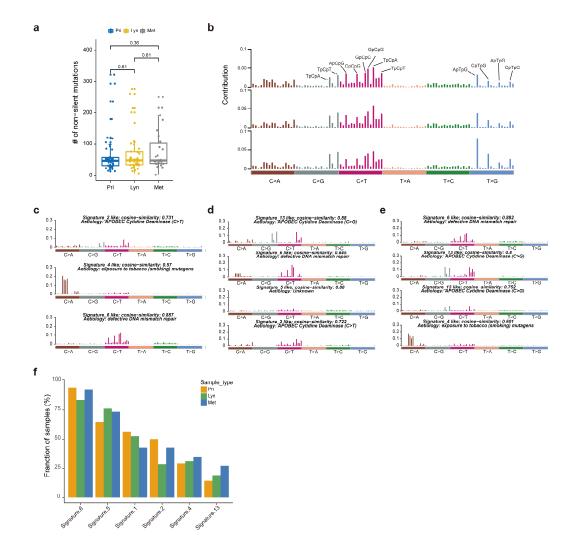
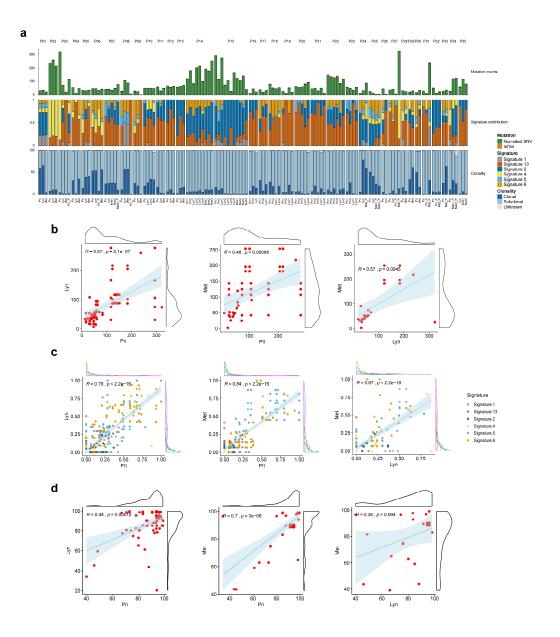
SUPPLEMENTARY FIGURES



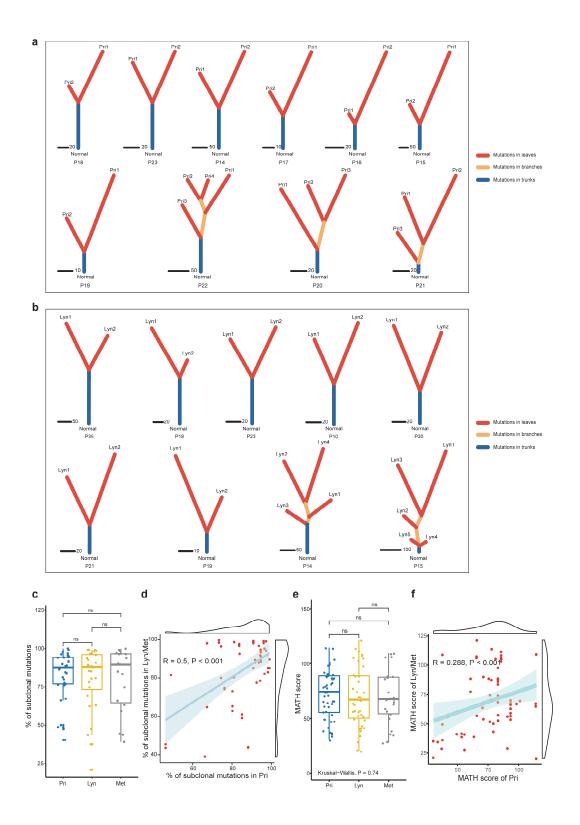
Supplementary Fig. 1, related to Fig. 1. Mutation comparison among primary tumours, and regional lymph node and distant metastases. (a) The numbers of detected nonsilent mutations were similar among Pri (n = 48), Lyn (n = 42) and Met (n = 26). In each box plot, the centre line represents the median, the bounds represent the first and third quartiles and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. A two-sided Wilcoxon signed-rank test was used to calculate P values; "ns": $P \ge 0.05$. (b) Similar mutation context (defined by the proportion of A, T, C and G nucleotides within ± 2 bp of the variant site) for six mutation categories among Pri (top), Lyn (middle) and Met (bottom). Remarkable mutation contexts are highlighted. (c-e) Signatures decomposed by nonnegative matrix factorization of Pri (c), Lyn (d) and Met (e). Each signature

was compared against known signatures derived from the COSMIC database (https://cancer.sanger.ac.uk/cosmic/signatures), and cosine similarity was calculated to identify the best match. Signatures with a cosine similarity of less than 0.3 were filtered out. (f) Fraction of samples that contributed to the specific signature among Pri, Lyn and Met. Source data are provided as a Source Data file.



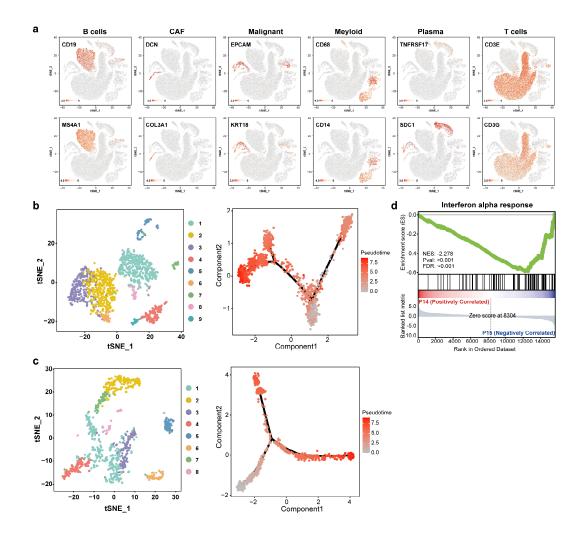
Supplementary Fig. 2, related to Fig. 1. Longitudinal analysis of mutation signatures for each sample. (a) Bar plot showing the number of mutations (top), composition of mutation signatures (meddle) and proportion of clonal mutations (bottom) for each sample. (b) Scatter plot showing the correlation relationship of the number of mutations in primary vs. regional lymph node tumours (left), primary vs. distant metastasis tumours (mediate) and regional lymph node vs. distant metastasis tumour (right). The data are shown along with 95% confidence intervals. Pearson correlation analysis was used to calculate P values (two-sided). (c) Scatter plot showing the correlation of the contribution of different mutation signatures in primary vs. regional lymph node tumours (left), primary vs. distant metastasis tumours (middle) and regional lymph node vs. distant metastasis tumours (right). The data are shown along with 95%

confidence intervals. Pearson correlation analysis was used to calculate P values (two-sided). (d) Scatter plot showing the correlation of the proportion of subclone mutations in primary vs. regional lymph node tumours (left), primary vs. distant metastasis tumours (middle) and regional lymph node vs. distant metastasis tumours (right). The data are shown along with 95% confidence intervals. Pearson correlation analysis was used to calculate P values (two-sided). Pri: primary tumour; Lyn: regional lymph node tumour; Met: distant metastasis tumour. Source data are provided as a Source Data file.



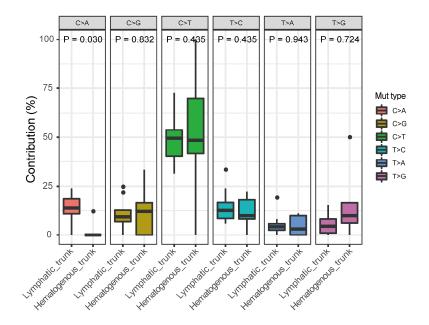
Supplementary Fig. 3, related to Fig. 1. Heterogeneity analysis of primary tumours, regional lymph node metastases and distant metastases. (a) Phylogenetic trees showing intratumour heterogeneity (ITH) based on multiregion samples of primary tumours. The length of the branch reflects the number of mutations and short trunks indicate high level mutation

heterogeneity. Blue, the trunk of the tree indicates mutations shared by all regions; yellow, branches shared by at least two regions; red, the leaves where mutations were detected only in individual regions. (b) Phylogenetic trees showing ITH based on multiregion samples of NPC regional lymph nodes. (c) No significant difference in the percentage of subclonal mutations was detected among Pri (n = 48), Lyn (n = 42) and Met (n = 26). In each box plot, the centre line represents the median, the bounds represent the first and third quartiles and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. A two-sided Wilcoxon signed-rank test was used to calculate P values; "ns" : $P \ge 0.05$. (d) Scatter plot showing the correlation of the proportion of subclone mutations between paired Pri and Lyn/Met samples. The data are shown along with 95% confidence intervals. Pearson correlation analysis was used to calculate P values (two-sided). (e) No significant difference in the MATH score was detected among Pri (n = 48), Lyn (n = 42) and Met (n = 26). In each box plot, the centre line represents the median, the bounds represent the first and third quartiles, and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. A two-sided Wilcoxon signed-rank test was used to calculate P values. (f) Scatter plot showing the correlation of the MATH score between paired Pri and Lyn/Met samples. The data are shown along with 95% confidence intervals. Pearson correlation analysis was used to calculate P values (two-sided). Source data are provided as a Source Data file.

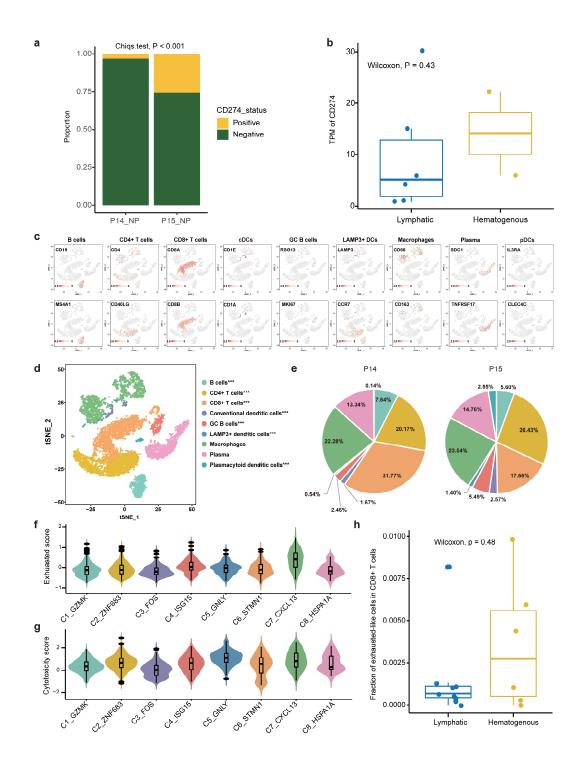


Supplementary Fig. 4, related to Fig. 4. Cell clusters of single cells from the lymphatic and hematogenous routes.

(a) t-SNE projection of single cells from P14 and P15, with cells coloured based on the average expression of sets of marker genes for B cells, cancer-associated fibroblasts, malignant cells, myeloid cells, plasma cells and T cells. (b & c) Pseudotime trajectory analysis of tumour cells from P14 (b) and P15 (c). The left panel shows the subclusters of tumour cells, and the right panel shows the evolutionary trajectory predicted by Monocle2, which is coloured according to the pseudotime score. (d) Hallmark GSEA of P14 primary tumour cells vs. P15 primary tumour cells using scRNA-seq data. An empirical phenotype-based permutation test (two-sided) was used to calculate the P value and false discovery rate (FDR).

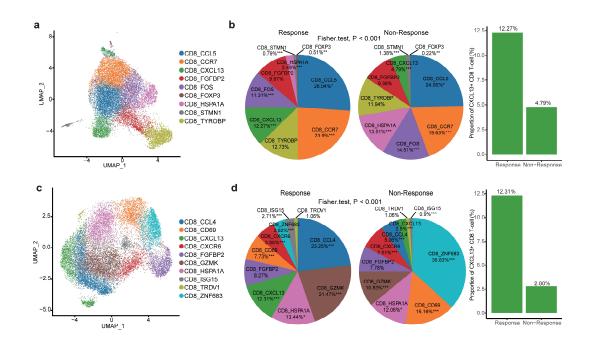


Supplementary Fig. 5, related to Fig. 5. Trunk mutation type comparison of the lymphatic (n = 8) and hematogenous (n = 5) evolutionary models. In each box plot, the centre line represents the median, the bounds represent the first and third quartiles and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. After adjusting for age, gender and tumor stage by using covariance analysis model, two-sided Wilcoxon signed-rank test was used to calculate the adjusted P values. Source data are provided as a Source Data file.

