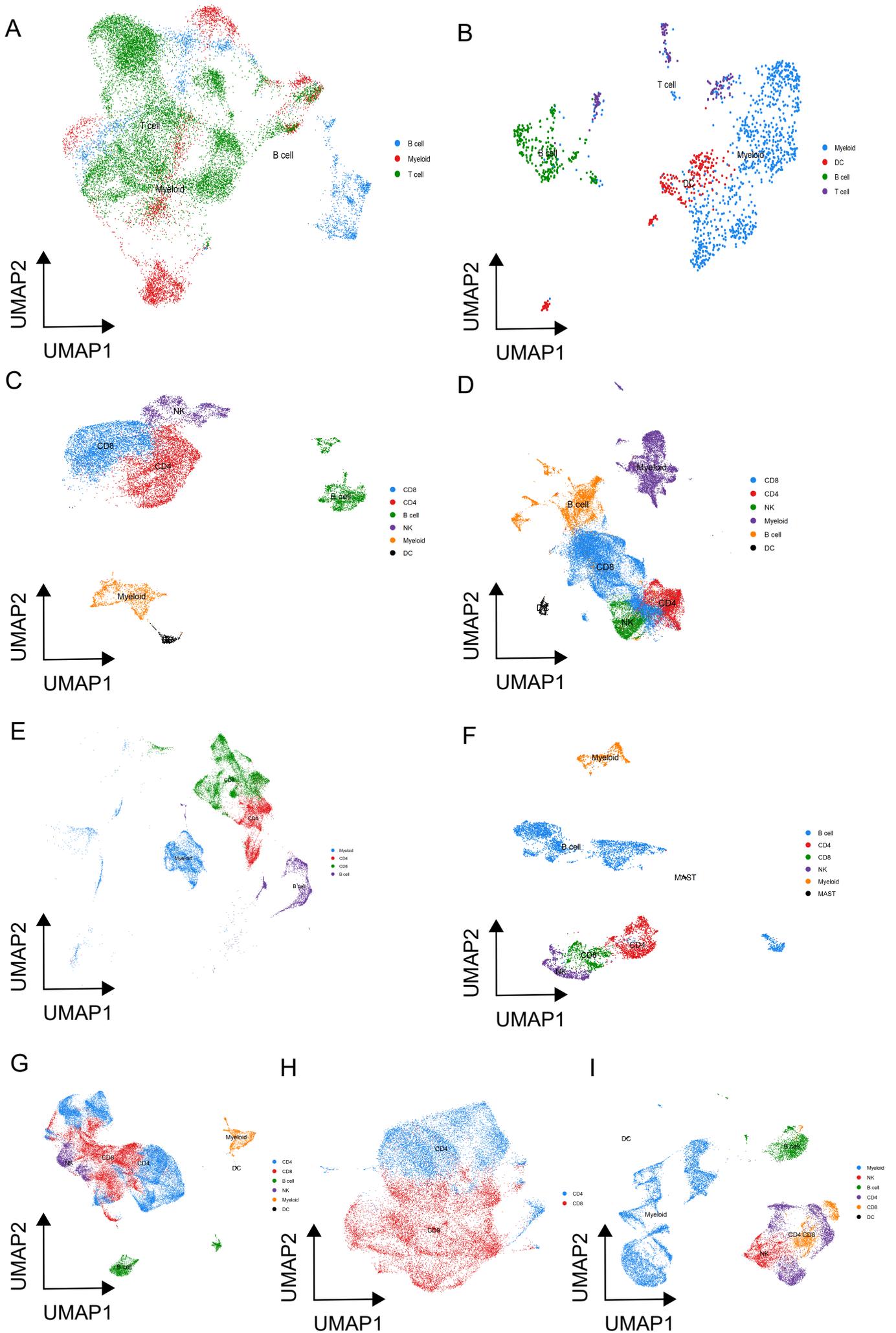


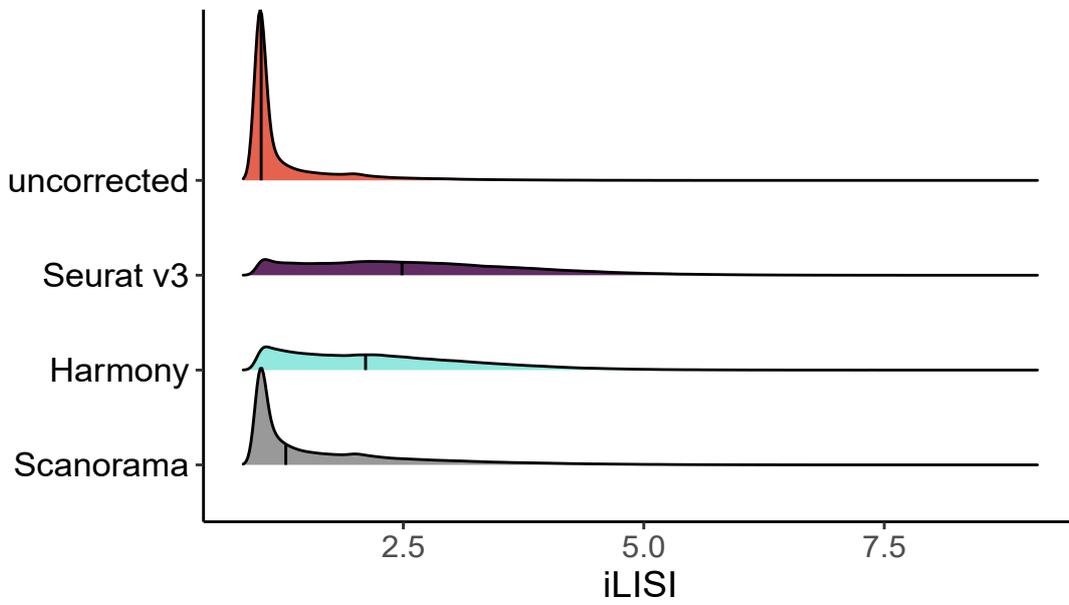
Supplementary Figure 1 | Original annotation of the datasets prior to integration. Azizi et al. 2018 (**A**), Yost et al. 2019 (**B**), Lichun et al. 2019 (**C**), Zhang et al. 2019 (**D, E**), Lee et al. 2020 (**F**), Peng et al. 2019 (**G**), Schelker et al. 2017 (**H**).



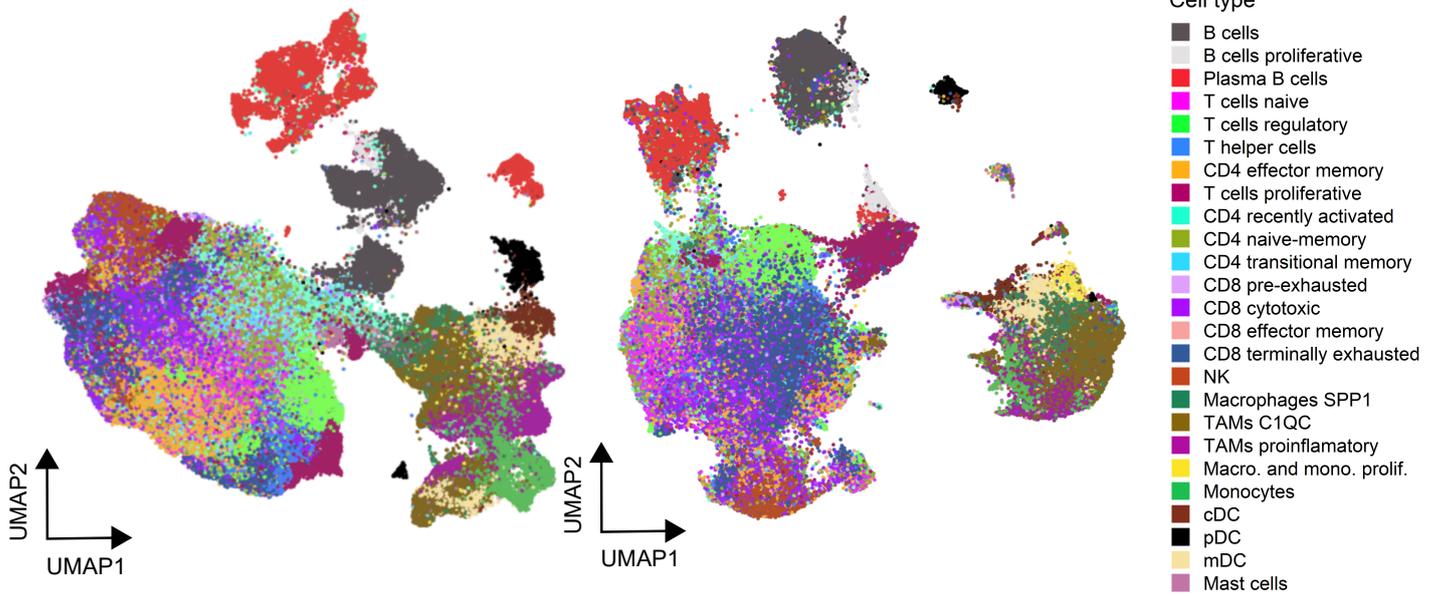
Supplementary Figure 2 | Original annotation of the datasets prior to integration.

Lambrechts et al. 2018 (**A**), Lavin et al. 2017 (**B**), Sade-Feldman et al. 2018 (**C**), Li et al. 2019 (**D**), Durante et al. 2020 (**E**), Wu et al. 2020 CRC (**F**), NSCLC (**G**), EA (**H**), RCC (**I**).

