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Table 1: Detailed event count numbers per cohort with the maximum event number in the given cutoff written in brackets.

|	≤ 20000	≤ 30000	≤ 40000	≤ 50000
AML	0 (max 0)	0 (max 0)	7 (max 37756)	124 (max 50000)
CLL	2 (max 16153)	291 (max 29999)	1249 (max 39988)	3356 (max 50000)
FL	0 (max 0)	2 (max 29795)	7 (max 38991)	216 (max 50000)
HCL	0 (max 0)	0 (max 0)	3 (max 35901)	187 (max 50000)
HCLv	0 (max 0)	0 (max 0)	3 (max 37997)	54 (max 50000)
LPL	1 (max 19693)	5 (max 29814)	22 (max 39318)	622 (max 50000)
MBL	0 (max 0)	1 (max 29588)	11 (max 39441)	1458 (max 50000)
MCL	2 (max 15545)	12 (max 29887)	62 (max 39702)	415 (max 50000)
MM	0 (max 0)	1 (max 26217)	2 (max 38324)	101 (max 50000)
MZL	0 (max 0)	4 (max 28871)	50 (max 39812)	968 (max 50000)
normal	1 (max 14598)	1 (max 14598)	19 (max 39860)	8434 (max 50000)
PL	1 (max 12301)	20 (max 29810)	132 (max 39995)	597 (max 50000)
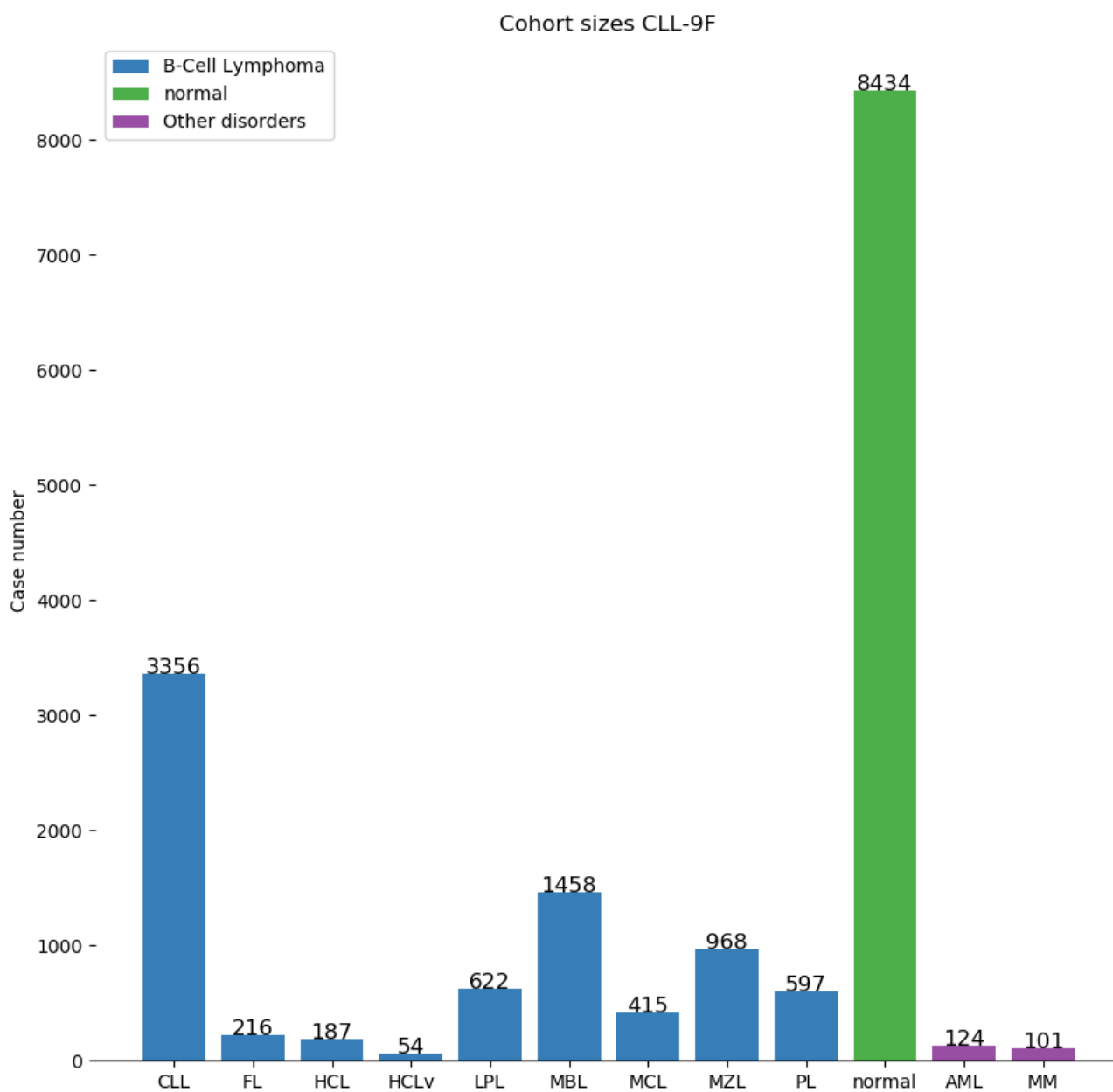