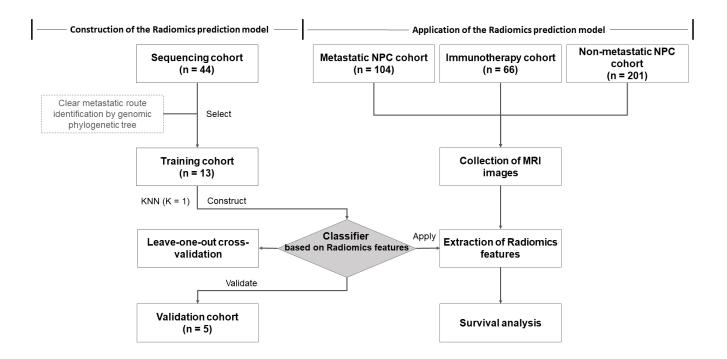


Supplementary Fig. 6, related to Fig. 6. Microenvironment of P14 and P15 revealed by scRNA-seq. (a) Bar plot showing the proportion of PD-L1⁺ tumour cells in the primary tumour of P14 and P15. A two-sided chi-square test was used to calculate the P value. (b) Box plot comparing the expression of PD-L1 between patients with metastases emerging via the hematogenous route (n = 2) and those with metastases emerging via the lymphatic route (n =

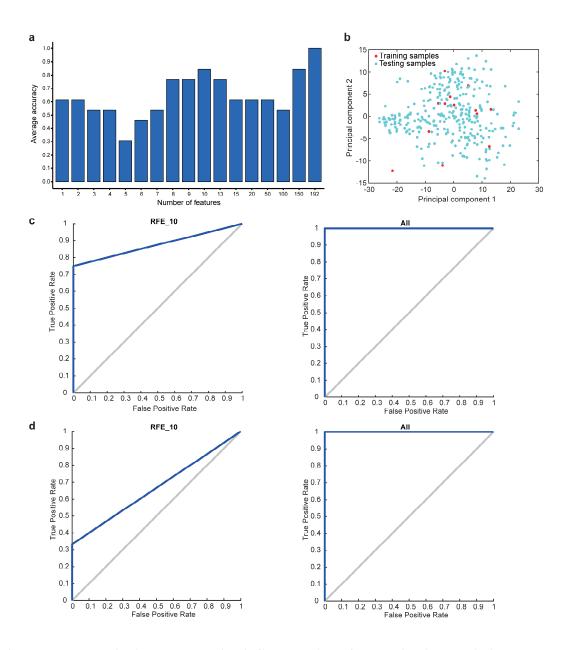
6). In each box plot, the centre line represents the median, the bounds represent the first and third quartiles, and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. A two-sided Wilcoxon signed-rank test was used to calculate P values. (c) t-SNE projection of immune cells from the primary sites of P14 and P15, with cells coloured based on the average expression of sets of marker genes for B cells, CD4+ T cells, CD8⁺ T cells, classical dendritic cells (cDCs), germinal centre B cells, LAMP3⁺ DCs, macrophages, plasma cells and plasmatic DCs. (d) t-SNE plot of immune cells from the primary sites of P14 and P15. Clusters are assigned to inferred cell types based on canonical marker expression. The statistical significance of the difference in the proportion of each cell type between P14 and P15 was measured using a two-sided Fisher exact test ("***", P < 0.001). (e) Pie charts show the fraction of each immune cell type from primary tumours, which are coloured according to the cell type shown in (b). (f & g) Violin plots comparing the exhaustion score (f) and cytotoxicity score (g) among different CD8⁺ T-cell subclusters. (h) Box plot showing the ratio of CXCL13⁺TIM3⁺CD8⁺ T cells/CD8⁺ T cells in primary tumour between the lymphatic (n = 8) and hematogenous (n = 5) routes via multiplex IHC staining. In each box plot, the centre line represents the median, the bounds represent the first and third quartiles, and whiskers extend from the hinge to the largest value no further than 1.5 * interquartile range (IQR) from the hinge. A two-sided Wilcoxon signed-rank test was used to calculate P values. Source data are provided as a Source Data file.



Supplementary Fig. 7, related to Fig 6. CXCL13⁺ **CD8**⁺ **T cells were enriched in patients sensitive to immunotherapy.** (a) t-SNE plot showing the clusters of CD8⁺ T cells from BCC patients receiving PD-1 blockade (GSE123813). (b) Pie plot showing that CXCL13⁺ CD8⁺ T cells were significantly enriched in BCC patients who responded to PD-1 blockade, and column plot (right) showing the different proportion of CXCL13⁺ CD8⁺ T cells between responders and non-responders (*, P < 0.05; **, P < 0.01, ***, P < 0.001). (c) t-SNE plot showing the clusters of CD8⁺ T cells from ccRCC patients receiving immune checkpoint blockade (PRJNA705464). (d) Pie plot showing that CXCL13⁺ CD8⁺ T cells were significantly enriched in ccRCC patients who responded to immune checkpoint blockade, and column plot (right) showing the different proportion of CXCL13⁺ CD8⁺ T cell between responders and non-responders (*, P < 0.05; **, P < 0.01, ***, P < 0.001).

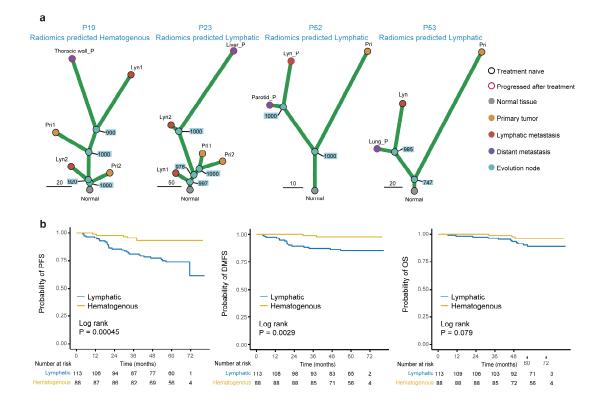


Supplementary Fig. 8, related to Fig. 6. Flow chart of building the prediction model based on radiomics data.



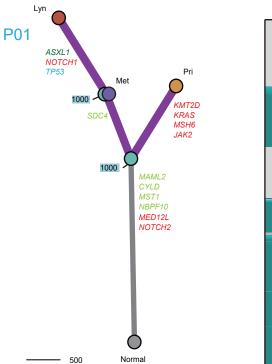
Supplementary Fig. 9, related to Fig. 6. Construction of the radiomics prediction model.

(a) Accuracy of different features selection using the recursive feature elimination (REF) algorithm. (b) PCA result from the training and testing samples based on the 192 dimensional features. (c) ROC curve of the training samples using the top ten features selected by the RFE method (left) and whole feature set (right). (d) ROC curve of the classifier on additional validation patients (P49-P53), using the top ten features selected by the RFE method (left), and the whole feature set (right). Source data are provided as a Source Data file.

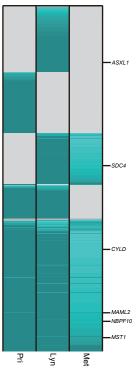


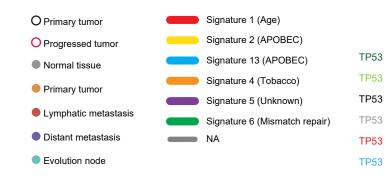
Supplementary Fig. 10, related to Fig. 6. Validation of the radiomics prediction model.

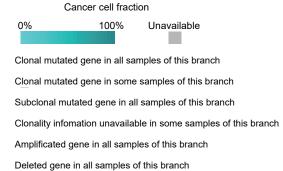
(a) Radiomics prediction model results and phylogenetic trees for patients who developed progression during follow-up (P19 and P23) or patients newly collected (P52, P53) to further validate the radiomics prediction model. (b) Kaplan–Meier curves of PFS (left), DMFS (middle) and OS (right) in the M0-stage NPC cohort (n = 201).