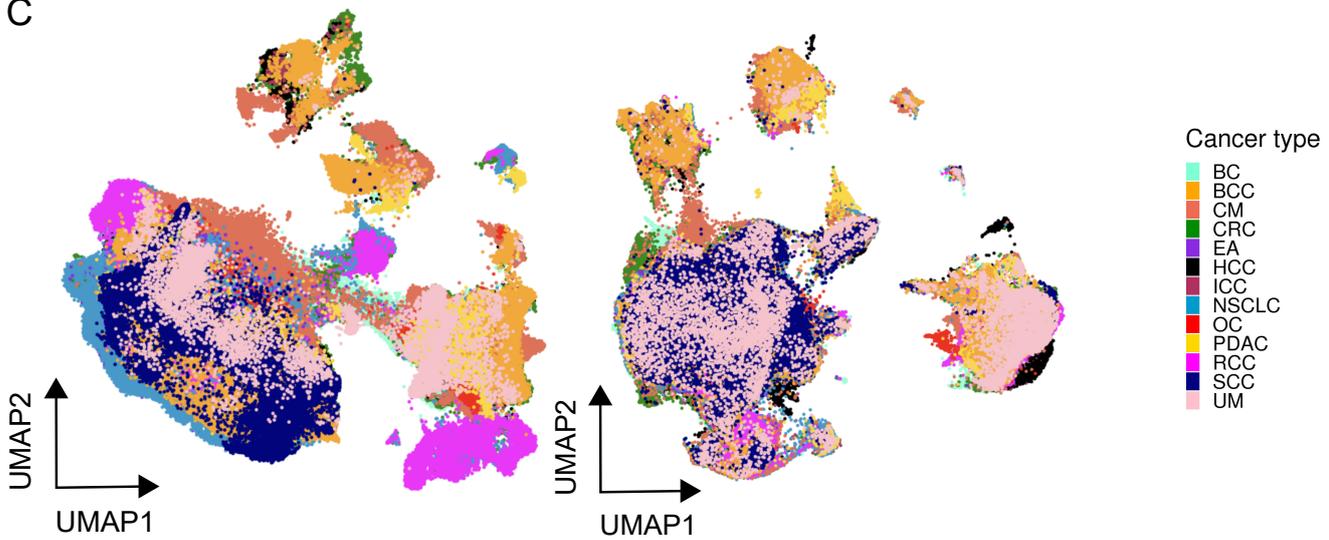
A



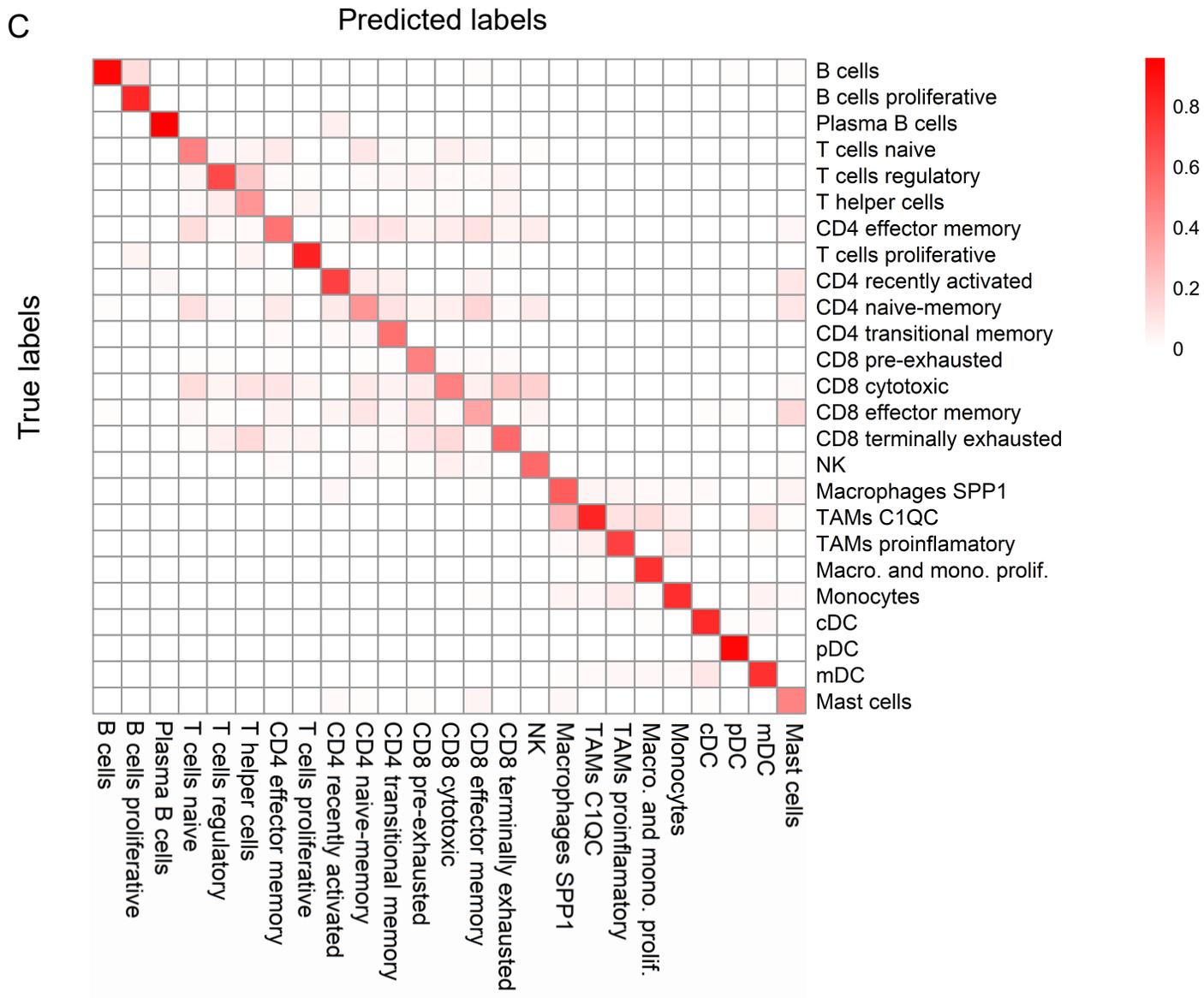
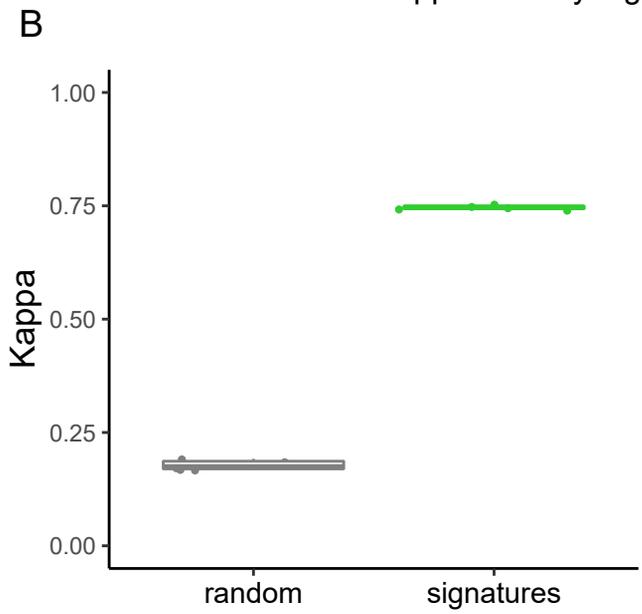
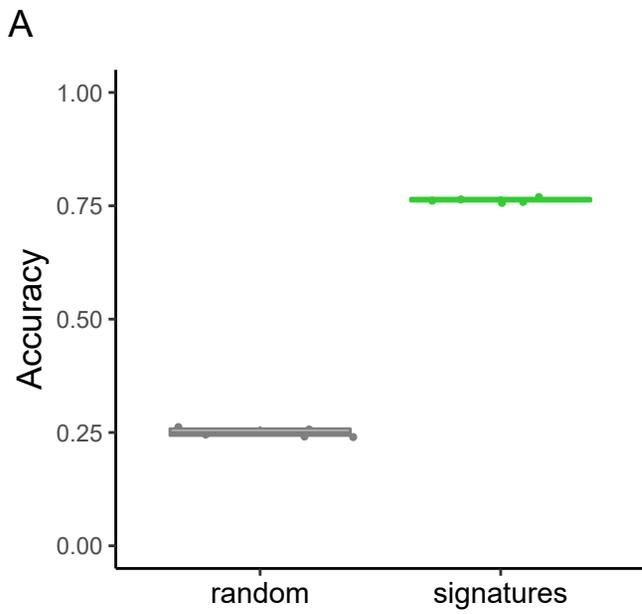
B



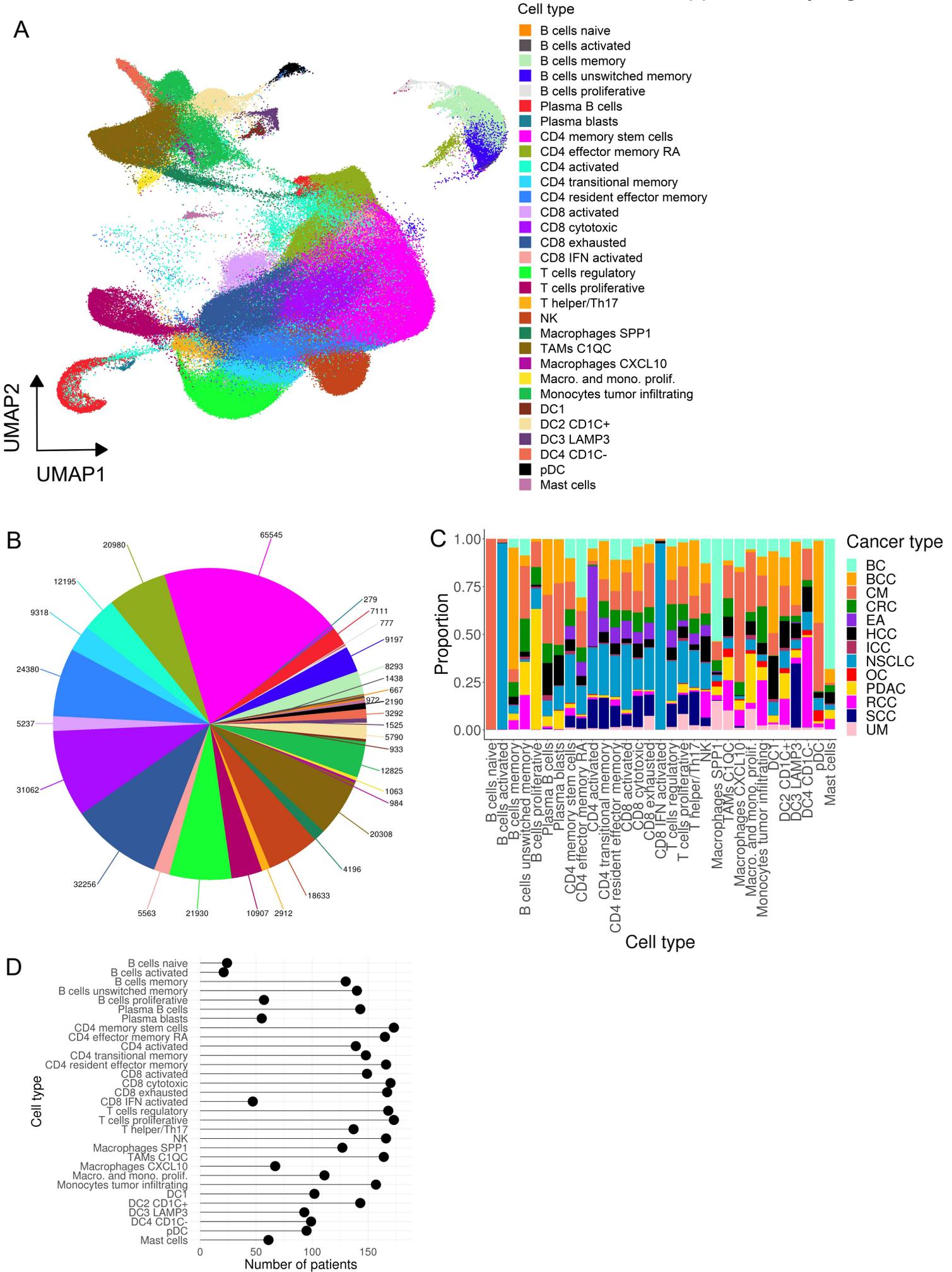
C



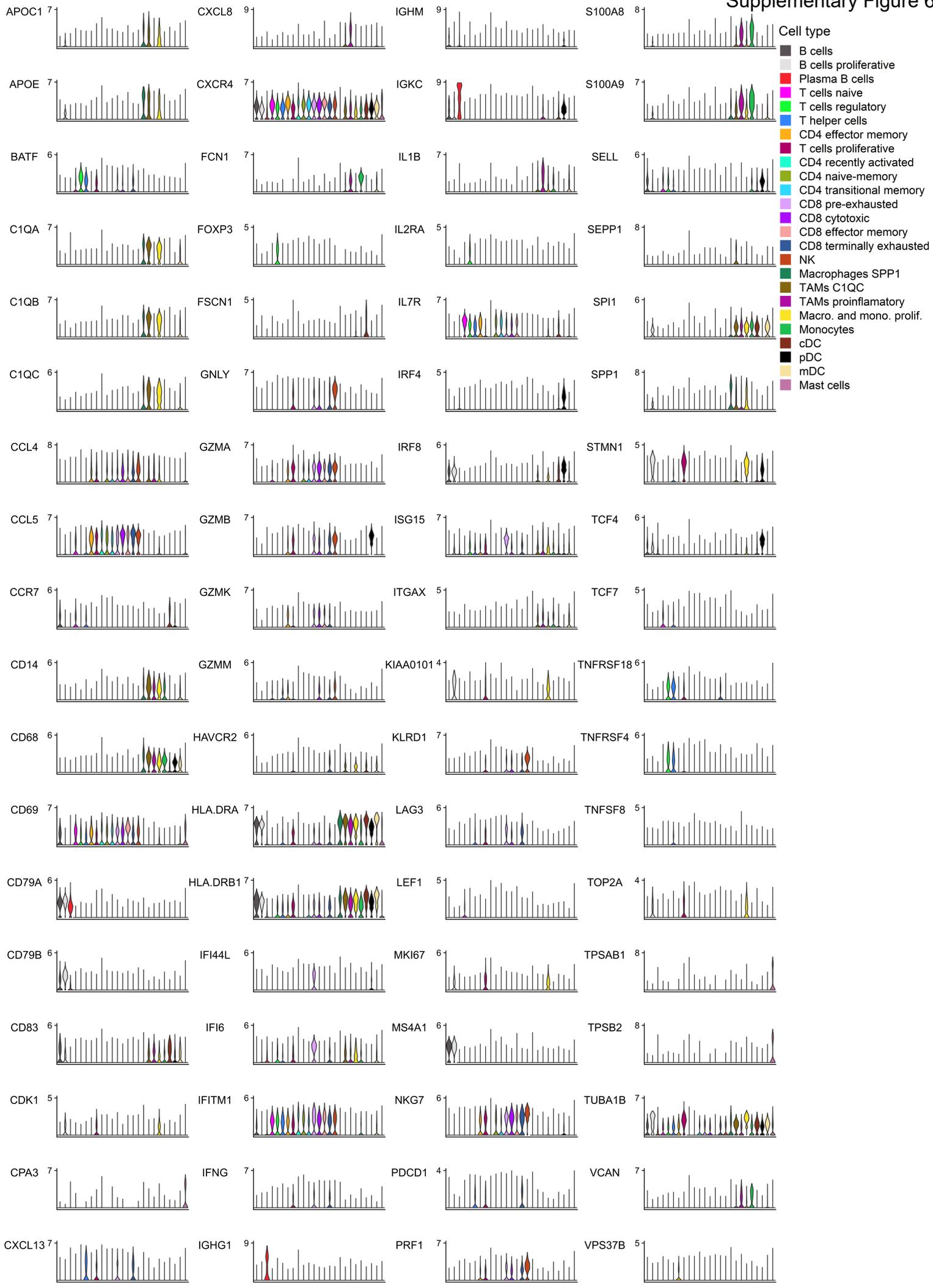
Supplementary Figure 3 | Comparing data integration tools. (A) iLISI score to quantify the integration success of the three methods, Seurat v3, Harmony and Scanorama, against the uncorrected dataset. (B,C) UMAP representation of the datasets integrated with Scanorama (left) or Harmony (right) and colored by celltype/state as identified in the Seurat integration (B) or by cancer type (C).



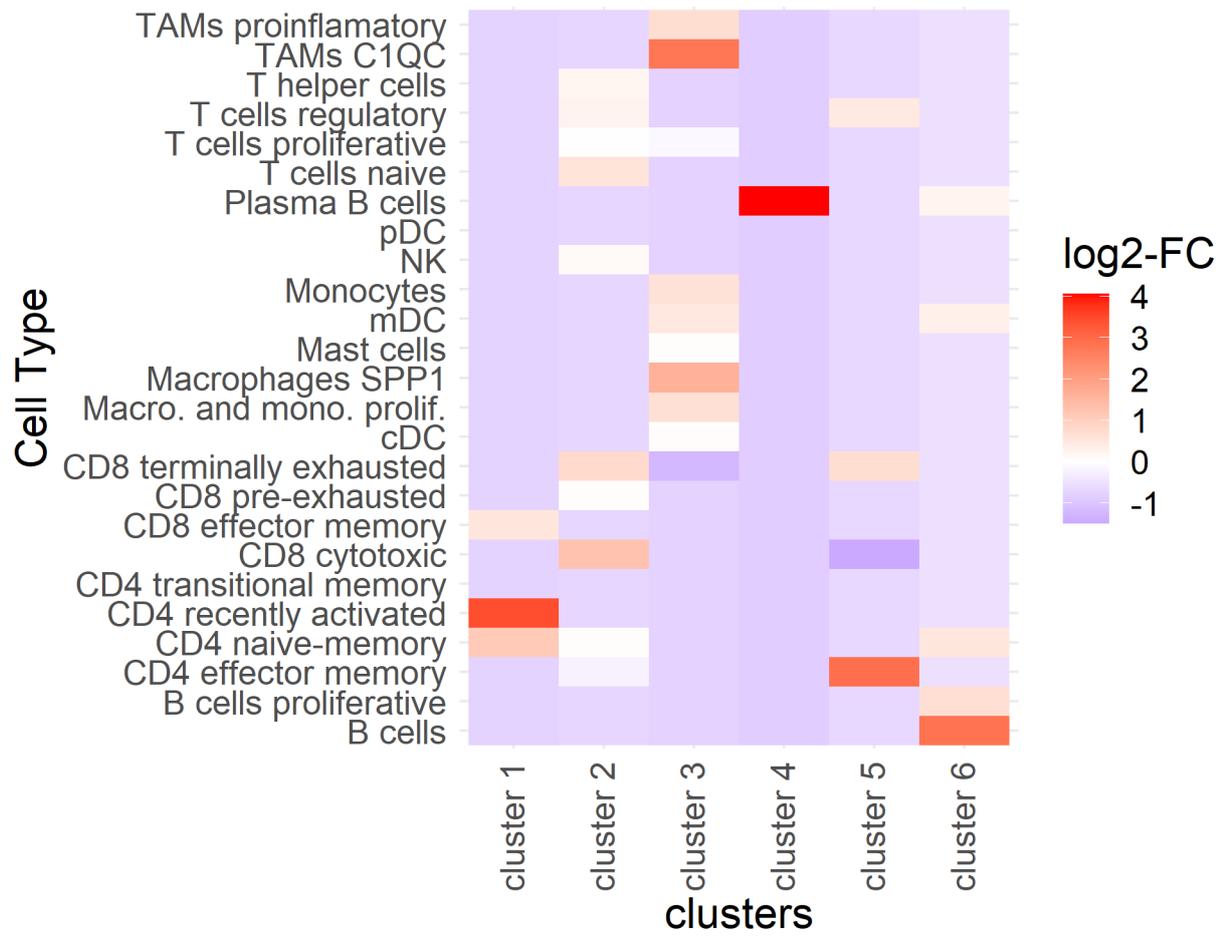
Supplementary Figure 4 | Cell type prediction using a random forest classifier. (A) Accuracy and (B) kappa statistic using cell type-specific or random signatures as features. (C) Confusion matrix displaying the average probability that a cell of a cell type X (rows) is classified as a cell type Y (columns).



