Abbreviation	Definition			
AA	archetypal analysis			
AMR	antibody-mediated rejection			
AMATs	alternative macrophage activation transcripts			
ATAGC	Alberta Transplant Applied Genomics Centre			
AUC	area under the curve			
BAT	B cell-associated transcripts			
CAV	cardiac allograft vasculopathy			
cIRIT	cardiac injury and repair transcripts			
DAMP	damage-associated molecular pattern transcripts			
DSA	donor-specific antibody			
EMB	endomyocardial biopsy			
HT	heart parenchymal transcripts			
HT1	heart parenchymal transcripts set 1			
HT2	heart parenchymal transcripts set 2			
IGT	immunoglobulin transcripts			
INTERHEART	Diagnostic and Therapeutic Applications of Microarrays in Heart Transplantation, Multicenter Study (ClinicalTrials.gov Identifier: NCT02670408)			
Injury archetype	archetypal model for assessing cardiac injury			
IRRAT	injury-and-repair transcripts			
IRITD3	injury-repair induced transcripts day 3			
IRITD5	injury-repair induced transcripts day 5			
ISHLT	International Society for Heart and Lung Transplantation			
LVEF	left ventricular ejection fraction			
MCAT	mast cell transcripts			
MMDx	Molecular Microscope Diagnostic System			
NR	no rejection			
NR-Early injury	no rejection with early posttransplant injury			
NR-Minor	no rejection with minor injury			
NR-Normal	no rejection biopsies			
NRI	net classification indices			
pABMR	possible AMR			
PCA	principal component analysis			
PC1	principal component 1			
PC2	principal component 2			
pTCMR	possible TCMR			
RATs	rejection-associated transcripts			
SOC	standard-of-care			
TCMR	T cell-mediated rejection			

Table S2. Biopsy characteristics and patient demographics						
Biopsy characteristics	All (1320 biopsies)					
Days to biopsy posttransplant (TxBx)						
Mean	759					
Median (range)	184 (4 – 10 150)					
Days to most recent follow-up after biopsy						
Mean	644					
Median (range)	313 (1 – 3854)					
Indication for biopsy	·					
Clinical including follow-up (% of known)	327 (25%)					
Protocol biopsy (% of known)	824 (62%)					
Not stated (% of total)	169 (13%)					
Patient demographics	All (645 patients)					
Mean patient age (range)	49 (1 – 80)					
Age > 65 years (Count)	56					
Mean donor age (range)	41 (6 – 71)					
Patient sex	,					
Male (% of known)	446 (69%)					
Female (% of known)	197 (31%)					
Unknown	2					
Donor sex						
Male (% of known)	326 (67%)					
Female (% of known)	159 (33%)					
Not available (% of total)	160 (25%)					
Patient had a previous failed heart transplant	4 (1%)					
Heart status at last follow-up						
Alive at last follow-up (% of known)	475 (88%)					
Deceased (% of known)	60 (11%)					
Failed and retransplanted (% of known)	4 (1%)					
Not available (% of total)	106 (17%)					
Primary disease <sup>a</sup>						
Dilated Cardiomyopathy (% of known)	284 (44%)					
Hypertrophic Cardiomyopathy (% of known)	32 (5%)					
Restrictive Cardiomyopathy (% of known)	14 (2%)					
Other Cardiomyopathies	48 (7%)					
Congenital Heart Defect (% of known)	33 (5%)					
Coronary Artery Disease (% of known)	91 (14%)					
Other (% of known)	143 (22%)					
Not available (% of total)	0 (0%)					
<sup>a</sup> Some patients received more than one primary diagnosi	` ,					

Table S3. Histologic diagnoses and modified archetype sign-outs in 1320 endomyocardial biopsies

