

Supplemental Table 1: A: Immune “hot” clusters T-H (identified by 90 gene signature method) and **B:** T-Hi (identified by CIBERSORT method) were strongly associated with Sarcoma Immune high Subclass E (SIC E) in TCGA cohort.

| | T-C | T-H | p values | | T-Hi | T-L | T-M | p values |
|--------------|---------|---------|----------|--|--------|--------|--------|----------|
| All Subjects | 36 | 18 | | | 14 | 11 | 29 | |
| SIC | | | <0.001 | | | | | 0.094 |
| A | 12(33%) | 0(0%) | | | 1(7%) | 5(45%) | 6(21%) | |
| B | 13(36%) | 2(11%) | | | 3(21%) | 4(36%) | 8(28%) | |
| C | 4(11%) | 0(0%) | | | 0(0%) | 0(0%) | 4(14%) | |
| D | 7(19%) | 6(33%) | | | 4(29%) | 2(18%) | 7(24%) | |
| E | 0(0%) | 10(56%) | | | 6(43%) | 0(0%) | 4(14%) | |
| NA | 0(0%) | 0(0%) | | | 0(0%) | 0(0%) | 0(0%) | |

90 gene signature

CIBERSORT

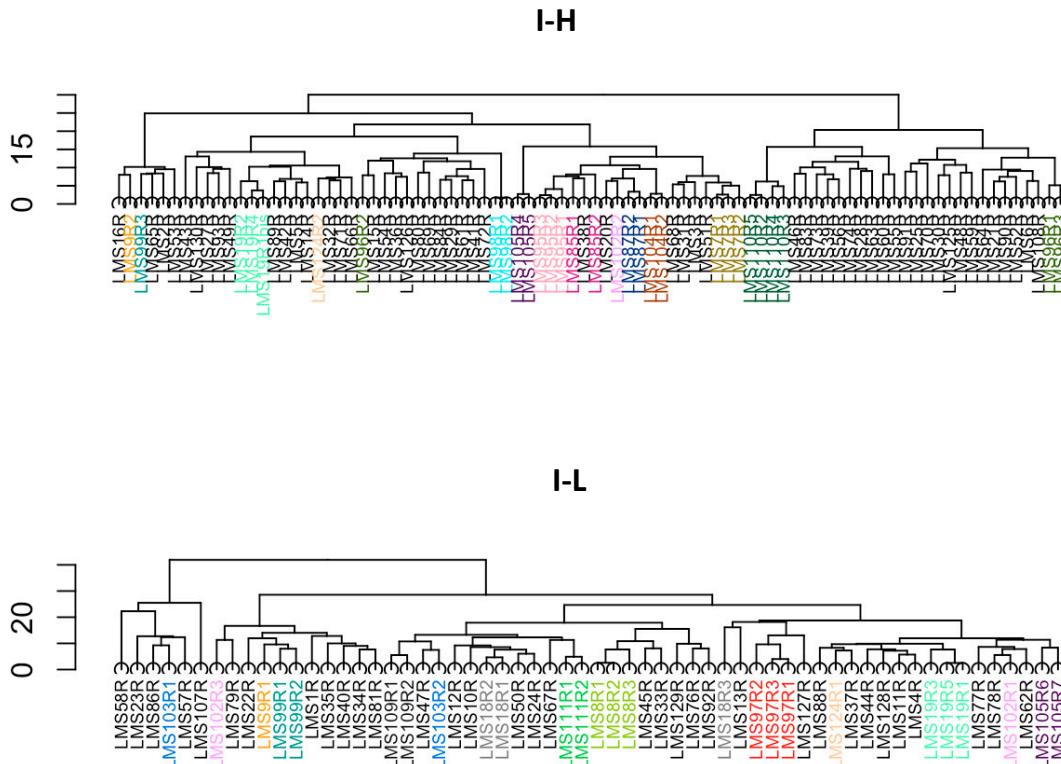
Supplemental Table 2: The correlation between immune clusters and clinical factors in ICGC cohort. Although, there was no association observed between immune clusters defined by 90 gene signature method and clinical factors (**A**), there may be some association between immune clusters defined by CIBERSORT method and clinical factors (**B**). For example, the immune “hot” cluster T-Hi seemed to associate with grade 3 in TCGA cohort indicated by red arrow.