Supplementary Figure 5 | Characterization of higher resolution clusters. (A) UMAP of 317,111 immune cells from 13 cancer types colored by their 31 annotated cell types and states. (B) Total number of cells of each immune cell type/state; color code as in (A). (C) Proportions of cancer type for each cell type/state. (D) Number of unique patients representing each cell type/state in the tumor immune cell atlas.

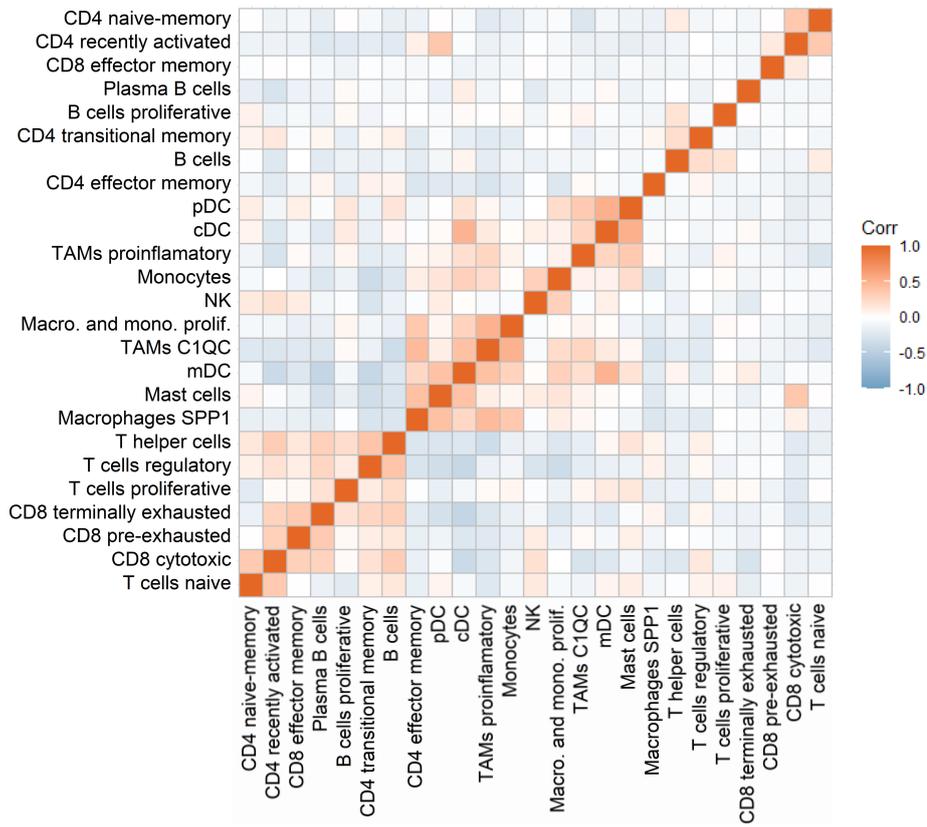


Supplementary Figure 6 | Expression of selected markers across all cell types.

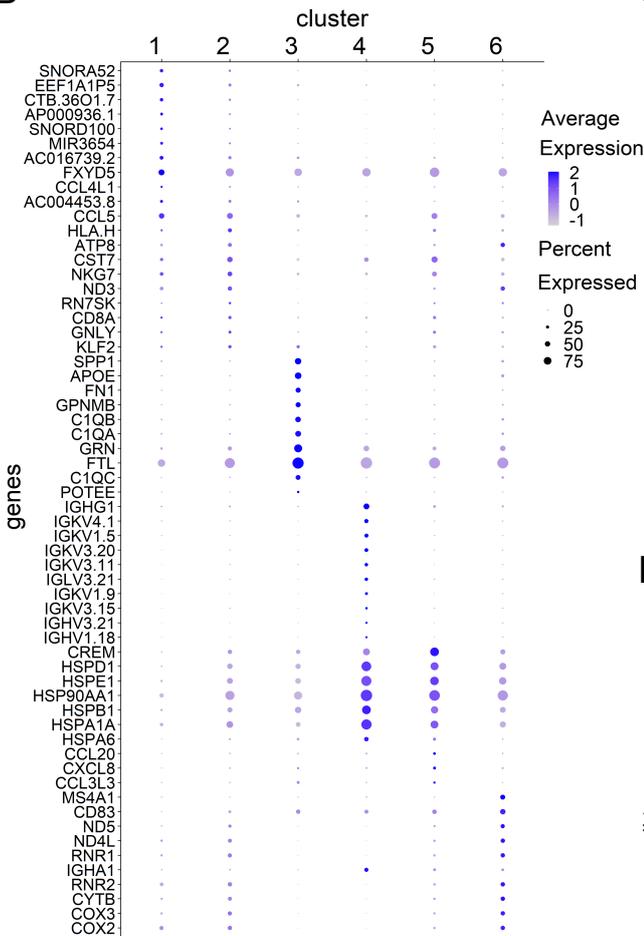


Supplementary Figure 7 | scCODA results. Heatmap comparing the log₂ fold-change calculated with scCODA for all clusters and cell types.

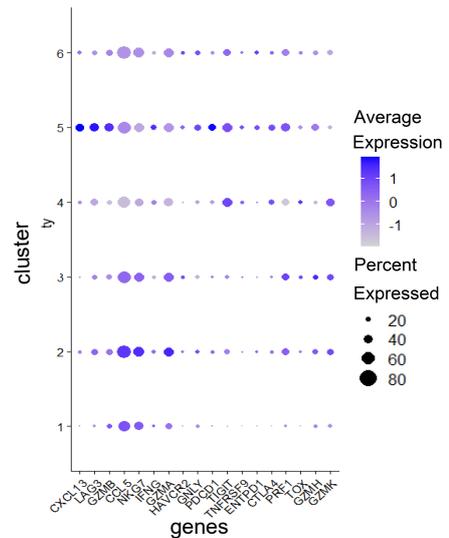
A



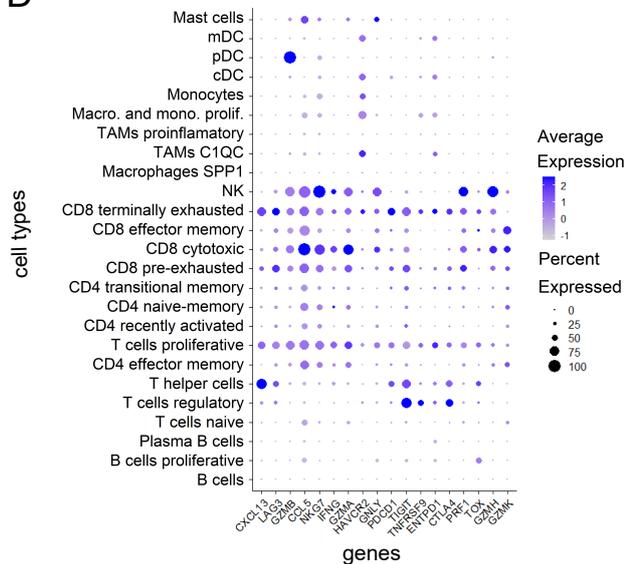
B



C

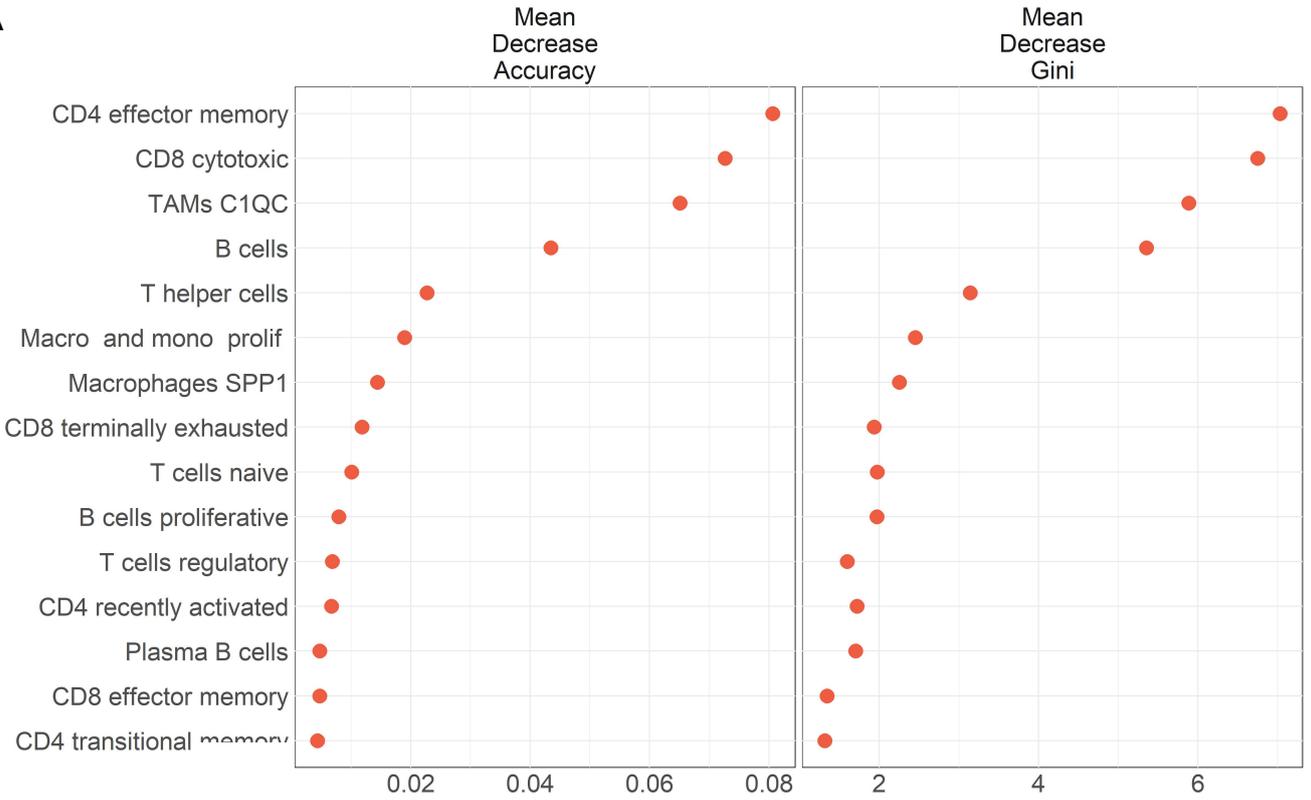


D

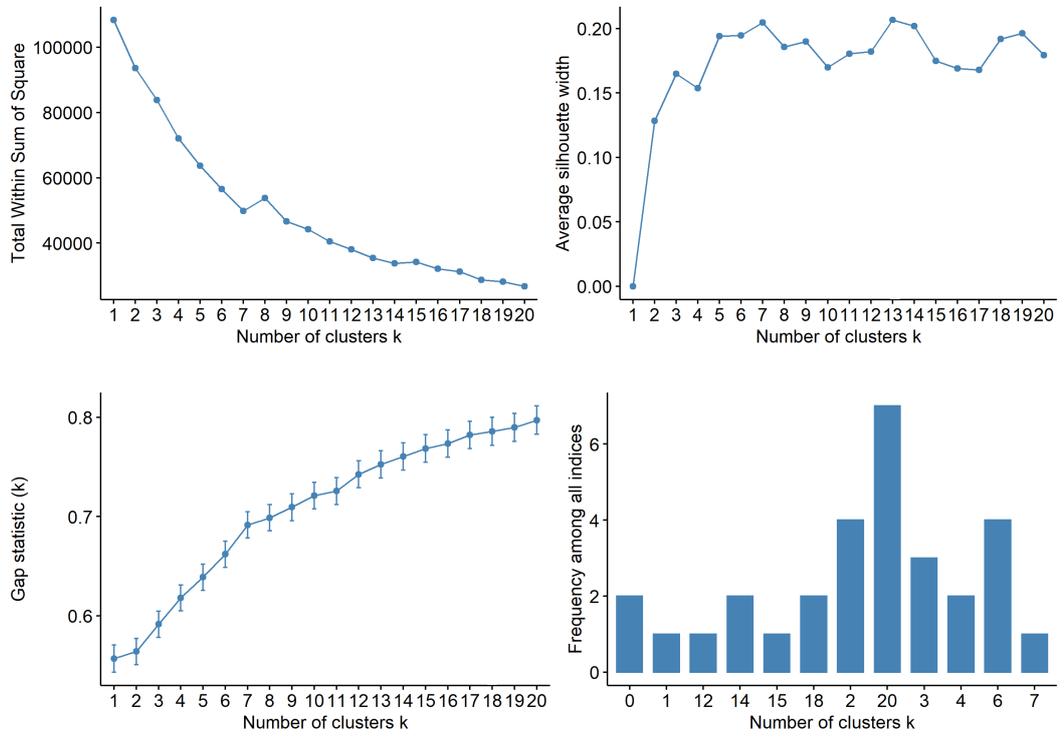


Supplementary Figure 8 | Immune cell states correlate in composition frequencies and enable to cluster patients into immune subtypes. (A) Correlation matrix of the 25 immune cell states across patients. Co-occurring and mutually exclusive relationships are quantified by Pearson's correlation (positive: red; negative: blue). (B-D) Dotplots depicting the percentage of cells that express and the expression level of cluster marker/exhaustion genes. Plots display the top 10 marker genes for each immune cluster (C1-6, B), the expression of exhaustion markers in CD8 T-cells split by immune cluster (C1-6, C) and the expression of exhaustion marker in all cell states in cluster 5 (C5, D).

