

Supplementary Information Files

File name: Supplementary_information.docx

Description: Supplementary Figures, Supplementary Figure Legends, and Supplementary Tables

File name: Supplementary_Data1.xlsx

Description: Clinical metadata and sequencing performed by tumor (Basser cohorts)

File name: Supplementary_Data2.xlsx

Description: Tumor mutational burden, HRD and aneuploidy scores by tumor

File name: Supplementary_Data3.xlsx

Description: Gene set enrichment analysis from whole exome sequencing (mutations and copy number variation)

File name: Supplementary_Data4.xlsx

Description: MutSigCV results from primary and recurrent tumor cohorts

File name: Supplementary_Data5.xlsx

Description: Results from all GISTIC analyses

File name: Supplementary_Data6.xlsx

Description: *PARP1* copy number in primary/recurrent and TCGA cohorts

File name: Supplementary_Data7.xlsx

Description: TCGA tumors by group

File name: Supplementary_Data8.xlsx

Description: Gene set enrichment analysis from RNA sequencing

File name: Supplementary_Data9.xlsx

Description: Gene modules identified by RNA sequencing; Gene Ontology results and Transcription Factor Binding Site Motifs identified in gene modules

File name: Supplementary_Data10.xlsx

Description: Gene fusions (FusionInspector output) involving *MALAT1* and immunoglobulin genes

File name: Supplementary_Data11.xlsx

Description: *BRCA2* isoforms expression by tumor and clinical metadata used for survival analyses; Cox Proportional Hazards models

Supplementary Methods

Construction of Tissue Microarrays (TMAs) containing primary and recurrent tumors

Twenty-three primary and recurrent *BRCA1/2* mutation-associated tumors (a subset of the primary/recurrent cohort used throughout the study) were assembled into three tissue microarrays (TMAs). Each tissue microarray contained 4-11 1mm cores per tumor to account for tumor heterogeneity, including intratumoral, stromal, and lymphocytic-rich areas. TMA blocks were constructed, cut, stained, and imaged at the Pathology Clinical Service Center at the University of Pennsylvania. Normal liver, spleen, and kidney tissue from other patients were included as controls for antibody testing.

Immunohistochemistry (IHC) analysis of PARP1

Immunohistochemistry for PARP1 was performed on each TMA using standard laboratory protocols and the PARP (46D11) Rabbit mAb (Cell Signaling Technology, catalog #9532). Stained slides were imaged for quantification at 20x resolution. PARP1 nuclear positivity was quantified for each core using H-score (0-300 scale), as determined by AN. Hematoxylin and eosin (H&E) staining was used to assess tumor content in parallel; cores with inadequate tumor per H&E were excluded by AN. We calculated an average PARP1 H-score for each tumor for downstream analyses (range 3-10 evaluable cores per tumor).

Co-detection by Indexing (CODEX) coverslip preparation and staining

TMA slides were cut at 5µm and placed on previous coated poly-lysine-I coverslips for CODEX³⁷. We used a custom 40-plex breast and ovarian cancer specific antibody panel (see **Supplementary Table 2** for antibody list). CODEX staining was performed according to the manufacturer protocols, with one additional step to reduce background fluorescence³⁸. Briefly, tissue coverslips were submerged in bleaching solution (4.5% (w/v) H₂O₂ and 20mM NaOH in PBS) after antigen retrieval. While in solution, slides were incubated between two LED lights

(Aibecy A4 Ultra Bright 25,000 Lux LED Light) for 45min at room temperature (RT). Bleaching solution was then replaced, and tissue coverslips were incubated between lights for an additional 45min at RT. Coverslips were then washed four times in 1x PBS for 3-5 minutes. Lastly, the tissue was placed in staining solution following the manufacturer's protocol.

CODEX Imaging

Imaging was performed using a Leica DMI8 inverted microscope with 4 filter cubes (DAPI: Excitation: 359nm Emission: 457nm; RHOD: Excitation: 551nm, Emission: 573nm, Y5: Excitation: 651, Emission: 671nm; Y7: Excitation: 756nm, Emission: 779nm), equipped with 20x lens (numerical aperture: 0.8) and LAS X3.6.0.20104. Each core was imaged with a 20x immersion objective in a 2x2 tiled acquisition, ~300nm/pixel resolution and 6 z-planes per tile. CIM v1.29.0.364 was used to control Fluidics operation and set up cycle/marker information.

Processing of raw images from CODEX

Raw data were formatted and transferred using CIM version 1.29.0.364. We processed the data in order to perform cropping and stitching, flat field correction, drift-compensation, best focus definition and background subtraction. To remove out-of-focus light, image deconvolution was performed using Microvolution software (Microvolution LLC, California, USA). QPTIFFs were generated using processor v1.8.0.257 – dev. We generated 43-55 images per TMA (one per core), each consisting of 41 channels (40 antibodies plus 1 nuclear stain).

CODEX cell segmentation

Processed data (QPTIFF) was opened in Phenochart version 1.1.0. DAPI sensitivity was adapted in order to select individual core areas to train the segmentation algorithm. QPTIFF was then selected and loaded using InForm version 2.5.1. We adapted cell segmentation settings such as pixel intensity, nuclear component splitting, and expected cell size to detect

cells with that varied in size and shape. To define single cell boundaries, we used three markers to identify tumor (TC) and immune cells (IC) and to distinguish between nuclei, cytoplasm and membrane: nuclear marker (DAPI), CD45 (IC), and PANCK (TC). All segmented areas were visually checked with ImageJ v1.53c to confirm appropriate segmentation.

CODEX marker quantification

We used ImageJ v1.53c with CODEX_MAV (version 1.5.0.8) plugin to visualize individual cores and merge cores by tumor. Samples were gated using CD45 to detect immune cells (IC), PANCK or Cytokeratin14 to detect tumor cells (TC), and Vimentin to detected stromal cells. Individual populations for each patient were then gated on RAD51, PD-1 and CTLA-4 positivity. Additionally, pixel intensity of each marker was determined for each population (normalized counts) using ImageJ MAV version 1.5.0.8. All gated cells of each population (such as PANCK+/RAD51+ cells) were visually assessed using ImageJ MAV. The percentages of RAD51+, CTLA-4+, and PD-1+ cells per population (TC or IC) were calculated using the total cell number of each population. In regards to select RAD51+ cells, we only included cells with a nuclear RAD51 expression <1-2 μ m. We visualized groupwise percentages of cells with box plots generated with GraphPad Prism 6.0. Groupwise differences were assessed using two-sided Wilcoxon rank sum tests ($\alpha=0.05$).

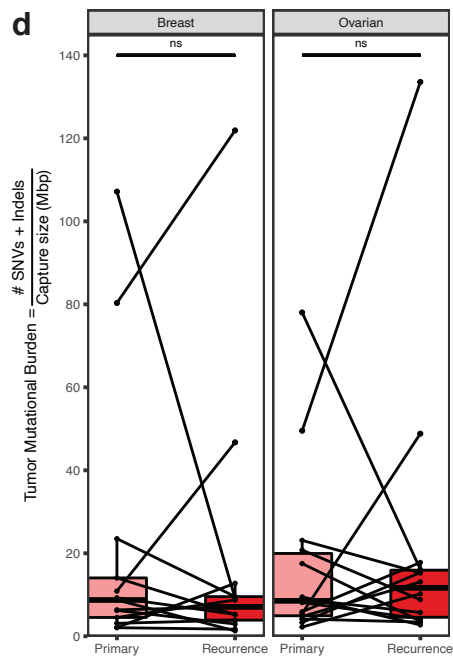
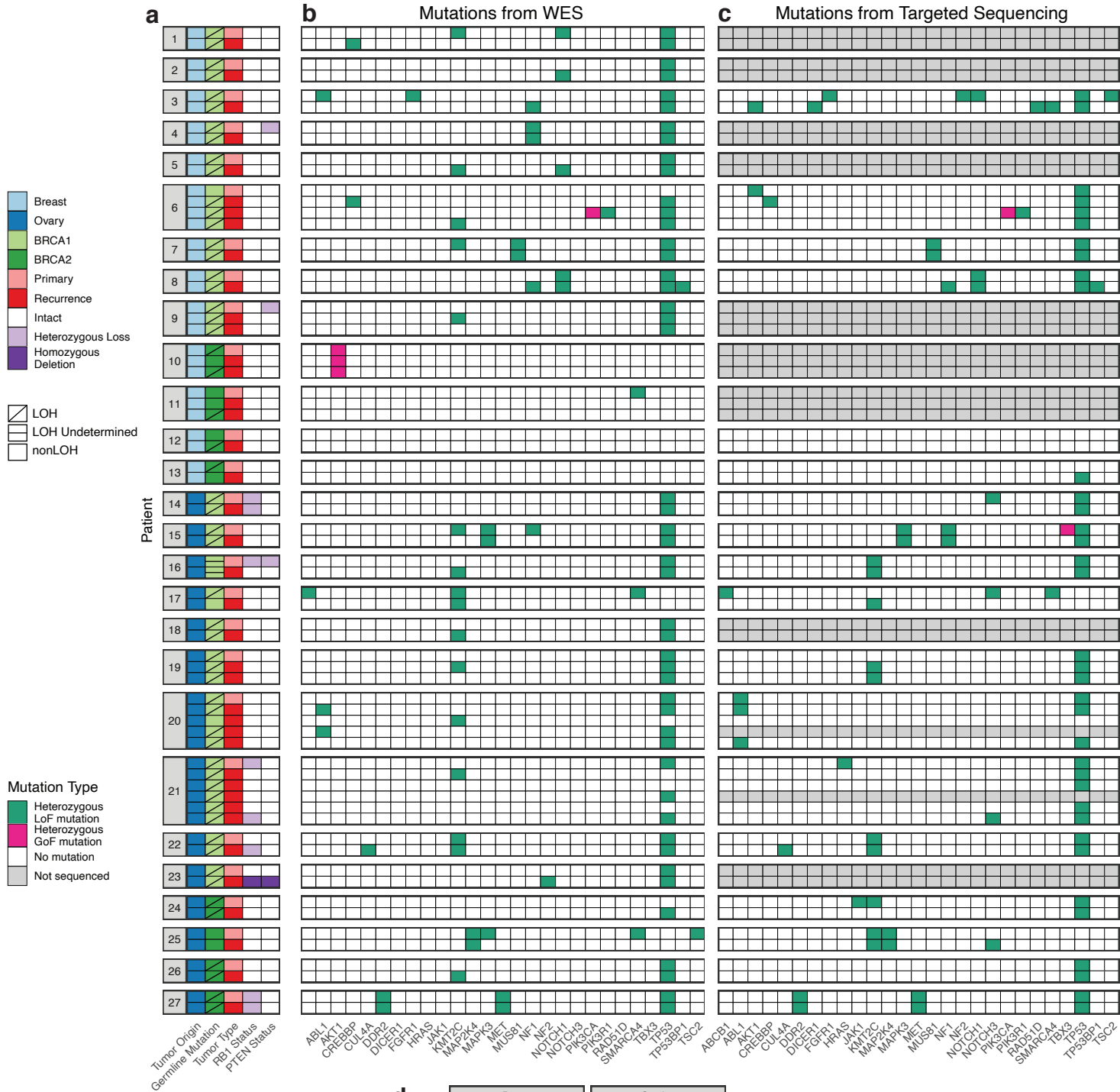
Supplementary Tables

Supplementary Table 1: Genes included in targeted capture for high-depth sequencing, by coverage type.

