

Supplementary Figures

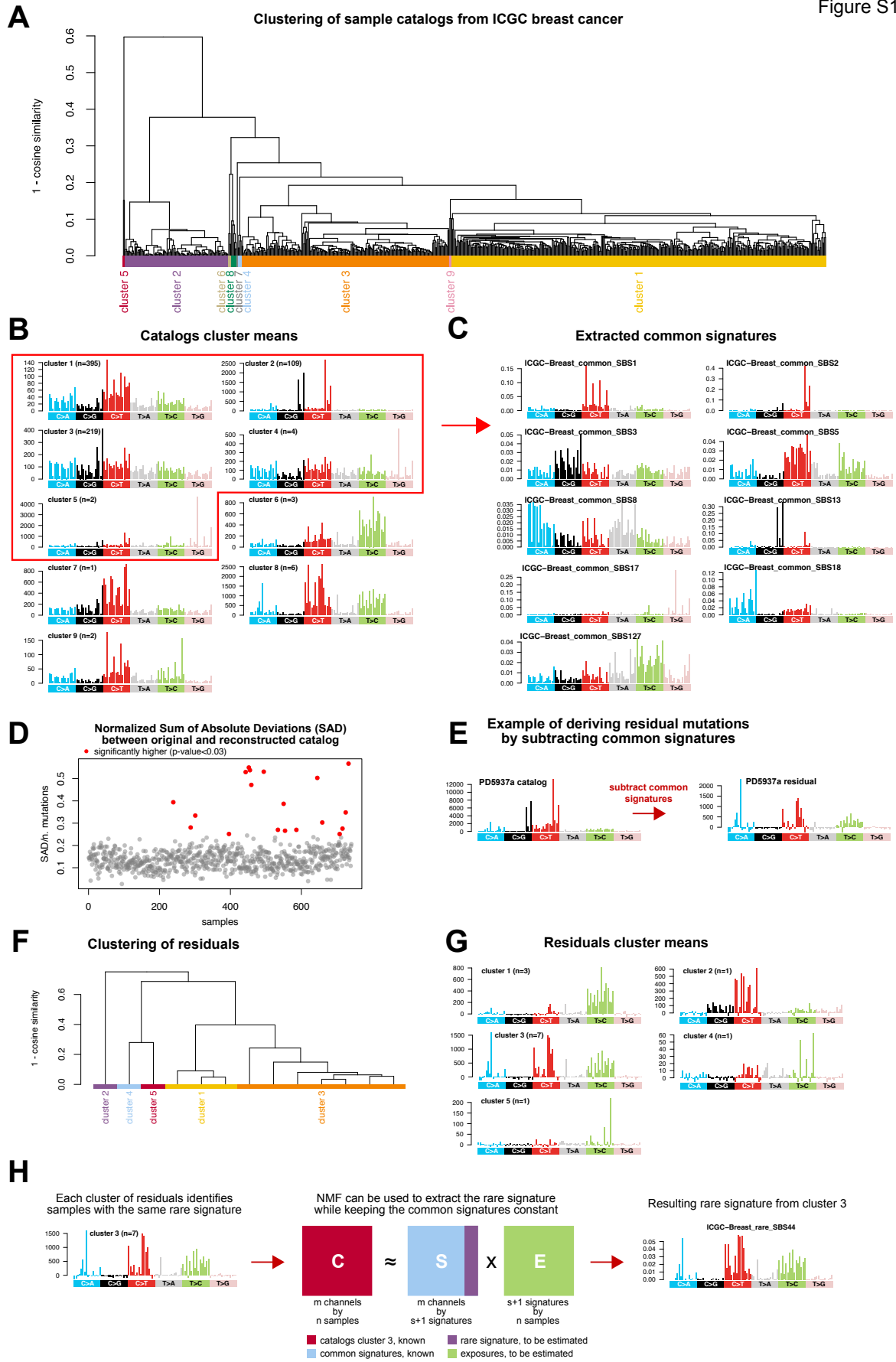


Fig. S1. Extraction of common and rare signatures in the ICGC Breast cancer cohort, as an example of the methodological steps. (A) Mutational catalogs from the ICGC-Breast cohort were clustered using hierarchical clustering with average linkage and 1-cosine similarity as distance. (B) The averaged profiles of the catalogs in each of the nine clusters identified in (A), with n indicating the number of catalogs in each cluster. The red box highlights the clusters that were used to extract common signatures. These include the three largest clusters and two smaller clusters that appear to contain the well-reported SBS17. Samples in clusters 6-9 were excluded from the extraction of common signatures. (C) Common signatures obtained using our extraction framework from the samples highlighted in (B). (D) Distribution of the error between the original catalogs and the reconstructed catalogs modelled using the extracted common signatures. The error is given by the sum of absolute deviations between the original and reconstructed catalogs, divided by the number of mutations in the samples. The error was modelled using a normal distribution and red dots show significantly greater error values (p -value less than 0.03). (E) Residual mutations of example sample PD5937a, obtained as the difference between the original catalog and a reconstructed catalog modelled using the common signatures. The exposures of the reconstructed catalog were obtained using non-negative least squares with the additional constraint that the residual should be mostly positive (Materials and Methods). (F) Residuals are clustered using hierarchical clustering with average linkage and 1-cosine similarity as distance. (G) Average pattern of residual clusters in (F). (H) For each cluster of residuals in (G), a rare signature was extracted using a variant of NMF where a signature can be estimated while holding the common signatures as constant.

Figure S2

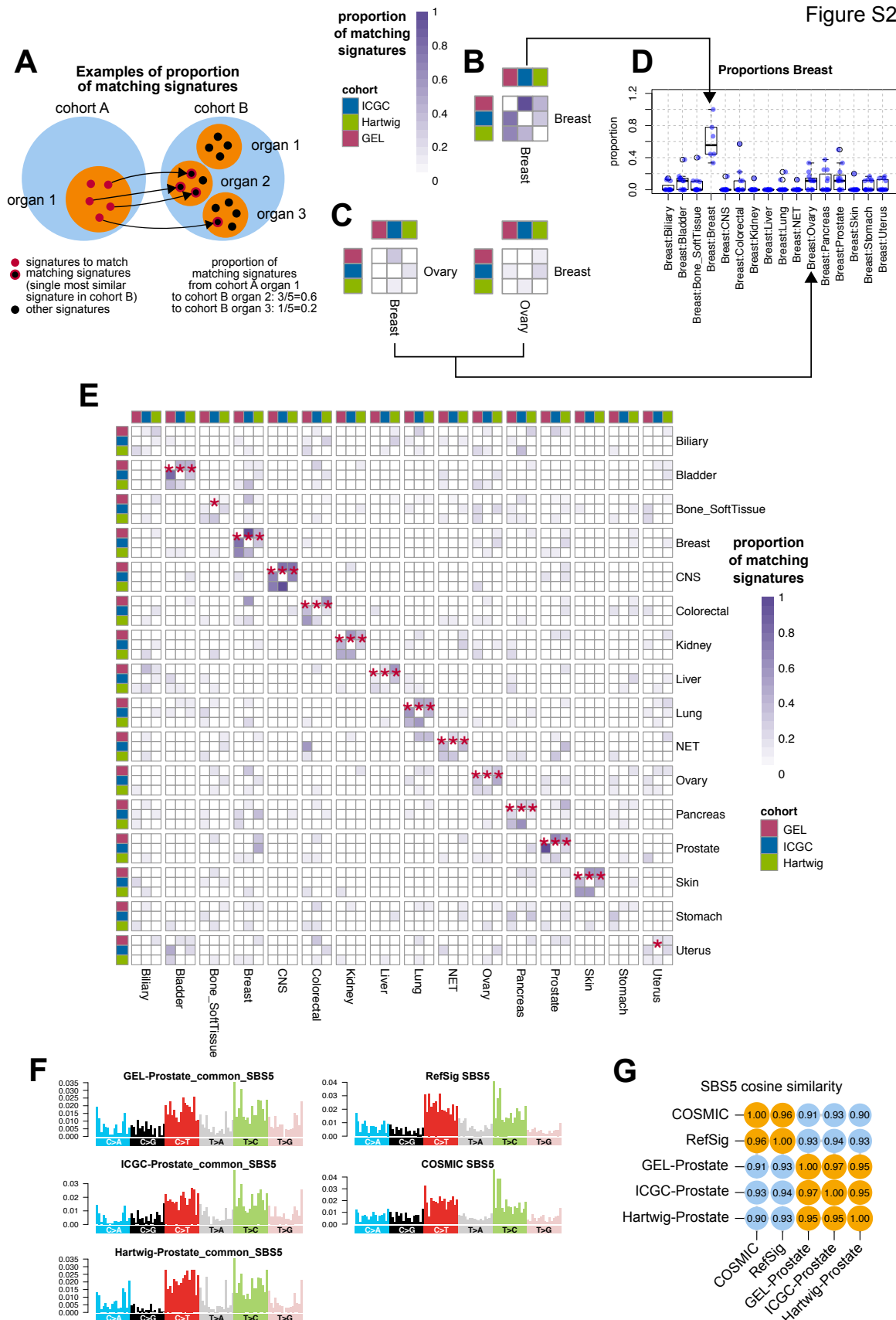


Fig. S2. Evidence of organ-specificity of signatures across three cohorts. (A) Example of how to seek ‘proportion of matching signatures’. For each common organ-specific signature in

an organ (organ 1) in a first cohort (cohort A), the single most similar common organ-specific signature in the second cohort (cohort B) is sought. The proportion of matching signatures is the proportion of signatures in the organ in the first cohort that have the most similar signatures in a given organ in the second cohort. For example, in panel (A), the proportion of matching signatures from cohort A organ 1 to cohort B organ 2 is $3/5=0.6$, while from cohort A organ 1 to cohort B organ 3 is $1/5=0.2$. Some signatures may be unmatched if there is no signature in cohort B with a cosine similarity of at least 0.85. **(B)** Example of a comparison of signatures between the same tissue-type (breast vs breast) where there are six possible comparison outcomes (GEL-ICGC, GEL-Hartwig, ICGC-Hartwig, ICGC-GEL, Hartwig-GEL, Hartwig-ICGC), and thus six values of proportion of matching signatures. **(C)** Example of a comparison between different organs (breast vs ovary), where there are 12 possible comparisons. **(D)** After considering all possible cohort and organ combinations, a Tukey test is used to determine if the same organ comparison exhibits the greatest similarity than each of the other 15 inter-organ comparisons (confidence level 0.95, p-value threshold 0.05). **(E)** Agnostic three-way comparison of the common organ-specific signatures across all three cohorts in 16 organs. We use *** to indicate that the proportion of matching signatures for the same organ comparison (for example Breast to Breast) is significantly higher than all 15 other organ comparisons, and * higher than 7, according to the Tukey test in (D). **(F)** Prostate-specific SBS5 signatures from the 3 three cohorts are shown next to Reference Signature (RefSig) SBS5 and COSMIC SBS5. RefSig SBS5 is obtained as an average of cohort-organ signatures, see text. **(G)** Cosine similarity of signatures shown in (F). Colors are used to highlight groups of signatures, with orange used if the cosine similarity is greater than or equal to 0.95.

Figure S3

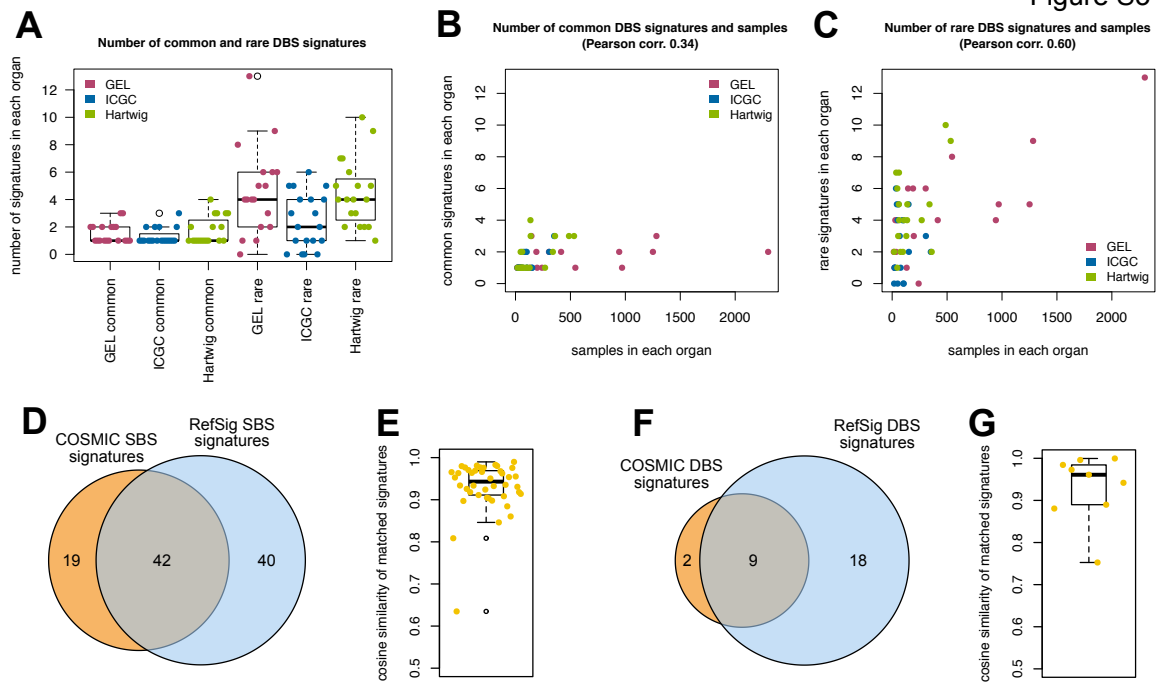


Fig S3. Identifying organ-specific and reference signatures and comparison to literature. (A) Number of common and rare DBS signatures in each cohort. (B) Common DBS signatures as a function of number of samples analyzed. (C) Rare DBS signatures as a function of number of samples analyzed. (D) Venn diagram comparing SBS COSMIC signatures version 3.2 and the SBS reference signatures identified in this study. (E) Cosine similarity of the 42 SBS signatures in the Venn diagram intersection in (D). (F) Venn diagram comparing DBS COSMIC signatures version 3.2 and the DBS reference signatures identified in this study. (G) Cosine similarity of the 9 DBSs in the Venn diagram intersection in (F).

SBS signatures identified in this study that are in COSMIC v3.2

Figure S4

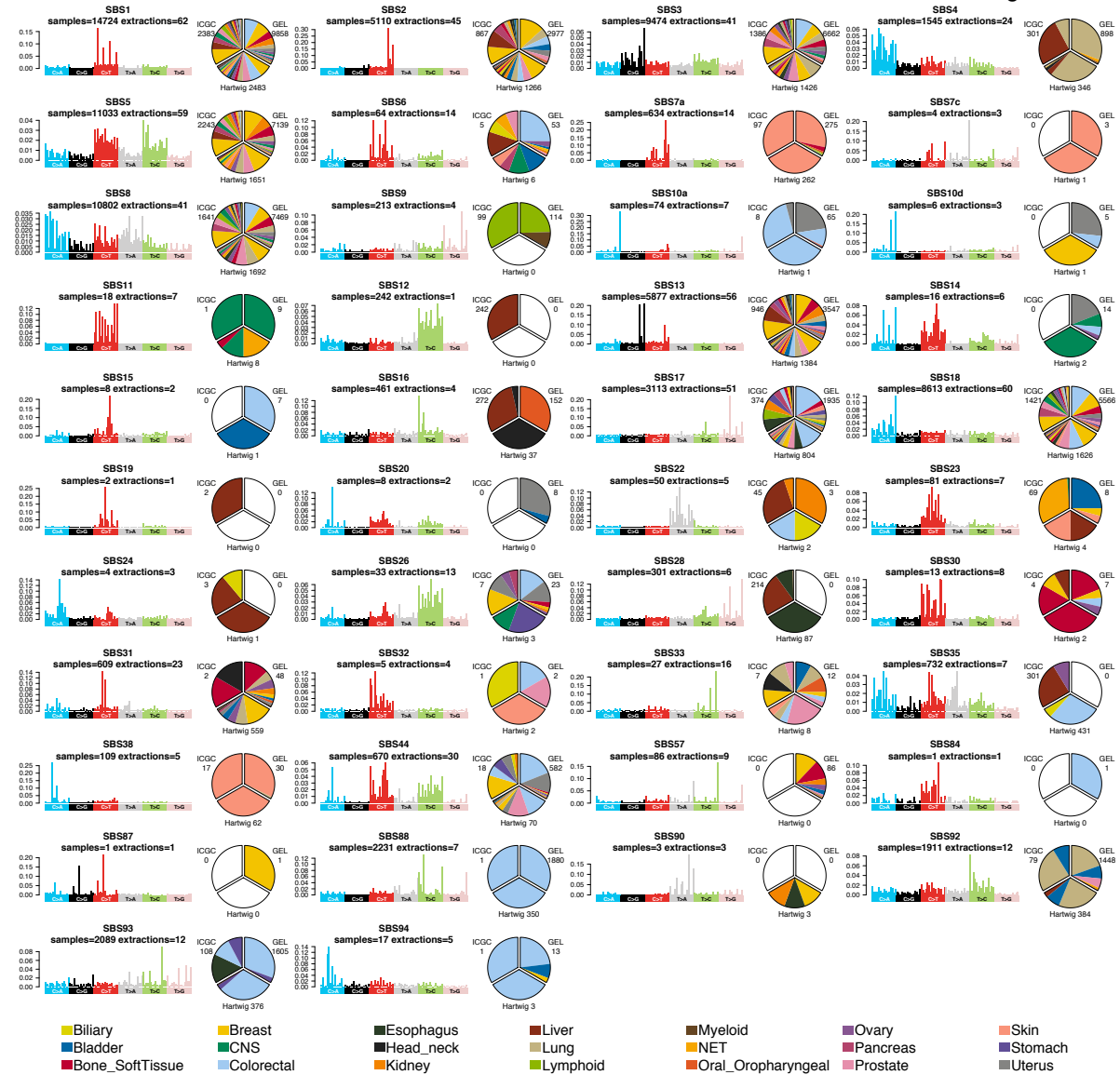


Fig. S4. SBS reference signatures that have been previously reported (COSMIC v3.2). Previously reported SBS reference signatures identified in this study are depicted, where the corresponding pie-charts report the prevalence of the respective signatures in the samples across all tumor types, in the three cohorts (GEL, ICGC and Hartwig). “Samples” indicates total number of samples across the three cohorts with the signature. “Extractions” indicates the number of independent extractions that the signature was found in (note that extractions are performed for every organ independently in the three cohorts).

SBS signatures identified in this study that are not in COSMIC v3.2

Figure S5

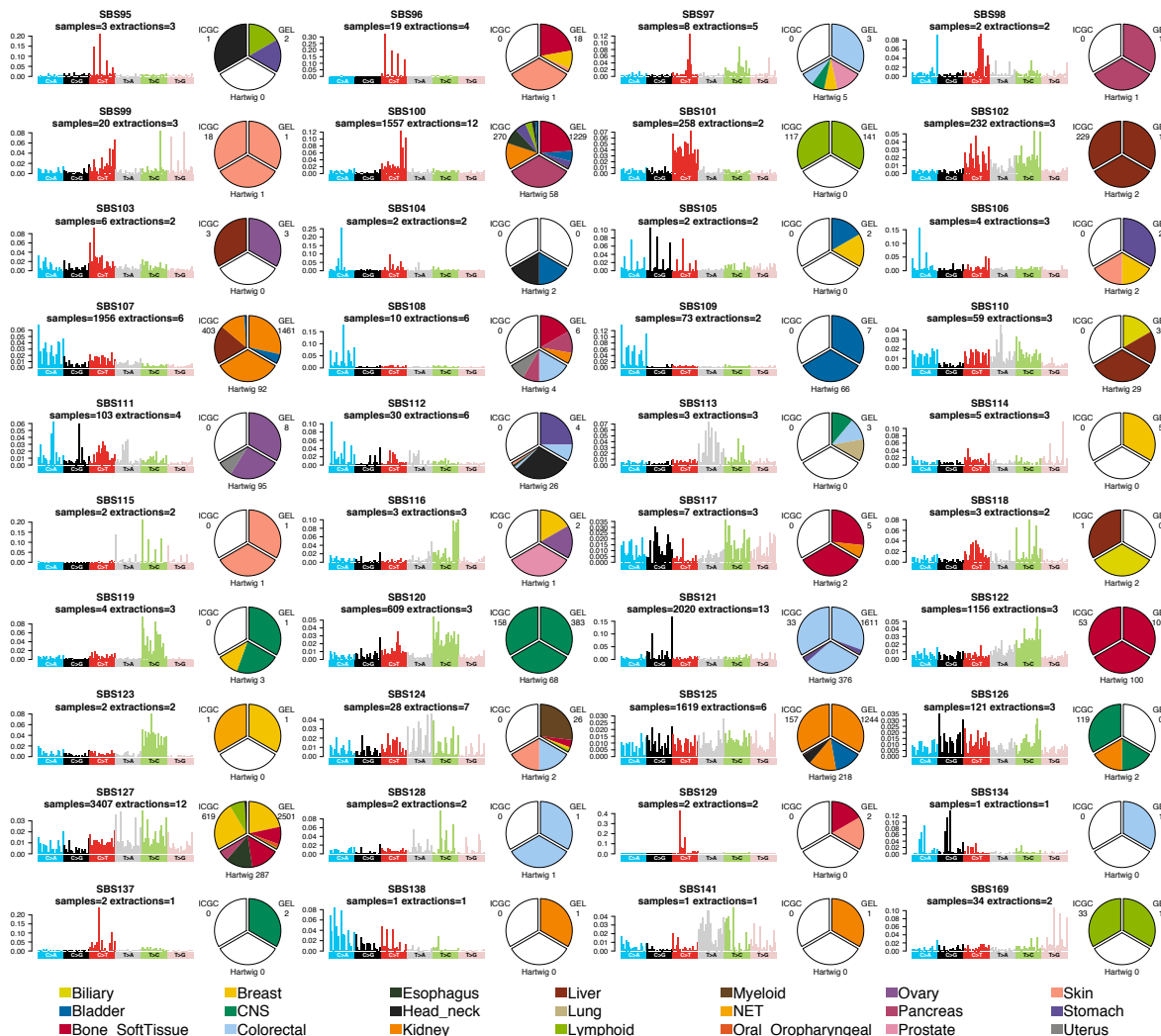


Fig. S5. Previously unreported SBS reference signatures identified in this study. Previously unreported SBS reference signatures identified in this study and their distribution in the samples across cohorts and organs. “Samples” indicates total number of samples across the three cohorts with the signature. “Extractions” indicates the number of independent extractions that the signature was found in (note that extractions are performed for every organ of three cohorts).