A

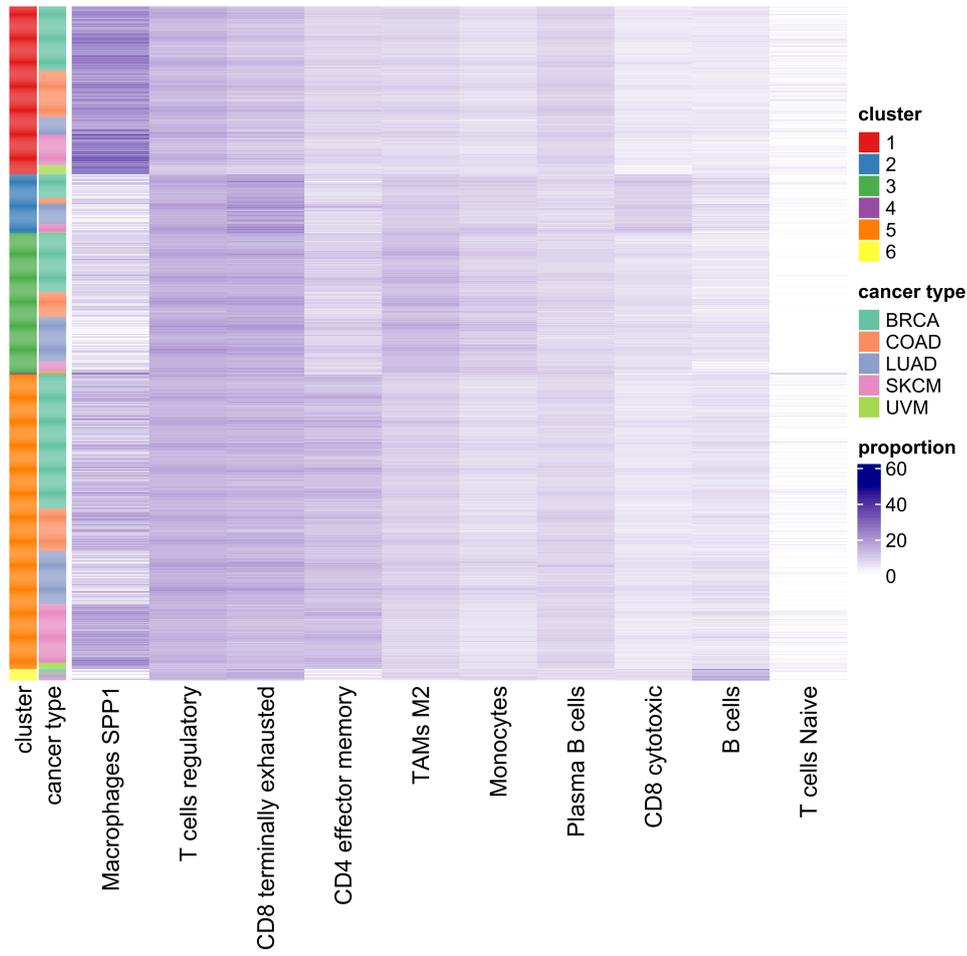


B

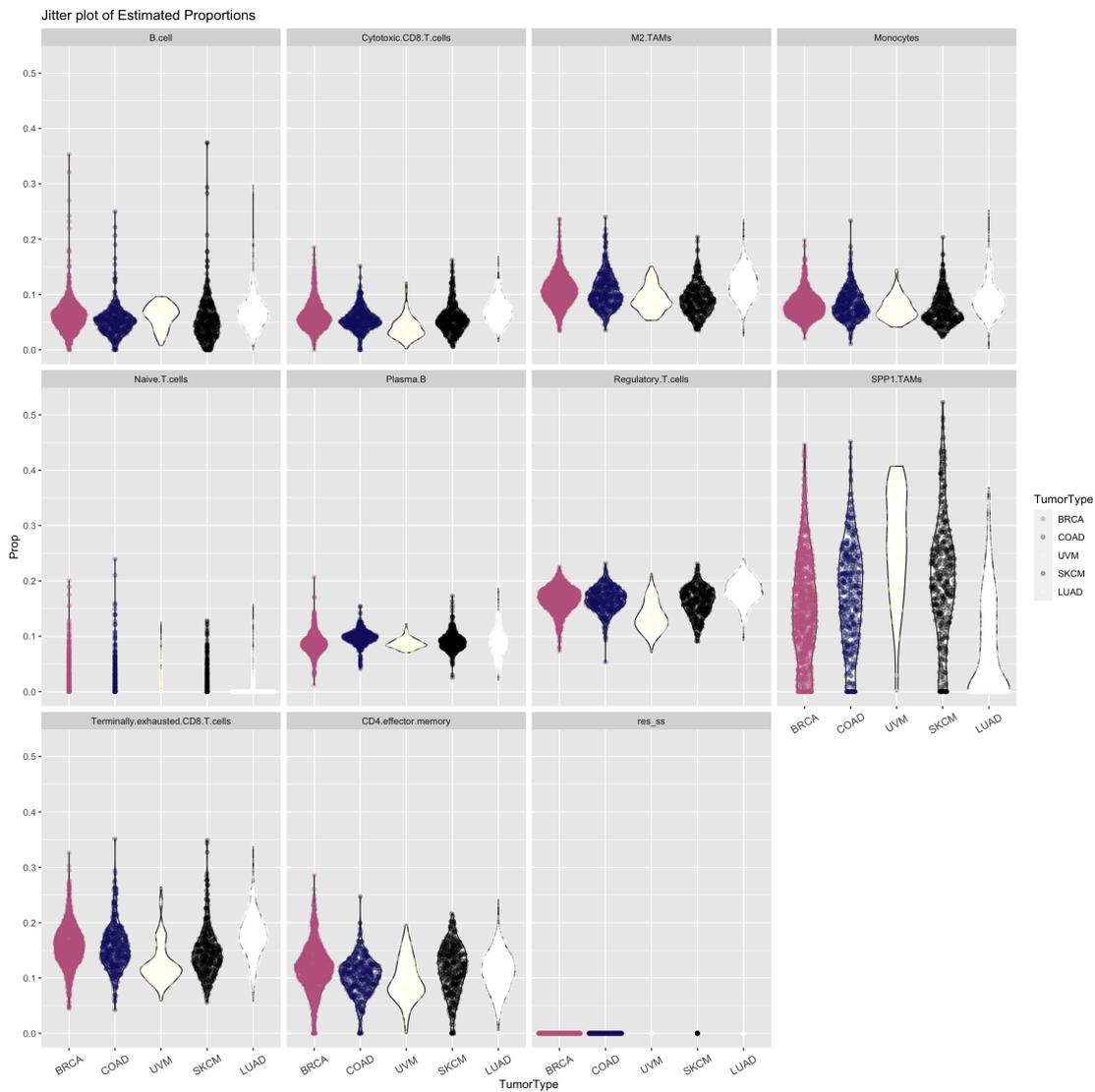


Supplementary Figure 9 | Patient stratification. (A) Random Forest top 15 most significant variables. (B) Different parameters to determine the best number of clusters, k.

