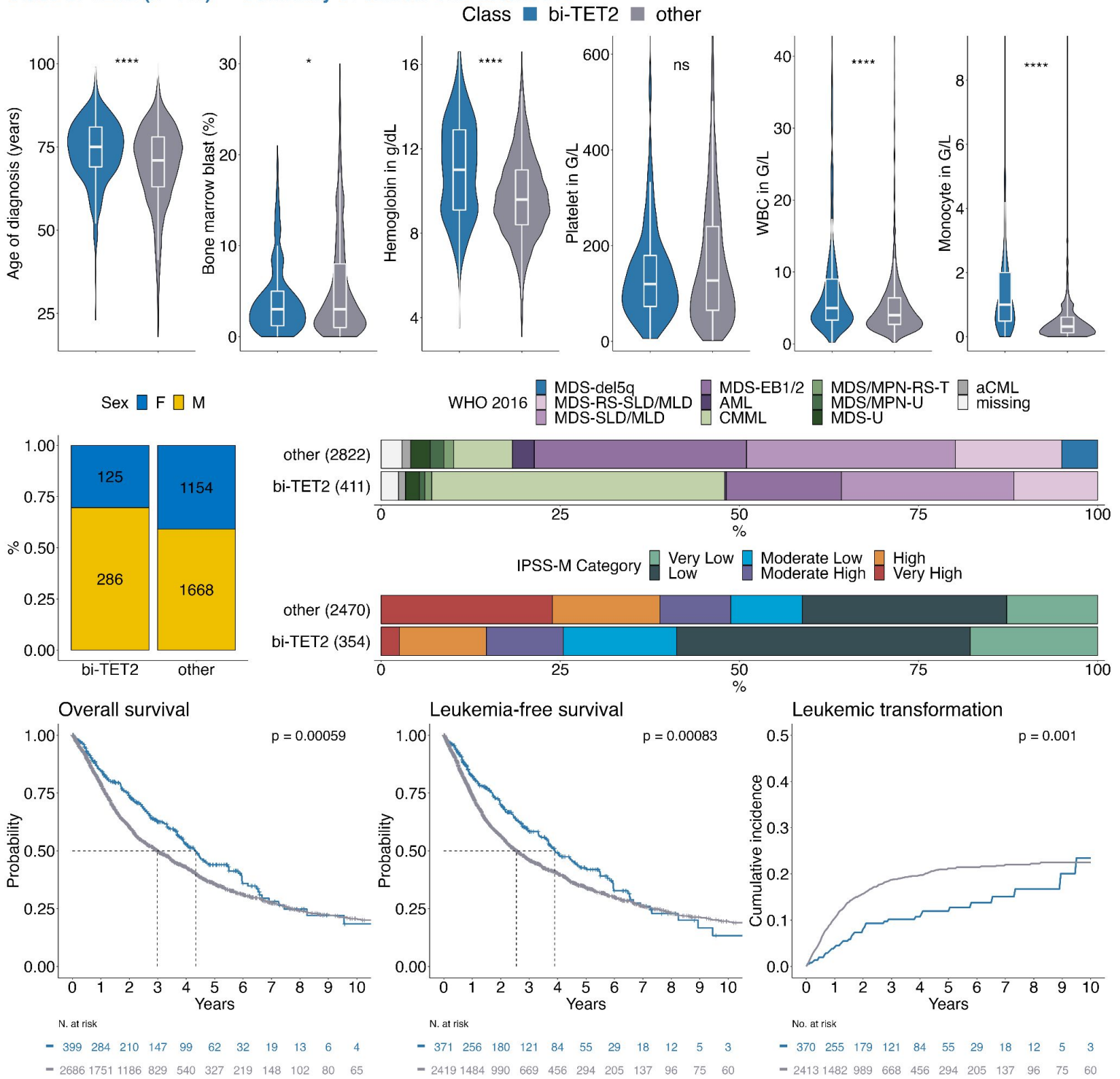
Class bi-TET2 (n=411) --- Summary of molecular characteristics

Class ■ bi-TET2 ■ other



**B.**

**Class bi-TET2 (n=411) --- Summary of clinical characteristics**



**Figure S21 | Genotype-phenotype association analysis and evolutionary trajectories within the *bi-TET2* group.**

**A.** Scatter plots comparison within the *bi-TET2* group of the cancer cell fraction (CCF) of mutations of the dominant *TET2* mutation with (i) the second *TET2* mutation for cases with multiple *TET2* mutations (top left), (ii) *SRSF2* mutation (top right), (iii) *SF3B1* mutation (bottom left), and (iv) *ZRSR2* mutation (bottom right). Of note, the median CCF of the dominant *TET2* mutation was 87% (IQR 76-94), while for the 306 cases with multiple *TET2* mutations the second allele CCF was 76% (IQR 54-88).

**B.** Boxplot and violin plots comparing the distribution of monocyte counts of patients categorized as *bi-TET2* across the different mutational status for splicing factor mutations (*SRSF2*, *SF3B1*, *ZRSR2*, or none).

\*\*\* $p < 0.0001$ , \* $p < 0.01$ , \* $p < 0.05$ , Wilcoxon rank-sum test.

**C.** Multiple multivariable linear least square regression analysis using the presence of gene mutations as explanatory features and phenotype variables as target variables. White blood cell and monocyte counts were log-transformed. The heatmap represents the fitted coefficients with darker purple denoting positive effects and darker red negative effects. The coefficients of determination ( $R^2$ ) are indicated as dot-lines.

\*\* $p < 0.0001$ , \* $p < 0.01$ , + $p < 0.01$ , Z-score test.



**Figure S22 | Summary molecular and clinical metrics of the *CCUS-like* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

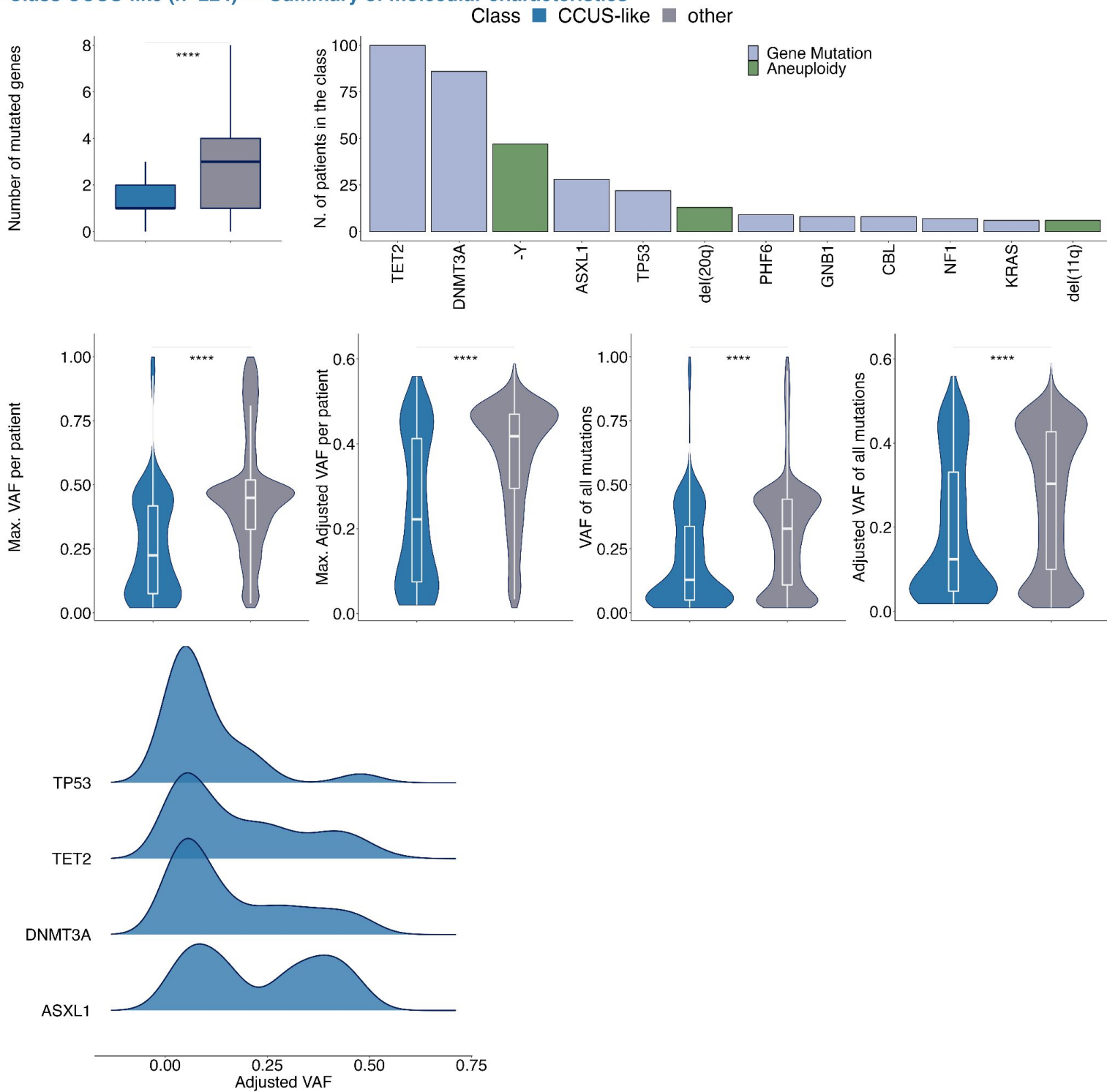
Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.



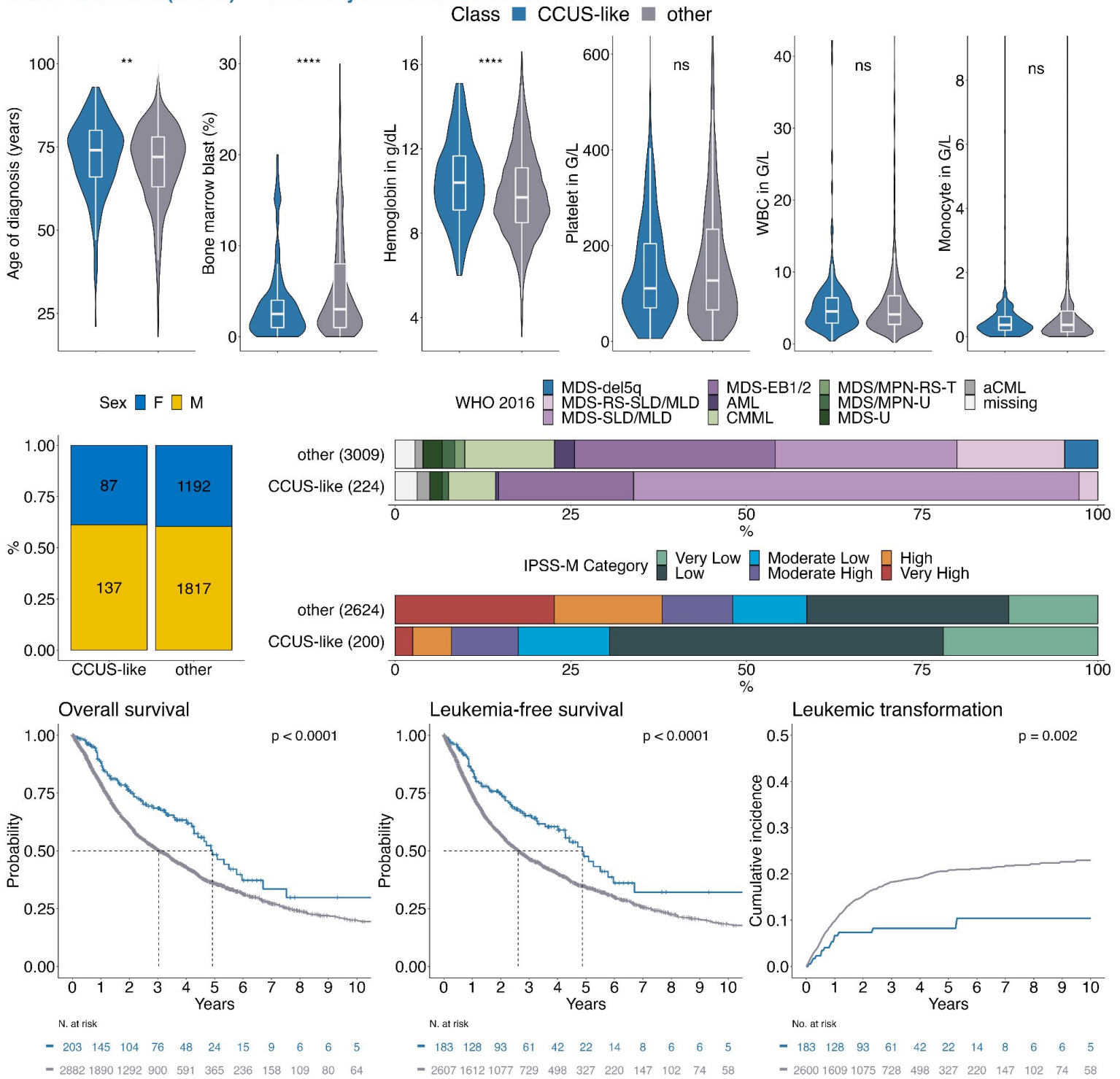
A.

### Class CCUS-like (n=224) --- Summary of molecular characteristics



**B.**

**Class CCUS-like (n=224) --- Summary of clinical characteristics**



**Figure S23 | Summary molecular and clinical metrics of the -7/*SETBP1* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

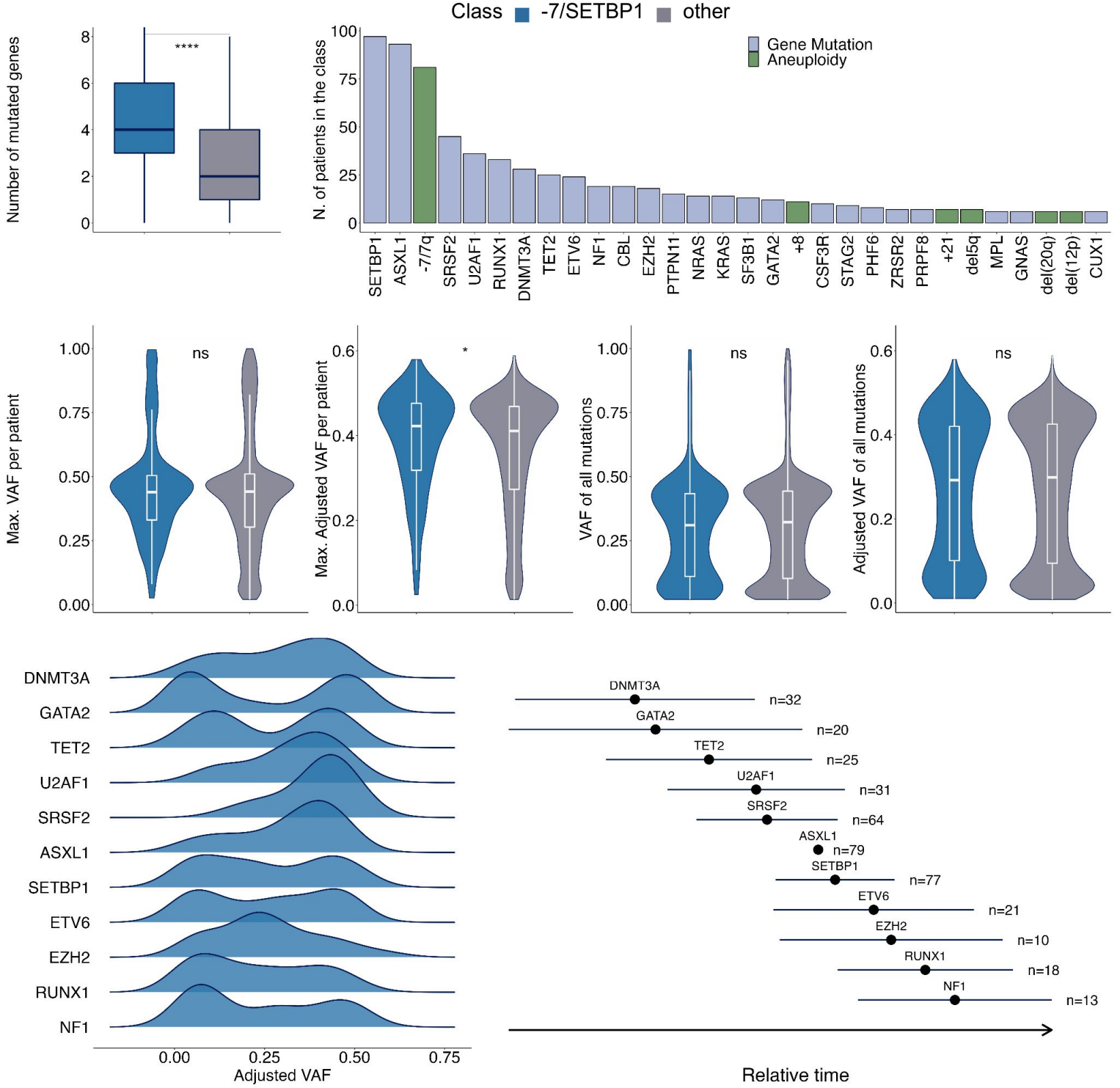
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

