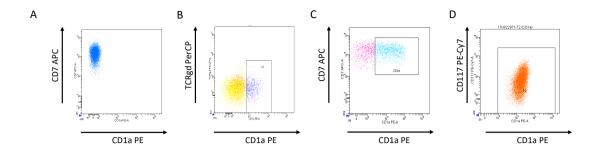
Supplementary Methods

Samples were analysed at three centers, largely divided by age. Samples for 55 patients, aged 1-12 years were analyzed at Great Ormond Street Hospital (GOSH), samples for 43 patients, aged 13-75 years were analyzed at University College London Hospital (UCLH) and samples for 18 patients, aged 2-17 years were analyzed at the University College London Cancer Institute (UCLCI). Samples analyzed at GOSH and UCLH were analyzed fresh for diagnostic purposes. All samples analyzed at UCLCI came from the Blood Cancer UK Childhood Leukaemia CellBank and were provided as viable cells frozen in liquid nitrogen. These samples were thawed according to standard lab practices in a 37C water bath, followed by immediate washing in RPMI cell media containing 10% fetal calf serum. To confirm concordance of results between centers and between fresh and frozen samples, 11 samples were analyzed both at two different centers and using a fresh and a frozen aliquot. Results demonstrated excellent concordance as shown in supplementary figure 2. In addition, while we acknowledge that the intensity of antigen expression may vary between fluorochromes, we have reported positivity rather than intensity, which showed good correlation between different antibodies used (Supplementary Figure 2).

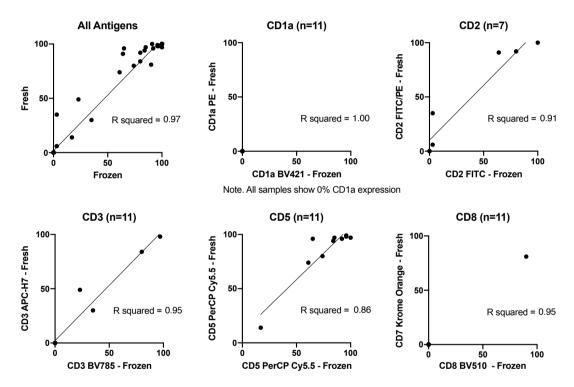
Samples were analyzed using standard diagnostic flow cytometry methods at each institution. Samples were washed and suspended in flow buffer and stained with antibodies for 20 minutes. Following washing, samples were resuspended and analyzed on a multiparameter flow analyzer. Negative controls included isotype controls and gating on negative populations.

At University College London Hospitals, samples were stained using CD1a FITC, CD2 APC, CD3 PBE, CD4 APC, CD5 APC-A700, CD7 PE, CD8 PB and CD38 APC-A700 (All Beckman Coulter), run on a Navios Flow Cytometer equipped with Navios Software and analyzed using Kaluza Version 2 (Beckman Coulter). At Great Ormond Street Hospital for Children, samples were stained with CD1a PE, CD2 FITC/PE, sCD3 APC-H7, CD4 FITC, CD5 PerCP Cy5.5, CD38 FITC (All BD Bioscience), CD2 PerCpCy 5.5 (Pharmagen), CD7 APC (Invitrogen), CD8 Krome Orange (Beckman Coulter), run on a BD FACSCanto II or BD LSRFortessa X-20 flow cytometer with analysis using BD FACSDiva software (BD Biosciences). Samples from the Blood Cancer UK Childhood Leukaemia CellBank were processed at the University College London Cancer Institute. Samples were stained with CD1a BV421, CD2 FITC, CD3 BV785, CD4 FITC, CD5 PerCp 5.5, CD8 BV510 (All Biolegend) and CD7 APC (Thermo Fisher Scientific), run on a BD Fortessa X-20 flow cytometer and analyzed using FlowJo version 10 (BD Biosciences).



Supplementary Figure 1. CD1a expression in T-ALL

Representative flow cytometry plots demonstrating A) Negative, B) Partial Low and C) Diffuse and D) Full intermediate expression of CD1a in T-ALL.



Supplementary Figure 2. Concordance of antigen expression level in fresh and frozen samples Plots show antigen expression levels between fresh and frozen aliquots of the same sample analysed at two different centers.

Supplementary Table 1. Clinical Details

		1-	
PatientID	Presentation/Relapse	Centre	Age at Diagnosis
1	Presentation	UCLCI	10
	Relapse	UCLCI	10 75
	Presentation Presentation	UCH GOSH	6
	Relapse	GOSH	6
4		GOSH	7
4		GOSH	7
	Relapse	GOSH	7
	Presentation	GOSH	2
6		GOSH	8
7	Presentation	GOSH	8
8		GOSH	10
9		GOSH	5
10		GOSH	11
11	Presentation	GOSH	8
12	Presentation	GOSH	8
13	Presentation	GOSH	1
13	Relapse	GOSH	1
14	Presentation	GOSH	2
15	Presentation	GOSH	8
16		GOSH	6
17		GOSH	3
18		GOSH	7
19	Presentation	GOSH	1
19	Relapse	GOSH	1
19	Relapse	GOSH	1
20	Presentation	GOSH	6
21	Presentation	GOSH	7
22	Presentation	GOSH	5
23	Presentation	GOSH	1
24		GOSH	3
24	Relapse	GOSH	3
25	Presentation	GOSH	6
26 27	Presentation	GOSH	2
28		GOSH GOSH	7
28	Presentation Relapse	GOSH	7
29	Presentation	GOSH	5
30		GOSH	7
31	Presentation	GOSH	9
31		GOSH	9
32	Presentation	GOSH	10
33		GOSH	10
34	Presentation	GOSH	12
34		GOSH	12
35	Presentation	GOSH	4
36	Presentation	GOSH	8
37	Presentation	GOSH	4
38	Presentation	GOSH	8
39	Presentation	GOSH	9
39		GOSH	9
	Presentation	GOSH	1
41	Presentation	GOSH	11
	Presentation	GOSH	3
43		GOSH	5
43		GOSH	5
44		GOSH	5
45		GOSH	8
46		GOSH	10
47	Presentation	GOSH	10
48		GOSH	6
	Presentation	GOSH	10
50		GOSH	5
51		GOSH	6
	Presentation	GOSH	11
53		GOSH	4
54		GOSH	11
55		GOSH	2
	Refractory	GOSH	2 15
56 57		UCH	18
57		UCH	
58		UCH	36 33
39	Presentation	OCH	155

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100 Relapse UCLCI 11		11	UCLCI	Presentation	100
		11	UCLCI	Relapse	100
101 Presentation UCLCI 17		17	UCLCI	Presentation	101
102 Presentation UCLCI 9		9	UCLCI	Presentation	102
103 Relapse UCLCI 9		9	UCLCI	Relapse	103
103 Presentation UCLCI 2		2	UCLCI	Presentation	103
104 Presentation UCLCI 14		14	UCLCI	Presentation	104
105 Presentation UCLCI 5		5	UCLCI	Presentation	105
106 Presentation UCLCI 10		10	UCLCI	Presentation	106
107 Presentation UCLCI 13					
108 Presentation UCLCI 11					
109 Presentation UCLCI 14					
110 Presentation UCLCI 2					
111 Presentation UCLCI 15					
112 Presentation UCLCI 12					
113 Relapse UCLCI 16					
114 Relapse UCLCI 6					
115 Relapse UCLCI 7					