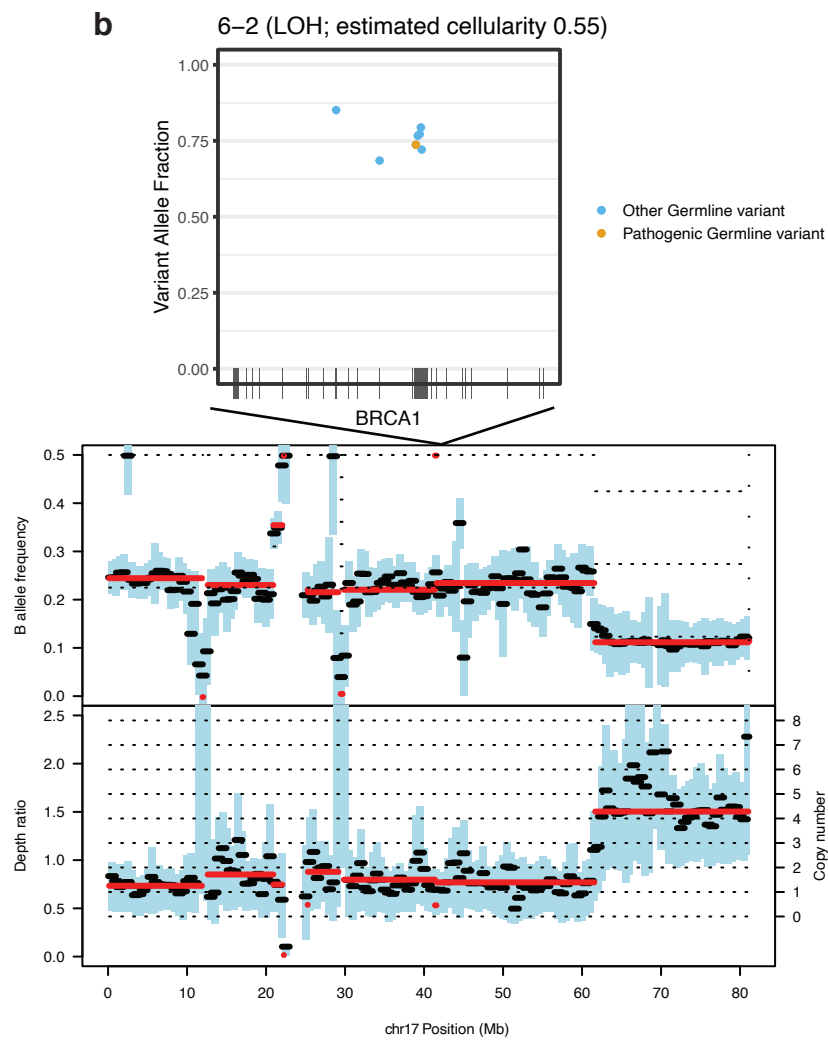
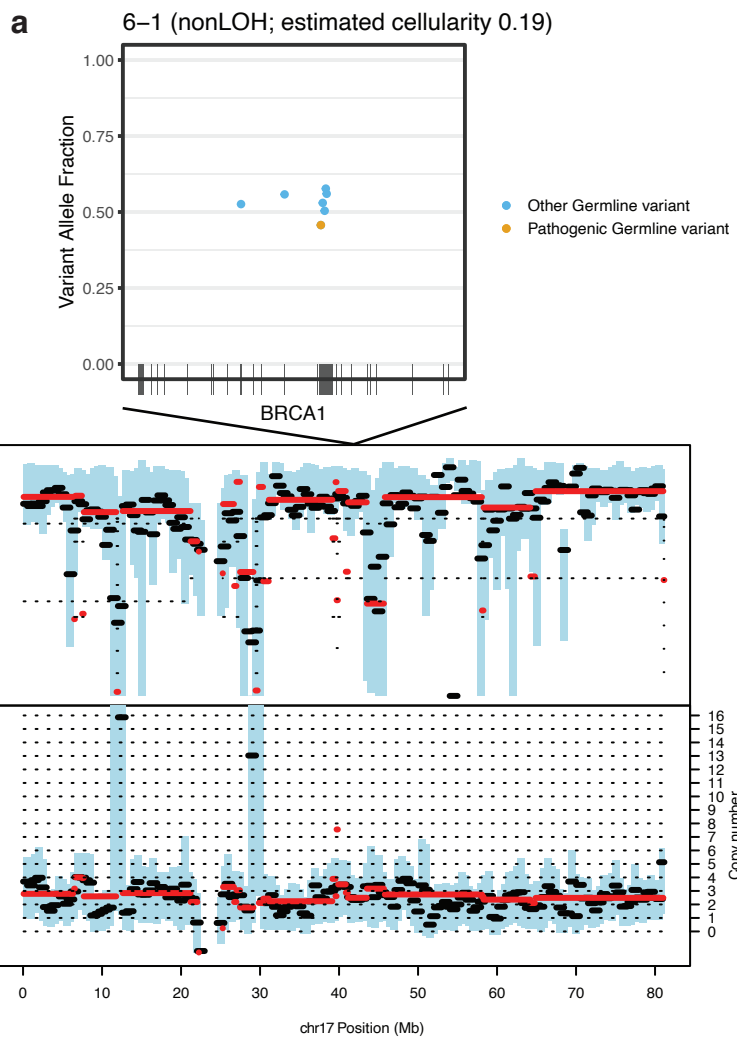
| Exons+UTR Coverage | | | | Whole Gene Coverage | |
|--------------------|--------|---------|--------------|---------------------|--------|
| ABL1 | DICER1 | MAP2K2 | RAD51 | ABCB1 | TGFBR2 |
| AKT1 | DIRAS3 | MAP2K4 | RAD51B | APC | TOP2B |
| AKT2 | DLEC1 | MAP3K4 | RAD51C | ATXN3 | TP53 |
| AKT3 | DPH1 | MAPK1 | RAD51D | BRCA1 | TSC1 |
| ALK | EIF5A2 | MAPK3 | RAD52 | BRCA2 | TSC2 |
| AQR | EME1 | MECOM | RAD54B | CCNE1 | XRCC1 |
| ARAF | EME2 | MET | RAD54L | CDH1 | |
| ARID1A | EPHA3 | MLH1 | RASSF1 | CHD4 | |
| ARL11 | ERBB2 | MPL | RFC1 | CUL4B | |
| ATM | ERBB3 | MRE11A | RNF111 | EGFR | |
| ATR | ERBB4 | MSH3 | RP11-554I8.2 | EP300 | |
| AURKA | ERCC2 | MSH4 | RP3-510D11.2 | FGFR2 | |
| BAP1 | ERCC3 | MSH6 | RPA1 | FGFR3 | |
| BARD1 | ERCC4 | MTOR | RPA2 | FLT4 | |
| BLM | ERCC6 | MUS81 | RPA3 | FOXA1 | |
| BRAF | ESR1 | NBN | RPA4 | GATA3 | |
| BRIP1 | FANCA | NF2 | RPS6KA2 | JAK1 | |
| C11ORF80 | FANCE | NOTCH2 | RSF1 | MAD2L2 | |
| CBX2 | FANCM | NOTCH3 | SETMAR | MAP3K1 | |
| CCND1 | FBXW7 | NRAS | SHFM1 | MDM2 | |
| CCND2 | FGF1 | OPCML | SLX4 | MSH2 | |
| CCND3 | FGFR1 | PALB2 | SMAD2 | MYC | |
| CDK12 | FLT3 | PAX8 | SMARCA4 | NCOR1 | |
| CDK4 | FOXL2 | PEG3 | SMARCB1 | NF1 | |
| CDK6 | FRS2 | PIK3R1 | SMCHD1 | NOTCH1 | |
| CDKN1A | GNA11 | PLAGL1 | SPARC | PARP1 | |
| CDKN1B | GNAQ | PMS2 | SRC | PARP2 | |
| CDKN1C | GNAS | POLD1 | SSBP1 | PDGFRA | |
| CDKN2A | GTF2H3 | POLD2 | STK11 | PIK3CA | |
| CDKN2B | HRAS | POLD3 | TERT | POLE | |
| CEBPA | IGF1R | POLD4 | TOP2A | POLR2A | |
| CHEK1 | JAK2 | POLK | TOP3A | PRDM7 | |
| CHEK2 | JAK3 | PPIE | TOP3B | PTEN | |
| CREBBP | JARID2 | PPM1D | TP53BP1 | RAD23B | |
| CRKL | KDR | PPP2R1A | TRIP13 | RAF1 | |
| CSF1R | KIT | PRDM9 | WVOX | RB1 | |
| CTNNB1 | KLHDC3 | PRKCI | XRCC2 | RBBP8 | |
| CUL4A | KMT2C | PRKDC | XRCC3 | RIC8A | |
| DAB2 | KRAS | PRPF19 | XRCC6 | RIF1 | |
| DDB1 | LIG3 | RAB25 | | SMAD4 | |
| DDR2 | MAP2K1 | RAD50 | | TBX3 | |

Supplementary Table 2: Antibodies conjugated for CODEX.

| Antibody | Clone | Manufacturer |
|-----------------|--------------|---------------------|
| TBET | EPR9302 | Abcam |
| Estrogen | SIG3670 | Biolegend |
| PARP1 | A6.4.12 | Abcam |
| pATM | EP1890Y | Abcam |
| Geminin | EPR14637 | Abcam |
| PD-L1 | E1L3N | Cell Signaling |
| TMEM173 | SP338 | Abcam |
| RAD51 | EPR4030(3) | Abcam |
| TP63 | W15093A | Biolegend |
| HER2 | e2-4001 | Invitrogen |
| γH2AX | 2F3 | Biolegend |
| Cytokeratin 17 | W16131A | Biolegend |
| PR | YR85 | Abcam |
| FOXP3 | 236A/E7 | Invitrogen |
| CD163 | EDHu-1 | Novus |
| PD-1 | D4W2J | Cell Signaling |
| BRCA1 | MS110 | Abcam |
| Cytokeratin 8 | 1E8 | Biolegend |
| HLA-DR | EPR3692 | Abcam |
| CTLA-4 | EPR1476 | Abcam |
| CD45 | 2B11+PD7/26 | Novusbio |
| Keratin 5 | Poly19055 | Biolegend |
| Vimentin | RV202 | BD Pharmingen |

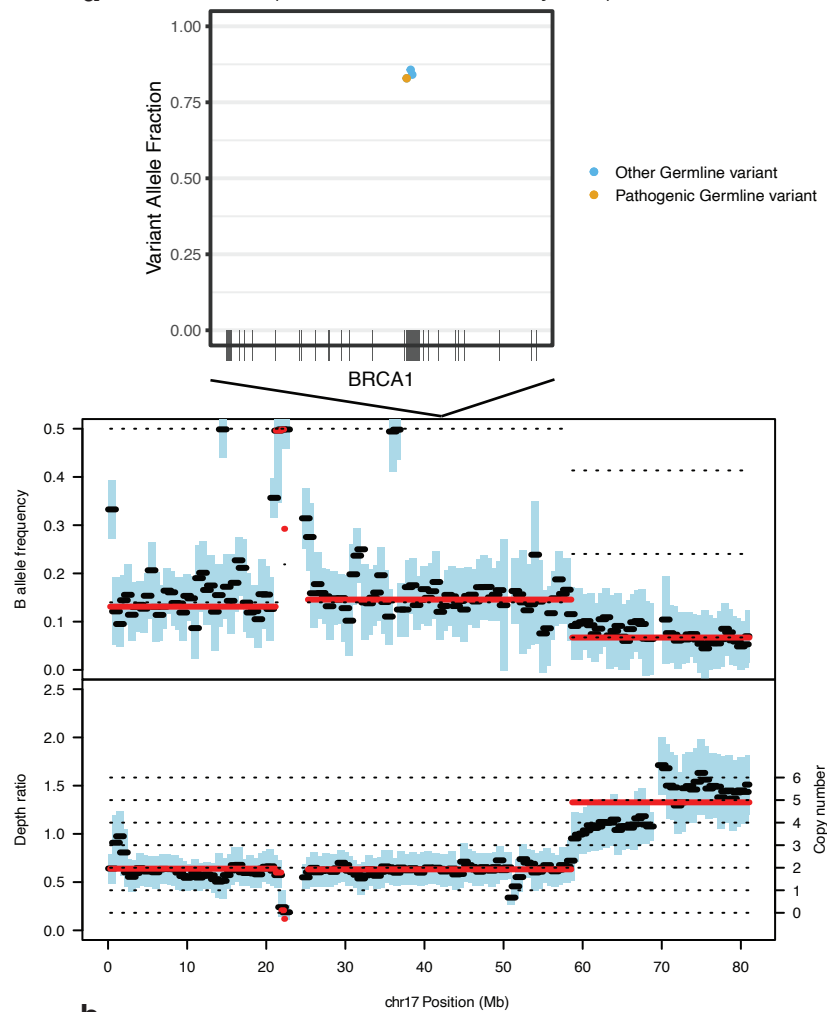


Supplementary Figure 1. Stratified analysis of mutations from whole exome and targeted sequencing. A. 67 paired primary and recurrent tumors from 27 patients sequenced by whole exome sequencing (WES, n=67) and high-depth targeted sequencing (n=44). Tumors are displayed in chronological order by patient, with the primary tumor at the top and latest recurrence at the bottom. B. Somatic mutations from WES, by mutation type and zygosity. C. Somatic mutations from targeted sequencing, by mutation type and zygosity. Display in B and C is limited to genes with ≥ 1 mutation with alternative allele fraction ≥ 0.05 from targeted sequencing. D. Comparison of tumor mutational burden for primary/recurrent tumor pairs. For patients with multiple recurrences, one recurrence was chosen at random for comparison. Pairwise differences were determined by two-sided Wilcoxon signed rank test ($\alpha=0.05$).

