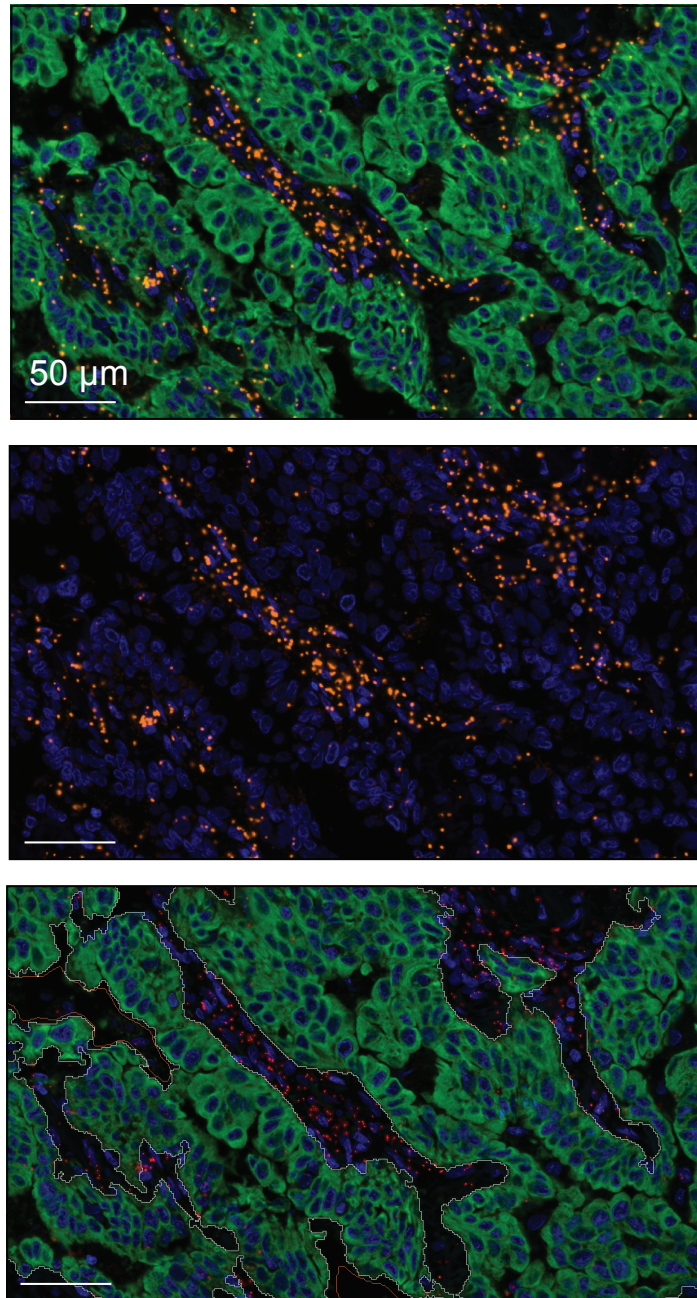


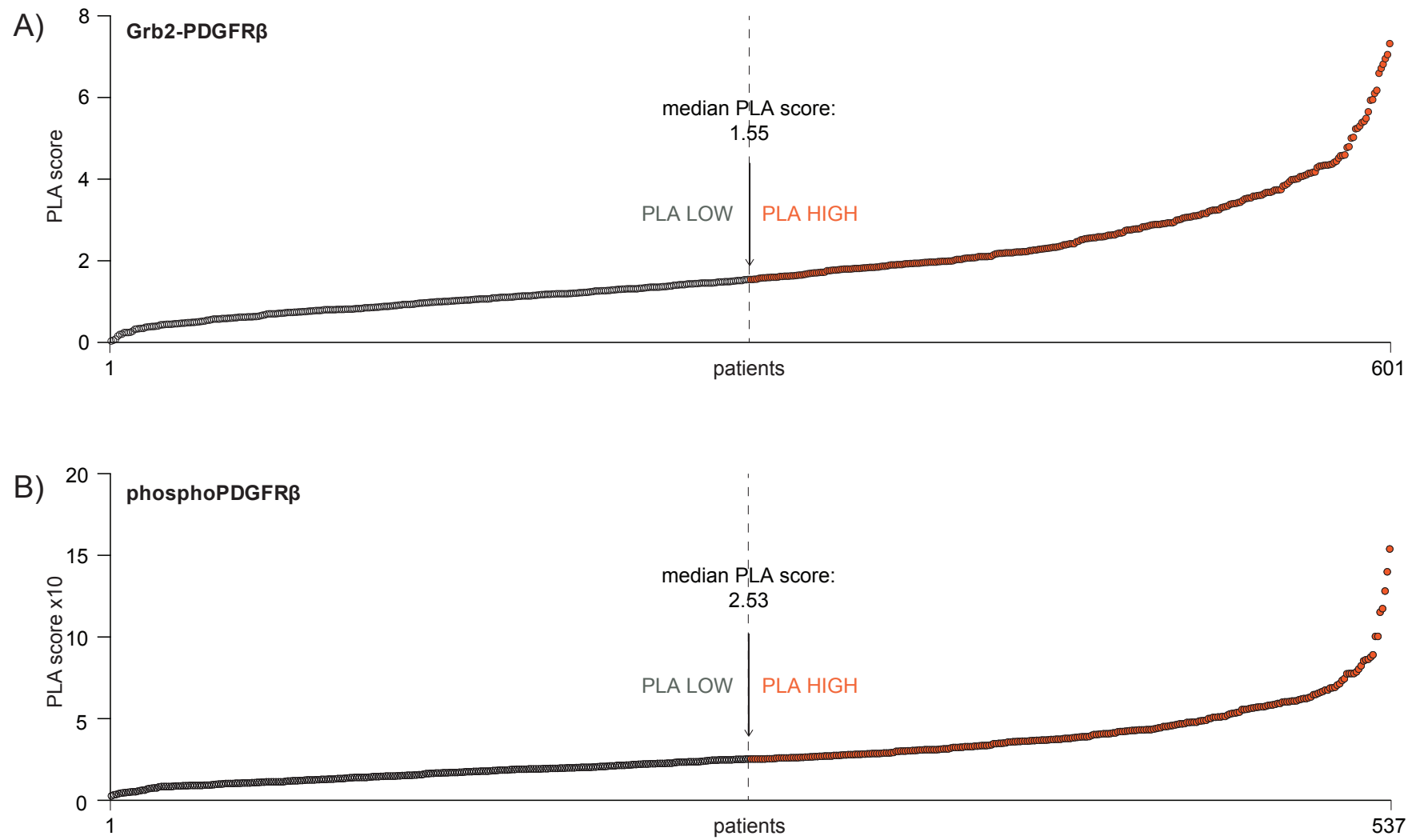
In Situ Mapping of Activated PDGFR β Defines a Prognostic Discrepancy Between Histological Subtypes of NSCLC.

Amanda Lindberg, Louise Hellberg, Anaïs Grandon, Hui Yu, Viktoria Thurfjell, Erik Wåhlén, Neda Hekmati, Max Backman, Axel Cederholm, Artur Mezheyeuski, Anna Klemm, Johan Botling, Agata Zieba Wicher, Patrick Micke, Carina Strell