Figure 1: Overview of cohort sizes using the CLL 9F panel. These numbers include only cases with at least tube 1 and 2 of the same material and each fcs file having more than 10,000 events.
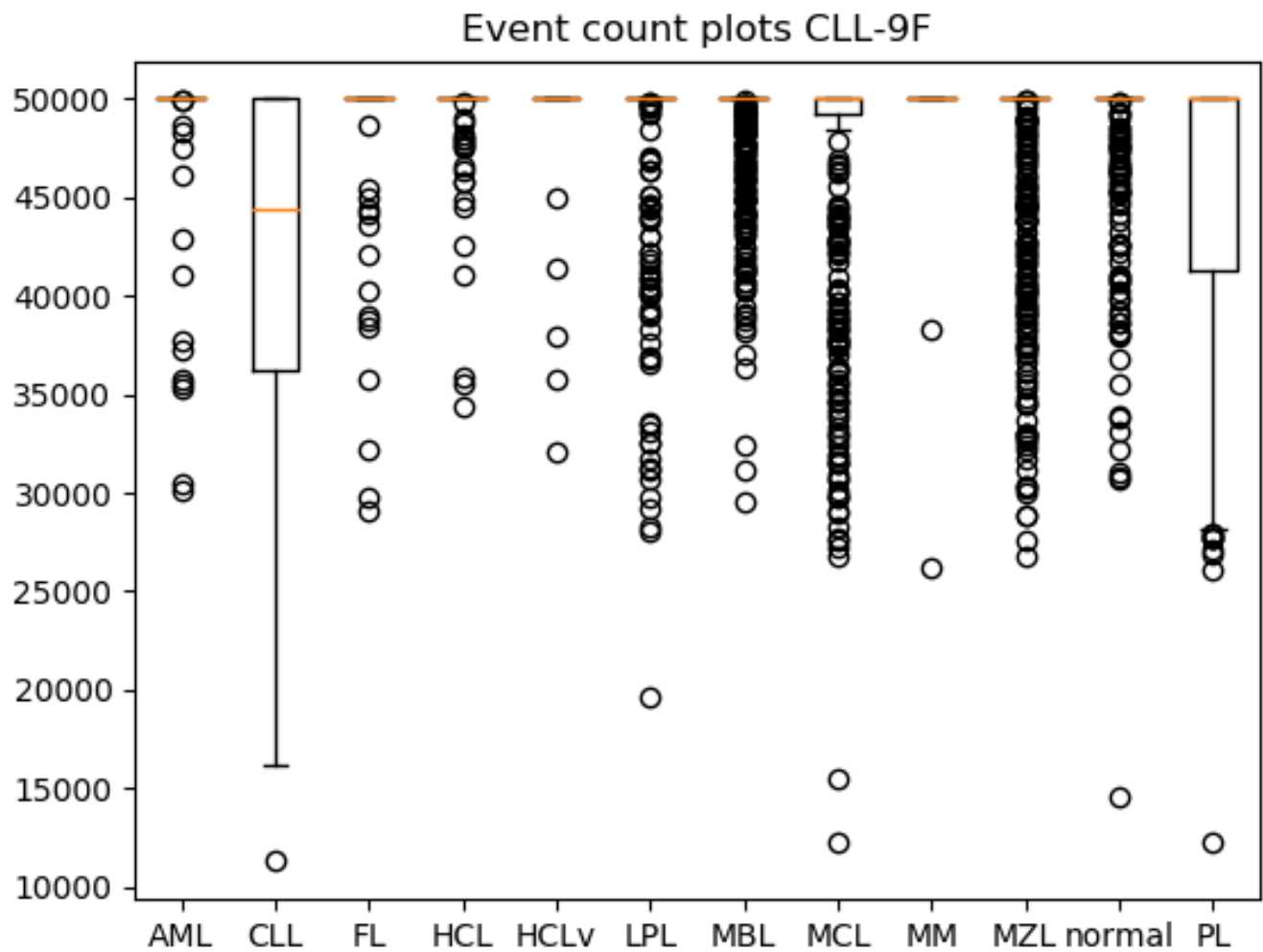
Figure 2: Number of events in each fcs file in tube 1 for each cohort. The whiskers represent 25th and 75th percentile. Numbers outside these ranges are represented as individual dots.
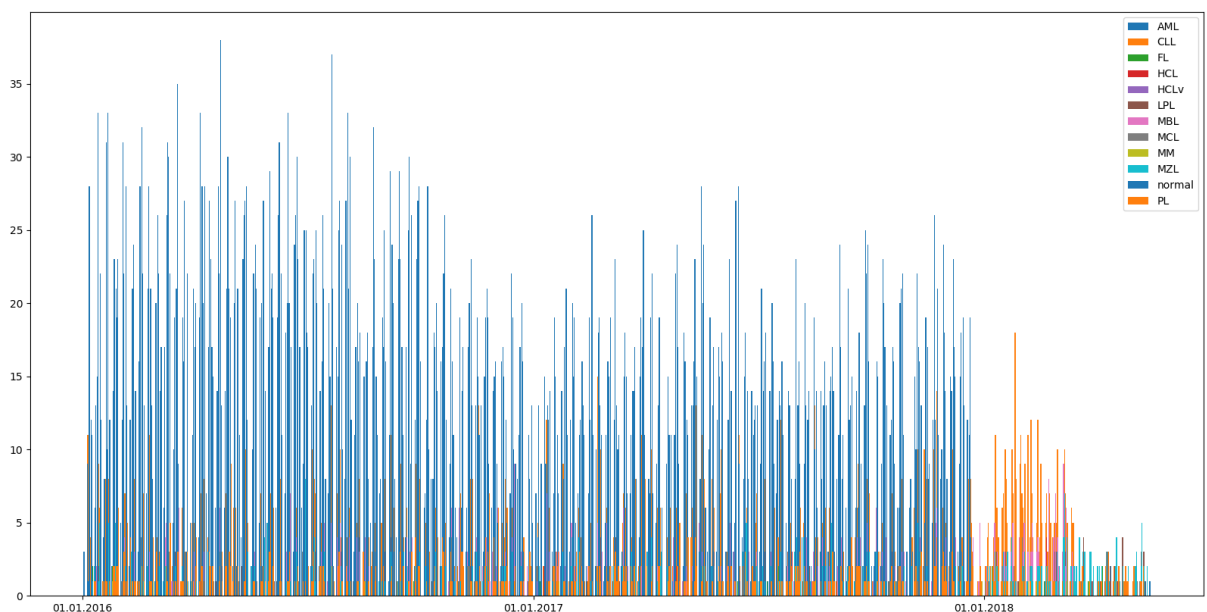