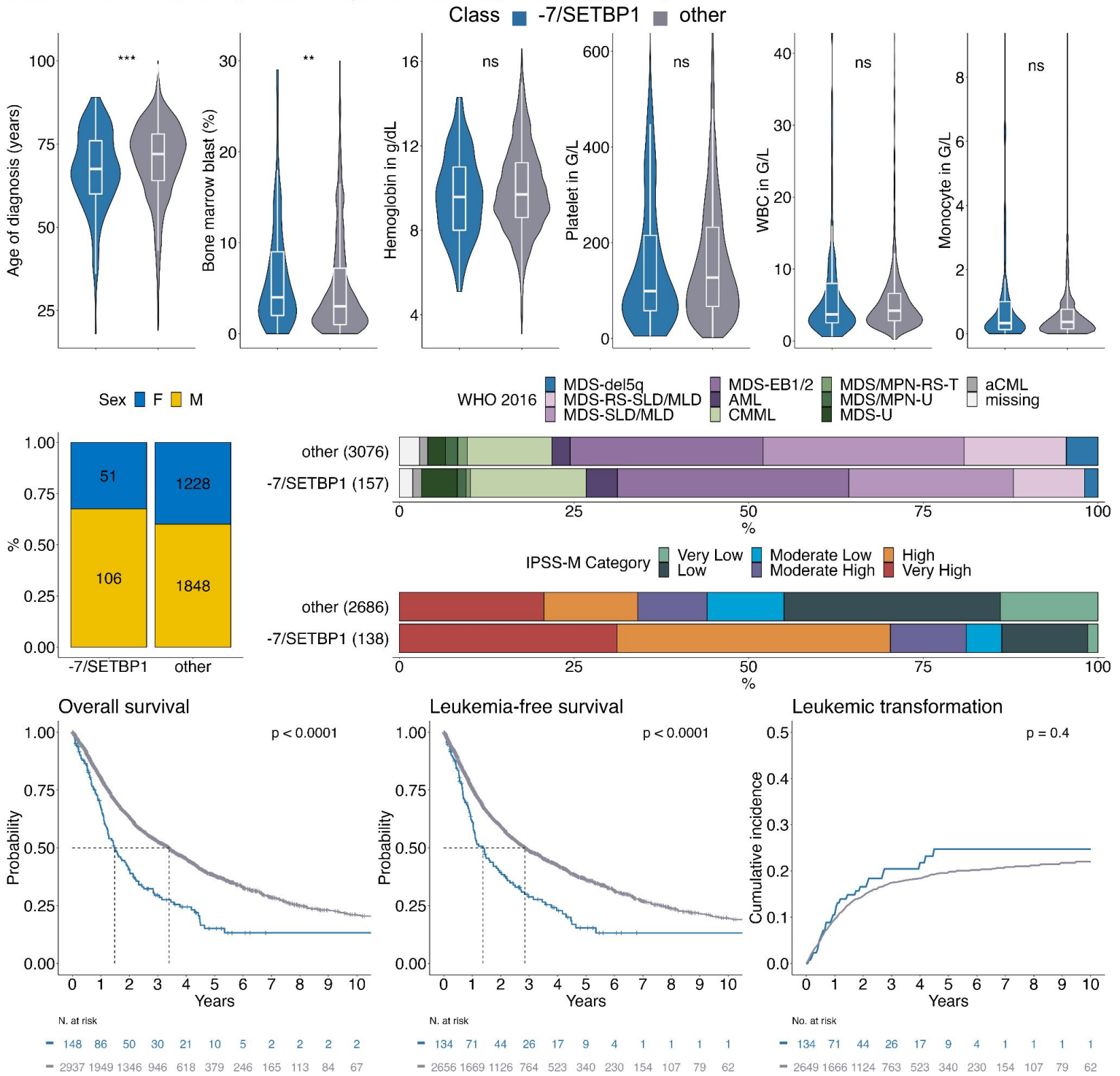
A.

Class -7/SETBP1 (n=157) --- Summary of molecular characteristics



**B.**

**Class -7/SETBP1 (n=157) --- Summary of clinical characteristics**



**Figure S24 | Summary molecular and clinical metrics of the *EZH2-ASXL1* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

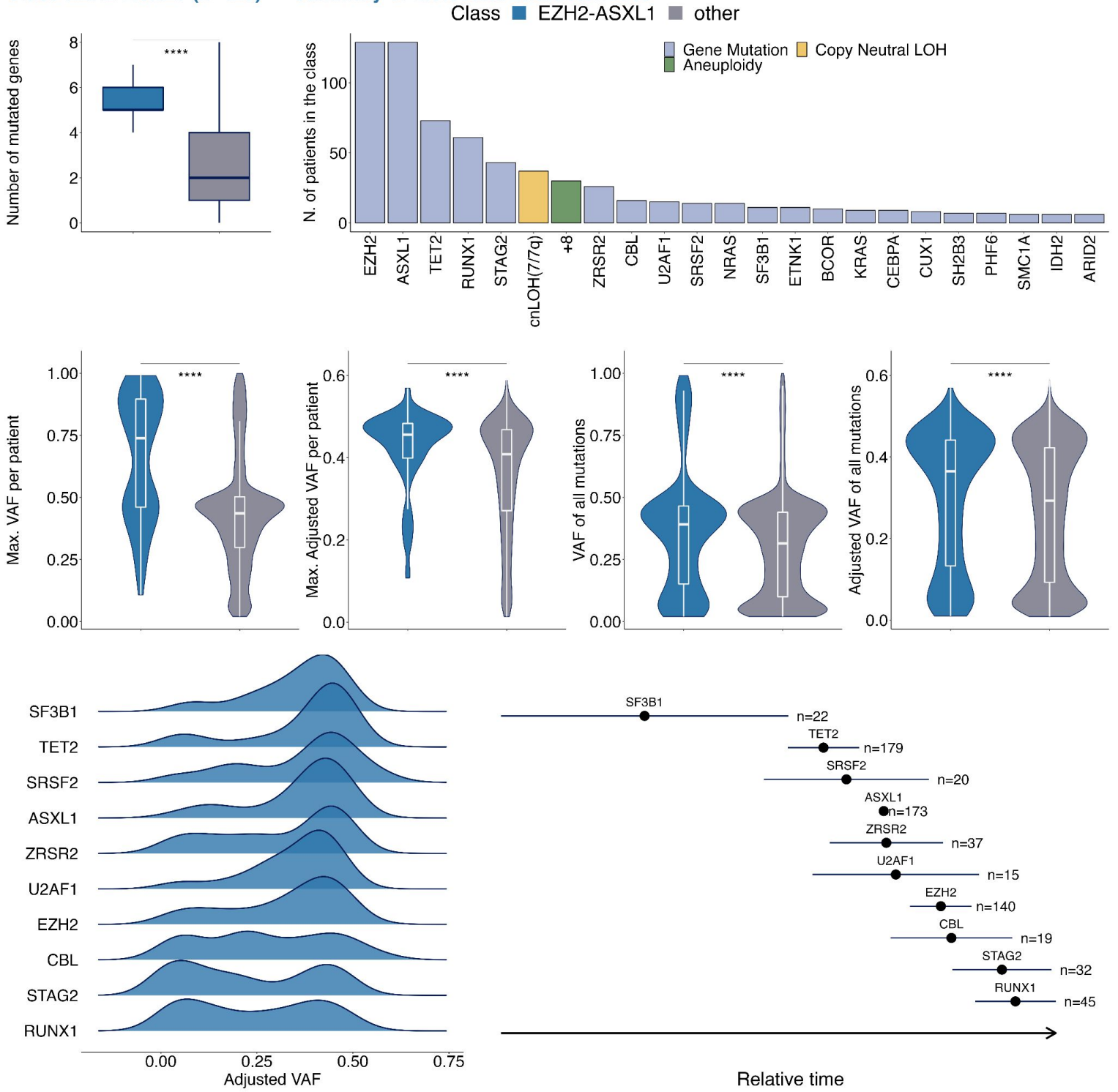
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

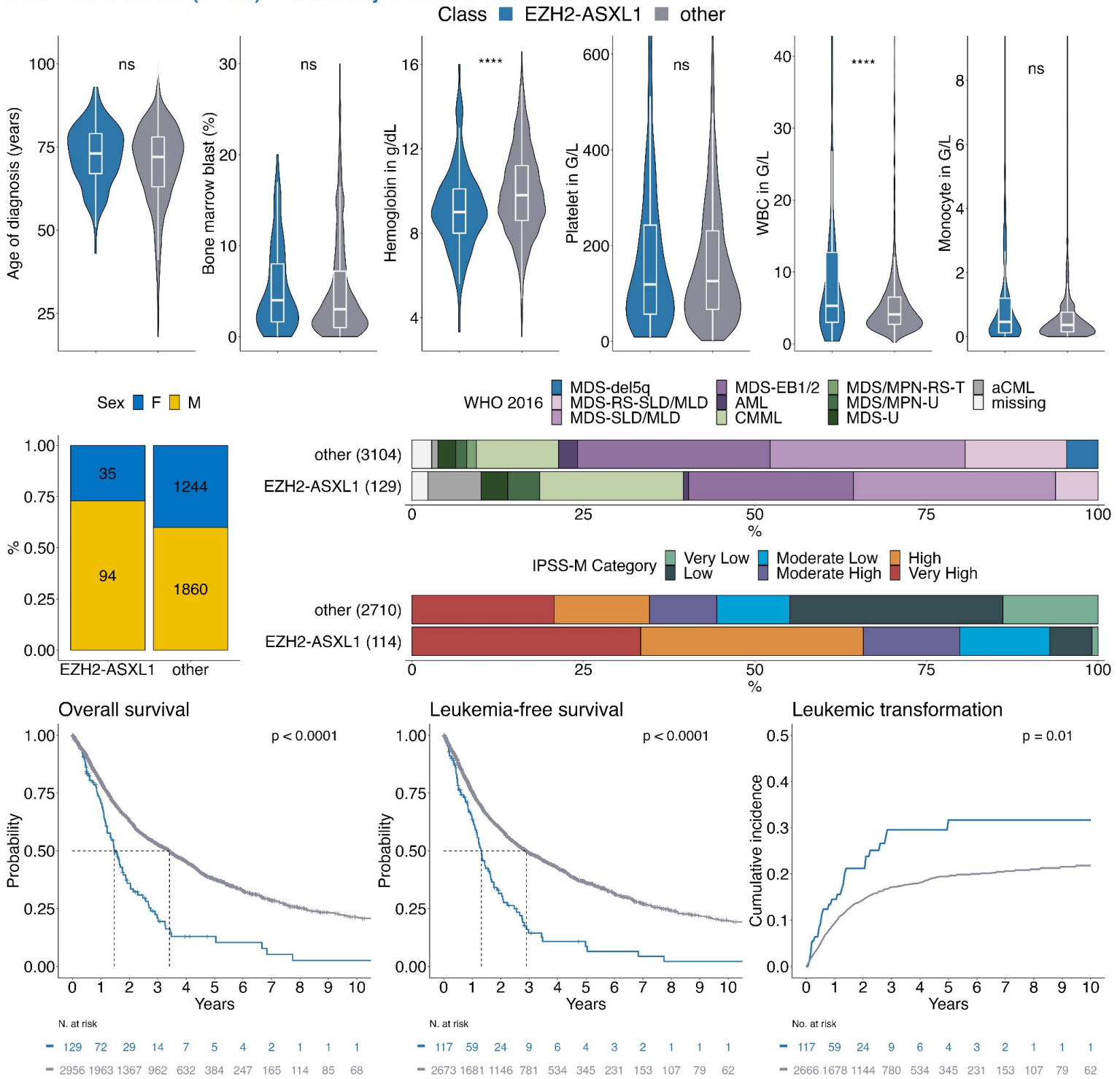
A.

Class EZH2-ASXL1 (n=129) --- Summary of molecular characteristics



**B.**

**Class EZH2-ASXL1 (n=129) --- Summary of clinical characteristics**





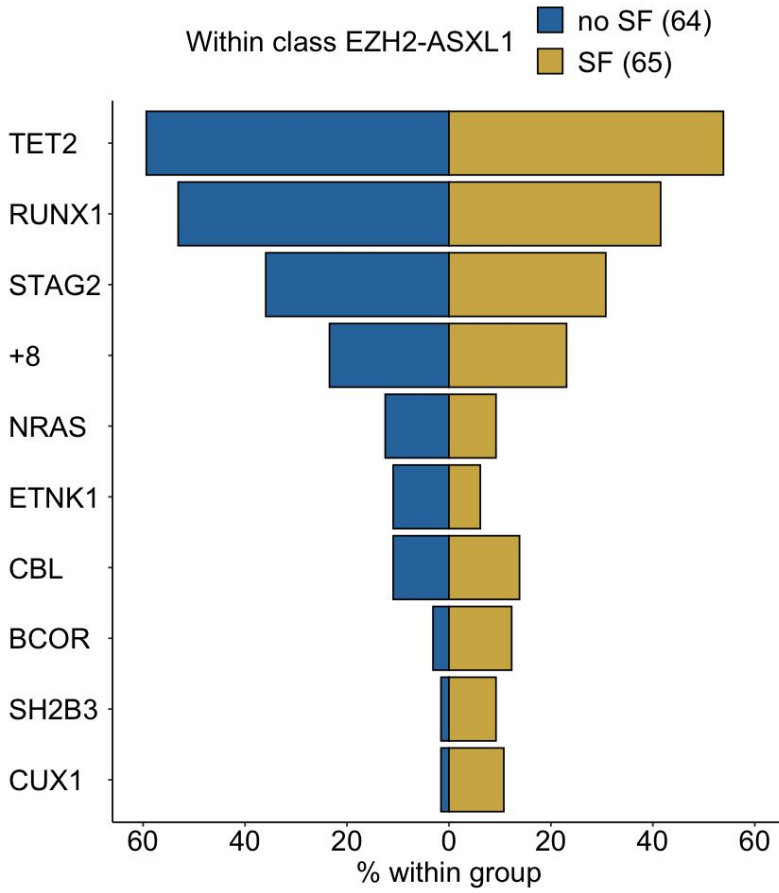
**Figure S25 | Effect of splicing factor mutation status within the *EZH2-ASXL1* group.**

**A.** Frequency distribution of gene mutations and cytogenetic alterations in patients categorized within the *EZH2-ASXL1* group and with (gold, n=65) or without (blue, n=64) splicing factor (SF) mutations. No significant differences in the proportion of molecular alterations were observed between the two subsets.