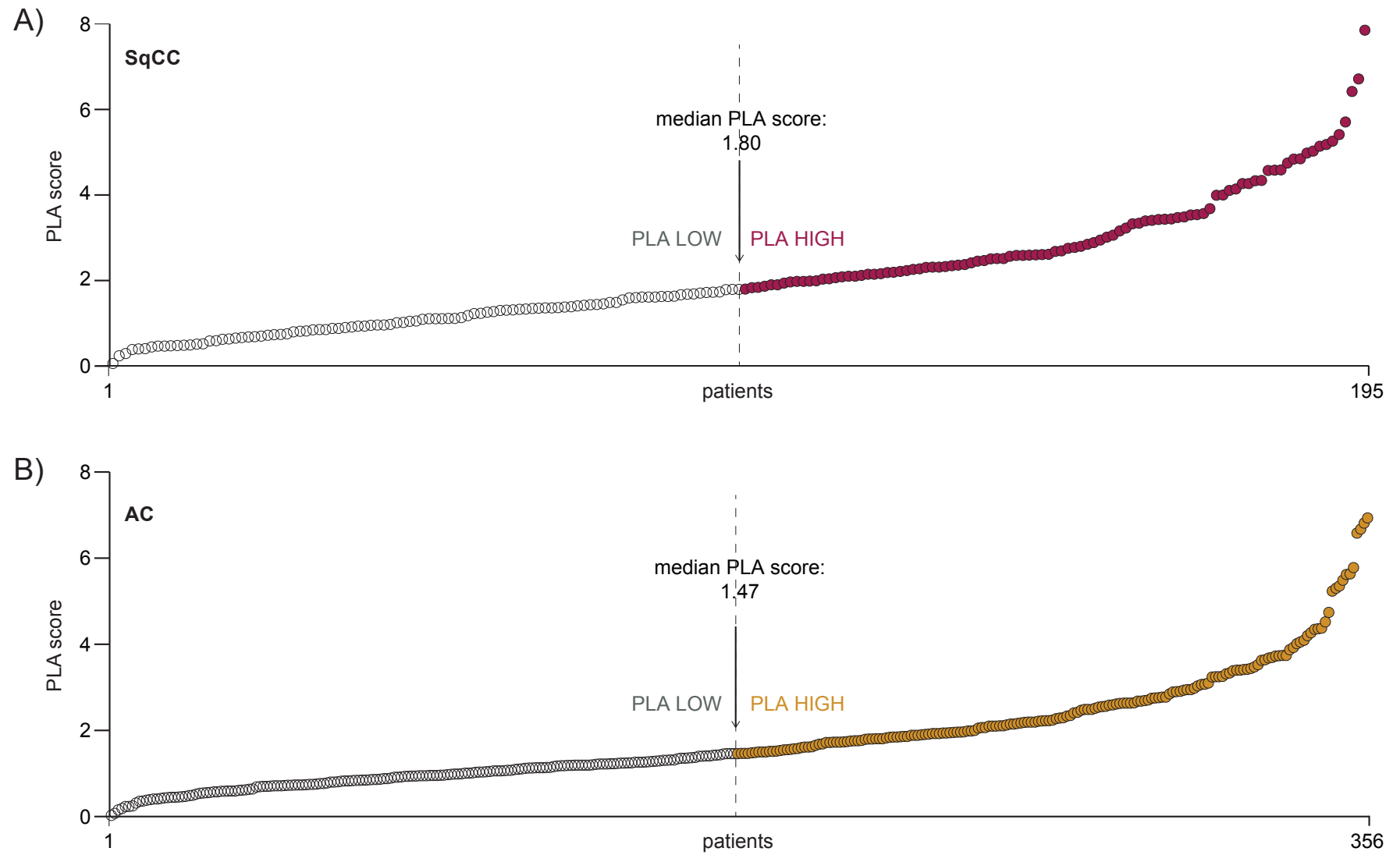
	Page number
Supplementary Figure 1	2
Supplementary Figure 2	4
Supplementary Figure 3	6
Supplementary Figure 4	8
Supplementary Figure 5	10
Supplementary Table 1	12
Supplementary Table 2	13
Supplementary Table 3	14