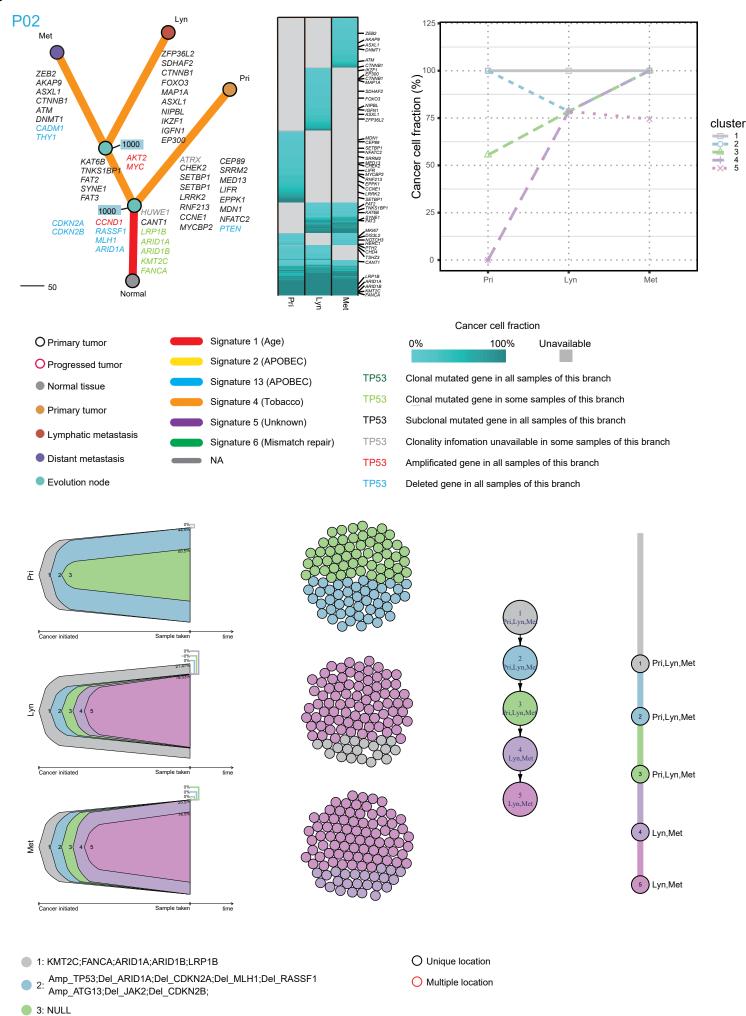
а







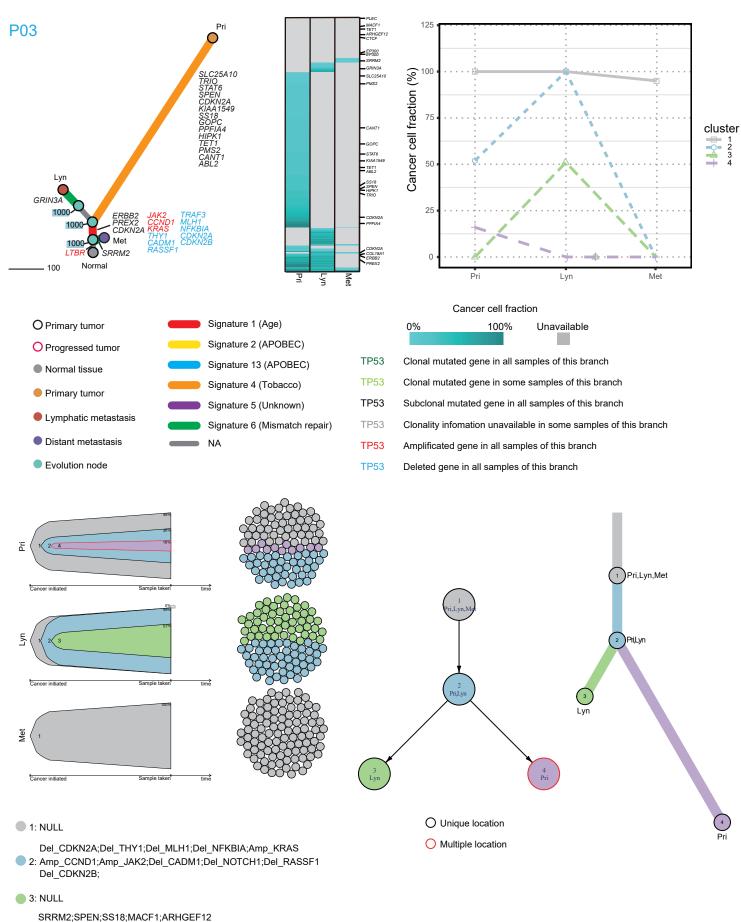
4: NULL 5: NULL

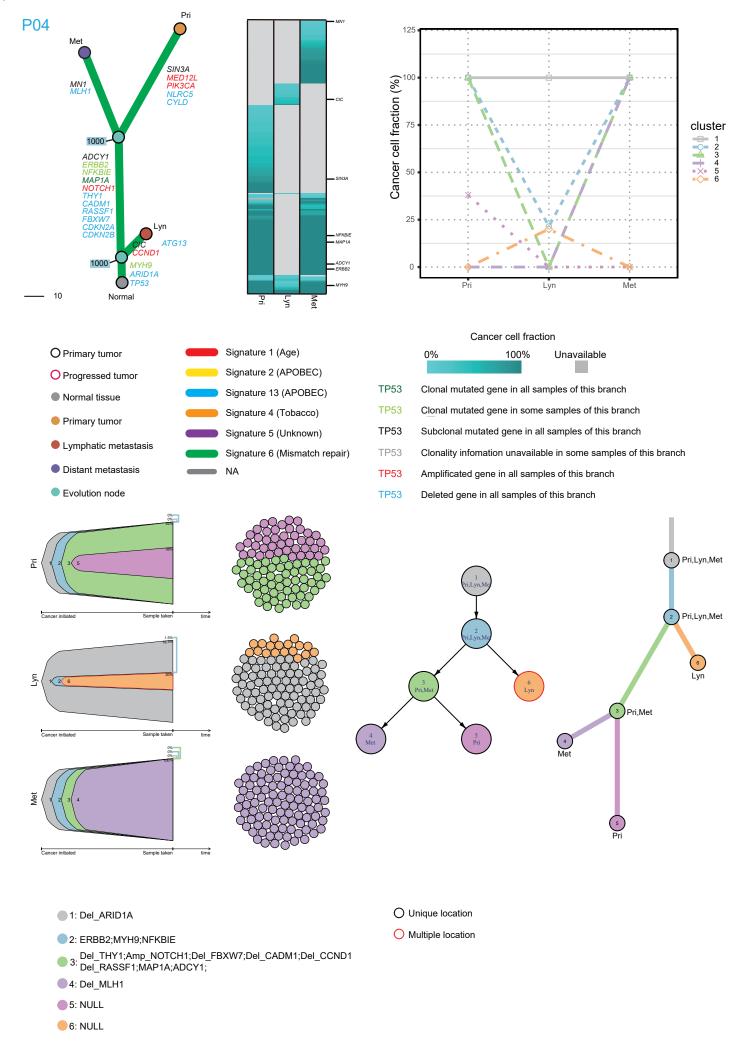


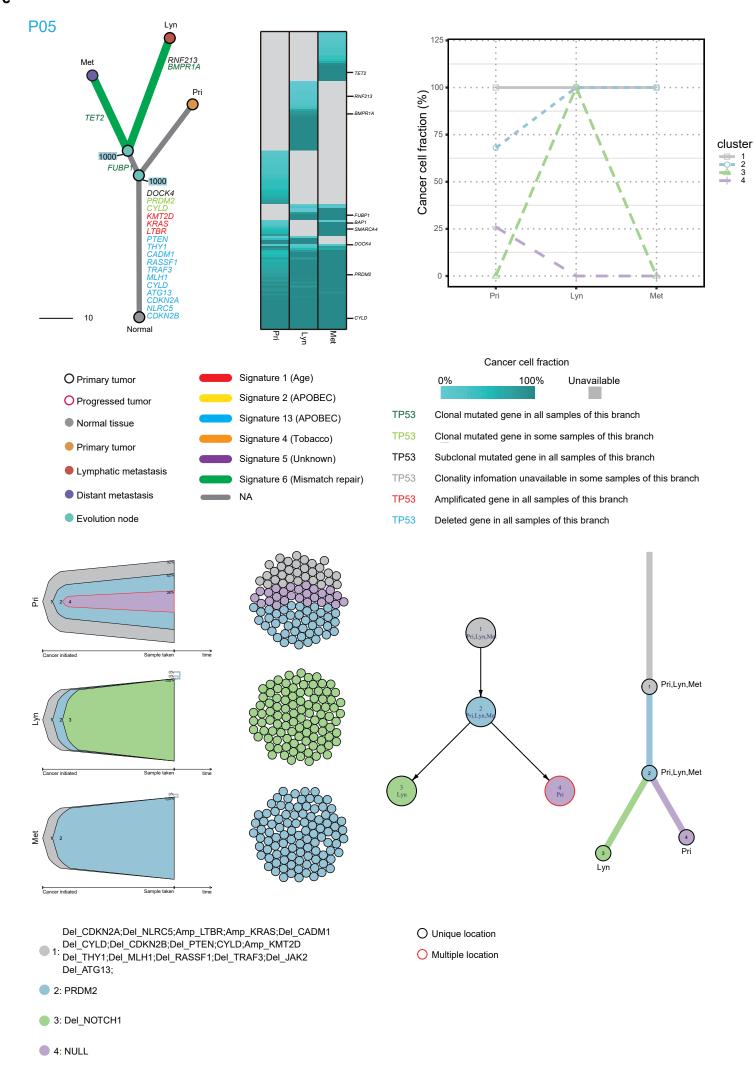
CANT1;TRIO;CDKN2A;AHNAK2;TET1

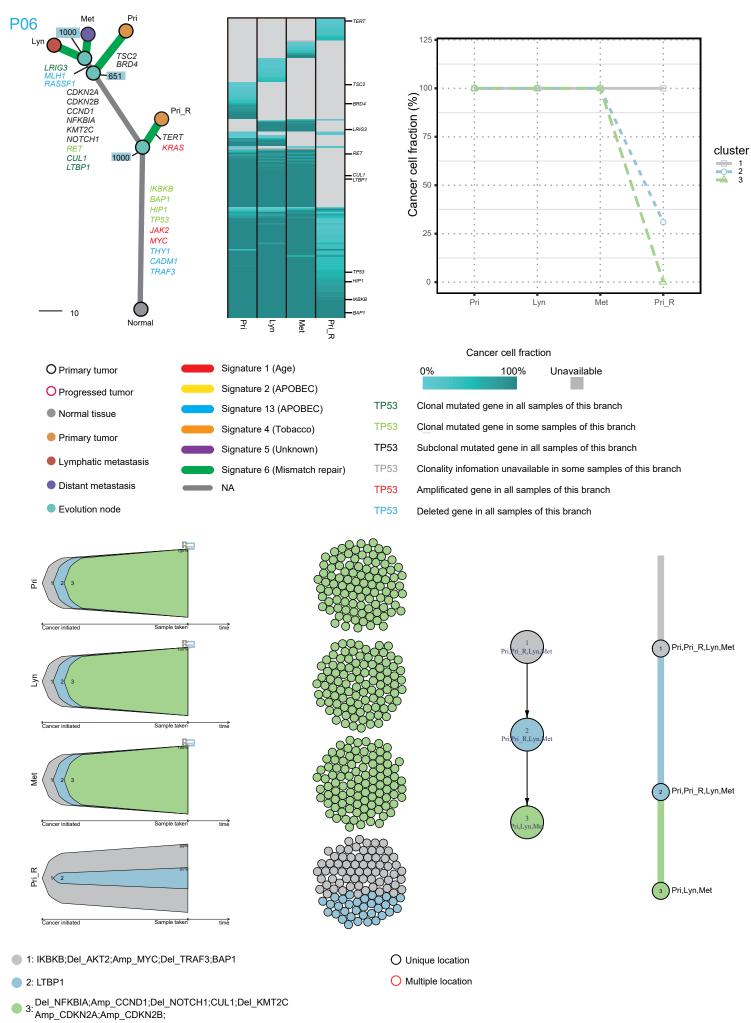
4: CTCF;HIPK1;KIAA1549;ABL2;EP300
PMS2;STAT6;SLC25A10;GOPC;PPFIA4

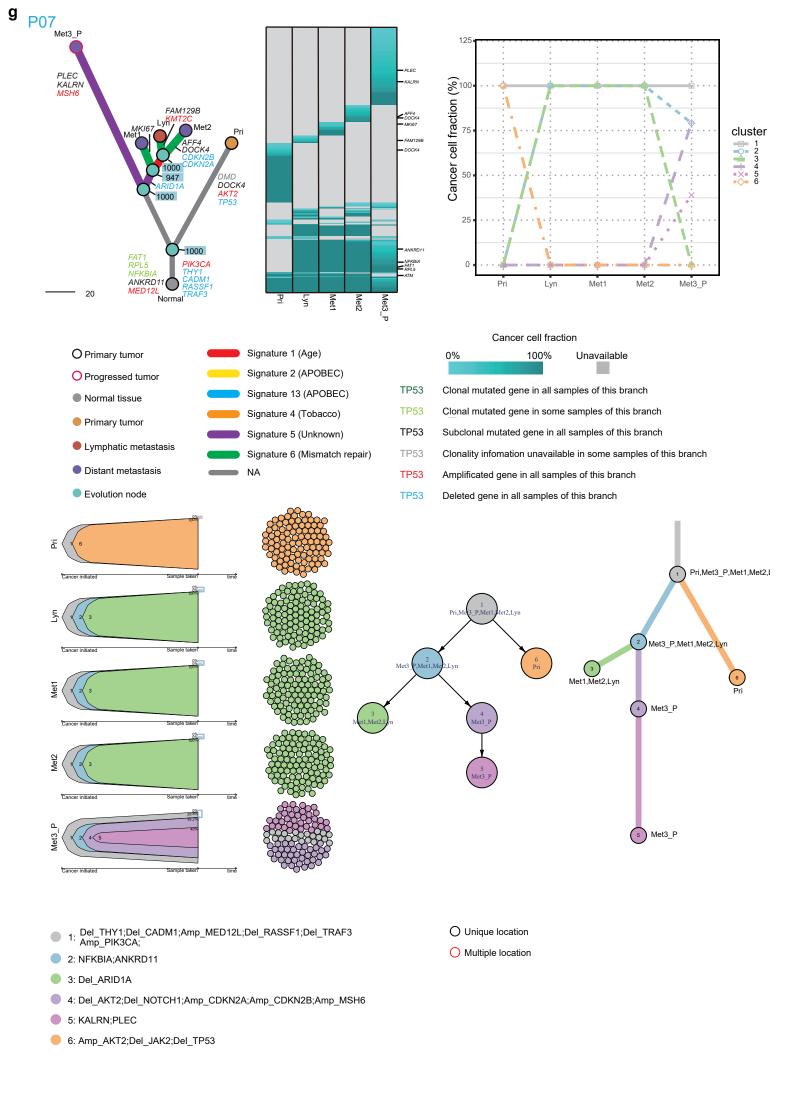
PLEC;