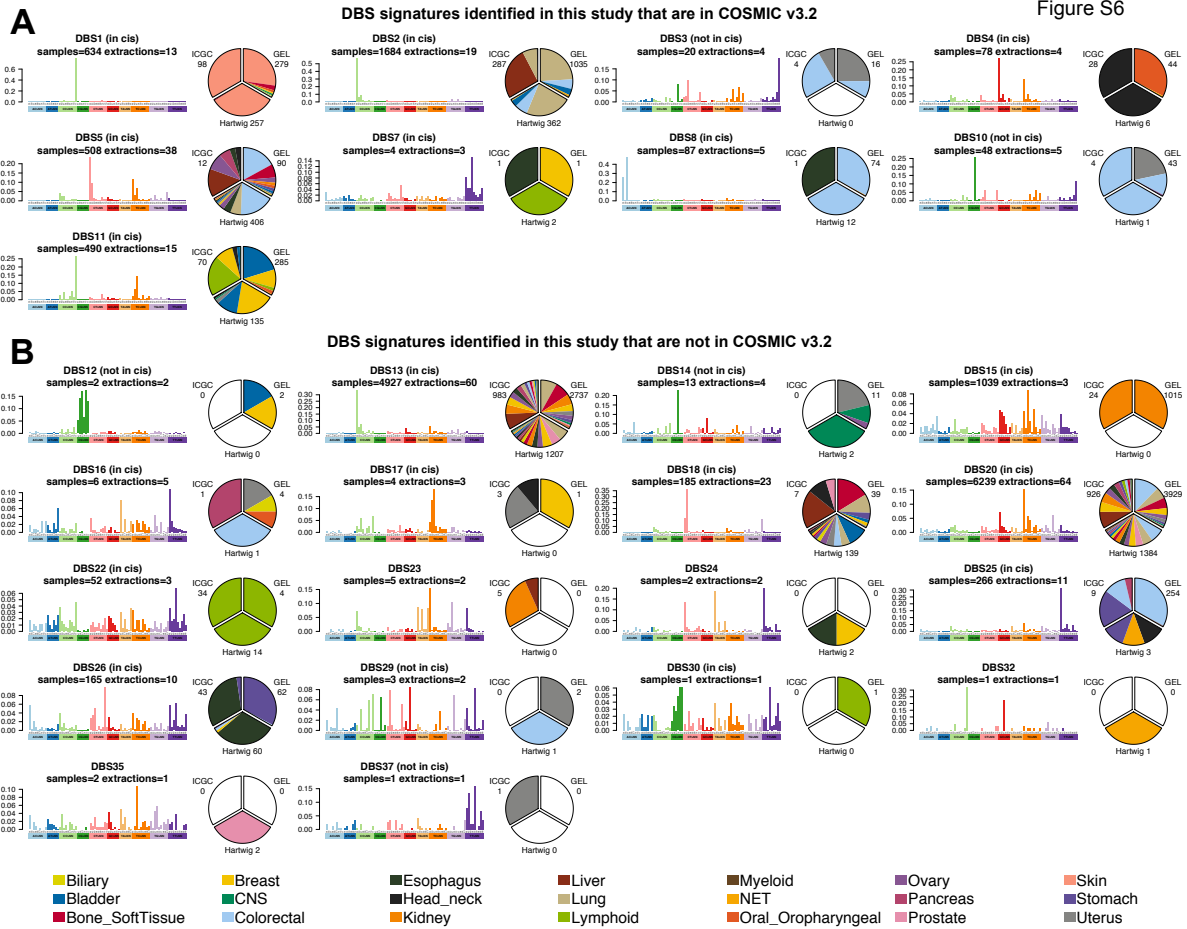


Fig. S6. DBS reference signatures. Previously known (COSMIC v3.2) (A) and previously unreported (B) DBS signatures identified in this study and their distribution across cohorts and organs. “Samples” indicates total number of samples across the three cohorts with the signature. “Extractions” indicates the number of independent extractions that the signature was found in (note that extractions are performed for every organ of three cohorts). Where alignment data were available, next to the name we indicate whether the double substitutions were observed to be in *cis* or otherwise, the latter would suggest that the DBS signature is a false positive signature.

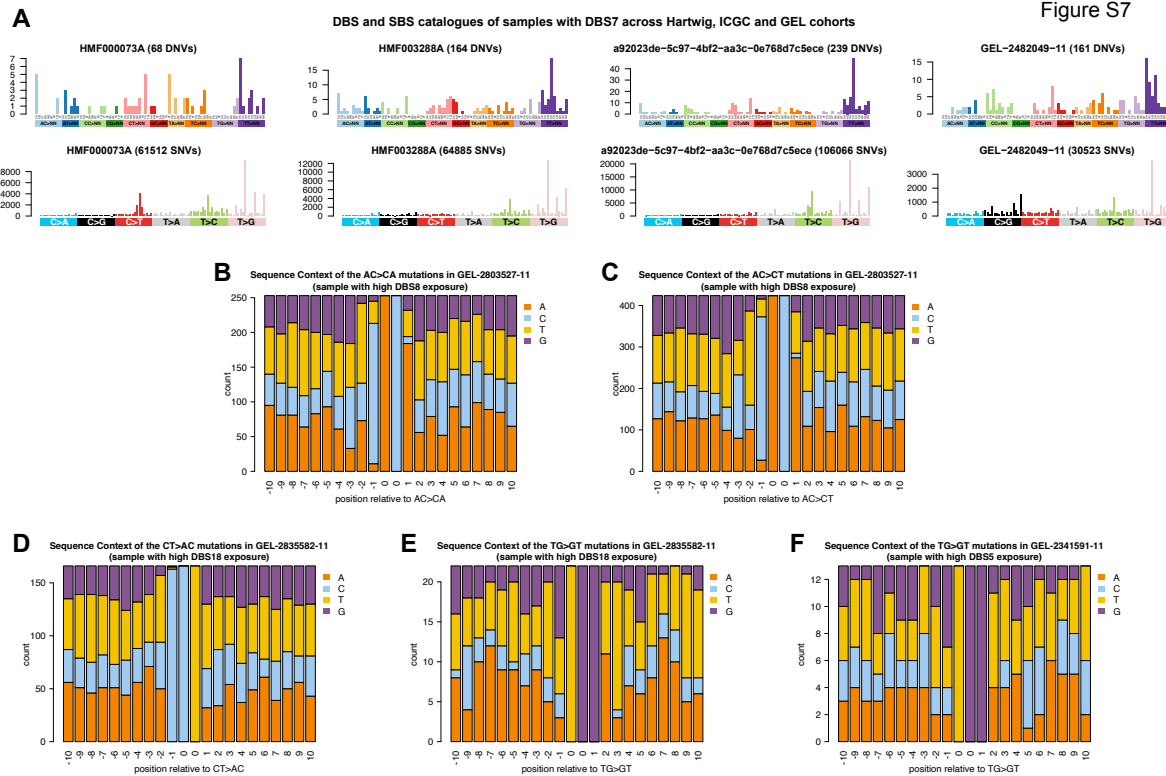


Fig. S7. Exploring flanking sequence context for DBS signatures. (A) DBS and SBS catalogs of four samples with DBS7. (B) Flanking sequence context of AC>CA dinucleotide variants from a sample with high exposure of DBS8, indicating a preference for a CpACpA context. (C) Similar to (B), considering AC>CT variants. (D) Flanking sequence context of dinucleotide variants from samples with high exposure of DBS18, indicating a preference for a CpCTpN context in the case of CT>AC mutations. (E) Similar to (D), considering TG>GT mutations in a DBS18 sample, indicating a preference for a NpTGpG context. (F) Similar to (E), TG>GT mutations in a DBS5 sample, also indicating a preference for a NpTGpG context.

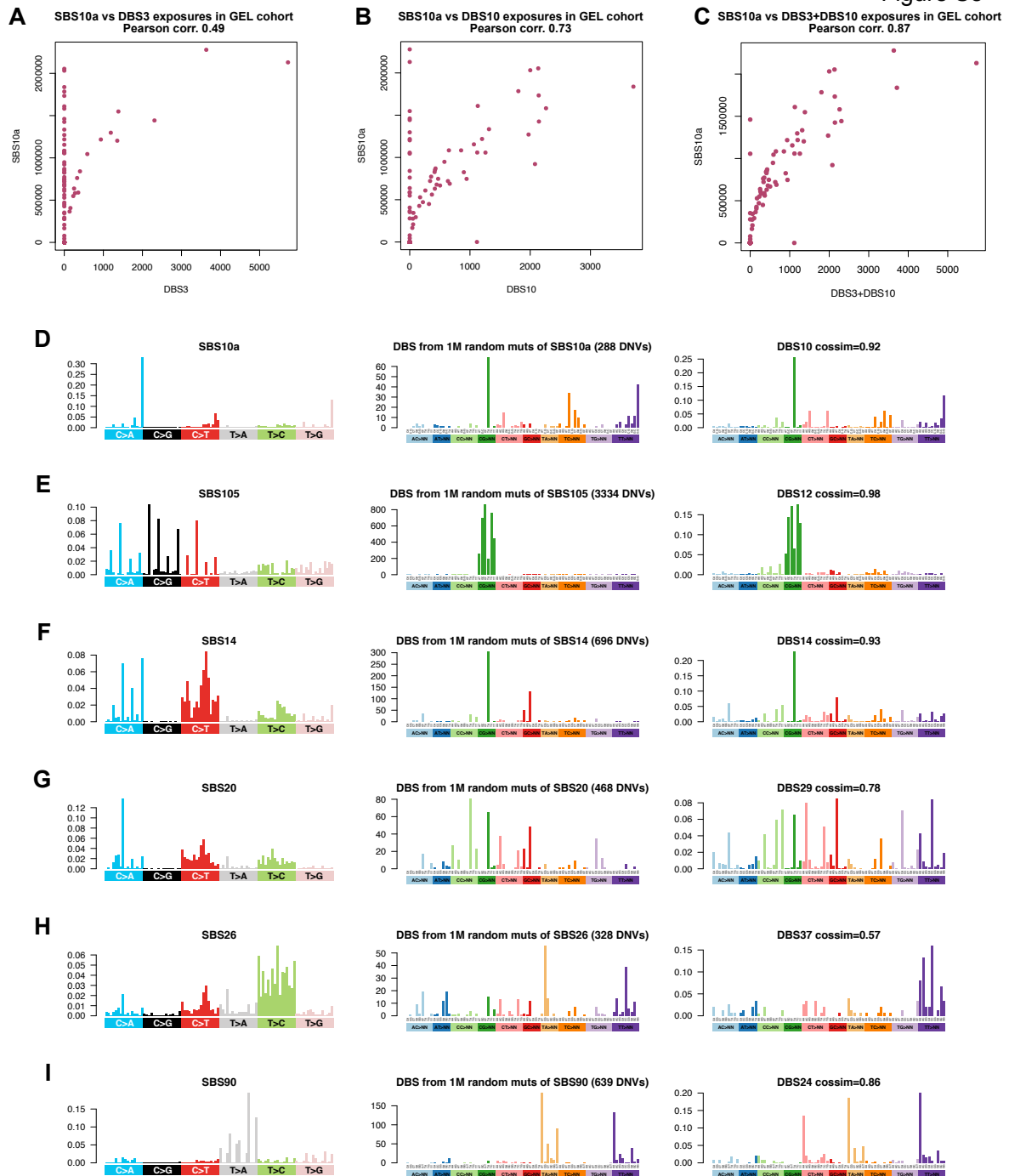


Fig. S8. Relationships between SBS and DBS signatures: correlations and simulations of expected patterns. (A) Correlation between the exposures of SBS10a and DBS3 across all samples in the GEL cohort. (B) Correlation between the exposures of SBS10a and DBS10 across all samples in the GEL cohort. (C) Correlation between the exposures of SBS10a and the sum of DBS3 and DBS10 across all samples in the GEL cohort. The highest correlation is obtained when the exposures of SBS10a are compared to the sum of the exposures of DBS3 and DBS10. (D) Simulation study to determine whether SBS10a can produce DBS signatures due to random adjacent single nucleotide variants. One million mutations have been randomly sampled and placed across the genome according to the probability defined by the SBS10a pattern (signature on the left). Variants that are adjacent are then considered as double substitutions and a DBS mutational catalog is generated accordingly (signature at the center). The most

similar DBS signature is shown on the right, DBS10, displaying the cosine similarity between the DBS signatures and the sampled profile. **(E)** Similar to (D), sampling SBS105 and DBS12 as the most similar DBS signature. **(F)** Similar to (D), sampling SBS14 and DBS14 as the most similar DBS signature. **(G)** Similar to (D), sampling SBS20 and DBS29 as the most similar DBS signature. **(H)** Similar to (D), sampling SBS26 and DBS37 as the most similar DBS signature. **(I)** Similar to (D), sampling SBS90 and DBS24 as the most similar DBS signature.

HRDetect score in the GEL cohort

Figure S9

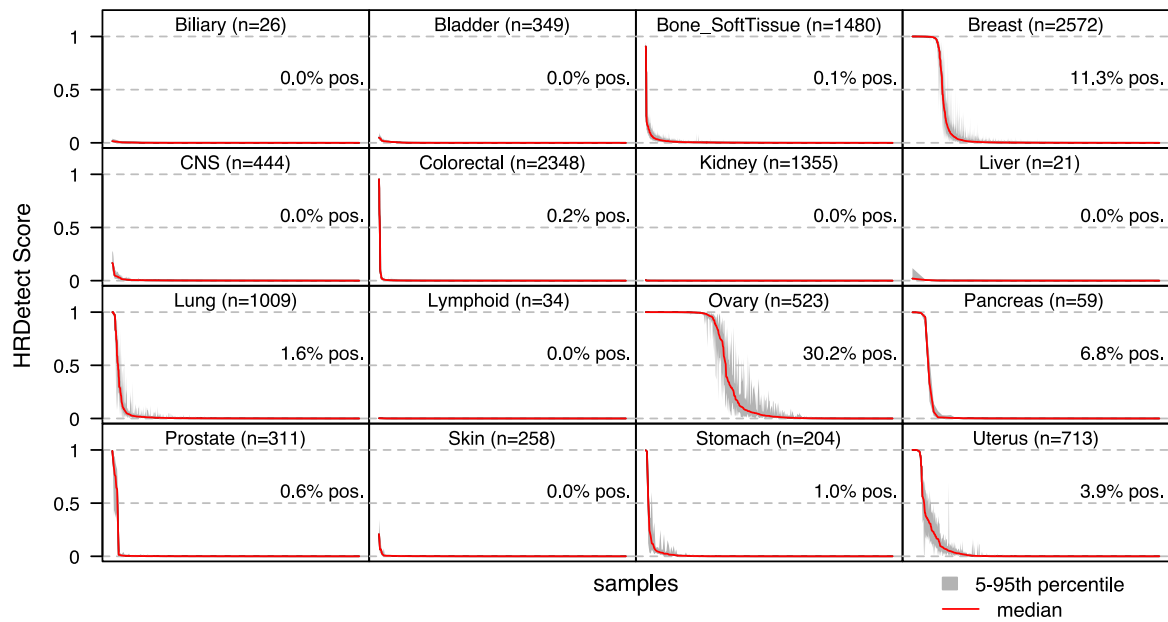


Fig. S9. HRDetect scores across 16 organs. HRDetect score computed in 16 organs in the GEL cohort. For each sample, we computed 1000 bootstrap scores by perturbing the HRDetect input features and provided a median and 5-95th percentile confidence interval (CI). A sample was considered HRDetect score positive, indicating likely homologous recombination deficiency, if all the CI was above 0.5. For each organ we indicated the number of samples (n) for which the score was calculated, and we indicated the percentage of positive samples (pos.).

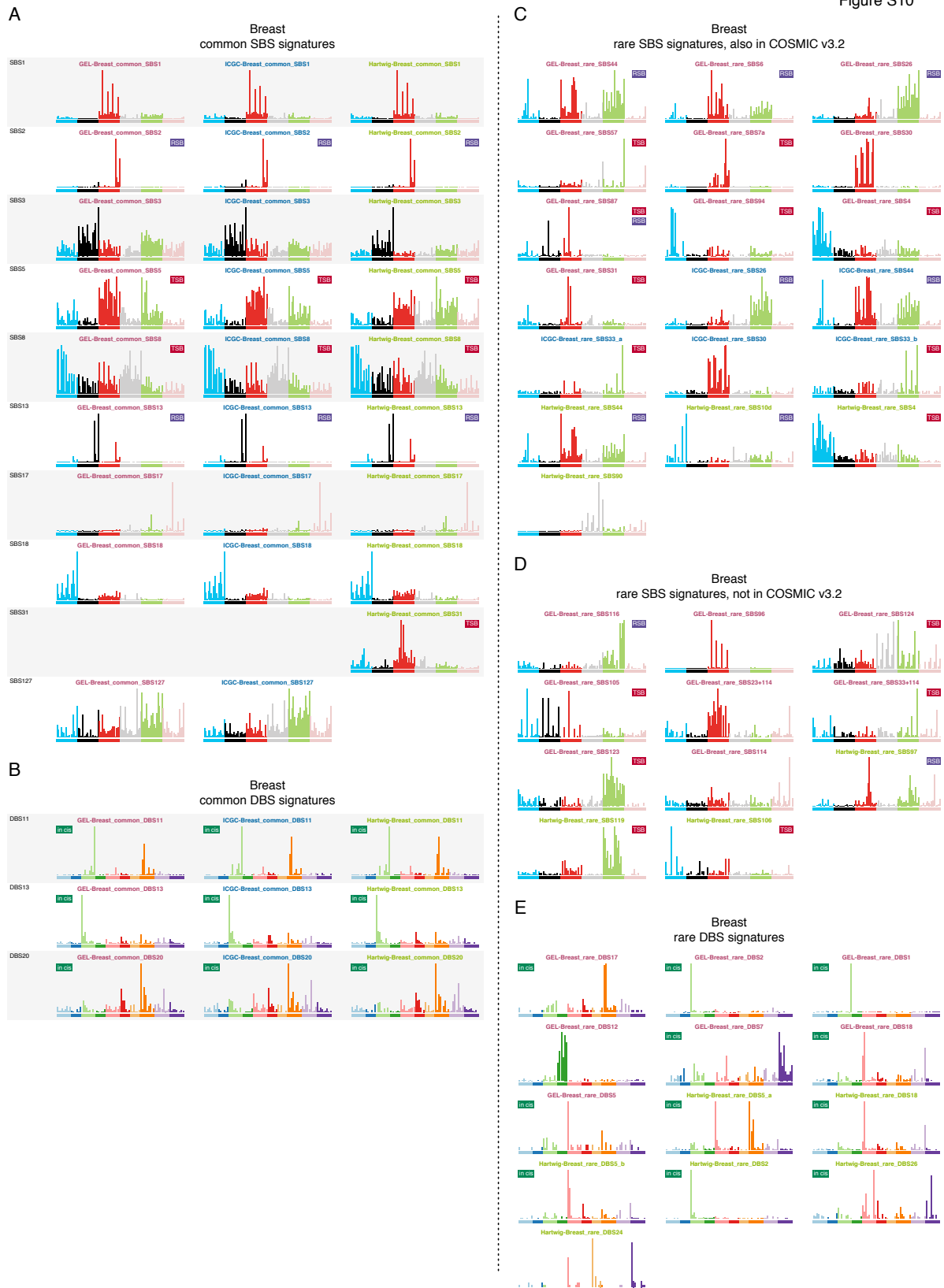


Fig. S10. Summary of breast cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