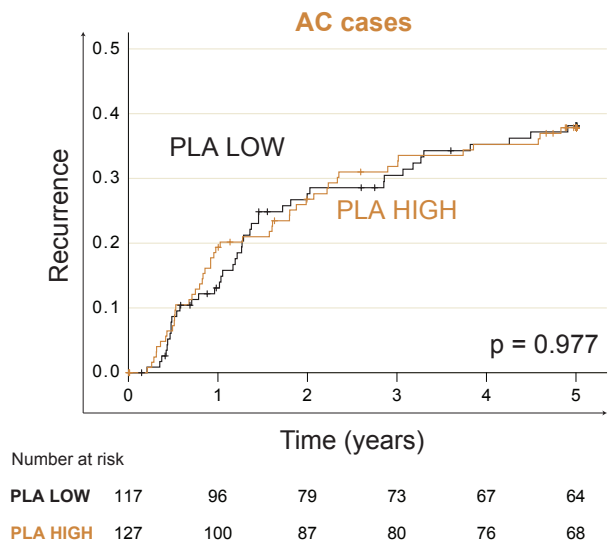
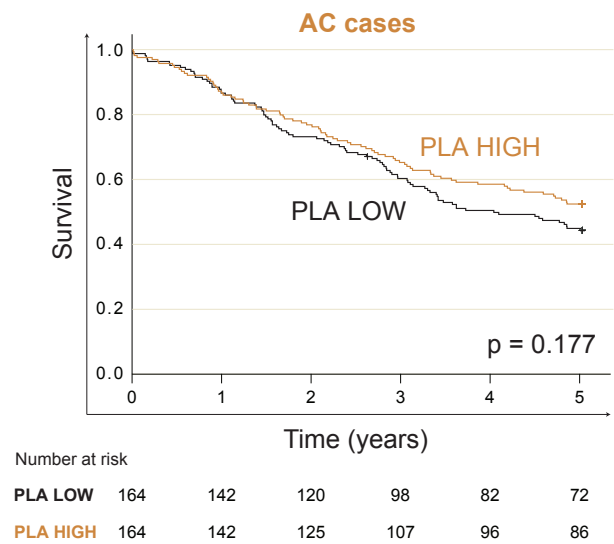
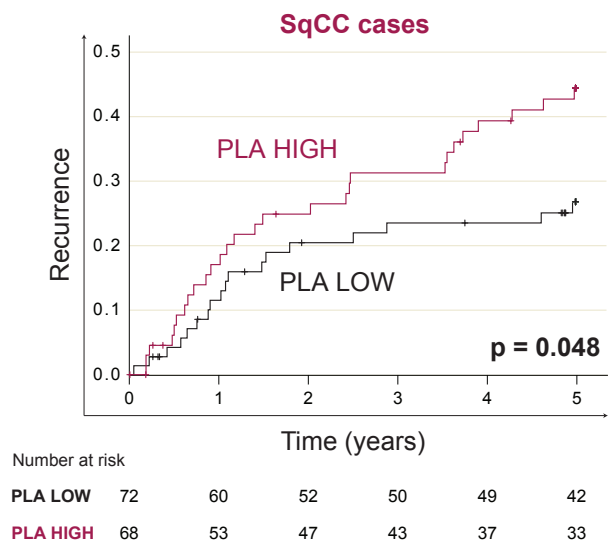
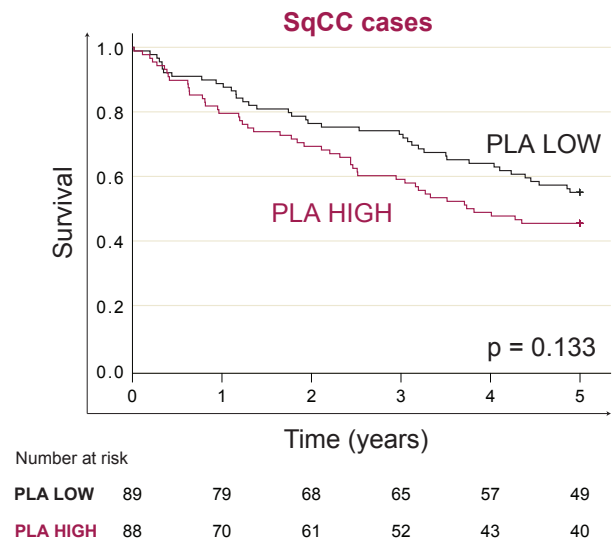
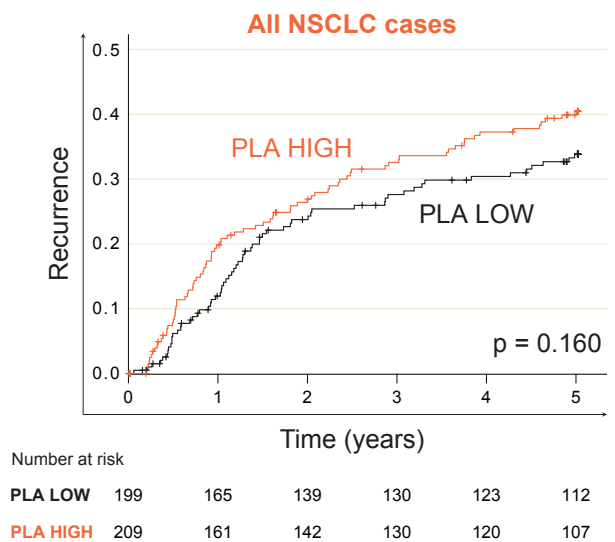
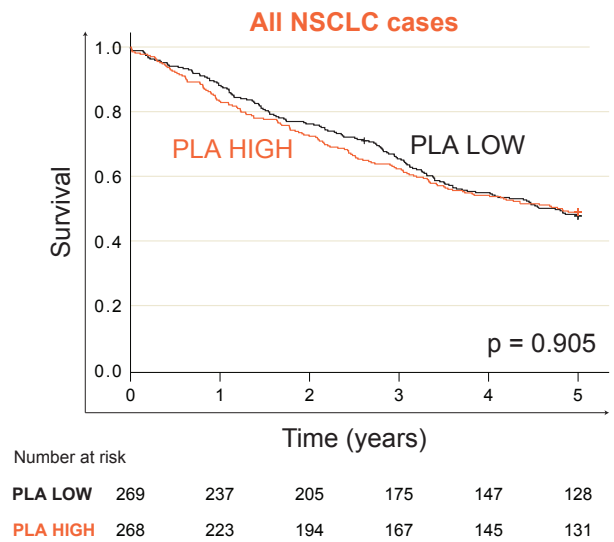
Supplementary Figure 1. Representative immunofluorescence staining and digital annotation of Grb2-PDGFR β proximity ligation assay (PLA) signals in relation to cytokeratin (CK) expression. The top panel shows the triplex immunofluorescence image with CK staining (green), Grb2-PDGFR β PLA signals (orange), and nuclei counterstained with DAPI (blue). The middle panel displays the same field of view with the CK channel omitted, highlighting the distribution of PLA signals across both tumor (CK-positive) and stromal regions. The bottom panel illustrates the digitally generated annotation masks used for image analysis (orange contours), with tumor regions delineated by white contours and PLA signals identified specifically within the stromal compartment indicated by white pixel dots.