Figure 3: Time-histogram of case date over time. This visualization can be used to spot skewed distributions in individual cohorts.

Table 2: Overview of classification runs so far and the different applied processing steps in clustering. The mean accuracy has been calculate counting single cases (micro-average), taking class-imbalances into account.

(a) CLL, FL, HCL, LPL, MBL, MCL, MZL, PL, normal

set	name	type	count	f1	std
abstract_single_groups	normal	random	1	0.72	0.02
	pregated	random	1	0.74	0.01
	somgated	random	1	0.77	0.00
abstract_single_groups_cbrt	normal	random	1	0.77	0.03
	somgated	random	1	0.79	0.00
abstract_single_groups_log1p	normal	random	1	0.72	0.02
	somgated	random	1	0.77	0.00
abstract_single_groups_sqrt	normal	random	3	0.77	0.03
	somgated	random	3	0.79	0.00
num_cases_single	c1	random	1	0.82	0.00
	c25	random	1	0.81	0.00
	c50	random	1	0.81	0.00

(b) CM, FL, HCL, LMg, MtCp, normal

set	name	type	count	f1	std
abstract_merged_hzl	somgated	random	3	0.83	0.01
	somgated_equal	random	1	0.74	0.01
abstract_merged_hzl_cbrt	normal	random	1	0.84	0.03
	pregated	random	1	0.85	0.01
	somgated	random	1	0.87	0.00
abstract_merged_hzl_log1p	normal	random	1	0.80	0.02
	pregated	random	1	0.83	0.01
	somgated	random	1	0.86	0.01
abstract_merged_hzl_sqrt	normal	random	1	0.84	0.03
	pregated	random	1	0.86	0.01
	somgated	random	1	0.87	0.00
hcl_included	merged	random	1	0.85	0.00

(c) CD5neg, CD5pos, normal

set	name	type	count	f1	std
cd5_threeclass	normal	random	1	0.84	0.02
	pregated	random	1	0.87	0.01
	somcombined	random	1	0.89	0.00
cd5_threeclass_sqrt	normal	random	1	0.86	0.02
	pregated	random	1	0.88	0.01
	somcombined	random	1	0.89	0.00
hcl_included	cd5	random	1	0.89	0.00

(d) CLL, normal

set	name	type	count	f1	std
cll_normal	normal	random	1	1.00	0.00
	pregated	random	1	0.99	0.01
	somcombined	random	1	1.00	0.00
cll_normal_all	normal	random	1	1.00	0.00
	pregated	random	1	1.00	0.00
	somcombined	random	1	1.00	0.00
cll_normal_max	normal	random	1	1.00	0.00
	pregated	random	1	1.00	0.00
	somcombined	random	1	1.00	0.00

(e) CM, normal

set	name	type	count	f1	std
mblcll	mblcll	random	1	0.97	0.0

Table 3: Significance tests for some implemented adaptations. Dataset a (normal) is always compared against b (with modifications) with the number of results used for analysis given. p-values are calculated using Welch's t-test. Primarily because of possible differences in variance depending on modifications to the consensus SOM generation. An unjoined 9-class analysis (without HCLv) is always used for analysis unless stated otherwise. Global top 1 accuracies counting single cases are used as the metric.

	mean_a	n_a	mean_b	n_b	p_value
normal vs somgated	0.675281	10	0.738160	10	0.000011
normal vs sqrt_transformed	0.792941	1	0.872941	1	NaN

Table 4: Comparison of histogram transformations. This table contains informations on sqrt transformations in our different group configurations. When using sqrt Transformation, the root of each number in the histogram is taken.