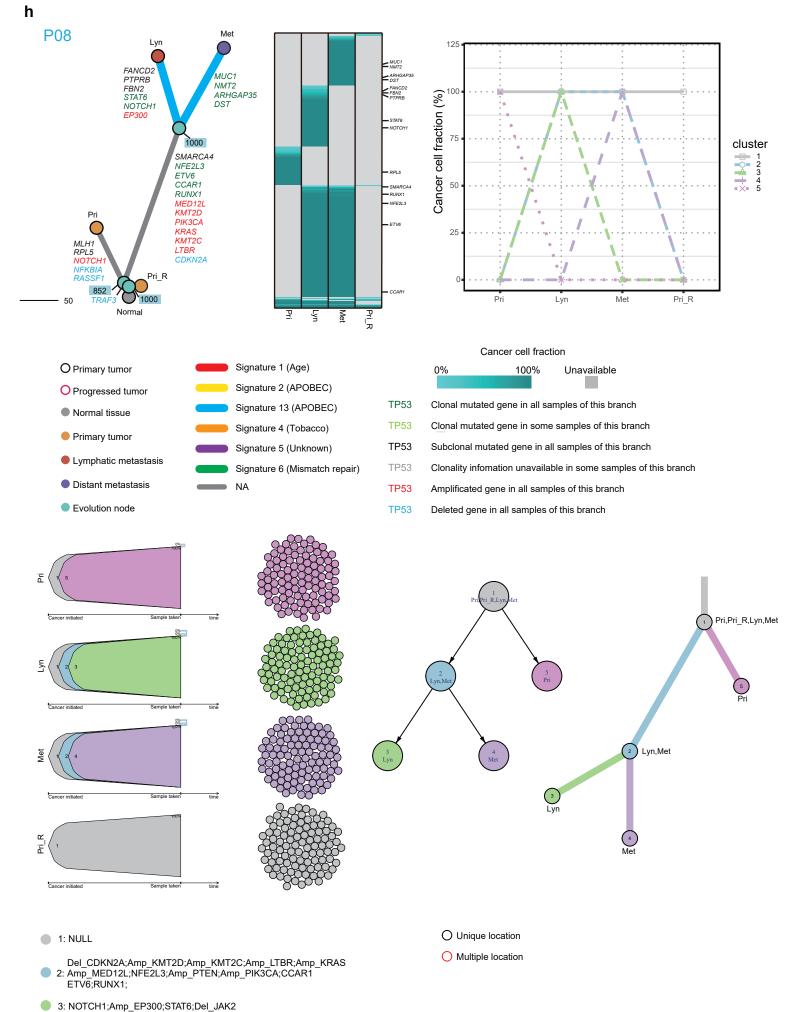




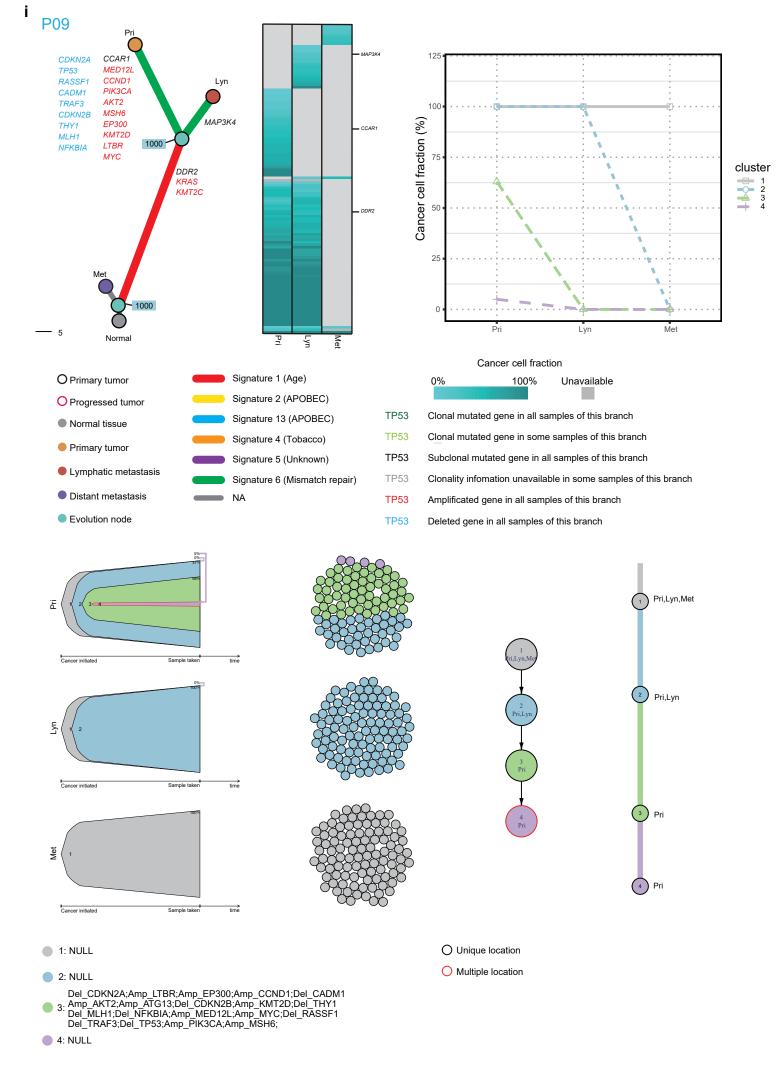


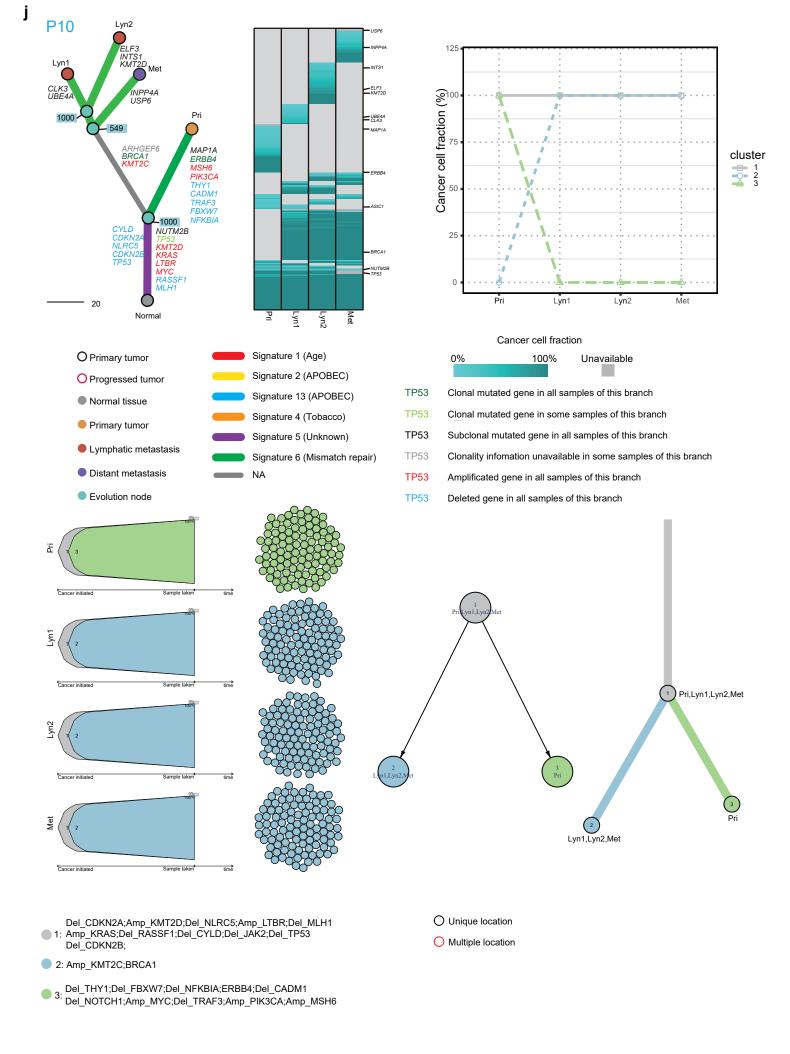


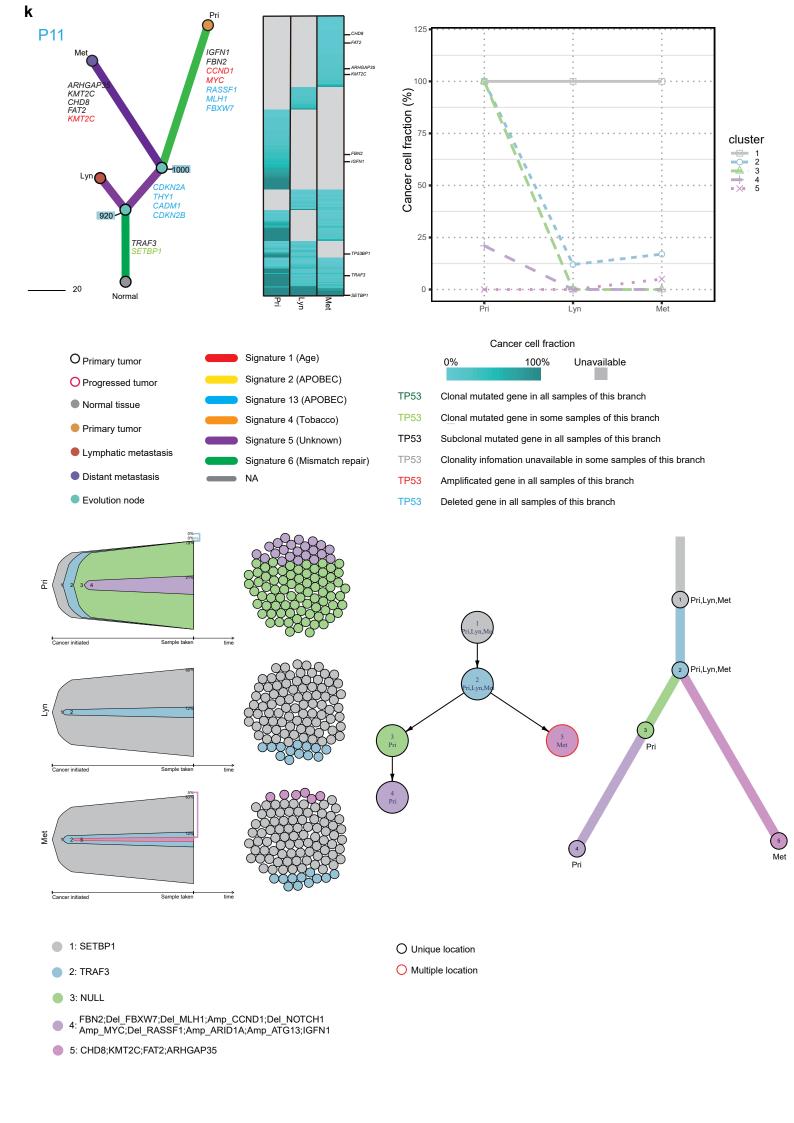


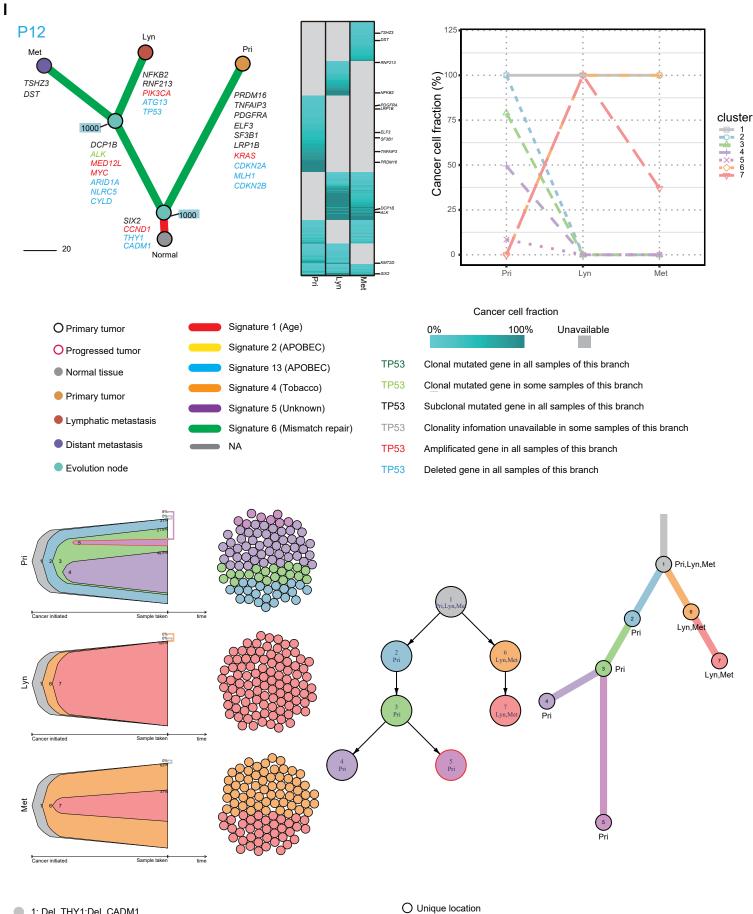


- 4: MUC1;DST;NMT2;ARHGAP35
- 5: RPL5;Amp_NOTCH1;Del_MLH1;Del_NFKBIA;Del_RASSF1



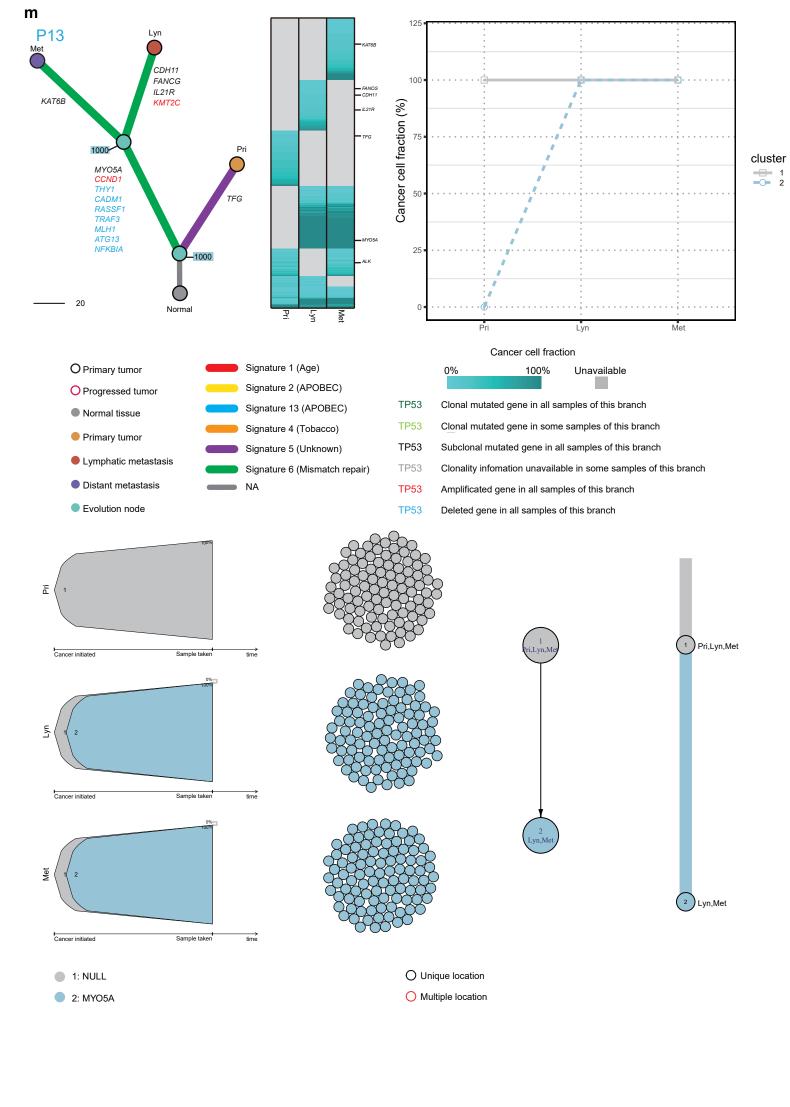


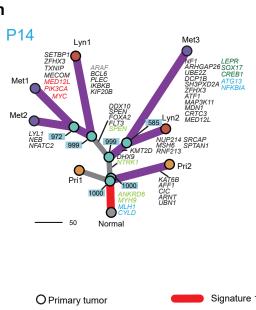


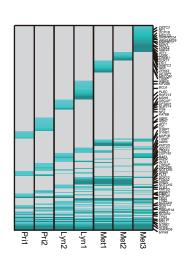


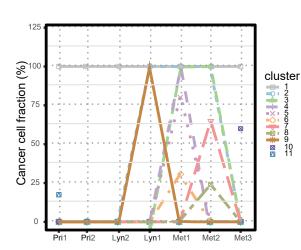
Multiple location

- 1: Del_THY1;Del_CADM1
- 2: Del_CDKN2A;Del_MLH1;Amp_KRAS;PRDM16;Del_CDKN2B
- 3: TNFAIP3
- 4: ELF3;SF3B1
- PDGFRA;RNF213;TSHZ3;DST;AHNAK2 LRP1B;
- 6: Del_ARID1A;Del_NLRC5;Amp_MED12L;Amp_MYC;Del_CYLD
- 7: NULL

