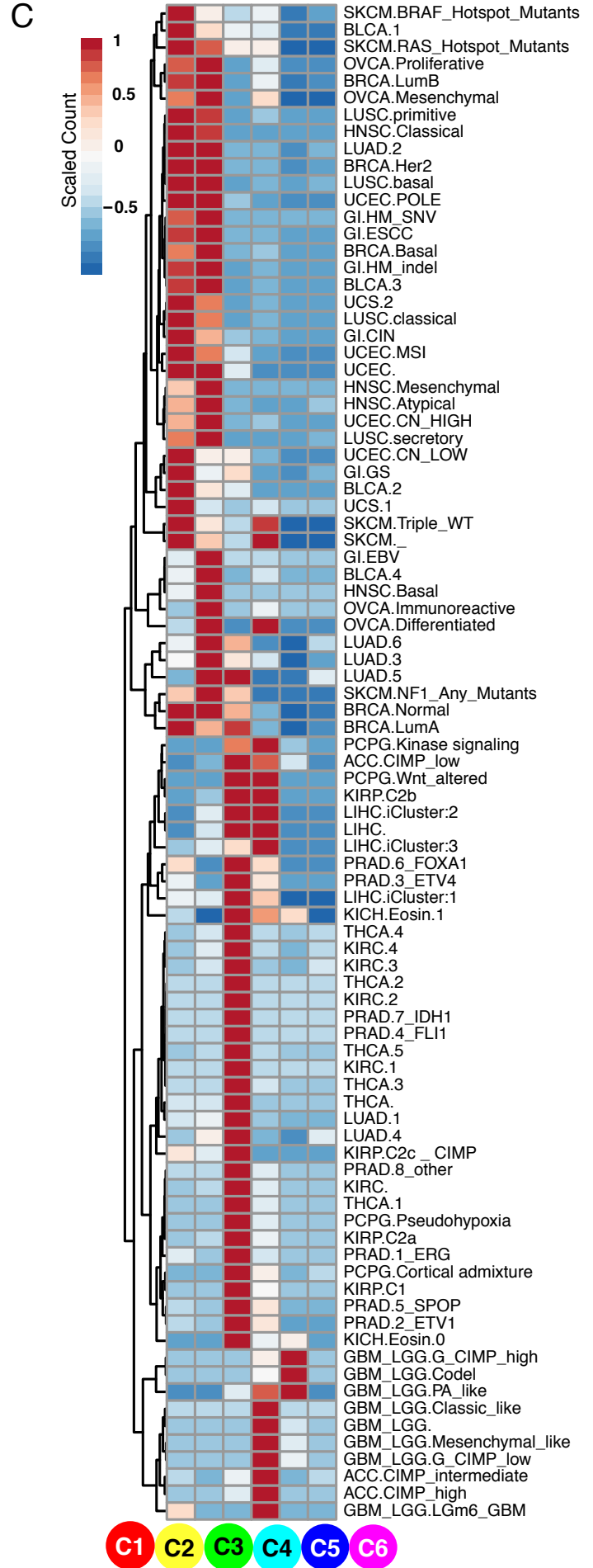
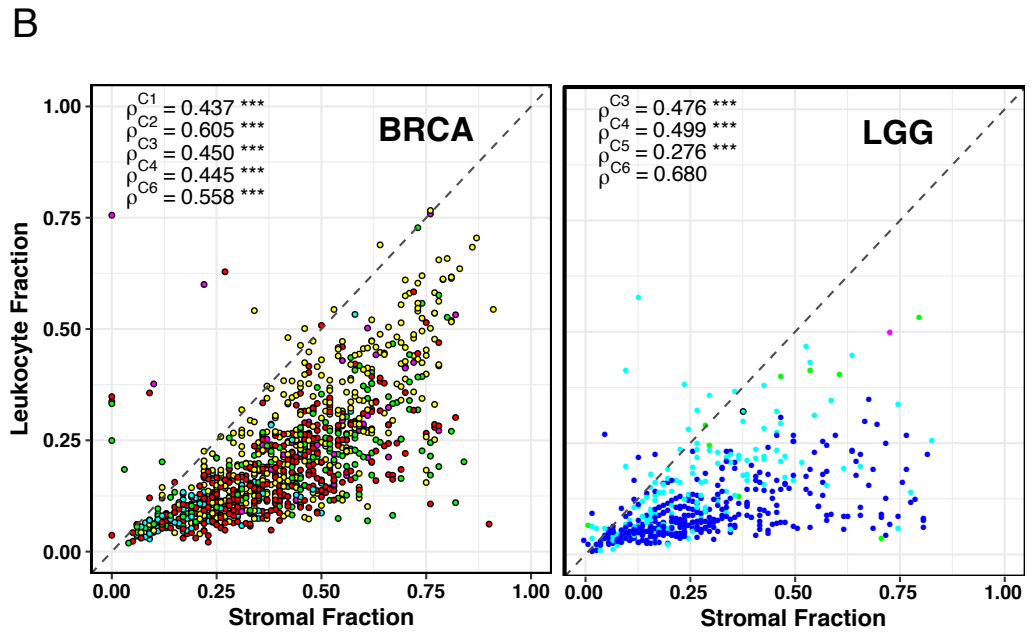
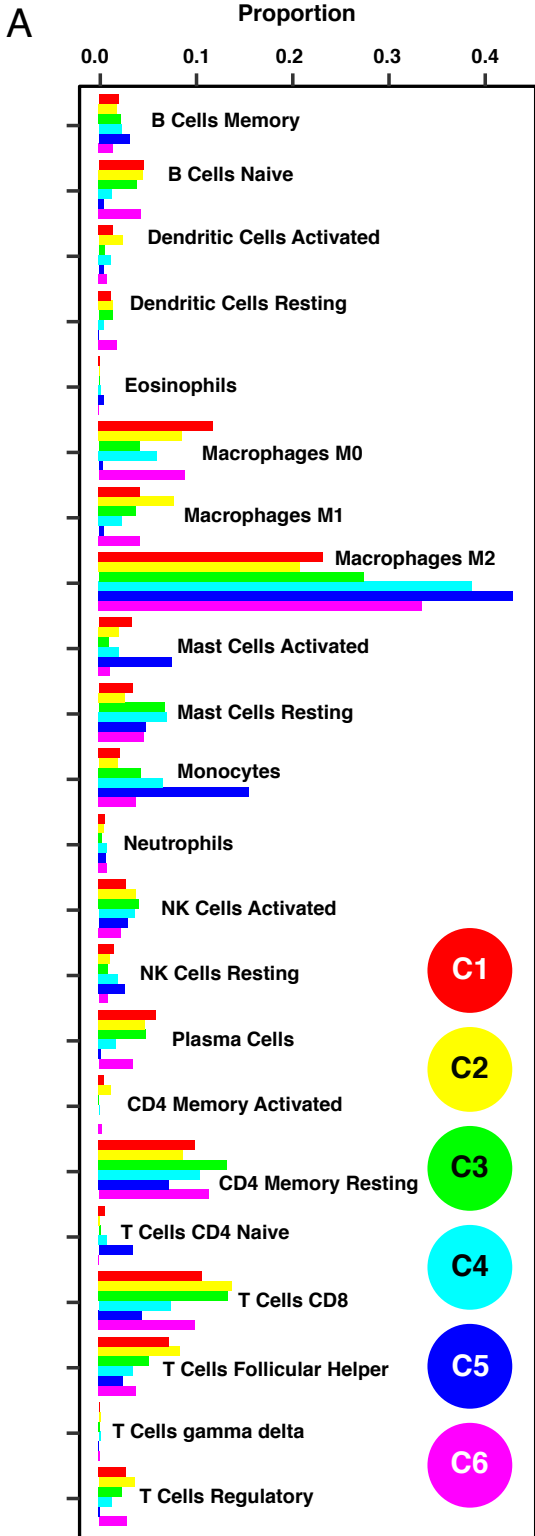