| | I-C | I-H | p values | | I-Hi | I-L | I-M | p values |
|-------------------------------------|-------------|------------|----------|--|-------------|-------------|------------|----------|
| All Subjects | 38 | 49 | | | 16 | 54 | 17 | |
| Age.at.diagnosis | 67.5(29-83) | 64(29-83) | 0.235 | | 64.5(60-75) | 64.5(29-83) | 64(43-83) | 0.792 |
| Sex | | | 0.359 | | | | | 0.001 |
| Female | 28(74%) | 31(63%) | | | 13(81%) | 41(76%) | 5(29%) | |
| Male | 10(26%) | 18(37%) | | | 3(19%) | 13(24%) | 12(71%) | |
| Size | 80(20-205) | 80(15-230) | 0.837 | | 80(30-170) | 90(15-230) | 70(30-205) | 0.966 |
| Size.cut | | | 0.952 | | | | | 0.692 |
| [15, 21] | 1(3%) | 2(4%) | | | 0(0%) | 3(6%) | 0(0%) | |
| [21, 51] | 10(26%) | 11(22%) | | | 5(31%) | 13(24%) | 3(18%) | |
| [51,100] | 14(37%) | 17(35%) | | | 4(25%) | 18(33%) | 9(53%) | |
| [100,230] | 13(34%) | 19(39%) | | | 7(44%) | 20(37%) | 5(29%) | |
| Grade | | | 0.824 | | | | | 0.001 |
| 1 | 4(11%) | 6(12%) | | | 2(12%) | 8(15%) | 0(0%) | |
| 2 | 19(50%) | 21(43%) | | | 4(25%) | 32(59%) | 4(24%) | |
| 3 | 15(39%) | 21(43%) | | | 9(56%) | 14(26%) | 13(76%) | |
| LMS Classifiers | | | 0.148 | | | | | 0.493 |
| hiLMS | 20(53%) | 16(33%) | | | | | | |
| oLMs | 6(16%) | 14(29%) | | | | | | |
| unclass | 12(32%) | 19(39%) | | | | | | |
| Location.of.first.metastasis | | | 0.958 | | | | | |
| Lung only | 7(18%) | 9(18%) | | | | | | |
| No Met | 20(53%) | 24(49%) | | | | | | |
| Other Met | 11(29%) | 16(33%) | | | | | | |
| Site.of.tumour | | | 0.34 | | | | | |
| Gynaecological area | 5(13%) | 3(6%) | | | | | | |
| Internal trunk | 19(50%) | 23(47%) | | | | | | |
| Others | 6(16%) | 15(31%) | | | | | | |
| Upper.Lower.limb | 8(21%) | 8(16%) | | | | | | |
| Site.of.tumour. | | | 0.289 | | | | | 0.072 |
| Gynaecological area | 5(13%) | 3(6%) | | | | | | |
| Others | 33(87%) | 46(94%) | | | | | | |

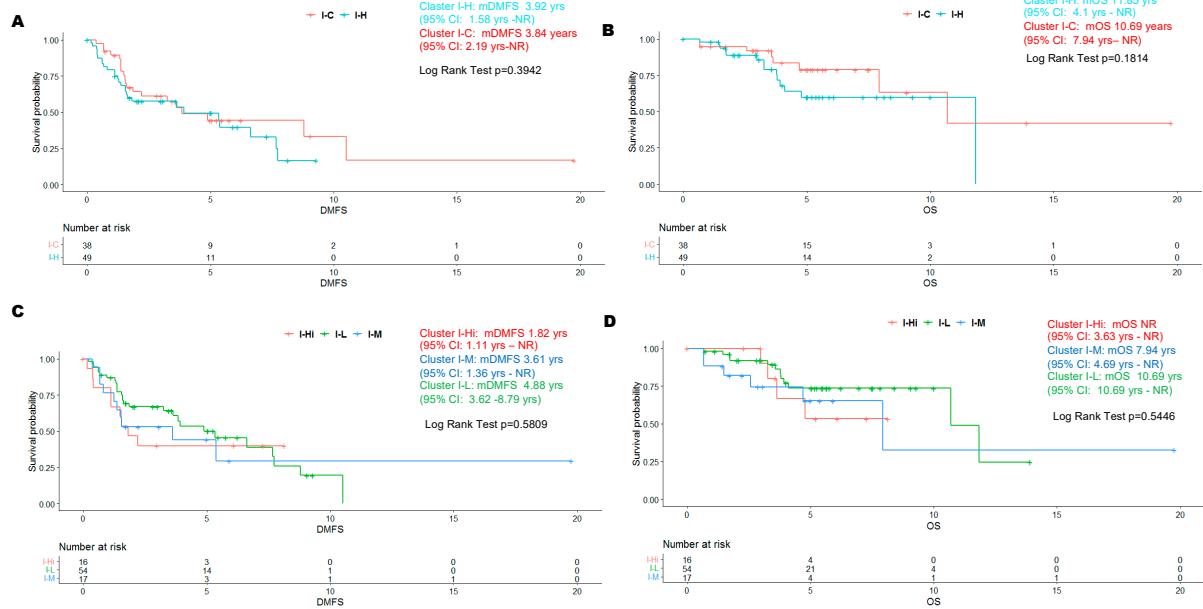
Supplemental Table 3: The correlation between immune clusters and clinical factors in TCGA cohort.
 Although, there was no association observed between immune clusters defined by 90 gene signature method and clinical factors (**A**), there may be some association between immune clusters defined by CIBERSORT method and clinical factors (**B**). For example, the immune “hot” cluster T-Hi seemed to associate with iLMS in TCGA cohort indicated by red arrow.