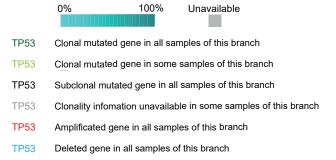




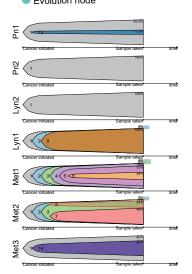




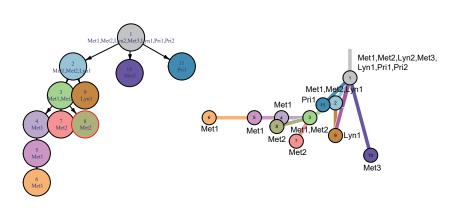




Cancer cell fraction





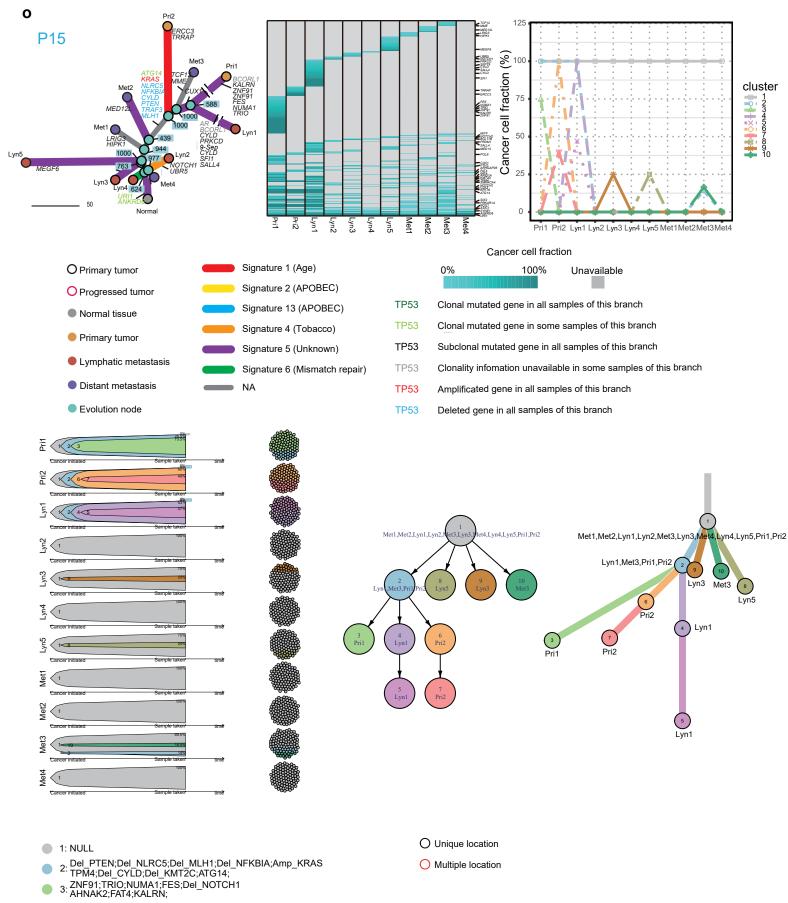




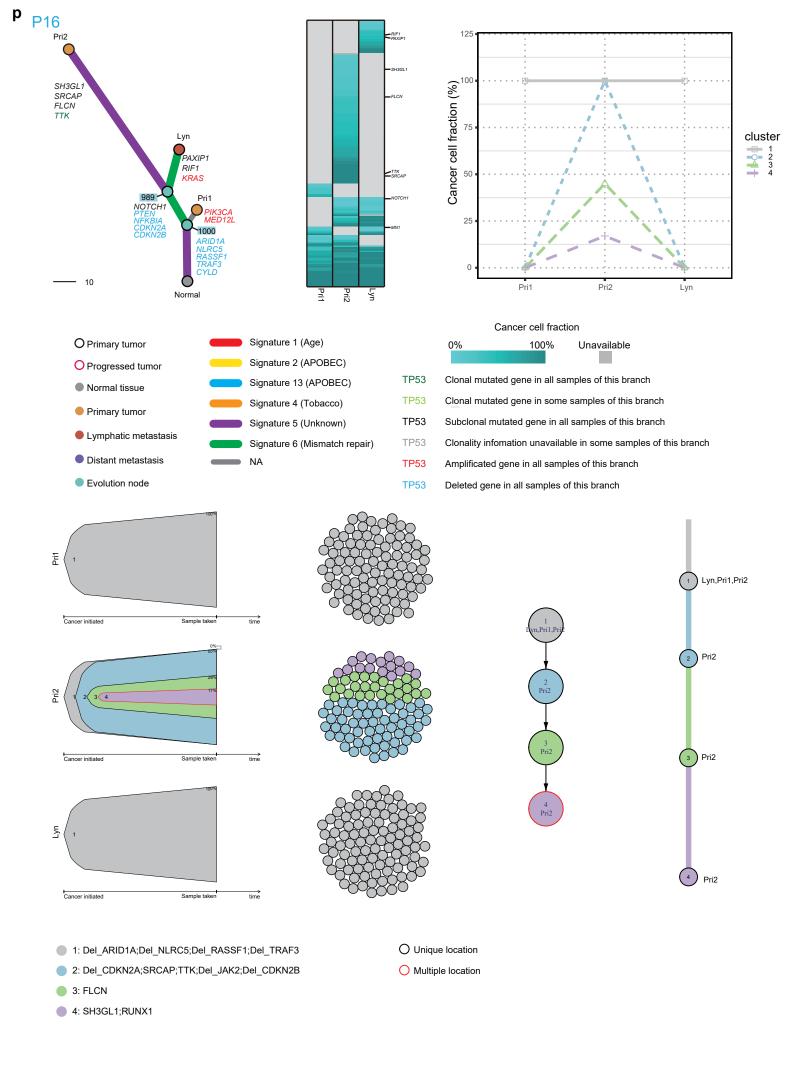
- 2: SPEN
- 3: NULL
- 4: Amp_MED12L;Amp_MYC;Del_EP300;Amp_PIK3CA
- 5: NULL
- 6: SETBP1;MECOM
- 7: NULL
- 8: LYL1
- 9· NULL
- ATF1;ZFHX3;CRTC3;CAD;UBE2Z

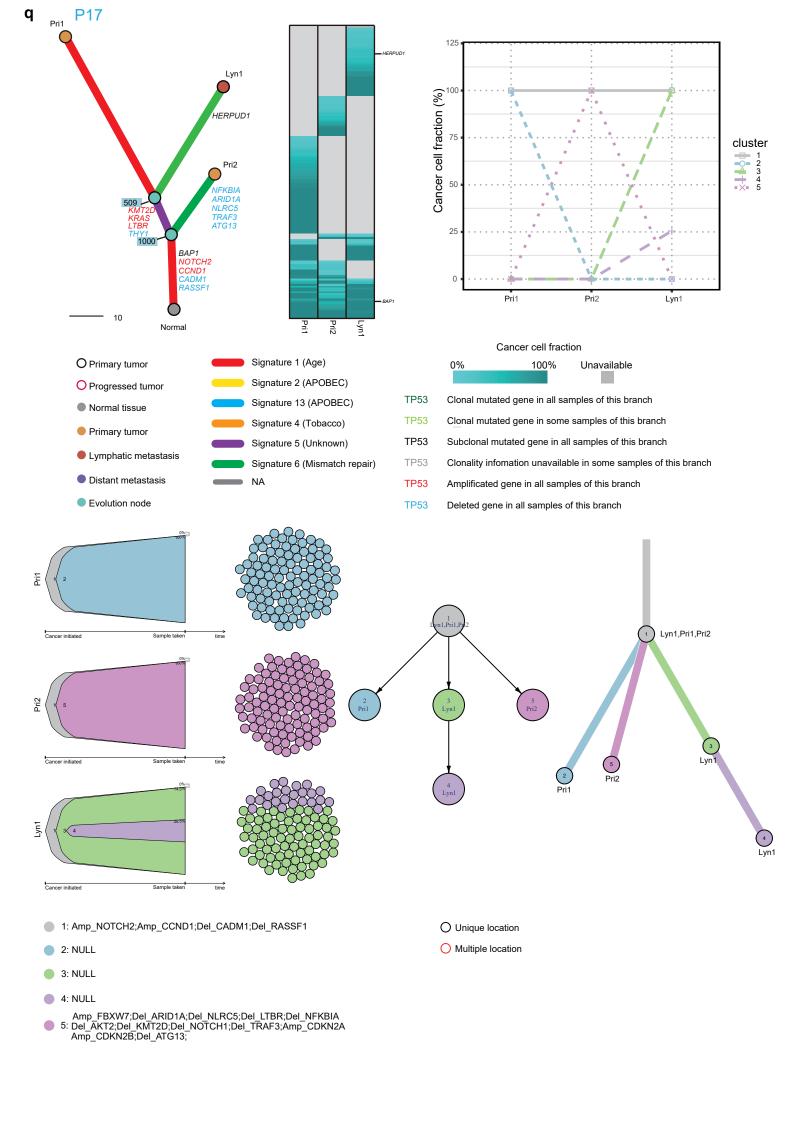
 10: ARHGAP26;MED12L;Del_NFKBIA;CREB1;SH3PXD2A
 SOX17;Del_CCND1;NF1;Del_ATG13;MAP3K11
 MDN1:
- 11: NULL

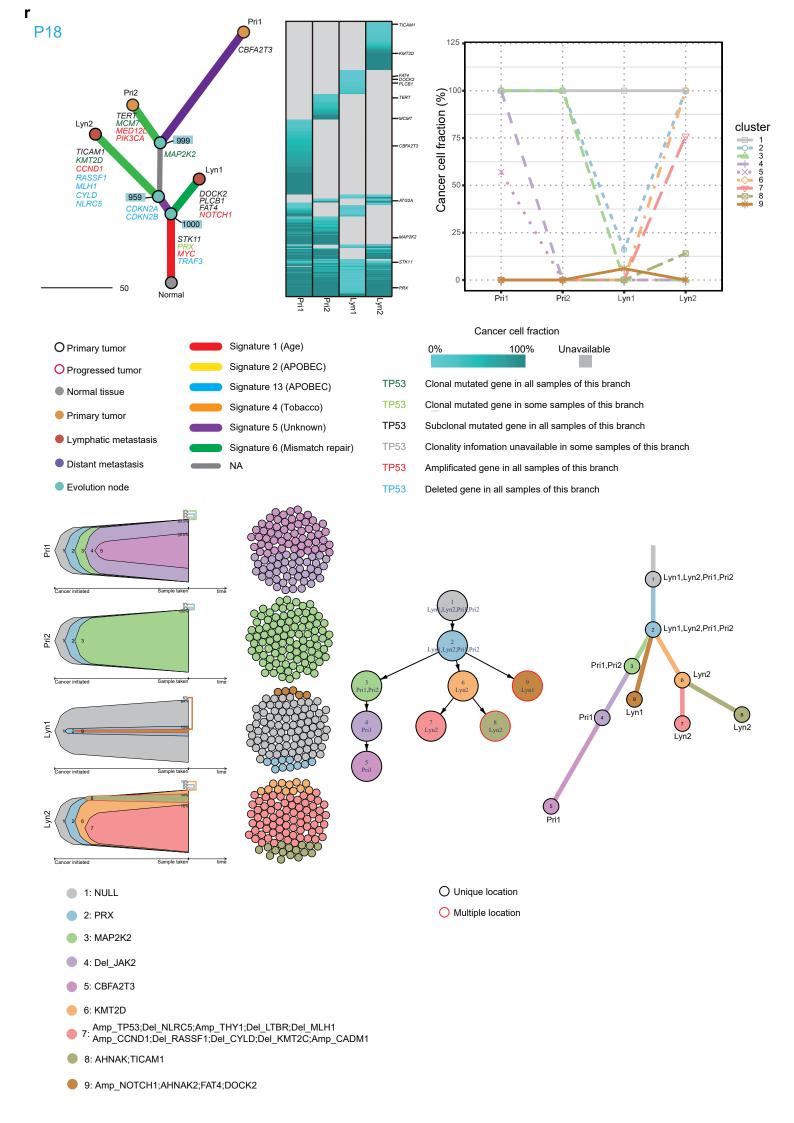
- O Unique location
- O Multiple location