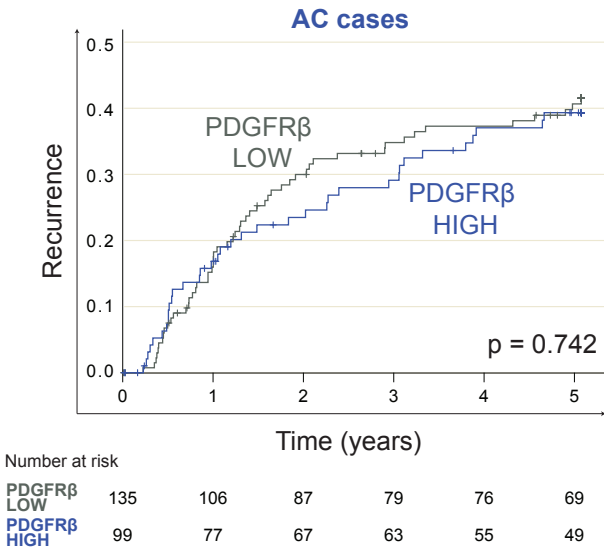
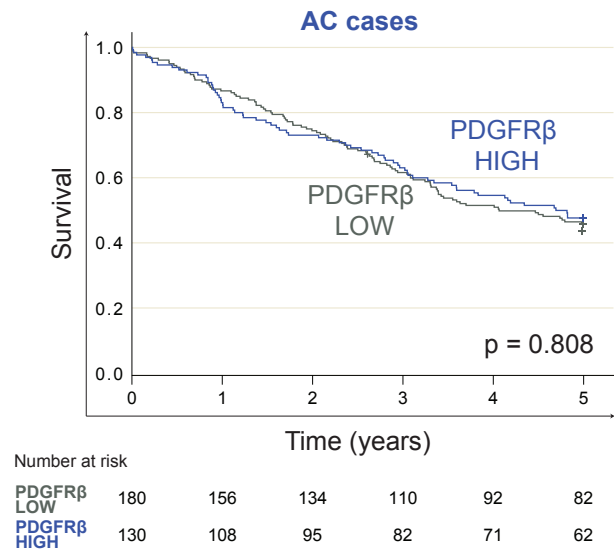
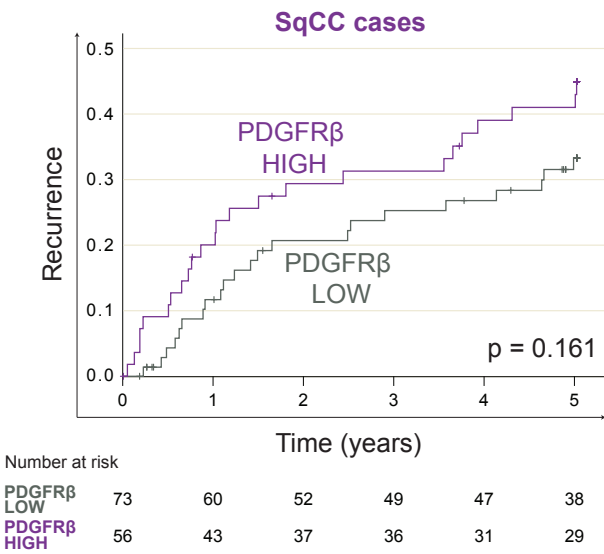
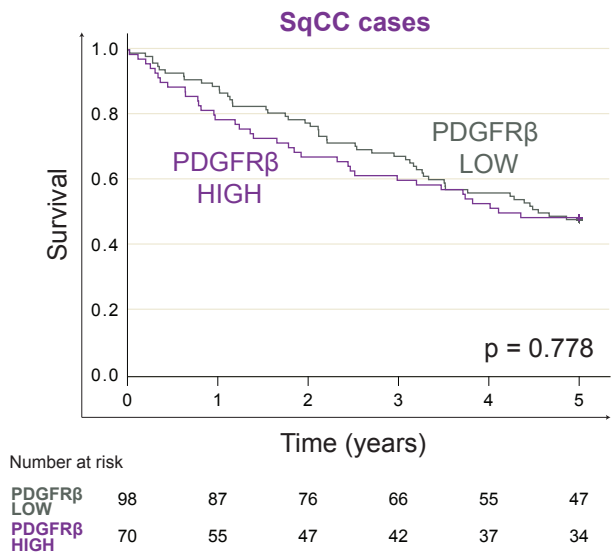
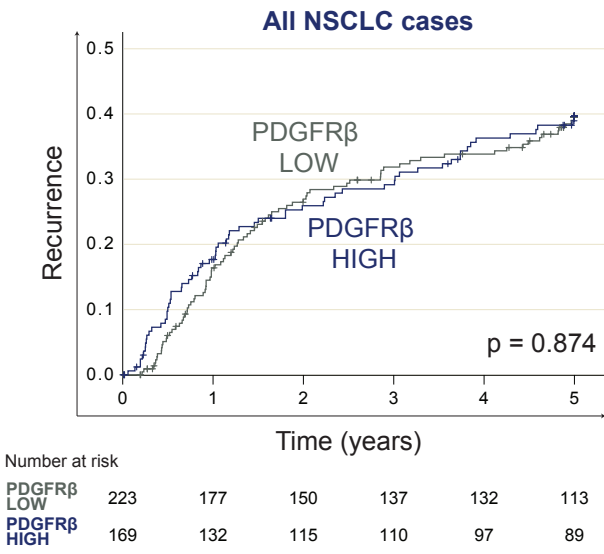
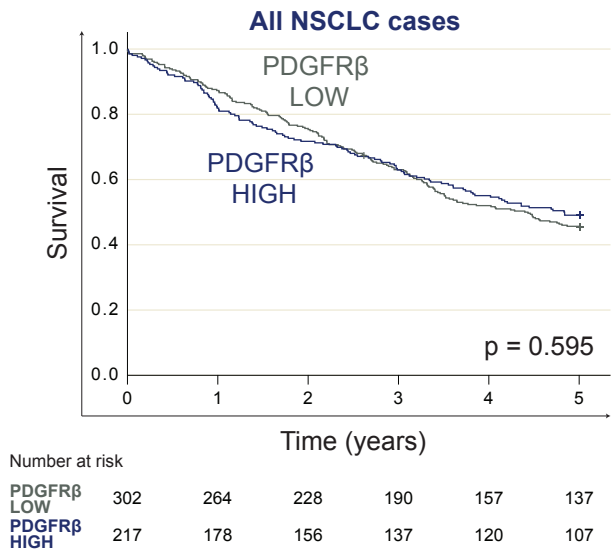
Supplementary Figure 2. Frequency distributions of PLA activation scores in the NSCLC patient cohort. **A)** Distribution of the Grb2–PDGFR β activation score among the 601 patients with successful staining and analysis. The arrow indicates the median score (1.55 dots per stromal cell). **B)** Distribution of the phosphoPDGFR β activation score (displayed $\times 10$) among the 537 patients with successful staining and analysis. The arrow indicates the median score (2.53 dots per stromal cell).