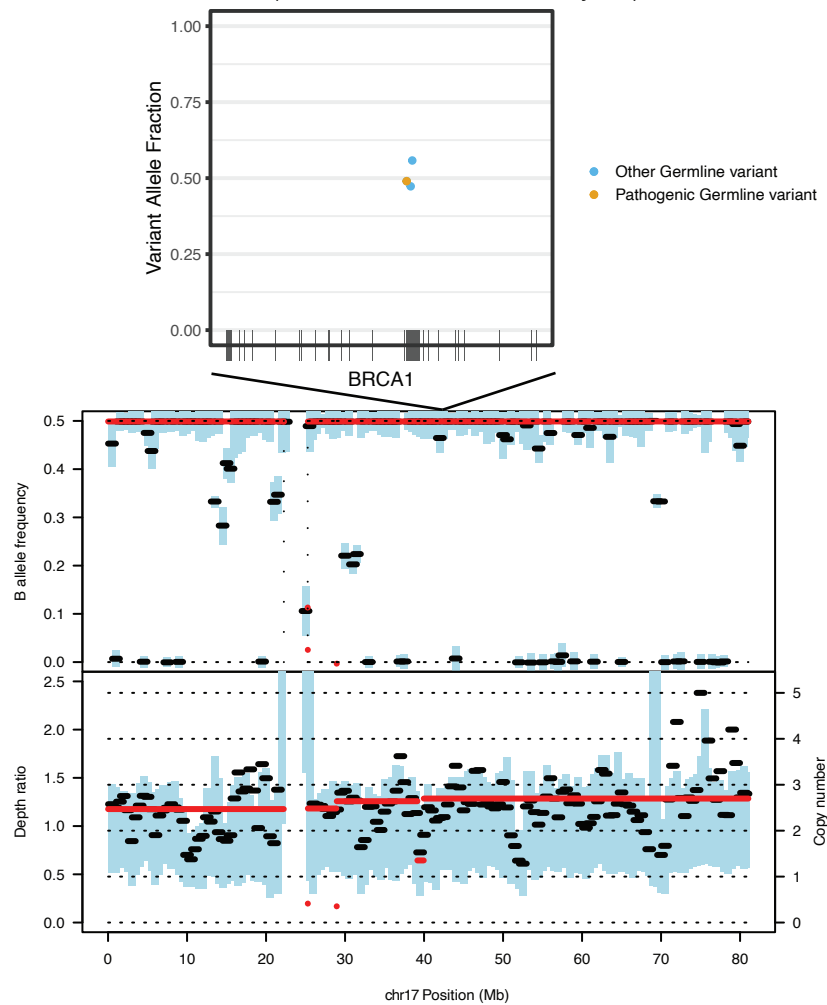


Supplementary Figure 2. *BRCA1* germline variants, B allele frequency, and copy number before and after a representative nonLOH to LOH transition. A. Location and variant allele fraction of *BRCA1* germline variants in Patient 6's primary breast tumor without LOH (top), pictured with B allele frequency and copy number across chromosome 17 (bottom). B. Location and variant allele fraction of *BRCA1* germline variant in Patient 6's first breast tumor recurrence with LOH (top), pictured with B allele frequency and copy number across chromosome 17 (bottom). For A and B, germline variants were called by VarDictJava and VarScan2. B allele frequency and copy number plots were generated in Sequenza.

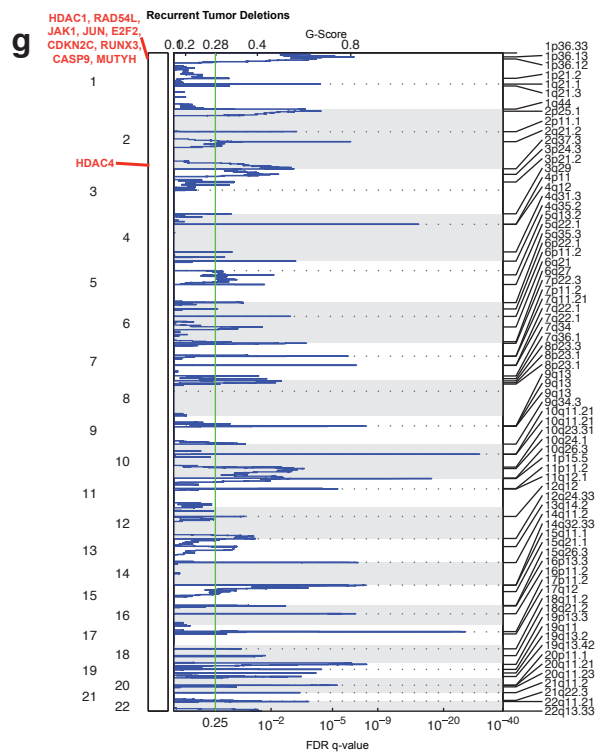
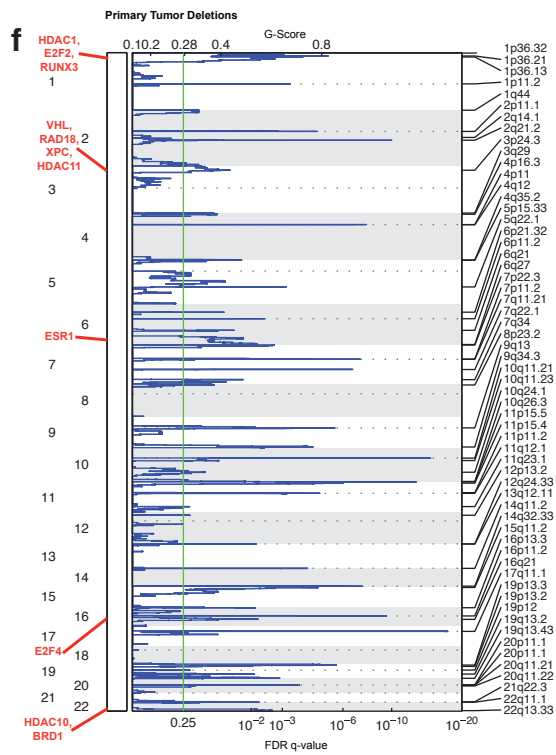
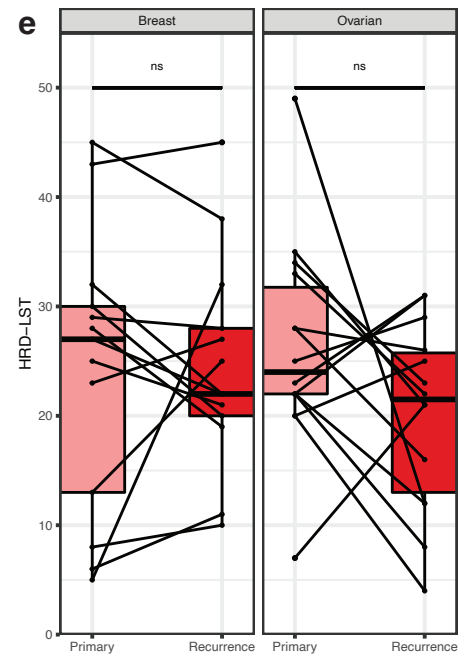
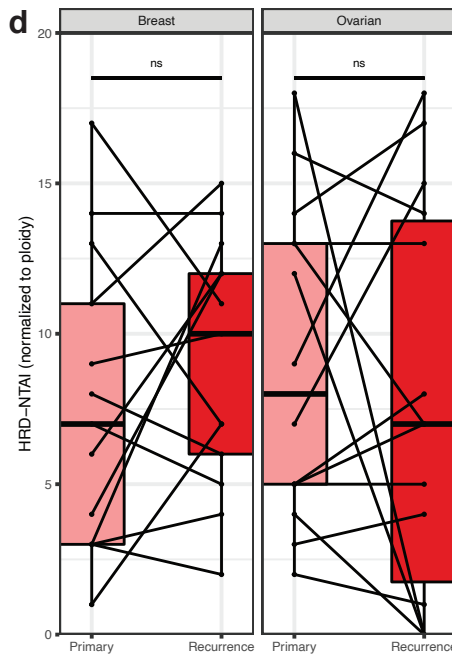
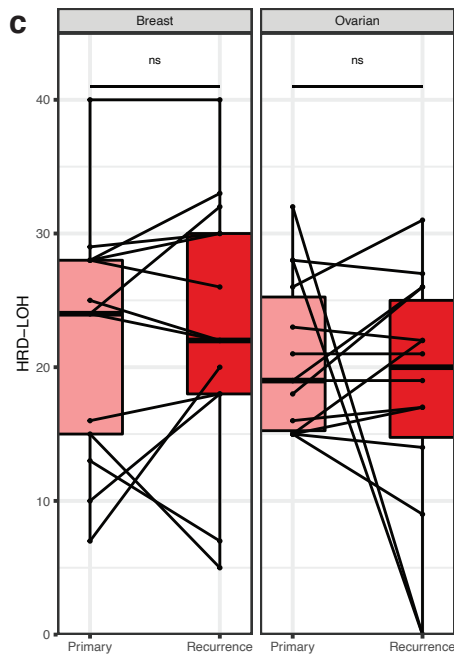
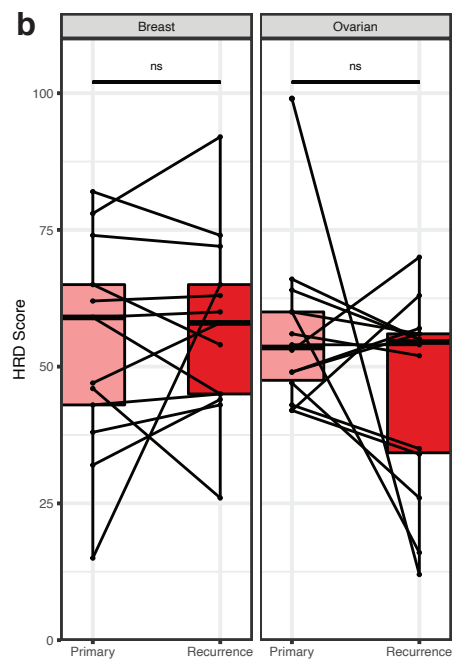
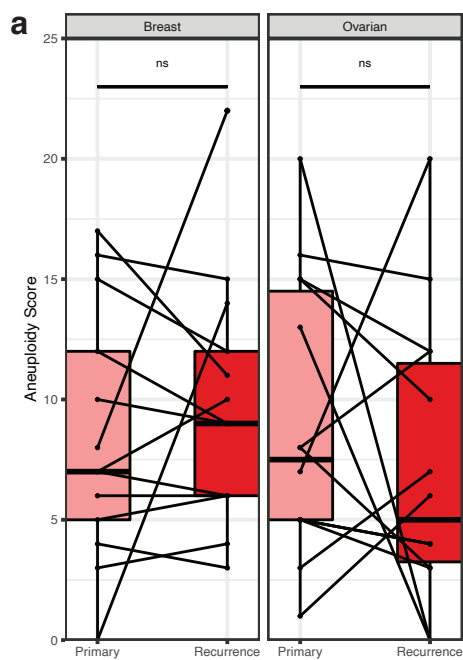
a 20-1 (LOH; estimated cellularity 0.74)