**D**

	Basal	Her2	LumA	LumB	Normal
C1	59	32	174	62	42
C2	104	36	116	89	46
C3	2	2	147	7	33
C4	6	2	42	30	11
C5	0	0	0	0	0
C6	1	1	29	3	6

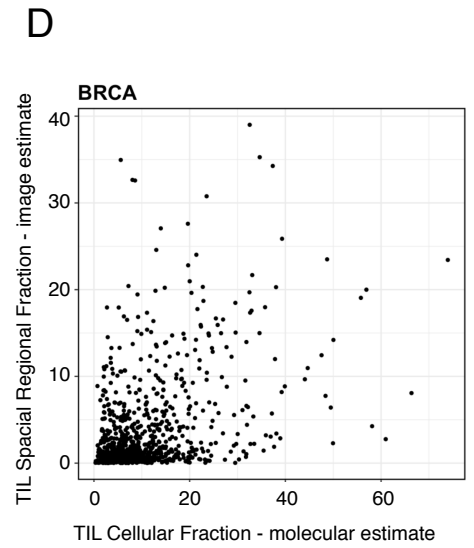


**Figure S1. Identification and Characterization of Immune Subtypes derived from Model Based Clustering. Related to Figure 1.** **A** Macrophage co-expression cluster. A detail of the lower left of Figure 1A, illustrating macrophage/monocyte/MHC cluster module. Signatures are labeled as rows and columns, with red denoting high intercorrelation among signature scores over all TCGA tumors. Colored side bars reflect different published sources of immune signatures. **B**. Relative contribution of tumor types to immune subtype composition. Bars indicate relative proportions of each tumor type (rows) in immune subtypes (columns). Column width indicates relative numbers of tumors comprising of each immune subtype. **C**. TCGA subtypes and immune subtypes. Each row corresponds to a TCGA subtype, and the distribution of immune subtypes within that subtype, standardized to mean 0 and unit variance is shown. Red indicates greater proportion of that immune subtype is present in a given TCGA subtype. **D**. TCGA breast cancer subtypes (columns) and corresponding immune subtypes (rows).