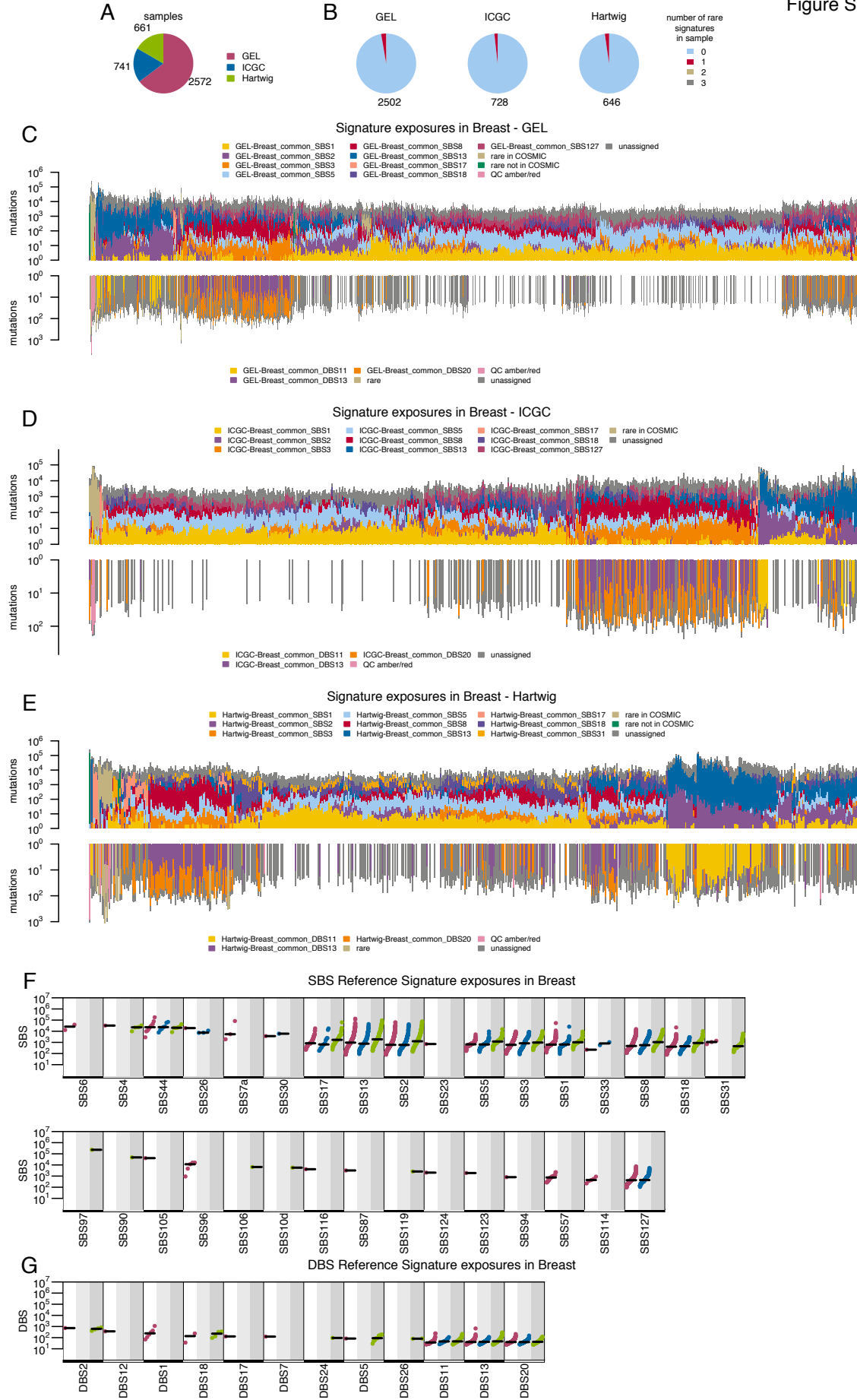


Fig. S11. Summary of signatures distribution in breast cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S12. Summary of ovarian cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

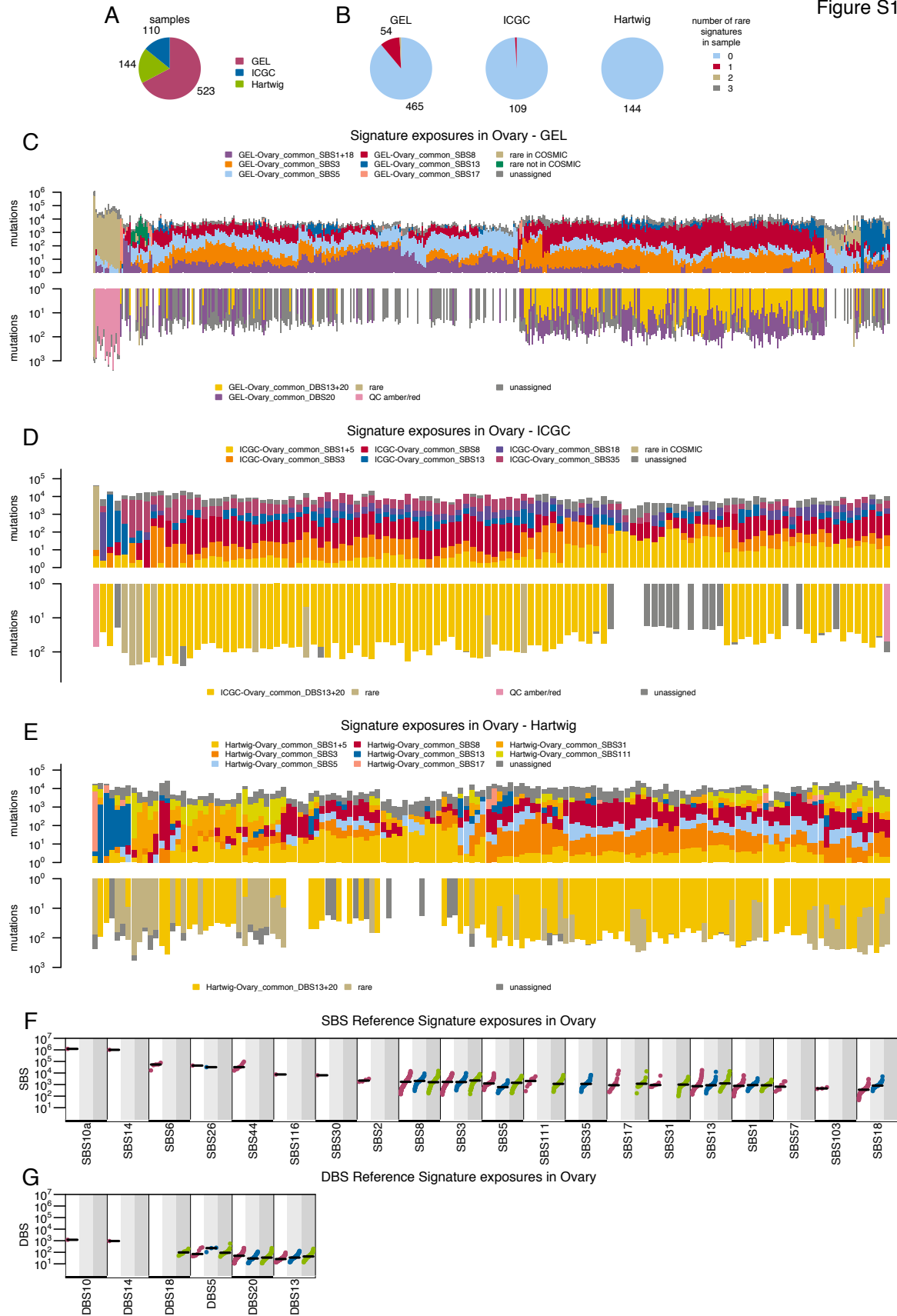


Fig. S13. Summary of signatures distribution in ovarian cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S14. Summary of kidney cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

Figure S15

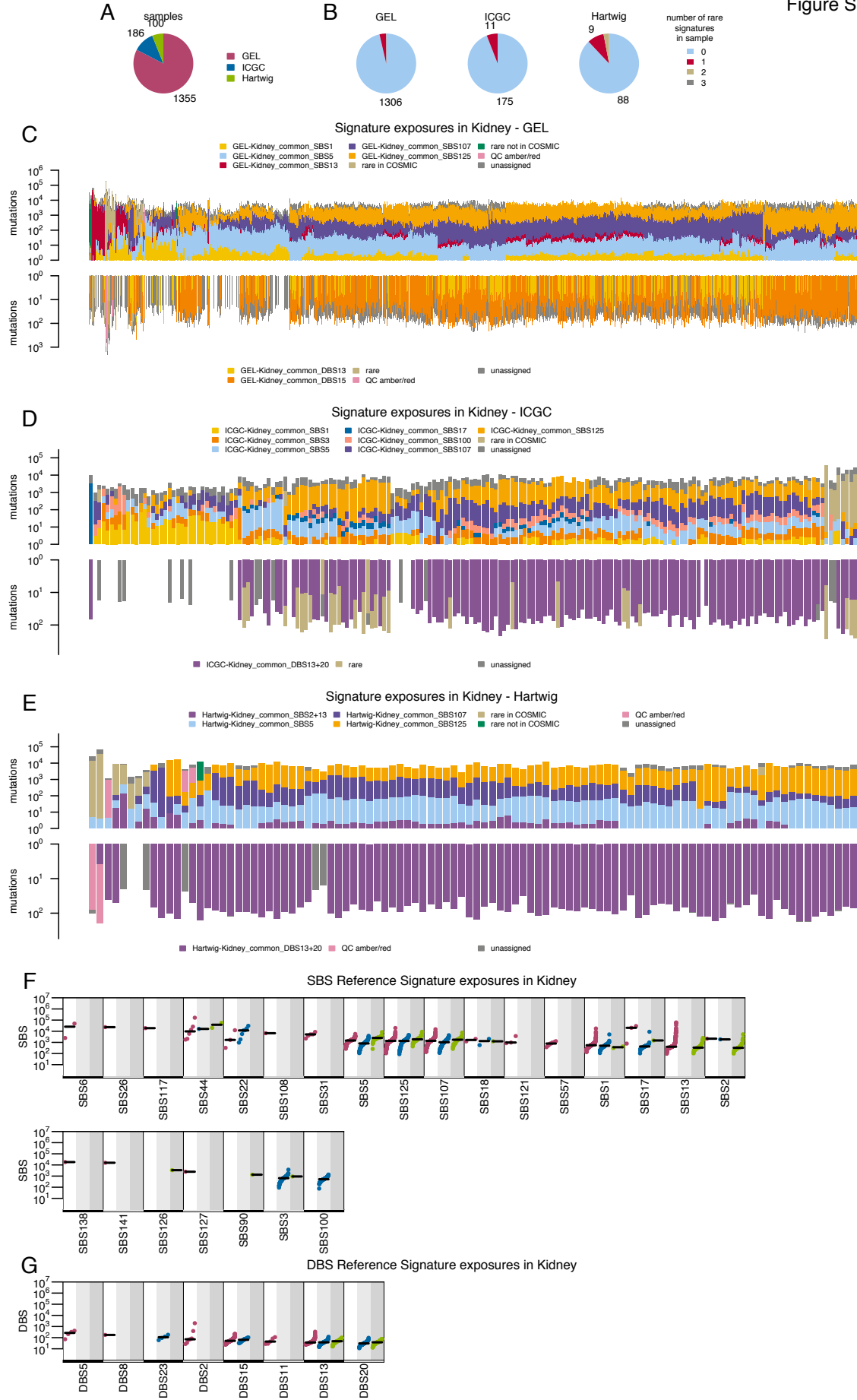


Fig. S15. Summary of signatures distribution in kidney cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. (D) Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. (E) Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. (F) Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. (G) Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.

Figure S16

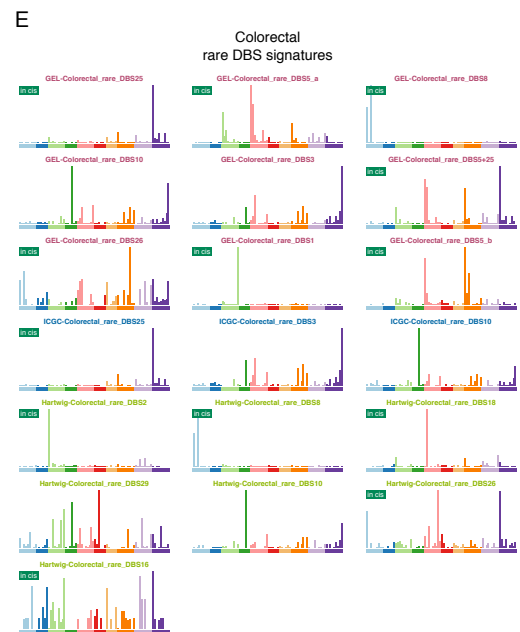
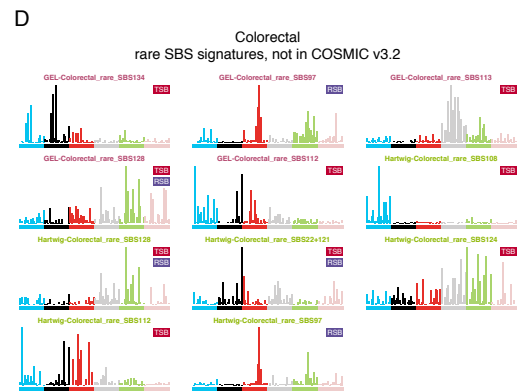
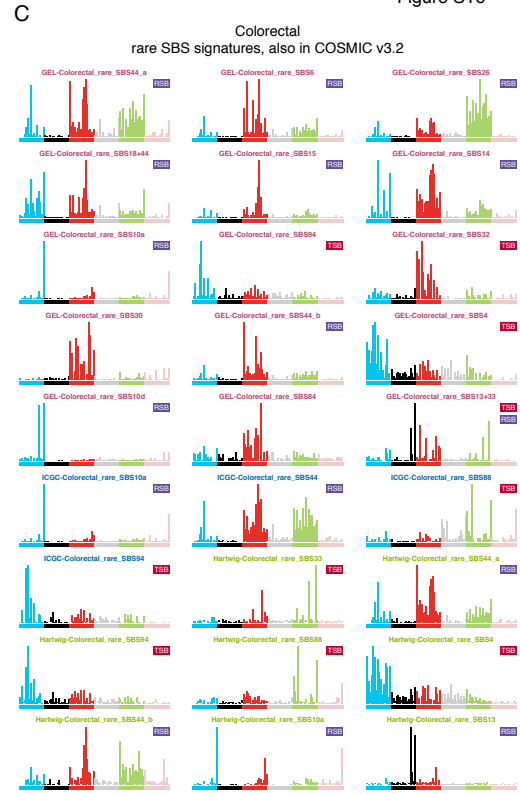
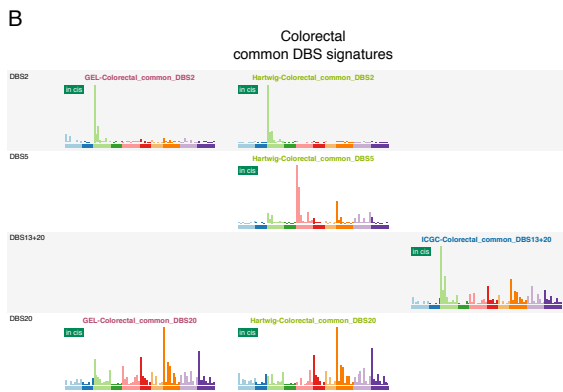
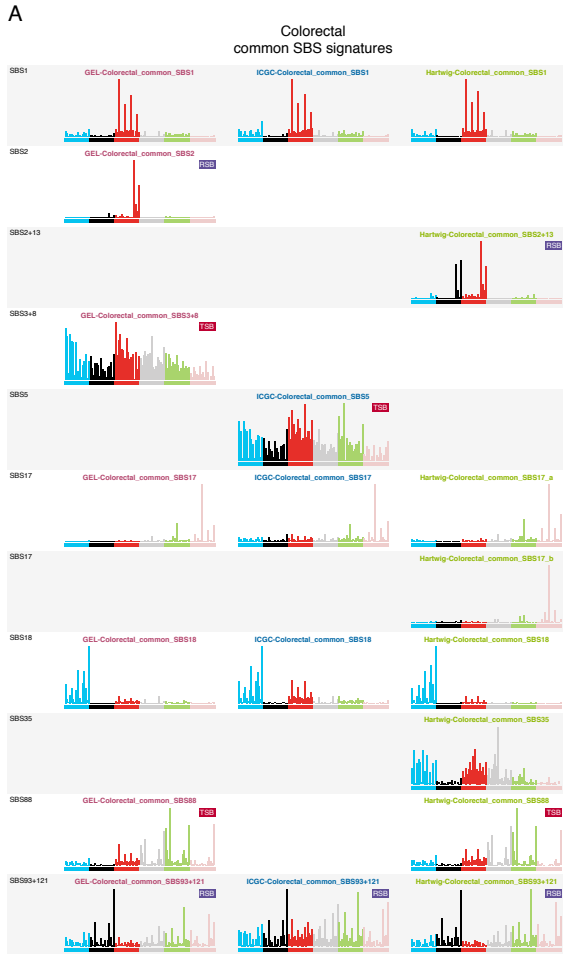


Fig. S16. Summary of colorectal cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

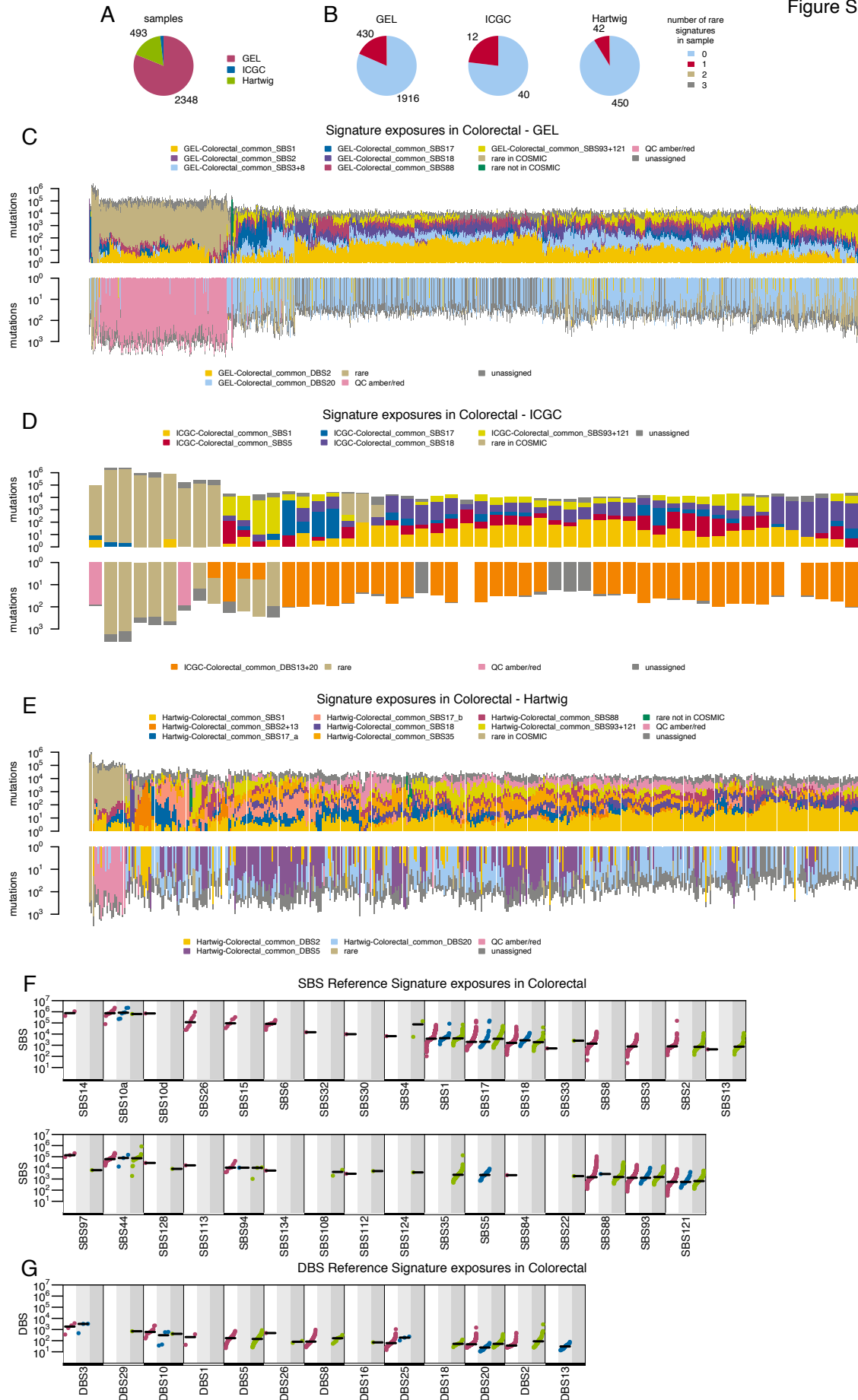


Fig. S17. Summary of signatures distribution in colorectal cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. (D) Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. (E) Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. (F) Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. (G) Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S18. Summary of bone and soft tissue cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