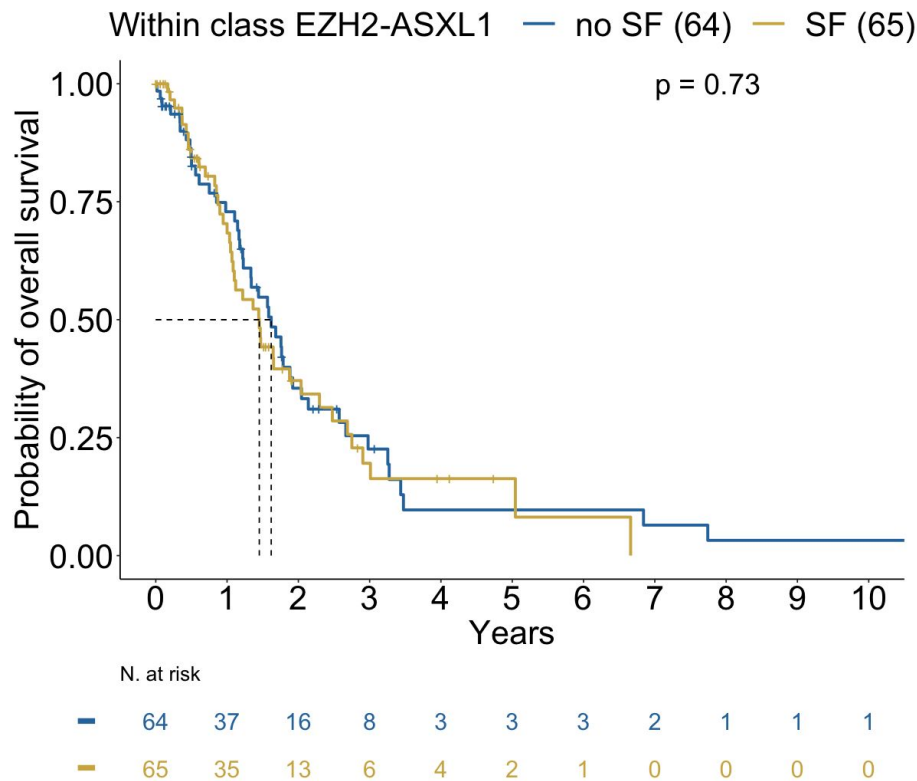
**B.** Kaplan-Meier probability estimates of overall survival from cases categorized within the *EZH2-ASXL1* group and with or without splicing factor (SF) mutations. P-value is from the log-rank test.

Figure S25 | Effect of splicing factor mutation status within the *EZH2-ASXL1* group.

**A.**



**B.**



**Figure S26 | Summary molecular and clinical metrics of the *IDH-STAG2* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

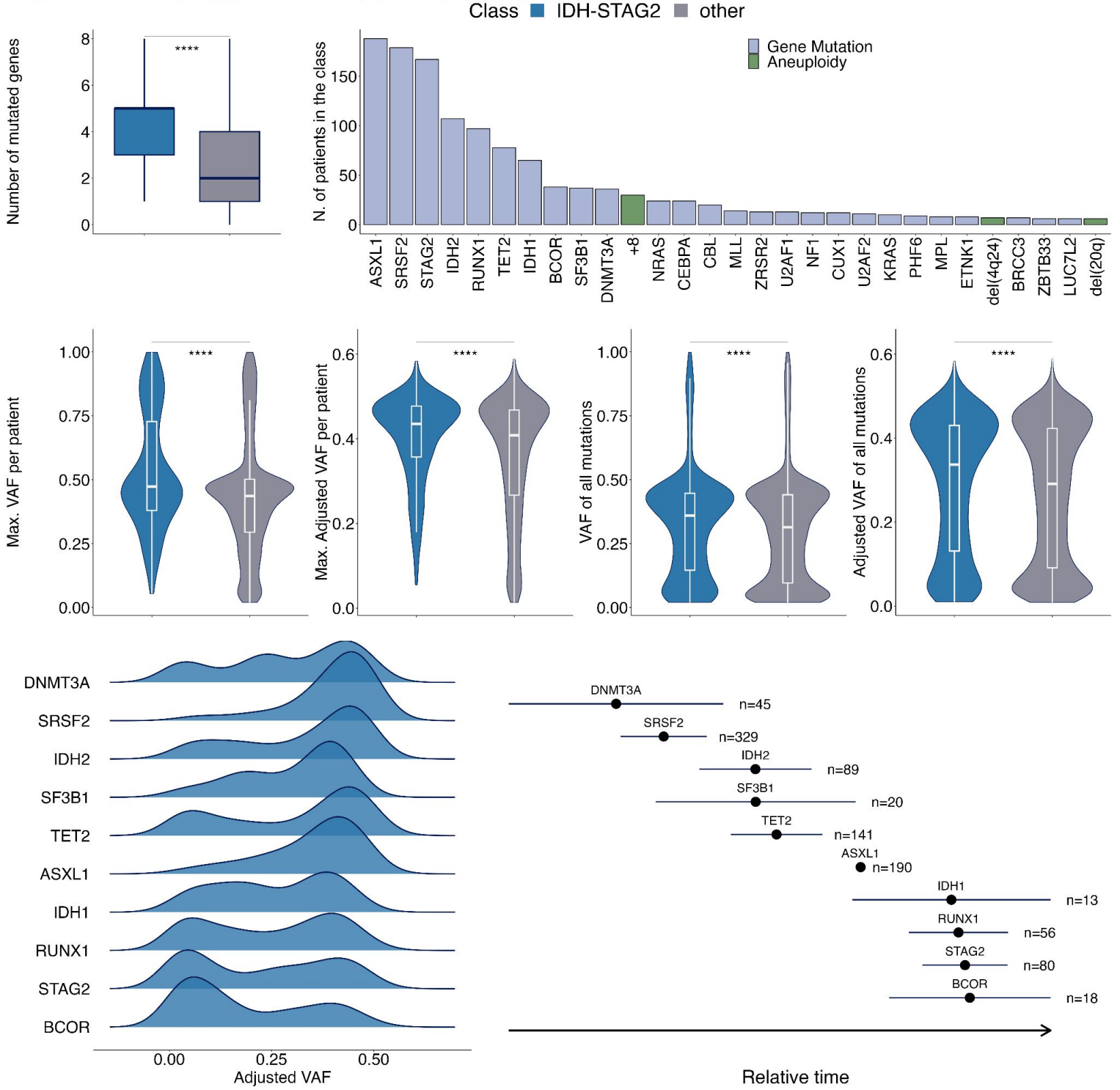
\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

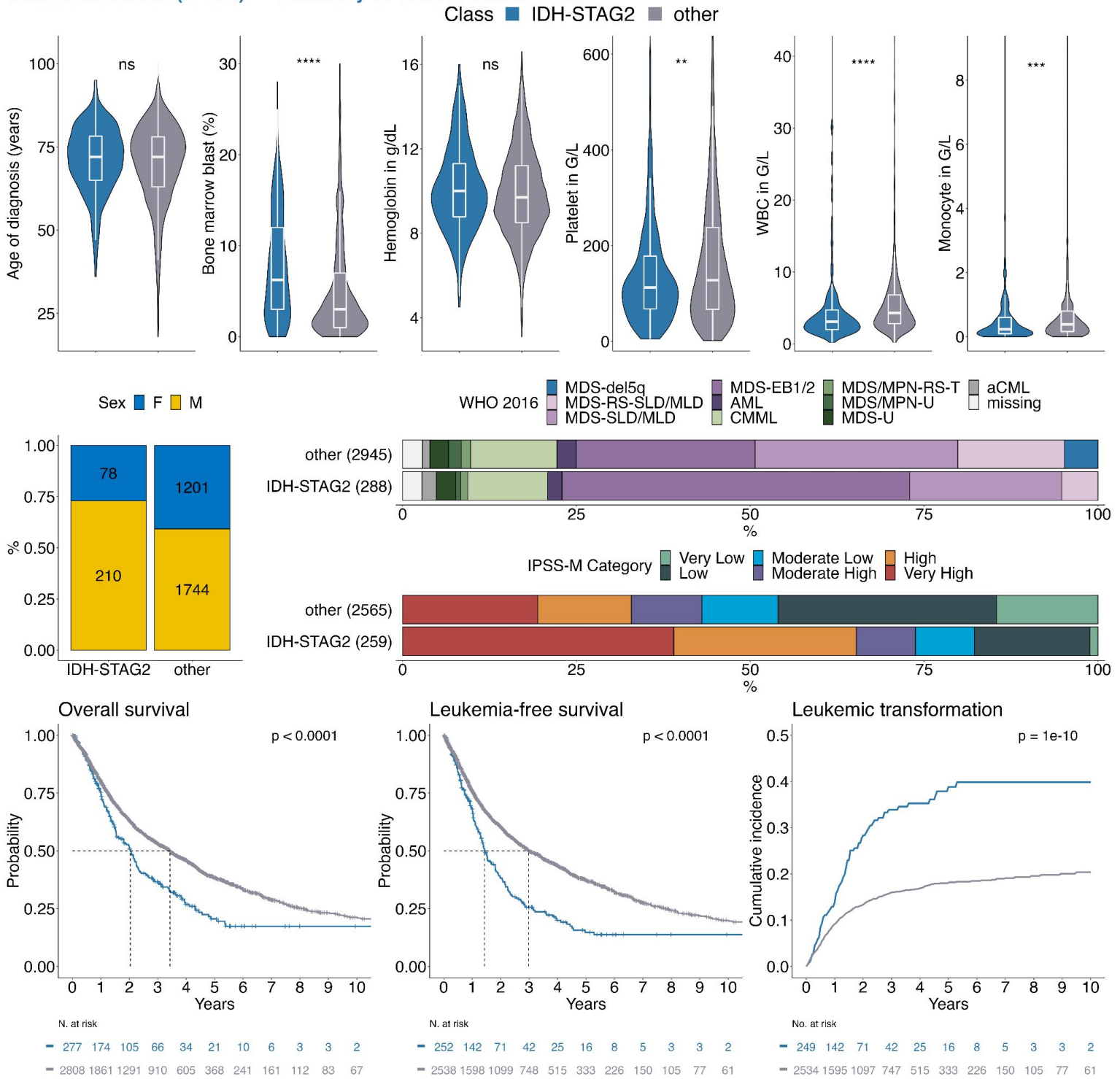
A.

Class IDH-STAG2 (n=288) --- Summary of molecular characteristics



**B.**

**Class IDH-STAG2 (n=288) --- Summary of clinical characteristics**



**Figure S27 | Summary molecular and clinical metrics of the *BCOR/L1* group.** Two multi-panel figures, molecular (A.) and clinical (B.), are provided.

**A. Molecular summary metrics** comparing cases categorized within the group (blue) versus other groups (grey).

Top row. Boxplot distribution of the number of mutated genes per patient (left) and representation of the most frequent molecular alterations within the group (right).

Middle row. Boxplot and violin plots representing the distribution of the maximum values of variant allele fraction (VAF) (left) and of VAF adjusted for ploidy (middle left) per patient. Distribution of the VAF of all mutations identified in patients without (middle right) or with (right) adjustment for ploidy.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

Bottom row. Density distribution of the VAF adjusted for ploidy of mutations from the most commonly mutated genes within the group (left). Relative order of gene mutation acquisition inferred through Bradley-Terry analysis. The numbers (n) indicate the number of informative pairwise precedences per gene (right).

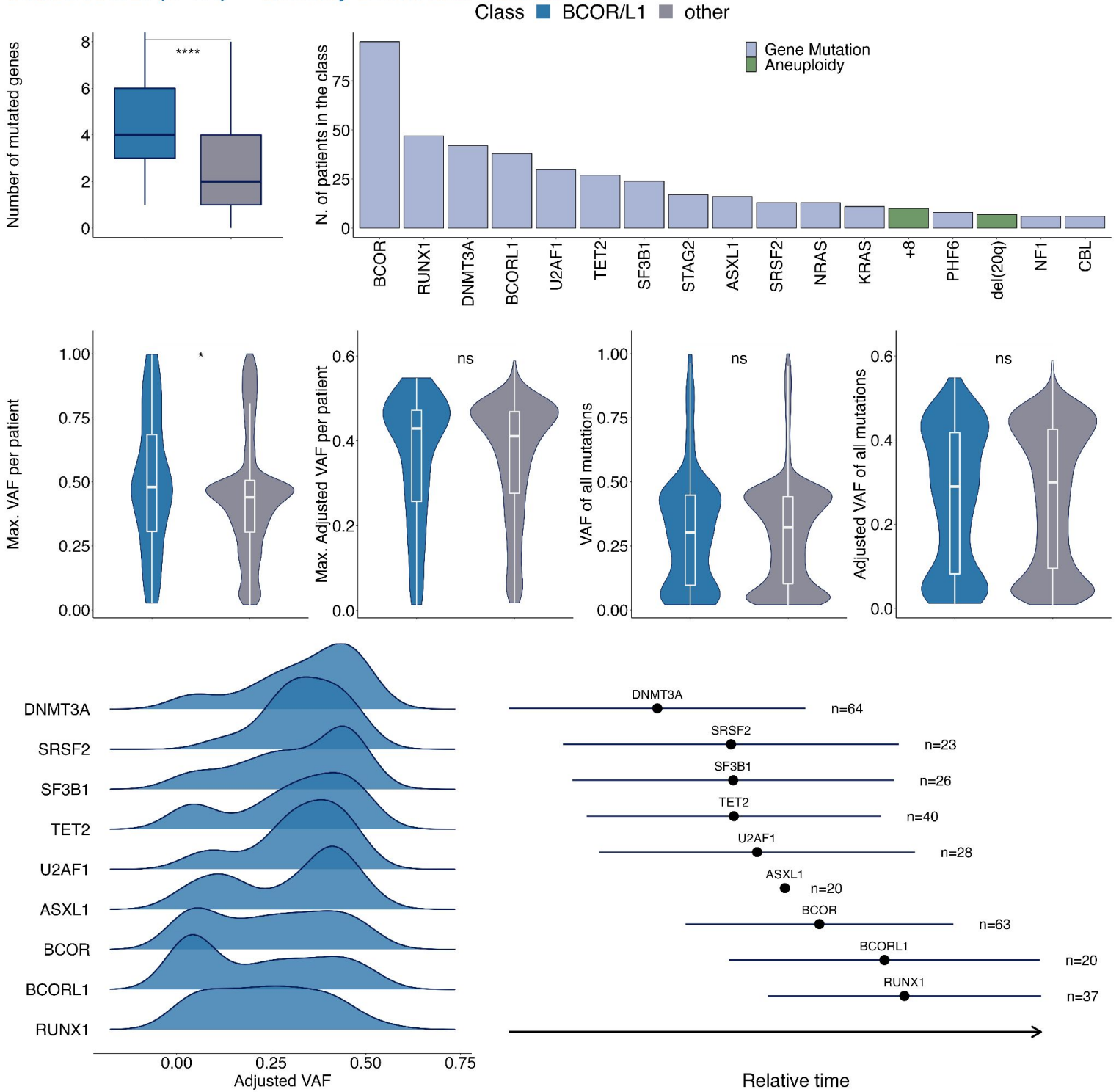
**B. Clinical summary metrics** comparing cases categorized within the group (blue) versus all other groups (grey).

Top row. Distribution of the age at diagnosis, percentage of bone marrow blast, hemoglobin level, platelet count, white blood cell (WBC) count, and monocyte count.

\*\*\* $p < 0.0001$ , \*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ , ns: not significant, Wilcoxon rank-sum test.