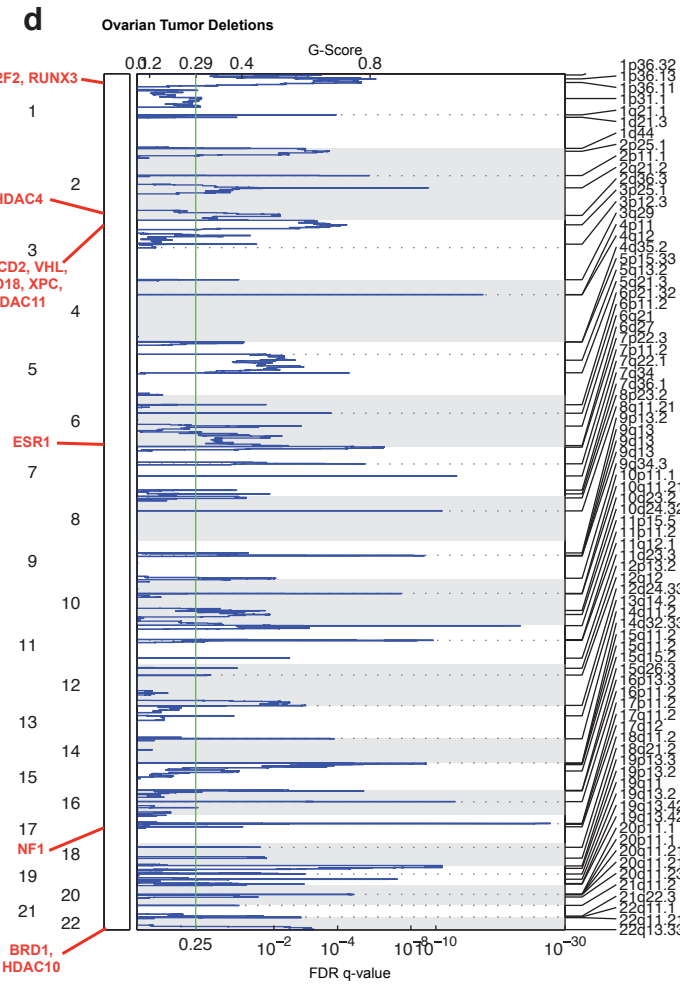
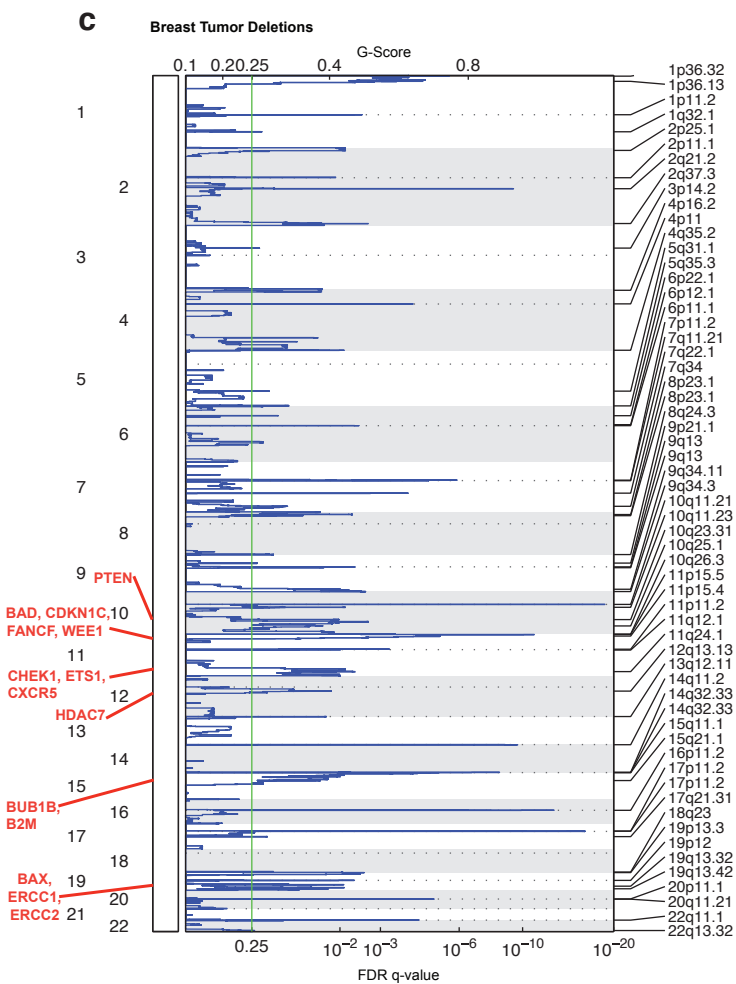
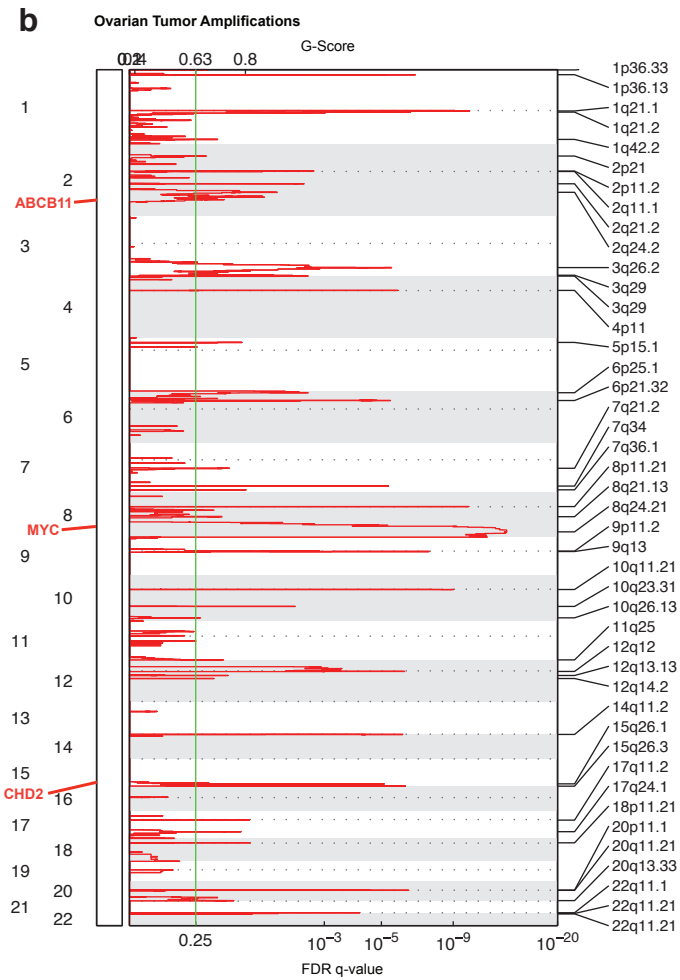
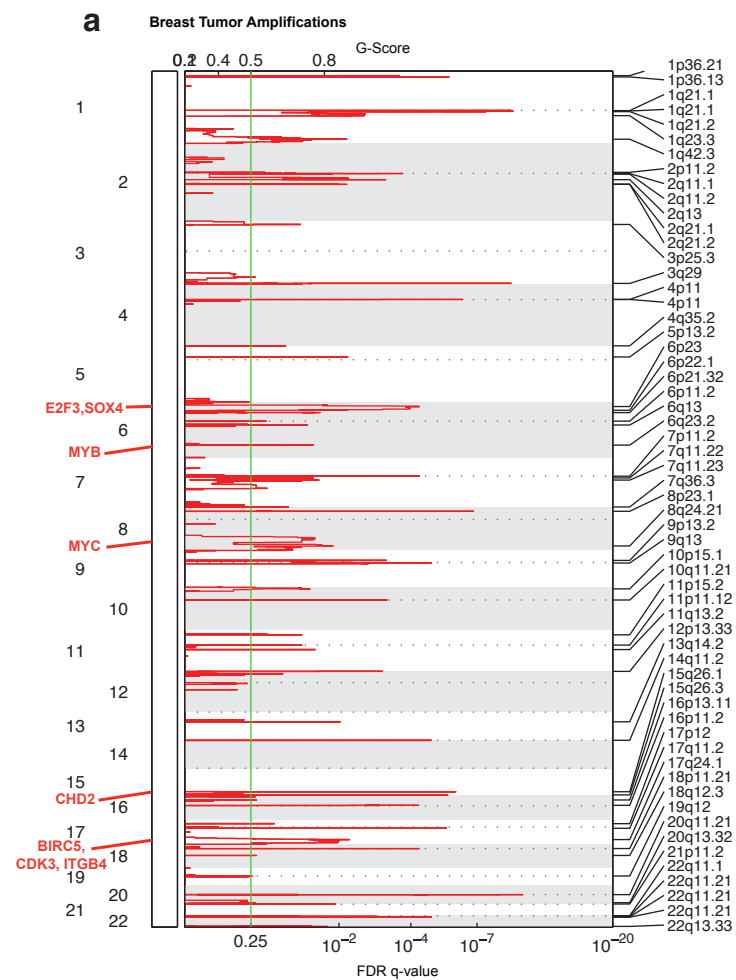
b 20-3 (nonLOH; estimated cellularity 1.0)



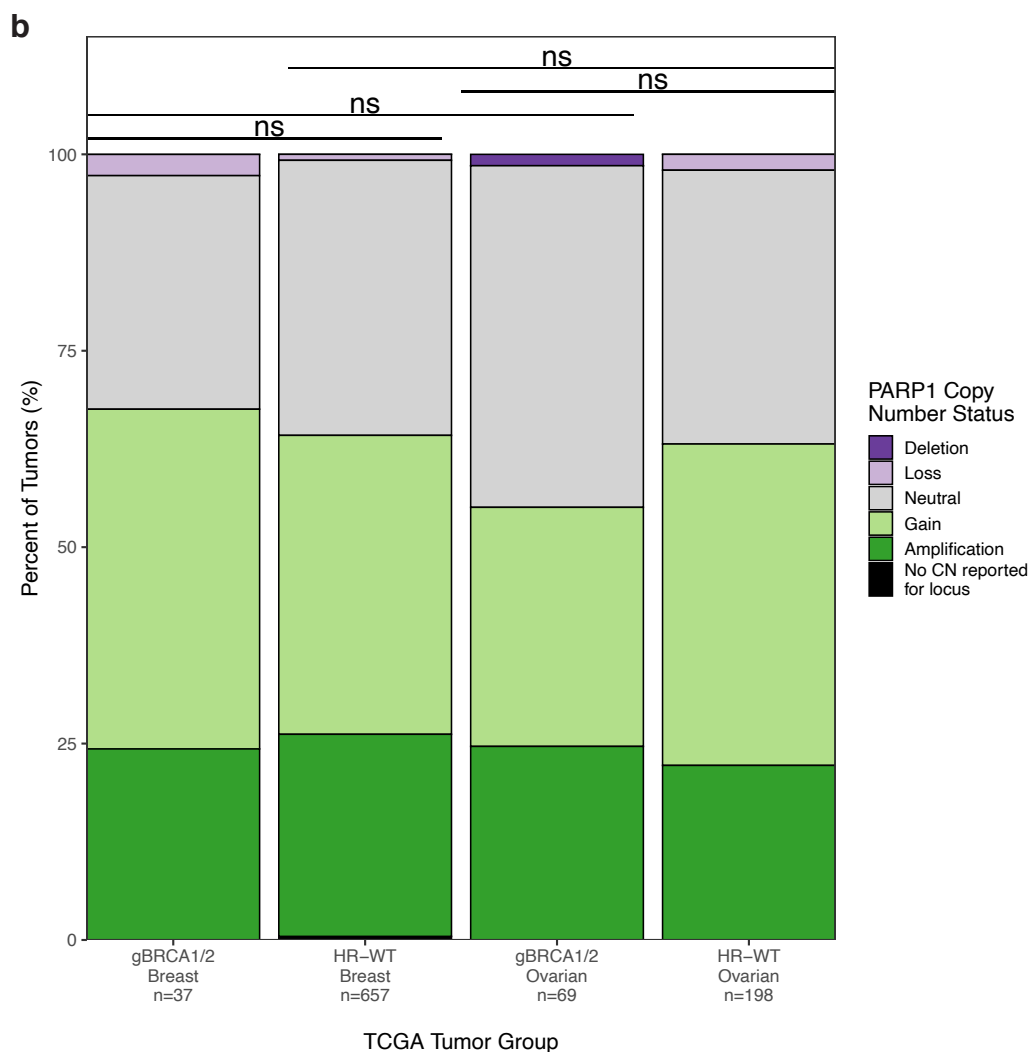
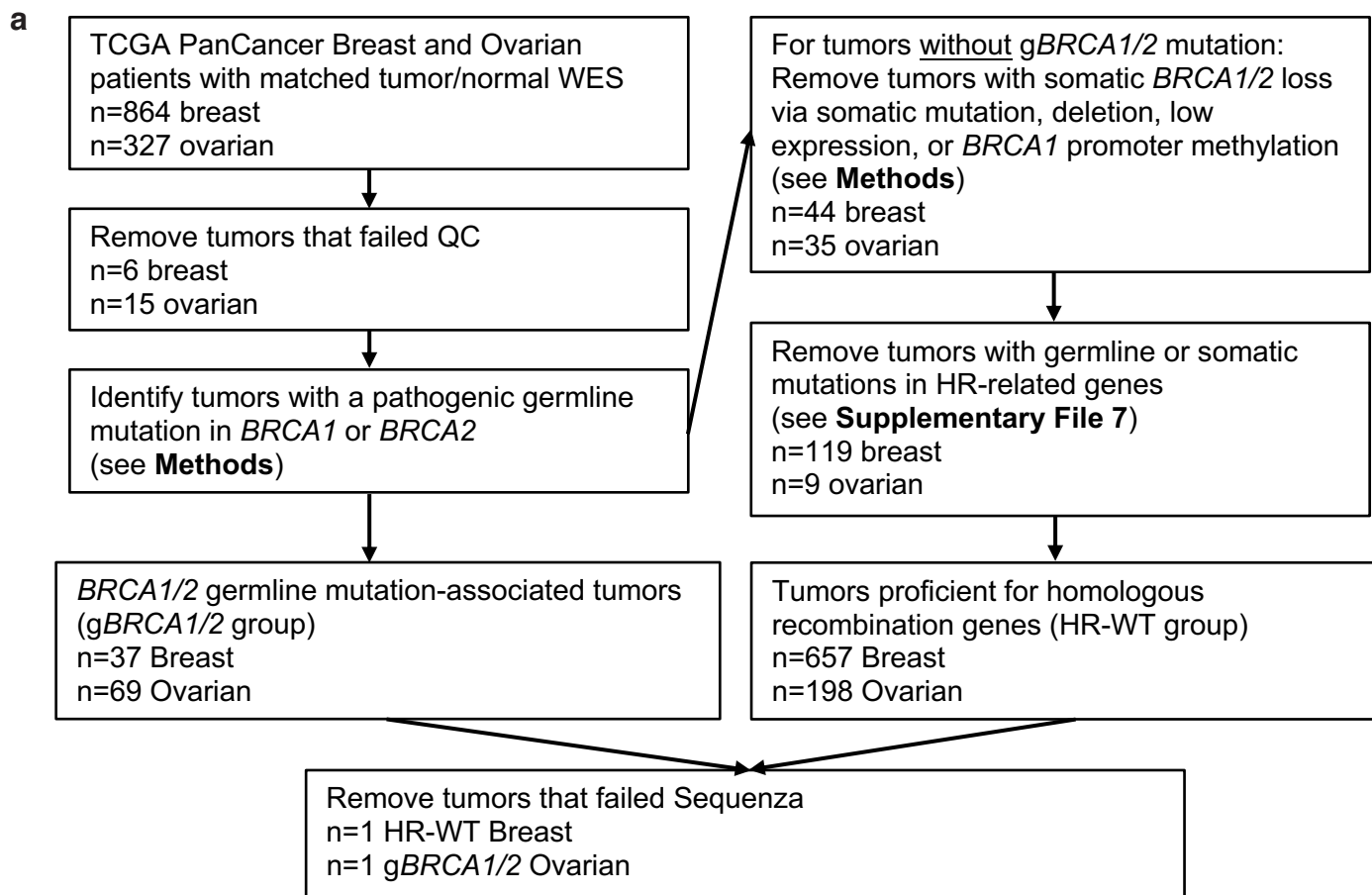
Supplementary Figure 3. *BRCA1* germline variants, B allele frequency, and copy number before and after a representative LOH reversal. A. Location and variant allele fraction of *BRCA1* germline variants in Patient 20's primary ovarian tumor with LOH (top), pictured with B allele frequency and copy number across chromosome 17 (bottom). B. Location and variant allele fraction of *BRCA1* germline variant in Patient 20's second ovarian tumor recurrence without LOH (top), pictured with B allele frequency and copy number across chromosome 17 (bottom). For A and B, germline variants were called by VarDictJava and VarScan2. B allele frequency and copy number plots were generated in Sequenza.