Figure S19

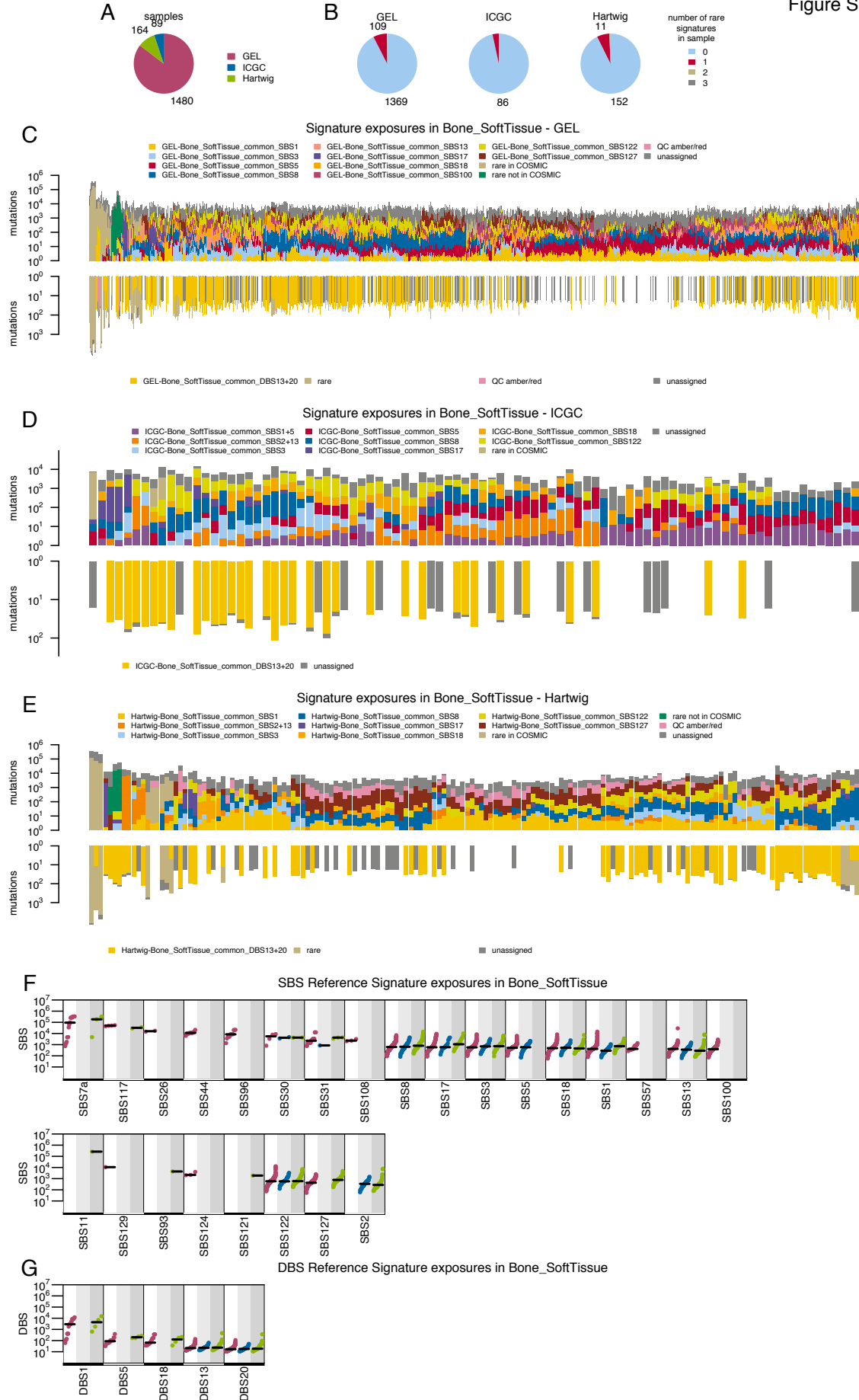


Fig. S19. Summary of signatures distribution in bone and soft tissue cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S20. Summary of lung cancer signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, (D) rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, (E) rare DBS signatures.

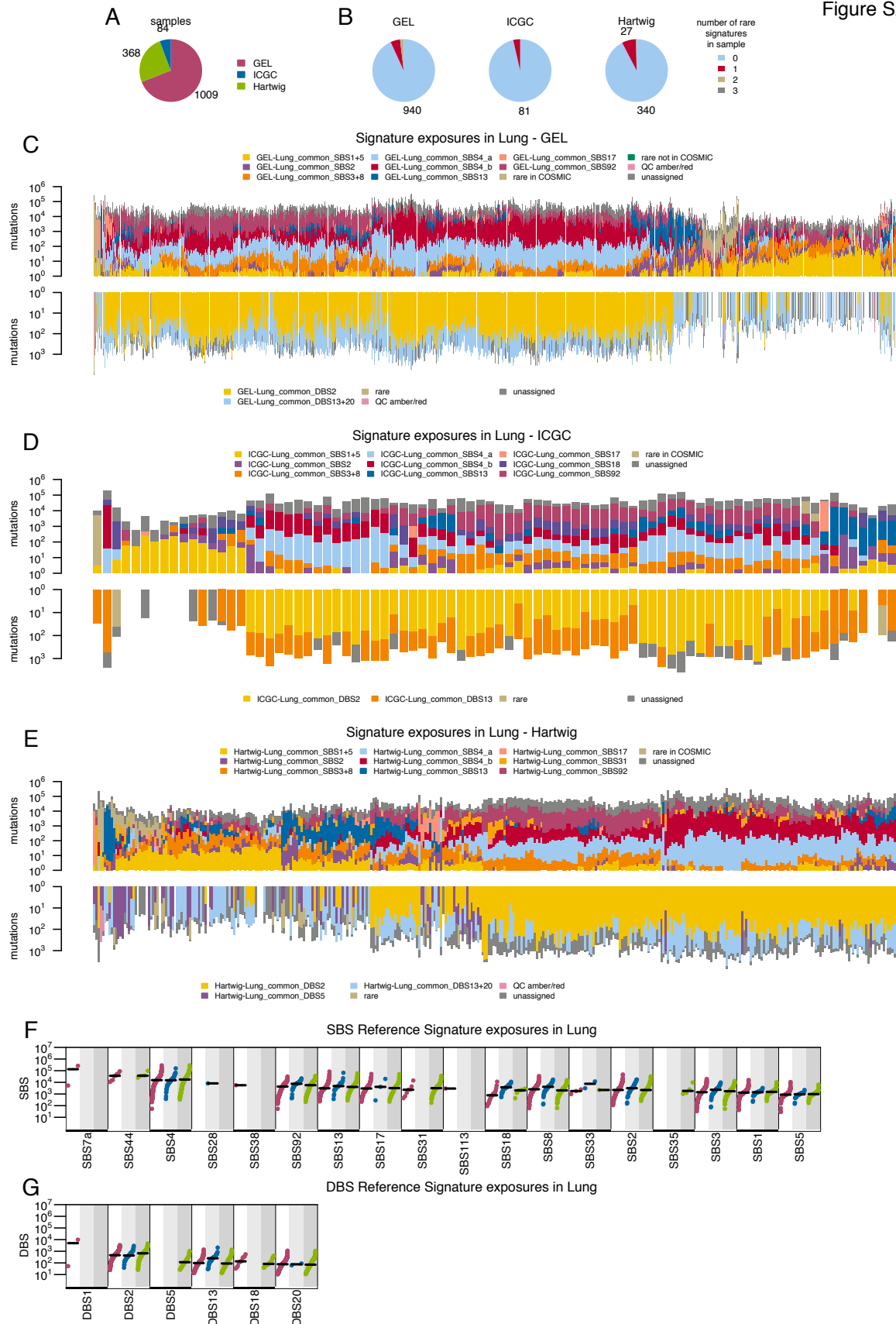


Fig. S21. Summary of signatures distribution in lung cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S22. Summary of uterine cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

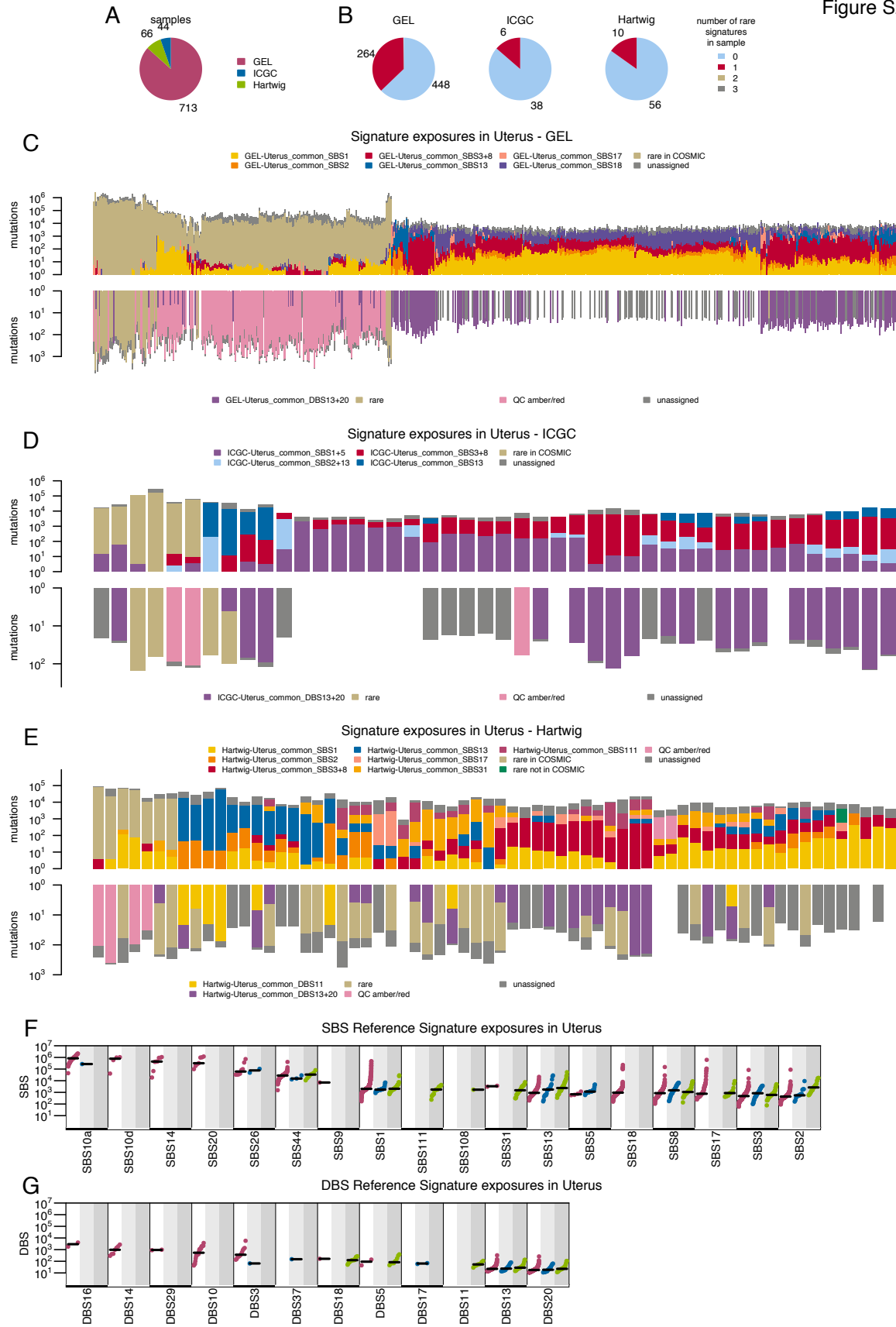


Fig. S23. Summary of signatures distribution in uterine cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.

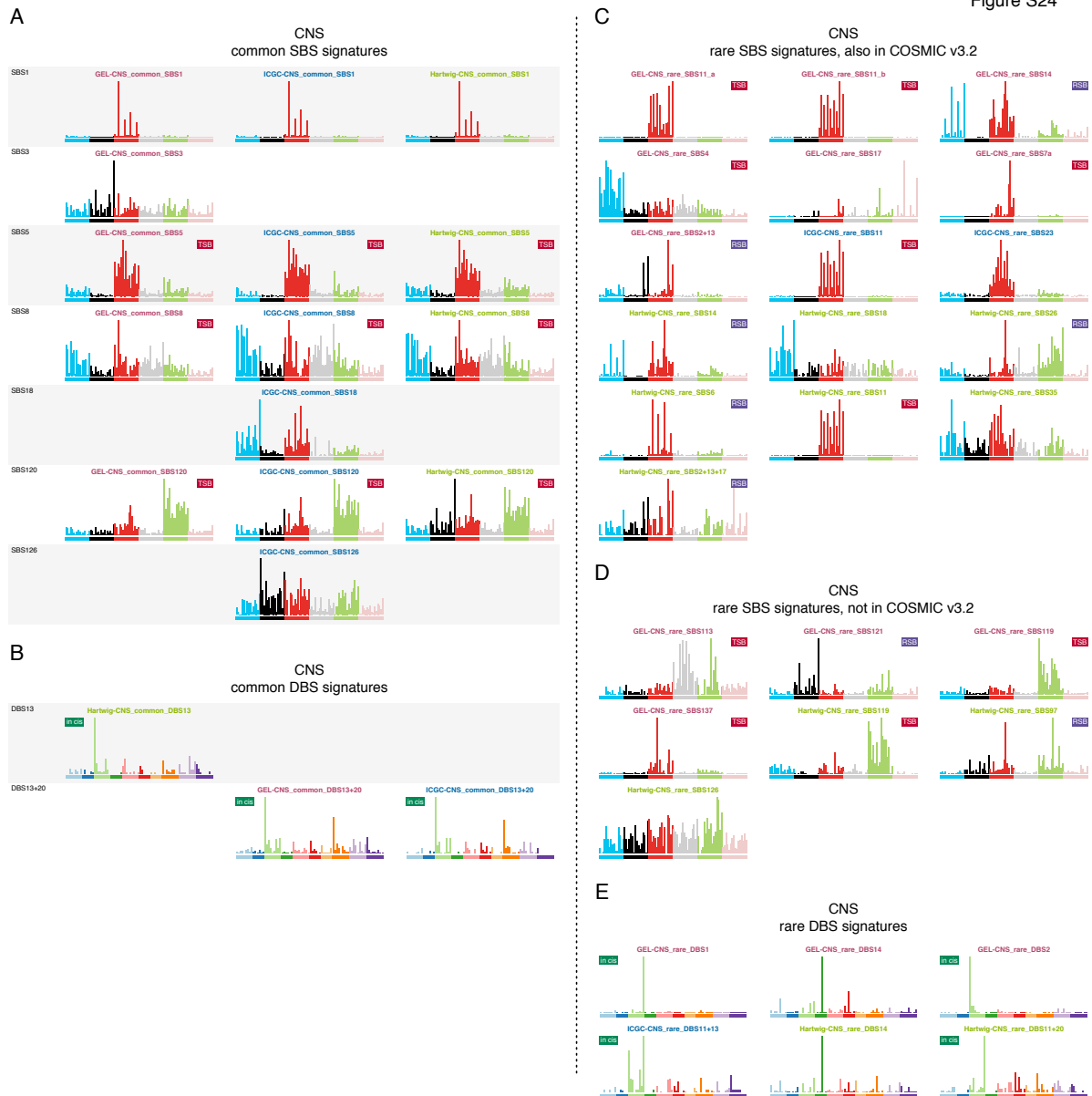


Fig. S24. Summary of central nervous system (CNS) cancer signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, (D) rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, (E) rare DBS signatures.

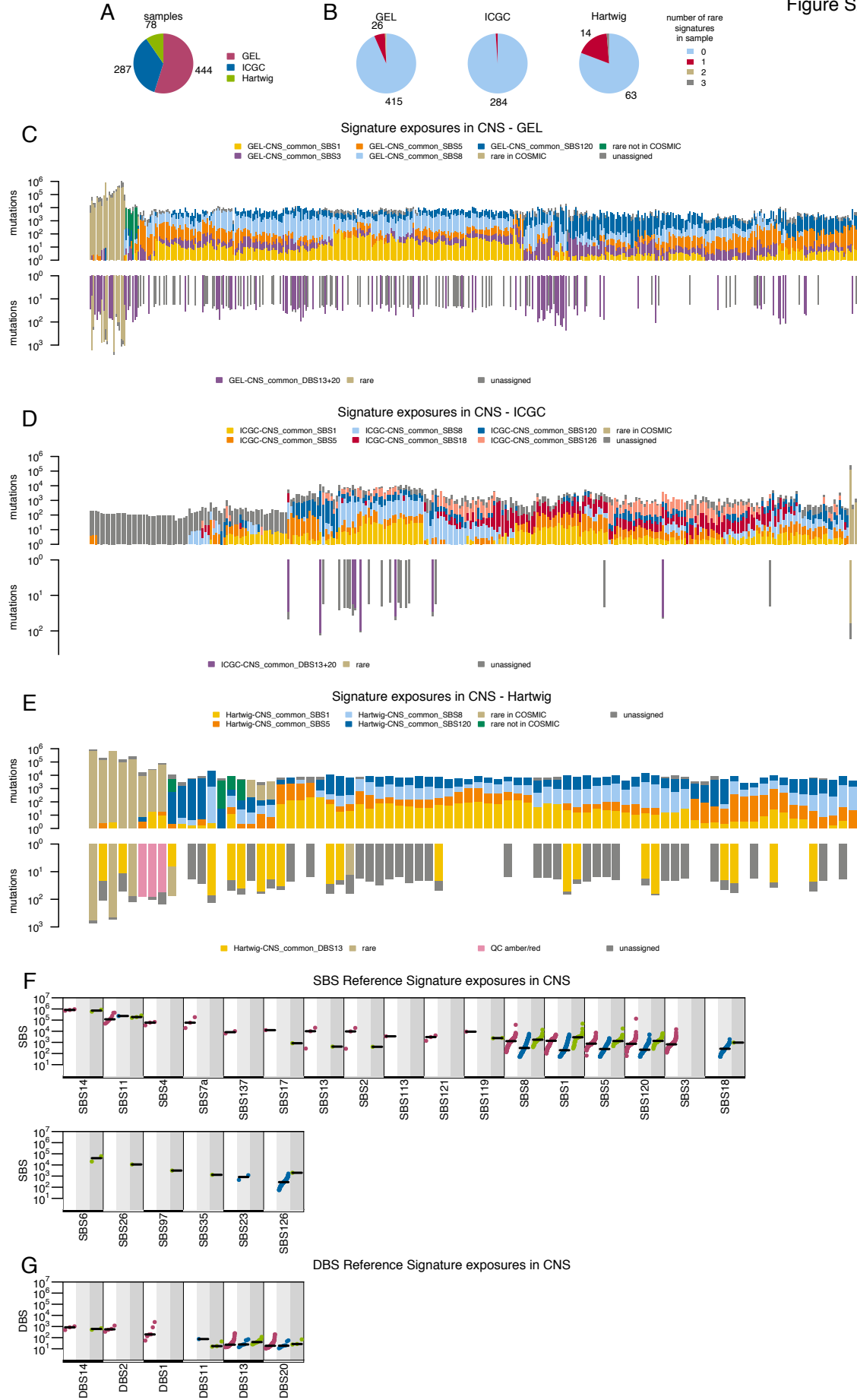


Fig. S25. Summary of signatures distribution in central nervous system (CNS) cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S26. Summary of prostate cancer signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, (D) rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, (E) rare DBS signatures.

