

Figure S1

Fig S1. Consensus cluster maps for NMF at different values of k. (A) Consensus cluster map for k=2 clusters. The tracks above the map, from top to bottom, indicate the reported subtype of each cell line in its primary literature source, the designation based on NMF for k=5 clusters (see text), specimen site, treatment status, the *TP53* status based upon copy number analysis, the *TP53* status based upon mutational profiling, and the stratification of cell line based on NMF using k=2 clusters. **(B)** Consensus cluster maps from 3 to 10 clusters (for k=2, see A). The blocks of the consensus map are coloured by the probability of two samples clustering together. The annotation tracks atop the heatmap indicate the OC subtype provided in the cell line's original literature source where green=CCOC; red=ENOC; orange=MOC; purple=serous; dark grey=mixed; light grey=not specified (NS). Bottom track, silhouette width for each sample pair where dark green indicates a silhouette width of 1 (perfect clustering).

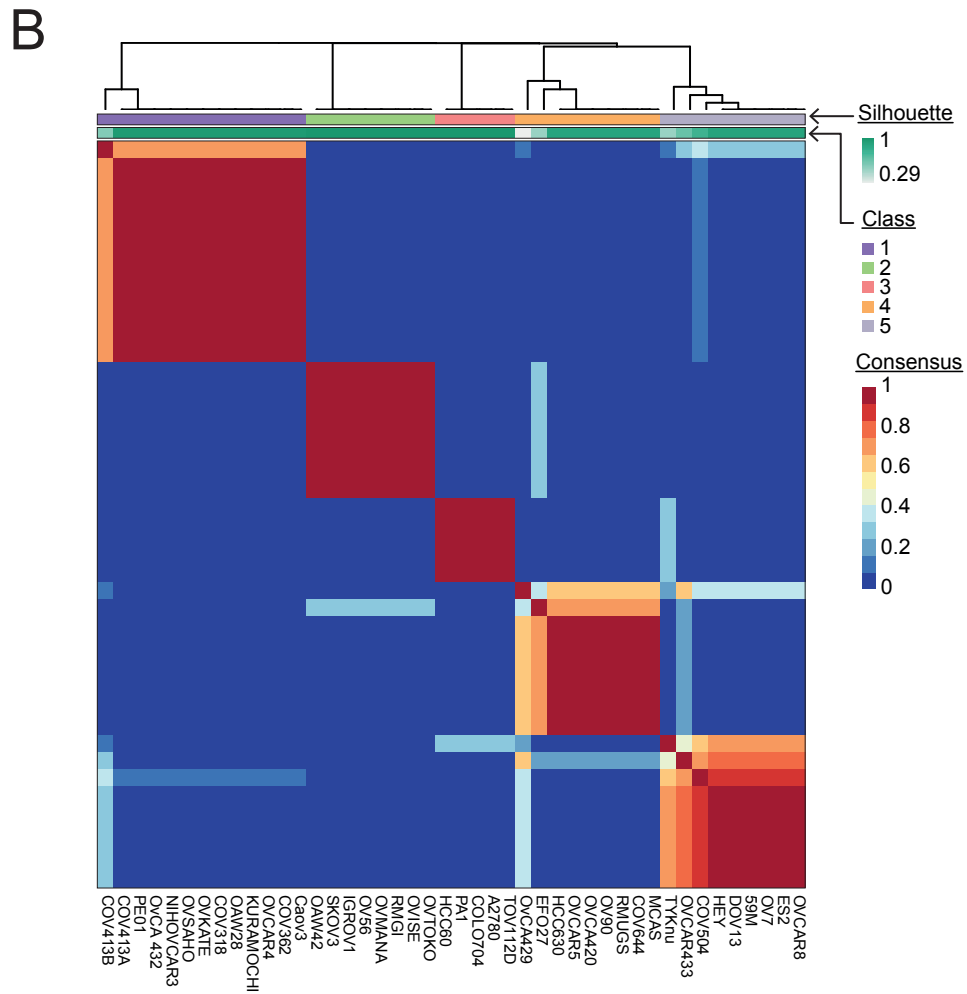
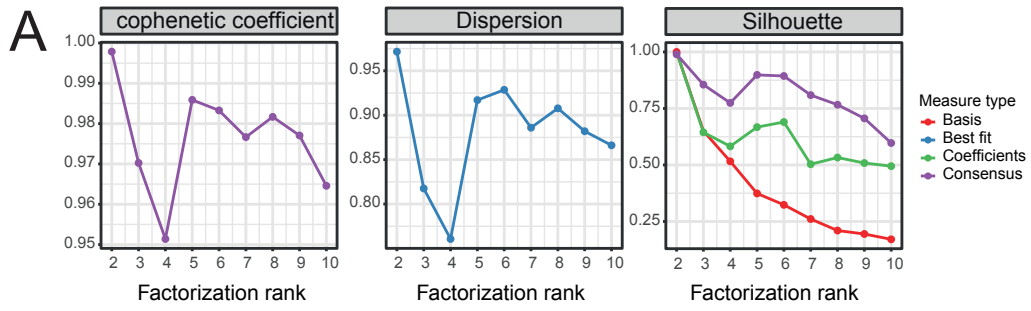