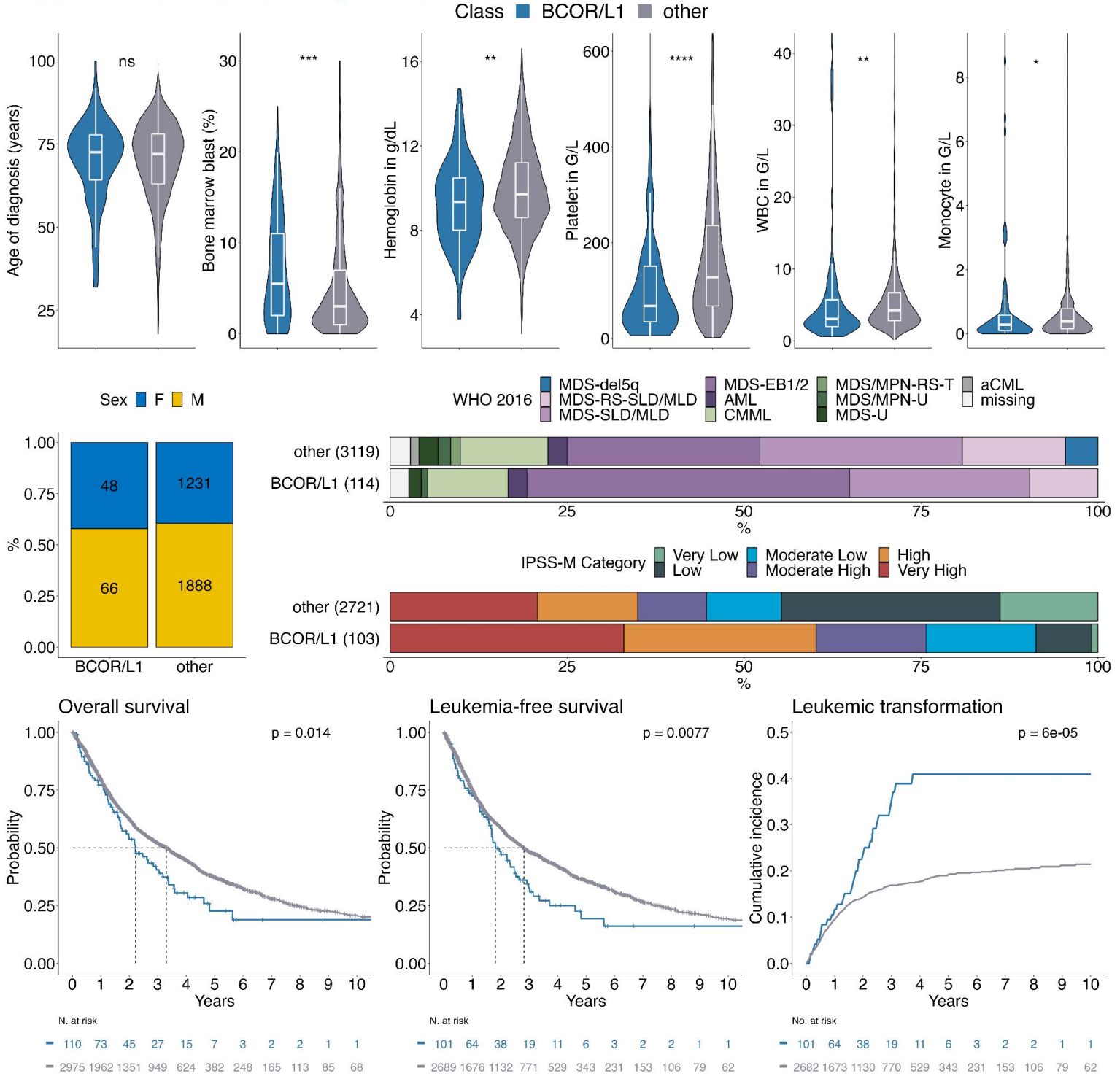
Middle row. Left panel: Male (M) / Female (F) proportion. Right panels: Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom).

Bottom row. Left and middle panels: Kaplan-Meier probability estimates of overall survival (left) and leukemia free survival (middle). P-values are from the log-rank test. Right panel: cumulative incidence curves for the rate of leukemic transformation. P-value is from the Gray's test.

**A.****Class BCOR/L1 (n=114) --- Summary of molecular characteristics**

**B.**

**Class BCOR/L1 (n=114) --- Summary of clinical characteristics**

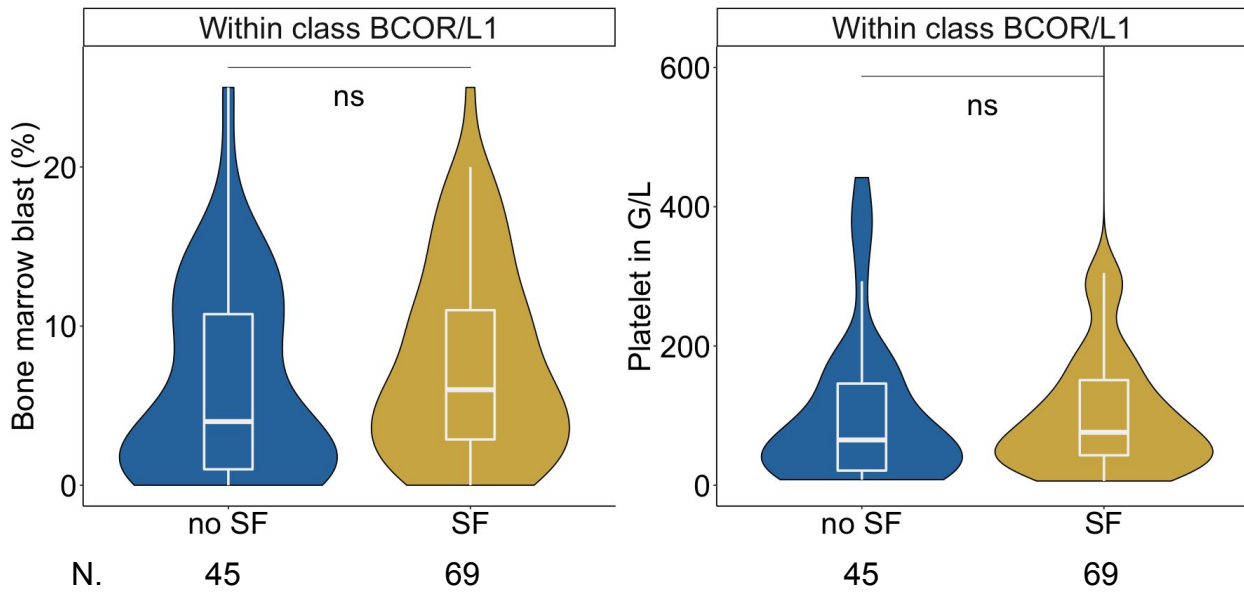
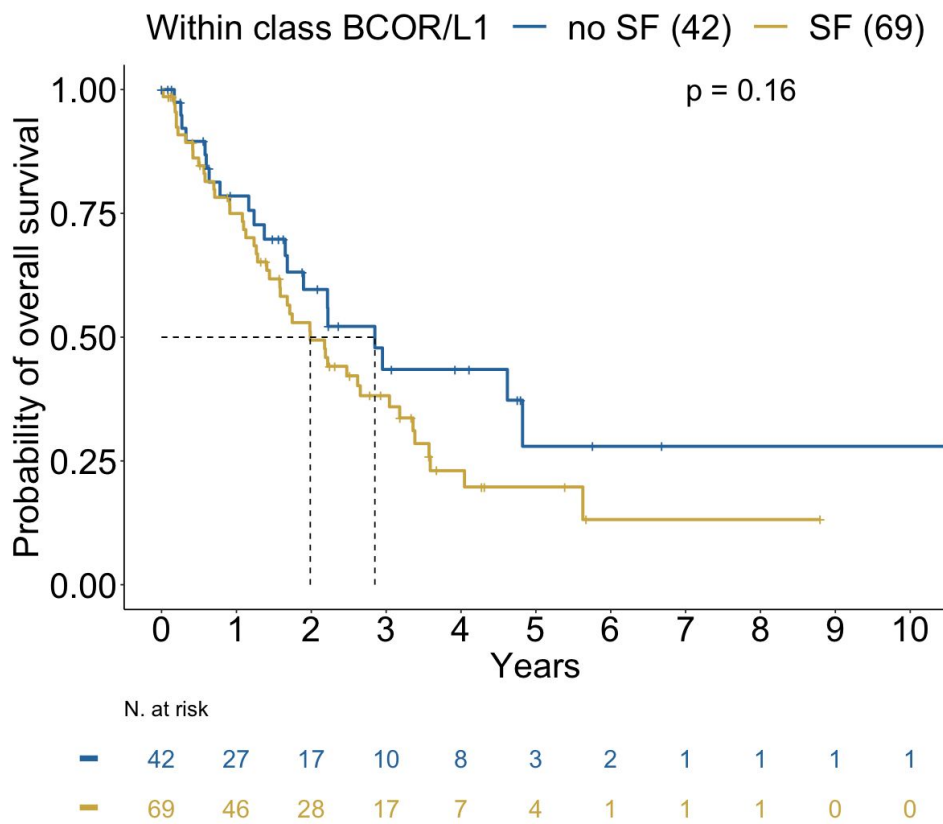




**Figure S28 | Effect of splicing factor mutation status within the *BCOR/L1* group.**

**A.** Boxplots and violin plots representing the distribution of the percentage of bone marrow blast for patients categorized within the *BCOR/L1* group and with (gold) or without (blue) splicing factor (SF) mutations.

**B.** Kaplan-Meier probability estimates of overall survival from cases categorized within the *BCOR/L1* group and with or without splicing factor (SF) mutations. P-value is from the log-rank test.

**A.****B.**

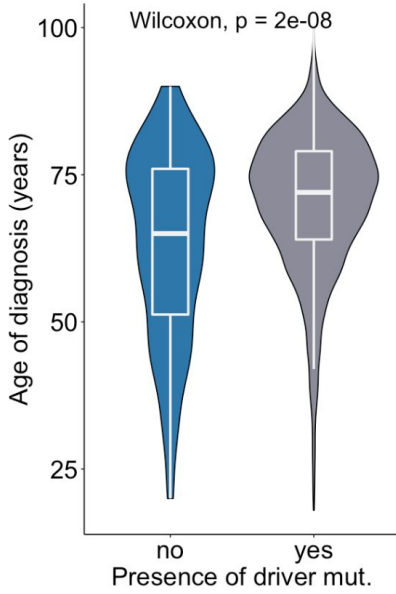
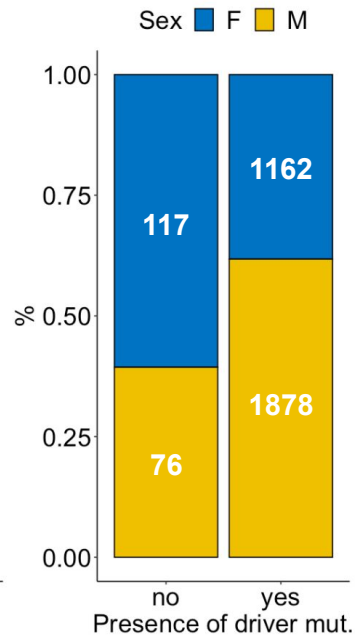
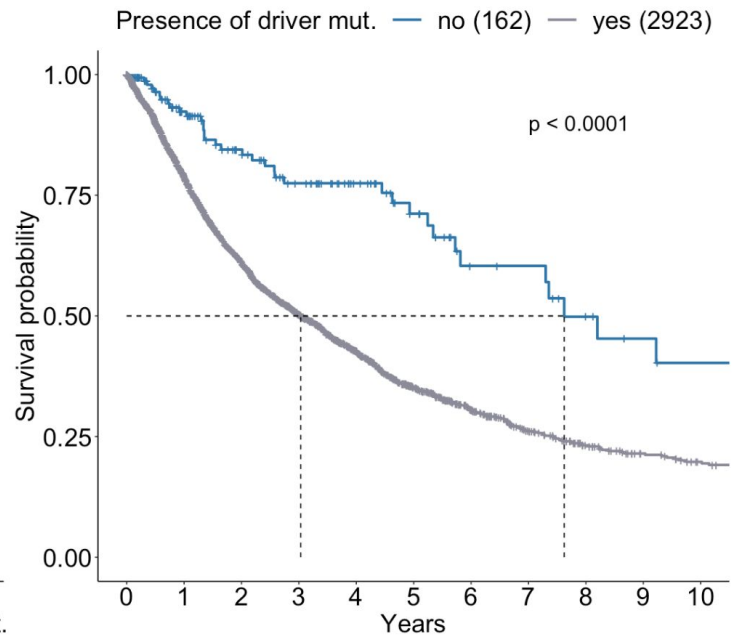
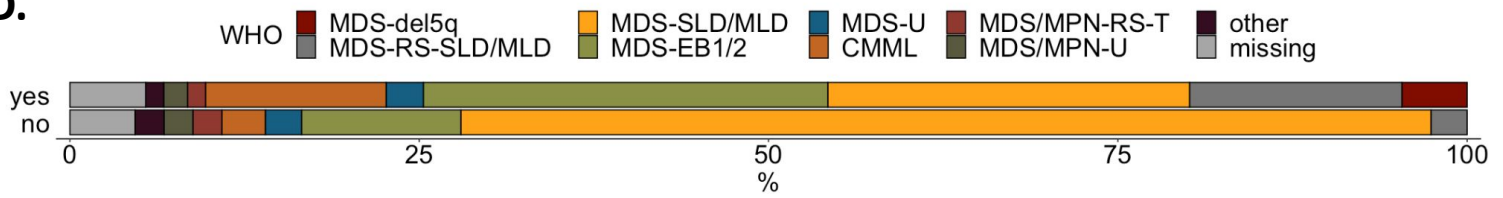
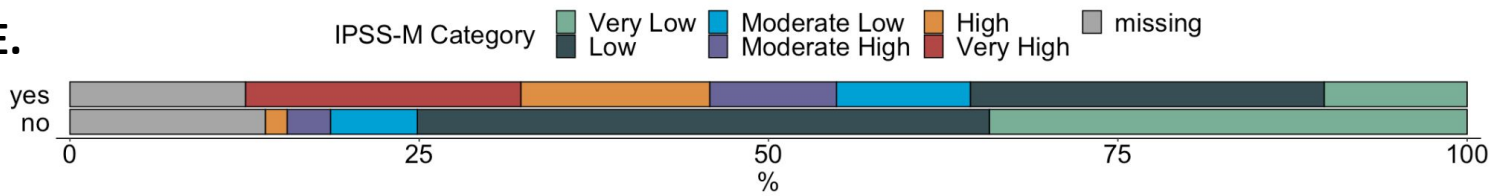
**Figure S29 | Characteristics of 193 patients without identified driver alterations by panel sequencing or cytogenetic.**

**A.** Distribution of the age at diagnosis for cases without (“no”, blue) or with (“yes”, grey) identified driver alterations by the assay.

**B.** Male (M) / Female (F) proportion for cases without or with identified driver alterations.

**C.** Kaplan-Meier probability estimates of overall survival for cases without or with identified driver alterations. P-value is from the log-rank test.

**D-E.** Distribution of the WHO 2016 diagnosis subtypes (top) and of IPSS-M risk categories (bottom) for cases without or with identified driver alterations.

