## **Supplementary Materials**

Toro, et al.: "Longitudinal Stratification of Gene Expression Reveals Three SLE Groups of Disease Activity Progression"

**Table S1. Bi-dimensional correlation matrices.** Sheet 1 of the Excel file contains the genes selected to stratify and their correlation values across patients of pediatric patients. Sheet 2 contains the genes selected to stratify and their correlation values across patients of adult patients.

**Table S2. Classification of patients into the clusters**. The Table contains the patient identifiers and the cluster to which they belong.

Cluster	Patients
Cluster	SLE-281, SLE-144, SLE-192, SLE-163, SLE-202, SLE-182, SLE-178, SLE-189, SLE-55, SLE-79,
P1	SLE-60, SLE-183, SLE-180, SLE-123, SLE-188, SLE-179, SLE-242, SLE-170, SLE-224, SLE-327,
	SLE-225, SLE-110, SLE-169, SLE-172, SLE-133, SLE-34, SLE-90, SLE-129, SLE-99, SLE-125, SLE-
	241
Cluster	SLE-197, SLE-168, SLE-308, SLE-201, SLE-200, SLE-155, SLE-143, SLE-325, SLE-212, SLE-175,
P2	SLE-256, SLE-254, SLE-176, SLE-40, SLE-331, SLE-264, SLE-78, SLE-304, SLE-152, SLE-199,
	SLE-234
Cluster	SLE-31, SLE-128, SLE-210, SLE-271, SLE-138, SLE-171, SLE-321, SLE-211, SLE-184, SLE-141,
Р3	SLE-181, SLE-177, SLE-80, SLE-213, SLE-244, SLE-260, SLE-231, SLE-166, SLE-324, SLE-21,
	SLE-121, SLE-150, SLE-252, SLE-233, SLE-313, SLE-218, SLE-95, SLE-65
Cluster	1206, 1409, 1463, 1679, 1764, 1792, 1869, 1871, 2020, 2122, 2129, 24, 371, 966, 981,
A1	1480, 1335, 1520, 1944, 704
Cluster	1436, 1842, 1041, 1227, 1702, 1913, 2016, 345, 699, 759, 1176, 113, 1620, 1705, 1924,
A2	2067
Cluster	1001, 1174, 1179, 1182, 1269, 1807, 458, 911, 1699, 2103, 1052, 1178, 1263, 1424, 1478,
А3	1537, 1927, 1938, 2104, 2119, 2128, 2132, 244, 317, 365, 453, 46, 582, 725

**Table S3.Cluster stability results.** The table contains the different cluster validation approaches tested and the mean Jaccard coefficient obtained for each cluster and test. Number 1 represents complete or total stability. \*¹ In parenthesis, the number of visits; \*²In parenthesis, the percentage of patients. \*³ The analysis was not performed because patients had less than three visits or time points. Global stability measures overall stability and it is calculated comparing the three clusters as one.

Validation Approach	Cluster P1 stability	Cluster P2 stability	Cluster P3 stability	Global pediatric stability	Cluster A1 stability	Cluster A2 stability	Cluster A3 stability	Global adult stability
Number of visits (5)*1	1	1	1	1	*3	*3	*3	*3
Number of visits (4) *1	1	1	1	1	*3	*3	*3	*3
Number of visits (3) *1	1	1	1	1	*3	*3	*3	*3
Bootstrapping (75%) *2	0.89	0.9	0.95	0.95	0.947	0.813	0.971	0.8741
Bootstrapping (62.5%) *2	0.83	0.9	0.94	0.86	0.905	0.767	0.865	0.827

Bootstrapping	0.77	0.89	0.87	0.81	0.879	0.7	0.957	0.779
(50%) * <sup>2</sup>								

Table S4. Association among demographic variable and medication variables with the clusters. The table contains the demographic variables with their p-values obtained by Fisher exact test comparing each cluster versus the rest. Each patient was considered once in any visit having a positive manifestation \* Marks no available information to perform the analysis.

Clinical	l Variables	ClusterP1	ClusterP2	ClusterP3	Cluster A1	Cluster A2	Cluster A3
variable	Category	ClusterP1	ClusterP2	Ciusterra	Cluster A1	Cluster AZ	Cluster A3
Gender	Female/ Male	1	0.42	0.706	1	1	1
Race	Caucasian, White	0.184	0.124	1	0.289	0.559	0.8035
	Hispanic	0.061	0.601	0.158	*	*	*
	African-American, Black	0.429	0.766	0.175	0.259	1	0.4319
Treatment	Steroids	0.71	0.287	0.17	*	*	*
	Cyclophosphamide	1	1	1	*	*	*
	Oral steroids	0.508	0.881	0.582	*	*	*
	Mycophenolate	1	0.631	0.654	*	*	*
	Hydrochloroquine	0.694	1	0.587	*	*	*
	Methotrexate	0.652	1	0.338	*	*	*
	NSAIDs	0.831	0.342	0.823	0.816	1	1
	Acetylsalicylicacid	0.103	0.269	0.61	1	0.506	0.724
	Prednisone	*	*	*	0.695	1	0.858
	Immunosupressors	*	*	*	0.856	1	0.738
	Cytotoxic medicine	*	*	*	0.856	1	0.738
	Plaquenil	*	*	*	0.879	0.87	0.4
	Anti-HTN	*	*	*	0.746	1	0.765
	Triam	*	*	*	1	0.506	0.724
	Statin	*	*	*	0.825	0.1928	0.4106

