## Supplementary Materials: Transcriptomic Analysis for Prognostic Value in Head and Neck Squamous Cell Carcinoma

Supplementary Table S1:

Overexpression of 10 genes with Cox's hazard ratio > 1.5.

Supplementary Table S2:

Overexpression of 10 genes with Cox's hazard ratio < 0.6.

Supplementary Table S3:

Three consensus biomarker candidates.

Table 1: The top 10 genes overexpressed with poor prognosis in the TCGA's HNSCC (ranked by adjusted P value)

Gene ID	Gene Description	Kaplan-Meier survival		Univariate		Multivariate	
Gene id	Gene Description	FDR <i>P</i> value	Bonferroni <i>P</i> value	HR*	95% CI	HR*	95% CI
DKK1	dickkopf WNT signal- ing pathway inhibitor 1	$3.8 \times 10^{-6}$	0.001	2.266	1.666-3.082	2.135	1.559-2.924
CAMK2N1	calcium/calmodulin- dependent protein kinase II inhibitor 1	$1.5 \times 10^{-5}$	0.002	2.101	1.572-2.809	2.007	1.490-2.704
STC2	stanniocalcin 2	$1.5 \times 10^{-5}$	0.004	2.147	1.578-2.921	2.075	1.515-2.843
PGK1	phosphoglycerate ki- nase 1	$2.4 \times 10^{-5}$	0.006	2.127	1.563-2.895	2.046	1.498-2.795
SURF4	surfeit 4	$6.2 \times 10^{-5}$	0.006	2.055	1.531-2.757	2.089	1.543-2.829
USP10	ubiquitin specific pep- tidase 10	$7.9 \times 10^{-5}$	0.012	2.083	1.532-2.834	2.119	1.551-2.895
NDFIP1	Nedd4 family interacting protein 1	$1.1 \times 10^{-4}$	0.017	2.031	1.502-2.746	2.027	1.483-2.771
FOXA2	forkhead box A2	$1.6 \times 10^{-4}$	0.018	1.976	1.479-2.640	1.914	1.426-2.569
STIP1	stress-induced- phosphoprotein 1	$1.8 \times 10^{-4}$	0.029	1.958	1.463-2.621	1.957	1.451-2.640
DKC1	dyskeratosis congenita 1, dyskerin	$2.8 \times 10^{-4}$	0.042	2.046	1.490-2.808	1.837	1.332-2.534

Selection criteria:

Kaplan-Meier Bonferroni-adjusted P < 0.05

Cox's univariate and multivariate HR > 1.5

(\* Cox's model: P < 0.001)

Table 2: The other top 10 genes overexpressed with better prognosis in the TCGA's HNSCC (ranked by adjusted P value)

Gene ID	Gene Description	Kaplan-Meier survival		Univariate		Multivariate	
Gene id	Gene Description	FDR	Bonferroni	HR*	95% CI	HR*	95% CI
		P value	P value	1110	95 % C1	1110	95 % C1
ZNF557	zinc finger protein 557	$4.7 \times 10^{-6}$	0.001	0.465	0.348-0.619	0.499	0.372-0.669
ZNF266	zinc finger protein 266	$5.2 \times 10^{-6}$	0.001	0.474	0.355-0.632	0.453	0.338-0.607
IL19	interleukin 19	$6.5 \times 10^{-6}$	0.002	0.472	0.351-0.635	0.459	0.340-0.619
MYO1H	myosin 1H	$1.4 \times 10^{-5}$	0.003	0.468	0.347-0.632	0.467	0.344-0.634
FCGBP	Fc fragment of IgG binding protein	$4.8 \times 10^{-5}$	0.008	0.484	0.359-0.653	0.496	0.366-0.674
EVPLL	envoplakin-like protein	$7.5 \times 10^{-5}$	0.013	0.490	0.363-0.661	0.494	0.364-0.672
PNMA5	paraneoplastic antigen like 5	$3.0 \times 10^{-4}$	0.017	0.499	0.371-0.671	0.481	0.357-0.650
IQCN	IQ motif containing N	$1.5 \times 10^{-4}$	0.020	0.500	0.371-0.673	0.483	0.356-0.654
NPB	neuropeptide B	$2.6 \times 10^{-4}$	0.027	0.460	0.328-0.646	0.457	0.324-0.646
CALML5	calmodulin like 5	$2.0 \times 10^{-4}$	0.039	0.510	0.379-0.686	0.493	0.364-0.667

Selection criteria:

Kaplan-Meier Bonferroni-adjusted P value < 0.05

Cox's univariate and multivariate HR < 0.6

(\* Cox's model: P < 0.001)

Table 3: The consensus between the TCGA and GSE65858 cohorts in Kaplan-Meier survival and Cox's model

