

Supplemental Table 1. Next Generation Sequencing of SWI/SNF Sub-Unit Genes

Family	Gene Name	Protein Name
<i>ARID</i>		
	<i>ARID1A</i>	ARID1A
	<i>ARID1B</i>	ARID1B
	<i>ARID2</i>	ARID2
<i>SMARC</i>		
	<i>SMARCA2</i>	SMARCA2 / Probable global transcription activator SNF2L2
	<i>SMARCA4</i>	SMARCA4 / Transcription activator BRG1
	<i>SMARCB1</i>	SMARCB1
	<i>SMARCC1</i>	SMARCC1
	<i>SMARCC2</i>	SMARCC2
	<i>SMARCD1</i>	SMARCD1
	<i>SMARCD2</i>	SMARCD2
	<i>SMARCD3</i>	SMARCD3
	<i>SMARCE1</i>	SMARCE1
<i>PBRM</i>		
	<i>PBRM1</i>	PRBM1

Supplemental Table 2: Characteristics of Four Patients with Pancreatic Cancer Not Harboring SWI/SNF Complex Alterations Receiving Immunotherapy

Case # / Age/ Sex	Tissue NGS Vendor	Pertinent Tissue NGS Findings	TMB*	Mismatch Repair	Blood NGS Vendor	Pertinent Blood NGS Findings	Immune Vendor	PD-L1**	Immune Profile	# Prior Lines of Therapy	Prior Lines of Therapy	Immunotherapy	Best Response	PFS (months)	OS (months)	Comment
#16 62 / M	Foundation	KRAS G12V, CDKN2A/B loss exons 2-3, TP53 G244C	5	Proficient	Guardant	APC H250D	Foundation	0%	TILs 0%, PD-1 10%	2	gemcitabine + nab-paclitaxel	Pembrolizumab	PD	2	13	After immunotherapy progression, patient started on 5-FU + liposomal irinotecan followed by gemcitabine alone
#17 64 / M	Foundation	NRAS amplification, CDKN2A p16INK4a G6_A21del, TP53 S215R	ND	Proficient	Guardant	TP53 S215R, MYC amplification, CDKN2A G6_A21del	Caris	0%	PD-1 0%	1	gemcitabine + nab-paclitaxel + cisplatin	oleclumab + Durvalumab	PD	1	9	After immunotherapy progression patient started FOLFOX until death
	Caris	HER2 negative, TS Positive, TUBB3 Positive	ND	Proficient												
#18 75 / F	Foundation	KRAS G12D, CDKN2A p16INK4a R29_A34del, TP53 G199V	6	Proficient	ND	ND	Omniseq	0%	TILs Low, CD8+ non-infiltrating, PD-L1/L2 copy number not amplified	1	Gemcitabine	pembrolizumab	PD	2	3	-
	Tempus	TP53 G199V, KRAS G12D	4.2	Proficient			Tempus	0%								
#19 60 / M	Foundation	KRAS G12V, CDKN2A/B loss, SMAD4 loss, TP53 P278S	3.51	Proficient	ND	ND	ND	ND	ND	0	Nothing	pembrolizumab + gemcitabine + nab-paclitaxel + IDO-1	PD	4	9	After immunotherapy progression patient started on 5FU + liposomal irinotecan + IL-alpha inhibitor

* = mutations per megabase (mut/Mb)

** = stratified on the scale: low (0-1%), intermediate (2-49%), high (50%+) using the Dako 22C3 pharmDx qualitative immunohistochemical assay of tumor cells³⁸.

*** = "+" means ongoing response

Abbreviations: CR = Complete Response; dMMR = deficient mismatch repair; F = female; HPF = high powered field; IE = Inevaluable; Int. = Intermediate; I/O = Immunotherapy; irAE = immune related adverse event; M = male; ND = Not done; NGS = next generation sequencing; OS = median overall survival; PD-1 = Programmed death receptor-1; PFS = Median Progression Free Survival; pMMR = proficient mismatch repair; PR = partial response; S-1 = tegafur, gimeracil, oteracil; SD = stable disease; TILs = tumor infiltrating leukocytes; TMB = tumor mutation burden

Supplemental Table 3: Characteristics of Nine Patients with Pancreatic Cancer Harboring SWI/SNF Complex Alterations Receiving Immunotherapy