Figure S2

Fig S2. NMF at k=5 using RNAseq from OC cell lines from study by Klijn *et al.* (A) Quality metrics describing the performance of NMF for 2 to 10 clusters. From left, the cophenetic correlation coefficients, dispersion and silhouette. Colours indicate the type of measure plotted. (B) Consensus map showing cell line clustering for 200 iterative runs of NMF using 5 clusters. The blocks of the consensus map are coloured by the probability of two samples clustering together, where red=1; white=0.5 and blue=0. The annotation tracks atop the heatmap indicate the consensus cluster assignment across the 200 NMF runs where dark purple=cluster 1; green=cluster 2; light purple=cluster 3; orange=cluster 4 and red=cluster 5. Bottom track, the silhouette score of each cell line where darker shades represent a higher score.

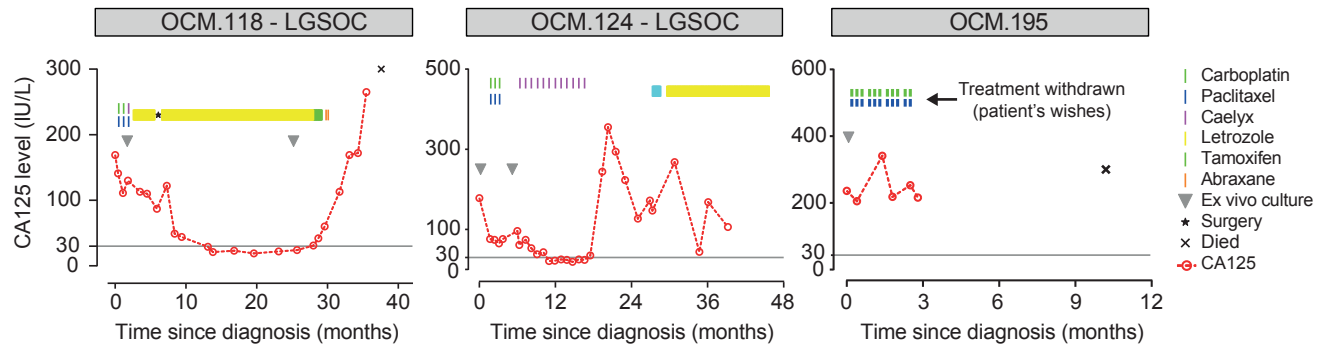
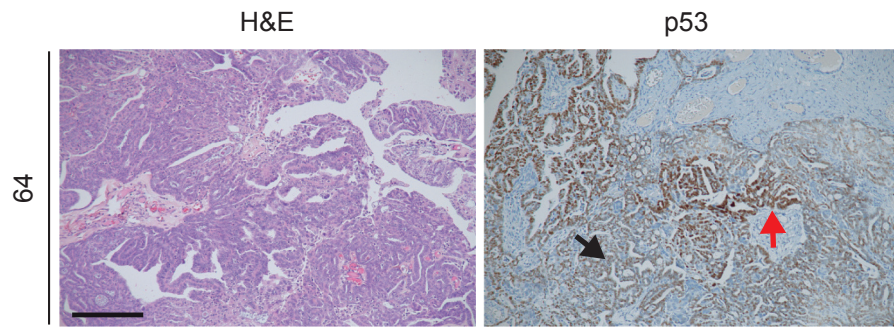
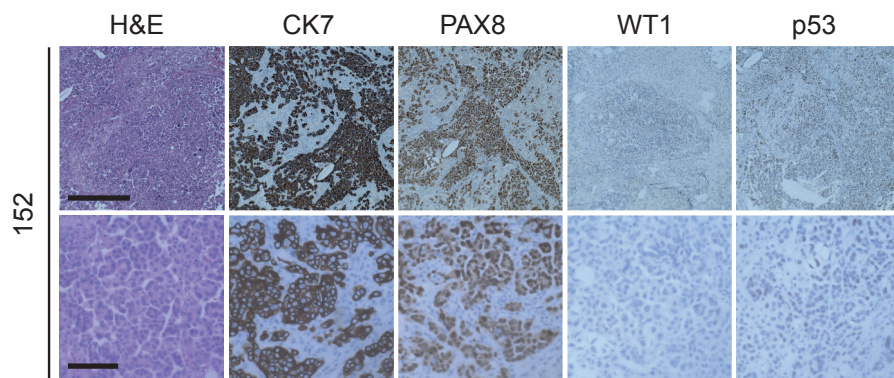
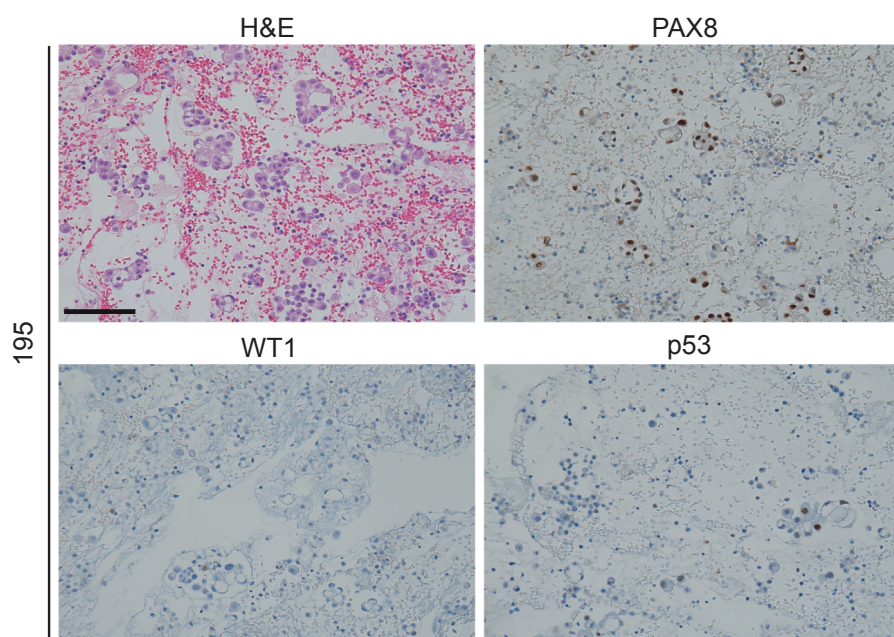
A**B****C****D**

Figure S3

Fig S3. Clinical review of selected OCMs. (A) Graphical representation of changes in serum CA-125 level throughout the course of illness for the patients from whom OCMs 118, 124 and 195 were derived. Graphs show lines of chemotherapy prior to ascites sample (*ex vivo* culture). The upper limit of normal of CA-125 was 30 IU/mL (grey straight line). (B–D) Representative images of H&E, CK7, PAX8, WT1 and p53 immunohistochemistry staining from primary tumour block (B) Black arrow indicates p53 wildtype IHC staining, while Red arrow indicates p53 focal strong (mutant-type) staining. Scale bar: 100 μ m (x20 magnification). (C) Upper panel (x10 magnification) scale bar: 500 μ m, low panel (x40 magnification) scale bar: 100 μ m. (D) This cytology block contained a mixture of tumour and mesothelial cells, which makes interpretation of immunostaining difficult as these two cell types cannot separately be identified. Scale bar: 100 μ m (x20 magnification).