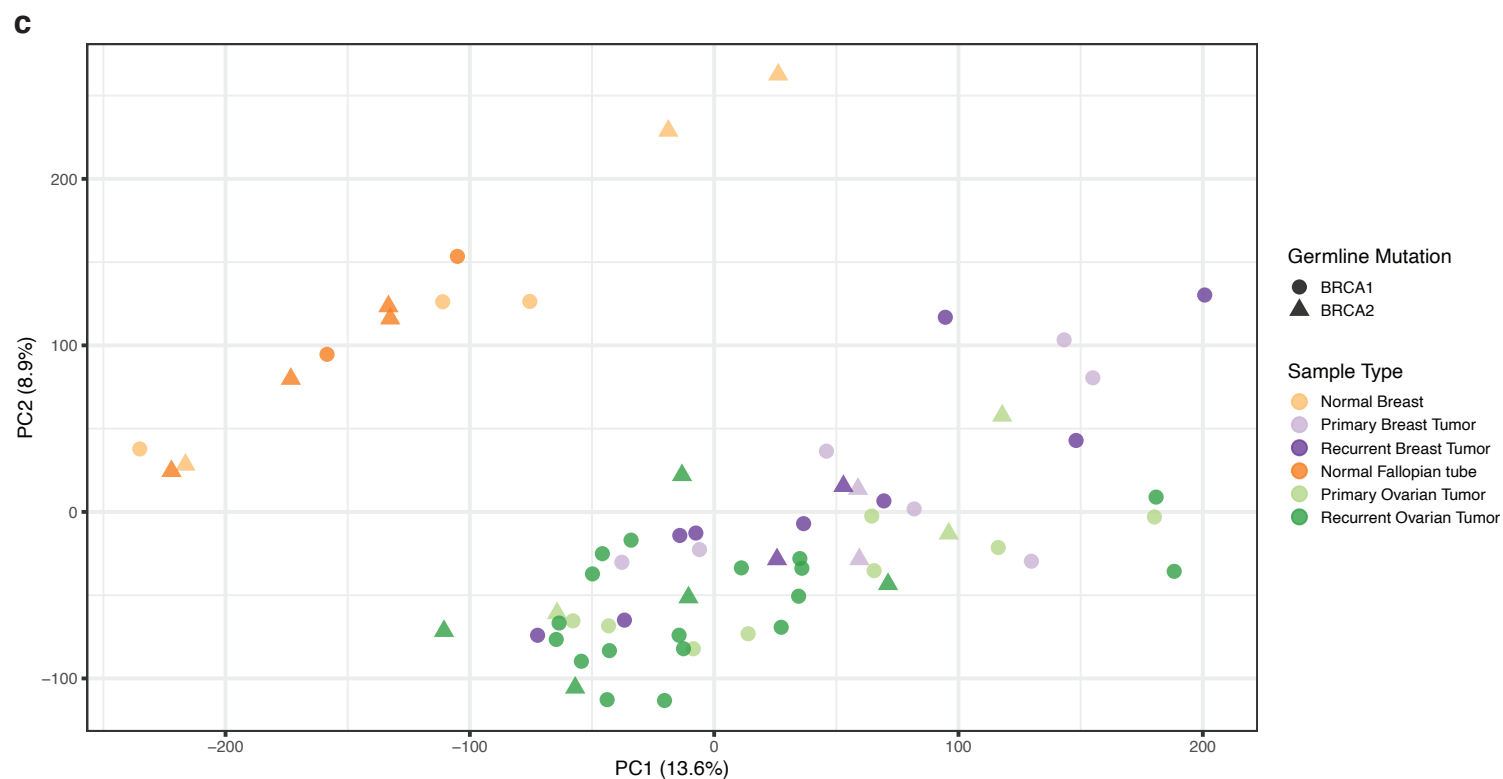
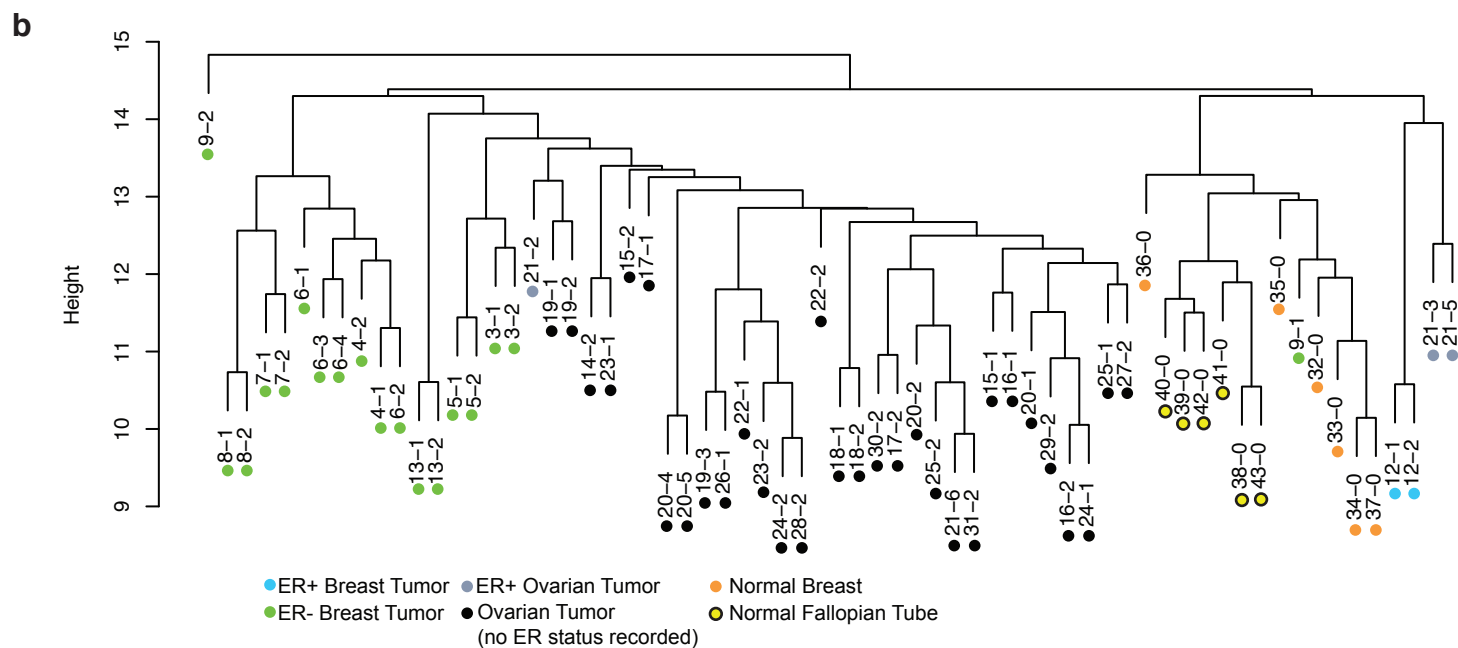
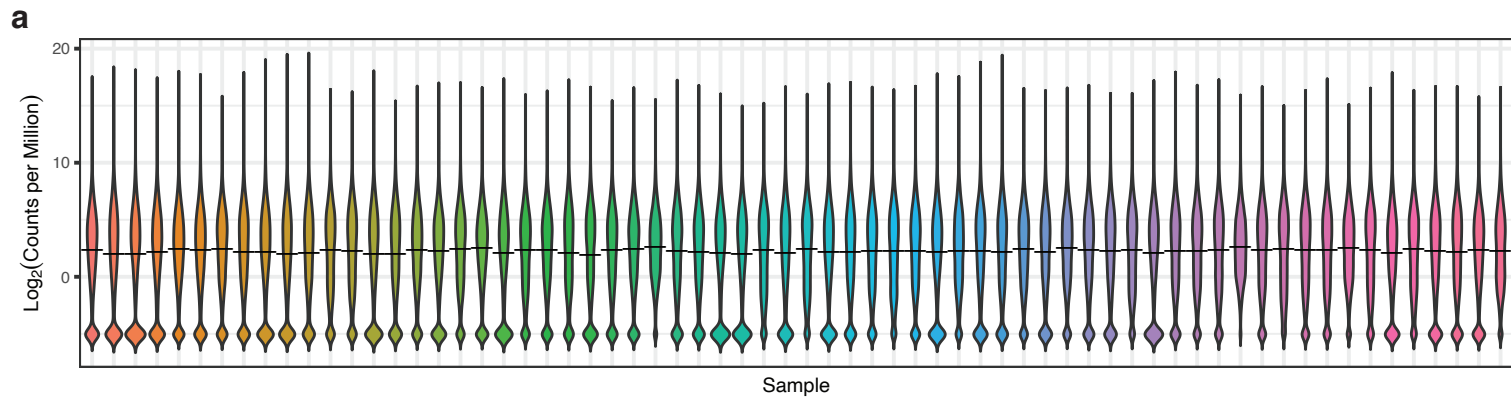
Supplementary Figure 4. Genome-wide measures of copy number variation in primary/recurrent cohort. A. Comparison of aneuploidy score for primary/recurrent tumor pairs. B. Comparison of HRD score for primary/recurrent tumor pairs. C-E. Comparison of individual HRD metrics for primary/recurrent tumor pairs: loss of heterozygosity (C), non-telomeric allelic imbalance (D), and large scale state transitions (E). For patients with multiple recurrences, one recurrence was chosen at random for statistical comparisons in plots A-E. Pairwise differences were determined by two-sided Wilcoxon signed rank test ($\alpha=0.05$). F. GISTIC qplot for 90% confidence interval deletions in primary tumors. G. GISTIC qplot for 90% confidence interval deletions in recurrences. For F and G, all highlighted genes have residual $q<0.05$.



Supplementary Figure 5. GISTIC results by tumor type in primary/recurrent cohort. A. GISTIC qplot for 90% confidence interval amplifications in (primary and recurrent) breast tumors. B. GISTIC qplot for 90% confidence interval amplifications in (primary and recurrent) ovarian tumors. C. GISTIC qplot for 90% confidence interval deletions in (primary and recurrent) breast tumors. D. GISTIC qplot for 90% confidence interval deletions in (primary and recurrent) ovarian tumors. For A-D, all highlighted genes have residual $q < 0.05$.