Supplementary Figure 3. Frequency distributions of Grb2–PDGFR β PLA activation scores across the two most common NSCLC histological subtypes separately. **A)** Distribution of the Grb2–PDGFR β activation score among the 195 squamous cell carcinoma (SqCC) patients with successful staining and analysis. The arrow indicates the median score (1.80 dots per stromal cell). **B)** Distribution of the Grb2–PDGFR β activation score among the 356 adenocarcinoma (AC) patients with successful staining and analysis. The arrow indicates the median score (1.47 dots per stromal cell).



Supplementary Figure 4. PhosphoPDGFR β PLA activation score in relation to survival and recurrence. (Left column) Kaplan Meier curves demonstrating overall survival (truncated at 5 years) in all NSCLC patients (top), squamous cell carcinoma (SqCC) patients (middle), and adenocarcinoma (AC) patients (bottom). (Right column) Cumulative hazard plots for recurrence within 5 years of diagnosis for the same patient groups. Statistics are based on Log-rank tests. Low and high groups were defined using the median phosphoPDGFR β score as a cut-point in each respective patient group separately.



Supplementary Figure 5. PDGFR β protein expression level in relation to survival and recurrence. (Left column) Kaplan Meier curves demonstrating overall survival (truncated at 5 years) in all NSCLC patients (top), squamous cell carcinoma (SqCC) patients (middle), and adenocarcinoma (AC) patients (bottom). (Right column) Cumulative hazard plots for recurrence within 5 years of diagnosis in the same patient groups. Statistics are based on Log-rank tests. Statistics are based on Log-rank tests. Low and high groups were defined using the median PDGFR β protein expression level as cut-point, which was value=7 for all groups, based on semiquantitative intensity scoring (see Materials and Methods for annotation strategy).

Supplementary Table 1. Comparison of the distribution of clinicopathological characteristics between the phosphoPDGFR β PLA LOW and PLA HIGH groups. P-values are based on Fisher's Exact tests for comparisons between 2 variables, and Fisher-Freeman-Halton Exact tests for comparisons between >2 variables. All tests were 2-sided.

Variable	n (Valid %)								
	All NSCLC patients n = 537			SqCC patients only n = 177			AC patients only n = 328		
	PLA LOW n = 269 (50.1)	PLA HIGH n = 268 (49.9)	p-value	PLA LOW n = 89 (50.3)	PLA HIGH n = 88 (49.7)	p-value	PLA LOW n = 164 (50.0)	PLA HIGH n = 164 (50.0)	p-value
Histology:									
SqCC	82 (30.5)	95 (35.4)	0.451	-	-	-	-	-	-
AC	171 (63.6)	157 (58.6)		-	-		-	-	
Other	16 (5.9)	16 (6.0)		-	-		-	-	
Stage 8th edition:									
I	144 (53.5)	126 (47.0)	0.369	43 (48.3)	34 (38.6)	0.427	91 (55.5)	87 (53.0)	0.842
II	67 (24.9)	78 (29.1)		26 (29.2)	31 (35.2)		36 (22.0)	40 (24.4)	
III	53 (19.7)	61 (22.8)		20 (22.5)	23 (26.1)		32 (19.5)	34 (20.7)	
IV	5 (1.9)	3 (1.1)		0 (0.0)	0 (0.0)		5 (3.0)	3 (1.8)	
Age at diagnosis:									
<70 years	158 (58.7)	159 (59.3)	0.930	51 (57.3)	49 (55.7)	0.880	100 (61.0)	96 (58.5)	0.736
≥70 years	111 (41.3)	109 (40.7)		38 (42.7)	39 (44.3)		64 (39.0)	68 (41.5)	
Biological sex:									
Male	128 (47.6)	138 (51.5)	0.389	51 (57.3)	61 (69.3)	0.119	67 (40.9)	73 (44.5)	0.577
Female	141 (52.4)	130 (48.5)		38 (42.7)	27 (30.7)		97 (59.1)	91 (55.5)	
Smoking history:									
Current/former smoker	242 (90.0)	237 (88.4)	0.677	86 (96.6)	83 (94.3)	0.496	144 (87.8)	141 (86.0)	0.744
Never smoker	27 (10.0)	31 (11.6)		3 (3.4)	5 (5.7)		20 (12.2)	23 (14.0)	
Performance status ECOG:									
0	158 (58.7)	156 (58.2)	0.660	45 (50.6)	45 (51.1)	0.576	101 (61.6)	106 (64.6)	0.454
1	97 (36.1)	102 (38.1)		41 (46.1)	37 (42.0)		54 (32.9)	53 (32.3)	
2-4	14 (5.2)	10 (3.7)		3 (3.4)	6 (6.8)		9 (5.5)	5 (3.0)	
KRAS^a:									
WT	197 (73.5)	187 (69.8)	0.388	87 (97.8)	82 (93.2)	0.168	110 (61.3)	94 (57.3)	0.500
Mutated	71 (26.5)	81 (30.2)		2 (2.2)	6 (6.8)		63 (38.7)	70 (42.7)	
EGFR^a:									
WT	238 (88.8)	240 (89.6)	0.890	88 (98.9)	88 (100.0)	1.000	136 (83.4)	136 (82.9)	1.000
Mutated	30 (11.2)	28 (10.4)		1 (1.1)	0 (0.0)		27 (16.6)	28 (17.1)	
TP53^b:									
WT	68 (39.8)	67 (39.6)	1.000	10 (17.2)	7 (13.2)	0.607	53 (51.0)	59 (55.1)	0.582
Mutated	103 (60.2)	102 (60.4)		48 (82.8)	46 (86.8)		51 (49.0)	48 (44.9)	

SqCC = Squamous cell carcinoma. AC = Adenocarcinoma. ECOG = Eastern Cooperative Oncology Group. *KRAS* = Kirsten rat sarcoma virus oncogene. *EGFR* = Epidermal growth factor receptor. *TP53* = Cellular Tumor Antigen p53. WT = Wildtype (genotype).

