SUPPLEMENTARY INFORMATION



Supplementary Figure 1-PDX transcriptomic subtype distribution represent primaries and separation of LUAD from LUSC by methylome-A) Comparison of the distribution of LUAD subtypes between the entire TCGA cohort (https://portal.gdc.cancer.gov/) and PDX cohort reported in this manuscript. (TRU=Terminal Respiratory Unit; PP=Proximal Proliferative; PI=Proximal Inflammatory). B) Comparison of the distribution of LUSC subtypes between the entire TCGA cohort (https://portal.gdc.cancer.gov/) and PDX cohort reported in this manuscript. (P=Primitive; C=Classical; S=secretory; B=Basal). C) The 3D PCA plot with ellipses concentration was generated using 4,000 most variable probes, showing distinct separation of the LUAD and LUSC PDX tumor samples.



Supplementary Figure 2-Proteome and pY-proteome workflow, data quality assurance, and correlations across molecules-A) Proteome and phosphoproteome sample preparation, peptide quantification and data normalization workflow. B) CNV-RNA pairwise spearman correlation across all patients shows distribution of spearman rho for all genes identified in all patients at the proteome level with median of 0.33. See also Supplementary data 1. C) CNV-Protein pairwise spearman correlation across all patients shows distribution of spearman rho for all genes identified in all patients at the proteome level with median of 0.22. See also Supplementary data 1. D) RNA-Protein pairwise spearman correlation across all patients shows distribution of spearman rho for all genes identified in all patients at the proteome level with median of 0.32. See also Supplementary data 1. D) RNA-Protein pairwise spearman correlation across all patients shows distribution of spearman rho for all genes identified in all patients at the proteome level with median of 0.33. See also Supplementary data 1. D) RNA-Protein pairwise spearman correlation across all patients shows distribution of spearman rho for all genes identified in all patients at the proteome level with median of 0.33. See also Supplementary data 1. E) linear relationship between technical repeats of the i-same ii-adjacent and iii-distant batch. F) PCA analysis of all cases, each color represents a different TMT group. Figure shows no TMT batch affect is seen. G) PCA analysis of all cases, each color represents a different isobaric label. Figure shows no isobaric label affect is seen H) Distribution of number of pY peptides per sample show almost a normal distribution.



Supplementary Figure 3- Identification of 3 LUAD and 2 LUSC proteotypes-A) Heatmap of consensus matrices for k=2-6 for LUAD. B) Cumulative density frequency (CDF) plot for K=2-6 for LUAD. C) Proportion of ambiguous clustering (PAC) scores for k=2-6 for LUAD show optimal cluster at k=3. D) Cluster consensus plot for k=2-6 for LUAD. E) PCA of LUAD samples segregated into the 3 identified groups. F) Heatmap of consensus matrices for k=2-6 for LUSC. G) CDF plot for K=2-6 for LUSC. H) PAC scores for k=2-6 for LUSC show optimal cluster at k=2. I) Cluster consensus plot at k=2-6 for LUSC. J) PCA of LUSC samples segregated into the 2 identified groups.



Supplementary Figure 4-Proteotype markers: Protein expression of histological subtypes and proteotype markers across PDXs-The proteome expression of biomarkers across PDXs are shown. From the top markers are for: LUSC and LUAD histological subtypes, followed by proteotype markers for LUAD1, LUAD2, LUAD3, LUSC1, and LUSC2.



Supplementary Figure 5-LUAD and LUSC proteotype marker validation in independent primary cohorts-A) Unsupervised hierarchical clustering of an unrelated 107 LUAD tumors (Gillette et. al., 2020) with LUAD proteotype markers identified in this study. **B)** The expression of LUAD1, 2 and 3 markers are significantly higher in cluster iii (n=42), i (n=32) and ii (n=33) respectively* as determined by 2way ANOVA (p-value=4.54E-25). **C)** Unsupervised hierarchical clustering of an unrelated 108 LUSC tumor (Stewart et. al., 2019) with LUSC proteotype markers identified in this study. **D)** The expression of LUSC1 and 2 markers are significantly higher in cluster i (n=30), and iii (n=41) respectively* as determined by 2way ANOVA (p-value=2.8E-15)

*One-sided Tukey's adjusted for multiple comparison p-value= ****<0.0001, **<0.005, *<0.05. Box plots showing median at centre line, whiskers showing minimum and maximum values and box showing the 25-75% percentile.



Supplementary Figure 6-Proteotyping DepMap NSCLC cell lines with markers reveals proteotype-specific sensitivities and validate study's target predictions. A) LUAD markers used to cluster of 34 unrelated LUAD DEPMAP cell lines identifies 3 cluster i, ii, and iii with respectively higher LUAD1,2 and 3 expressions. B) The expression of LUAD1, 2 and 3 markers are significantly higher in cluster i (n=8), ii (n=13) and iii (n=13) respectively* determined by 2way ANOVA (p-value=2.68E-11). C) LUSC markers used to cluster 9 unrelated LUSC DEPMAP cell lines identifies 2 cluster i and ii with respectively higher LUSC1 and 2 expressions. D) The expression of LUSC1 markers is higher in cluster i (n=6) and LUSC2 markers are significantly higher in cluster ii (n=3) *determined by 2way ANOVA (p-value=0.0031). E) Top 10 sensitivities with the highest difference in effect size on proliferation for each proteotype in DepMap cells. F) Top 3 most significant specific drug sensitivities for each proteotype in DepMap cells.