| | T-C | T-H | p values | | T-Hi | T-L | T-M | p values |
|-------------------------|-----------|------------|----------|-------------------------|--|-----------|-----------|----------|
| All Subjects | 36 | 18 | | All Subjects | 14 | 11 | 29 | |
| Age.at.diagnosis | 63(37-90) | 58(33-82) | 0.393 | Age.at.diagnosis | 58(42-80) | 69(47-82) | 63(33-90) | 0.211 |
| Sex | | | 0.083 | Sex | | | | 0.134 |
| FEMALE | 22(61%) | 6(33%) | | FEMALE | 4(29%) | 7(64%) | 17(59%) | |
| MALE | 14(39%) | 12(67%) | | MALE | 10(71%) | 4(36%) | 12(41%) | |
| Grade | | | 0.579 | Grade | | | | 0.137 |
| 1 | 1(3%) | 1(6%) | | 1 | 1(7%) | 0(0%) | 1(3%) | |
| 2 | 26(72%) | 11(61%) | | 2 | 9(64%) | 5(45%) | 23(79%) | |
| 3 | 9(25%) | 6(33%) | | 3 | 4(29%) | 6(55%) | 5(17%) | |
| LMS Classifier | | | 0.662 | HRD Score | 32(0-61) | 31(9-55) | 20(5-72) | 0.213 |
| hLMS | 21(58%) | 9(50%) | | LMS Subtypes | | | | 0 |
| oLMS | 9(25%) | 7(39%) | | cLMS | 4(29%) | 2(18%) | 24(83%) | |
| unclass | 6(17%) | 2(11%) | | iLMS | 6(43%)  | 4(36%) | 4(14%) | |
| HRD Score | 29(6-72) | 20.5(0-61) | 0.635 | Location | | | | 0.001 |
| LMS Subtypes | | | 0.303 | Internal trunk | 7(50%) | 2(18%) | 23(79%) | |
| cLMS | 21(58%) | 9(50%) | | Limb | 7(50%) | 9(82%) | 6(21%) | |
| iLMS | 7(19%) | 7(39%) | | | | | | |
| Location | | | 1 | | | | | |
| Internal trunk | 21(58%) | 11(61%) | | | | | | |
| Limb | 15(42%) | 7(39%) | | | | | | |

Supplemental Figure 1. The dendograms (generated from 90 gene signature method) demonstrated that immune hot signature **I-H (above)** and immune cold signature **I-L (below)** are mostly homogenous across different tumor regions of the same patient’ tumor in ICGC cohort. There were 22 patients who had multiple tumor samples (between 2 -6) taken from the same tumor.



Supplemental Figure 2: Kaplan-Meier (KM) curves demonstrated that immune clusters regardless of methods (90 gene signature and CIBERSORT) used did not predict distant-metastasis free survival (DMFS) (A** and **C**) as well as overall survival (OS) (**B** and **D**) in ICGC cohort.**



Supplemental Figure 3: Kaplan-Meier (KM) curves demonstrated that immune clusters regardless of methods (90 gene signature and CIBERSORT) used did not predict distant-metastasis free survival (DMFS) (A** and **C**) as well as overall survival (OS) (**B** and **D**) in TCGA cohort.**

