

Supplementary data

Figure S1. Quality control of the single-cell NGS (A) The UMI number and percentage of the mitochondria. (B) The cell number in the normal lung (NL), primary lung cancer (PLC), pleural fluid of congestive heart failure (HP), and pleural metastasis (LCP) groups.

Figure S2. The cell profiles of primary and pleural metastasis tissue as determined by scRNA-seq. (A) Co-expressions of various cell markers on different cell clusters on the UMAP plot. (B) Proportion of various cell types. (C) Percentage of different cell types in different patients.

Figure S3. The MesoMT of pleural mesothelial cells (PMCs). (A) Visualization of PMCs by different patient groups. (B) Upregulated *ICAMI*, *SLC2A1*, and *TNC* in LCP. (C) The levels of MMP2 in pleural fluid obtained from the patients with congestive heart failure or pleural metastasis. (D) No significant difference of various factors in the pleural fluid of pleural metastasis lung cancer patients with wild type (WT) between mutated (MT) EGFR status. The impact of various secretory factors on the overall survival of lung cancer patients with WT (E) or MT (F) EGFR. Data are presented as mean \pm SD. ns, not significant.

Figure S4. The evolution of cancer cells in the pleural niche. (A) InferCNV analysis of epithelial cells v.s. primary lung cancer and mesothelial cells v.s. pleural metastatic cancer. (B) The volcano plot of DEGs. Wiki pathway analysis (C) and IPA (D) of DEGs. (E) Heatmap of the ferroptosis driver gene set in pleural cancer. (F) Weight analysis of the ferroptosis driver gene set. (G) IHC showed upregulated GPX4 in pleural tumor than that in primary tumor in a paired tissue section. (H) The knockdown efficacy of *GPX4* siRNA. (I) Inhibition of *GPX4* by siRNA decreased cell viability of A549 in MPE. (J) A GPX4 inhibitor reduced cell viability of A549 in MPE. The cells were transfected with control or *GPX4* siRNA and the expression of GPX4 were assessed

after 24 h transfection by qRT-PCR. The data were presented as mean \pm SD. *** $p < 0.001$.

Figure S5. LA-TAMs exhibited an immunosuppressive phenotype. (A) Cell markers of myeloid cells. Heatmaps of M1/M2 phenotype (B), complement (C), cholesterol metabolism (D), and IFN-related (E) pathways in IFN-TAMs and LA-TAMs. (F) The expressions of secretory factors across the monocytes and TAMs assessed by trajectory analysis.

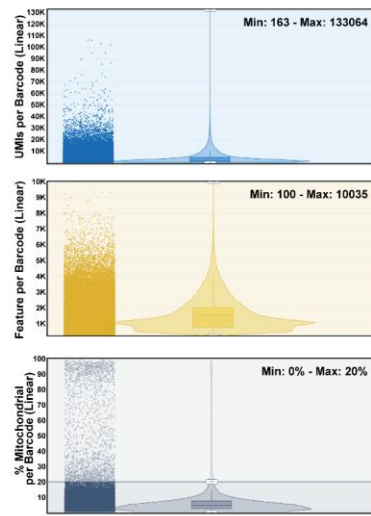
Figure S6. The levels of complement factors in MPE of lung cancer patients with wild-type (WT) or mutated (MT) EGFR. The concentrations of complement factors of (A) classical pathway, (B) lectin pathway, (C) alternative pathway, (D) C3 and (E) C5-related factors, and (F) complement factor H and complement factors I in the pleural fluid of pleural metastatic lung cancer patients with WT or MT EGFR. ns, not significant. * $p < 0.05$, ** $p < 0.01$.

Figure S7. Kaplan-Meier curves representing overall survival (OS) in the cohort stratified by complement factor expressions. The impact of complement factors of (A) C5-related factors, (B) classical pathway, (C) lectin pathway, (D) alternative pathway, (E) C3-related, and (F) complement factors H and I on the OS of pleural metastatic lung cancer patients with WT EGFR. The impact of complement factors of (G) C5a, (H) classical pathway, (I) lectin pathway, (J) alternative pathway, (K) C3-related, and (L) complement factors H and I in the OS of pleural metastatic lung cancer patients with MT EGFR. The OS of patients were calculated using the Kaplan-Meier method. CFB, complement factor B. CFD, complement factor D. CFH, complement factor H. CFI, complement factor I.

Figure S8. The levels of DC-derived factors in the pleural fluid of MPE. (A) The levels of various factors in the pleural fluid of MPE obtained from lung cancer patients with WT or MT EGFR. The impact of various DC-derived factors on the OS of WT

EGFR (B) and MT (C) lung cancer patients. ns, not significant.

Figure S9. The levels of various ligands involved in the cell-cell interaction of pleural microenvironment. (A) The interaction of pleural cancer cells by autocrine pattern. (B) The interaction of pleural cancer cells with LA-TAMs. (C) The interaction of pleural cancer cells with the subsets of DCs. (D) The interaction of IFN-TAMs with pleural cancer cells or mesothelial cell. (E) The levels of various factors in the MPE obtained from lung cancer patients with WT or MT EGFR. The impact of various ligands on the OS of EGFR wild type (F) and mutated (G) lung cancer patients. ns, not significant.

A**B**