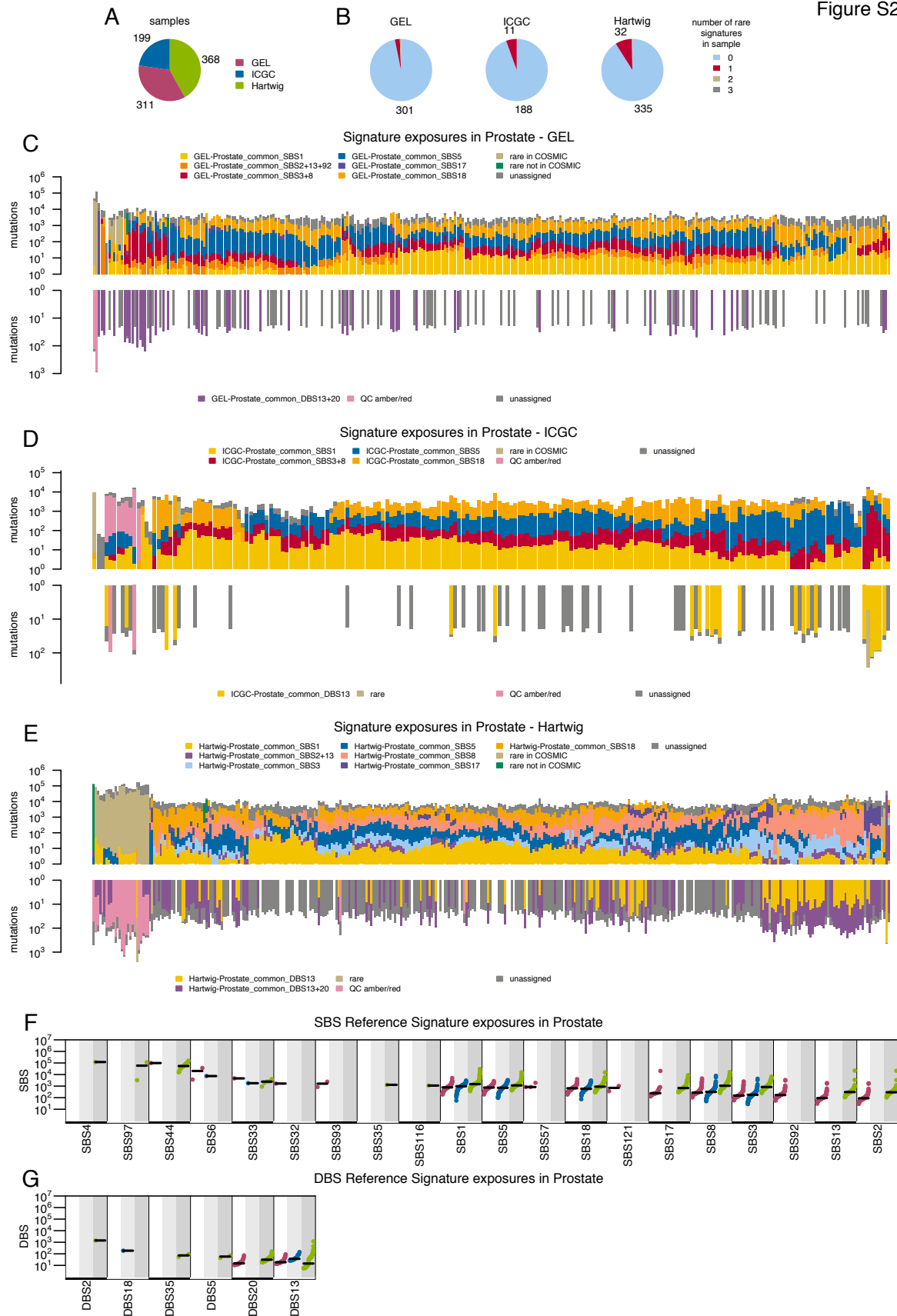


Fig. S27. Summary of signatures distribution in prostate cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S28. Summary of bladder cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

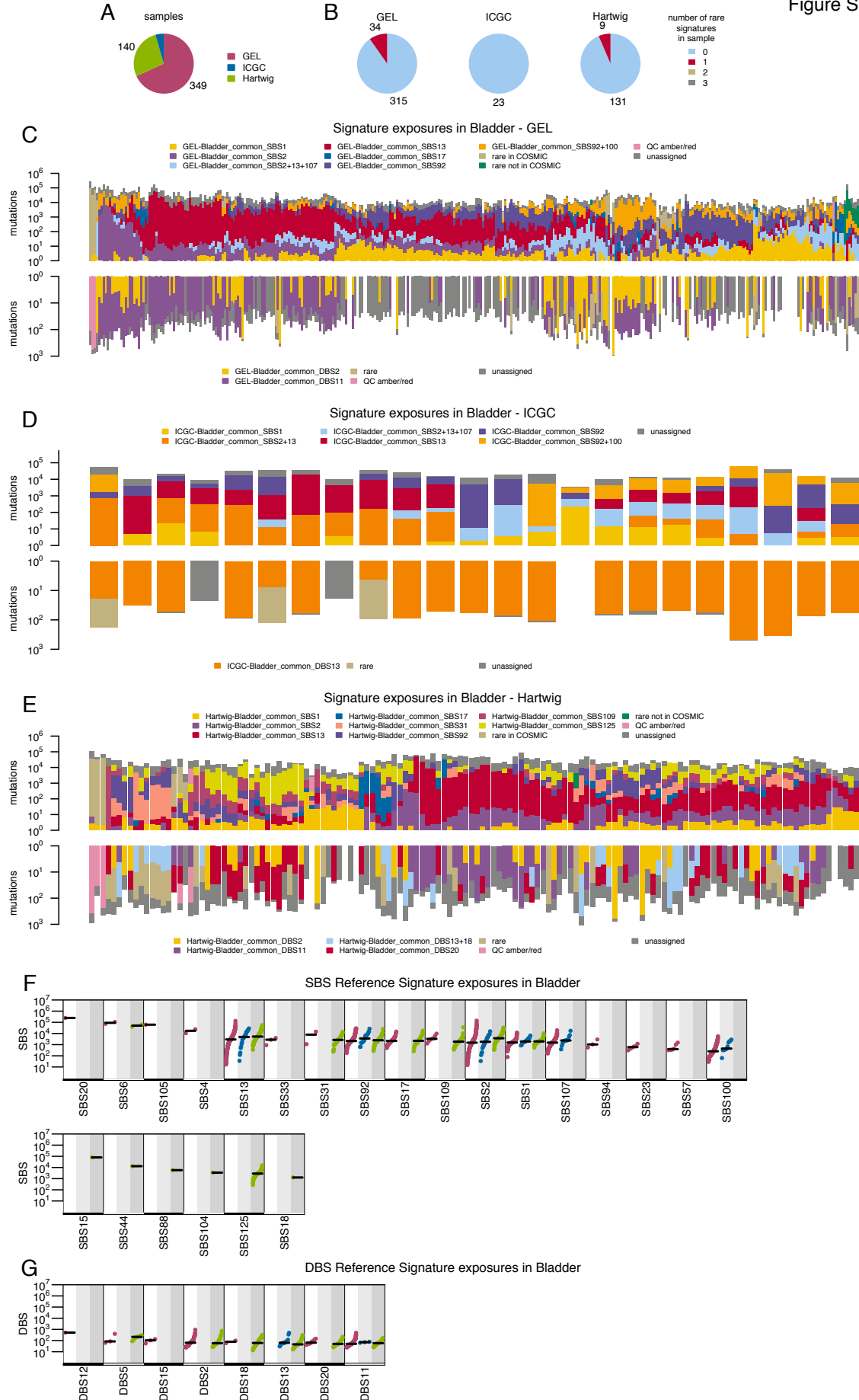


Fig. S29. Summary of signatures distribution in bladder cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.

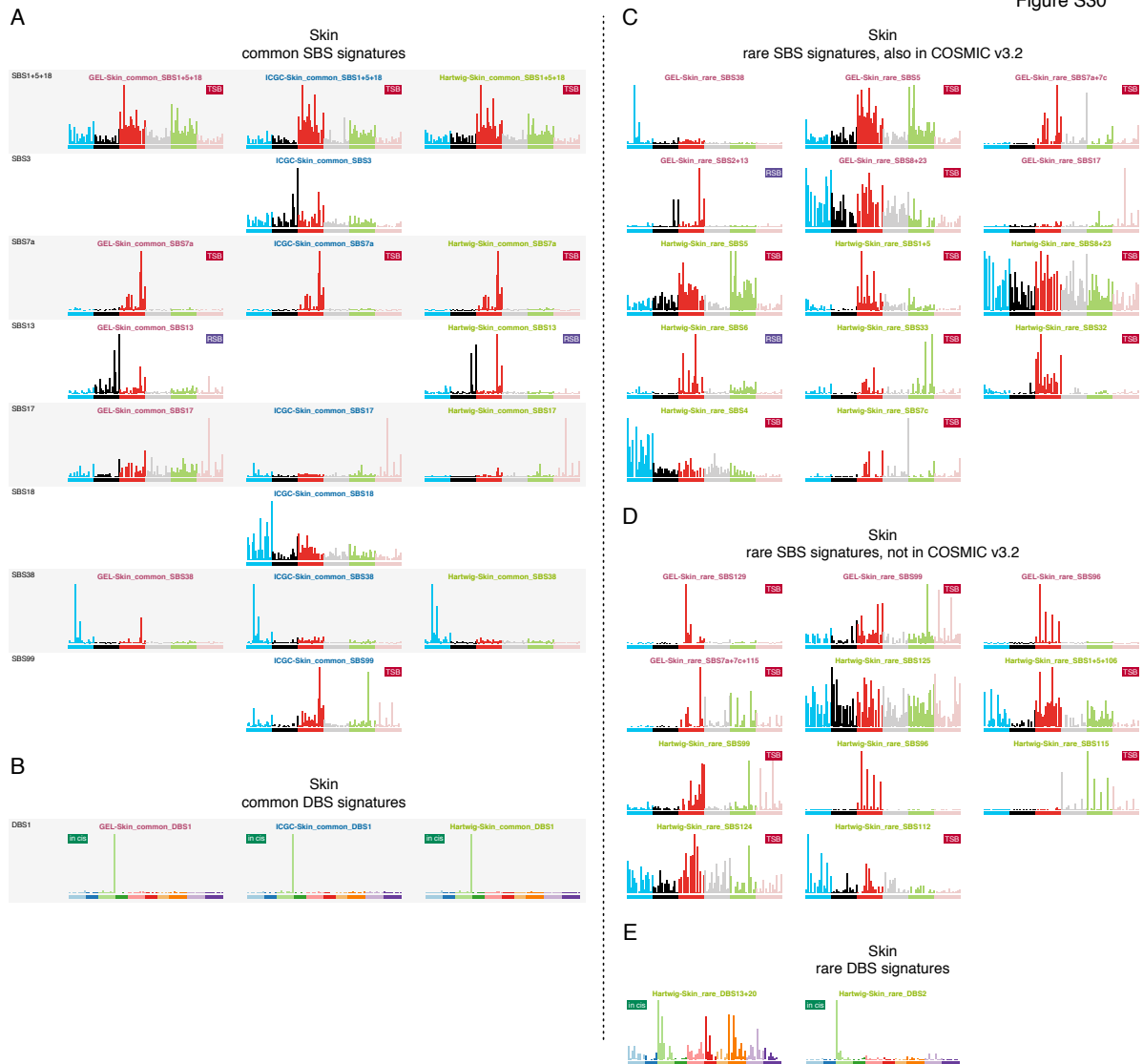


Fig. S30. Summary of skin cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

Figure S31

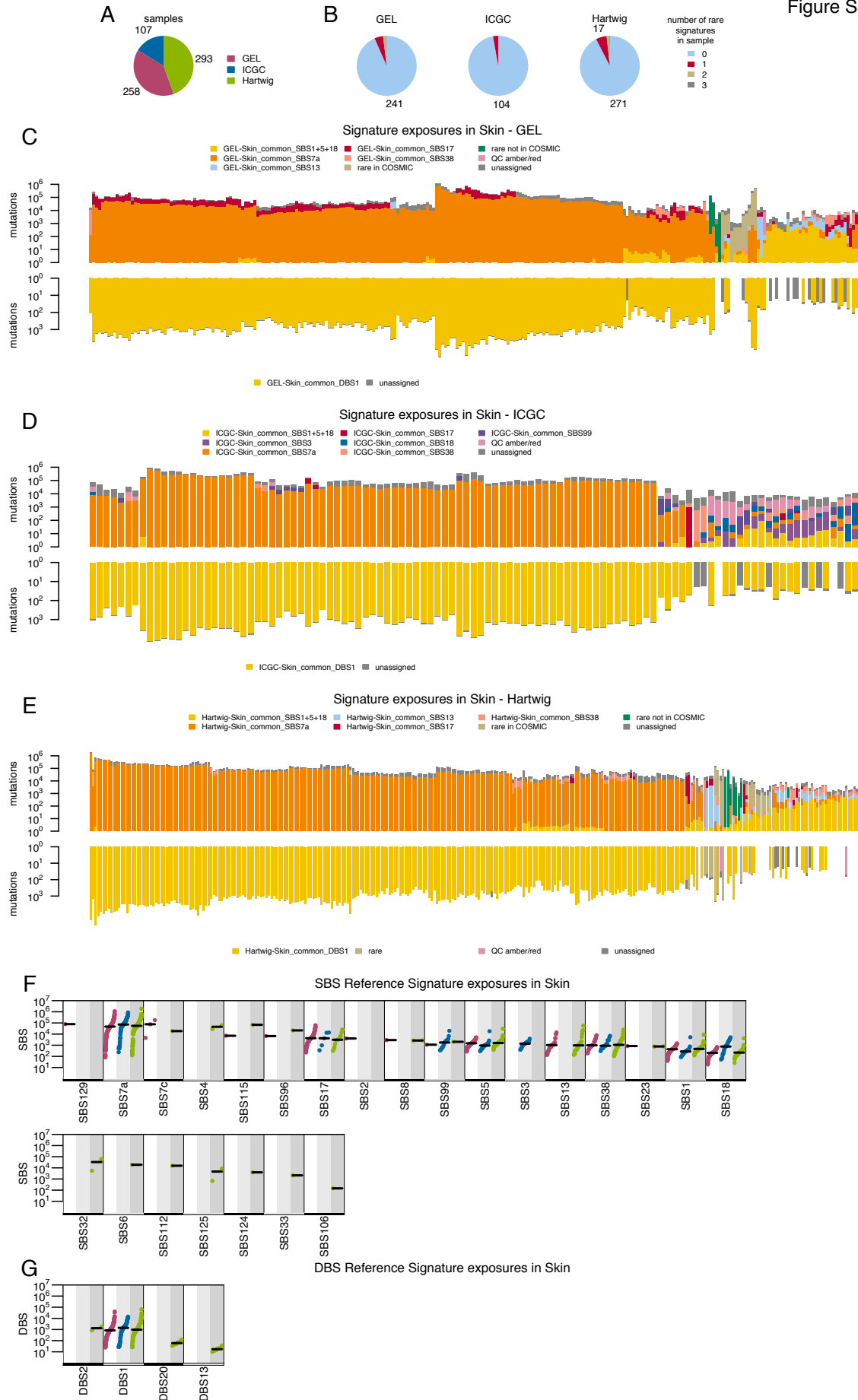


Fig. S31. Summary of signatures distribution in skin cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. (D) Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. (E) Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. (F) Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. (G) Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S32. Summary of stomach cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

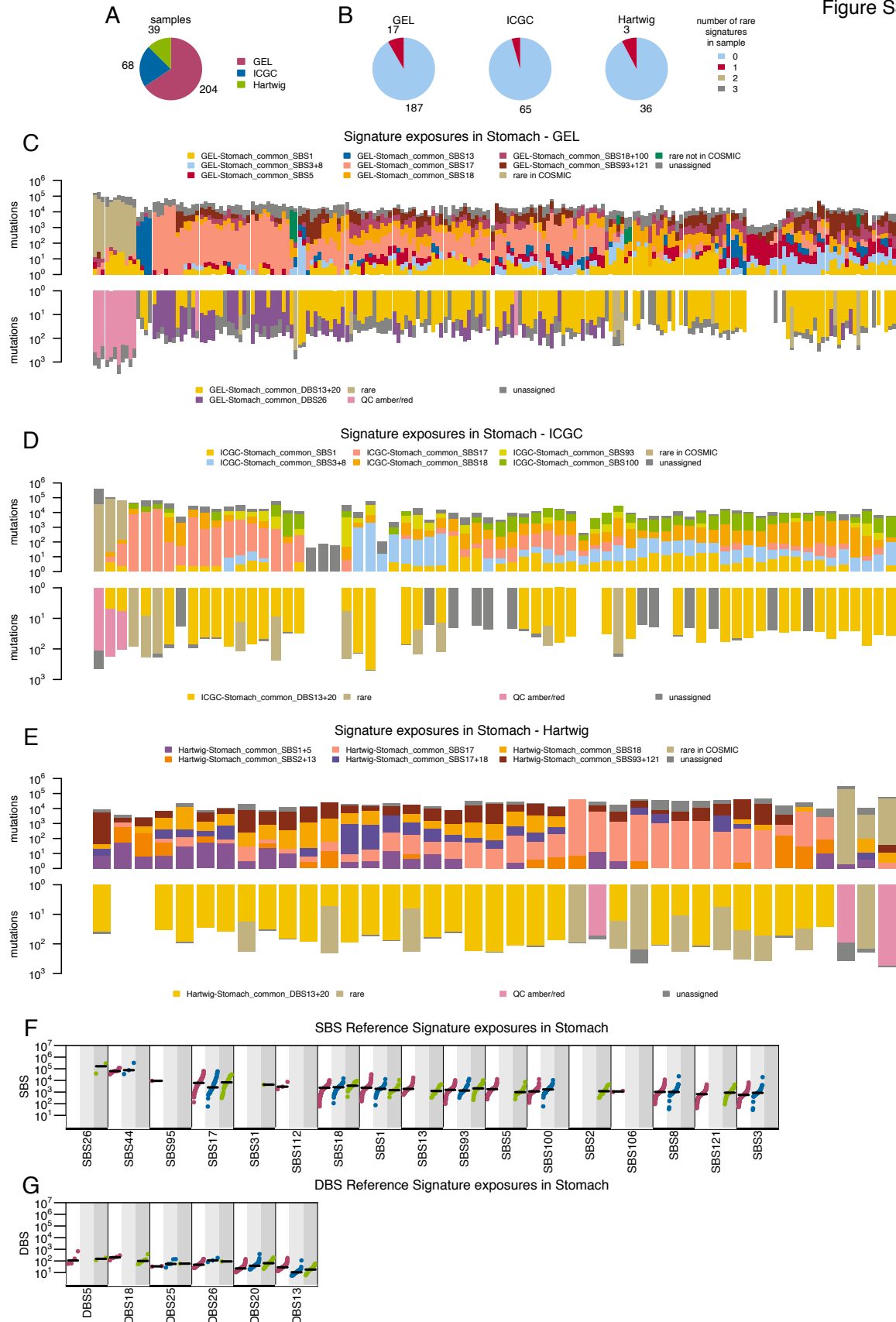


Fig. S33. Summary of signatures distribution in stomach cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S34. Summary of neuroendocrine cancer (NET) signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, (D) rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, (E) rare DBS signatures.

Figure S35

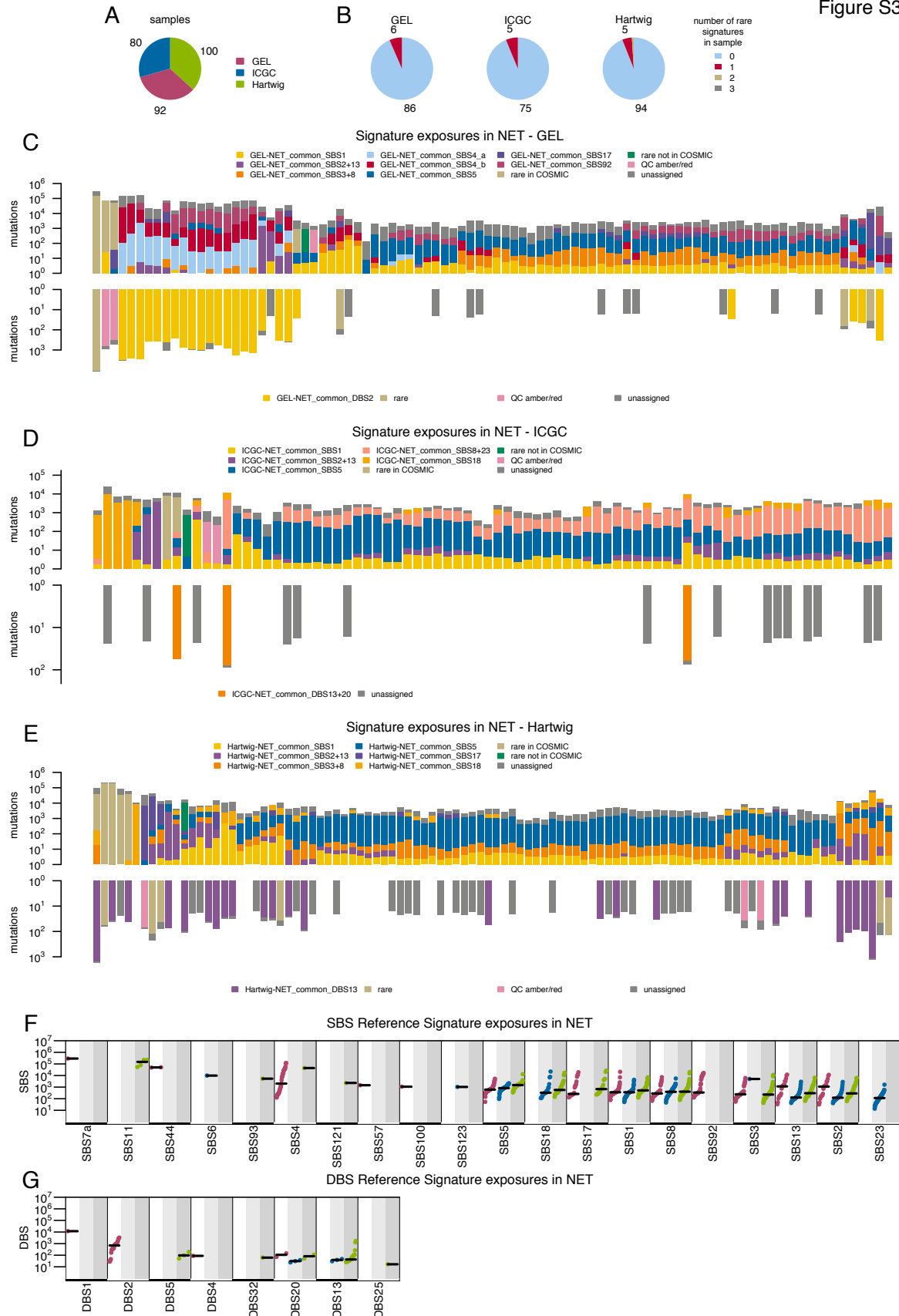


Fig. S35. Summary of signatures distribution in neuroendocrine cancer (NET) samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample

in GEL. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S36. Summary of pancreatic cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