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

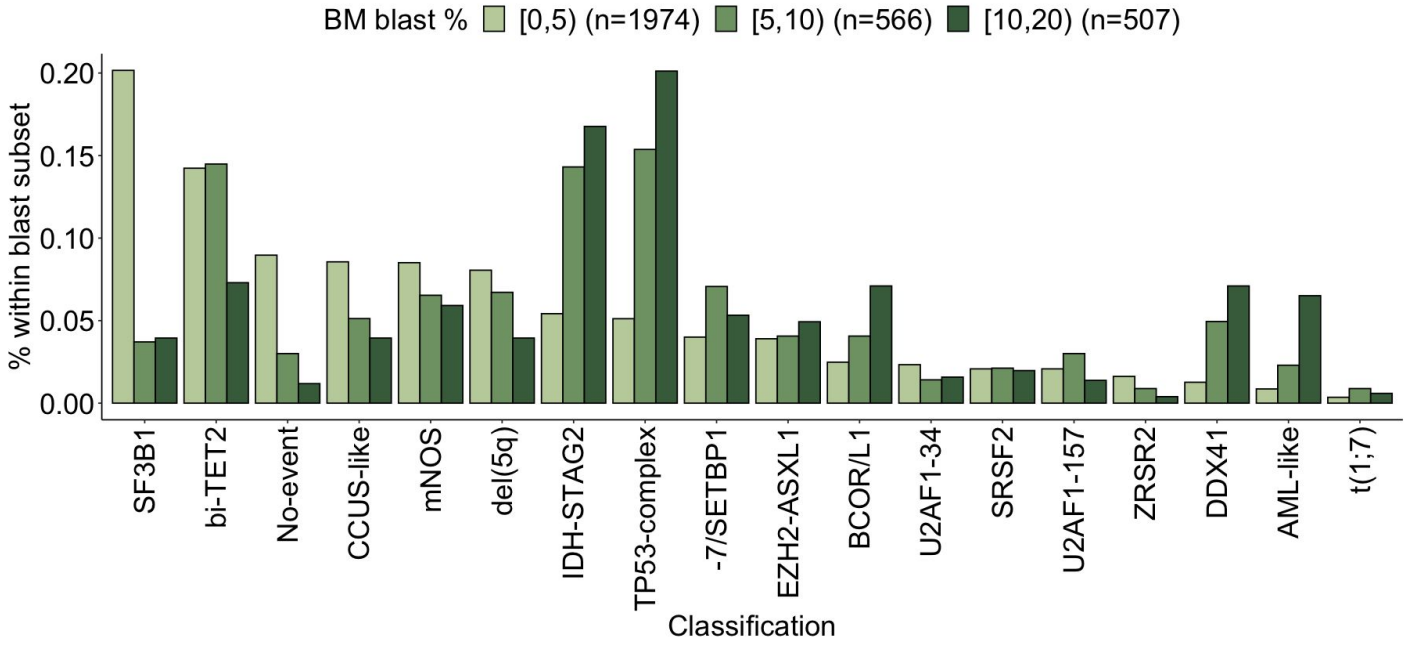
**Figure S30 | Relationship between MDS molecular groups and bone marrow blast strata.**

**A.** Proportion of molecular groups within each of the three bone marrow blast stratum (<5% in light green, 5-9% in green, and 10-19% in dark green). For example: *SF3B1* and *bi-TET2* are the two most frequent groups in the <5% blast subset, while *TP53-complex* and *IDH-STAG2* are the two most frequent groups in the 10-19% blast subset.

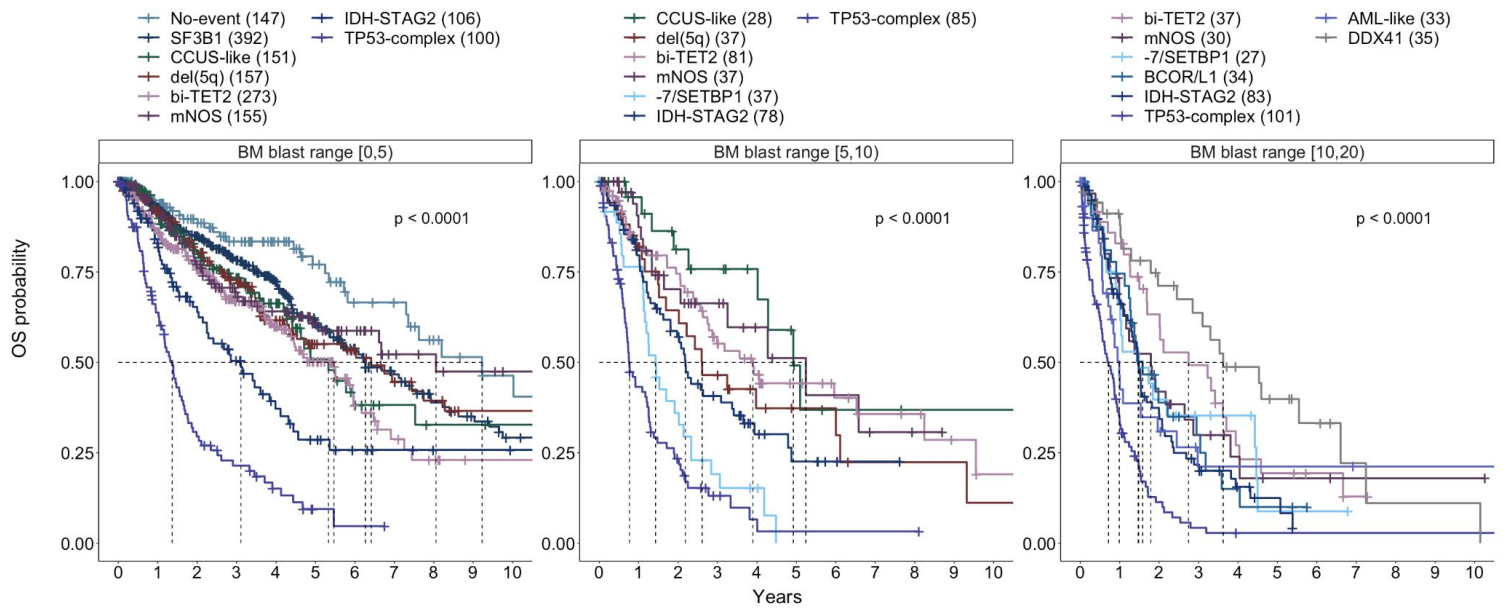
**B.** Kaplan-Meier probability estimates of overall survival (OS) within each blast stratum (<5% left, 5-9% middle, 10-19% right) stratified per molecular groups.

**C.** Multivariable Cox proportional hazard regression for overall survival including as features the molecular groups and the bone marrow blast strata.

**A.**



**B.**



**C.**

Multivariable Cox model for overall survival

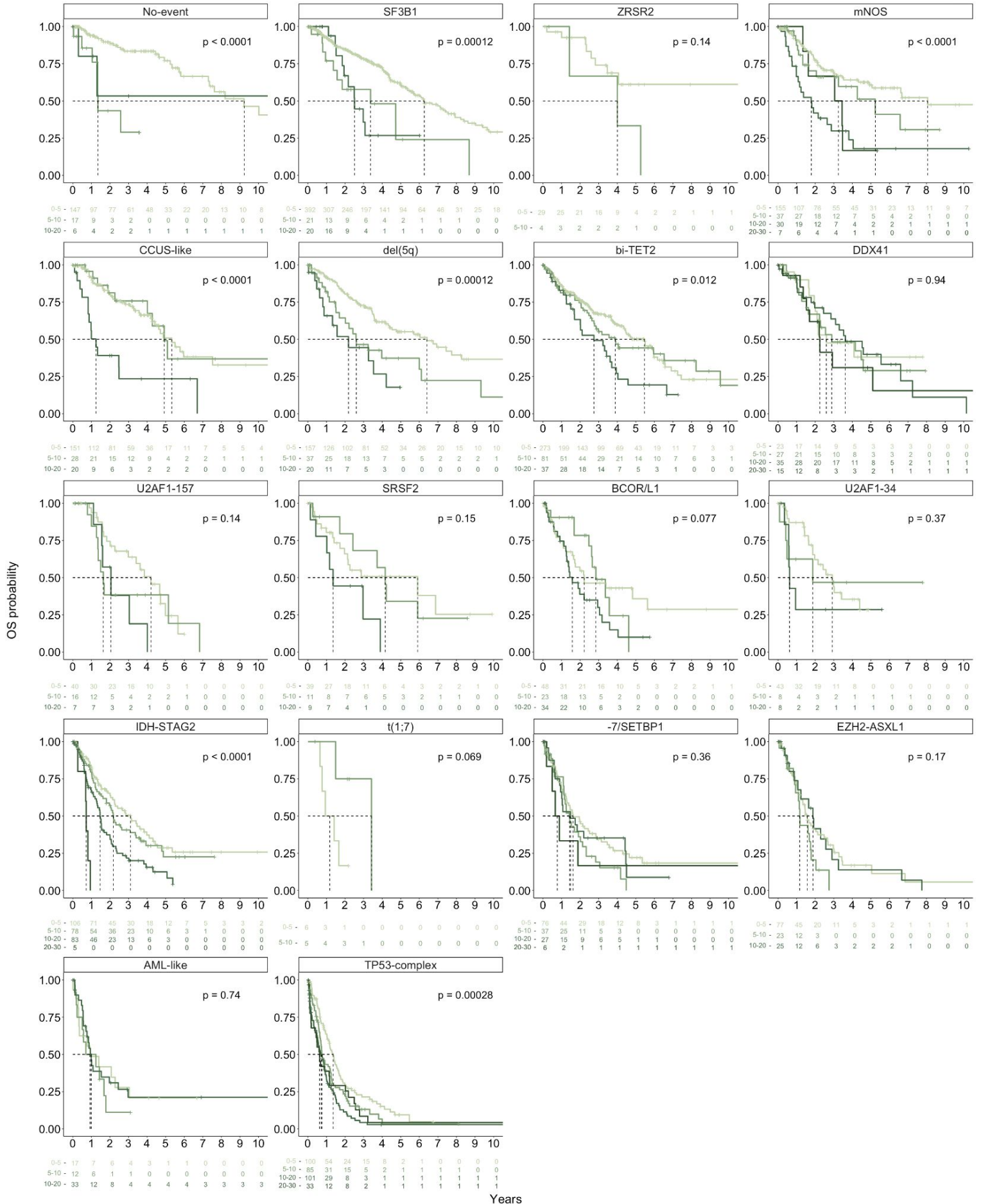
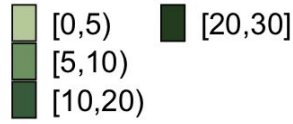
Variable	N	Hazard ratio	p
<b>Class</b>			
No-event	164	Reference	
ZRSR2	34	1.29 (0.66, 2.53)	0.461
mNOS	199	1.32 (0.87, 1.98)	0.188
CCUS-like	180	1.37 (0.90, 2.08)	0.136
SF3B1	416	1.38 (0.96, 1.98)	0.078
del(5q)	195	1.59 (1.08, 2.34)	0.019
bi-TET2	355	1.76 (1.22, 2.53)	0.002
DDX41	65	1.83 (1.14, 2.95)	0.012
SRSF2	51	2.20 (1.32, 3.66)	0.002
U2AF1-157	57	2.58 (1.59, 4.19)	<0.001
BCOR/L1	73	2.75 (1.75, 4.33)	<0.001
IDH-STAG2	189	2.79 (1.91, 4.09)	<0.001
U2AF1-34	52	2.88 (1.74, 4.76)	<0.001
-7/SETBP1	119	4.21 (2.85, 6.22)	<0.001
t(1;7)	11	4.22 (1.87, 9.53)	<0.001
EZH2-ASXL1	101	5.42 (3.61, 8.12)	<0.001
TP53-complex	218	6.39 (4.43, 9.21)	<0.001
AML-like	30	6.39 (3.78, 10.80)	<0.001
<b>BM.blast</b>			
[0,5)	1879	Reference	
[5,10)	550	1.45 (1.26, 1.67)	<0.001
[20,30]	80	1.91 (1.45, 2.53)	<0.001

**Figure S31 | Effect of bone marrow blast counts on overall survival per molecular group.**

**A-B.** Kaplan-Meier probability estimates of overall survival (OS) (**A.**) and cumulative incidence curves of AML transformation (**B.**) across each molecular group (facets) stratified by bone marrow blast strata (<5% in light green, 5-9% in green, and 10-19% in dark green, 20-30% in very dark green). P-values in A. are from the log-rank test. P-values in B. are from the Gray's test.

A.

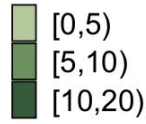
BM blast %



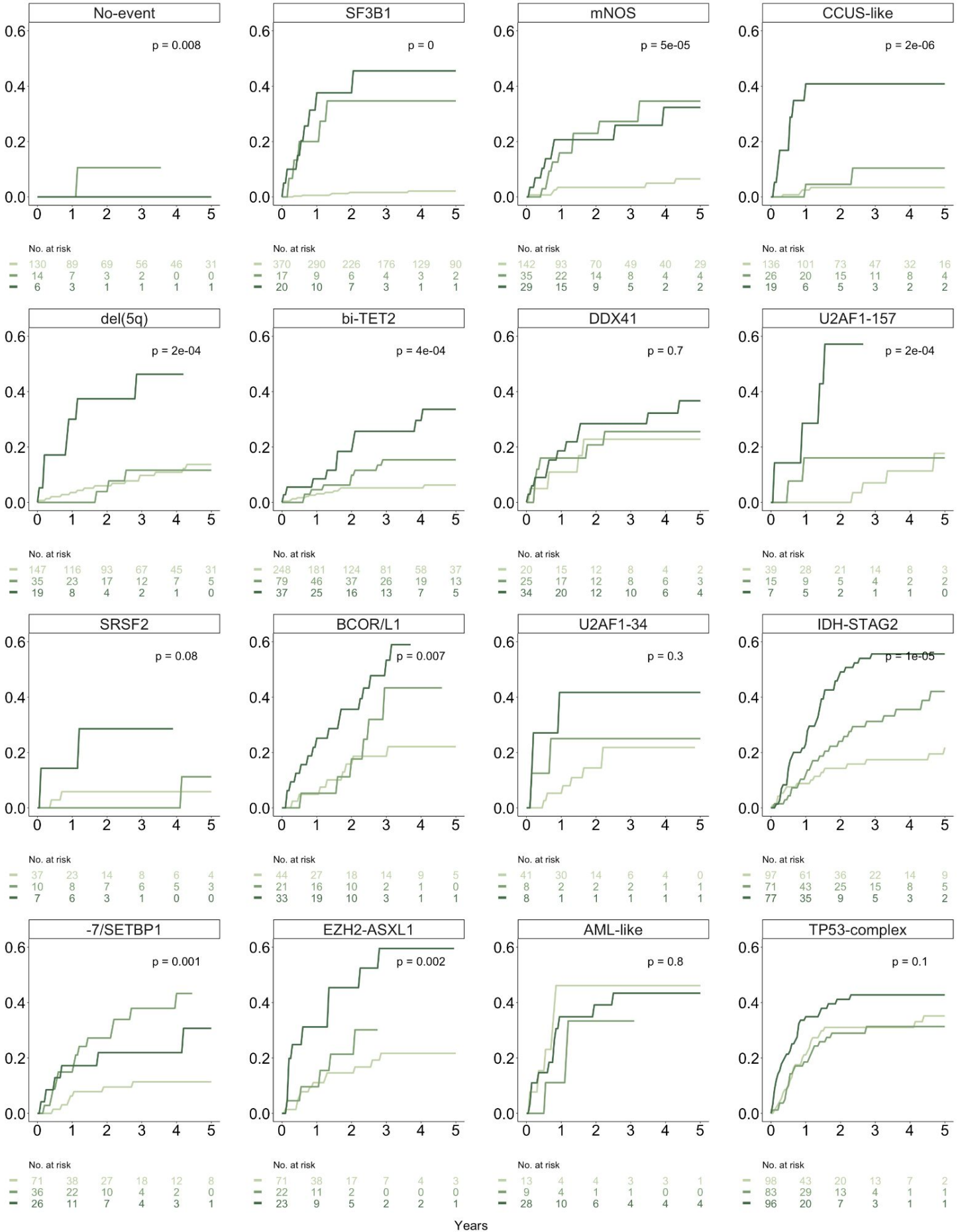


B.