- 4: NULL
- 5: CYLD;SEPT9;SALL4;PRKCD
- 6: ERCC3
- 7: TRRAP
- 8: NOTCH2
- 9: NULL
- 10: NULL



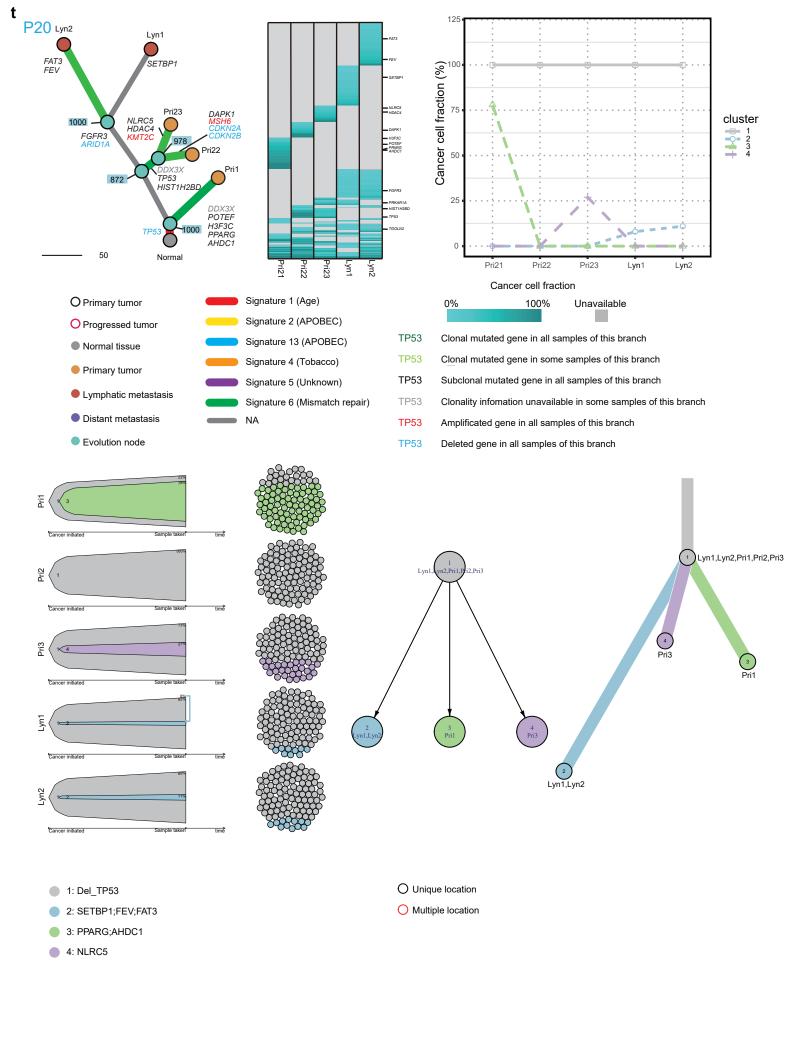




3: NOTCH3;AHNAK;ADCY1;GAS7

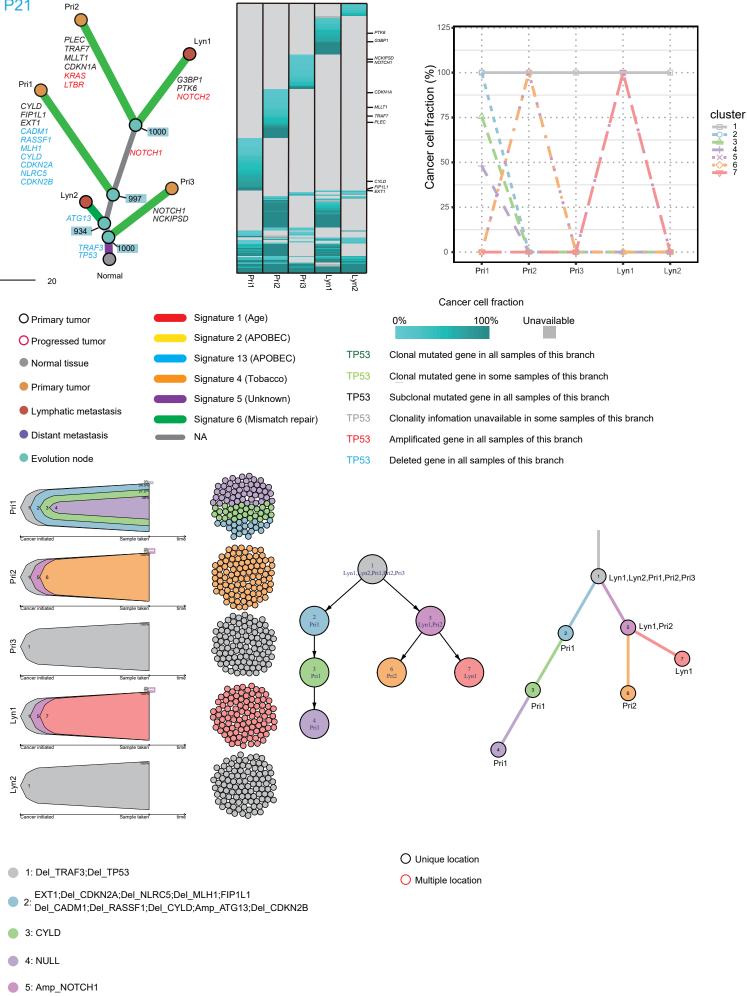
4: NULL

5: NOTCH1;DOT1L

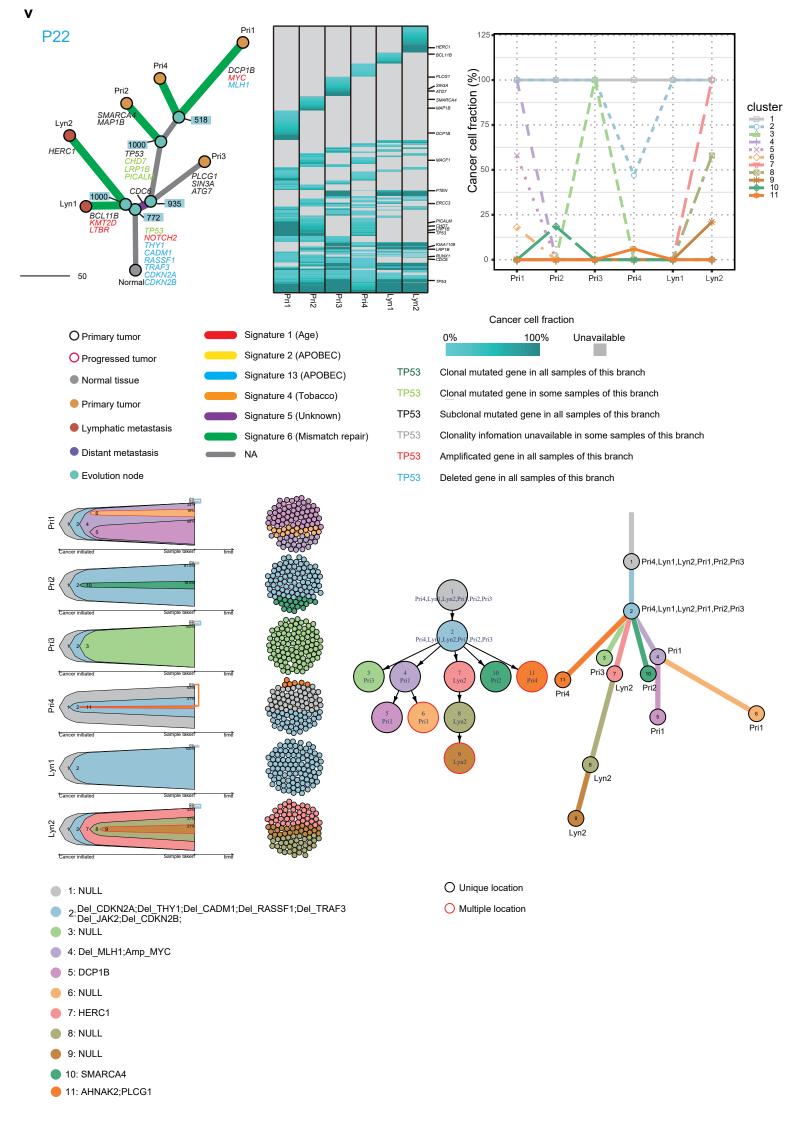


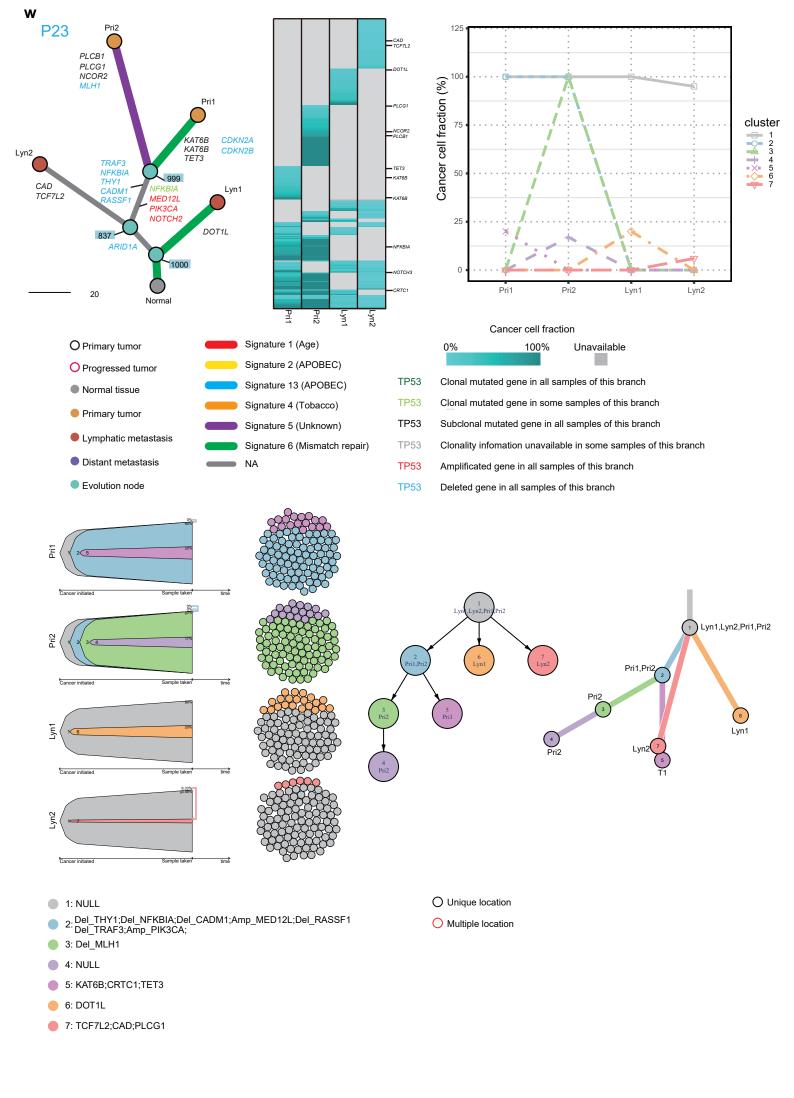
6: Amp_FBXW7;Amp_LTBR;Amp_KRAS

7: Amp_NOTCH2; Amp_CADM1

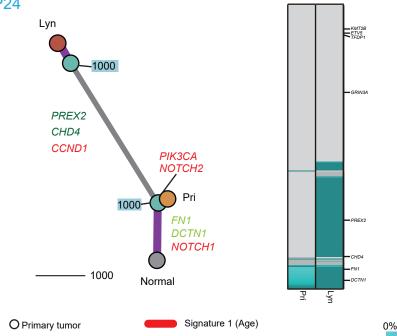


1234567

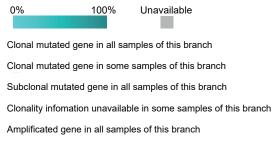






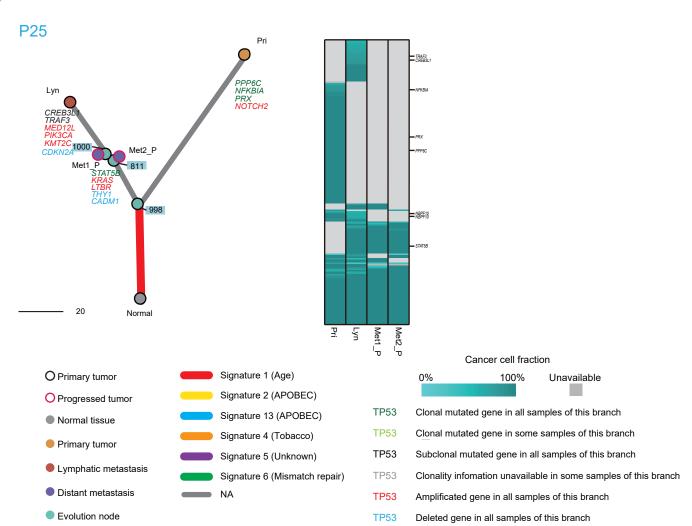


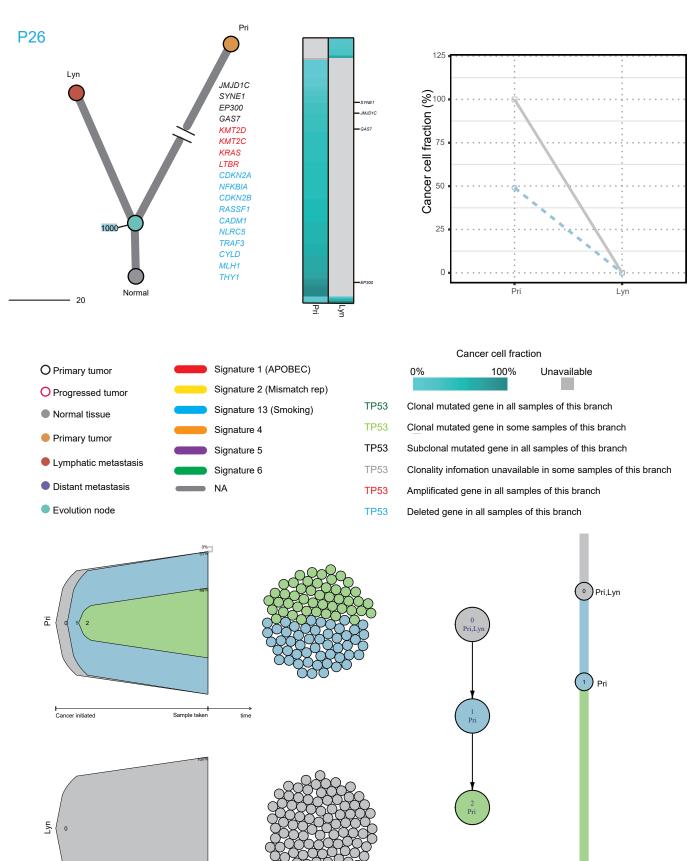




Cancer cell fraction

Deleted gene in all samples of this branch





cluster

1



 ${\tt Del_CDKN2A;Del_NLRC5;Amp_LTBR;Amp_KRAS;Del_CADM1}$

Sample taken

1: Del_NOTCH1;Del_CYLD;Del_CDKN2B;Amp_KMT2D;Del_THY1 $Amp_KMT2C; Del_MLH1; Del_NFKBIA; Del_RASSF1; Del_TRAF3$ Del_JAK2;