**Table S5. Detailed clinical information.** This table shows the number of patients for each clinical variable.

		Cluster A1	Cluster A2	Cluster A3	Cluster P1	Cluster P2	Cluster P3
Gender	Male	0	0	0	3	3	2
	Female	20	16	28	28	18	26
Race	Asian	1	0	1			
	White	10	11	17			
	Black	9	5	8			
	Other	0	0	2			
	African- American				6	3	11
	Hispanic				23	10	13
	Caucasian				2	5	4
Age Onset	Mean	28.72	26.91	27.15	13.87	12.59	12.94
	Standard deviation	11.42	12.13	11.97	2.1	2.63	2.77
Clinical	FEVER	3	8	12			
variables	LYMPHAD	6	10	13			
	PHOTO	10	7	18			
	LIVEDO	7	8	19			
	PERICA	7	2	7			
	PROTEINU	11	5	14			
	HEMATURI	8	5	8			
	INSUFF	6	3	3			
	DEPRESS	10	9	10			
	COOMBS	9	2	5			
	LYMPHCT	7	9	11			
	RVVT	5	7	13			

AntyB2Gly	5	5	11	
SJOGREN	2	2	10	
FIBROSIS	2	5	1	
LET CUM	7	7	15	

**Table S6. Mean values across clusters.** The table shows the mean values of SLEDAI and cell proportions across patients in each cluster, standard deviations are shown in parentheses. \* Marks no available information to perform the analysis.

	Cluster P1	Cluster P2	Cluster P3	Cluster A1	Cluster A2	Cluster A3
SLEDAI	6.45 (5.02)	6.44 (5.29)	6.65 (6.45)	3.29 (3.46)	2.30 (2.81)	2.80 (3.13)
Neutrophil	64.06	65.62	65.13	49.41	48.16	47.71
percentage	(13.44)	(15.19)	(14.61)	(8.55)	(8.73)	(9.29)
Lymphocyte	25.21	24.31	23.83	*	*	*
percentage	(11.42)	(12.26)	(11.62)			

## Supplementary figure legends

**Figure S1. Cell proportion and SLEDAI correlation overview.** A) and B) show the mean and standard deviations of neutrophil and lymphocyte percentages, respectively, for each SLEDAI value across the three clusters.

**Figure S2. Quality control of cell proportion imputation.** A) The picture shows the correlation between the real cellular proportions of pediatric patients and imputed cellular proportions in the same patients. B) Comparison of correlations between SLEDAI and real cell proportions in each patient across visits and correlations between SLEDAI and imputed cell proportions.

**Figure S3. Treatment related genes**. The picture shows the number of shared genes between genes selected to stratify in the two sets and the genes that best correlate with treatment doses. The treatment related genes were obtained in the same way as genes selected to stratify (see methods) but substituting the SLEDAI for the dose of each treatment. Only 2% of the genes were shared between the selected genes forming the clusters and those genes obtained with treatment doses.

**Figure S4.Cell proportion modulation by treatments.** The plot shows the tendencies of neutrophil proportions between each time point when a determinate treatment is applied and the next time point. The tendencies were calculated as the angle between percentage between the two points and the time difference. We normalized the time points in the plot to make comparable the tendencies of the different treatment applications.

**Figure S5. SLEDAI decomposition**. The plot represents the weight with which each component contributes to the SLEDAI score in each cluster. The pediatric clusters were divided into disease activity ranges.

**Figure S6. All significant modular functions in the two sets.** A) Significant modular functions for pediatric patient set. B) Significant modular functions for adult set.

Figure S7. Heat map showing the genes from the functional cytokine signaling group negatively or positively correlated in each of the clusters.

## R Packages Used in our analyses

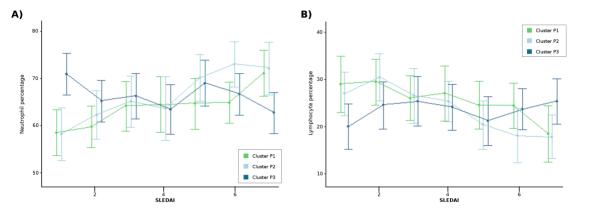
mclust: (https://cran.r-project.org/web/packages/mclust/mclust.pdf).

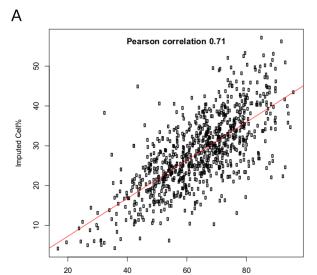
ConsensusClusterPlus:

(https://bioconductor.org/packages/release/bioc/html/ConsensusClusterPlus.html).

clusteval: (https://cran.r-project.org/web/packages/clusteval/clusteval.pdf). limma: (https://bioconductor.org/packages/release/bioc/html/limma.html).

tmod: (https://cran.r-project.org/web/packages/tmod/index.html).





Real Cell%