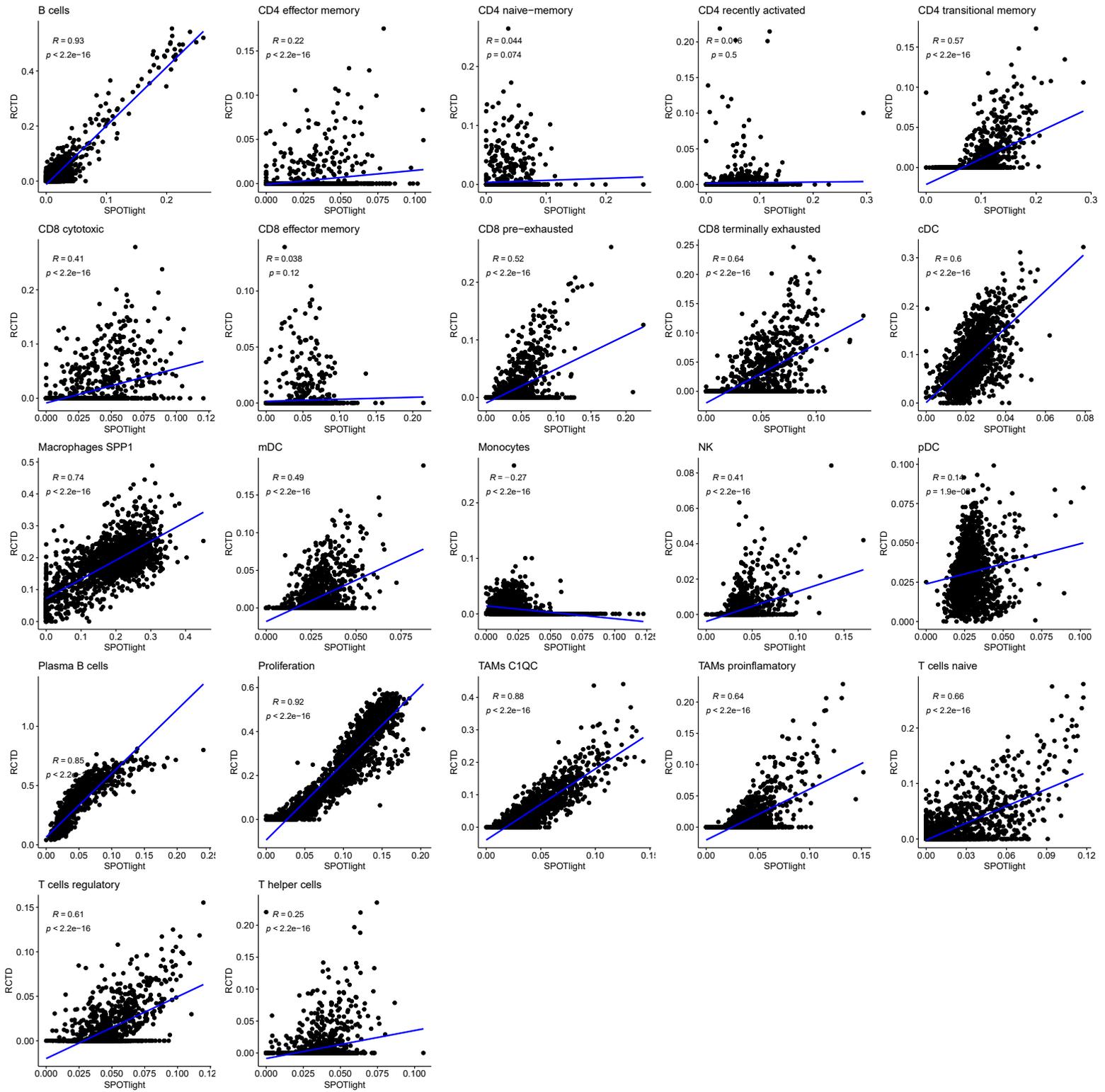
A



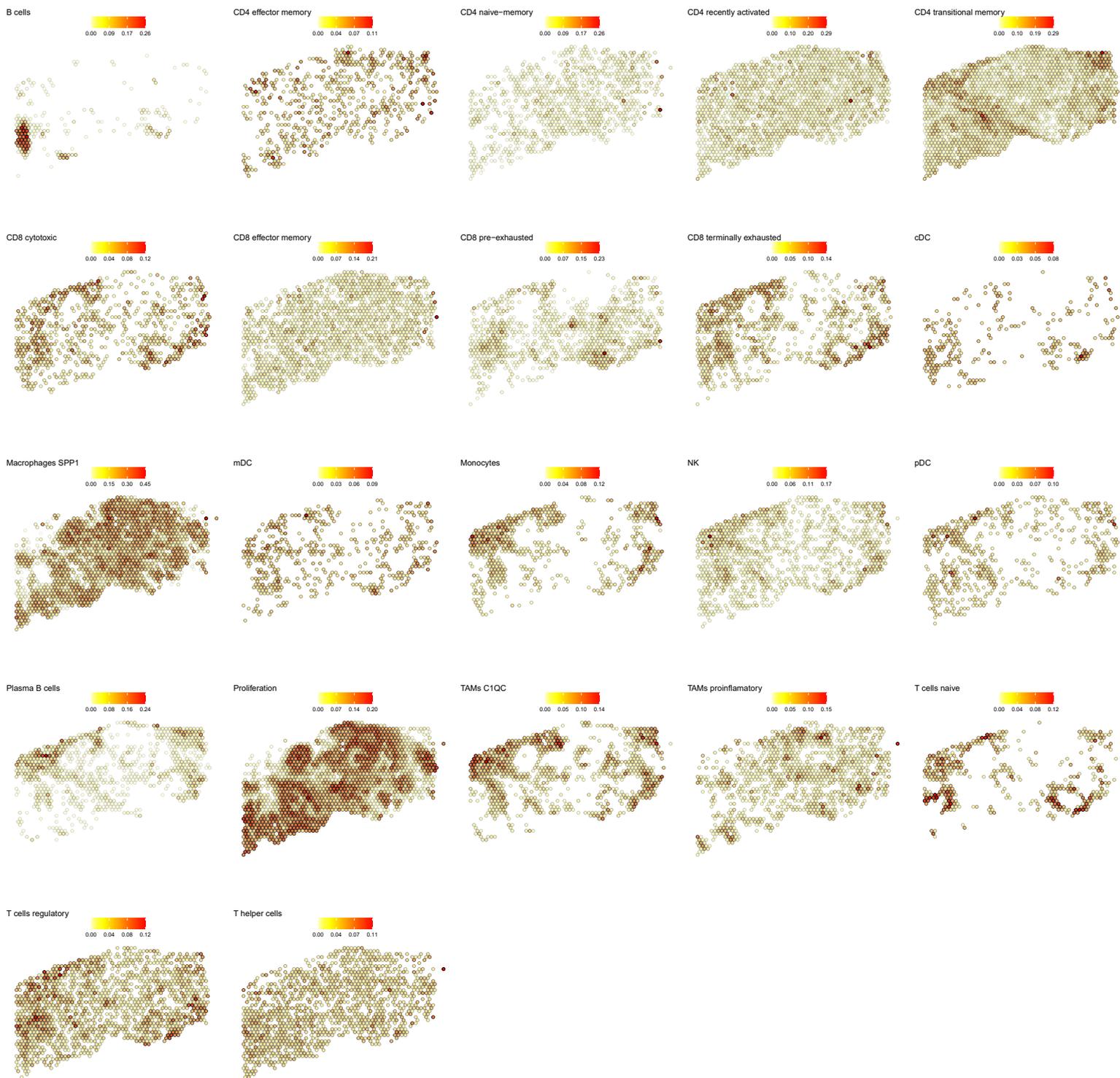
B



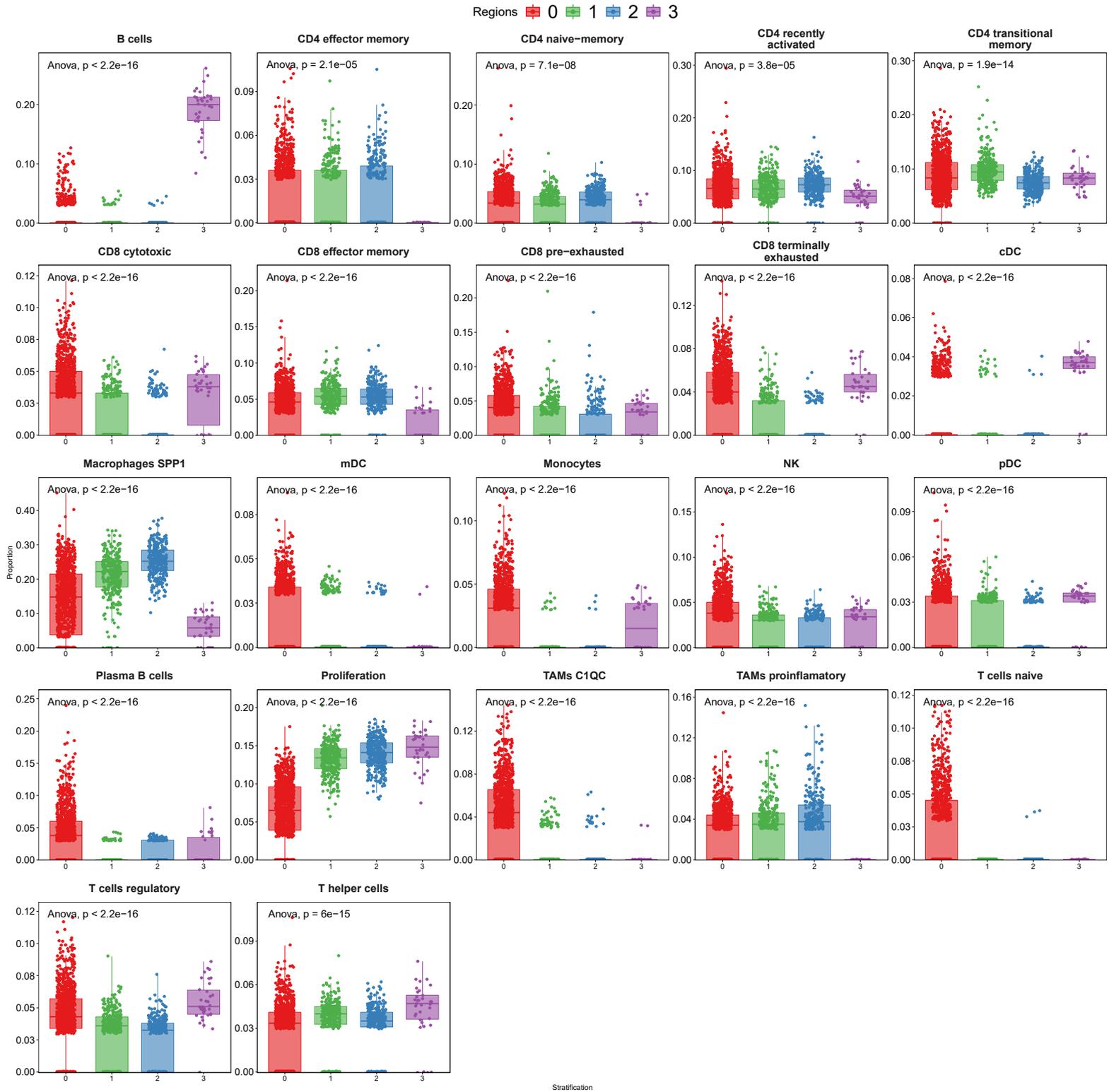
Supplementary Figure 10 | Deconvolution of bulk RNA-seq TCGA data using the single-cell reference. (A) Heatmap of the predicted cell type proportions for 1222 breast invasive carcinoma (BRCA), 594 lung adenocarcinoma (LUAD), 472 skin cutaneous melanoma (SKCM), and 521 colon adenocarcinoma (COAD) TCGA patient samples colored by cancer type and their immune cluster assigned through the Random Forest classifier. (B) Variability in the deconvoluted cell type proportions per cancer type.



Supplementary Figure 11 | SPOTlight and RCTD ST deconvolution. Correlation analysis of predicted cell type/state level within ST spot using RCTD or SPOTlight based deconvolution (Pearson's correlation; sample 16142, SCC).

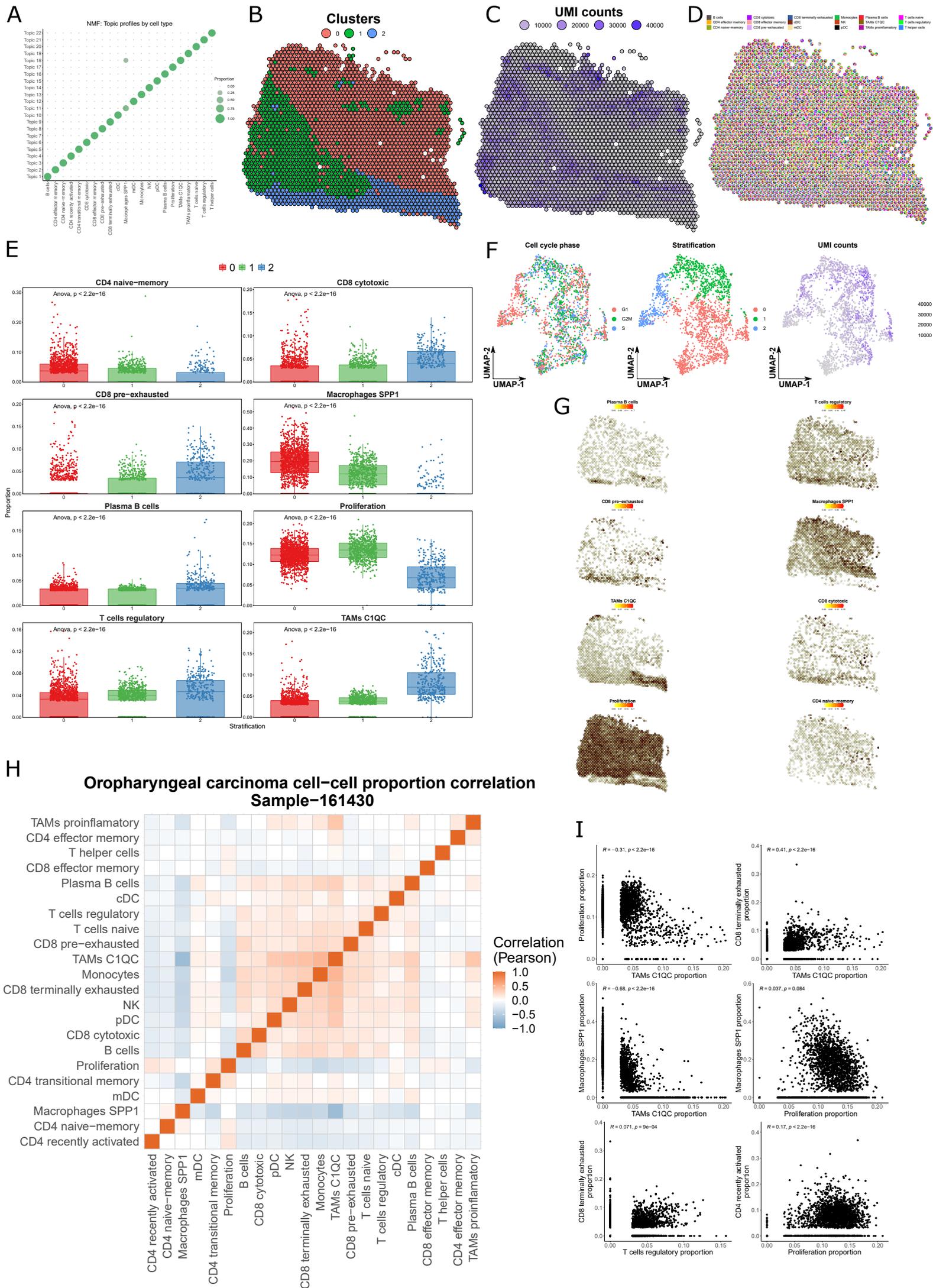


Supplementary Figure 12 | Sample 161429 (SCC) predicted cell type/state proportion within each spot showing spatially differential immune patterns.

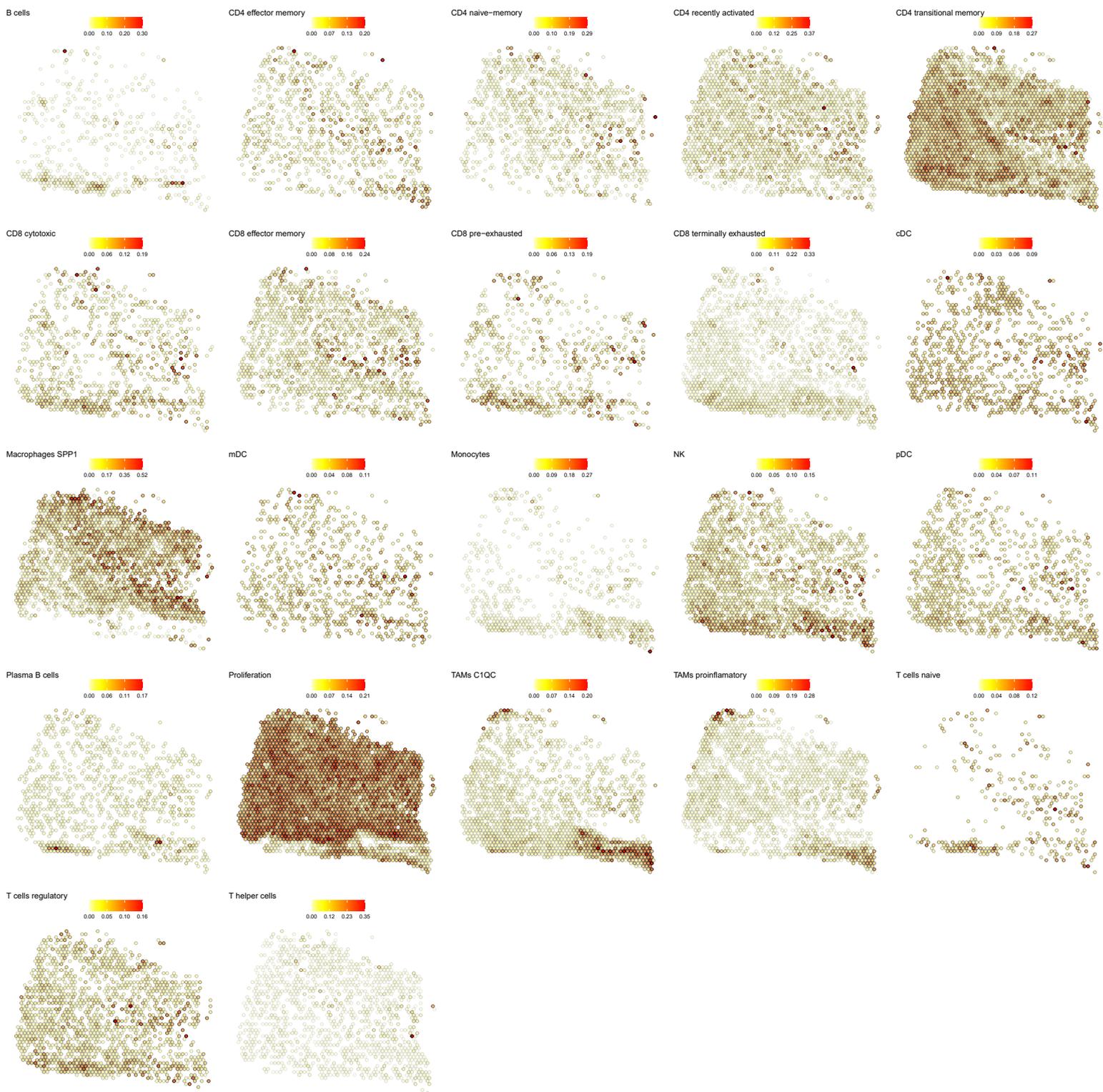


Supplementary Figure 13 | Sample 161429 (SCC) box plots of the cell types/states of interest presenting differential proportions of cell types found between regions. Differences between tumor sub-regions suggest a differential tumor immune microenvironment between heterogeneous tumor regions.