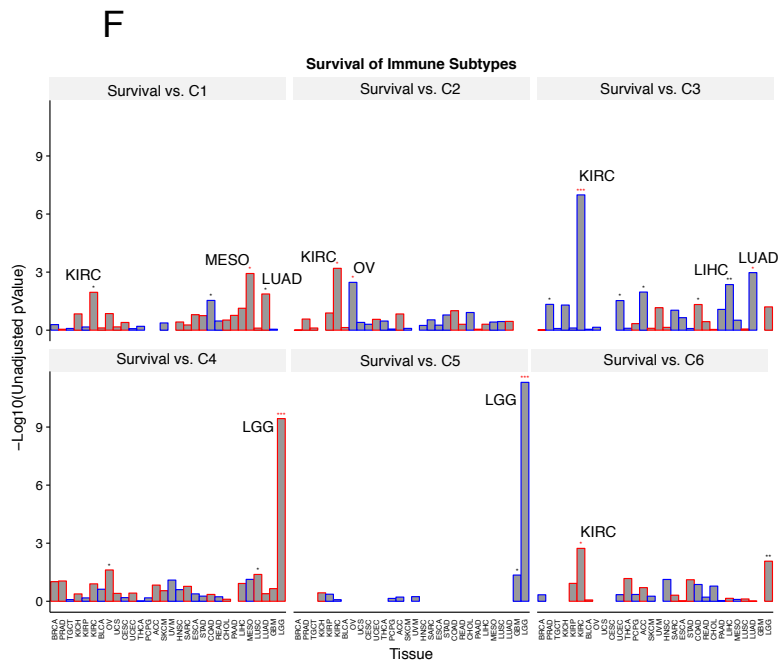
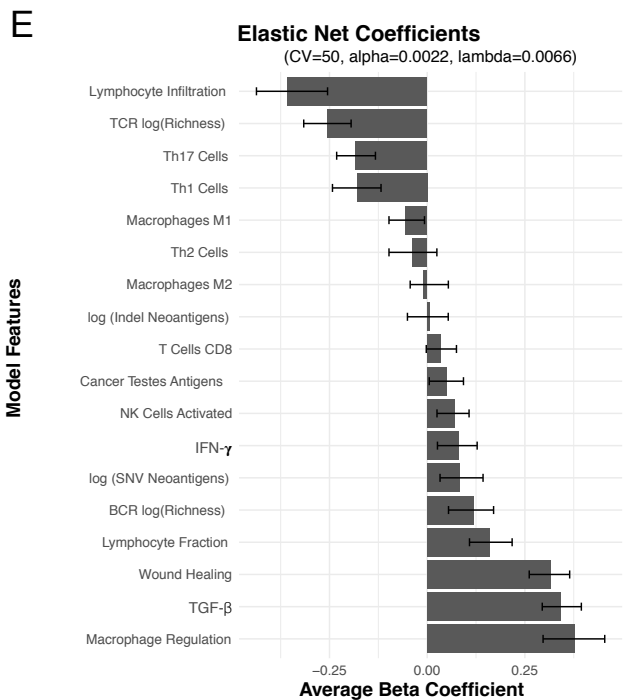
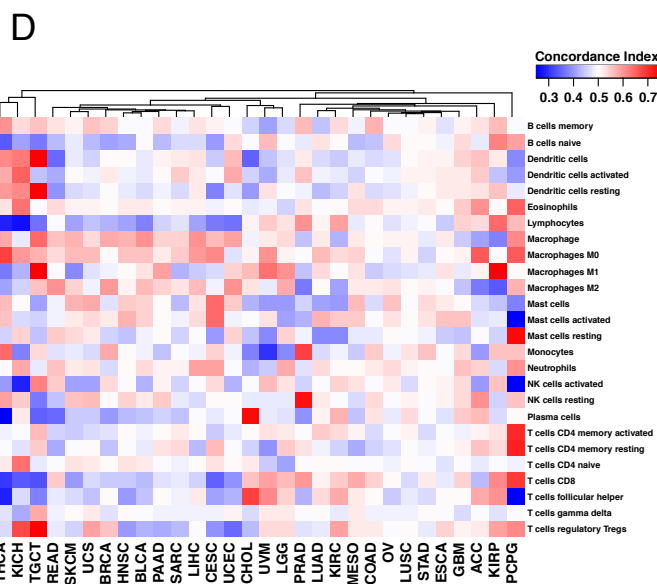
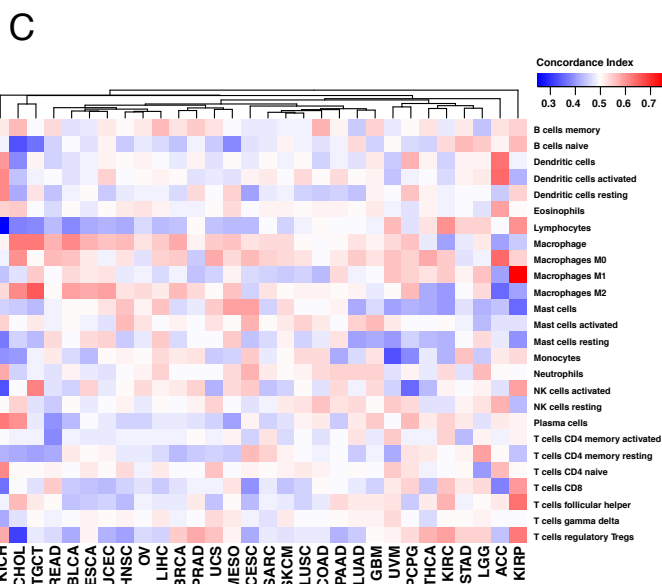
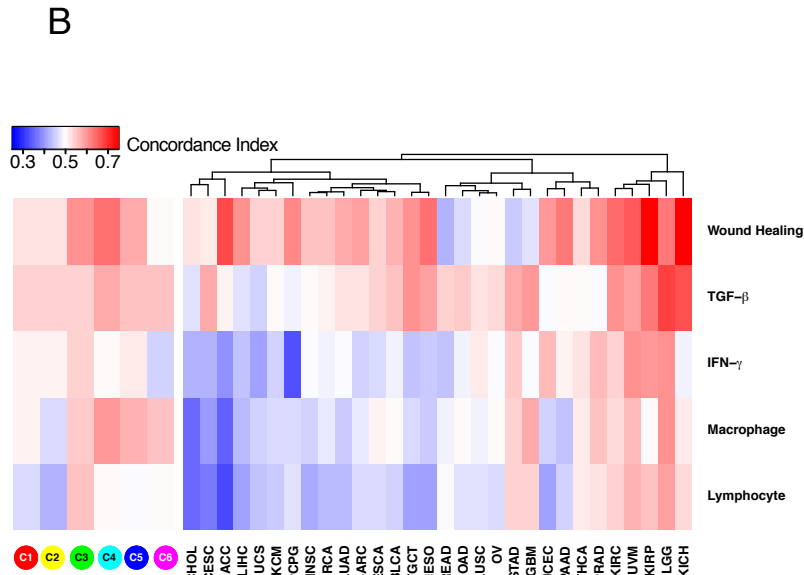
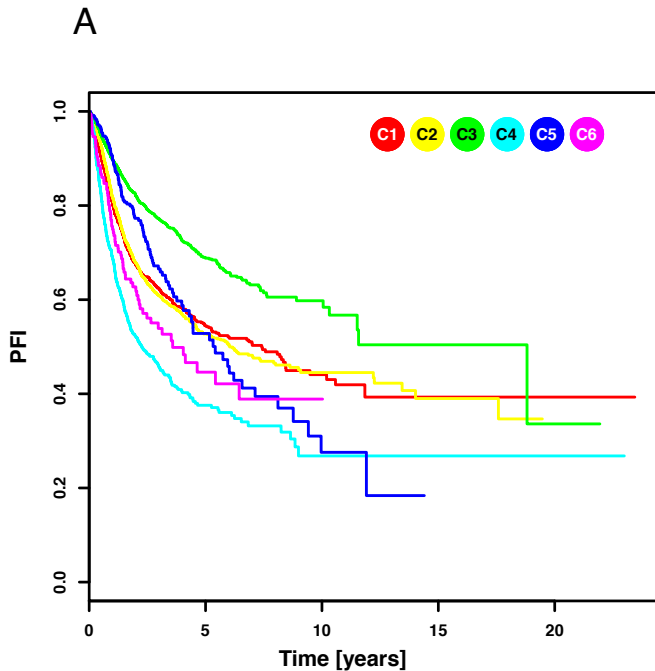


**C**

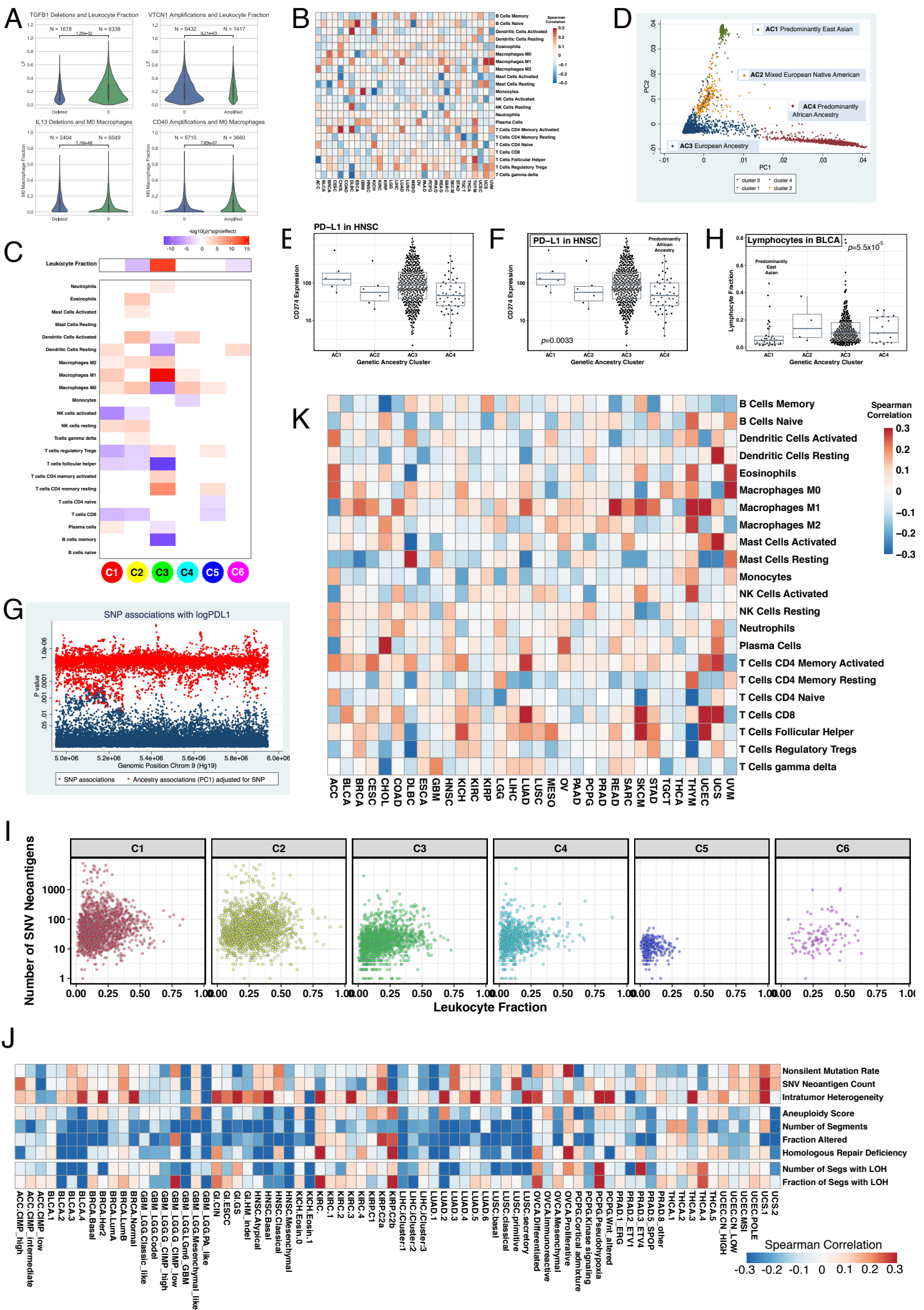
Study	$\rho$	p-value
BLCA	0.45	$5.2 \times 10^{-16}$
BRCA	0.41	$3.5 \times 10^{-38}$
CESC	0.37	$7.2 \times 10^{-9}$
COAD	0.25	$2.4 \times 10^{-7}$
LUAD	0.40	$5.5 \times 10^{-17}$
LUSC	0.42	$9.3 \times 10^{-18}$
PAAD	0.20	0.019
PRAD	0.21	0.00041
READ	0.35	$2.2 \times 10^{-5}$
SKCM	0.45	$1.0 \times 10^{-20}$
STAD	0.26	$7.0 \times 10^{-6}$
UCEC	0.33	$4.2 \times 10^{-13}$
UVM	0.10	0.42



