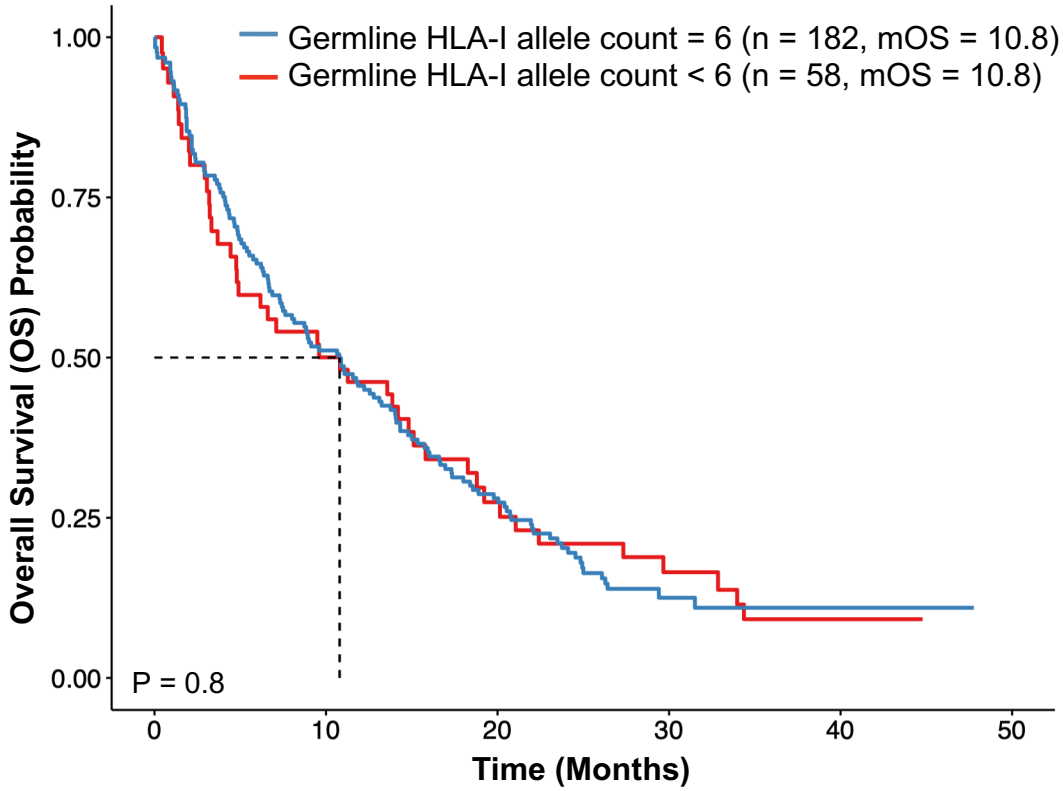
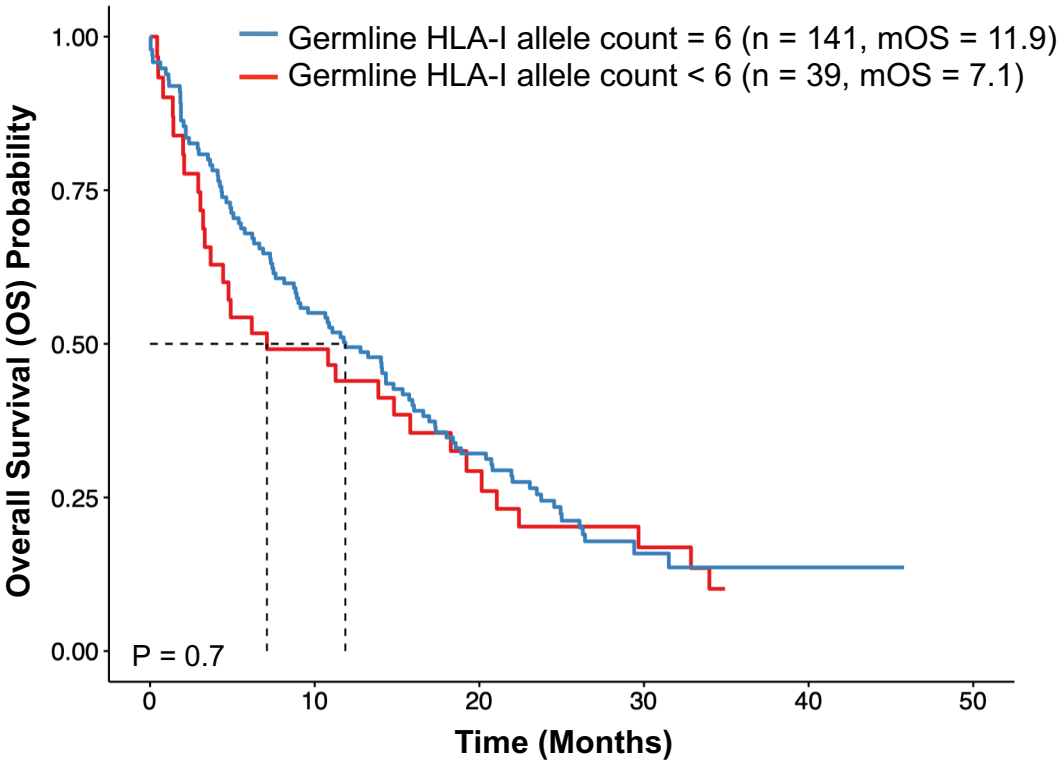
Supplementary Data Figure S1. HLA-I germline zygosity has no impact on patient survival in ICI-treated NSCLC.

a)



b)



Supplementary Data Figure S1. HLA-I germline zygosity has no impact on patient survival in ICI-treated NSCLC.
a) Overall survival of all non-squamous NSCLC patients in the real-world clinico-genomic cohort from start of second-line ICI monotherapy, stratified by number of germline unique HLA-I alleles. The mOS was the same for both cohorts, regardless of germline HLA-I allele count (germline HLA-I allele count = 6 (n=182): mOS 10.8 [7.5-14.0]; germline HLA-I allele count < 6: mOS 10.8 [4.8-18.3]). HR for germline HLA-I allele count = 6: 1.00 [0.73-1.50], P = 0.8. b) Overall survival of non-squamous NSCLC patients in the real-world clinico-genomic cohort with no evidence of somatic HLA-I LOH from start of second-line ICI monotherapy, stratified by number of germline unique HLA-I alleles. The mOS for patients with a germline HLA-I allele count = 6 (n=141) was 11.9 months [8.8-15.9] and the mOS for patients with a germline allele count < 6 (n=39) was 7.1 months [3.7-19.2]. HR for germline HLA-I allele count = 6: 0.91 [0.60-1.40], P = 0.7. For panels a and b, significance is determined by log-rank test and significant (P < 0.05) associations are labeled with an asterisk.