	Acc normal	№normal	Acc sqrt	№Acc	p-Value
6-class merged somgated	0.803632	10	0.871953	10	3.256652e-11
9-class normal	0.741198	10	0.777630	10	8.102392e-04
9-class somgated	0.777684	10	0.797946	10	3.988427e-10
CD5 - normal	0.841617	10	0.864223	10	2.766266e-02
CD5 - somgated	0.886777	5	0.890286	10	6.361855e-03
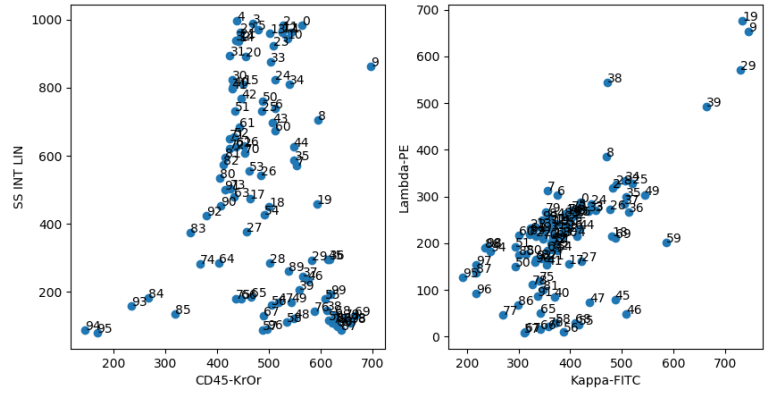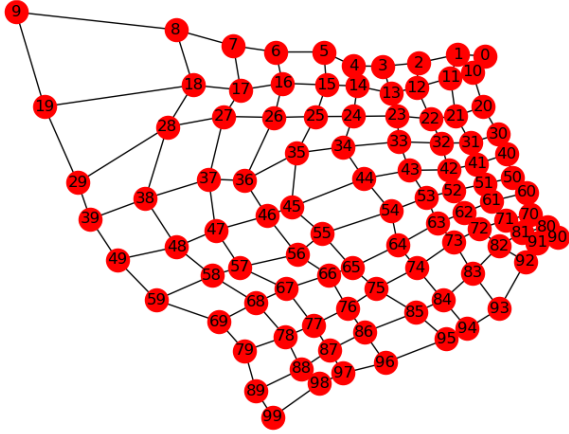
(a) One case per cohort.
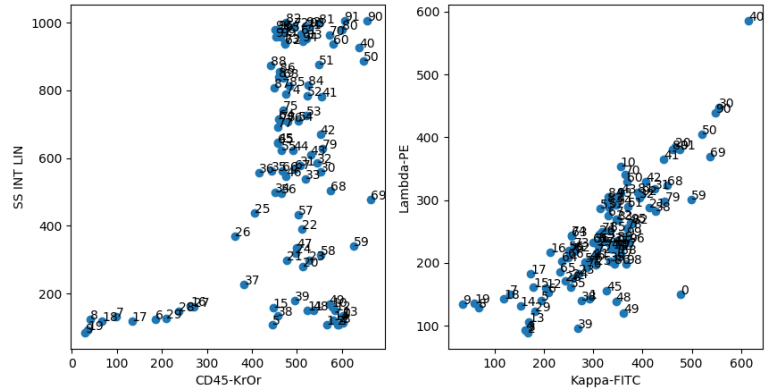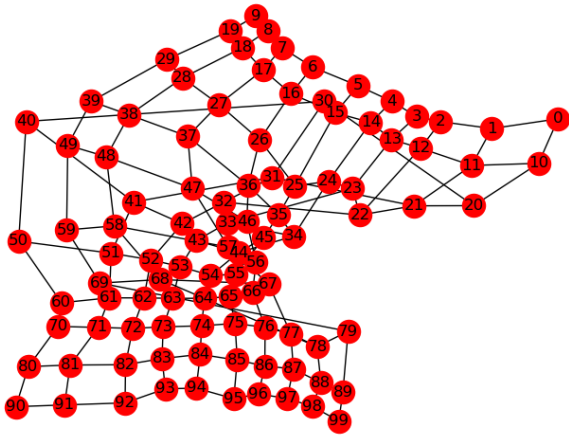
(b) Five cases per cohort.