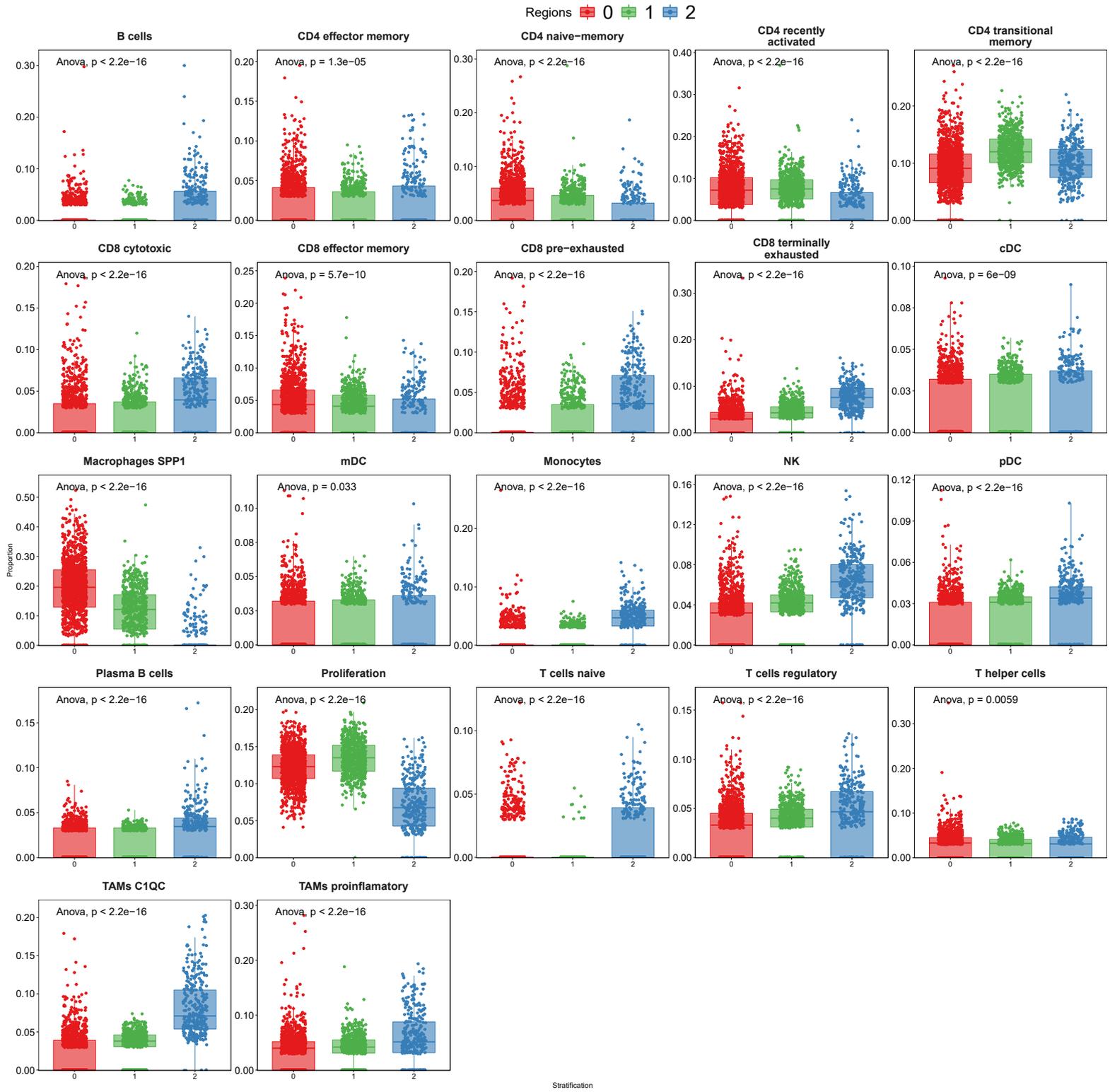
Supplementary Figure 14 | **(A)** Scatter plots of proportions of (anti-) correlating cell type pairs identified in Fig. 5H (oropharyngeal carcinoma). **(B)** Scatter plots of proportions of (anti-) correlating cell type pairs identified in C (breast carcinoma). **(C)** Clustered correlation matrix between the predicted cell-type proportions providing evidence for immune cell type co-localization in tumors.



Supplementary Figure 15 | Spatial mapping of the reference immune cell types using ST oropharyngeal squamous cell carcinoma (SCC) section ID 161430. (A) Cell type specific topic profiles presenting a high topic/cell type specificity. **(B)** ST profiled section of a SCC primary tumor. Tissue stratification according to unsupervised clustering. **(C)** The number of unique molecular identifiers (UMI) recovered from each spot indicate the areas transcriptionally most active. **(D)** Pie chart representation showing proportions (per ST spot) of *SPOTlight* predicted immune cells based on the single-cell immune reference atlas. To visualize spatially variable cell types, only immune cell types present in <75% of the spots are displayed. **(E)** UMAP embedding of ST spots presenting the cell cycle phase (left), cluster identity (middle), and UMI counts (right) for each spot. **(F)** Box plots displaying significant differences in cell type proportion of clusters (ANOVA test). **(G)** Location and proportion of significantly differentially located cell types in the SCC section. **(H)** Clustered correlation matrix between the predicted cell type proportions identifying co-localization (red) and exclusive (blue) immune distribution patterns. **(I)** Scatter plots of (anti-) correlating cell type pairs identified in (H).



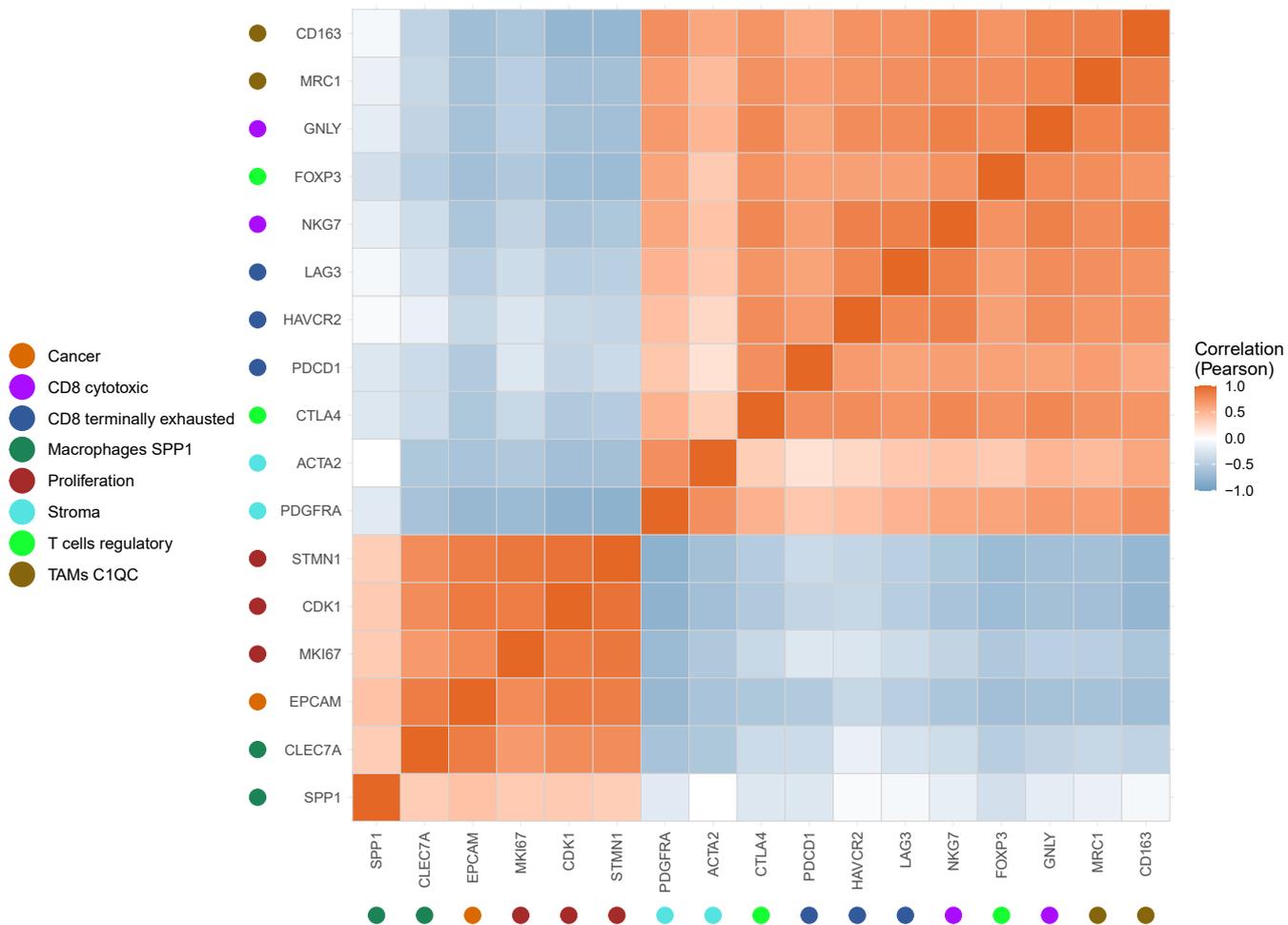
Supplementary Figure 16 | Sample 161430 predicted cell type/state proportion within each spot showing spatially differential immune patterns.



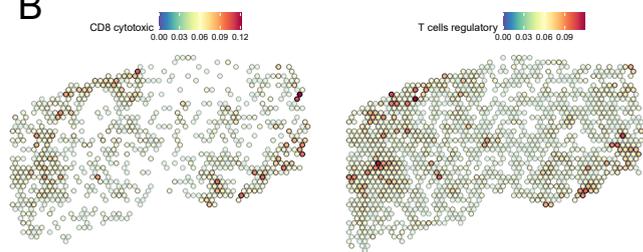
Supplementary Figure 17 | Sample 161430 box plots of the cell types/states of interest presenting differential proportions of cell types found between regions. Differences between tumor sub-regions suggest a differential tumor immune microenvironment between heterogeneous tumor regions.