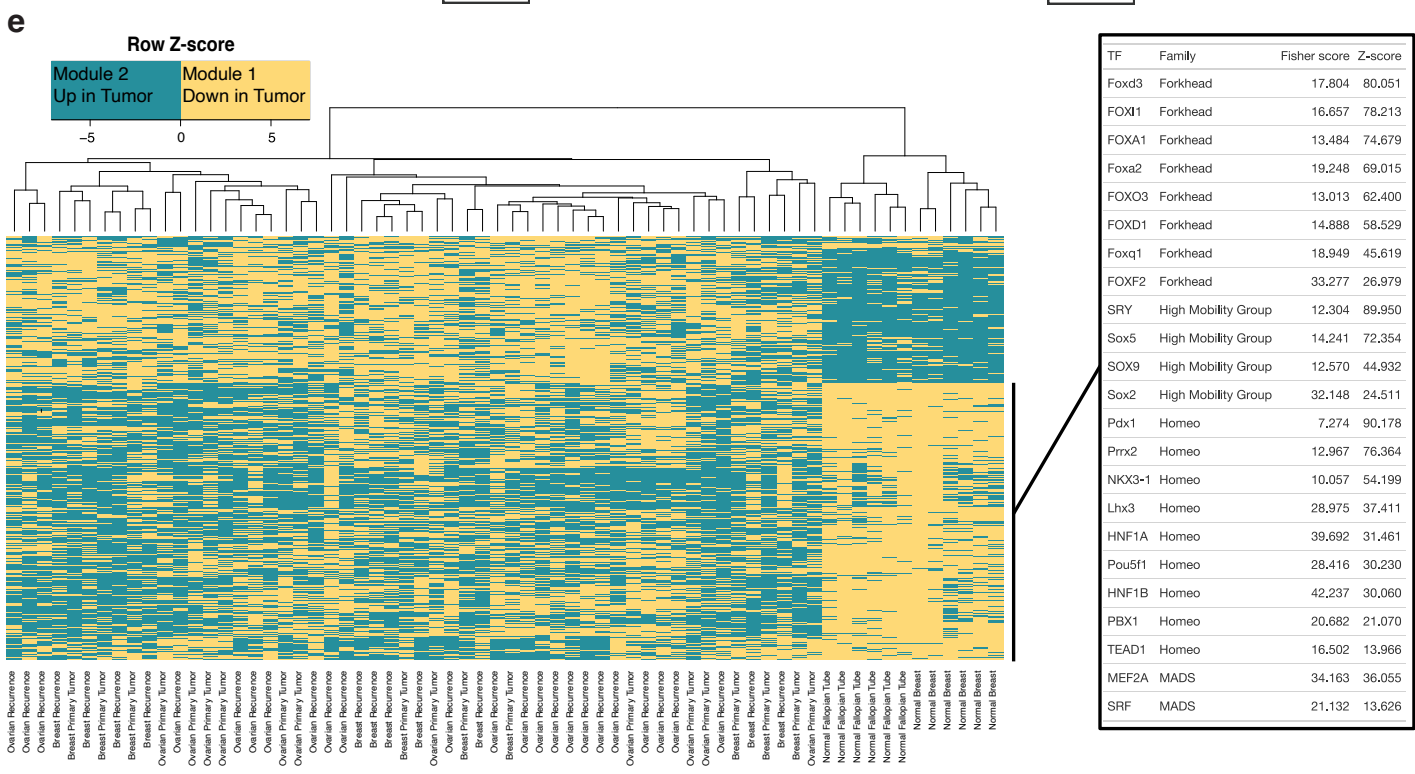
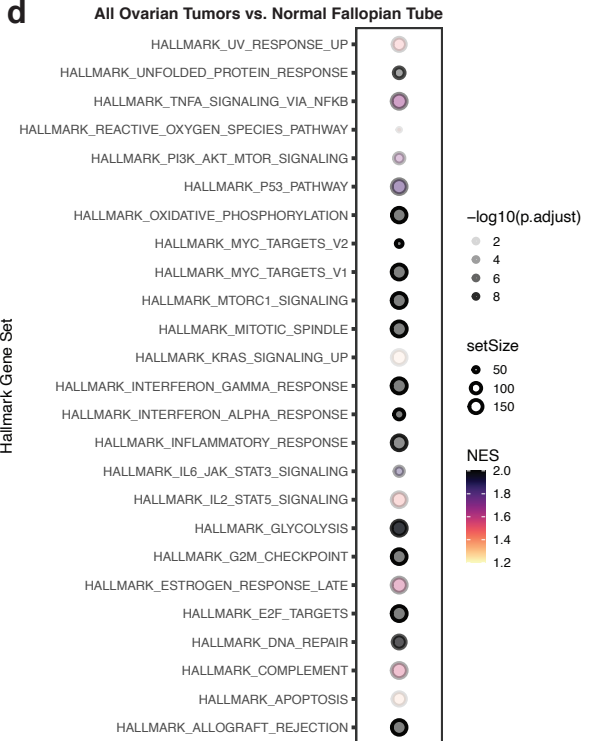
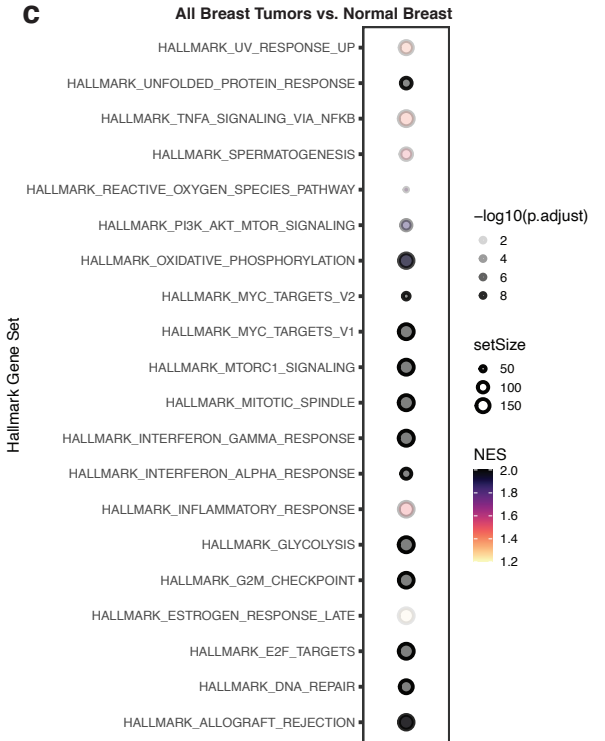
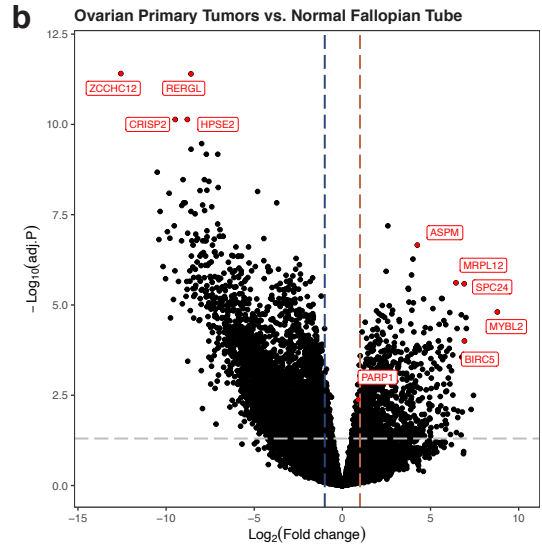
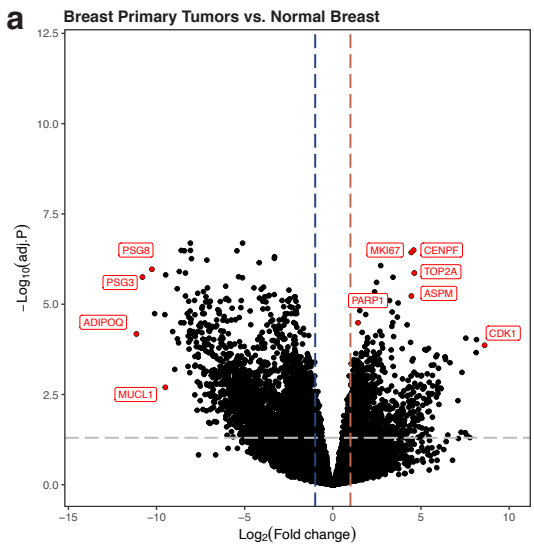
Supplementary Figure 6. Analysis of *PARP1* copy number variation in TCGA cohorts. A. Strategy for grouping TCGA breast and ovarian tumors into g*BRCA1/2* and HR-WT groups for analysis. Tumors were excluded on the basis of somatic *BRCA1/2* loss or mutations in genes required for homologous recombination. B. *PARP1* copy number by tumor in selected TCGA breast and ovarian cohorts. Groupwise differences in average copy number were determined by two-sided t-test ($\alpha=0.05$). Copy number (Sequenza) was binned as follows: Deletion, CN=0; Loss, CN=1; Neutral, CN=2-3; Gain, CN=4-5; Amplification, CN \geq 6.



Supplementary Figure 7. Sample relatedness identified by RNA sequencing. A.

Distribution of $\text{Log}_2(\text{counts per million})$ across cohort of samples used for RNA sequencing. B.

Dendrogram of sample relatedness across RNA sequencing cohort, by tumor type and estrogen receptor status. C. Principal components analysis of RNA sequencing cohort.

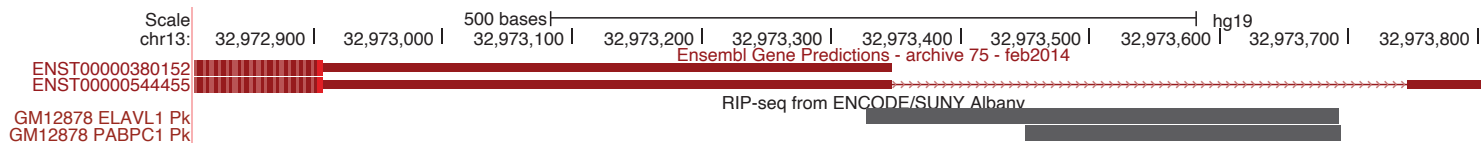


Supplementary Figure 8. Differential gene expression in tumors vs. normal tissue. A.

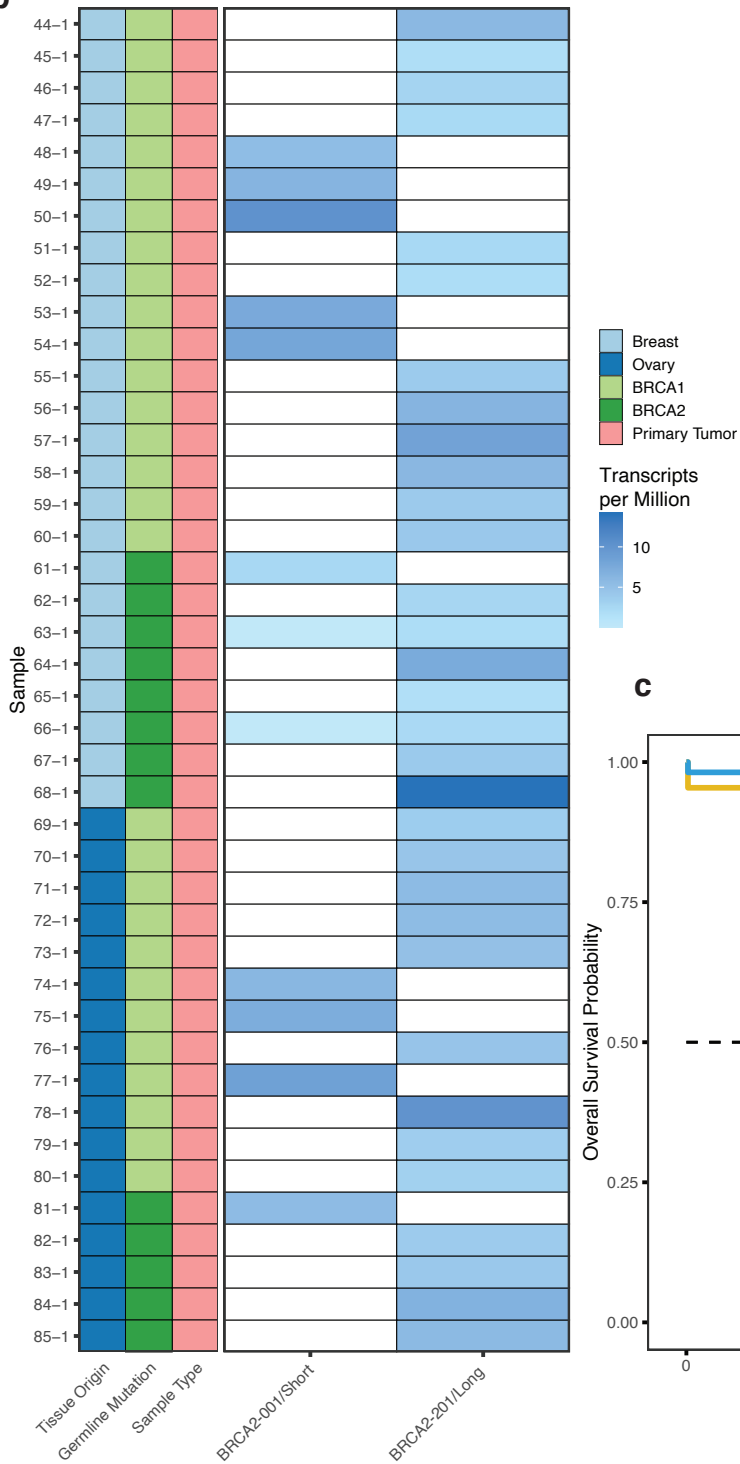
Differential gene expression in primary breast tumors vs. normal breast tissue from *BRCA1/2* mutation carriers. B. Differential gene expression in primary ovarian tumors vs. normal fallopian tube tissue from *BRCA1/2* mutation carriers. For A and B, a positive $\text{Log}_2(\text{fold change})$ indicates genes with increased expression in primary tumors. Adjusted p values were computed based on linear modeling of mean-variance trends (limma). C. Hallmark Gene Sets enriched in genes with increased expression in primary and recurrent breast tumors compared to normal breast tissue from *BRCA1/2* mutation carriers. D. Hallmark Gene Sets enriched in genes with increased expression in primary and recurrent ovarian tumors compared to normal fallopian tube from *BRCA1/2* mutation carriers. For C and D, all gene sets had adj. $p < 0.05$. E. Heatmap of hierarchical clustering to identify modules within differentially expressed genes (with adj. $p < 0.05$ and $|\log_2\text{FC}| > 1$) for tumor vs. normal comparisons. Module of genes with decreased expression in tumor compared to normal tissue (coded yellow on heatmap) were enriched for transcription factor motifs as indicated (all Z-score ≥ 10 , Fisher score ≥ 7 for motif enrichment).