^a = data missing for 1 patient. ^b = data missing for 197 patients.

Supplementary Table 2. Comparison of 5-year recurrence events between the Grb2-PDGFR β PLA LOW and HIGH groups in squamous cell carcinoma (SqCC) patients. P-values are based on 2-sided Fisher's Exact tests.

n (Valid %)						
SqCC patients only n = 195				SqCC patients only n = 177		
As via Grb2-PDGFRβ assay				As via phosphoPDGFRβ assay		
Variable	PLA LOW n = 98 (50.3)	PLA HIGH n = 97 (49.7)	p-value	PLA LOW n = 89 (50.3)	PLA HIGH n = 88 (49.7)	p-value
Recurrence at 5 years ^a :						
None	57 (77.0)	45 (57.0)	0.010	56 (75.7)	40 (58.8)	0.048
Yes	17 (23.0)	34 (43.0)		18 (24.3)	28 (41.2)	
Recurrence organ ^b (valid n=50/46):						
Brain	1 (6.3)	7 (20.6)	0.409	3 (16.7)	4 (14.3)	1.000
All other	15 (93.8)	27 (79.4)		15 (83.3)	24 (85.7)	
Recurrence site/organ ^b (valid n=50/46):						
Lung	10 (62.5)	11 (32.4)	0.066	8 (44.4)	12 (42.9)	1.000
All other	6 (37.5)	23 (67.6)		10 (55.6)	16 (57.1)	

SqCC = Squamous cell carcinoma. Sites/organs in which recurrences were reported: brain, lung, bones, liver, skin, mediastinum, adrenal glands, pleura, other.

^a = data missing for 42 patients in the Grb2-PDGFR β assay/data missing for 37 patients in the pPDGFR β assay.

^b = data is based on solely patients with recurrence – recurrence site/organ specified (brain or lung) can have additional recurrences.

Supplementary Table 3. Spearman's rank correlation coefficients between the Grb2-PDGFR β PLA (continuous values) and other stromal factors previously assessed via multiplexed immunofluorescence or immunohistochemistry(37). P-values are two-sided and were adjusted for multiple testing using the Benjamini-Hochberg procedure for each patient set (all NSCLC patients, SqCC patients, AC patients) individually.

n (Valid %)									
Variable	All NSCLC patients	p-value	Adjusted p-value	SqCC patients only	p-value	Adjusted p-value	AC patients only	p-value	Adjusted p-value
Immune infiltration									
B cell	0.03	0.619	0.689	-0.10	0.360	0.565	0.15	0.068	0.146
CD4-effector	0.10	0.119	0.257	-0.01	0.923	0.923	0.16	0.044	0.140
CD4-Treg	0.13	0.043	0.133	0.10	0.368	0.565	0.16	0.049	0.140
CD8-effector	0.06	0.352	0.460	-0.11	0.303	0.565	0.18	0.026	0.140
CD8-Treg	0.13	0.047	0.133	0.05	0.631	0.767	0.17	0.037	0.140
CD163	0.08	0.192	0.363	0.12	0.303	0.565	0.11	0.186	0.316
iDC	0.08	0.247	0.370	-0.05	0.632	0.767	0.13	0.132	0.249
mDC	-0.03	0.648	0.689	-0.09	0.399	0.565	0.05	0.524	0.631
pDC	-0.20	0.002	0.013	-0.27	0.015	0.082	-0.17	0.047	0.140
M1 macrophage	-0.04	0.532	0.646	-0.13	0.232	0.565	-0.05	0.557	0.631
M2 macrophage	0.07	0.254	0.370	0.04	0.732	0.777	0.11	0.205	0.317
NK cell	0.07	0.261	0.370	0.15	0.187	0.565	0.04	0.640	0.680
NKT cell	-0.02	0.746	0.746	-0.05	0.685	0.777	-0.02	0.825	0.825
Stroma ratio									
Stroma area (CK negative)	0.12	0.003	0.018	0.11	0.119	0.508	0.13	0.014	0.140
Mesenchymal markers									
LRRC15	0.22	<0.001	0.003	0.33	0.001	0.011	0.14	0.069	0.146
FAP	0.12	0.040	0.133	0.28	0.004	0.034	0.05	0.484	0.631
CD31	-0.09	0.121	0.257	-0.12	0.241	0.565	-0.06	0.449	0.631

SqCC = Squamous cell carcinoma. AC = Adenocarcinoma.