**Figure S2. Composition of the Immune Infiltrate. Related to Figure 2.** **A.** Relative proportions of all leukocyte classes within each immune subtype based on CIBERSORT analysis, displayed as mean cell type propensity. **B.** LF for BRCA and LGG (y-axes) is compared with the non-tumor cellular stromal fraction (SF) in the tumor microenvironment (x-axes). Immune subtypes within BRCA and LGG differ in leukocyte proportions ( $\rho=LF/SF$ ) as evidenced in statistical differences in the estimated slopes as designated in the insets. The immune subtype of tumor sample points is indicated with the color scheme seen in A, with \*\*\* denoting linear regression significance at  $p<0.001$ . **C & D.** The fraction of tumor infiltrating lymphocytes estimated from digital analysis of H&E slide images is compared with the estimated lymphocytic content (calculated from CIBERSORT and methylation data). The table (S2C) summarizes the correspondence (Spearman rho) for the 13 TCGA tumor types analyzed, and the image (S2D) illustrates the comparison for BRCA tumor samples, with TIL spatial fraction from slides on the y-axis, and TIL fraction molecular estimates on the x-axis.



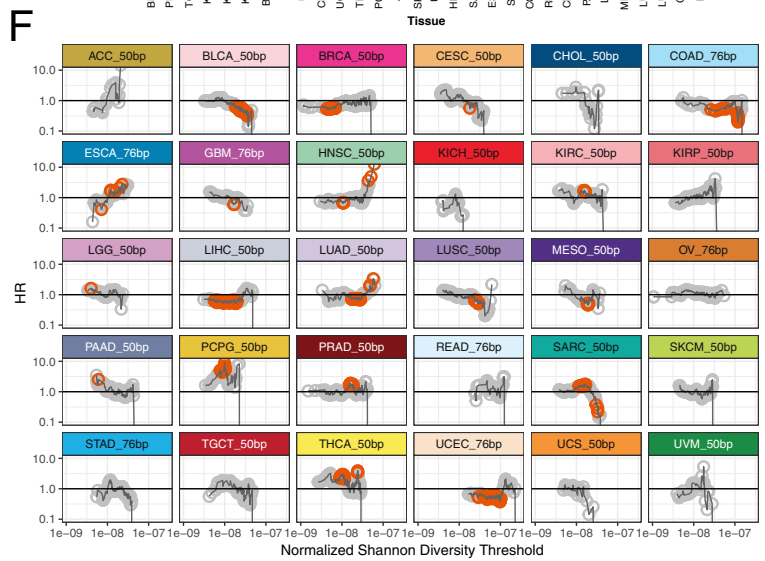
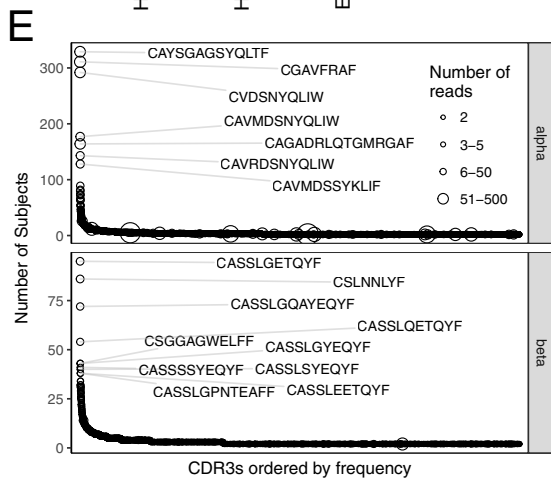
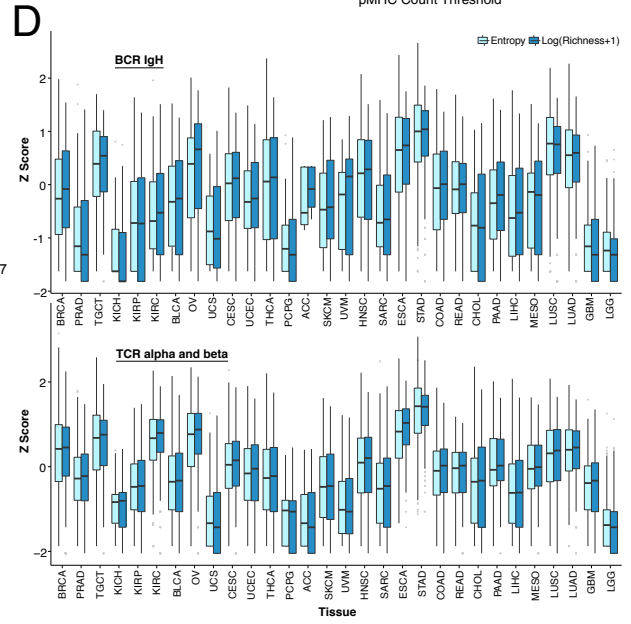
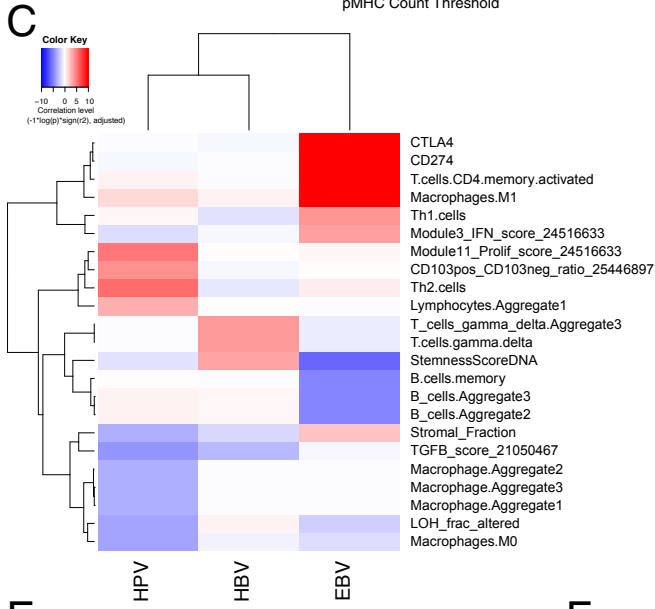
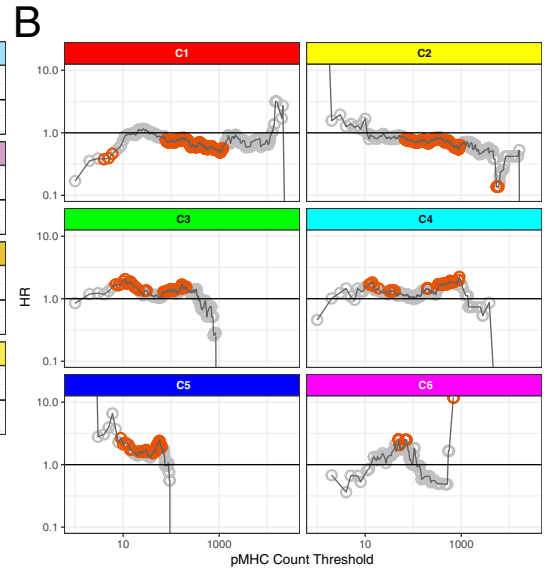
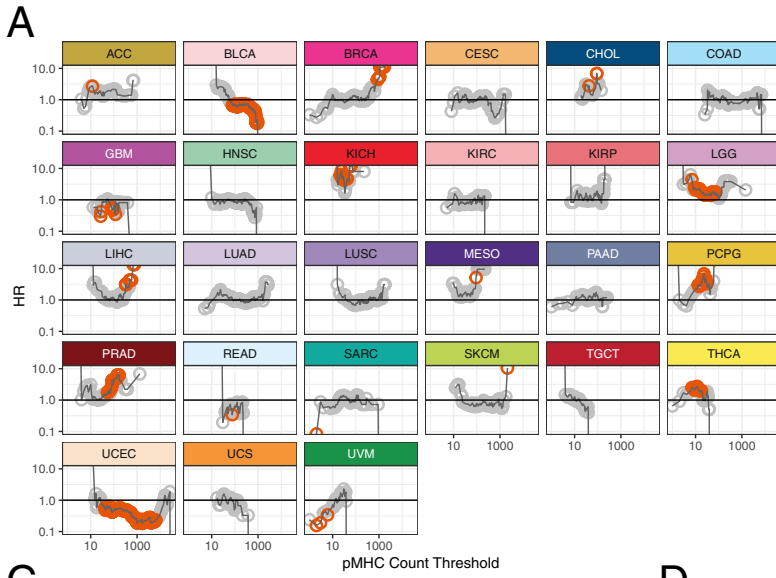
**Figure S3. Immune Response and Prognostics. Related to Figure 3.** **A.** Progression free interval (PFI) among immune subtypes. **B.** Concordance Index (CI) for five characteristic immune expression signature scores (rows) in relation to PFI, for immune subtypes and TCGA tumor types (columns). Red indicates an association of immune signature with higher risk (shorter PFI) and blue lower risk (longer PFI) within the specific immune subtype or tumor type. **C.** CI for cell type fractions (rows) estimated using CIBERSORT in relation to PFI, for TCGA tumor types (columns). Red indicates an association of immune cell type with higher risk (shorter PFI) and blue lower risk (longer PFI) within the specified tumor type. **D.** As for C, with OS. **E.** Coefficients of elastic net model. The box and whisker plot indicates the average coefficient value of the elastic net model features at the optimal alpha and lambda parameters. Positive coefficients indicate higher hazard ratio (i.e., decreased survival) and negative coefficients indicate lower hazard ratio (increased survival). Error bars indicate the 95<sup>th</sup> confidence interval across cross validation iterations. **F.** Prognostic significance of immune subtypes for OS within each tumor type was evaluated using CoxPH models. Bar heights indicate the negative log<sub>10</sub> transformed p values of the immune subtype in predicting OS in each tumor type. Color outlines indicate the direction of the coefficient (blue: negative coefficient, increased survival; red: positive coefficient, decreased survival). Stars indicate significant p values. Black stars indicate significance with uncorrected p value. Red stars indicate significance with p values BH-corrected for FDR, with 1, 2 and 3 stars indicating FDR corrected values below 0.05, 0.01 and 0.001, respectively.