Figure 4: Grid visualization of consensus SOM after two training iterations. Using cases in CLL, MBL and normal.
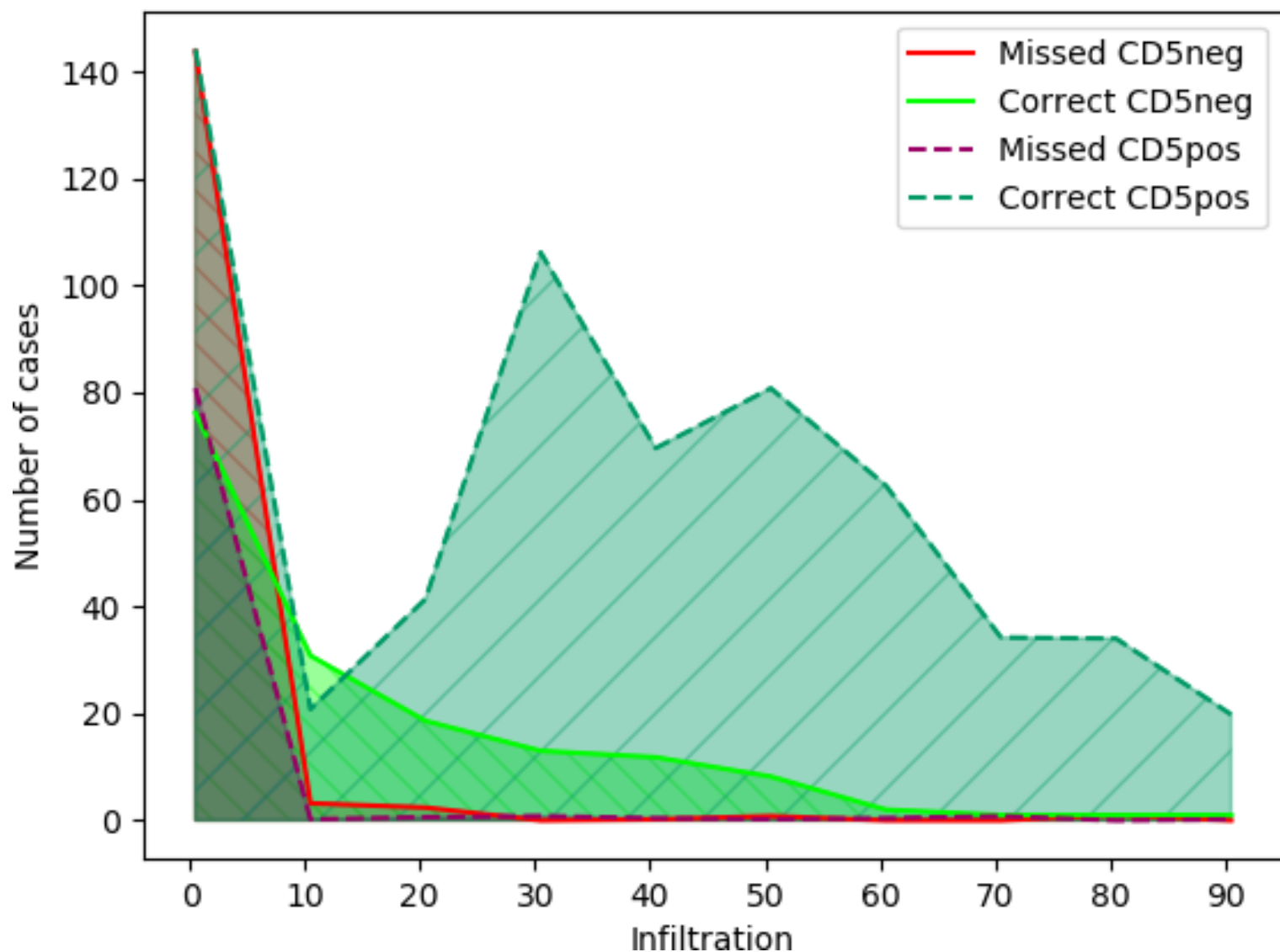
Figure 5: Binned histogram visualization of infiltration percentages for misclassified and non-misclassified cases for each cohort.
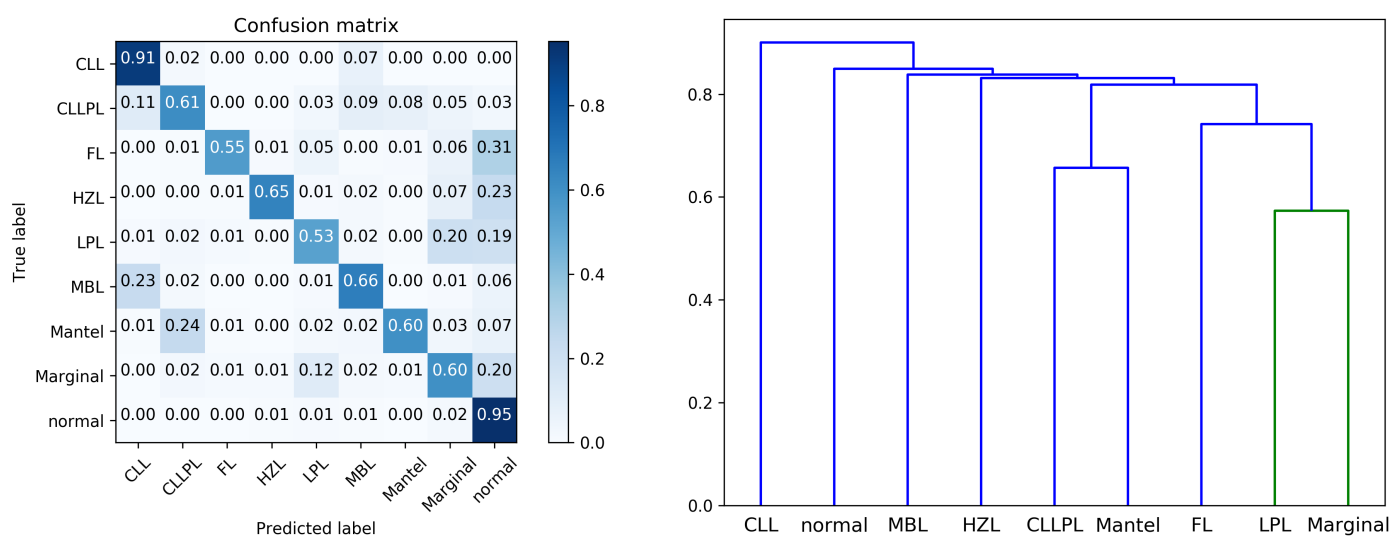

