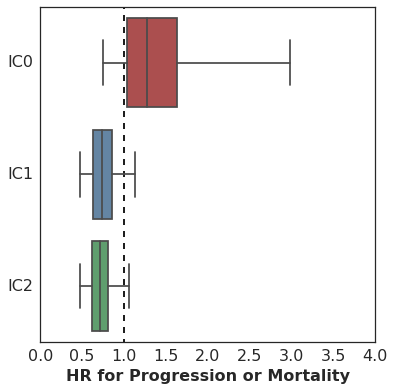
# S5 Fig

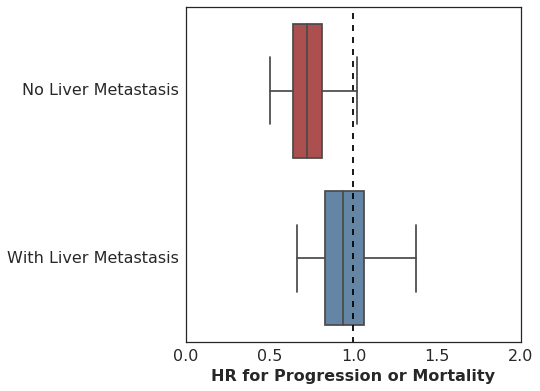
## S5A Fig



Hazard associated with log(missense SNV count per megabase) by level of immune cell (IC0, IC1 or IC2) PD-L1 expression.

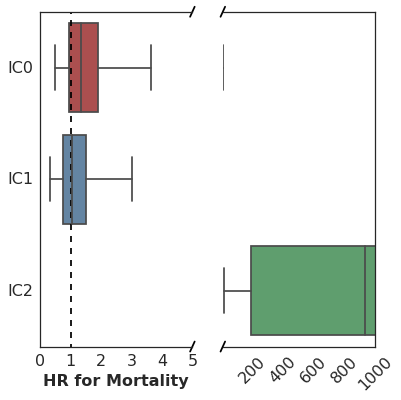
## 

## S5B Fig



Hazard associated with log(missense SNV count per megabase) by presence or absence of liver metastasis at enrollment.

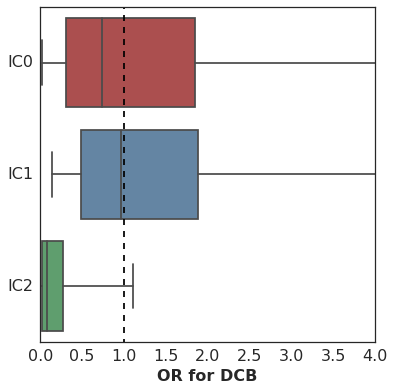
## S5C Fig



Association of peripheral TCR clonality prior to treatment with time to mortality (OS) varies according to immune cell (IC0, IC1 or IC2) PD-L1 expression.

## 

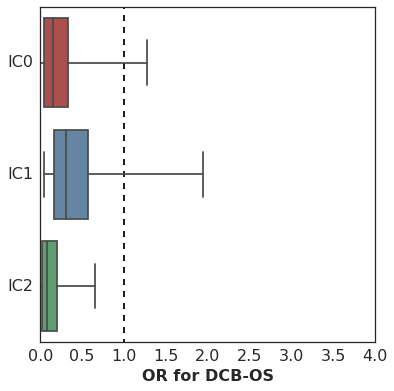
## S5D Fig



Association of peripheral TCR clonality prior to treatment with DCB varies according to immune cell (IC0, IC1 or IC2) PD-L1 expression.

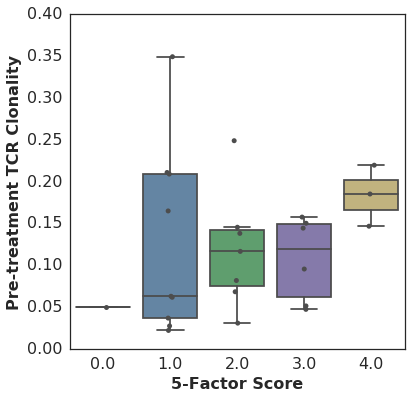
## 

## S5E Fig



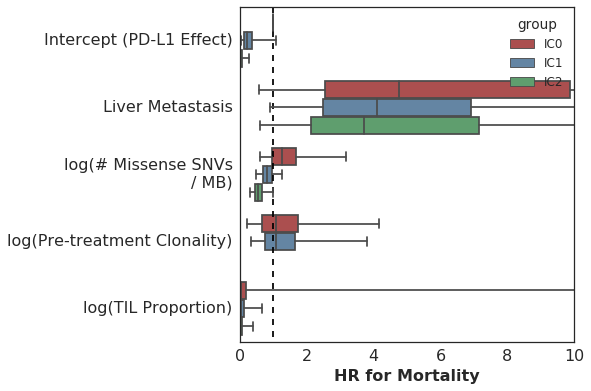
Association of peripheral TCR clonality prior to treatment with DCB (OS) varies according to immune cell (IC0, IC1 or IC2) PD-L1 expression.

## S5F Fig



There was no significant relationship between 5-Factor score and pre-treatment TCR clonality ([n=26, Spearman rho=0.25 p=0.22](https://github.com/hammerlab/bladder-analyses/blob/master/analyses/notebooks/Explore%20TCR%20Clonality%20vs.%205-Factor.ipynb?hyper=five_factor_vs_tcr_spearmanr)).

## S5G Fig



Multivariate survival analysis of various clinical, peripheral and intratumoral biomarkers for association with time to mortality (OS), utilizing a varying-coefficient model which allows the hazard associated with a one-unit increase in a biomarker’s value to vary according to level of intratumoral PD-L1 expression (IC score). Note that the x-axis has been truncated at a value of 10 for clarity even though this results in the exclusion of some estimated HR values (specifically that for pre-treatment peripheral TCR clonality among IC2 patients).