Supplementary Figure 9. *PARP1* expression and copy number status in primary and recurrent tumors. *PARP1* copy number status and expression across all tumors with WES and RNA-seq, and all normal samples with RNA-seq. Groupwise differences in average copy number were determined by Kruskal-Wallis test, followed by Dunn's test with Bonferroni correction ($\alpha=0.05$, *** $p<0.0001$).

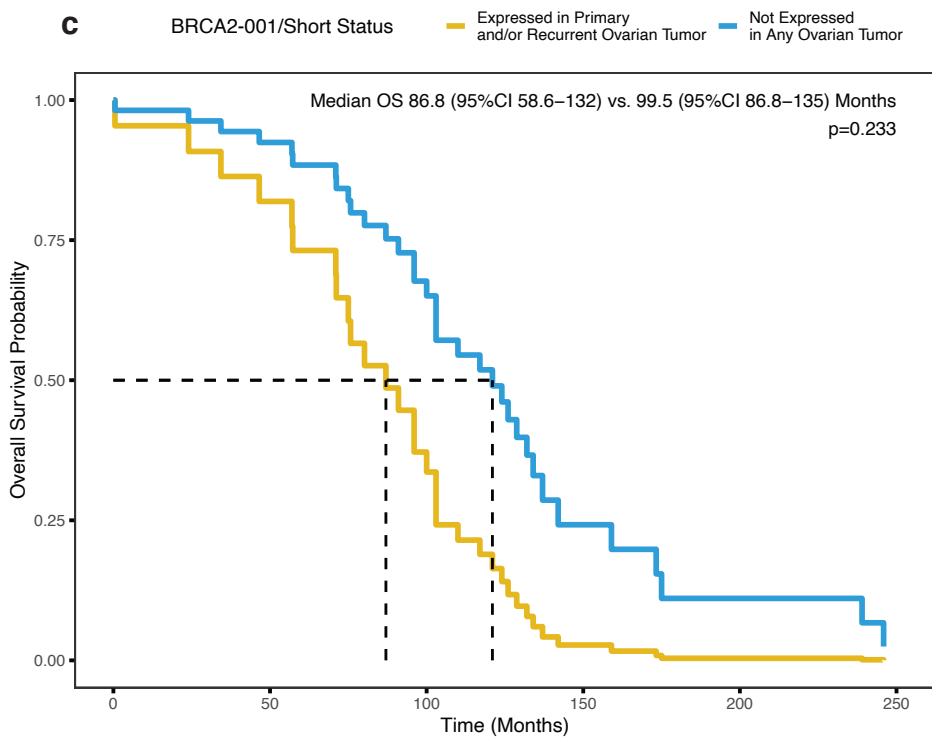
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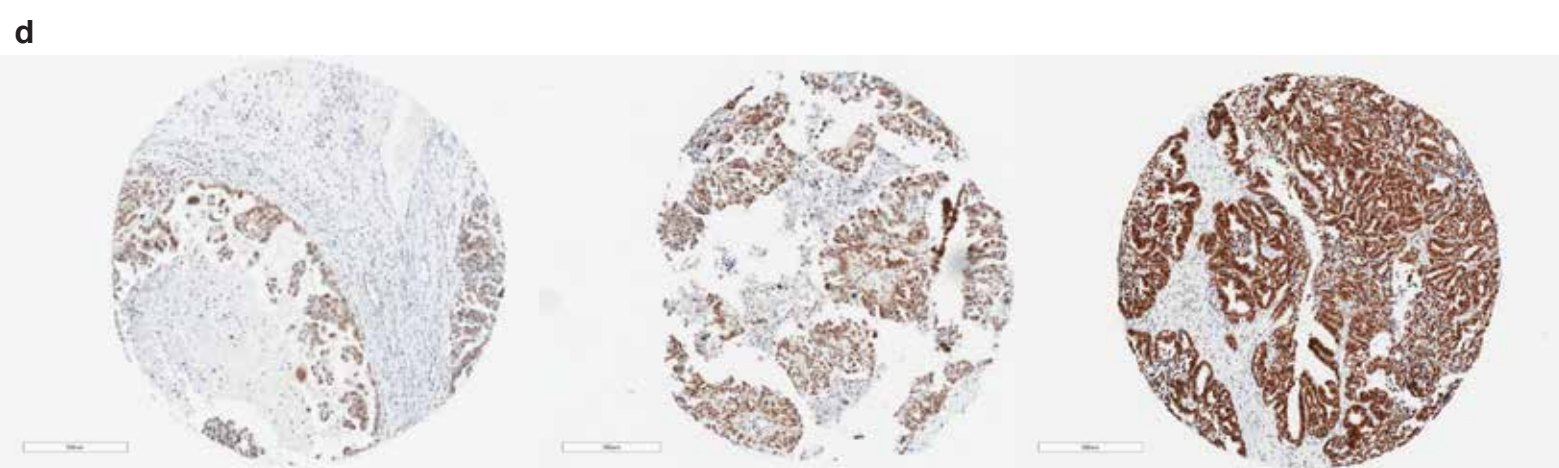
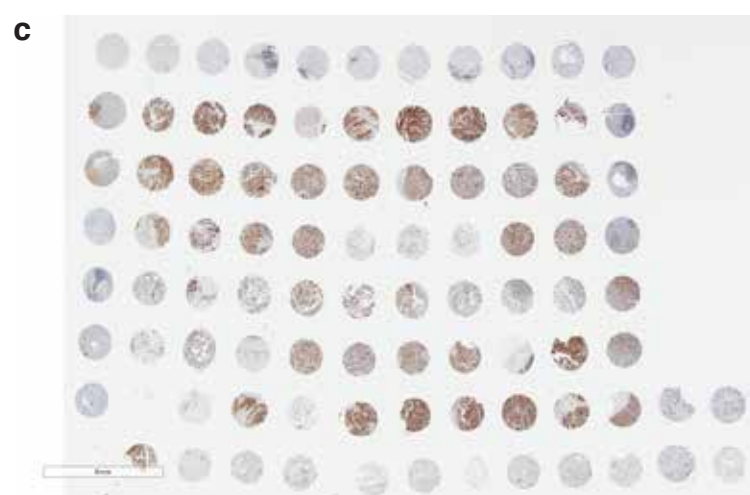
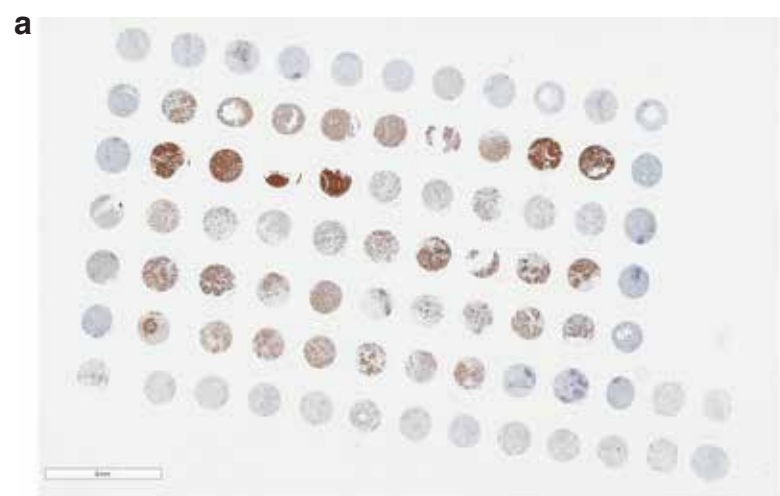
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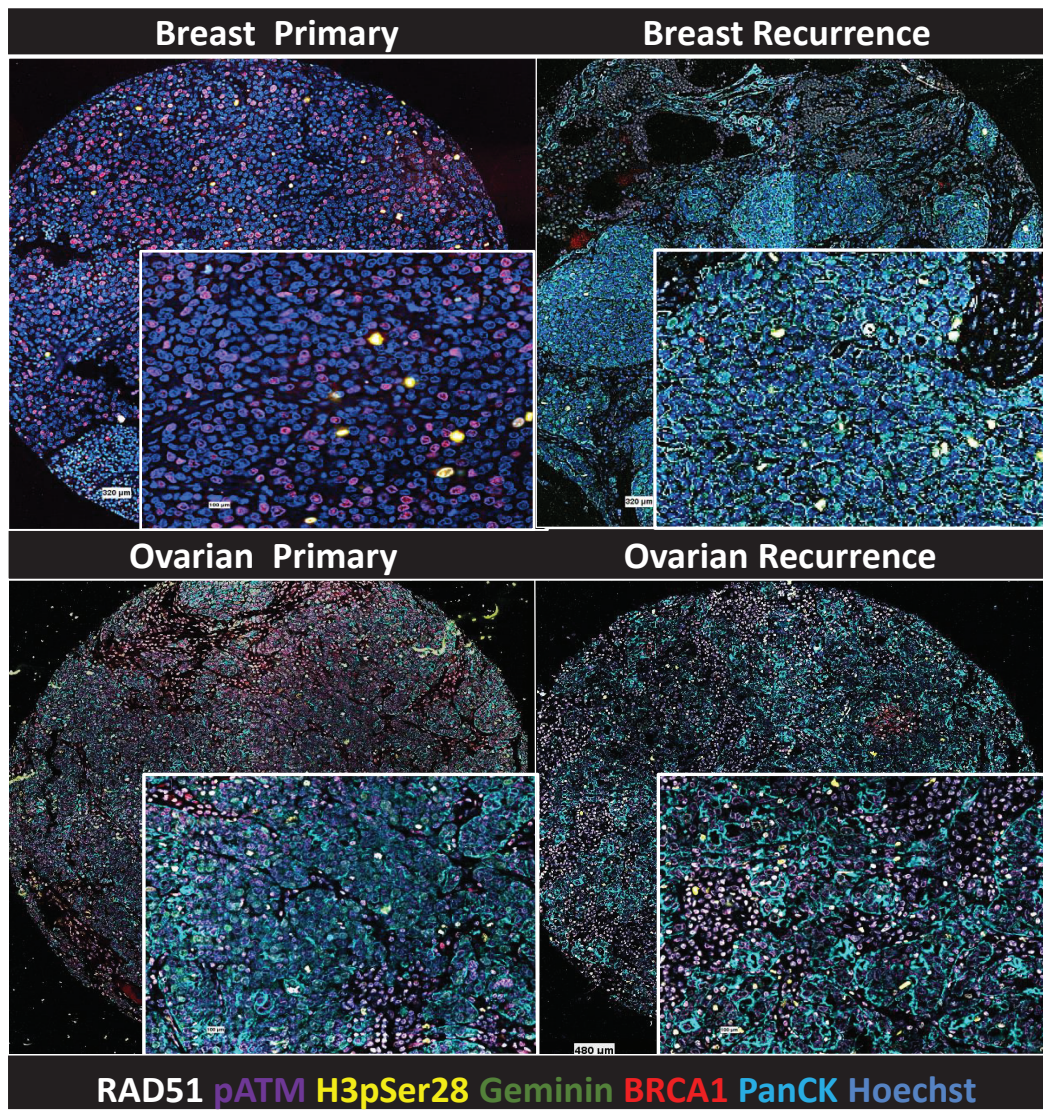


Supplementary Figure 10. Differential isoform usage of *BRCA2* in a validation cohort of *BRCA1/2* mutation-associated primary tumors. A. RNA binding protein (ELAVL1/HuR and PABPC1) prediction for *BRCA2* transcripts based on RNA immunoprecipitation sequencing (RIP-seq) in GM12878 (Human B cells). ENST00000380152 refers to *BRCA2-001/Short*; ENST00000544455 refers to *BRCA2-201/Long*. B. *BRCA2* isoform usage by sample type in an independent cohort of 42 primary breast and ovarian tumors from *BRCA1/2* mutation carriers. C. Survival curve for patients that expressed *BRCA2-001/Short* in any (primary or recurrent) ovarian tumor compared to those that did not. Survival proportions and p-value were calculated using a Cox proportional hazards model tested for significant associations with ER status, age at diagnosis, tumor stage at diagnosis; and adjusted for patient recurrent status ($\alpha=0.05$, see **Methods**).