Figure 6: Hierarchical clustering using pairwise distances in the normalized misclassification table for the 9-class classification using the somgated approach in consensus SOM generation and upsampling.
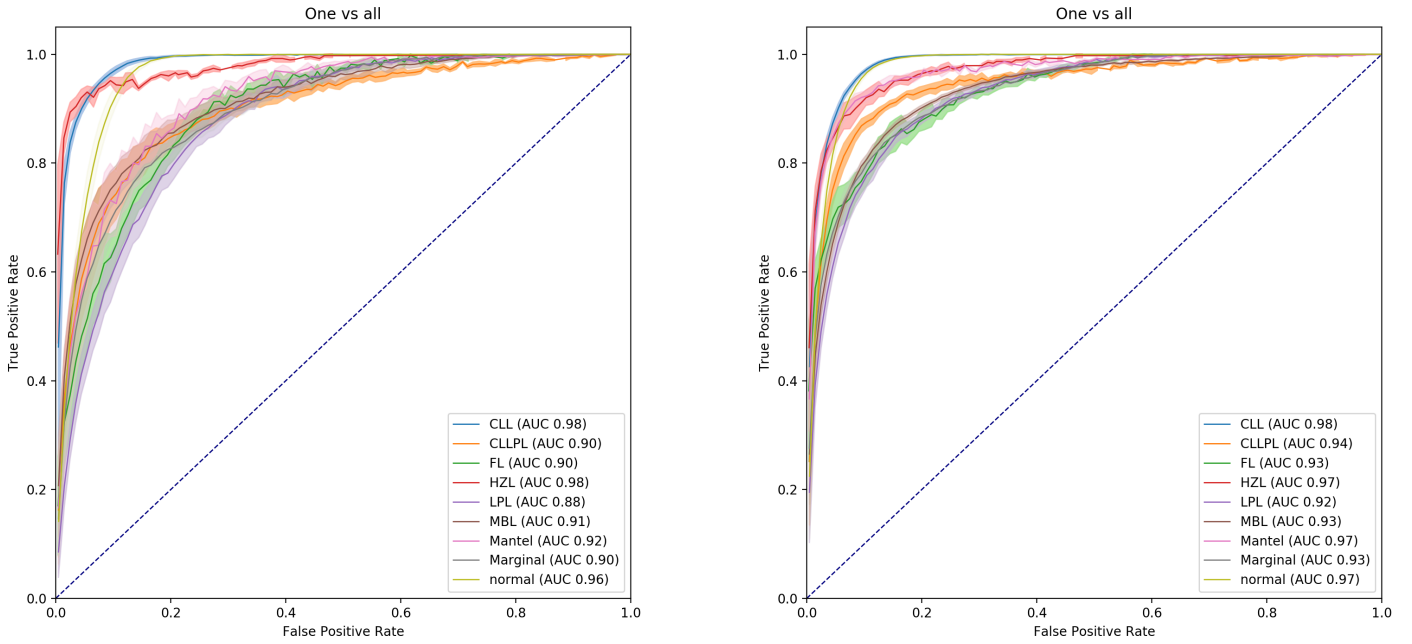
Figure 7: ROC curve for one-vs-all comparisons between a 9-class classification with a normal pipeline (left) and a somgated pipeline (pregating and subsequent generation of consensus SOM using SOM node weights instead of raw fcs data — right). Curves are averaged between all runs through binning. The colored area around a graph represents the standard deviation.
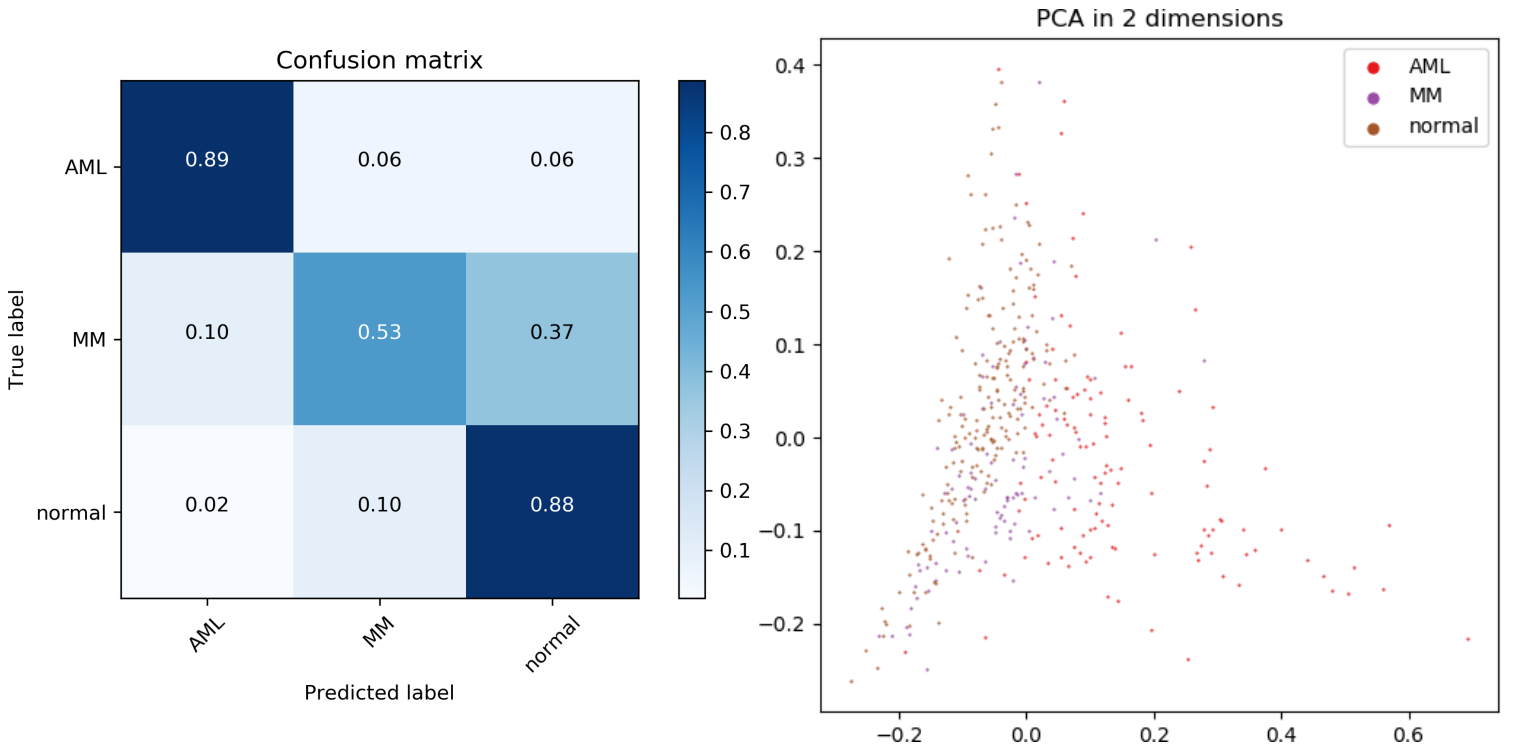

Figure 8: Processing of diagnoses outside the scope of the CLL 9F panel, such as acute myeloic lymphoma (AML) and multiple myeloma (MM). Their pathogenic cell populations are not well captured by the panel itself, making them good targets to measure the effect of foreign cohorts on classification outcome. Clustering did not use any additional preprocessing. The consensus SOM was generated using normal and B-Cell lymphoma cohorts. AML and MM were not used in the consensus SOM generation, but only utilized it for upsampling. Classification was done with the entire AML and MM cohorts vs 200 randomly sampled cases from the normal cohorts as a comparison.