A

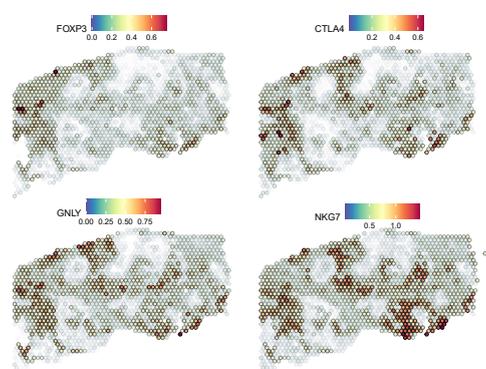
Gene – Gene correlations



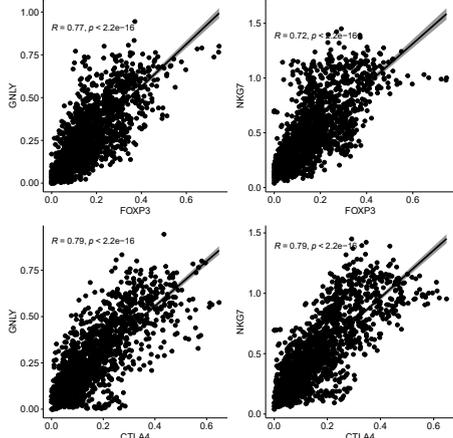
B



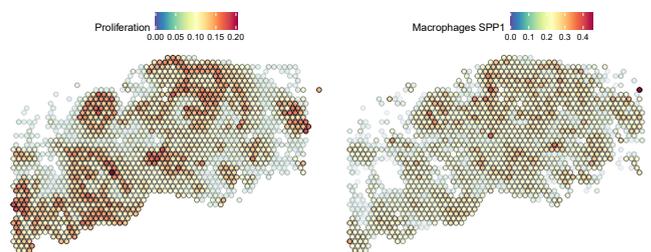
C



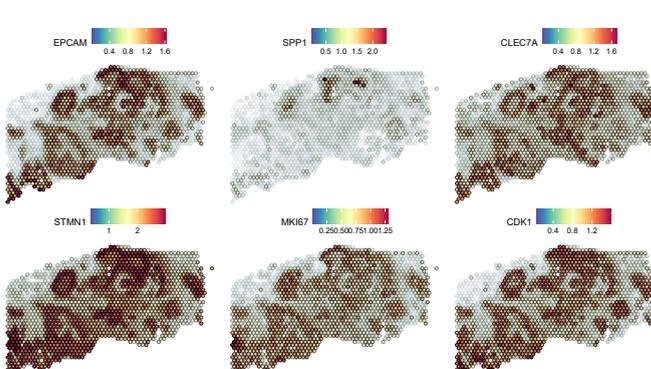
D



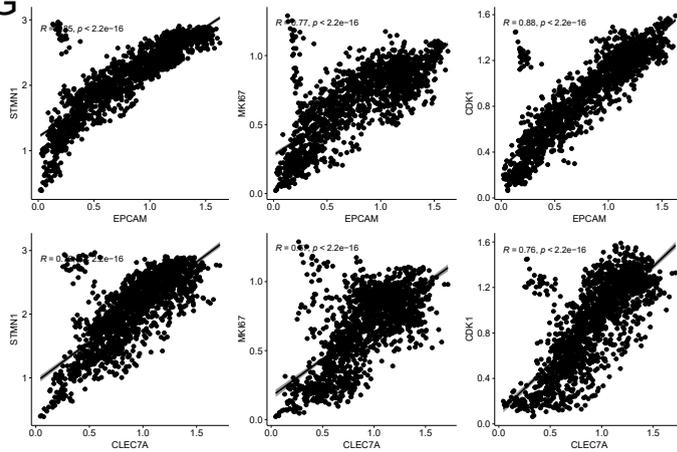
E



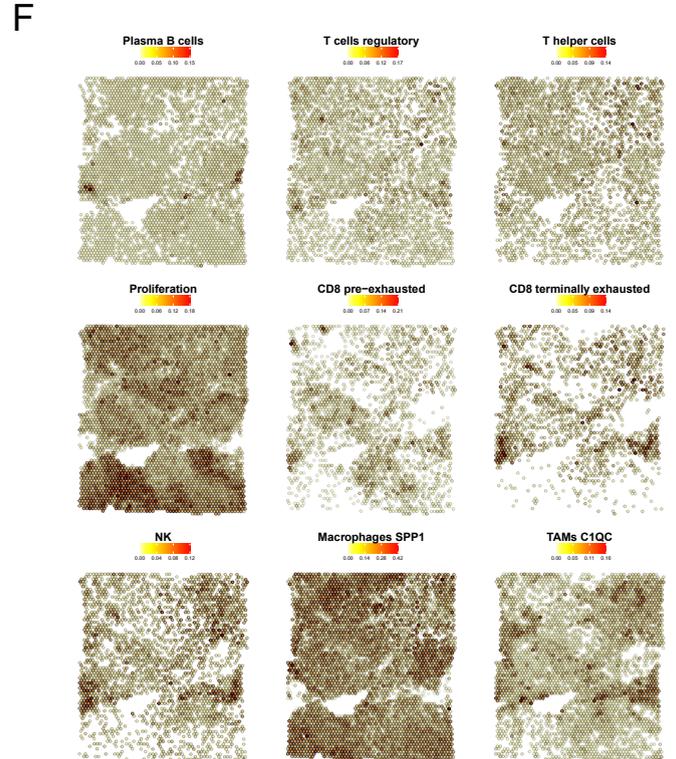
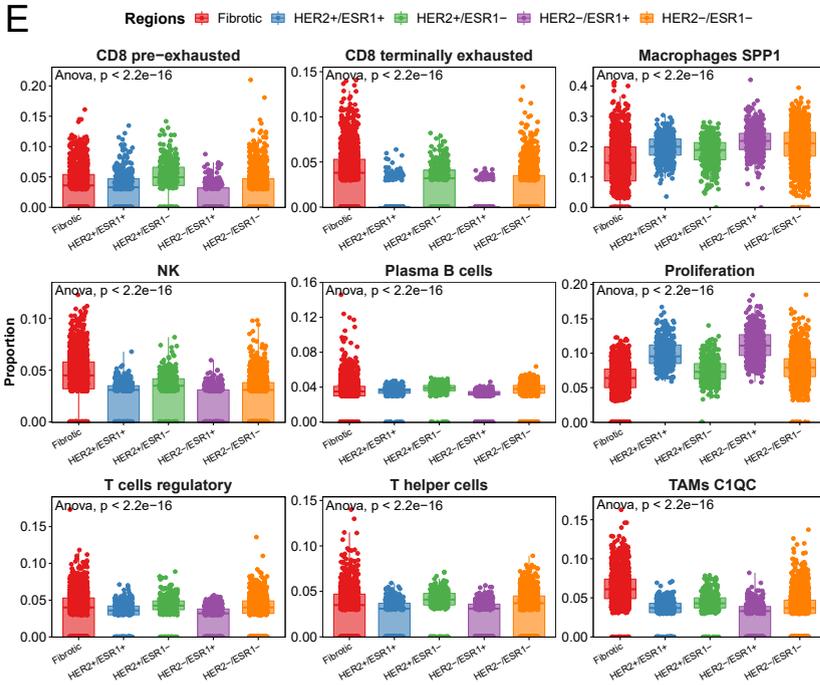
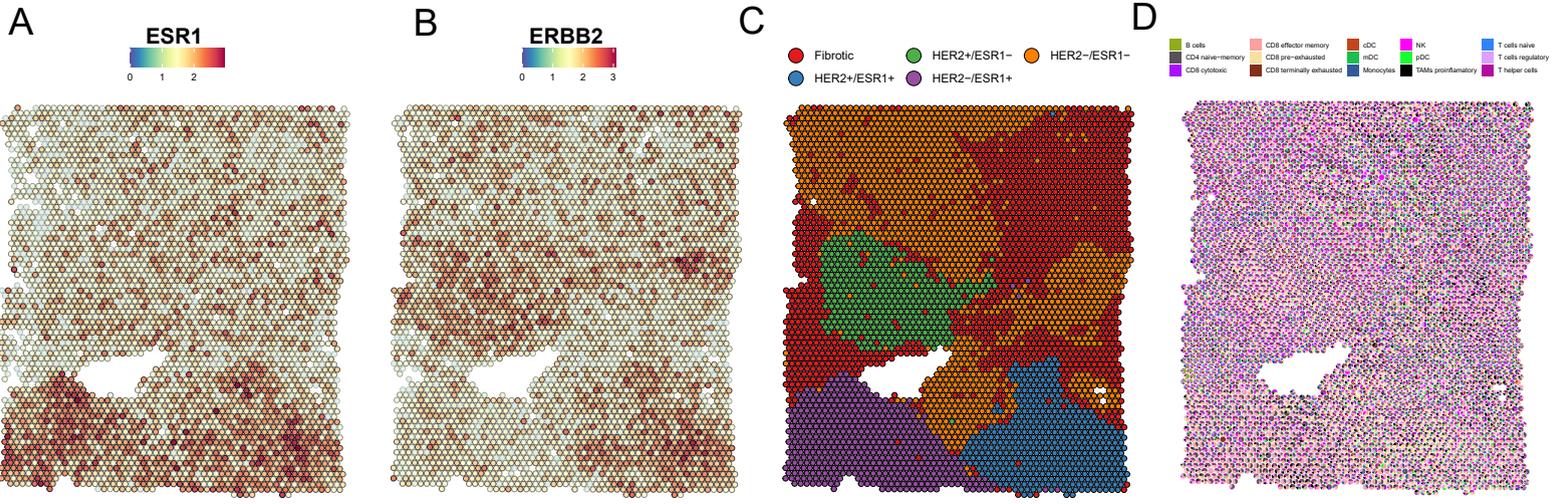
F



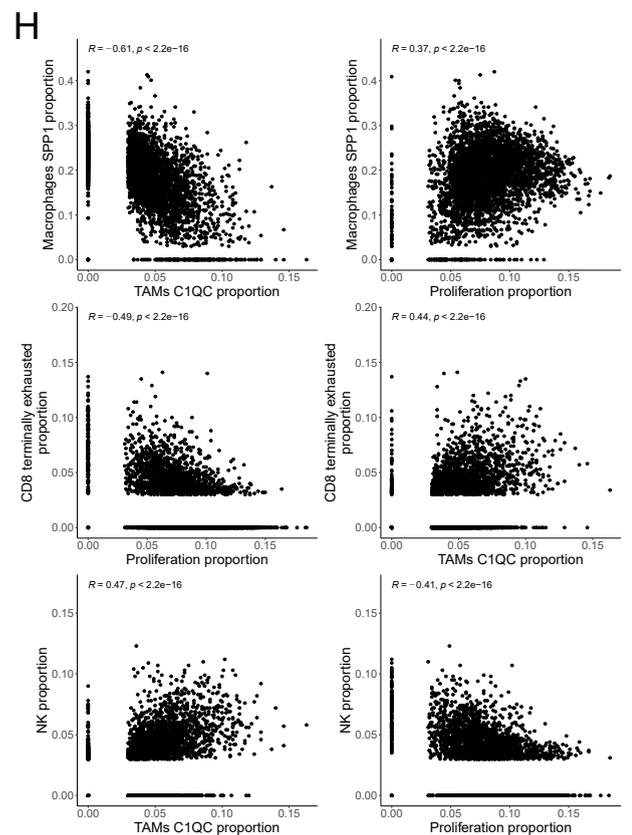
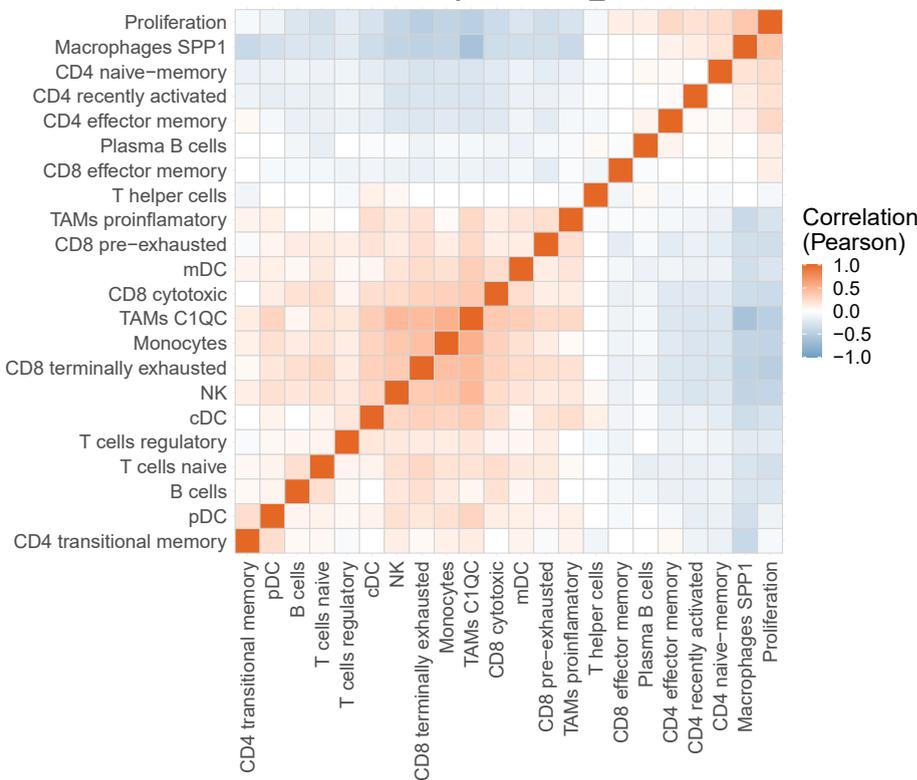
G



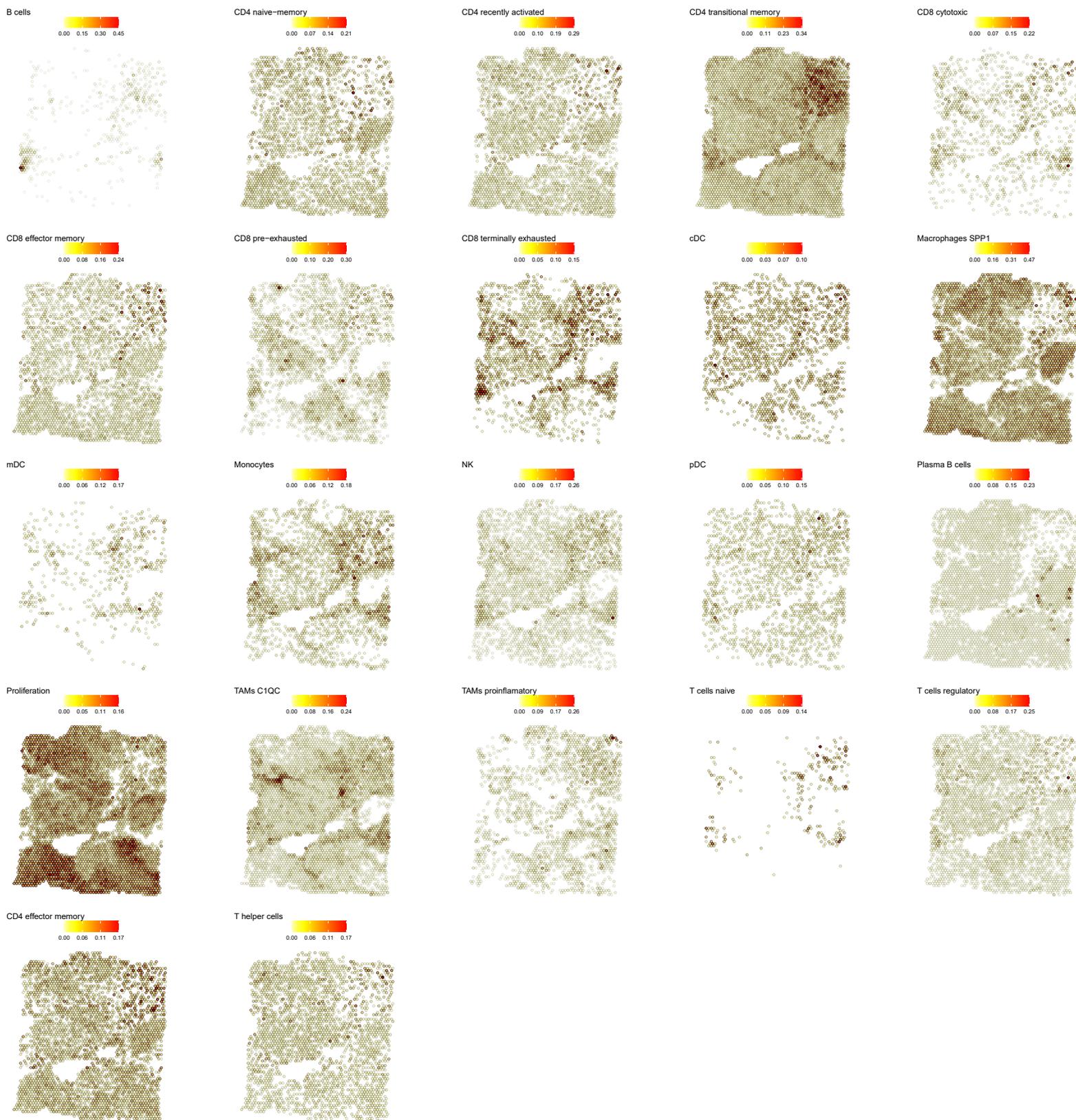
Supplementary Figure 18 | Digital ISH SCC (161429) following denoising with MAGIC. (A) Gene - Gene Pearson's correlation matrix between canonical marker genes of epithelial cancer, stromal fibroblasts, proliferation and immune cells of interest - CD8 cytotoxic, CD8 terminally exhausted, T cells regulatory, SPP1 and C1QC TAMs. **(B)** Cell type predicted proportion using SPOTlight. **(C)** Canonical marker genes for CD8 cytotoxic (*GNLY*, *NKG7*) and regulatory T-cells (*FOXP3*, *HAVCR2*). **(D)** Scatter plot and correlation between canonical markers for CD8 cytotoxic and regulatory T-cells. **(E)** Cell type predicted proportion using SPOTlight. **(F)** Canonical marker genes for cancer (*EPCAM*), proliferation (*STMN1*, *MKI67*, *CDK1*) and SPP1 macrophages (*SPP1*, *CLEC7A*). **(G)** Scatter plot and correlation between proliferation markers and the canonical markers for cancer and SPP1 macrophages.