Case # / Age/ Sex	Tissue NGS Vendor	Pertinent Tissue NGS Findings	TMB *	Mismatch Repair	Blood NGS Vendor	Pertinent Blood NGS Findings	Immune Vendor	PD-L1 **	Immune Profile	# Prior Lines of Therapy	Prior Lines of Therapy	Immuno-therapy	Best Respo nse	PFS (mont hs)	OS (mont hs)	Comment
#1 79 M	Caris	ARID1A G276fs, FBXW2 R465H, FGFR3 R248C, KMT2D R2830X, PIK3CA E81K, SMARCA4 T910M, SMARCB1 R377C, ATM Exon 7, ATM Exon 10, ATM Exon 63, FGFR3 Exon 7, TSC1 Exon 15 P603fs, MSH2 R383X	58	Deficient	ND	ND	Caris	Low	ND	1	FOLFIRINOX	Pembrolizumab	CR	15	15	-
#2 60 F	Paradigm	ARID1A E2033, CCNE1 Gain, KRAS G12V, TP53 R156P	8	Proficient	Guardant	TP53 R156P, KRAS G12V	Paradigm	Low	ND	2	FOLFOX gemcitabine + nab-paclitaxel	Pembrolizumab + Trametinib	PR	4	4	-
	Tempus	ARID1A E2250, TP53 R156P, KRAS G12V, CDKN2A copy number loss	3.3	Proficient	Tempus	KRAS G12V, TP53										
#3 47 F	Caris	CREBBPP Exon 16 E1058fs, PBRM1 Exon 12 Y417fs, VTCN1/	7	Proficient	Guardant	CDK6 F164F	Caris	Low	TILs moderately inflamed PD-1 Very High	2	FOLFIRINOX Gemcitabine + nab-paclitaxel	Pembrolizumab plus nab-paclitaxel + gemcitabine	PR	11	21+***	-
	Ashion	NRG1 Fusion	2	Proficient			Omnise q	Low								
#4 70 F	Foundat ion	SMARCA4 R1135W, ERBB3 G284R, CDKN2A R80, DNMT3A G543A, TP53 R273C, KRAS G12V, CDKN2A R58, FBXW7 R505C, MSH6 2521delA	ND	Deficient	ND	ND	Omnise q	Int.	TILs 10% - 20%	1	FOLFIRINOX	Durvalumab based therapy	PR	36+	36+	-
#5 68 F	Tempus	ARID1A M835fs, KRAS G12D, MEN1 R516fs, KMT2C K2797fs, NBN R466fs, FAT1 F3952fs, POT1 39-2A>G, KMT2D P647fs, SLIT2 N155fs, KMT2D E5011, SMAD2 R427, ARID1B R1944, RPL5 D59fs, RAD50 E723fs, MSH2 N84fs	23.8	Deficient	Guardant	Negative	ND	ND	ND	1	FOLFIRINOX	Pembrolizumab	PR	9+	9+	-

Case # / Age/ Sex	Tissue NGS Vendor	Pertinent Tissue NGS Findings	TMB *	Mismatch Repair	Blood NGS Vendor	Pertinent Blood NGS Findings	Immune Vendor	PD-L1 **	Immune Profile	# Prior Lines of Therapy	Prior Lines of Therapy	Immuno-therapy	Best Response	PFS (months)	OS (months)	Comment
#6 66 M	Foundation	ARID1B A757T, SMARCA4 S312Y, ALK V564M, IRS2 N28_H29insN, MAGI2 E867K, MPL I492M, NOTCH1 G269R, TSC2 A460T, ERBB3 G337R, BRCA2 S1982fs, FBXW7 L700fs, AXIN 1 R533_H534insQVHH, BCORL1 splice site 4531_4618+102del190, EP300 E1492, KEP splice site 1532-2A>T	11	Proficient	ND	ND	Caris		PD-1 >5/HPF	1	FOLFOX	Atezolizumab followed by pembrolizumab	PR	33+	33+	Switched from atezolizumab to pembrolizumab in setting of drug induced myositis
	Tempus	BRCA2 51982fs, KEAP 1532-2A>T, EP300 E1492, NBN 5615fs, BCORL1 Y1585fsPD-L1 5%	8.3	Proficient			Paradigm	Int.	ND							
#7 60 M	Foundation	ARID1A Q2039fs, EZR-ERBB4 fusion (E10-E18), PIK3CA R88Q	1	Proficient	Tempus	Negative	Omniseq	Low	TILs Highly Inflamed CD8 Moderately Infiltrating	1	FOLFIRINOX	Nivolumab plus gemcitabine-based therapy	PR	7+	7+	-
#8 67 F	Paradigm	KRAS G12D, ERBB2, MGMT, TOP1	7	Proficient	Guardant	Negative	Emerge	Low	TILs Negative PD-1 Negative	4	Gemcitabine	Pembrolizumab	IE	1	1	Patient died secondary to irAE pneumonitis one month after starting I/O
	Foundation	ARID1A L2064fs, TP53 W53, KRAS G12D, ERBB2 R678Q			Guardant	KIT H894H					Capecitabine + radiation					
	Foundation	ARID1A L2064fs, TP53 W53, KRAS G12D, ERBB2 R678Q, BRCA1 truncation intron 16, CDKN1B G97fs, CDKN2A/B loss			Guardant	TP53 W53, CCNE1 K209Q, KIT H894H					Gemcitabine + Cisplatin Cisplatin + Olaparib					
#9 67 F	Foundation	ARID1A H1843fs, BRCA1 truncation intron 16, KRAS G12V, CDKN2A/B loss, SMAD2 intron 5, TP53 T155N	0	Proficient	Guardant	KRAS G12V, TP53 T155N, ARID1A H1843fs	Omniseq	Low	CD8 Minimally Infiltrating, TMB 4.3 mut/Mb, pMMR	3	S-1	Pembrolizumab	PR	3	3	-
					Foundation	KRAS G12V, TP53 T155N					Olaparib					
					Guardant	KRAS G12V, TP53 T155N, ARID1A H1843fs , TP53 T256P, TP53 L265P					FOLFIRINOX					