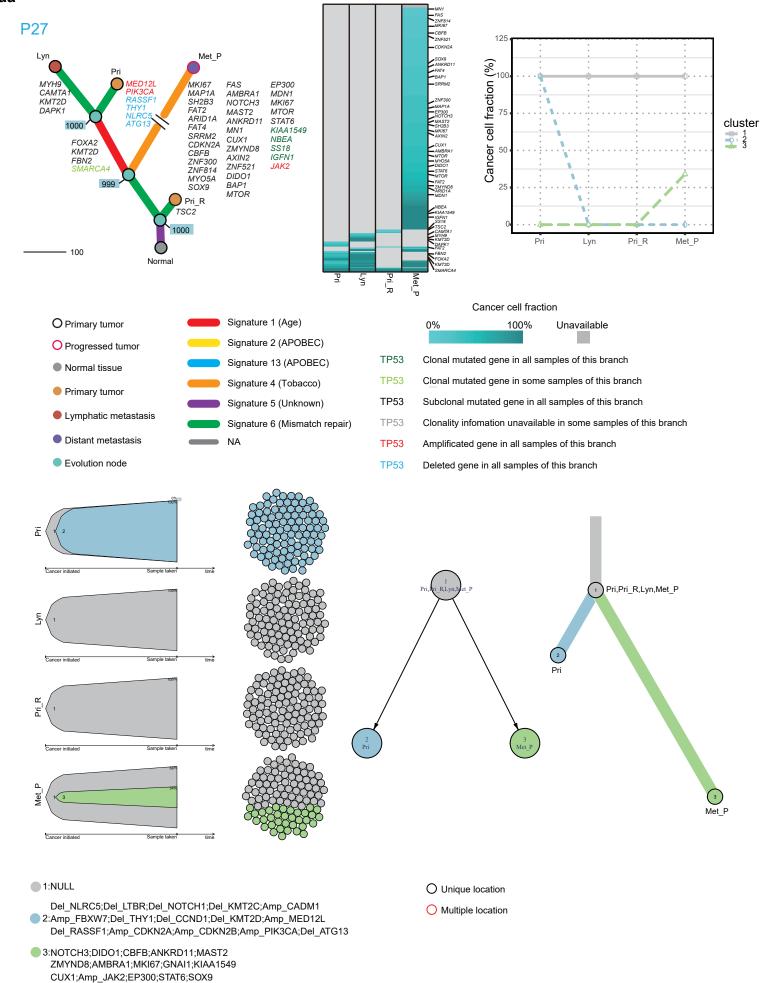
2: JMJD1C;GAS7;SYNE1

O Unique location

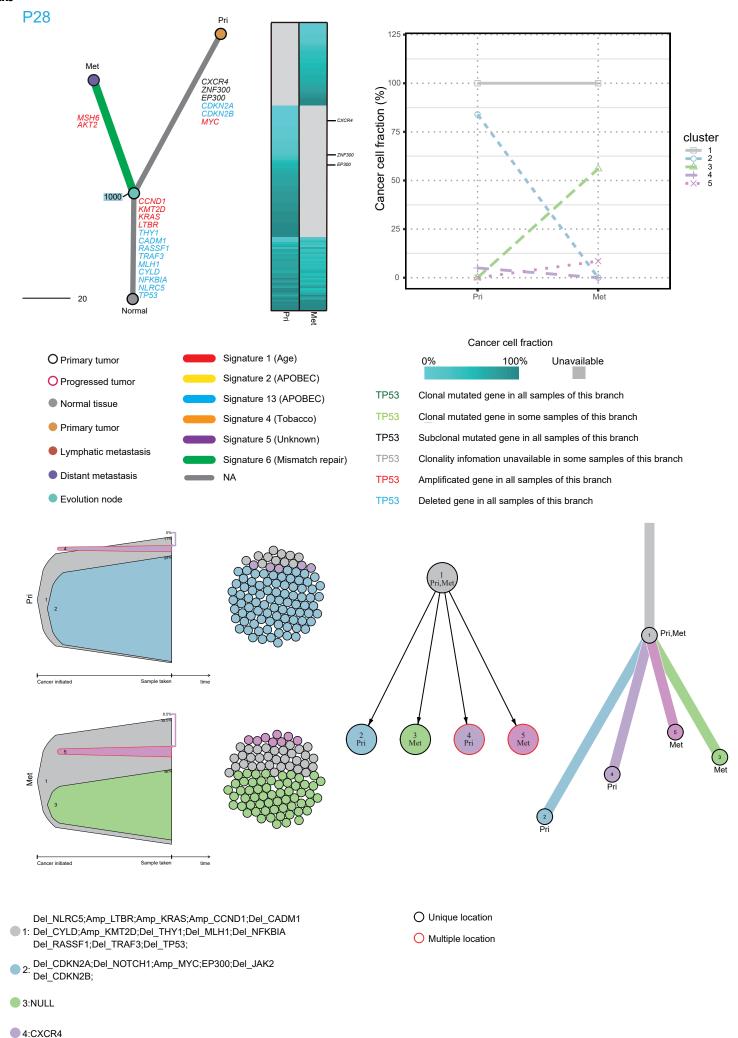
Multiple location

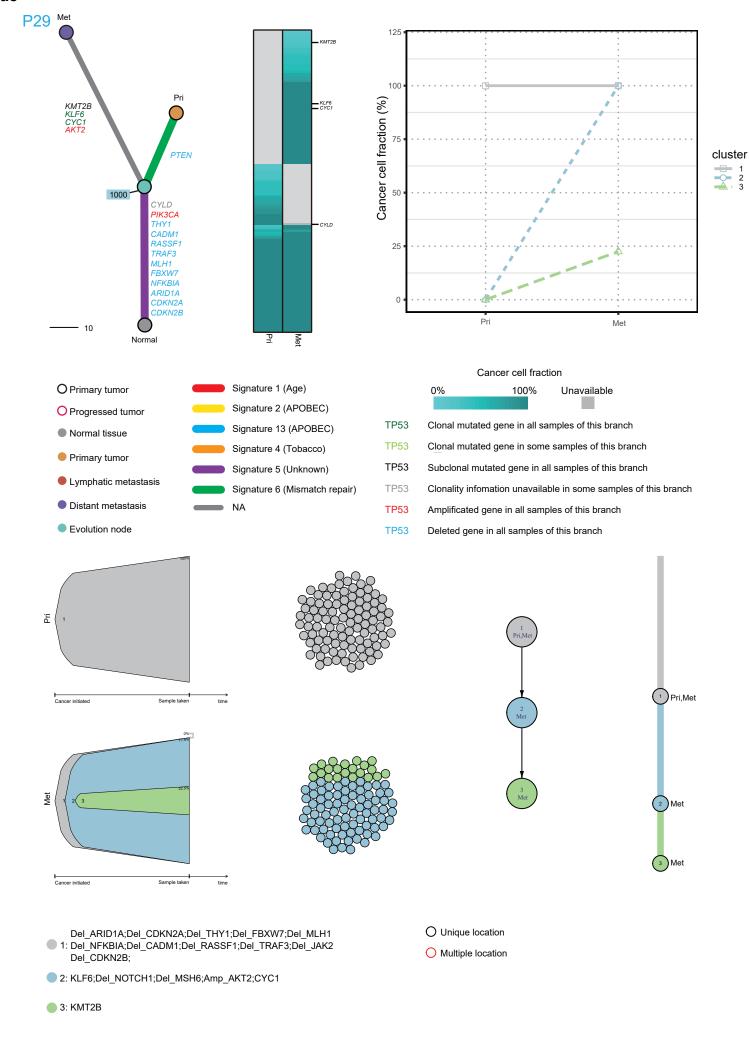
SH2B3;ZNF521;ZNF300;MDN1;SRRM2 SS18;CDKN2A;AHNAK2;MYO5A;AXIN2 ARID1A;IGFN1;MTOR;MN1;NBEA ZNF814;MAP1A;FAS;FAT2;FAT4

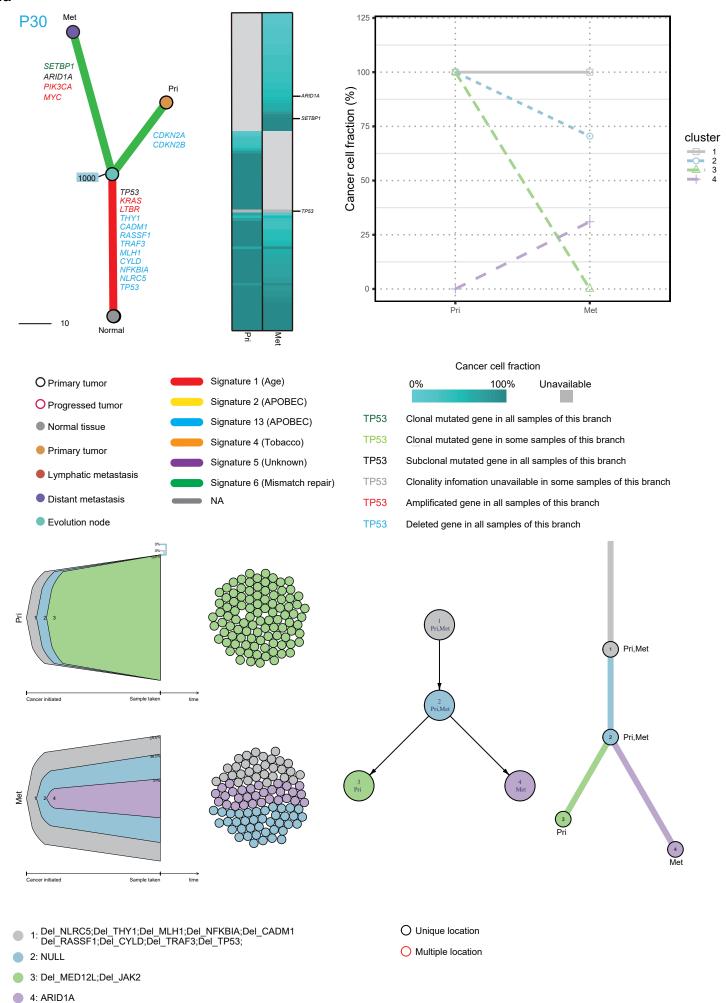
BAP1;



5:NULL







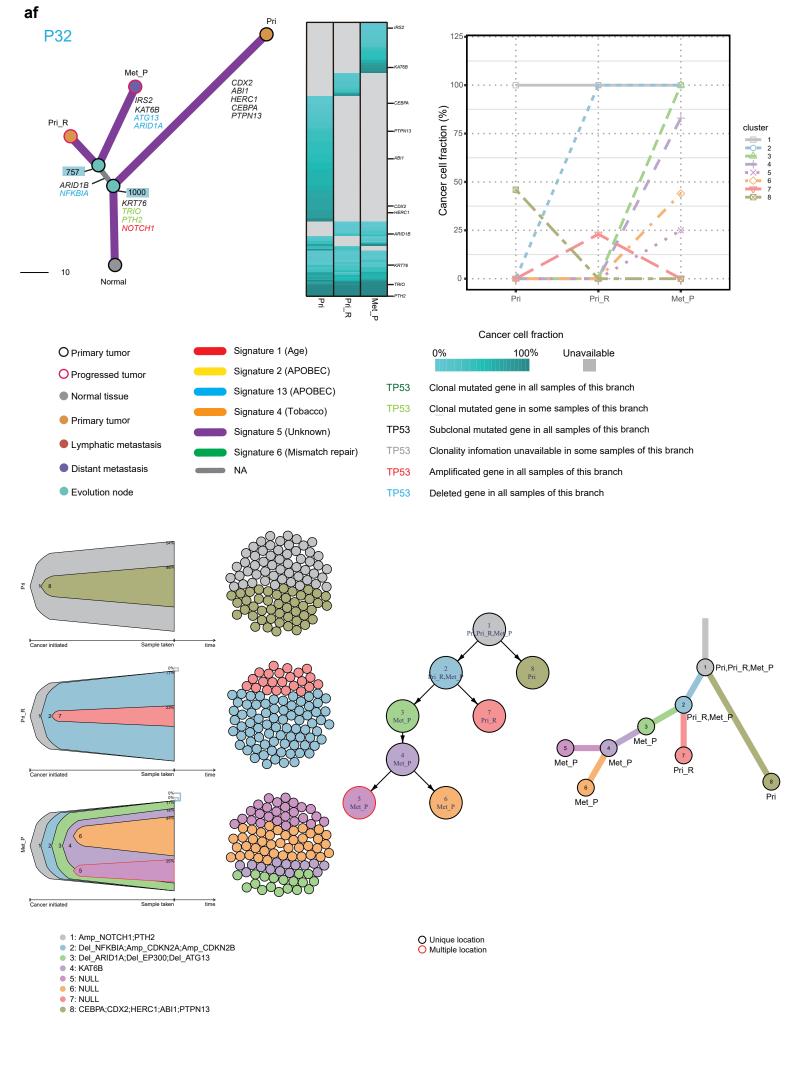


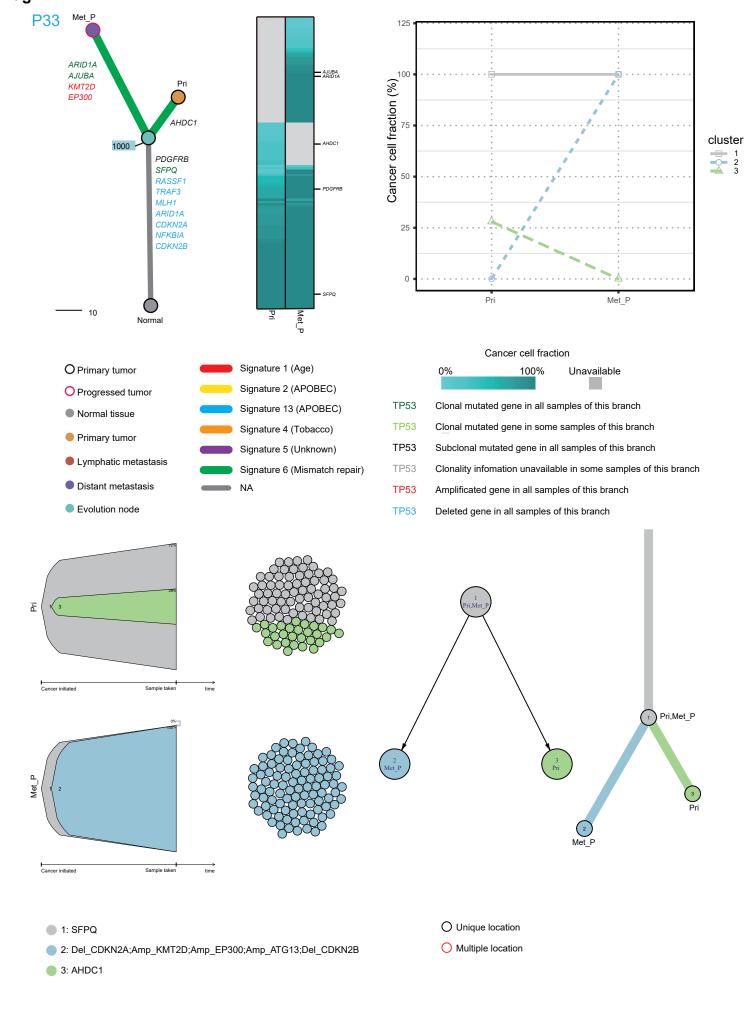
TRIO;SDC4;RIF1;CDKN2A;PDE4DIP
NEB;NR4A2;INPP4A;IKBKB;BCL9

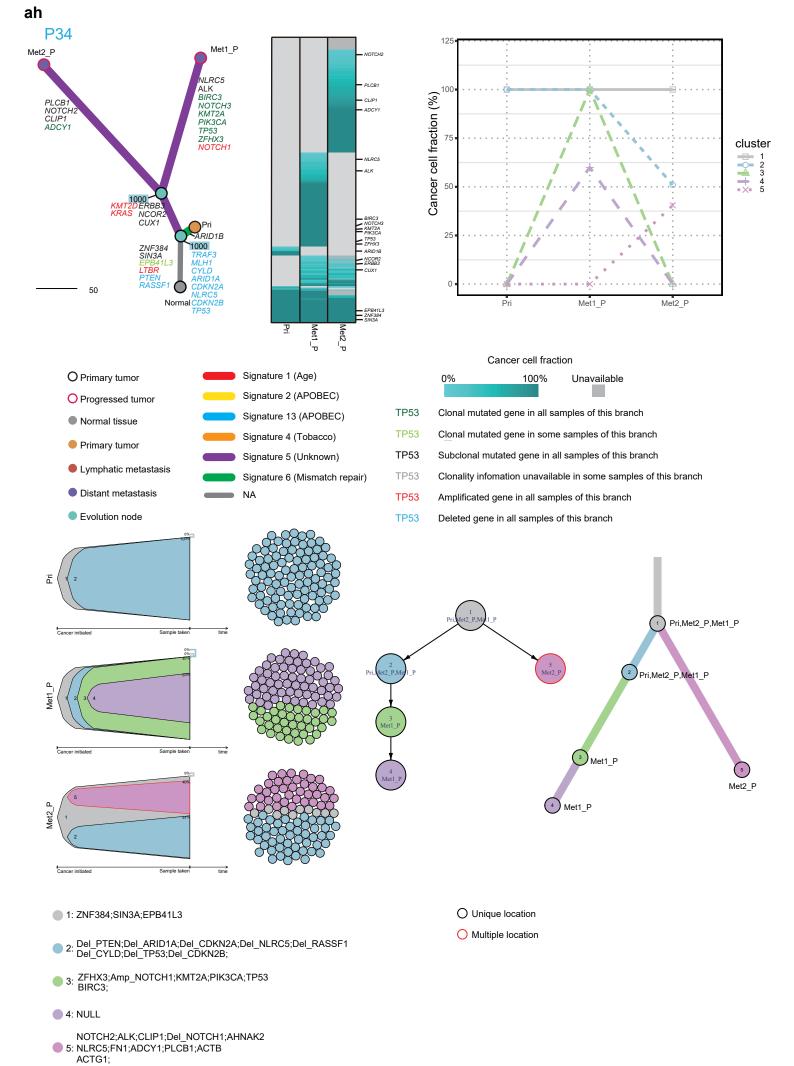
1: Del_MLH1;ZMYM2;NCOR1;PIK3CA;TRAF3
NSD1;Amp_MED12L;Del_RASSF1;MAP1A;KIFC3
Amp_PIK3CA;Del_ATG13;BIRC3;