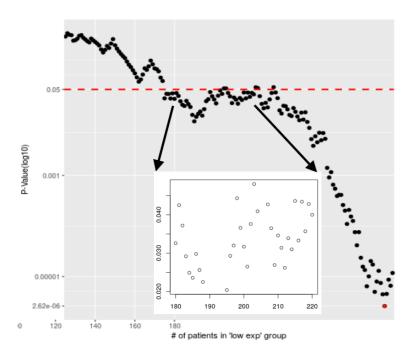
Gene Symbol	KM <i>P</i> value		FDR-adjust	ed <i>P</i> value	Cox's univariate HR		
	TCGA	GSE65858	TCGA	GSE65858	TCGA	GSE65858	
CAMK2N1	$2.97 \times 10^{-7}$	$6.87 \times 10^{-3}$	$1.63 \times 10^{-5}$	0.038	2.101	1.814	
CALML5	$5.87 \times 10^{-6}$	$4.75 \times 10^{-3}$	$1.97 \times 10^{-4}$	0.035	0.510	0.541	
FCGBP	$1.21 \times 10^{-6}$	0.01	$4.83\times10^{-5}$	0.039	0.484	0.573	
(FDR: false discovery rate; HR: hazard ratio)							

## Supplementary Figure S1:

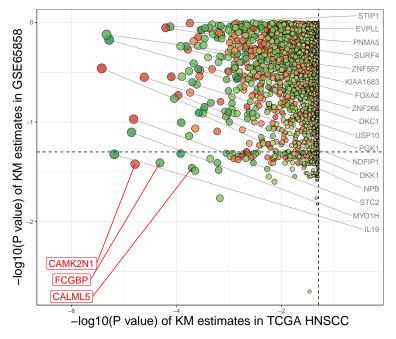
The gene NDFIP1, one of our 20 preliminary candidates, has a P value (around 0.05) at 50% quantile cutoff, achieving a P value of  $2.62 \times 10^{-6}$  at 70% quantile cutoff. After the FDR correction, NDFIP1 still has P value of  $1.07 \times 10^{-4}$ . However, NDFIP1 could not pass the validation by using GSE65858 cohort (n = 270). NDFIP1 has KM P value less than 0.05 in GSE117973 cohort (a small HNSCC dataset, n = 87).

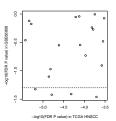
## Supplementary Figure S2:

A head-to-head comparison of Kaplan-Meier estimates from TCGA HNSCC and GSE65858.



**Figure S1.** Under cutoff-finding procedure of Kaplan-Meier analysis, the P-value plot of gene "NDFIP1" shows: (1) 70% of P values is < 0.05; (2) the median-cut zone (zoom-in and revealed in inset box) has a "W"-like distribution; (3) sliding-window cutoff selection could find it's optimized P values (far less than 0.001) while a median cut might yield P value >= 0.05. (x-axis: grouping by person number; y-axis: P value in log10 transformed)





**(b)** Correlation of Kaplan–Meier survival estimates of those 20 significant genes (Pearson's r = 0.19).

(a) Kaplan–Meier survival estimates from TCGA HNSCC and GSE65858 (Pearson's correlation coefficient [1], r = 0.01).

Figure S2. A head-to-head comparison of -log10(FDR-adjusted P values) from TCGA HNSCC and GSE65858 datasets. TCGA HNSCC and GSE65858 cohorts were applied for identification and validation of the candidate biomarkers in HNSCC. (a) A total of 5404 genes had FDR-adjusted P values of Kaplan–Meier estimates from TCGA HNSCC and GSE65858 (poor Pearson's correlation, r = 0.01). CAMK2N1, CALML5, FCGBP, and 17 genes (marked in black) had FDR-adjusted P values < 0.0003 (log10(0.0003) = -3.5) in TCGA HNSCC. Red spots: HR > 1.0 in TCGA HNSCC. Green spots: HR < 1.0 in TCGA HNSCC. Size of spots: bigger in smaller Kaplan–Meier P values in TCGA HNSCC. (b) The 20 genes were extracted and shown. The FDR-adjusted P values of those genes have poor correlation between the two cohorts (Pearson's r = 0.19). (X-axis: Kaplan–Meier survival estimates from TCGA HNSCC, with false discovery rate (FDR)-adjusted P values (log10 transformed); Y-axis: Those values from GSE65858; TCGA: the Cancer Genome Atlas; HNSCC: head and neck squamous cell carcinoma. Dashed line: 0.05 (or log10-transformed as -1.3)

1. Schober, P.; Schwarte, L.A. Correlation coefficients: Appropriate use and interpretation. *Anesthesia and Analgesia* **2018**, 126, 1763–1768. doi:10.1213/ANE.000000000002864.