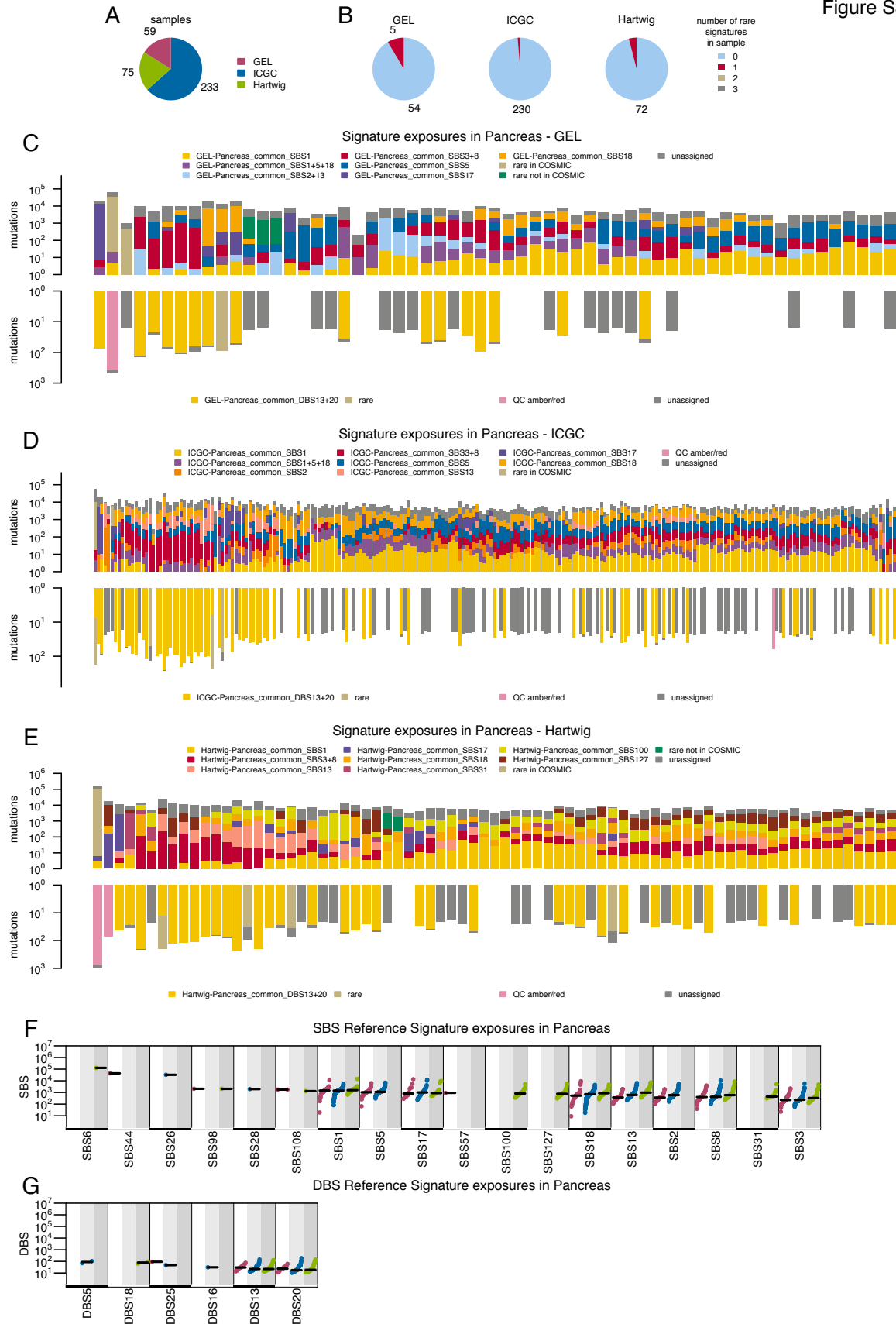


Fig. S37. Summary of signatures distribution in pancreatic cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.

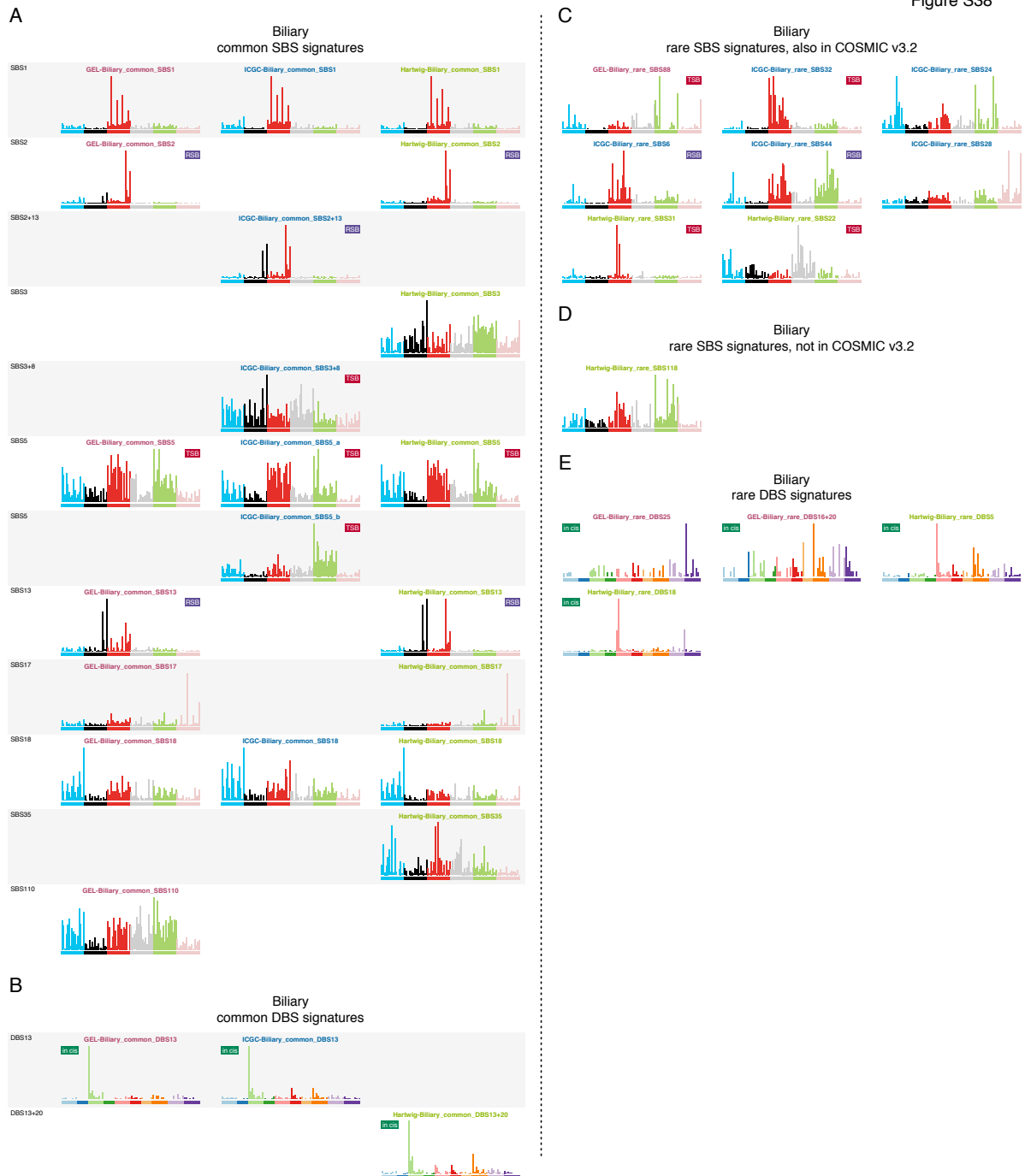


Fig. S38. Summary of biliary cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

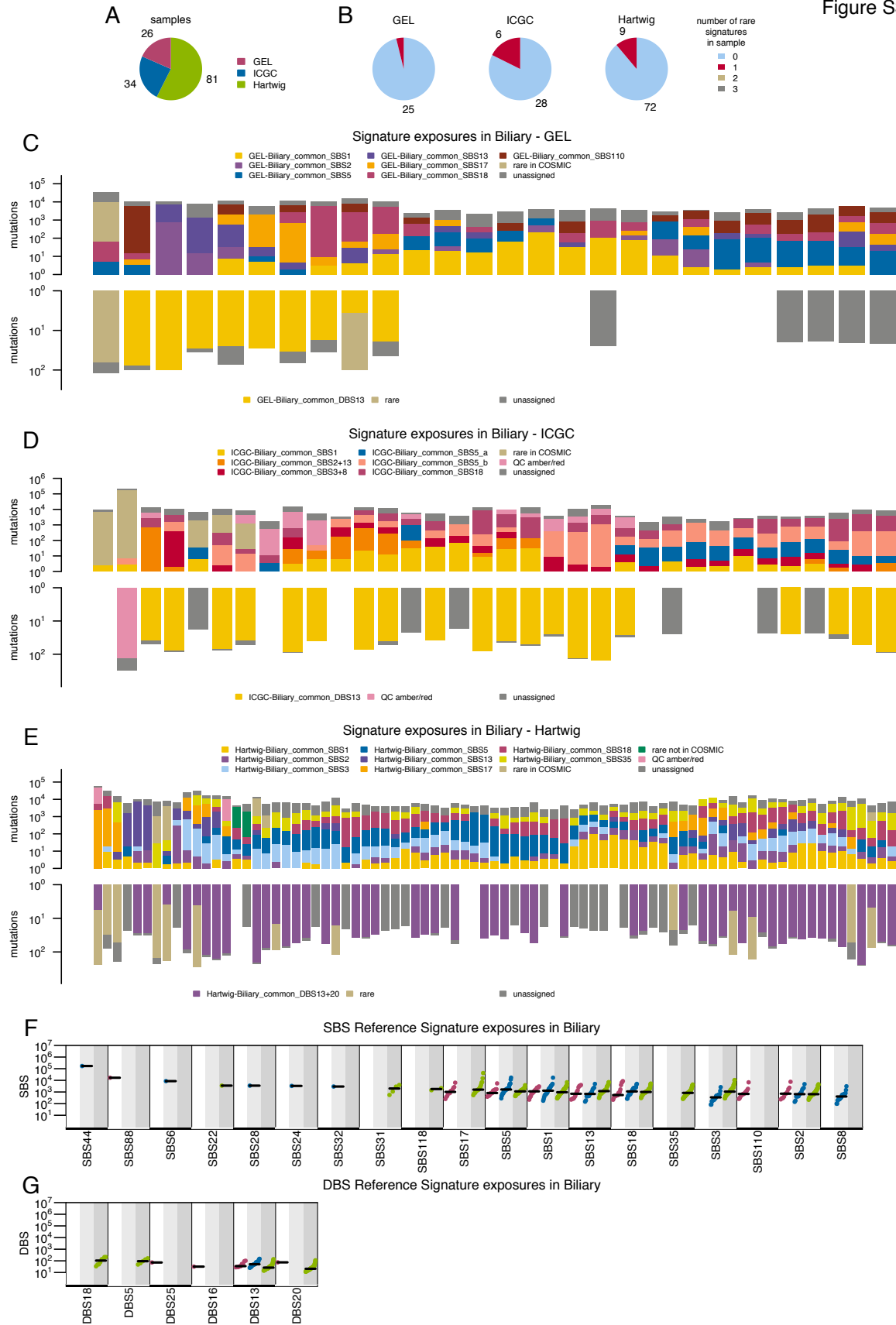


Fig. S39. Summary of signatures distribution in biliary cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.

Figure S40

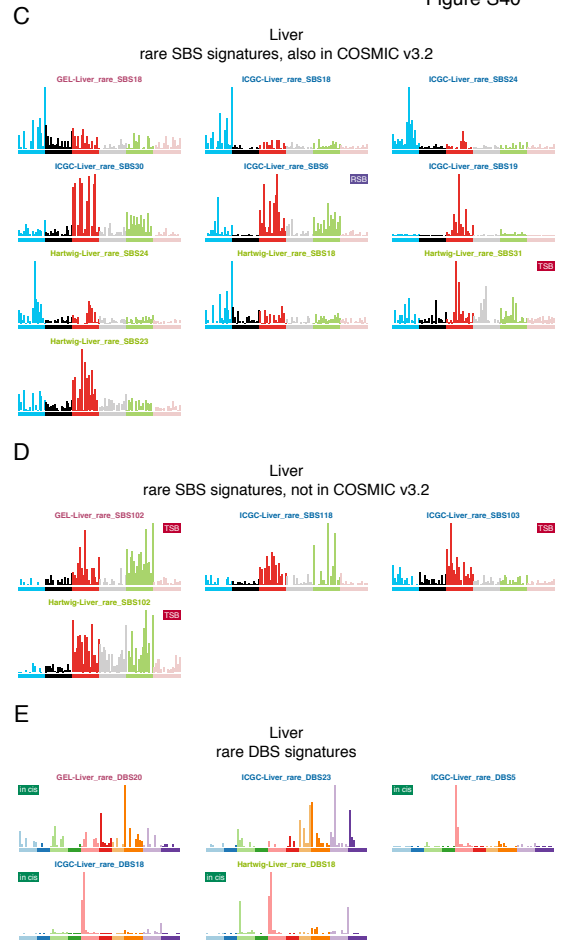
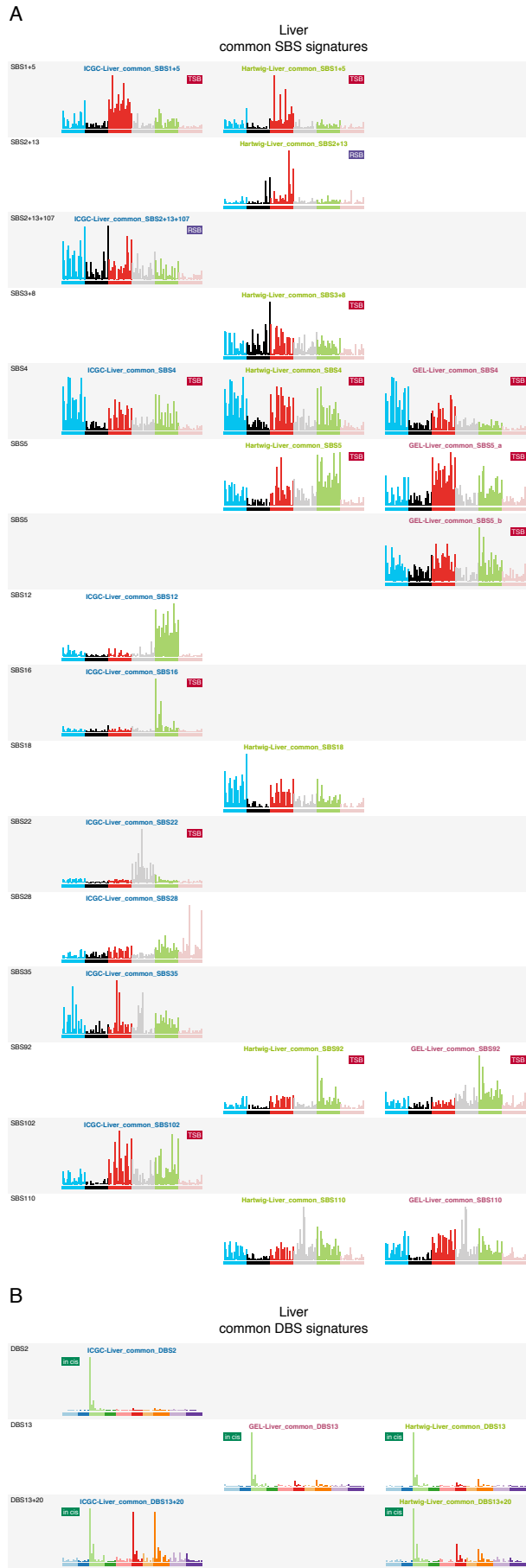


Fig. S40. Summary of liver cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

Figure S41

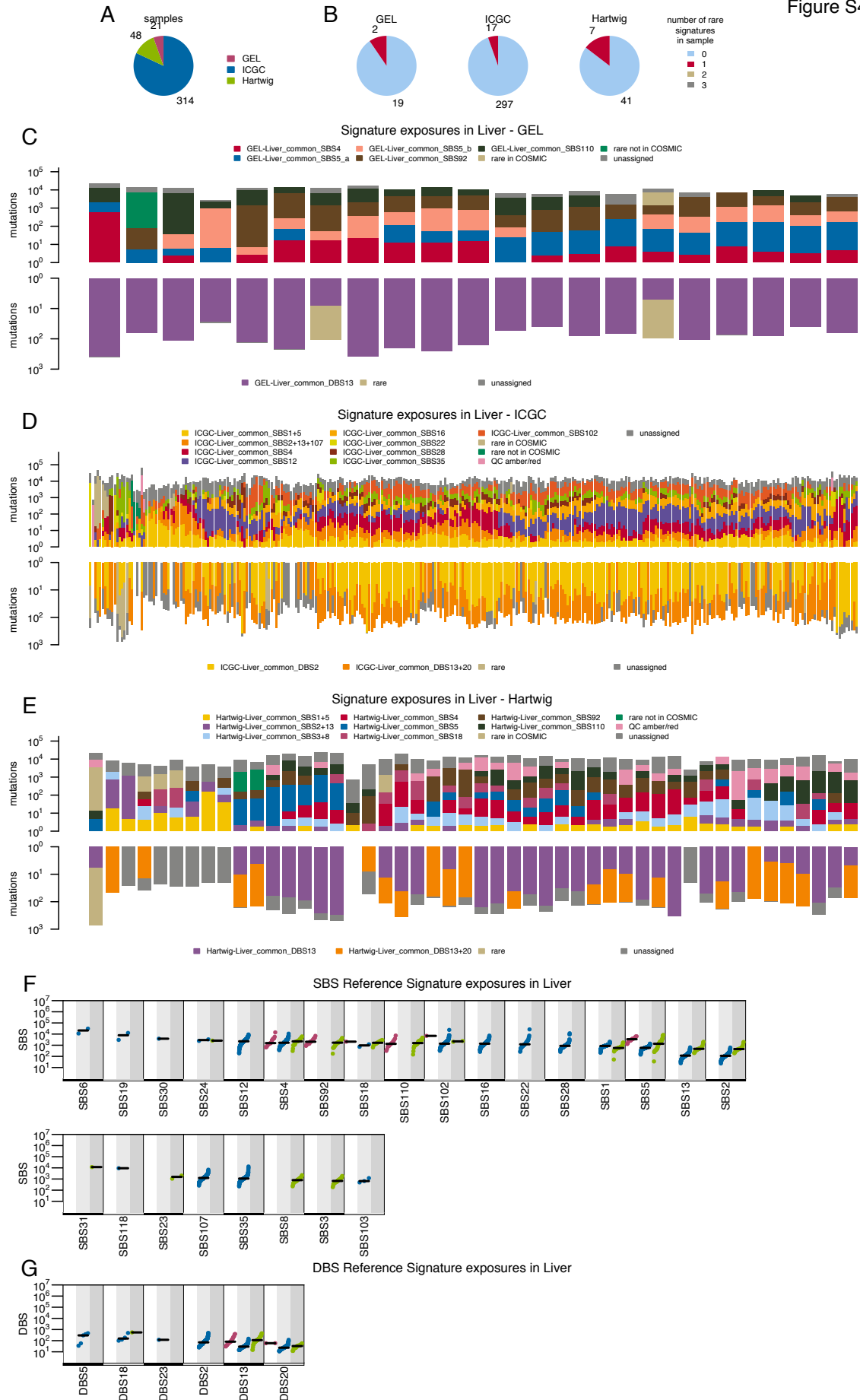


Fig. S41. Summary of signatures distribution in liver cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. (D) Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. (E) Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. (F) Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. (G) Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S42. Summary of lymphoid cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