BM blast %



Cumulative Incidence of Leukemic Transformation



**Figure S32 | Blast stratification in subsets of *AML-like* and *TP53-complex* groups.**

**A.** Kaplan-Meier probability estimates of overall survival within the *AML-like* molecular group stratified by bone marrow blast strata (shades of green) and with (left) or without (right) *NPM1* mutations.

**B.** Kaplan-Meier probability estimates of overall survival within the *TP53-complex* molecular group stratified by bone marrow blast strata (shades of green) and with (left) or without (right) *TP53* mutations.

P-values are from the log-rank test.



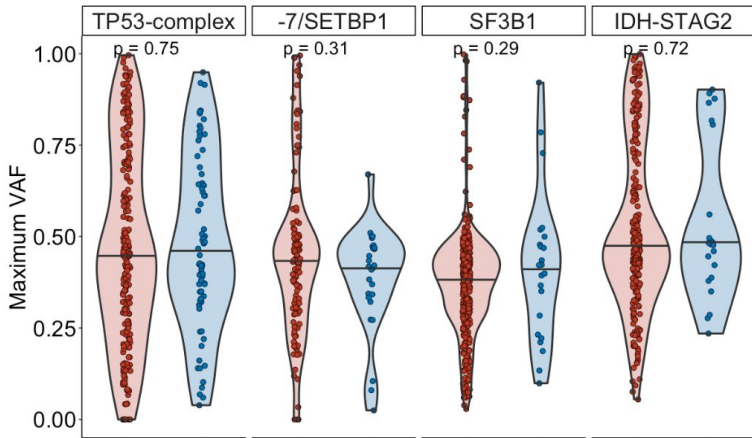
**Figure S33 | Within group comparison of molecular characteristics between primary and s/t-MDS.**

**A-B.** Distribution of the maximum value of variant allele fraction (VAF) per patient (**A.**) and of the VAF of all mutations (**B.**) for primary MDS (red) or secondary/therapy-related [s/t]-MDS (blue) within molecular groups. The comparison was restricted to the 4 most frequent groups in the s/t-MDS subset (*TP53-complex*, *-7/SETBP1*, *SF3B1*, *IDH-STAG2*). P-values are from the Wilcoxon rank-sum test.

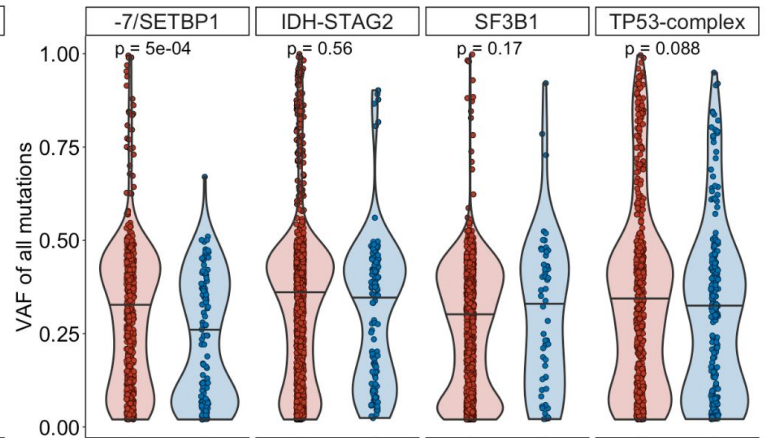
**C.** Frequency distribution of gene mutations and cytogenetic alterations within the primary (red) or s/t-MDS (blue) subsets per molecular groups. No significant differences were observed between primary and s/t-MDS within the molecular groups.

MDS type ■ primary ■ s/t-MDS

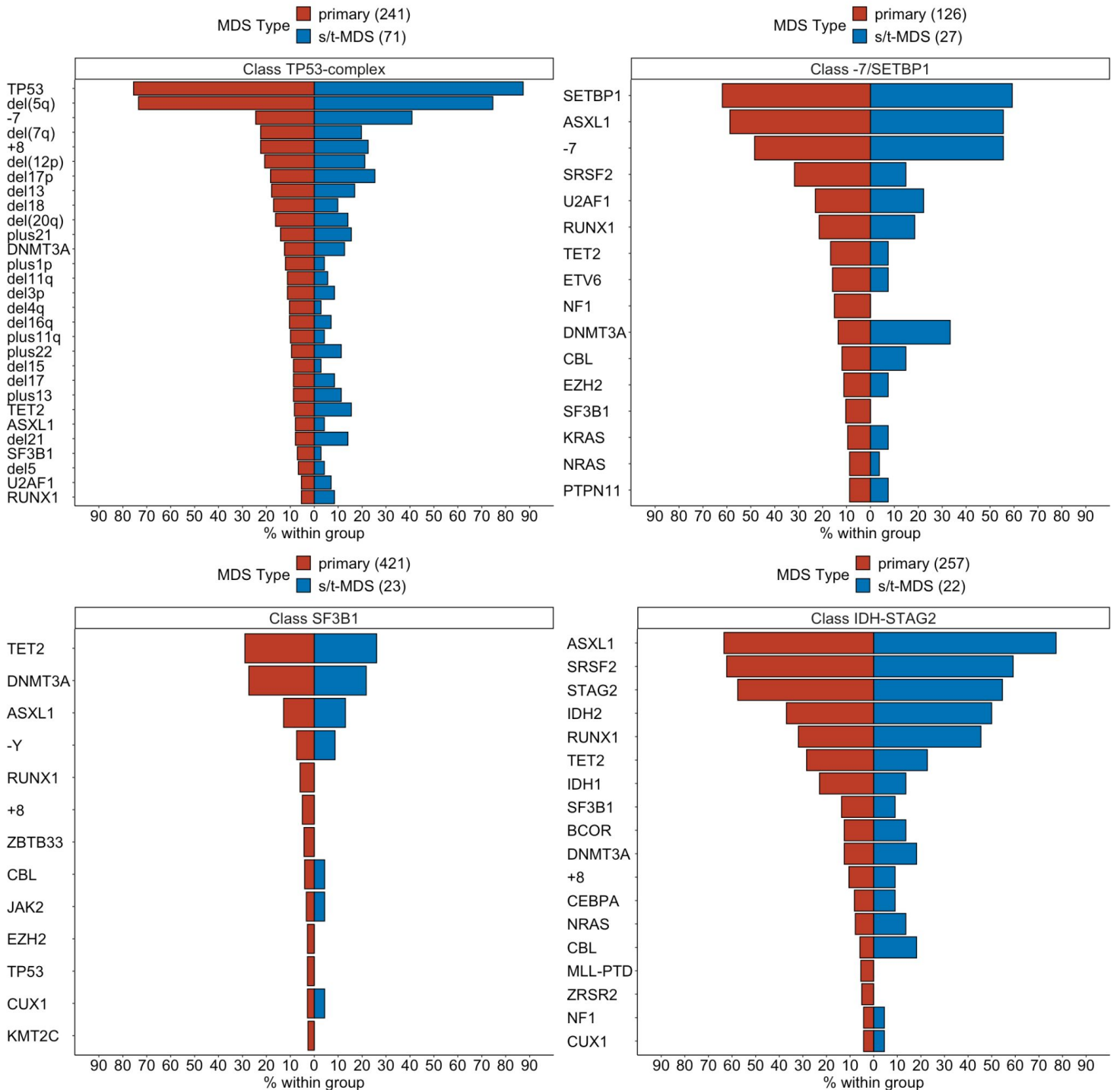
**A.**



**B.**



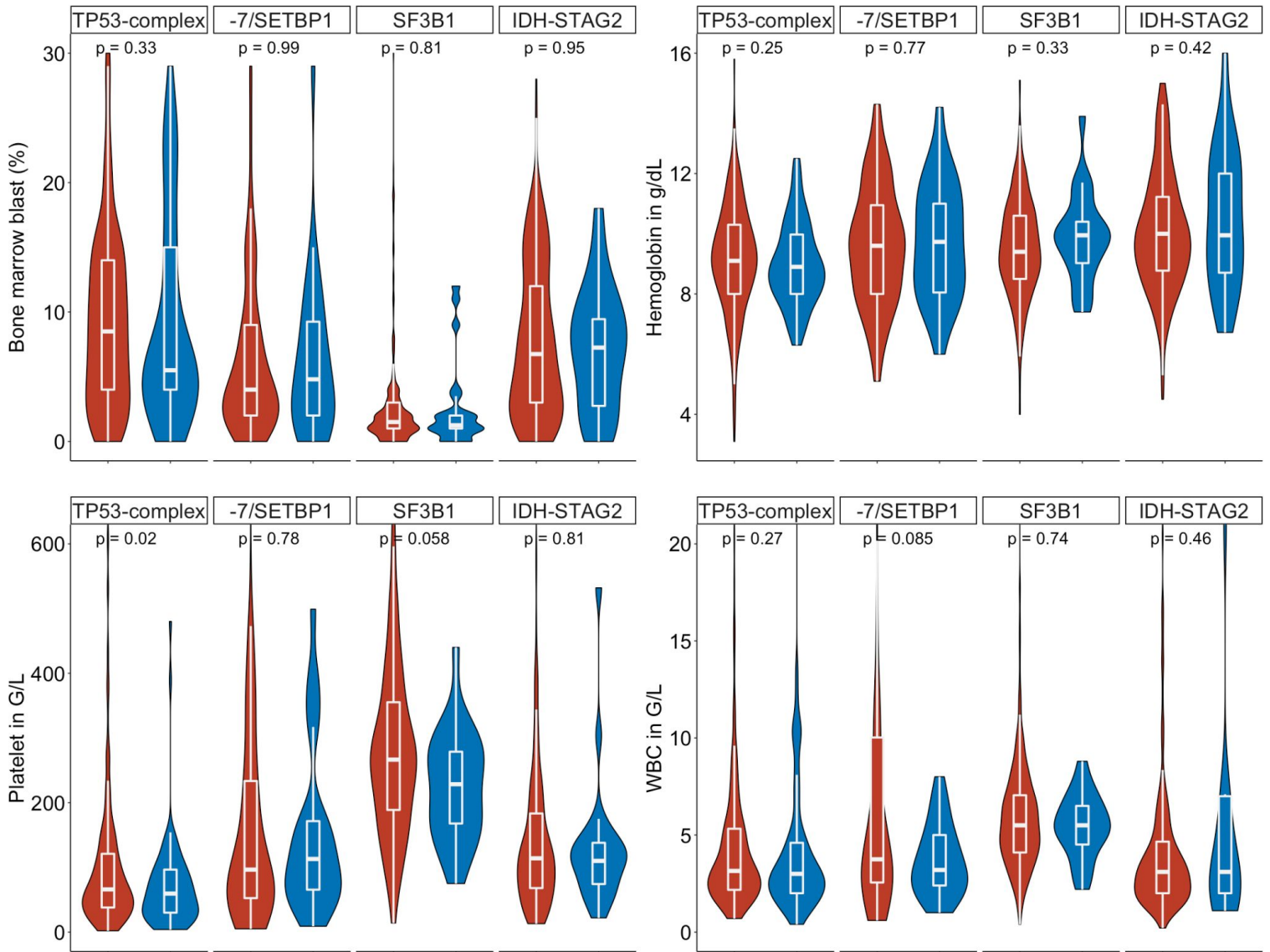
**C.**



**Figure S34 | Within group comparison of clinical characteristics between primary and s/t-MDS.**

Distribution of the percentage of bone marrow blast, hemoglobin level, platelet count, and white blood cell (WBC) count for primary MDS (red) or secondary/therapy-related [s/t]-MDS (blue) within molecular groups. The comparison was restricted to the 4 most frequent groups in the s/t-MDS subset (*TP53-complex*, *-7/SETBP1*, *SF3B1*, *IDH-STAG2*). P-values are from the Wilcoxon rank-sum test.

MDS type ■ primary ■ s/t-MDS



**Figure S35 | Within group comparison of molecular characteristics between MDS and MDS/MPN.**

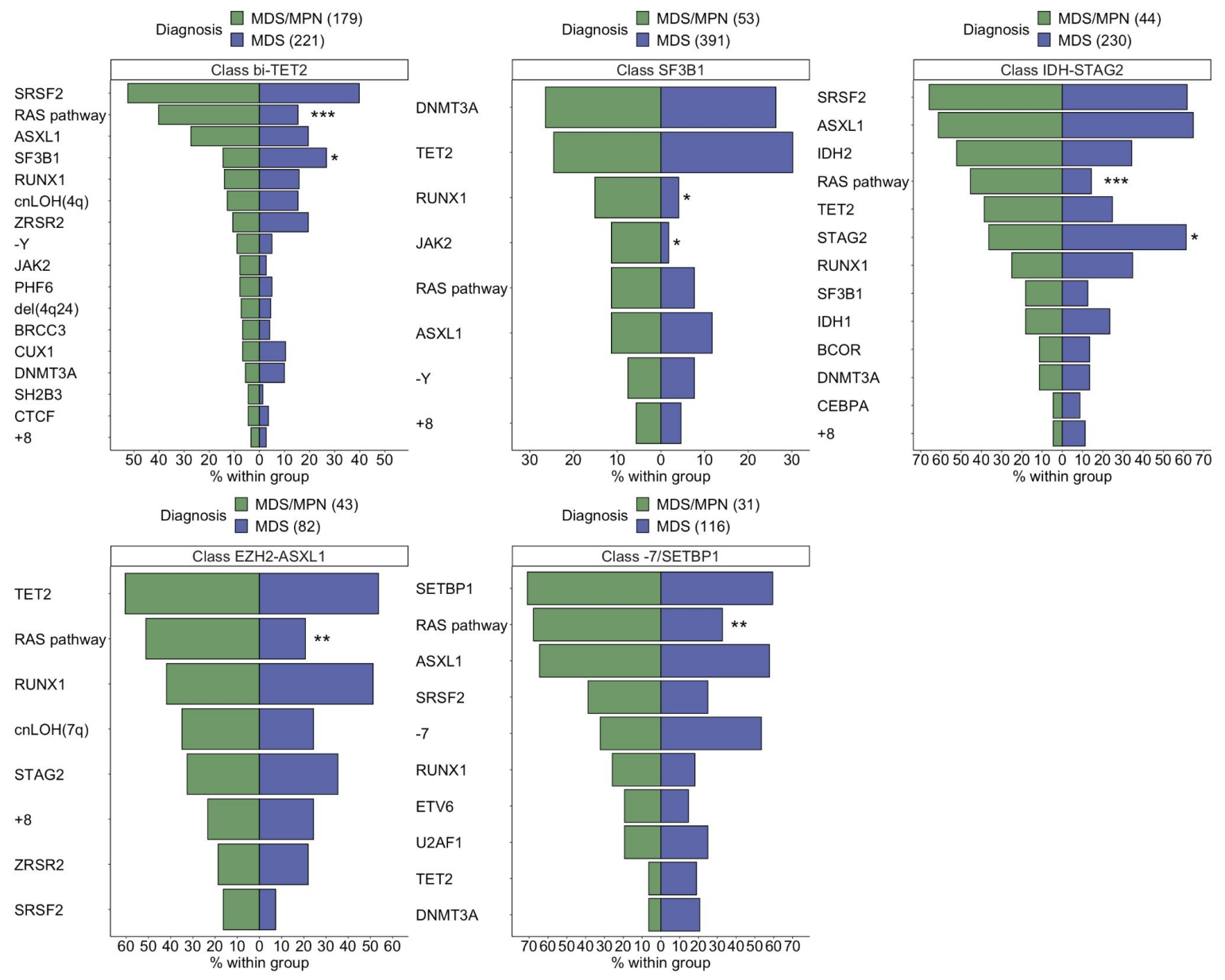
**A.** Frequency distribution of gene mutations and cytogenetic alterations within the MDS (purple) or MDS/MPN (green) subsets per molecular groups. The comparison was restricted to the most frequent groups in the MDS/MPN subset (*bi-TET2*, *SF3B1*, *IDH-STAG2*, *EZH2-ASXL1*, *-7/SETBP1*). P-values are from the Wilcoxon rank-sum test. \*\*\* $P < 0.001$ , \*\* $P < 0.01$ , \* $P < 0.05$ , two-sided Fisher's exact test with Benjamini–Hochberg multiple testing correction.