*One-sided Tukey's adjusted for multiple comparison p-value= ****<0.0001, **<0.005, *<0.05. Box plots showing median at centre line, whiskers showing minimum and maximum values and box showing the 25-75% percentile.



Supplementary Figure 7-FGFR1 inhibitor, BGJ398 Response curves in FGFR1 amplified PDX models-A) Proteome differences between EGFR TKI non-responders (PHLC148,-164) vs responders (PHLC137, -192) using a two-sided t-test (FDR<0.05). **B)** Proportion of FGFR1 amplified cases among LUSC is 17 of 58 (29%). **C)** No proteins are significantly different between AMP and no-AMP cases (two-sided t-test, FDR<0.05). **D-G)** FGFR1 inhibitor BGJ398 did not show a significant response compared to control in four FGFR1-amplified PDX models (linear mixed effects models test, p>0.1): **D)** PHLC-200, **E)** PHLC-274, **F)** PHLC-299, and **G)** PHLC-321. All error bars are shown as mean±SD.

	Resection	EBUS	Total
NSCLC patients with tumor implanted	443	57	500
Non-engraftment	237	44	281
Formed lymphoma at P0	56	1	57
Engrafted Carcinoma at P0	150	13	163
Unstable engraftment (<p2)< td=""><td>25</td><td>1</td><td>26</td></p2)<>	25	1	26
Stable PDX growth (>P2)	125	12	137

Supplementary Table 1. Breakdown of patient tumors used for engraftment.

Supplementary Table 2. Patient Summary

Covariate	n=137	
age at procedure		
Mean (sd)	67.8 (10.3)	
Median (Min,Max)	67.1 (44.1,90.2)	
sex		
М	87 (64)	
F	50 (36)	
hist		
LUSC	65 (47)	
LUAD	58 (42)	
LCNEC	6 (4)	
Pleom LUSC	2 (1)	
Pleom LAUD	3 (2)	
LCC	2 (1)	
ADSQ	1 (1)	
smoking		
Ever	123 (91)	
Never	12 (9)	
Missing	2	
pathStage		
1	40 (30)	
2	49 (37)	
3	33 (25)	
4	12 (9)	
Missing	3	
adj ch		
Y	49 (36)	
N	88 (64)	
adj rad		
Y	17 (12)	
N	119 (88)	
Missing	1	
resection		
Υ	125 (100)	
Missing	12	

Supplementary Table 3. Proteotypes' associations (Fisher's exact test) with clinical and genomic attributes.

	LUAD1	LUAD2	LUAD3	LUSC1	LUSC2	
Stage	p=0.0177					∎early
Smoking Status						not enriched
Sex						
Transcriptome Subtype			p=0.009	p=0.004		PI ■ primitive
Methylome Subtype		p=0.0015	p=0.0053			l □ intermediate □ □ low

proteotypes.				
Covariate	HR(95%CI)	p-value	Global p-value	
LUAD			0.1	
LUAD2 vs LUAD1	1.28 (0.41, 4.03)	0.67		

0.034

Supplementary Table 4. Univariate survival using Cox-proportional hazard model for LUAD and LUSC

LUSC		0.049
LUSC2 vs LUSC1	3.48 (1,12.06)	

2.6 (1.07, 6.3)

LUAD3 vs LUAD1

Supplementary Table 5. Multivariate survival with stage using Cox-proportional hazard model for LUAD proteotypes

	Covariate	HR (95% CI)	p-value	Global p-value
pathStage12 34				0.034
1/2		reference		
3/4 2.59		2.59 (1.08,6.25)		
	cluster			0.5
1 refere		reference		
2 1.04 (0.32,3.25)		0.94		
	3	3 1.73 (0.66,4.55)		

Supplementary Table 6. Multivariate survival with stage using Cox-proportional hazard model for LUSC proteotypes

Covariate	HR (95% CI)	p-value	Global p-value
pathStage12 34			0.074
1/2 reference			
3/4 2.55 (0.91, 7.15)			
cluster			0.079
1 reference			
2	2 2.71 (0.74, 9.87)		

Supplementary Table 7. Validation cluster associations (Fisher's exact test) with original study's subtypes.

		iii/LUAD1	i/LUAD2	ii/LUAD3
_	C1			p=4.9E-07
Sillette	C2 C3		p=2.9E-06	
	C4	p=5.7E-08		
				Inot enriched

		i/lusc1	iii/lusc2
Stewart	inflamed	p=0.0009	
	Redox		p=2.5E-11
			not enriched

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