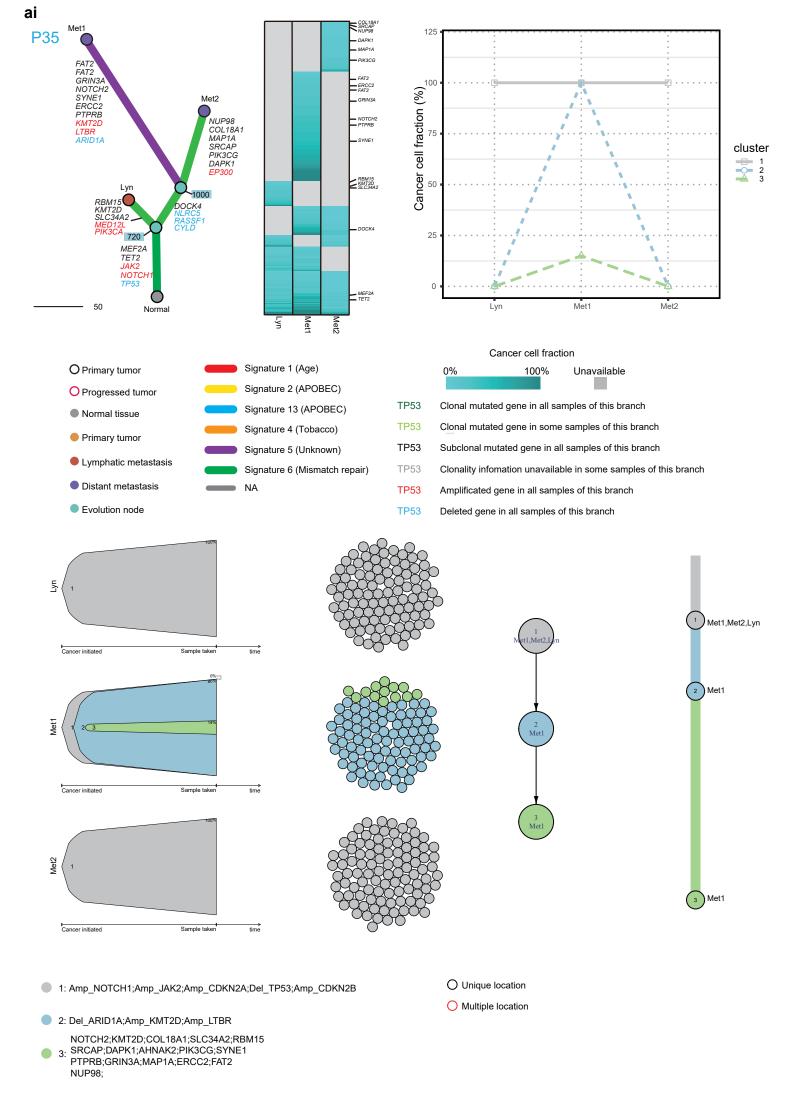
2: SPEG

- O Unique location
- Multiple location









Supplementary Fig. 11. Evolution analysis of each patient.

Evolution analysis for 35 patients. A phylogenetic tree was constructed for each patient (top left figure for each patient). For each branch, key variants are highlighted in the tree, including clonal mutated driver genes in all samples (dark green), clonal mutated driver genes in some samples (light green), subclonal mutated driver genes in all samples (black), and mutated driver genes with unclear clonality (grey) as well as key amplified or deleted driver genes (red and blue). Bootstrap values are marked on each divergence node, and dominant signatures (contribution > 0.5) of each branch are mapped in different colours (except the branches that contain less than 10 mutations or had no dominant signature detected). The top middle figures for each patient show the fraction of tumour cells with shared and private mutations for each tumour sample, and key mutations are also marked. The top right figures show the CCF flow of each mutation cluster (subclones) according to each sample. The bottom left figures show the subclone-based evolution architecture of each sample and their sampling transect, which reflect the fractions of each subclone at the time of sampling. The bottom right two figures show the evolution architecture of subclones in node-based and branch-based trees. The black boundary subclones in the node-based tree indicate that these subclones are located in a unique place of the architecture, whereas the red subclones indicate that the subclones are so small that they could be placed in multiple locations without penalty (see Method). Driver variants are also listed for each subclone.

SUPPLEMENTARY TABLES
Supplementary Table 1. Clinical data of the sequenced NPC cohort.

Type	Group	Frequency	Percent
Age			
	Median (yrs)		42
Sex			
	Female	4	9.09%
	Male	40	90.91%
Smoking			
	No	27	61.36%
	Yes	17	38.64%
T stage			
	1	2	4.55%
	2	4	9.09%
	3	17	38.64%
	4	21	47.73%
N stage			
	1	7	15.91%
	2	14	31.82%
	3	23	52.27%
M stage			
	0	9	20.45%
	1	35	79.55%
Disease stage			
	II	1	2.27%
	III	2	4.55%
	IVa	5	13.63%
	IVb	35	79.55%
Progression status			
	no	10	22.73%
	yes	34	77.27%
PFS			
	Median (months)		12

Supplementary Table 2. Single cell RNA sequencing information.

Patient	Sample	UMI (mean)	Genes (mean)	UMI (std)	Genes (std)	Cells
	Pri	4763.9	1203.1	5931.7	847.1	4921
	LLN	2983.2	938.9	3615.9	615.7	1954
D14	RLN	3217	962.7	2561.3	466.1	3074
P14	Liver	7335.2	1473.2	11502.2	1218.9	3156
	Bone	4203.6	1019.9	6380	837.8	478
	ILN	2694.8	811.1	2533.2	494.3	6102
	Pri	4428.3	1131.8	5811	895.3	4868
	LLN	3665.2	966.3	2934.5	468.3	6809
P15	RLN	3877.3	1081.1	3246.5	484.8	7172
	LALN	3559.5	981.4	2579.2	485.3	7886
	RALN	4952.8	1195.1	5989.2	807.7	7493

 $Supplementary\ Table\ 3.\ Key\ image\ characteristics\ of\ the\ training\ and\ validation\ datasets.$

Туре	Lymphatic median(range)	Hematogenous median(range)	P value*
Training dataset (n = 13)			
Axial maximum diameter of tumor (mm)	19.4 (14.9-46.4)	48.9 (28-53.2)	0.006216
Coronal maximum diameter (mm)	22.75 (16.1-47)	53.7 (38-64.8)	0.003108
Sagittal maximum diameter (mm)	18.7 (10.7-64.7)	48.7 (35.2-74.1)	0.010878
Number of lower cervical lymph nodes	14.5 (5-22)	5 (0-12)	0.0225166
Number of organ metastasis	2 (0-9)	6 (0-52)	0.2370052
Number of bone metastasis	18 (0-27)	0 (0-7)	0.0594305
Metastatic NPC cohort (n =	104)		
Axial maximum diameter of tumor(mm)	34.35 (14.1-59.0)	39.55 (29.9-66.1)	0.03881
Coronal maximum diameter (mm)	32.15 (13.5-67.5)	38.15 (25.7-69.4)	0.012888
Sagittal maximum diameter (mm)	27.7 (4.12-63.9)	35.3 (20.1-62.1)	0.039573
Number of lower cervical lymph nodes	3 (0-33)	2.5 (0-6)	0.09207
Number of organ metastasis	1 (1-4)	1 (0-3)	0.950072
Number of bone metastasis	3 (0-5)	1.5 (0-5)	0.513893
M0 stage NPC cohort (n = 20	01)		
Axial maximum diameter of tumor(mm)	18 (5-48)	28 (8-71)	1.657E-09
Coronal maximum diameter (mm)	19 (5-48)	28 (7-61)	2.158E-09
Sagittal maximum diameter (mm)	19 (5-70)	25.5 (8-59)	4.267E-11
Number of lower cervical lymph nodes	0 (0-6)	0 (0-7)	0.0374658
Immunotherapy cohort (n =	66)		
Axial maximum diameter of tumor(mm)	31 (9.5-40)	37.15 (19.9-58.5)	0.0123199
Coronal maximum diameter (mm)	34.9 (15.9-46.2)	36.2 (13.1-60.3)	0.3505177
Sagittal maximum diameter (mm)	28.5 (13.1-44.4)	35.3 (13.7-60.9)	0.0390839
Number of lower cervical lymph nodes	2 (0-8)	0 (0-10)	0.051894

^{*}P value was calculated using Wilcoxon signed-rank test (two-sided).

Supplementary Table 4. Clinical characteristics of the de novo metastatic NPC cohort used for the validation of the radiomics prediction model (N=104 individuals).

Type	Group	Frequency	Percent
Metastatic route			
	Lymphatic route	78	75.0%
	Hematogenous route	26	25.0%
Local-regional radiotherapy			
	Yes	50	48.1%
	No	54	51.9%
Age, years			
	Media (IQR)		37.0-52.0
Gender			
	Male	87	83.7%
	Female	17	16.3%
Smoking			
-	Yes	32	30.8%
	No	72	69.2%
KPS score			
	Median (IQR)		90-90
Pathology (WHO)			
	I/II	5	4.8%
	III	99	95.2%
T stage			
8	1-2	12	11.5%
	3-4	92	88.5%
N stage			
C	0-1	22	21.2%
	2-3	82	78.8%
Bone metastases			
	No	27	26.0%
	Yes	77	74.0%
Liver metastases			-
	No	73	70.2%
	Yes	31	29.8%
Lung metastases			
<i>3</i>	No	74	71.10%
	Yes	30	28.90%
Number of metastatic lesions		2 0	20.2070
or or minute reprofits	1-2	31	30.00%
	≥3	73	70.00%

Supplementary Table 5. Comparison of clinicopathologic features of the training and de novo metastatic NPC cohorts.

Category and variable	training cohort	validation cohort	P value*
	(n = 13)	(n=104)	
Age	46.0 (38.5-51.0)	47.0 (36.5-53.0)	0.423 ^a
Sex			0.455
Female	1(7.7%)	15(14.4%)	
Male	12(92.3%)	89(85.6%)	
Number of			0.327
metastatic sites			
Single	5(38.5%)	28(26.9%)	
Multiple	8(61.5%)	76(73.1%)	
Liver involvement			0.053
No	6(46.2%)	72(69.2%)	
Yes	7(53.8%)	32(30.8%)	
Treatment			0.257
CT+RT	4(30.8%)	46(44.2%)	
CT	9(69.2%)	58(55.8%)	
Group			0.388
Lymphatic	78(75.0%)	8(61.5%)	
Hematogenous	26(25.0%)	5(38.5%)	

^{*}P value was calculated using Chi-square test (two-sided). ^a P value was calculated using two-sided t test. CT: Chemotherapy; RT: Radiotherapy.

Supplementary Table 6. Clinical characteristics of the M0-stage nasopharyngeal carcinoma cohort used for the validation of the radiomics prediction model (N=201 individuals).

Type	Group	Frequency	Percent
Metastatic route			
	Lymphatic route	113	56.22%
	Hematogenous route	88	43.78%
Age			
	Median (IQR)	45	38-53
KPS			
	Median (IQR)	90	90-90
Gender			
	Male	144	71.64%
	Female	57	28.36%
Pathology (WHO)			
	I/II	8	3.98%
	III	193	96.02%
T stage			
	1-2	92	45.77%
	3-4	109	54.23%
N stage			
	0-1	147	73.13%
	2-3	54	26.87%
Chemotherapy			
	No	18	8.96%
	Yes	183	91.04%

Supplementary Table 7. Clinical characteristics of the immunotherapy NPC cohort (N = 66 individuals).

Туре	Lymphatic route (n=52)	Hematogenous route (n=14)	P value*
Stage			0.766
Primary metastases	1	0	
Recurrence with distant metastases	43	11	
Local regional-recurrence	8	3	
Age, years			0.899^{a}
Median (IQR)	47 (35.0-56.0)	44 (37.0-53.0)	
Gender			0.73
Male	40	10	
Female	12	4	
Smoking			0.971
Yes	22	6	
No	30	8	
KPS score			1 ^a
Median (IQR)	90 (90-90)	90 (90-90)	
Pathology (WHO)			1
I/II	2	0	
III	50	14	

^{*}P values were calculated by Chi-square test. ^aP value was calculated using two-sided t test.

Supplementary Table 8. Multivariate analysis assessing the risk factors for PFS in the de novo metastatic NPC cohort.

Category and variable	PFS	PFS
Category and variable	HR (95% CI)	P value*
Age		
	0.978 (0.955-1.003)	0.082
Sex		
Female	Ref	
Male	0.894(0.467-1.714)	0.737
Number of metastatic sites		
Single	Ref	
Multiple	1.103(0.64-1.898)	0.725
Liver involvement		
No	Ref	
Yes	0.986(0.569-1.709)	0.96
Treatment		
CT	Ref	
CT+RT	2.65(1.612-4.356)	< 0.001
Group		
Lymphatic	Ref	
Hematogenous	0.397(0.191-0.825)	0.013

^{*}P values were calculated using a Cox proportional hazards model. CT: Chemotherapy; RT: Radiotherapy.