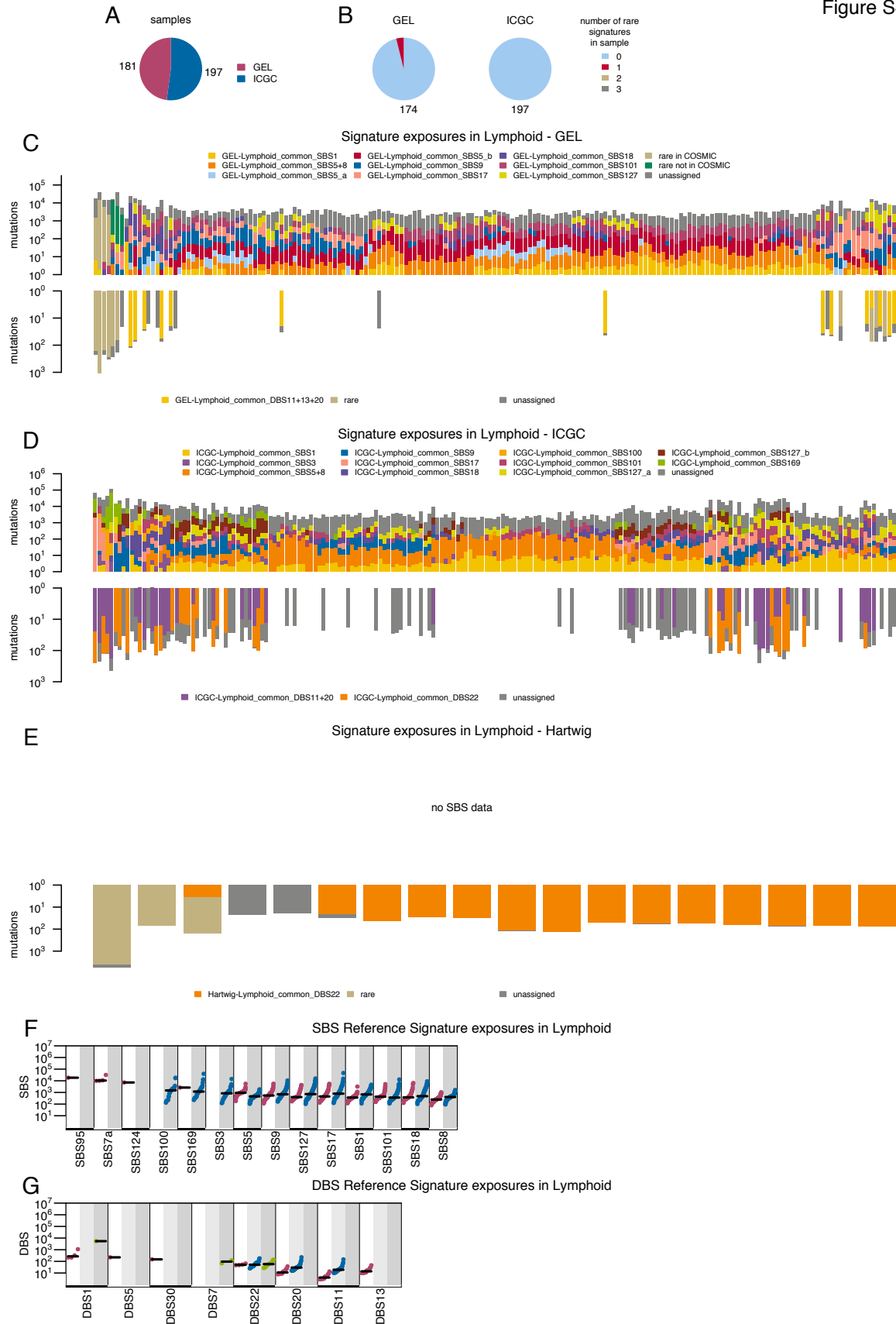


Fig. S43. Summary of signatures distribution in lymphoid cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. **(D)**

Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(E)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(F)** Number of mutations associated with each SBS reference signature across GEL, ICGC and Hartwig samples. **(G)** Number of mutations associated with each DBS reference signature across GEL, ICGC and Hartwig samples.



Fig. S44. Summary of myeloid cancer signatures extracted in this study. (A) Common SBS signatures, (B) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2.

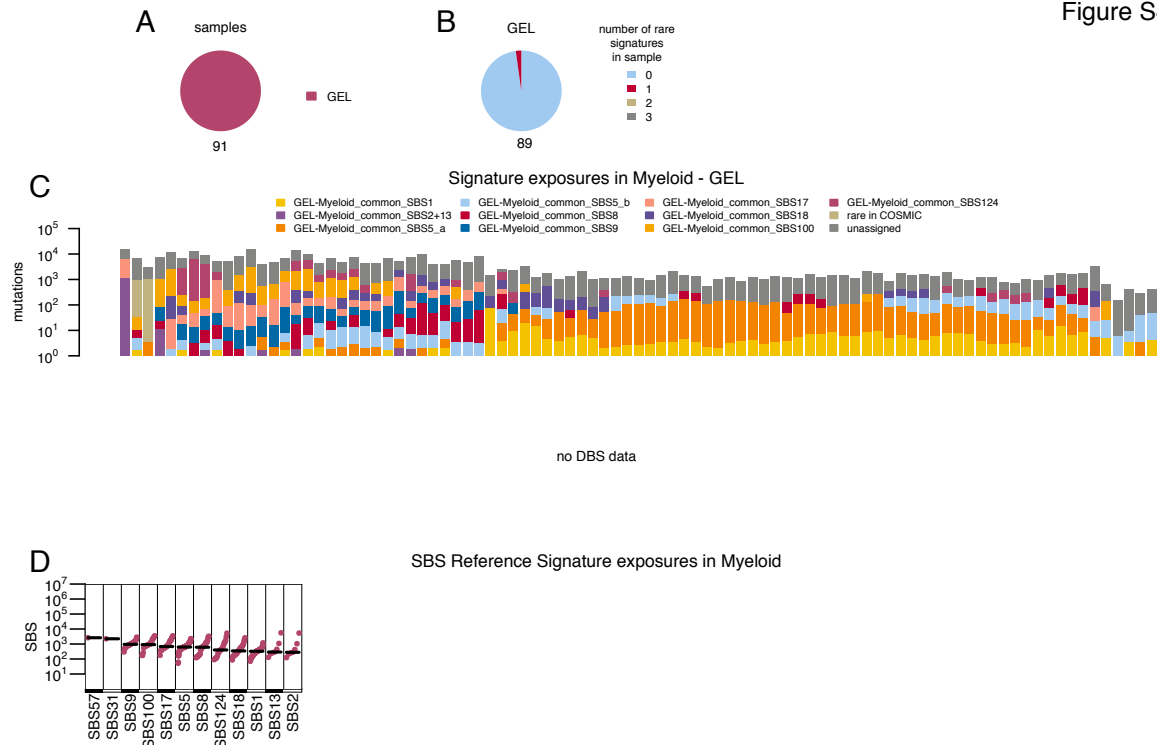


Fig. S45. Summary of signatures distribution in myeloid cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS organ signature in each sample in GEL. **(D)** Number of mutations associated with each SBS reference signature across GEL samples.

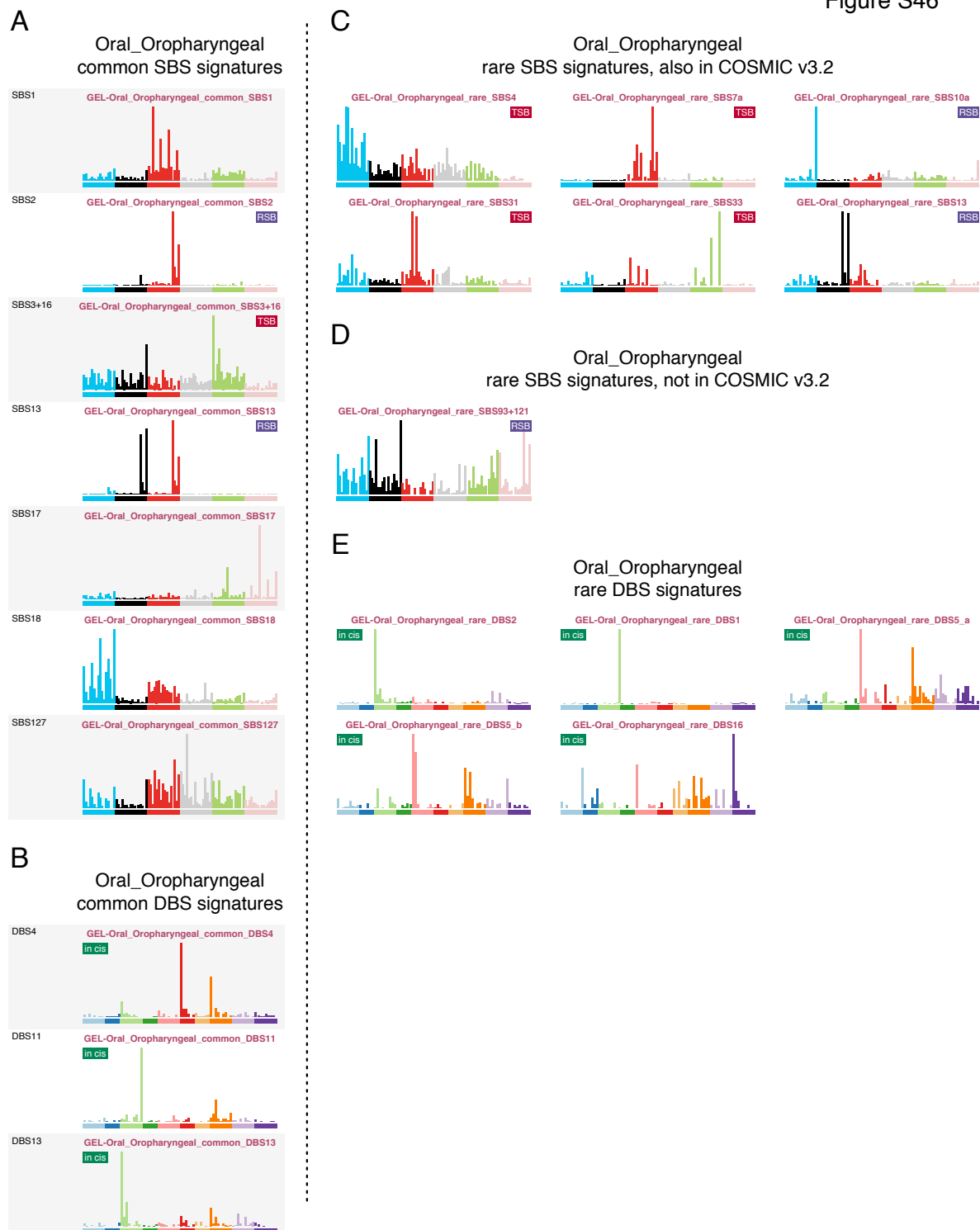


Fig. S46. Summary of oral and oropharyngeal cancer signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, (D) rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, (E) rare DBS signatures.

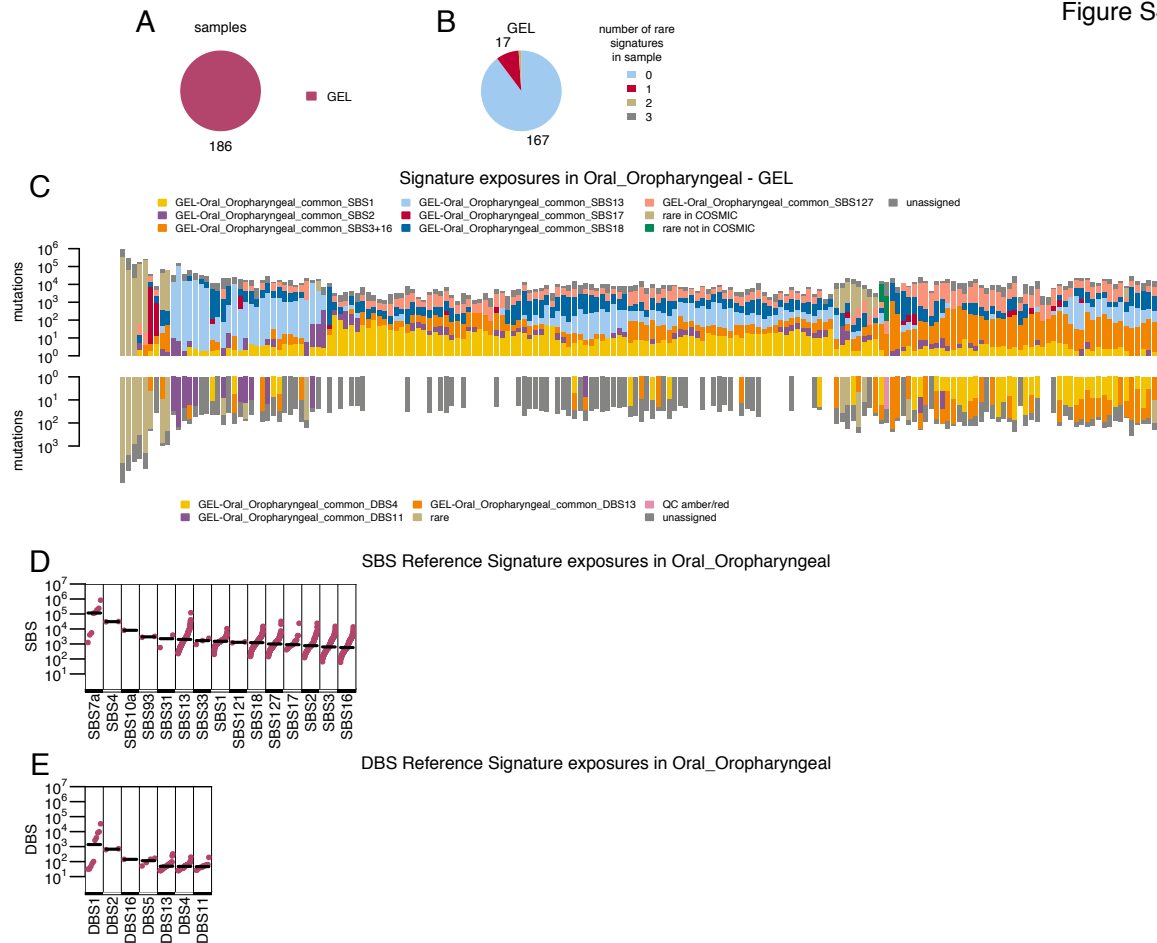


Fig. S47. Summary of signatures distribution in oral and oropharyngeal cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in GEL. (D) Number of mutations associated with each SBS reference signature across GEL samples. (E) Number of mutations associated with each DBS reference signature across GEL samples.

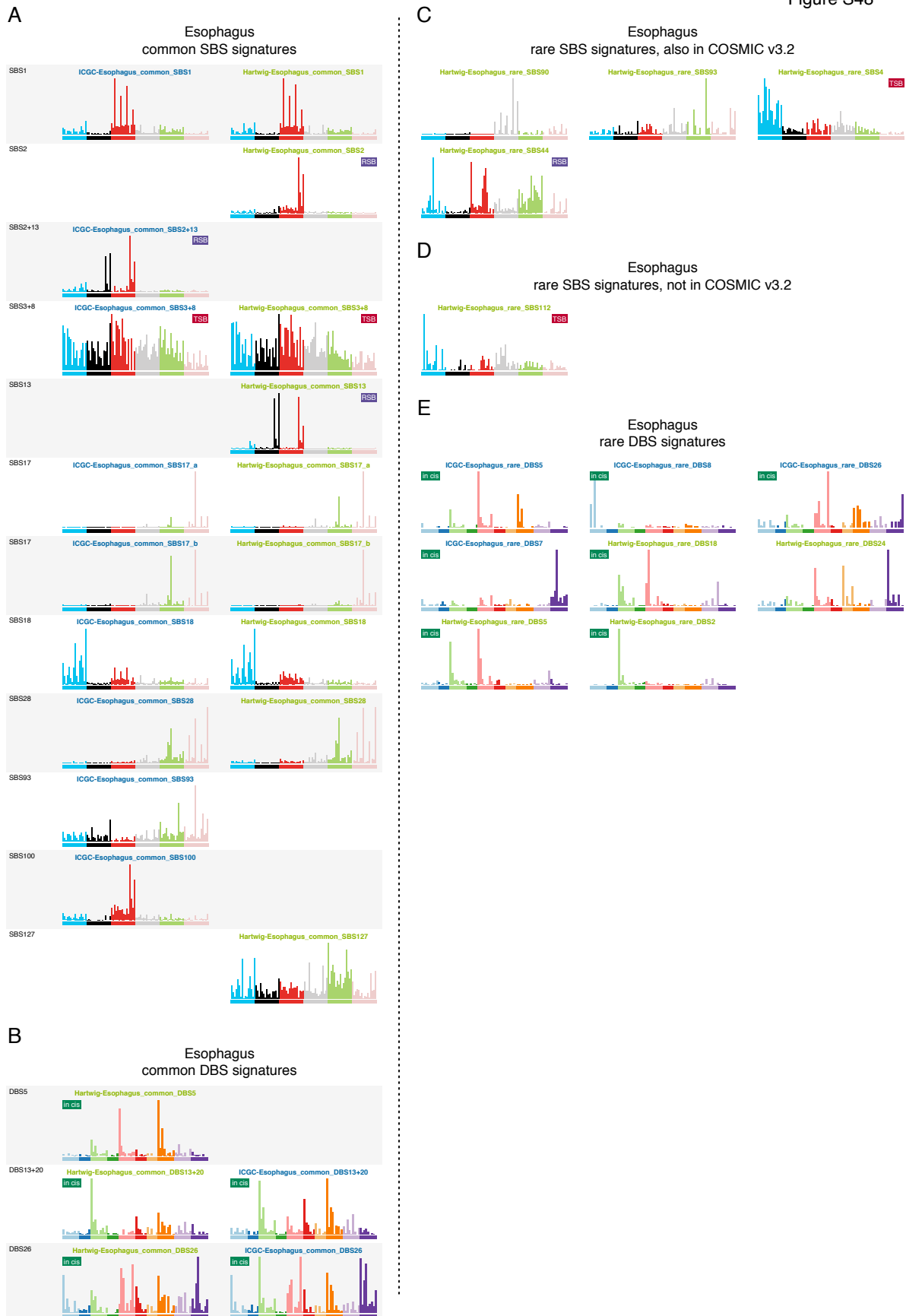


Fig. S48. Summary of esophageal cancer signatures extracted in this study. (A) Common SBS signatures, (B) common DBS signatures, (C) rare SBS signatures that are also present in

the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

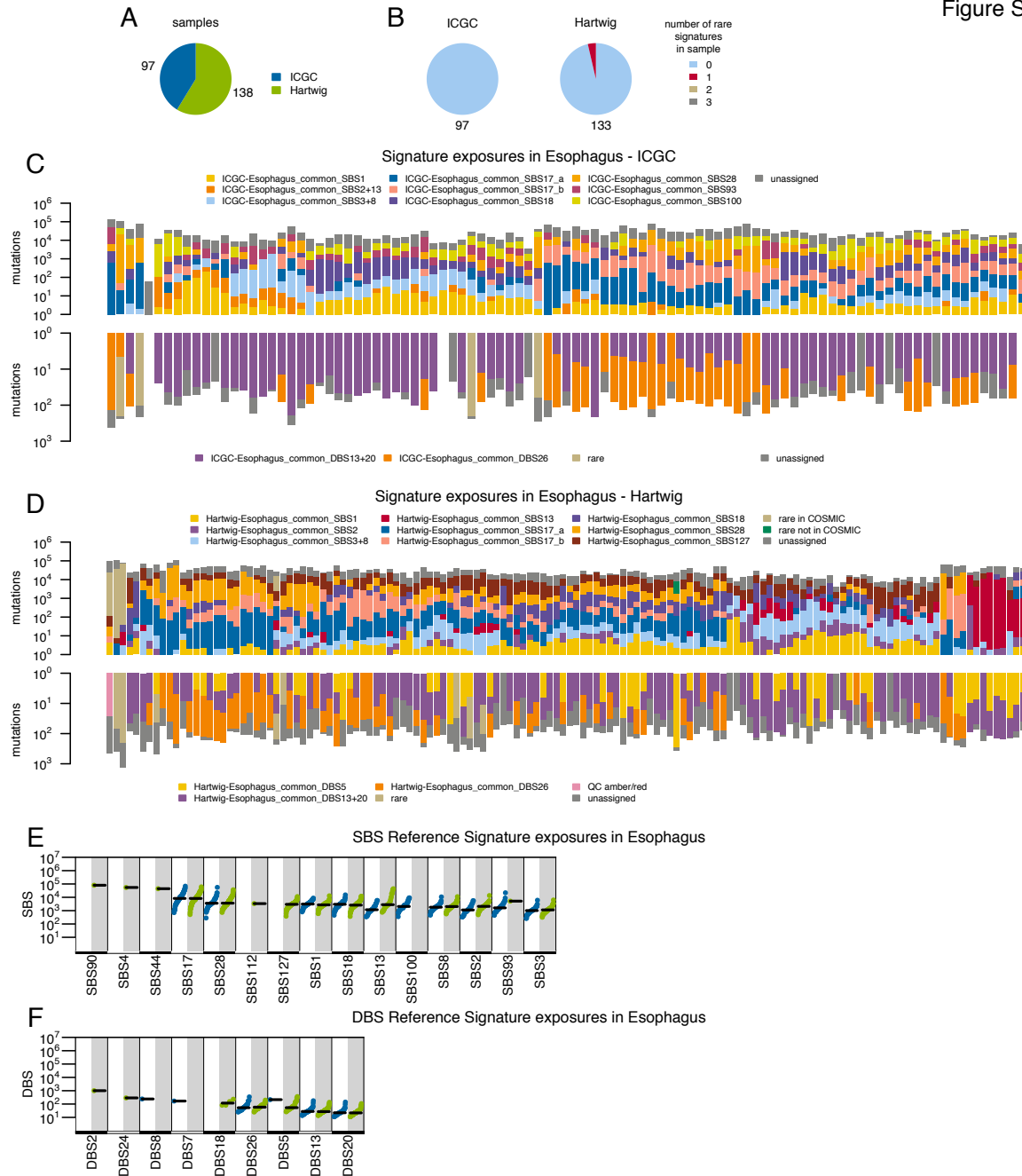


Fig. S49. Summary of signatures distribution in esophageal cancer samples. (A) Number of samples analyzed. (B) Proportion of samples with and without rare signatures. (C) Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. (D) Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. (E) Number of mutations associated with each SBS reference signature across ICGC and Hartwig samples. (F) Number of mutations associated with each DBS reference signature across ICGC and Hartwig samples.