*RAS* pathway mutations included mutations in *N/KRAS*, *CBL*, *NF1*, and *PTPN11*. *RAS* pathway mutations were observed in 68%, 51%, 45% and 40% of patients with MDS/MPN within groups *-7/SETBP1*, *EZH2-ASXL1*, *IDH-STAG2* and *bi-TET2*, respectively, compared to 33%, 21%, 14% and 15% of patients with MDS within the same groups. In the *SF3B1* group, *JAK2* mutations were associated with MDS/MPN over MDS (11% vs. 2% of patients, respectively)

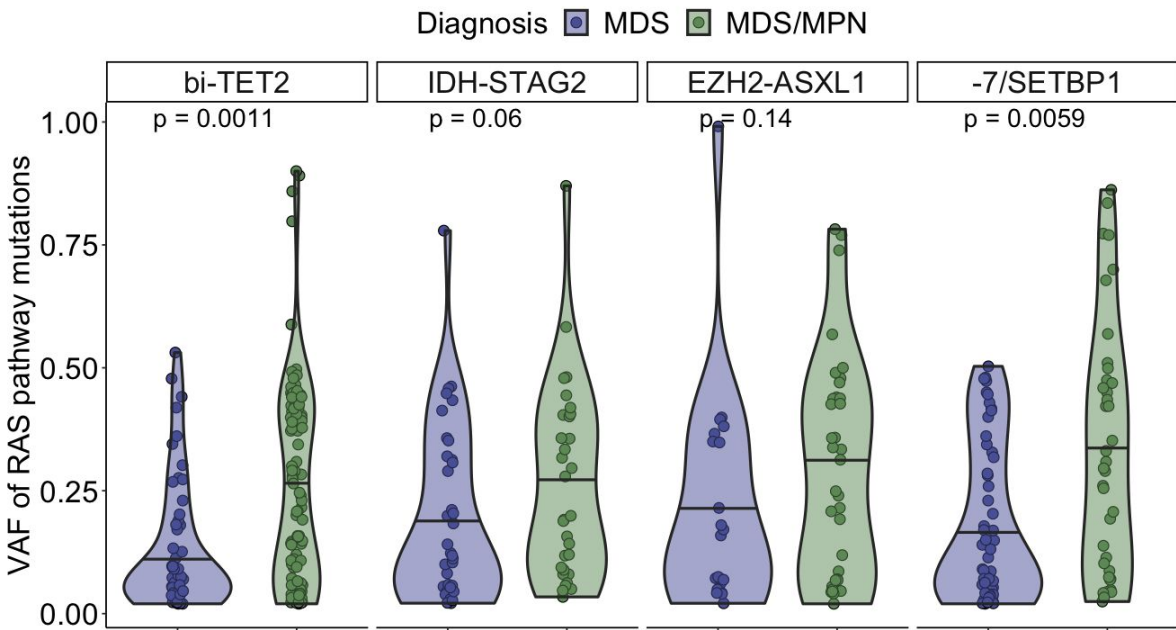
**B.** Distribution of the variant allele fraction (VAF) of *RAS* pathway mutations for MDS (purple) or MDS/MPN (green) within molecular groups. P-values are from the Wilcoxon rank-sum test.



**A.**



**B.**



**Figure S36 | Multivariable models for prediction of leukocytosis, monocytosis, or absolute monocyte counts.**

**A.** Multivariable logistic regression for the prediction of leukocytosis (left) and monocytosis (right) from the presence of gene mutations.

**B-C.** Multiple multivariable linear least square regression analysis using the variant allele fraction of gene mutations as explanatory features and white blood cell or monocyte count (log-transformed) as the target variables. The heatmap represents the fitted coefficients with darker purple denoting positive effects and darker red negative effects. The coefficients of determination ( $R^2$ ) are indicated as dot-lines. The regressions were performed independently on the MDS (top) or MDS/MDS (bottom) subsets, as well as using all cases categorized as *bi-TET2*, *IDH-STAG2*, *EZH2-ASXL1*, or *-7/SETBP1* (**B.**), or only restricted to *bi-TET2* (**C.**).

\*\* $p < 0.0001$ , \* $p < 0.01$ , + $p < 0.01$ , Z-score test.

**A.**

Leukocytosis

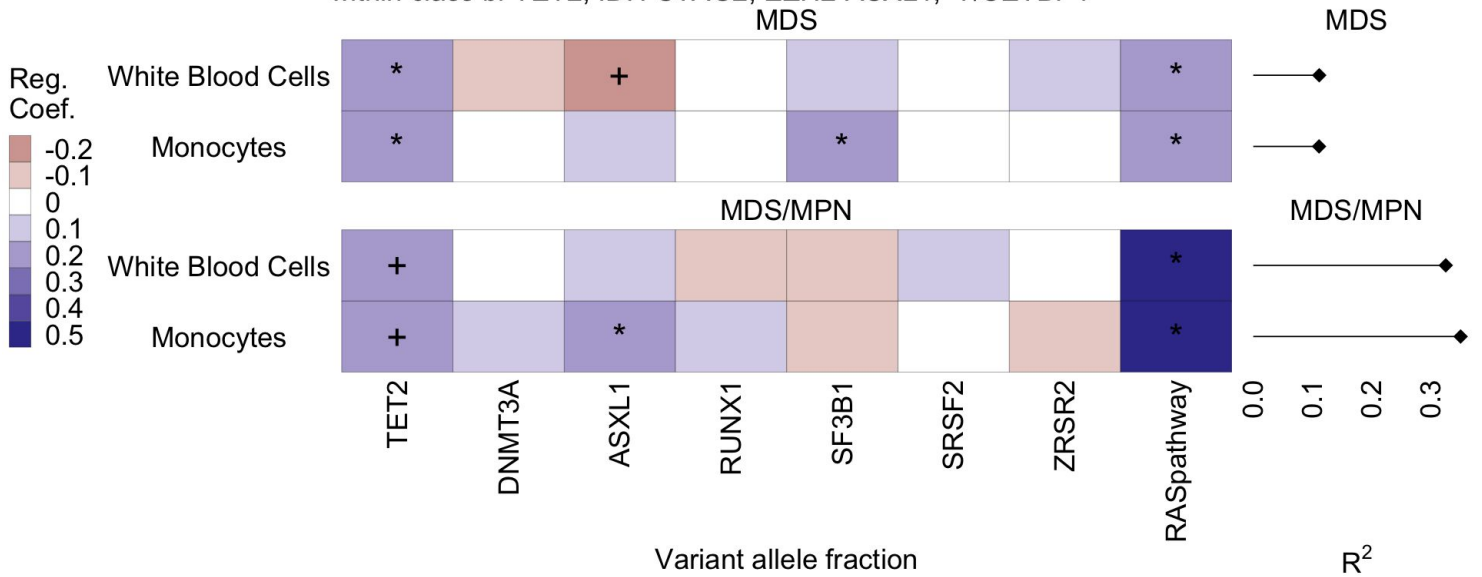
Mutation	N.	Odds ratio	p
RAS.pathway	500	6.34 (4.59, 8.77)	<0.001
EZH2	201	2.90 (1.74, 4.76)	<0.001
SRSF2	526	1.90 (1.26, 2.85)	0.002
TET2.biallelic	463	1.86 (1.24, 2.79)	0.003
ASXL1	812	1.78 (1.25, 2.54)	0.001
RUNX1	413	1.57 (1.06, 2.31)	0.023
IDH2	136	1.30 (0.63, 2.54)	0.457
TET2.other	509	1.05 (0.65, 1.65)	0.845
U2AF1	262	0.86 (0.47, 1.49)	0.611
SETBP1	108	0.76 (0.37, 1.47)	0.438
SF3B1	708	0.55 (0.32, 0.91)	0.026
STAG2	272	0.34 (0.18, 0.59)	<0.001
ZRSR2	163	0.33 (0.12, 0.76)	0.016

Monocytosis

Mutation	N.	Odds ratio	p
RAS.pathway	500	3.96 (3.10, 5.05)	<0.001
EZH2	201	0.95 (0.60, 1.47)	0.82
SRSF2	526	1.75 (1.30, 2.35)	<0.001
TET2.biallelic	463	4.66 (3.54, 6.14)	<0.001
ASXL1	812	1.35 (1.04, 1.75)	0.03
RUNX1	413	1.26 (0.92, 1.70)	0.14
IDH2	136	1.57 (0.92, 2.59)	0.09
TET2.other	509	1.14 (0.83, 1.57)	0.41
U2AF1	262	1.00 (0.65, 1.48)	0.98
SETBP1	108	0.95 (0.54, 1.60)	0.85
SF3B1	708	0.89 (0.66, 1.19)	0.43
STAG2	272	0.20 (0.11, 0.33)	<0.001
ZRSR2	163	1.36 (0.88, 2.06)	0.16

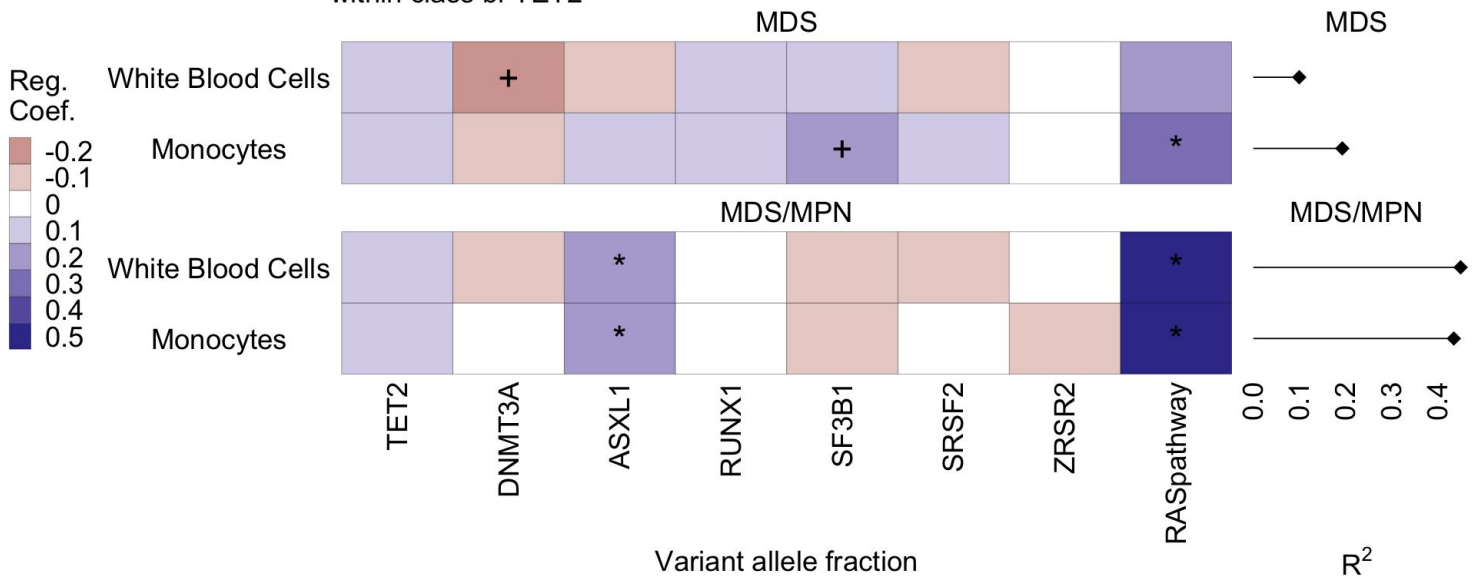
**B.**

Multivariable regression  
within class bi-TET2, IDH-STAG2, EZH2-ASXL1, -7/SETBP1  
MDS



**C.**

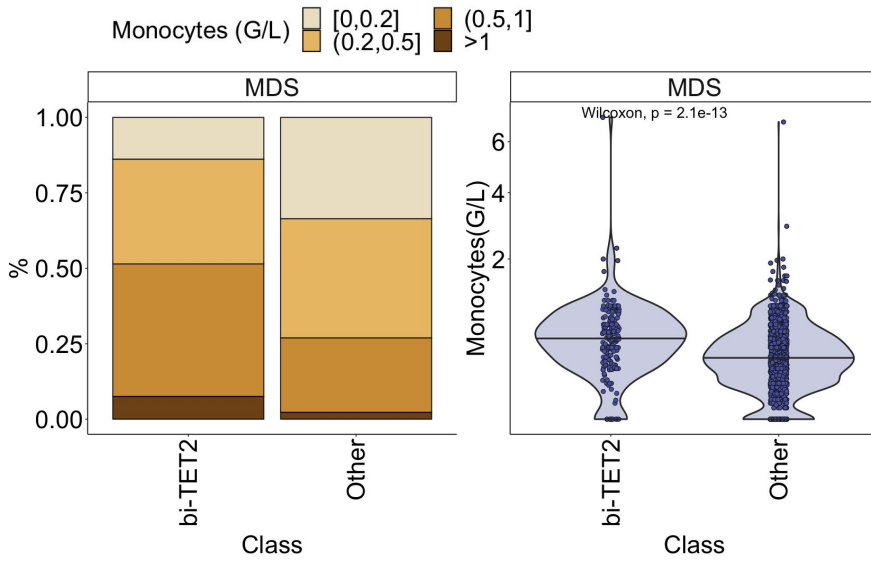
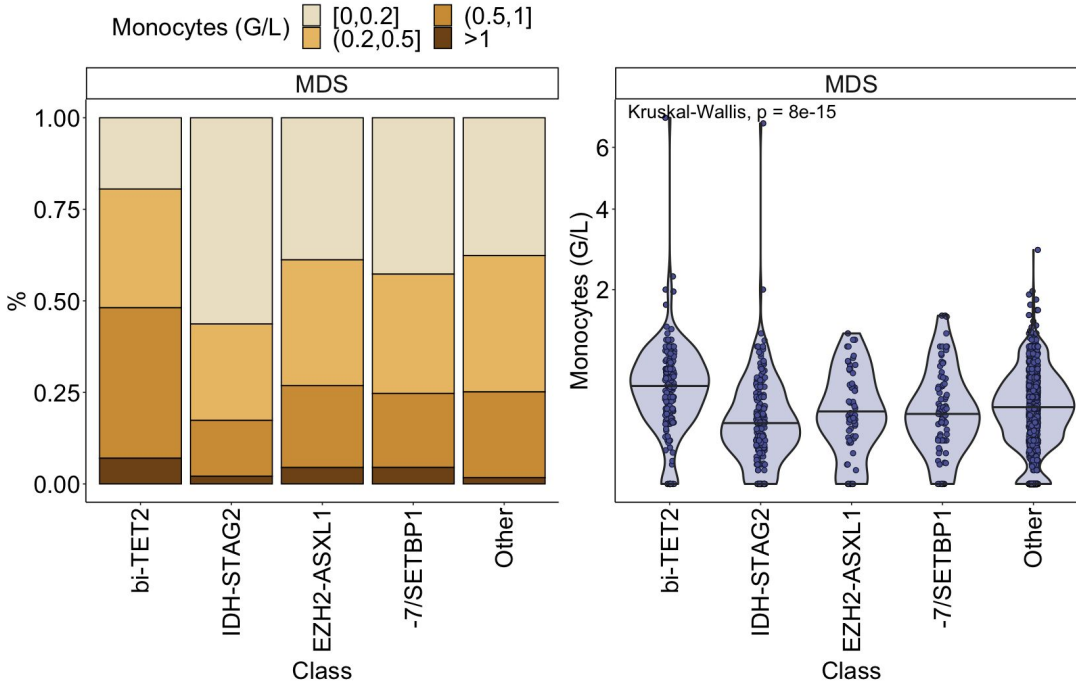
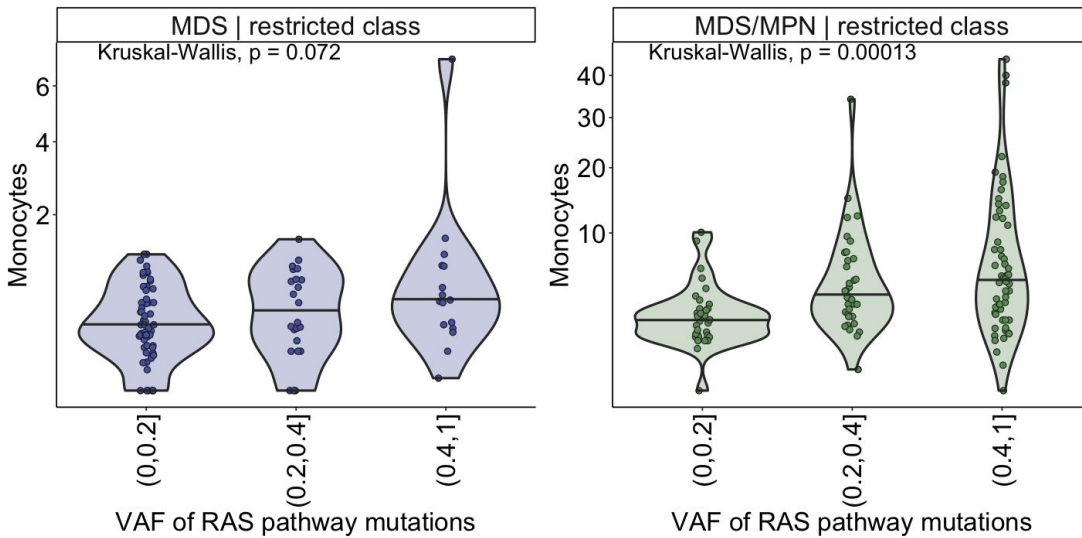
Multivariable regression  
within class bi-TET2