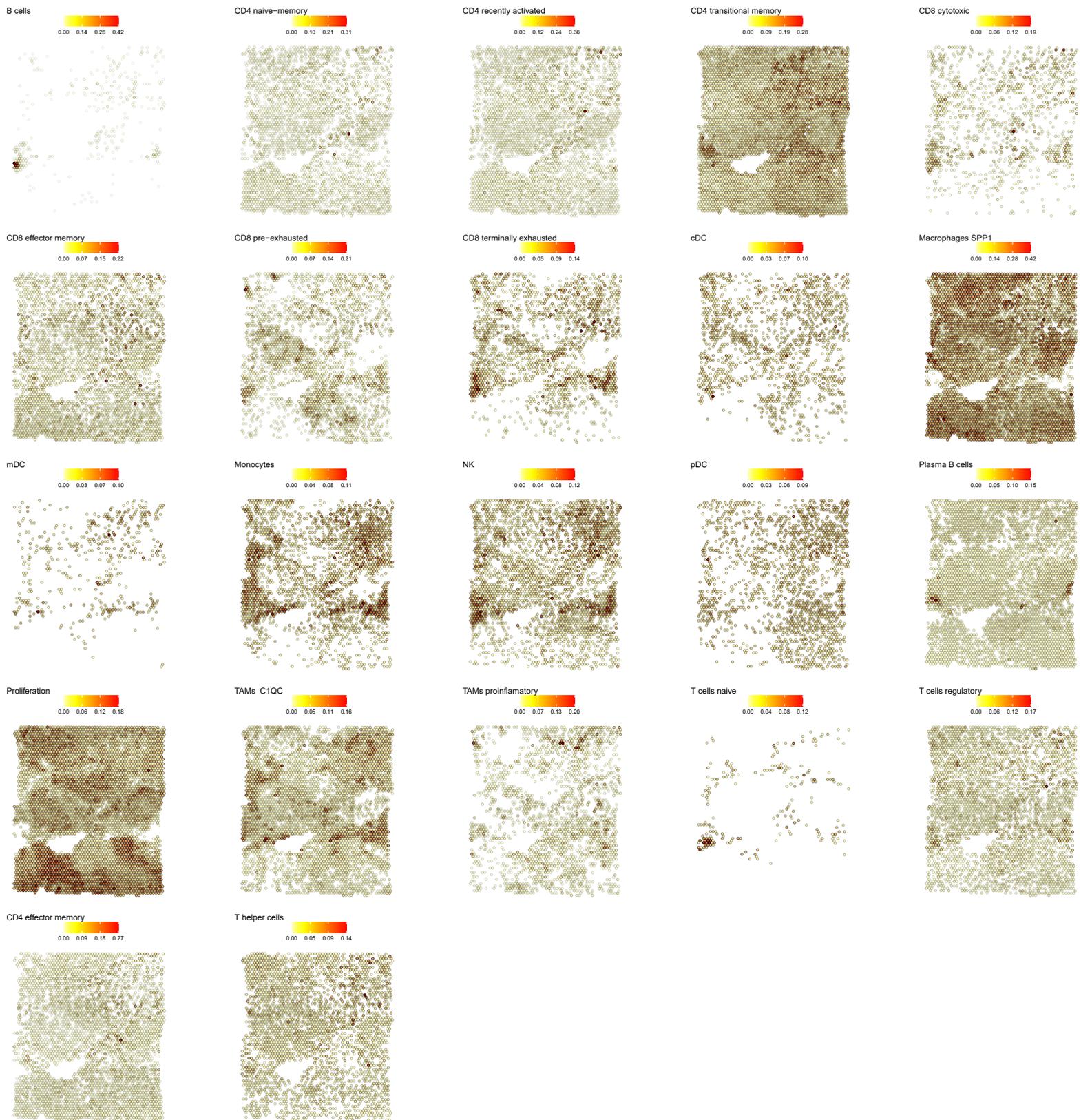
G **Breast carcinoma cell-cell proportion correlation**
Sample-breast_2



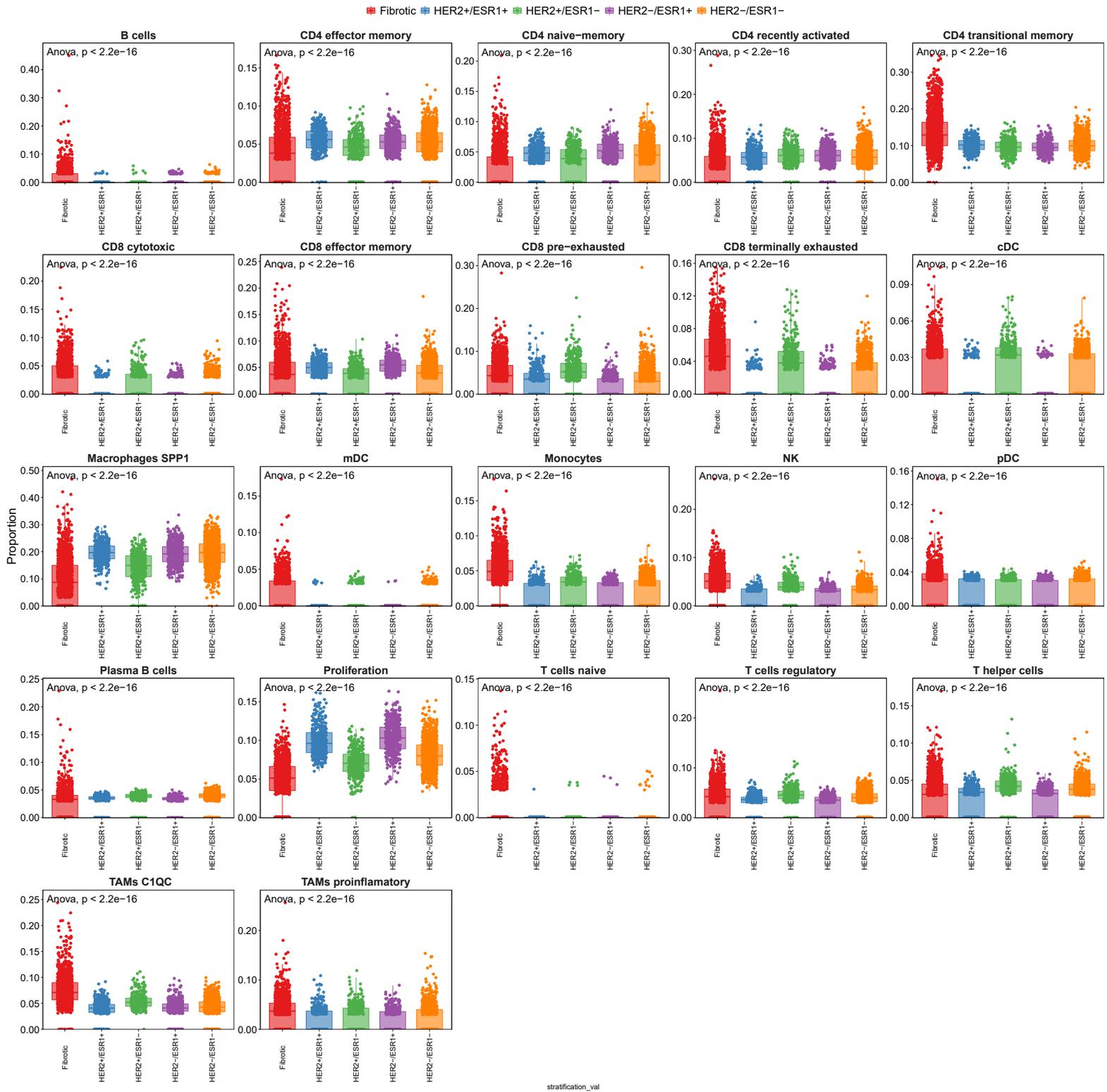
Supplementary Figure 19 | Tumor immune reference mapping ST section from a ductal breast carcinoma (replicate slice 2). **(A,B)** Estrogen receptor (ESR1, **A**) and HER2 receptor (ERBB2, **B**) gene expression levels on the ST section, indicating profound regionality of the expression. **(C)** Tissue stratification and labeling according to unsupervised clustering. **(D)** Pie chart representation showing proportions (per ST spot) of *SPOTlight* predicted immune cells based on the single-cell immune reference atlas. To visualize spatially variable cell types, only immune cell types present in <75% of the spots are displayed. **(E)** Box plots of significantly differentially localized cell type proportions between the clusters (ANOVA test). Differences between tumor areas (i.e. HER+ and ER+) are observed, suggesting differential tumor microenvironments of the tumor subclones. **(F)** Location and proportion of immune cell types with local enrichment **(G)** Clustered correlation matrix between the predicted cell-type proportions providing evidence for immune cell type co-localization in tumors. **(H)** Scatter plots of proportions of (anti-) correlating cell type pairs identified in (G).



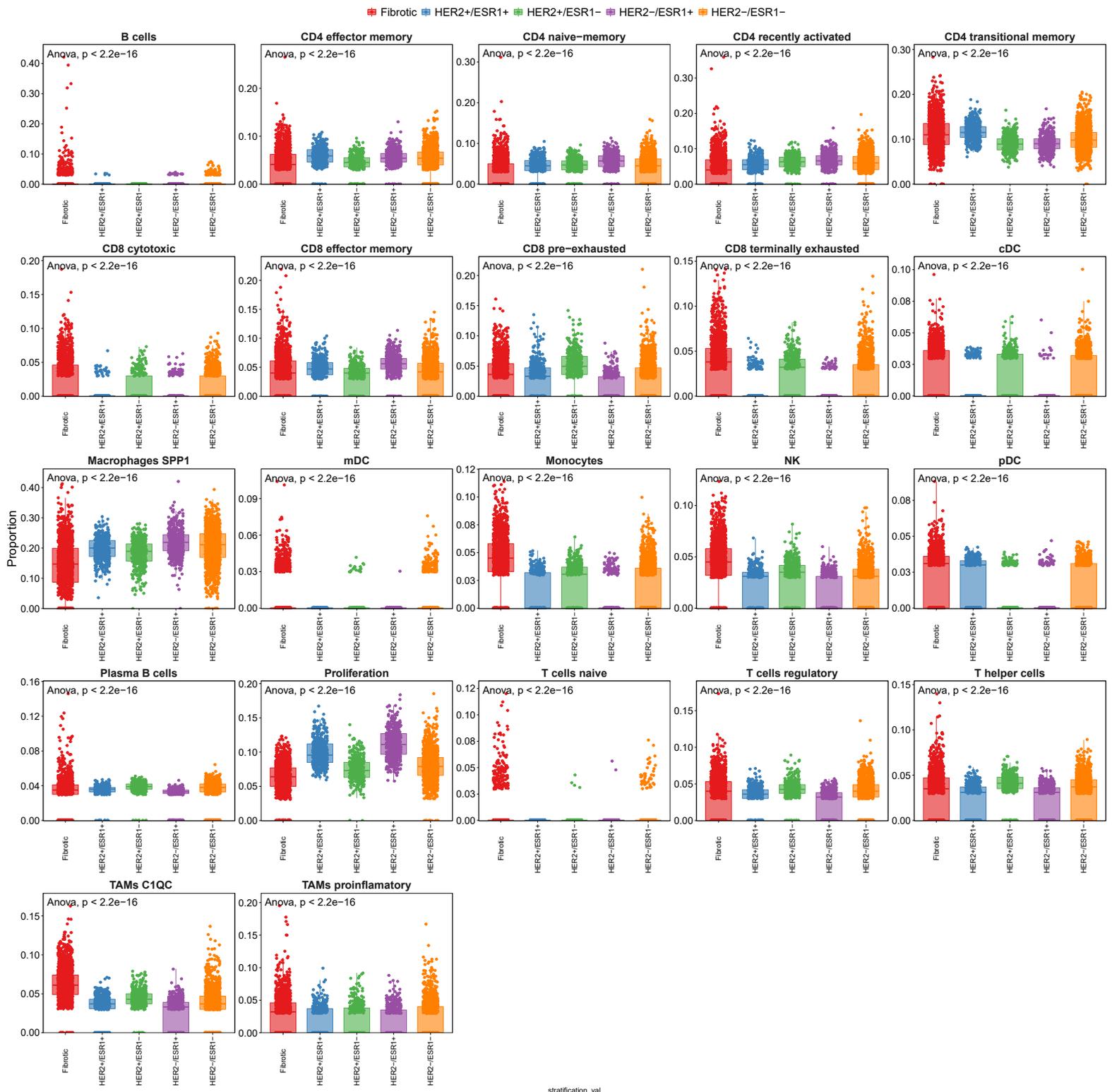
Supplementary Figure 20 | Predicted cell type/state proportion within each spot showing spatially differential immune patterns for the breast ductal carcinoma slice 1.



Supplementary Figure 21 | Predicted cell type/state proportion within each spot showing spatially differential immune patterns for the breast ductal carcinoma sequential slice 2 replicate.



Supplementary Figure 22 | Box plots of the cell types/states of interest presenting differential proportions of cell types found between regions for the breast ductal carcinoma slice 1. Differences between tumor sub-regions suggest a differential tumor immune microenvironment between heterogeneous tumor regions.



Supplementary Figure 23 | Box plots of the cell types/states of interest presenting differential proportions of cell types found between regions for the breast ductal carcinoma sequential slice 2 replicate. Differences between tumor sub-regions suggest a differential tumor immune microenvironment between heterogeneous tumor regions.