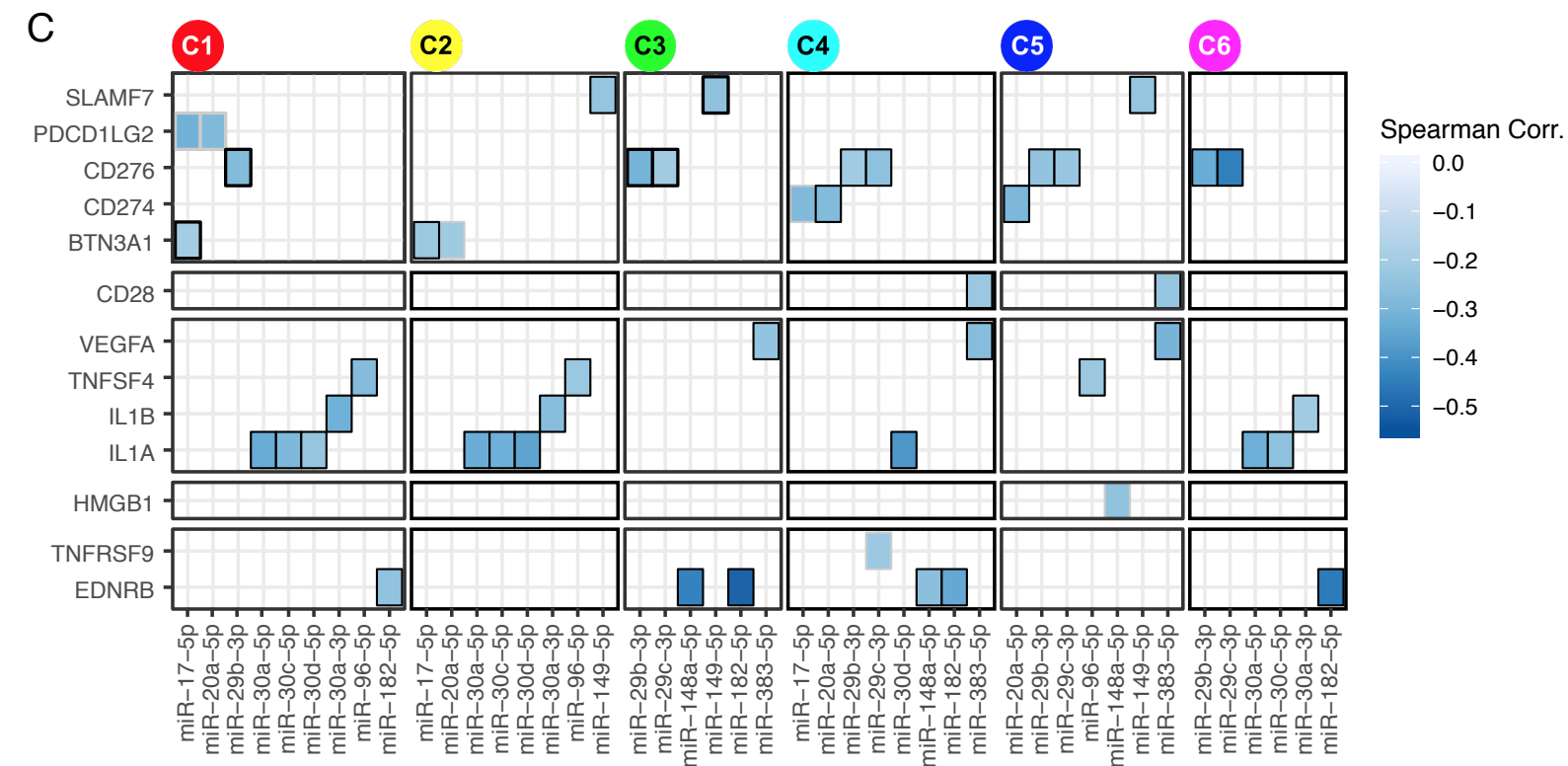
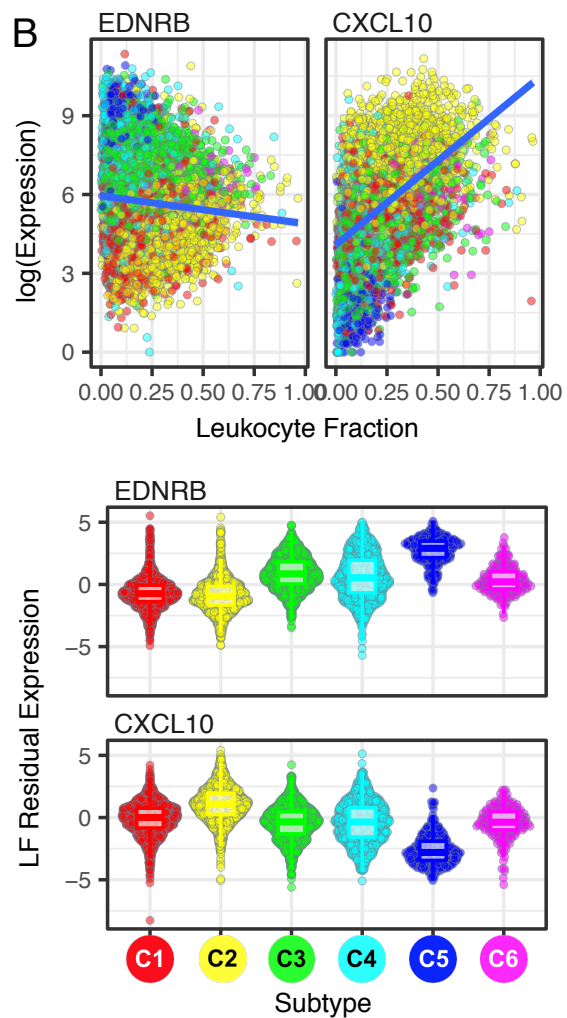
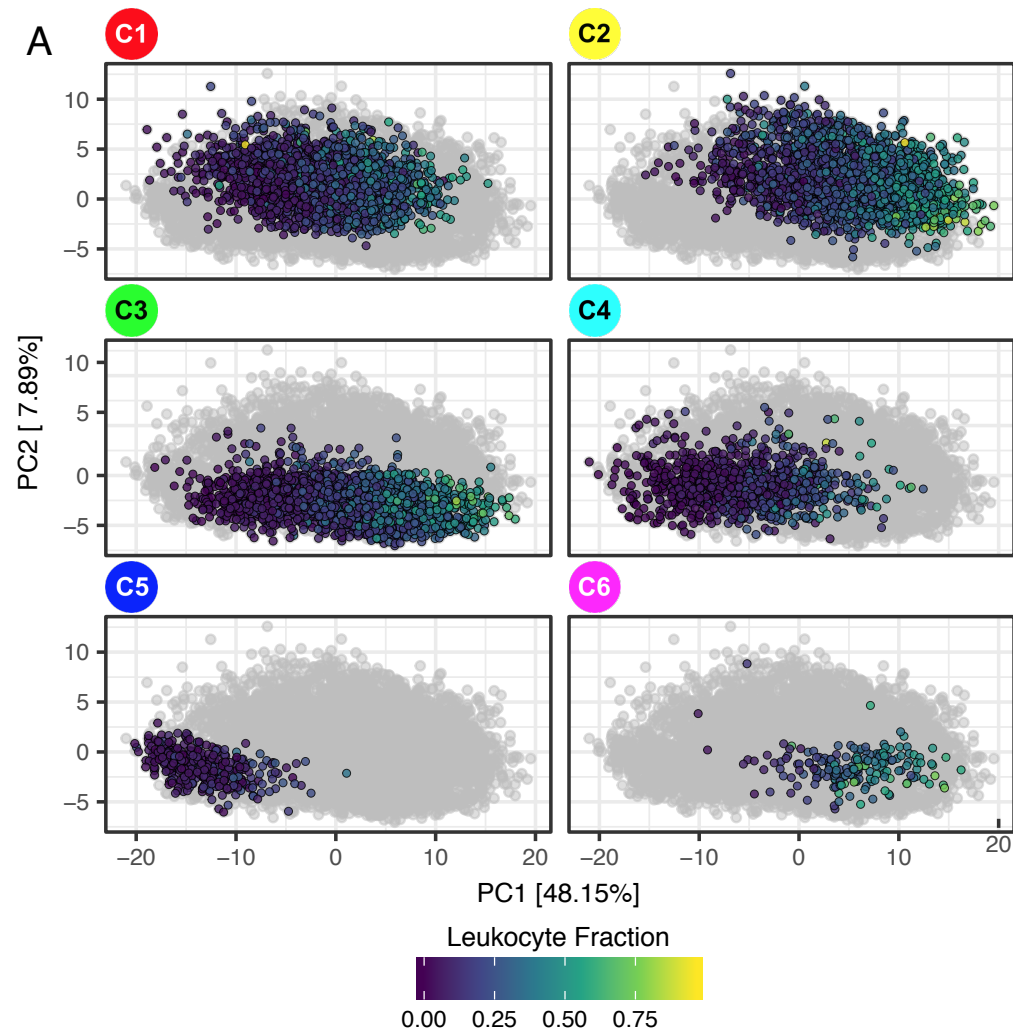
### Figure S4 - Immune Response and Genomic State. Related to Figure 4.