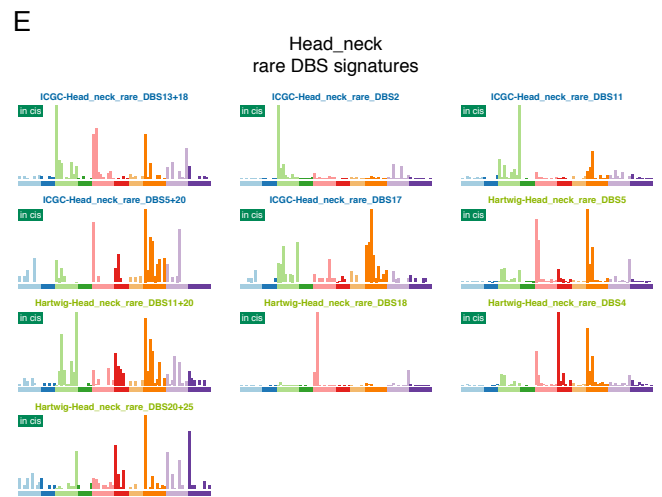
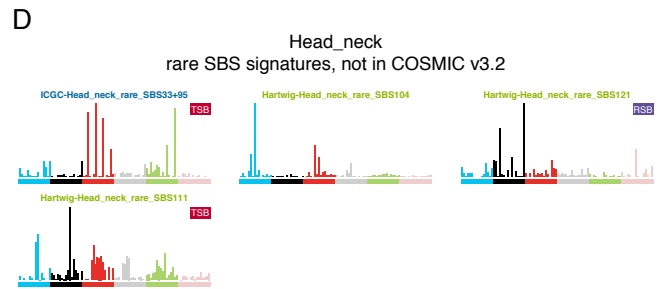
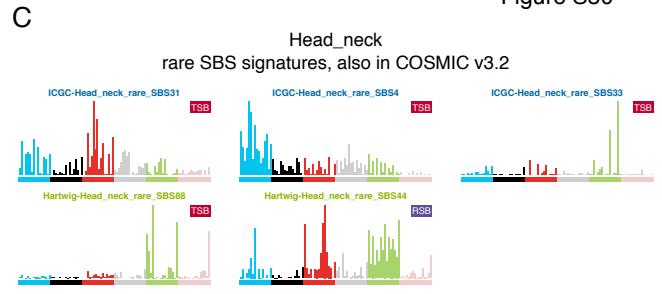
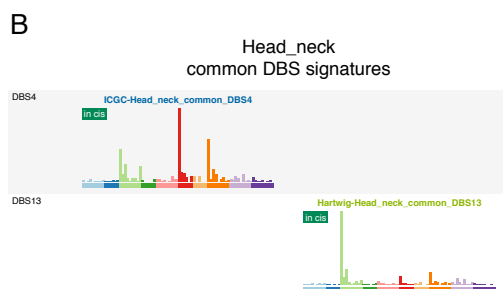


Fig. S50. Summary of head and neck cancer signatures extracted in this study. (A) Common SBS signatures, **(B)** common DBS signatures, **(C)** rare SBS signatures that are also present in the COSMIC signatures dataset version 3.2, **(D)** rare SBS signatures not reported in the COSMIC signatures dataset version 3.2, **(E)** rare DBS signatures.

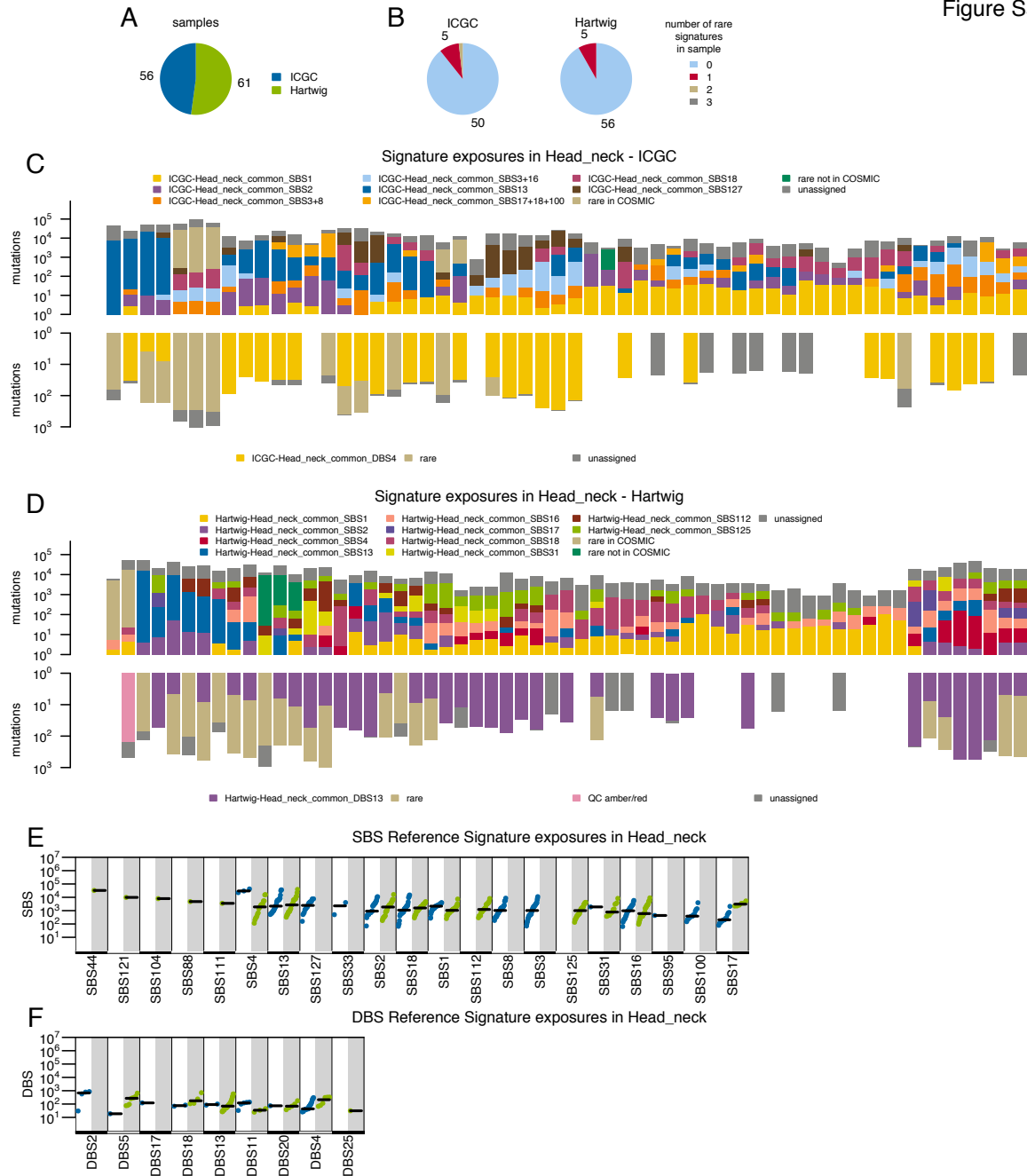


Fig. S51. Summary of signatures distribution in head and neck cancer samples. (A) Number of samples analyzed. **(B)** Proportion of samples with and without rare signatures. **(C)** Number of mutations associated with each SBS and DBS organ signature in each sample in ICGC. **(D)** Number of mutations associated with each SBS and DBS organ signature in each sample in Hartwig. **(E)** Number of mutations associated with each SBS reference signature across ICGC and Hartwig samples. **(F)** Number of mutations associated with each DBS reference signature across ICGC and Hartwig samples.

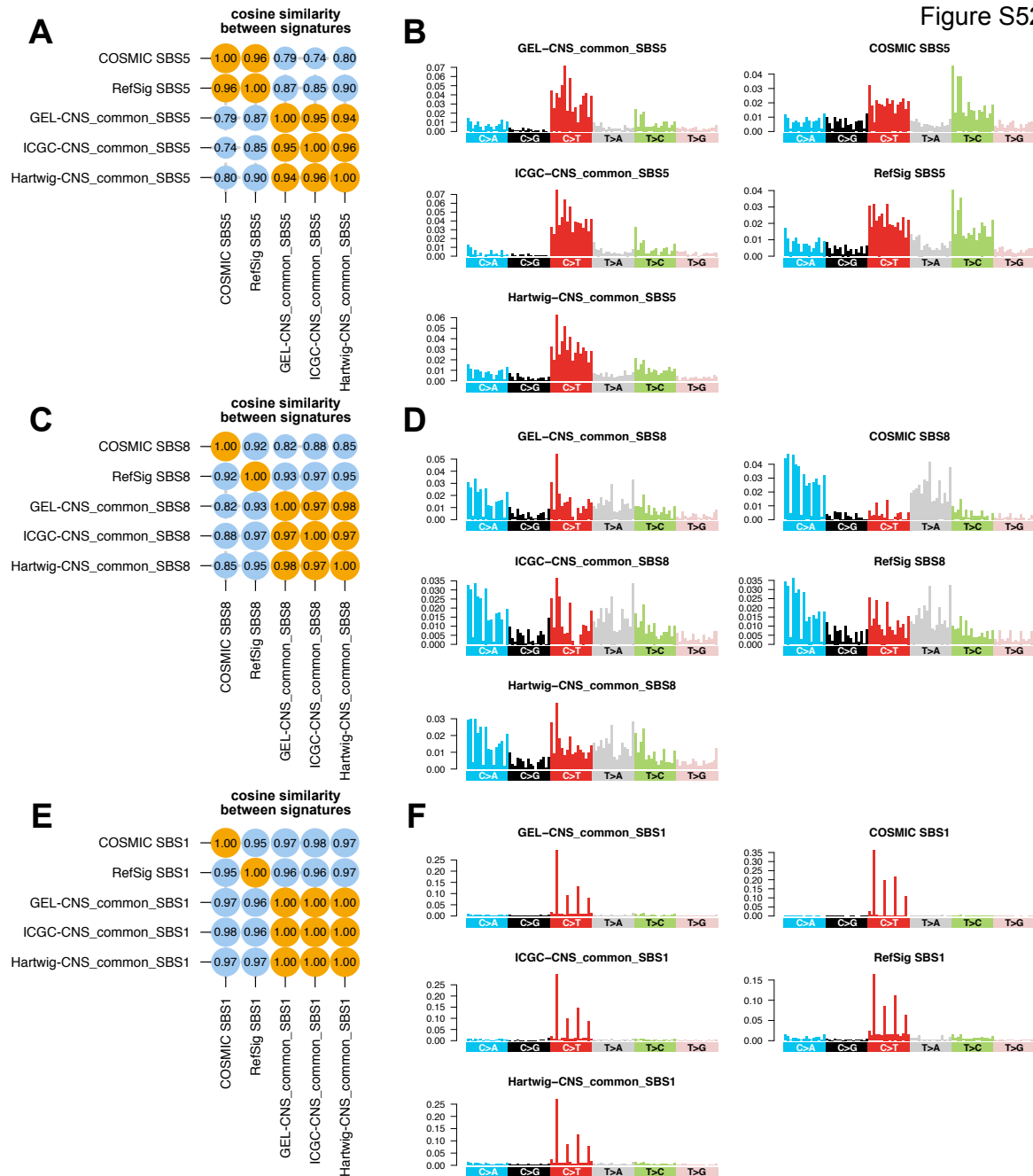


Fig. S52. Exploring SBS signatures in CNS tumors. Cosine similarities of comparisons between COSMIC SBS, RefSig SBS and tissue-specific SBS signatures are shown for SBS5 (A) and SBS5-associated signatures (B), SBS8 (C) and SBS8-associated signatures (D) and SBS1 (E) and SBS1-associated signatures (F). Signatures extracted in CNS in the three cohorts (GEL, ICGC and Hartwig) are more similar to one another than they are to the respective Reference Signatures and COSMIC version 3.2 signatures. Reference signatures and COSMIC signatures tend to be more similar to one another, as they are both averages of signatures extracted across many cohorts and organs.

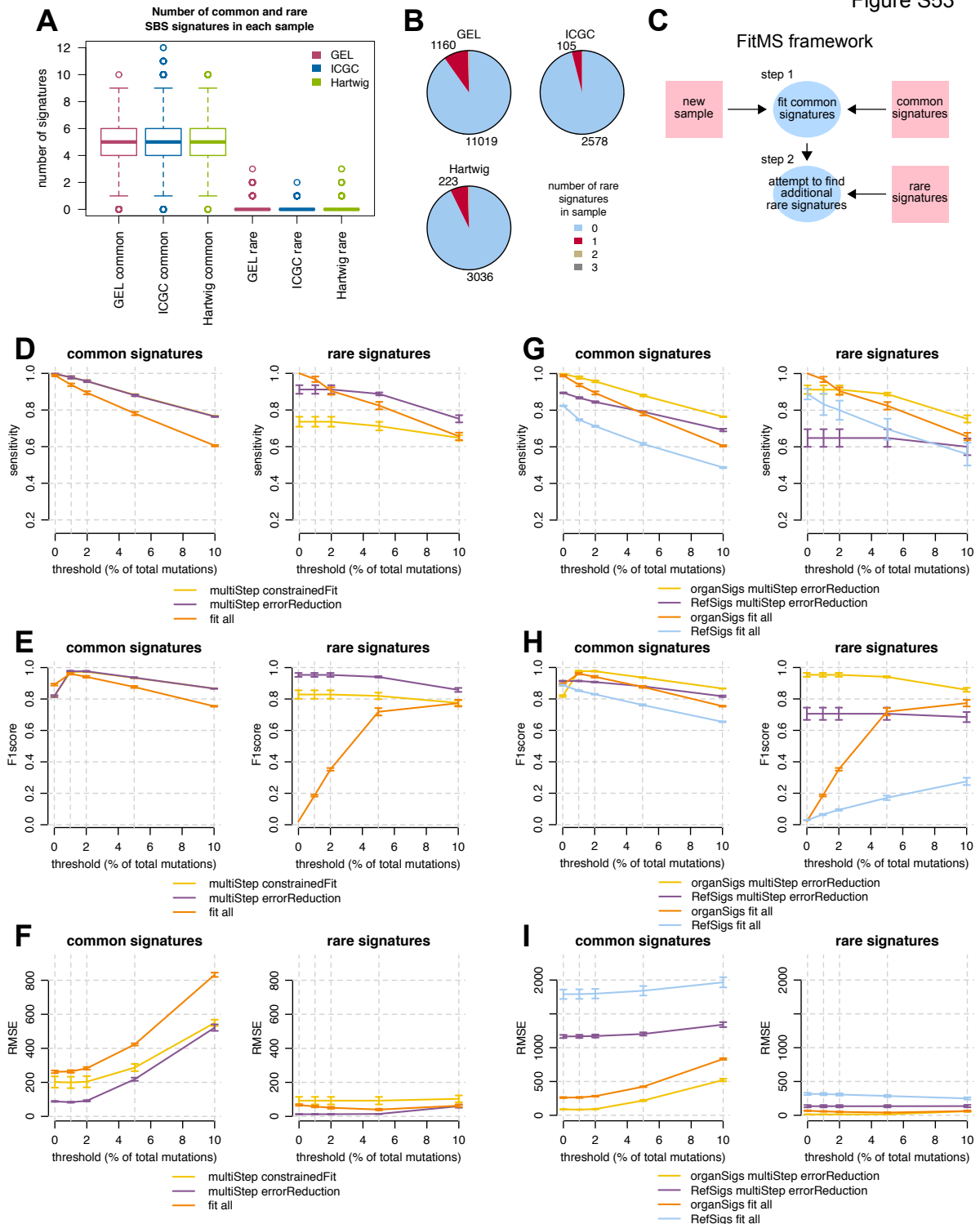


Fig. S53. Fitting mutational signatures: how to use common and rare signatures for signature assignments. Mutational signature fit with FitMS. (A) Numbers of common and rare SBS signatures found in each sample across the three cohorts. (B) Pie charts indicating the proportion of samples with one or more SBS rare signatures. (C) FitMS can be applied to individual new samples as a two-step approach. In the first step, common organ-specific signatures that were obtained from the same tissue of origin as the new sample are used. In a second step, FitMS attempts to identify additional rare signatures that may be present. (D) Simulation study sensitivity of two FitMS implementations (constrainedFit and errorReduction) and a simple “fit all” approach. (E) Same simulations as (D), F1 score. (F)

Same simulations as (D), root mean squared error (RMSE). **(G)** Simulation study sensitivity of the best FitMS strategy (errorReduction) and “fit all”, using either the organ-specific signatures (organSigs) or the reference signatures (RefSigs) as common signatures. **(H)** Same simulations as (G), F1 score. **(I)** Same simulations as (G), RMSE. Error bars are standard error of the mean, number of repeats is $n=5$.

Table legends

Table S1. Count of somatic mutations in GEL, ICGC and Hartwig cohorts. Overall count of single nucleotide variants (SNV), double nucleotide variants (DNV) small insertion and deletions (Indels), and rearrangements (Rearr), across the GEL, ICGC and Hartwig cohorts, along with the number of samples used. For the GEL cohort, we indicate the proportion of samples that had PCR cycles in the library preparation.

Table S2. GEL high quality filters for samples. Filters used to select high quality samples in the GEL cohort.

Table S3. Number of samples used for SBS analysis in each cohort and in each organ.

Table S4. Number of samples used for DBS analysis in each cohort and in each organ.

Table S5. Mapping of organ names used in this study to organ/tissue/study organization of the GEL, ICGC and Hartwig cohorts.

Table S6. Full list of samples from GEL, ICGC and Hartwig. Summary of all samples used in this study with the corresponding organ. We also indicate which samples were used for the common signature extraction of SBSs and DBSs.

Table S7. SBS mutational catalogs. SBS mutational catalogs of all samples analyzed in this study.

Table S8. SBS mutational catalogs. DBS mutational catalogs of all samples analyzed in this study.

Table S9. Organ-specific SBS signatures.

Table S10. Organ-specific DBS signatures.

Table S11. Number of common and rare SBS signatures extracted in each cohort and each organ.

Table S12. Number of common and rare DBS signatures extracted in each cohort and each organ.

Table S13. Clustering of all organ-specific SBS signatures.

Table S14. Clustering of all organ-specific DBSs signatures.

Table S15. SBS distinct patterns. Obtained as the average of the clusters obtained clustering all organ-specific SBS signatures (table S13).

Table S16. DBS distinct patterns. Obtained as the average of the clusters obtained clustering all organ-specific DBS signatures (table S14).

Table S17. SBS distinct patterns info table. Annotation of SBS distinct patterns into recurrent, mixed and singleton, with corresponding reference signature name.

Table S18. DBS distinct patterns info table. Annotation of DBS distinct patterns into recurrent, mixed and singleton, with corresponding reference signature name.

Table S19. SBS reference signatures info table. Summary table of all SBS reference signatures identified in this study. We report QC status, proposed etiology, transcription and replication strand bias, number of samples with the signatures and other annotations.

Table S20. DBS reference signatures info table. Summary table of all DBS reference signatures identified in this study. We report QC status, proposed etiology, number of samples with the signatures and other annotations.

Table S21. SBS reference signatures.

Table S22. DBS reference signatures.

Table S23. SBS reference signatures exposures. Number of mutations associated with each reference signature in all samples analyzed in this study.

Table S24. DBS reference signatures exposures. Number of mutations associated with each reference signature in all samples analyzed in this study.

Table S25. SBS conversion matrix. Conversion matrix mapping organ-specific SBS signatures into reference signatures.

Table S26. DBS conversion matrix. Conversion matrix mapping organ-specific DBS signatures into reference signatures.

Table S27. Examples of trinucleotide mutational catalogs from GEL, ICGC and Hartwig cohorts.

Table S28. MBD4 and OGG1 G308E driver mutations occurring in samples in GEL.

Table S29. Substitution and indels driver mutations for selected signatures and genes

Table S30. Rearrangements driver mutations for selected signatures and genes

Table S31. HRDetect input features and scores for the GEL cohort.

Table S32. Transcription and Replication strand bias of SBS reference signatures in the GEL cohort.

Table S33. SBS common and rare signatures to be used with FitMS. Common and rare signatures are provided for each organ analyzed in this study.