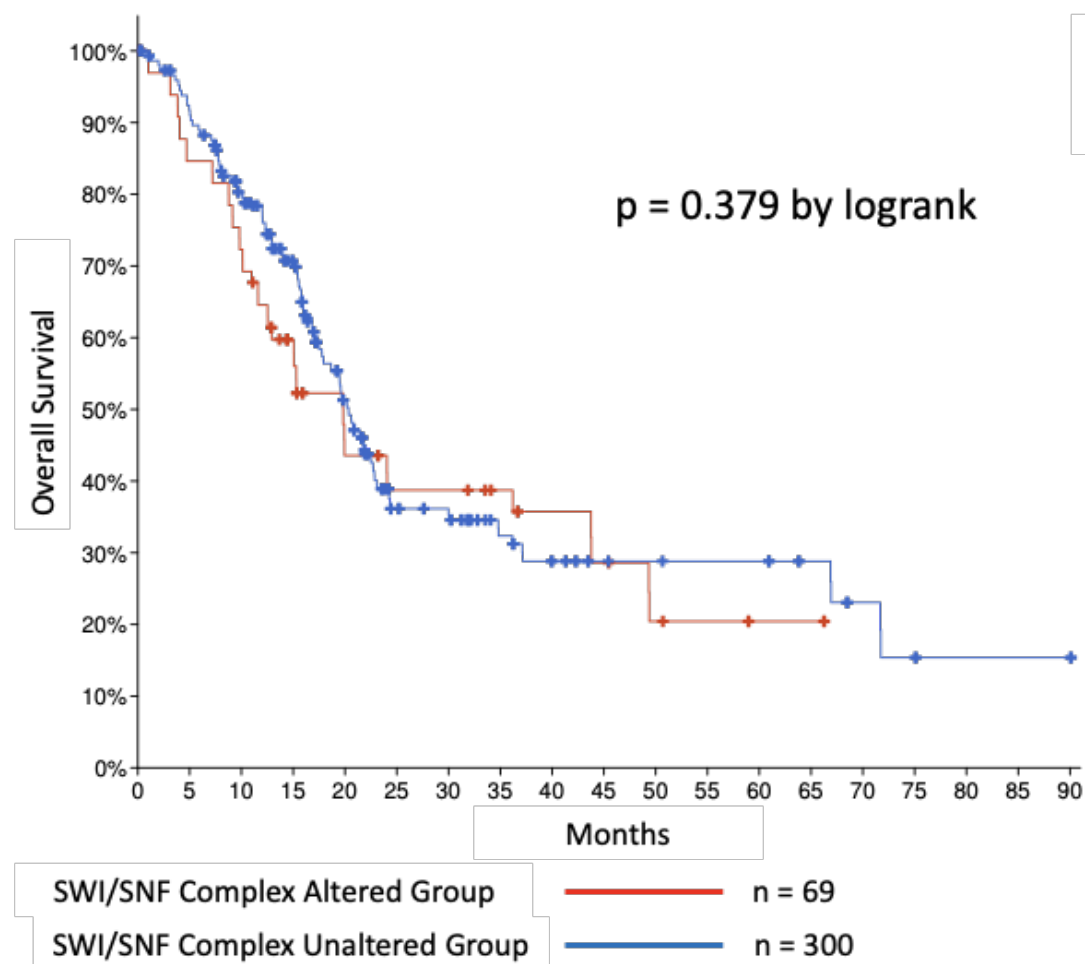
* = mutations per megabase (mut/Mb)

** = stratified on the scale: low (0-1%), intermediate (2-49%), high (50%+) using the Dako 22C3 pharmDx qualitative immunohistochemical assay of tumor cells(38).

*** = "+" means ongoing response

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Supplemental Figure 1. Overall Survival of SWI/SNF Complex Altered versus Wild-type in Pancreatic Cancer.



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The cBioPortal for Cancer Genomics was used to query patients from 5 pancreatic carcinoma genomic datasets (ICGC, Nature 2012; QCMG, Nature 2016; TCGA, Firehose Legacy; TCGA, PanCancer Atlas; UTSW, Nat Commun 2015). Red line = altered SWI/SNF complex gene as specified. Blue line = unaltered SWI/SNF complex gene. Genes examined include *ARID1A*, *ARID1B*, *ARID2*, *SMARCA2*, *SMARCA4*, *SMARCB1*, *SMARCC1*, *SMARCC2*, *SMARCD1-3*, *SMARCE1*, and *PBRM1*. SWI/SNF-altered versus wild-type pancreatic cancer had no difference in survival ($p = 0.379$).