**A.** Correlation of representative CN alterations with immune infiltrate. Four representative IM genes are shown, demonstrating associations between copy number deletion (TGFB1 and IL13) or amplification (VTCN1 and CD40), x-axes, and LF (TGFB1 and VTCN1) or fractional level of M0 macrophages (IL13 and CD40), y-axes. Welch t-test p values are indicated above each comparison. **B.** Intratumoral heterogeneity correlation with individual immune cell types in TCGA tissues. Values displayed are the Spearman correlation of immune cell fractions (rows) with intratumoral heterogeneity (subclonal genome fraction) within each tumor type (columns). Red indicates positive correlation (increasing proportion of indicated cell type with increasing ITH), and blue negative correlation. **C.** Association of LF and individual immune cell fractions with somatic alterations (mutation and copy number) in the TGF- $\beta$  pathway. The association score is based on the BH-adjusted Student *t*-test. Red indicates increasing proportion of immune cell type with pathway disruption, and blue decreased proportion with pathway disruption. **D.** Genetic ancestry principal components and ancestry clusters. We used the germline genetic data (TCGA SNPs) to make genotype calls on which we performed principal components analysis (PCA). We inferred how the principal components (PCs) related to the continental ancestry by comparing them with patient self-reported race/ethnicity. We then clustered genetic ancestry into 4 clusters (derived ancestry clusters (AC1-AC4)) by performing K means clustering on genotype PCs PC1, PC2 and PC3. The first two PCs are shown. The cluster with highest PC1 values correlates with African ancestry and the cluster with highest PC2 values correlates with Asian ancestry. AC1-AC4, correspond to predominately East Asian, European/Native American, European, and predominately African ancestry, respectively, as indicated by colored dots representing individual patients. **E.** PD-L1 expression differences between females and males in KIRP. Box plots show that in KIRP females have higher median CD274/PD-L1 expression than males. **F.** PD-L1 in HNSC. In head and neck squamous cell carcinoma, CD274/PD-L1 gene expression is relatively low in individuals of African ancestry, who are predominant in PC ancestry cluster 4 (AC4). **G.** SNP Associations with PD-L1 expression. The graph represents SNP associations with  $\log_2(\text{PDL1})$  expression levels, for SNPs at each position in a 1 megabase region around the PDL1 transcriptional start site. The X-axis represents genomic position and Y-axis represents the negative  $\log p$  value of associations. Below the X-axis is a map of genes in that region including PDL1 (CD274). The dashed line represents the threshold for significance for SNPs, adjusting for the effective number of independent SNPs at the locus. The blue dots represent the association statistics between SNPs and PDL1 expression. The red dots represent the association statistic for PC1 (African ancestry) for each of the SNPs. Where the red dots become less significant, the corresponding SNP is leading to some attenuation between ancestry and PDL1 levels, suggesting that SNP may explain some of the association. **H.** Lymphocytes in BLCA. In bladder cancer, lymphocytic infiltrate is relatively low in individuals of Asian ancestry, the predominant group in ancestry cluster 1 (AC1). **I.** Leukocytic relation with neoantigen burden in immune subtypes. Scatter plots for each immune subtype, with Spearman correlation coefficient and associated p-value on right. Dots represent individual tumors within each immune subtype. **J.** Spearman correlation (red: positive; blue: negative), between different measures of DNA damage (rows) and LF for TCGA tumor subtypes (columns) with more than 10 tumors in each. **K.** Neoantigen burden correlates with individual immune cell types in TCGA tissues. Values displayed are the Spearman correlation of immune cell fractions (rows) with neoantigen burden within each tumor type (columns). Red indicates positive correlation (increasing proportion of indicated cell type with increasing neoantigen burden), and blue negative correlation.