**Figure S37 | Association between molecular groups, VAF of RAS pathway mutation, and monocyte counts.**

**A-B.** Stacked barplots (left) and violin plots (right) representing the levels of monocyte count of MDS patients categorized in the *bi-TET2* molecular group versus any other groups (**A.**) or versus the *IDH-STAG2*, *EZH2-ASXL1*, *-7/SETBP1* and other molecular groups (**B.**).

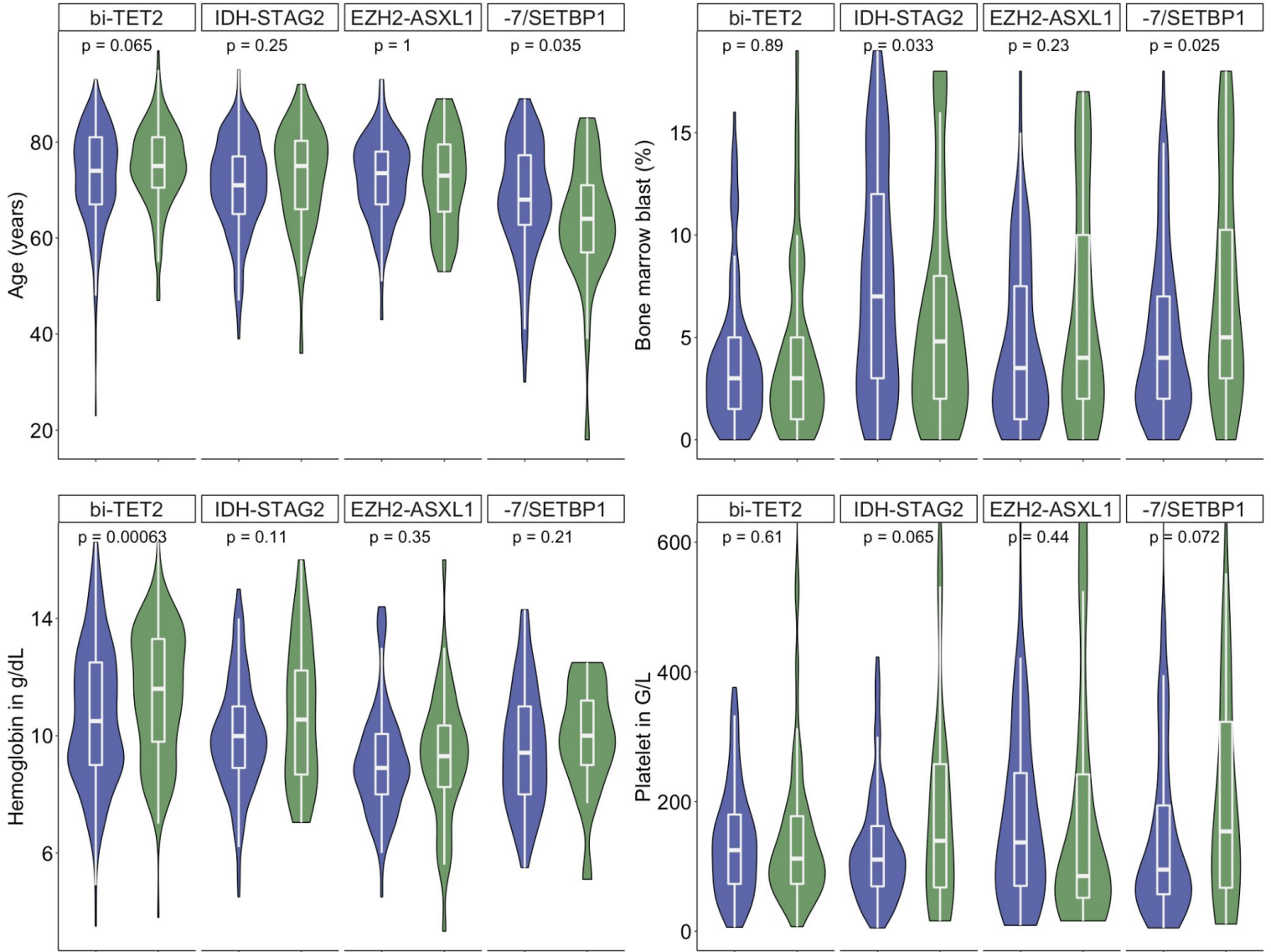
**C.** Violin plots representing the level of monocyte counts as a function of the variant allele fraction (VAF) of RAS pathway mutations, both for MDS patients (left) or MDS/MPN patients (right) categorized as *bi-TET2*, *IDH-STAG2*, *EZH2-ASXL1* or *-7/SETBP1*.

**A.****B.****C.**

**Figure S38 | Within group comparison of clinical characteristics between MDS and MDS/MPN.**

Distribution of the percentage of the age at diagnosis, bone marrow blast percentage, hemoglobin level, and platelet count for primary MDS (purple) or MDS/MPN (green) within molecular groups (*bi-TET2*, *IDH-STAG2*, *EZH2-ASXL1*, *-7/SETBP1*). P-values are from the Wilcoxon rank-sum test.

Diagnosis ■ MDS ■ MDS/MPN

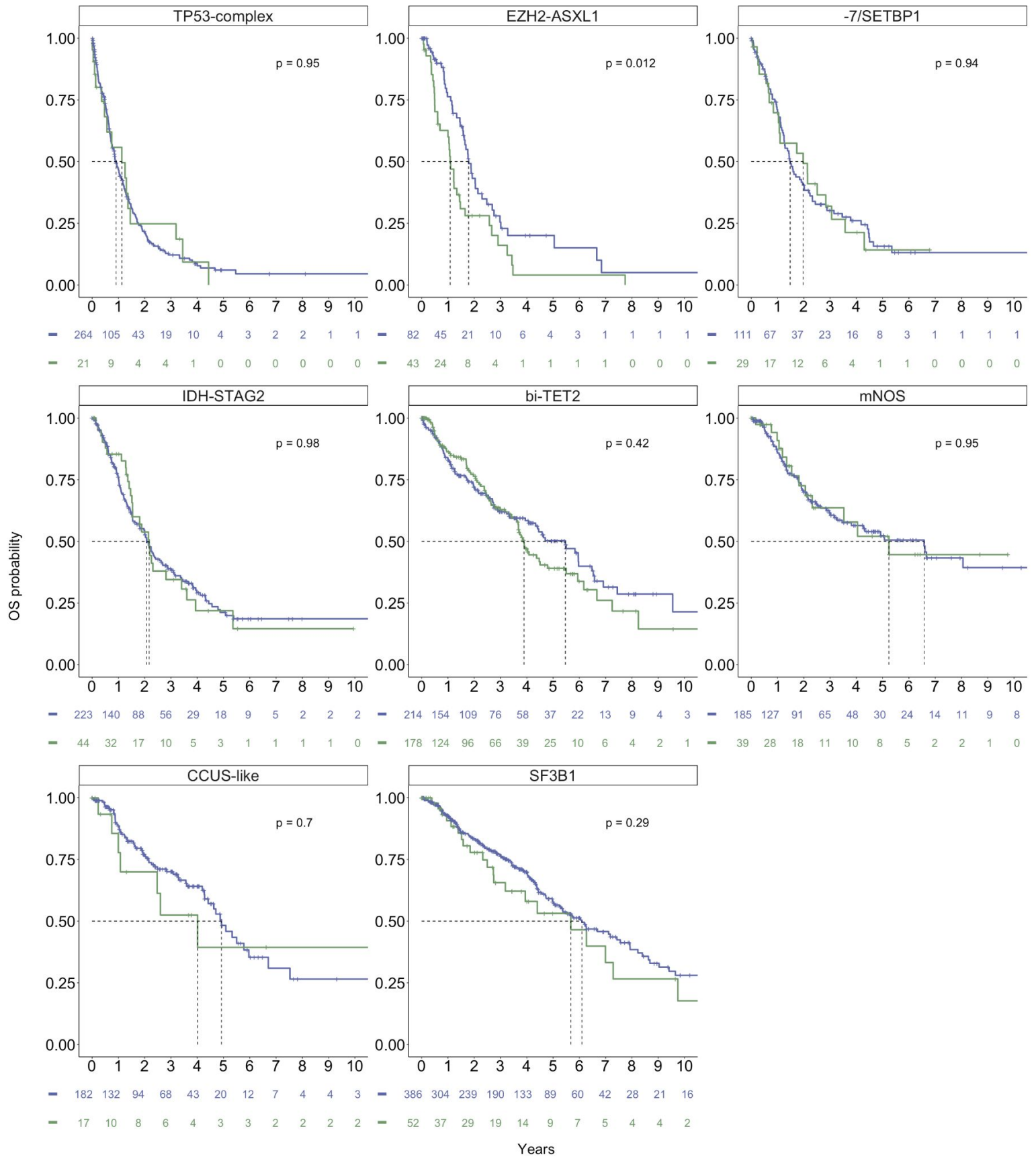


**Figure S39 | Overall survival per MDS or MDS/MPN diagnostic subtypes across main molecular groups.**

Kaplan-Meier probability estimates of overall survival for MDS (purple) or MDS/MPN (green) within each molecular group. P-values are from the log rank test.



Diagnosis ■ MDS ■ MDS/MPN



**BOX.** Genetically-derived subgroups of MDS that have been defined in this study and may inform future classification schemas.

<b>Molecular subgroup</b>	<b>% of all patients</b>	<b>Clinical outcomes</b>	<b>Distinctive feature(s)</b>
<i>DDX41</i> -mutant	3.3	Frequent excess blasts and high risk of leukemic evolution, but favorable prognosis compared to other MDS with excess blasts; prognosis not affected by blast count or co-mutations. <sup>3</sup>	Typically germline mutation in one <i>DDX41</i> allele with somatic mutation in the second allele. <sup>3</sup> Hypoplastic bone marrow with excess blasts. Genomic diagnosis is crucial in the transplantation setting for donor selection and prevention of acute GVHD with post-transplant cyclophosphamide.
AML-like	2.0	Biologically resembles AML, except for less than 20% bone marrow blasts.	Some patients may be considered for intensive AML-like therapy.
<i>TP53</i> -complex*	10.1	Extremely aggressive disease with a median survival <1 year.	Poorly responsive to any currently available treatment including allogeneic stem cell transplantation. Enriched in therapy-related cases.
der(1;7)	0.5	Aggressive disease with short survival.	Frequent in the Asian population. Very high risk of life-threatening infection requiring careful prevention and monitoring during clinical course. <sup>4</sup>
-7/ <i>SETBP1</i> -mutant	4.9	Aggressive disease with short survival; prognosis not stratified by blast count.	Somatic <i>SETBP1</i> mutations, often associated with monosomy 7/deletion 7q. Disease phenotypes include MDS, atypical chronic myeloid leukemia (aCML), CMML. <sup>5,6</sup> Enriched in therapy-related cases.
del(5q)*	6.9	Well established MDS subtype whose outcomes are determined by co-mutation patterns (e.g., <i>SF3B1</i> , <i>TP53</i> , and <i>RUNX1</i> ).	Responsive to lenalidomide with amelioration of anemia and cytogenetic remission in a portion of patients. Higher risk of treatment resistance and progression in subjects with co-mutation in <i>TP53</i> . <sup>7</sup>
<i>EZH2-ASXL1</i> -mutant	4.0	Poor survival, despite the fact that most patients do not have excess blasts; prognosis not stratified by blast count.	High molecular complexity, with most patients carrying ≥5 mutated genes.
<i>IDH-STAG2</i> -mutant	8.9	Aggressive disease with a very high risk of leukemic transformation.	Patients with <i>IDH1</i> or <i>IDH2</i> mutation may benefit from treatment with ivosidenib or enasidenib, respectively. <sup>8,9</sup>
<i>BCOR/L1</i> -mutant MDS	3.5	Short survival and high risk of leukemic evolution.	Pronounced thrombocytopenia. <sup>10</sup>
Biallelic <i>TET2</i> mutation	12.7	Favorable outcomes in most patients.	Older patients, monocytosis overlapping with CMML. <sup>11</sup> Hematologic phenotype determined by co-mutations (anemia in

			<i>SF3B1</i> mutated patients, thrombocytosis in <i>SF3B1</i> or <i>JAK2</i> mutated patients).
<i>U2AF1</i> -mutant (37 & 154)	4.3	Aggressive diseases with relatively poor survival and high risk of leukemic evolution.	Inhibitors of the spliceosome and modulators of splicing are being considered as potential treatments. <sup>12,13</sup>
<i>SRSF2</i> -mutant	2.2		
<i>ZRSR2</i> -mutant	1.3	Indolent clinical course.	Male patients with refractory macrocytic anemia and no excess of blasts. <sup>14</sup>
<i>SF3B1</i> -mutant*	14.1	Indolent clinical course with low risk of leukemic transformation. Progressive worsening of anemia over time with the development of transfusion requirements.	Ring sideroblast phenotype, ineffective erythropoiesis with iron overloading, specifically responsive to luspatercept treatment. <sup>15,16</sup>
CCUS-like	6.9	Mild phenotype and favorable outcomes in most patients.	Overlap with CCUS, with the only difference being the presence of significant dysplasia ( $\geq 10\%$ versus $< 10\%$ dysplastic cells). <sup>17,18</sup>
mNOS	7.9	Mild phenotype and favorable outcomes in most patients.	Rare putative oncogenic events, often occurring in patients with excess blasts.
No recurrent genetic event in myeloid genes	6.5	Long median overall survival, very low risk of leukemic transformation.	Enrichment for <i>UBA1</i> mutations and VEXAS-like clinical phenotypes. <sup>19</sup>

\* Included as genetically-defined subgroups within the current classifications of myeloid neoplasms, i.e., the International Consensus Classification and the 5th edition of the WHO classification<sup>1,2</sup>

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