Histology	N (% of 1320)	
No Rejection	519 (39%)	
TCMR	113 (9%)	
AMR	71 (5%)	
Mixed (AMR + TCMR)	14 (1%)	
All AMR (including Mixed)	85 (6%)	
Possible TCMR	411 (31%)	
Possible AMR	150 (11%)	
Incomplete	42 (3%)	
Modified rejectio	n sign-out categories <sup>b</sup>	N (% of 1320)
NR-Normal	462 (35%)	
NR-Minor	359 (27%)	
NR-Early-injury	32 (2%)	
	Mixed	13 (1%)
	TCMR	76 (6%)
TCMR-related including mixed	TOWK	
TCMR-related including mixed	Possible TCMR	38 (3%)
TCMR-related including mixed  MR-related (no TCMR)		38 (3%) 179 (14%)

<sup>&</sup>lt;sup>a</sup> Biopsy labels were converted as follows:

Possible AMR

pAMR1, pAMR1I+, pAMR1H+ pAMR2, pAMR3 TCMR2R, TCMR3R **AMR TCMR** 

<sup>&</sup>lt;sup>b</sup> Halloran PF, Madill-Thomsen KS, Aliabadi-Zuckermann A, et al. Many heart transplant biopsies currently diagnosed as no rejection have mild molecular antibody-mediated rejection-related changes. *J Heart Lung Transplant*. 2021;In press. https://doi.org/10.1016/j.healun.2021.08.004.

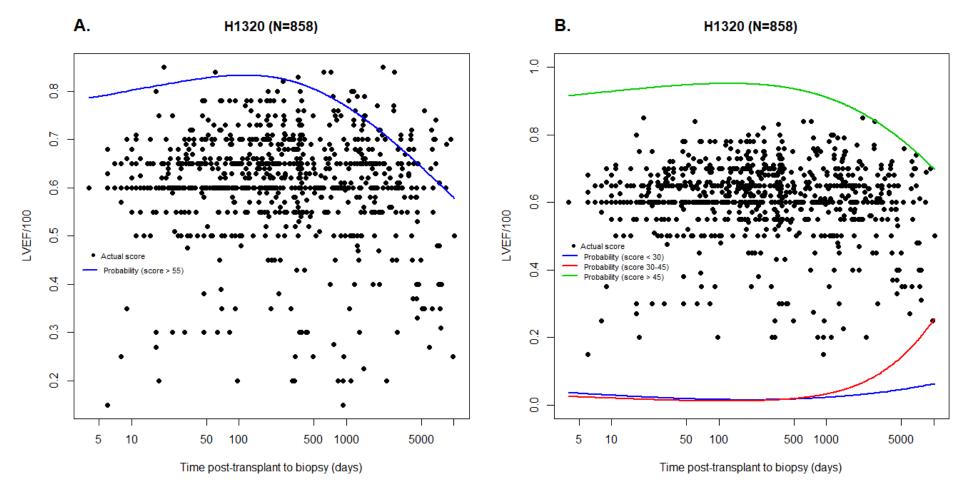
**Table S4.** Added 3-year graft survival predictive value of injury archetype scores vs rejection archetype scores.

Prediction tested	Type of test	Comparison	Result	<i>P</i> value <sup>c</sup>
3-year graft survival	Multivariable Cox regression	Injury archetype scores  + rejection archetype  scores	Injury scores <u>add</u> predictive value compared to rejection archetype scores alone.	3.8E-5
		Rejection archetype scores <sup>a</sup> + Injury archetype scores <sup>b</sup>	Rejection archetype scores <u>add</u> predictive value to injury scores alone.	2.6E-5

<sup>&</sup>lt;sup>a</sup> Rejection archetype scores include the TCMR, AMR, Early-injury (injury without rejection), and Minor.

blinjury archetype scores include the Mild-injury, Moderate-injury, Severe-injury, and Late-injury scores.

<sup>&</sup>lt;sup>c</sup>Comparisons done by likelihood ratio tests.



**Figure S1.** Relationships between injury-induced transcript set scores, time posttransplant, and archetypal injury states. The biopsy population is plotted by the LVEF/100 values (y-axis) and time posttransplant (x-axis). Actual scores are represented by black dots, while the probability that the biopsy's LVEF will be **A)** greater than 55, or **B)** with 3 thresholds at <30, 30-45, or >45 are shown as splined lines.