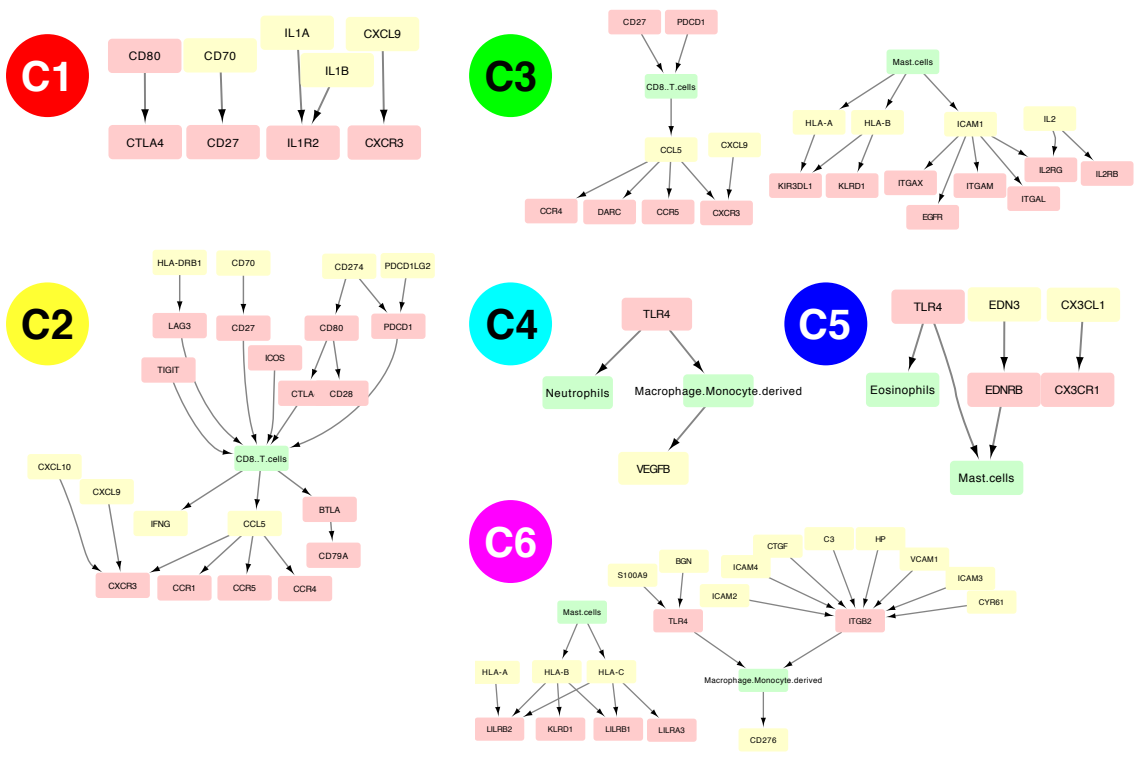


**Figure S5 - The Tumor Immune Interface. Related to Figure 5. A & B.** Impact of Immunogenicity Features on Prognostic Associations Across TCGA Tumor Types (A) and Immune Subtypes (B). CoxPH models were built with age, gender, LF, and tumor type (if applicable) as covariates. Every possible cutoff for number of predicted neoantigens (pMHC) is tested, and Hazard Ratios (HRs) for PFI are recorded for “greater than cutoff”. Significant HRs are indicated in orange. Cutoff number for pMHC increases from left to right; tumors where HR hovers around 1 (e.g. HNSC) show no correlation between pMHC counts and PFI, while BLCA shows HR consistently < 1 across a range of thresholds. **C.** Correlations with Viral Load. Plot shows correlation between increasing viral read counts for specified viruses (rows) and immune features (columns) in a regression model adjusted for cancer type. Color key: red=positively correlated, blue=negatively correlated, and intensity=  $-1 \cdot \log(p\text{-val})$ , with a ceiling at  $p\text{-value} < 10^{-10}$ . **D.** TCR and BCR heavy chain diversity measures across tumor types. Diversity indices Shannon entropy and species richness (i.e. number of unique clonotypes) were calculated by MiTCR. Richness was log-transformed and both entropy and richness were standardized with Z-scores calculated to place values on the same scale prior to plotting. **E.** Recurrence of TCR CDR3 sequences in RNA-seq datasets. Of 108,185 distinct alpha and 181,787 distinct beta sequences, 16,971 alpha and 12,079 beta are found in at least two patients. The plot indicates that very few recurrent sequences are shared by >20 patients. Sequences with higher recurrence are labelled. Number of reads is tallied across all samples. Larger circles (number of reads) indicate highly abundant TCRs in one or more samples. **F.** Impact of TCR diversity on prognostic associations. CoxPH models built with age, gender, and leukocyte fraction as covariates. Every possible (normalized Shannon diversity) cutoff is tested to evaluate the effect of increasing TCR diversity on PFI, and Hazard Ratios for PFI is recorded (for “greater than cutoff”). Significant HRs are indicated in orange. For each category, 76 bp datasets used unless unavailable, in which case 50 bp was used.

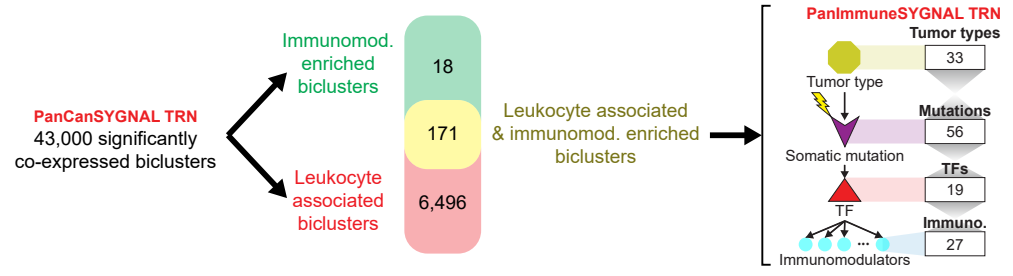


**Figure S6. Regulation of Immunomodulators in Cancer. Related to Figure 6. A.** IM expression segregates tumors by immune subtype. PCA of 9,058 TCGA samples, based on expression of 67 IM genes. Samples within a subtype are highlighted (non-gray) in each sub-panel, with points colored by leukocyte fraction (LF). Plots show that PCA using IM gene expression recapitulates immune subtypes, with each immune subtype showing relatively distinct separation along PC1 and PC2; a gradient of LF values is correlated with PC1 within each subtype. **B.** Correlation between expression and LF for IM genes with largest differences across subtypes (by Kruskal-Wallis test) (top); distribution of LF-adjusted expression levels in each subtype (bottom). **C.** Regulation of immunomodulators by miRNA. Associations are shown between commonly implicated miRNAs and immunomodulators for each immune subtype. All associations shown represent BH-adjusted  $p$ -value  $< 0.05$  and Spearman correlation  $\leq -0.2$ ; each miRNA included is negatively correlated with a gene for which it is predicted to bind in miRDB.

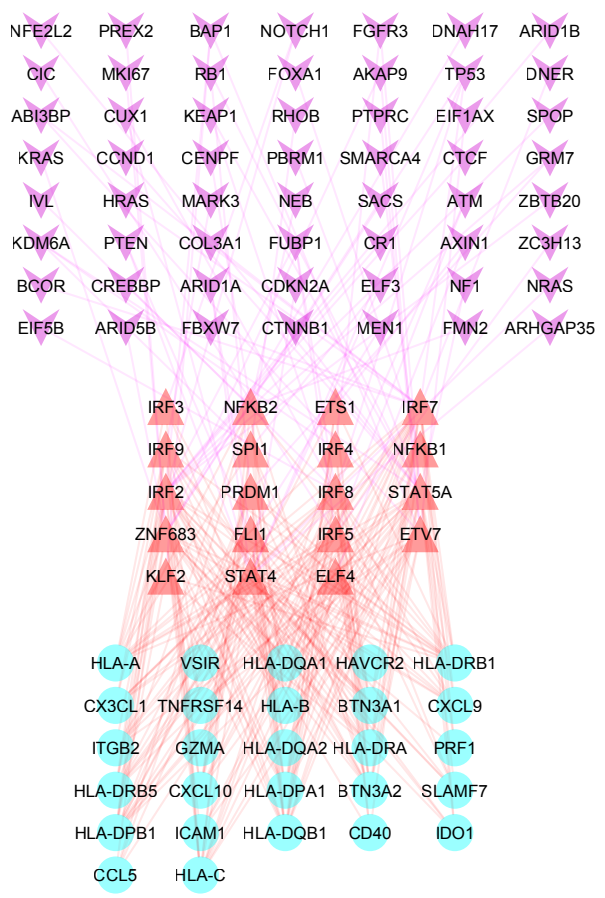
A



B



C



**Figure S7. Intra and Extracellular Networks Modulating Immune Response to Tumors.**

**Related to Figure 7. A.** Cytokine immune subnetworks. Cell types are shown in green, ligands in yellow, and receptors in red. Edges connect nodes if each is found to be abundant within an immune subtype. Small example sub-networks from each immune subtype are shown where edges are filtered to be in the top 25%, by concordance value. Subtype C4 did not have any high scoring edges. Diversity of cytokine signalling networks between immune subtypes emphasizes differential regulation of immune function within the TME of each subtype. **B.** Pan-Immune SYGNAL Network inference. PanCanSYGNAL network was filtered to 43,000 significantly co-expressed biclusters. We then identified biclusters significantly associated with leukocyte infiltration (leukocyte associated), biclusters enriched with IM genes, and biclusters with both associations. PanImmuneSYGNAL transcriptional regulatory network (TRN) was discovered as the co-regulated biclusters from the 171 leukocyte associated and immunomodulatory enriched biclusters. The resulting TRN is a predictive map with interactions from all 33 tumor types that implicate specific somatic mutations in modulating the expression of a TF(s) that in turn regulate IM gene(s) (within a bicluster). A summary of the counts for each feature in the PanImmuneSYGNAL TRN are shown on the left. **C.** Regulation of IMs according to the Pan-Immune SYGNAL network. Legend for node types is shown above in the rightmost section of panel B. The network contains mechanistic regulatory interactions linking 56 somatic mutations through 19 transcription factors (ELF4, ETS1, ETV7, FLI1, IRF2/3/4/5/7/8/9, KLF2, NFKB1/2, PRDM1, SPI1, STAT4/5A, and ZNF683) to drive the expression of 43 of the 171 IM enriched and leukocyte infiltration associated biclusters, which includes 27 IMs.