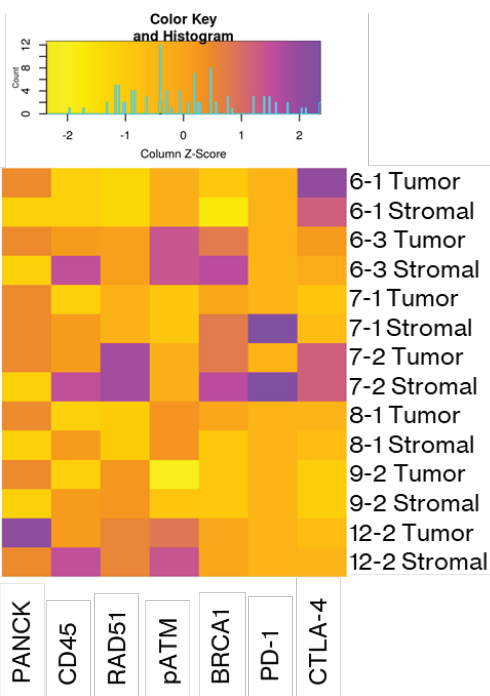
Supplementary Figure 11. PARP1 expression in primary/recurrent tumors by immunohistochemistry (IHC). A. Image of PARP1 IHC in tissue microarray (TMA) of primary and recurrent breast tumors. B. Image of PARP1 IHC in TMA of primary and recurrent ovarian tumors (1/2). C. Image of PARP1 IHC in TMA of primary and recurrent ovarian tumors (2/2). For A-C, images were taken at 0.5x magnification. D. Representative images of individual TMA cores from ovarian tumors with low PARP1 expression (left, H-score = 125), medium PARP1 expression (middle, H-score = 200), and high PARP1 expression (right, H-score = 300). Images were taken at 7-7.2x.

a



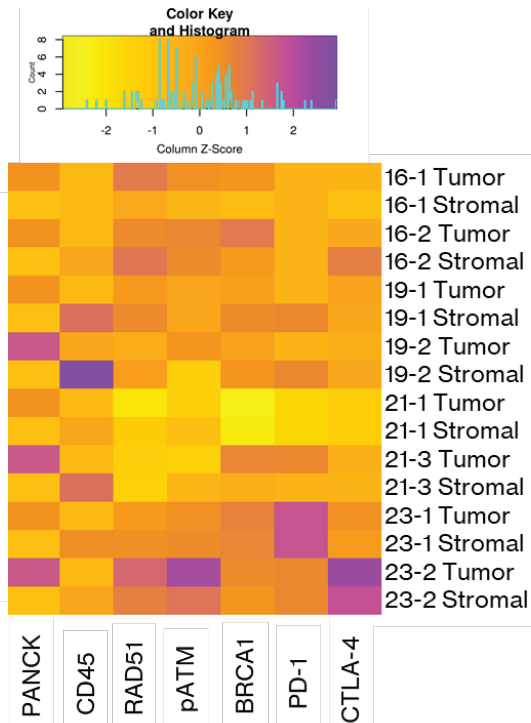
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TMA1 (Breast Tumors)



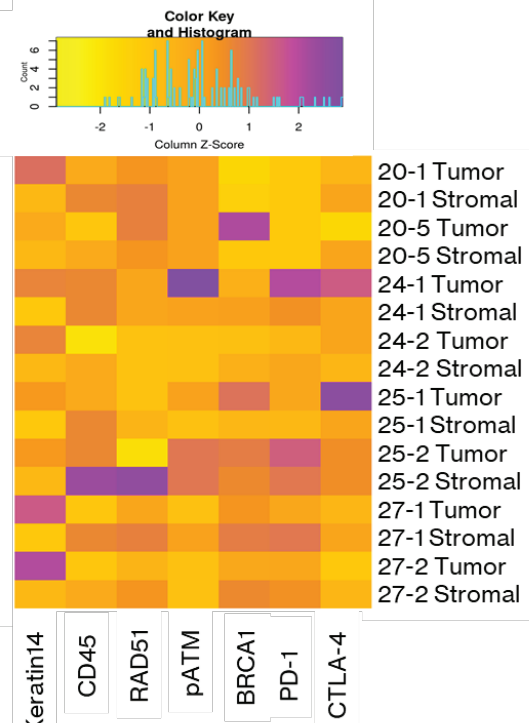
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TMA2 (Ovarian Tumors)

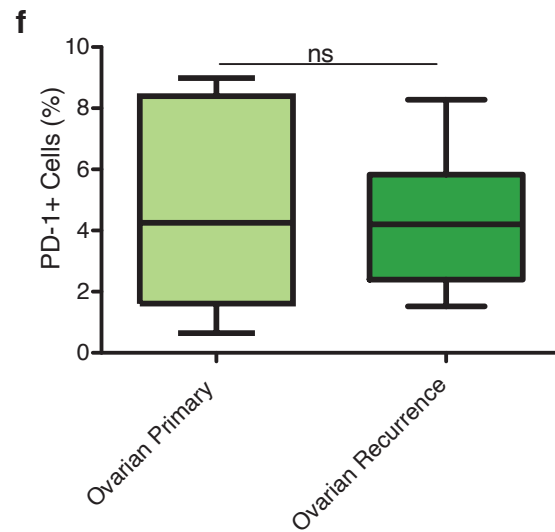
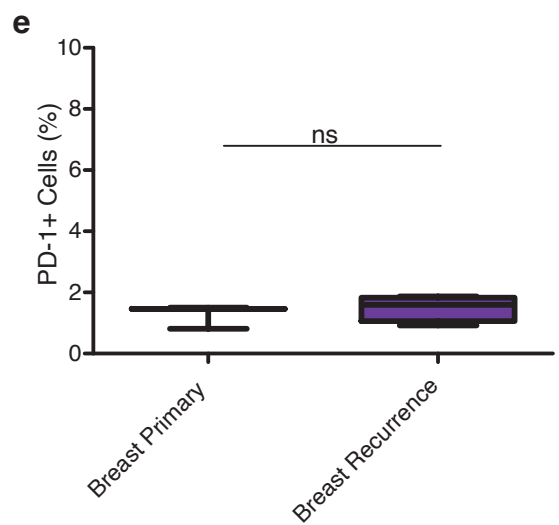
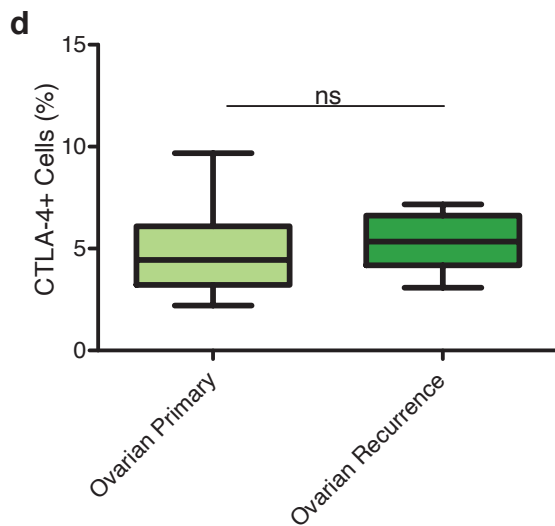
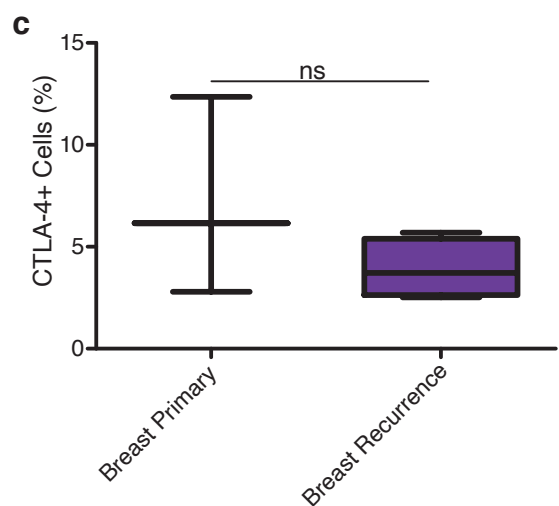
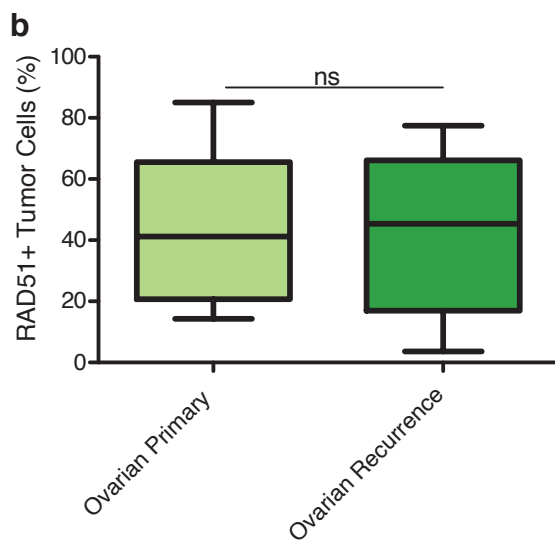
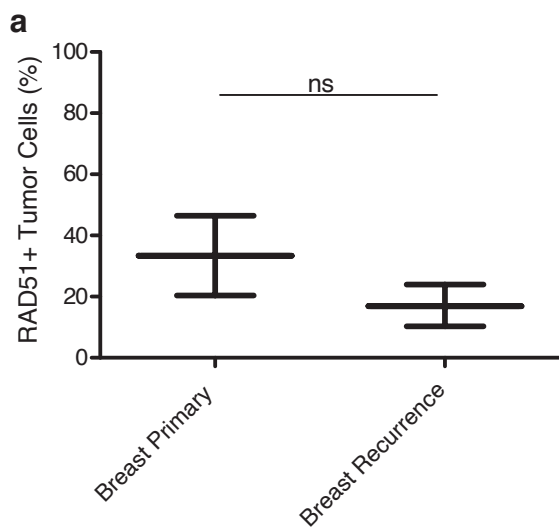


d

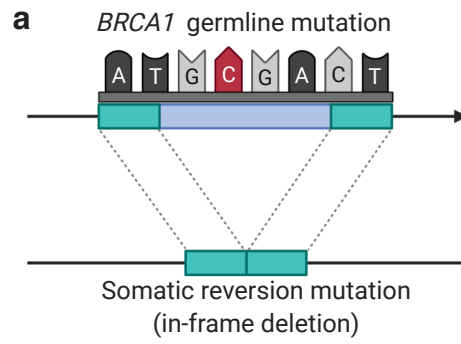
TMA3 (Ovarian Tumors)



Supplementary Figure 12. Comparisons of DNA damage markers and immune checkpoint proteins in paired primary/recurrent tumors by CODEX. A. Representative image of cell cycle and DNA damage markers in breast and ovarian primary and recurrent tumors. B. Expression of markers for cell type, DNA damage response, and immune checkpoints in primary and recurrent breast tumors from five patients. C. Expression of markers for cell type, DNA damage response, and immune checkpoints in primary and recurrent ovarian tumors from four patients. D. Expression of markers for cell type, DNA damage response, and immune checkpoints in primary and recurrent ovarian tumors from four additional patients. For B-D, tumor and stromal cells are displayed separately for each specimen; PANCK, Keratin14, and CD45 were used for gating of tumor and stroma (see **Supplementary Methods**). Tumors are numbered in chronological order following the convention [Patient] - [Tumor number] such that 16-1 is Patient 16's primary tumor, 16-2 the first recurrence, etc. For clinical metadata from individual tumors, see **Supplementary Data 1**.



Supplementary Figure 13. Comparisons of RAD51 and immune checkpoint protein expression in primary and recurrent tumors by CODEX. A. Percent of RAD51+ tumor cells in primary vs. recurrent breast tumors. B. Percent of RAD51+ tumor cells in primary vs. recurrent ovarian tumors. C. Percent of CTLA-4+ cells in primary vs. recurrent breast tumors. D. Percent of CTLA-4+ cells in primary vs. recurrent ovarian tumors. E. Percent of PD-1+ cells in primary vs. recurrent breast tumors. F. Percent of PD-1+ cells in primary vs. recurrent ovarian tumors. For A-F, sample sizes were as follows: n=3 primary breast tumors, n=4 recurrent breast tumors, n=8 primary ovarian tumors, n=8 recurrent ovarian tumors. Groupwise differences were determined by two-sided Wilcoxon rank sum test ($\alpha=0.05$).



473 **Supplementary Figure 14. Somatic reversion of *BRCA1* after PARPi in Patient 20. A.**
474 Graphical representation of in-frame somatic deletion of germline nonsense mutation in *BRCA1*
475 (mutation pictured is not Patient 20's actual germline mutation). B. IGV tracks from WES of
476 germline and tumor DNA from patient 20. For each sample, forward strand alignment and
477 coverage tracks are displayed around the site of the patient's germline *BRCA1* c.G4069T
478 (p.E1357X) mutation. G>T mutation appears as C>A because *BRCA1* lies on reverse strand.