

## 1 **Supplementary data**

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## 3 **Materials and methods**

### 4 **RNA extraction from endometrial tissue**

5 Endometrial biopsies were obtained by Pipelle catheter (Laboratoire CCD, Paris, France)  
6 during laparoscopic surgery, immediately placed into RNAlater (Ambion, USA) and after 24-  
7 hour incubation at 4°C stored at -80°C until use. Endometrial RNA was extracted using  
8 miRNeasy Mini kit (Qiagen) according to the manufacturer's protocol. DNase I treatment was  
9 performed on column using RNase-Free DNase Set (Qiagen). Purified RNA quality (RIN)  
10 was assigned with Cubit IQ assay (ThermoFisher Scientific). The paired endometrial biopsies  
11 of healthy women were obtained and processed as described in [1]. Urinary luteinizing  
12 hormone (LH) test was used to determine the day of the LH surge (LH+0). The first of the  
13 paired samples was collected one to three days after the LH surge (LH+1/+3), while the  
14 second biopsy was performed on days LH+7 to +9 in the same menstrual cycle.

### 15 **Gene expression profiling**

16 Fifty-seven endometrial receptivity genes [2] together with four housekeeping genes (*SDHA*,  
17 *CYCL1*, *TBP* and *HMBS*) were assessed by TAC-seq methodology [3]. Briefly, mRNA was  
18 converted to cDNA, hybridized with specific oligonucleotide probes and converted to next-  
19 generation sequencing (NGS) library. The TAC-seq libraries were sequenced with Illumina  
20 NextSeq 500 high output 75 cycles kit.

### 21 **Sequencing data analysis and normalization**

22 Raw sequencing reads were processed as described in [4]. Each sample was normalized using  
23 geometric mean of four housekeeper genes (*CYCL1*, *HMBS*, *SDHA* and *TBP*) expression level

24 using psych (version 1.7.8) package in R (version 3.2.2). TAC-seq data was processed with  
25 open-source software (<https://github.com/cchtEE/TAC-seq-data-analysis>).

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### 27 **Endometrial receptivity classification with support vector machine (SVM)**

28 RNA sequencing data from paired LH-dated endometrial samples from 27 healthy fertile  
29 women was used to create a model specifically for discrimination of ES (LH+2) and MS  
30 (LH+7) phases. Scikit-learn (version 0.19.1) implementation of the SVM was chosen for the  
31 sample classification [5]. Cross-validation accuracy assessment was performed via leave-one-  
32 out cross-validation and 2-fold cross-validation on the 53 endometrial samples. A linear  
33 kernel one-vs-rest classifier with balanced class weights was used as SVM model parameter.  
34 Analysed biopsies were classified based on the SVM predicted class with distance (score)  
35 from other classes to ES and MS.

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38 **Supplementary table 1.** General characteristics of the study participants

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	*Endometriosis (n=45)	Without endometriosis (n=33)	Healthy women (n=27)
Age (year $\pm$ SD)	31 $\pm$ 5	32 $\pm$ 5	30 $\pm$ 3
BMI (kg/m <sup>2</sup> $\pm$ SD)	22.2 $\pm$ 3	23.0 $\pm$ 5	23.7 $\pm$ 4.5
Stage I-II*, n	25	-	-
Stage III-IV*, n	20	-	-
Menstrual phase (days 1-5), n	4	-	-
Proliferative phase (days 6-14), n	9	8	-
Early-secretory phase (days 15-18), n	9	10	-
Mid-secretory phase (days 19-23), n	10	9	-
Late-secretory phase (days 24-28), n	13	6	-
LH+ 1/+3	-	-	27
LH+7/+9	-	-	27

40 BMI – body mass index, LH –luteinizing hormone. \*Endometriosis stage was determined  
41 according to ASRM [6].

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44 **References**

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