Supplementary Table 1Patient clinical and demographic information for all 12 samples used for analysis. Abbreviations: mod, moderate; diff, differentiation; Sx, surgery; RT, radiation therapy; TIL, tumor-infiltrating lymphocytes.

\$12	S11	S10	S9	S8	7	S6	S5	S4	S3	S2	S1	ID
P10	Р9	P8	P8	P7	P7	P6	P5	P4	Р3	P2	P1	ID
Current Smoker (40)	Current Smoker (50)	Current Smoker (NA)	Current Smoker (NA)	Never Smoked (0)	Never Smoked (0)	Never Smoked (0)	Never Smoked (0)	Never Smoked (0)	Ex Smoker (17)	Current Smoker (NA)	Current Smoker (15)	(Years Smoked)
Heavy Drinker	Heavy Drinker	Previous Drinker	Previous Drinker	Mod Drinker	Mod Drinker	Never Drinker	Light Drinker	Never Drinker	Heavy Drinker	Previous Drinker	Mod Drinker	Consumption
Sx + CRT	Sx alone	Sx + RT	Sx + RT	Sx + RT	Sx + RT	Sx alone	Sx alone	Sx + CRT	Sx alone	Sx + RT	Sx alone	Пстару
IVA	Ш	IVA	IVA	IVA	IVA	=	=	IVA	-	IVA	IVA	Jiage
Absent	Absent	TILPeri	TILPeri	TILPeri	TILPeri	Peritumoral	Peritumoral	Peritumoral	Peritumoral	Peritumoral	TIL	rilellotype
T4aN2bM0	T2N0M0	T4aN1M0	T4aN1M0	T4aNOM0	T4aN0M0	T2N0M0	T2N0M0	T2N2bM0	T1NOM0	T4aN1M0	T2N2bM0	Staging
mod diff	mod diff	mod diff	mod diff	poor diff	poor diff	mod diff	mod diff	well diff	well diff	mod diff	mod diff	Dilletelluation
No	N/A	No	No	N/A	N/A	N/A	N/A	No	N/A	No	No	Spread
No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Invasion?
No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Invasion?
Yes	N/A	No	No	Yes	Yes	N/A	No	No	No	No	N/A	Invasion?
FLOOR OF MOUTH	FLOOR OF MOUTH	ANTERIOR FLOOR OF MOUTH	ANTERIOR FLOOR OF MOUTH	LATERAL LEFT MANDIBLE	POSTERIOR LEFT MANDIBLE	CENTRAL PARTS OF LEFT TONGUE	RIGHT TONGUE	CENTRAL PARTS OF LEFT TONGUE	CENTRE LEFT TONGUE	POSTERIOR FLOOR OF MOUTH	ANTERIOR TONGUE	idilioi oice
60-69	60-69	50-59	50-59	70-79	70-79	40-49	60-69	30-39	50-59	50-59	50-59	Range

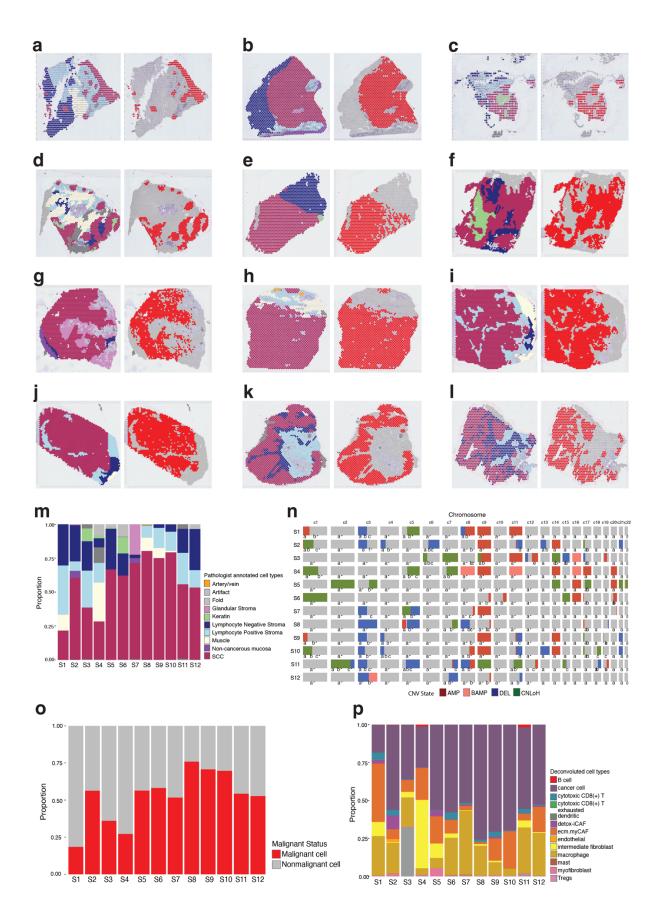
Supplementary Table 2:

Machine learning classifier 10-fold cross validation statistics, detailing ROC, sensitivity, and specificity values for TC, LE, transitory, and noncancer spots. Abbreviations: svmRadial, support vector machine with radial basis function; avNNet, neural network using model averaging; ROC, receiver operating characteristic; sens, sensitivity; spec, specificity.

Cell type	number cells	Features	Method	ROC	Sens	Spec
core	1929	20	svmRadial	0.991	0.82	0.989
edge	7002	20	svmRadial	0.922	0.694	0.921
noncancer	10926	20	svmRadial	0.943	0.84	0.903
transitory	5019	20	avNNet	0.958	0.755	0.952

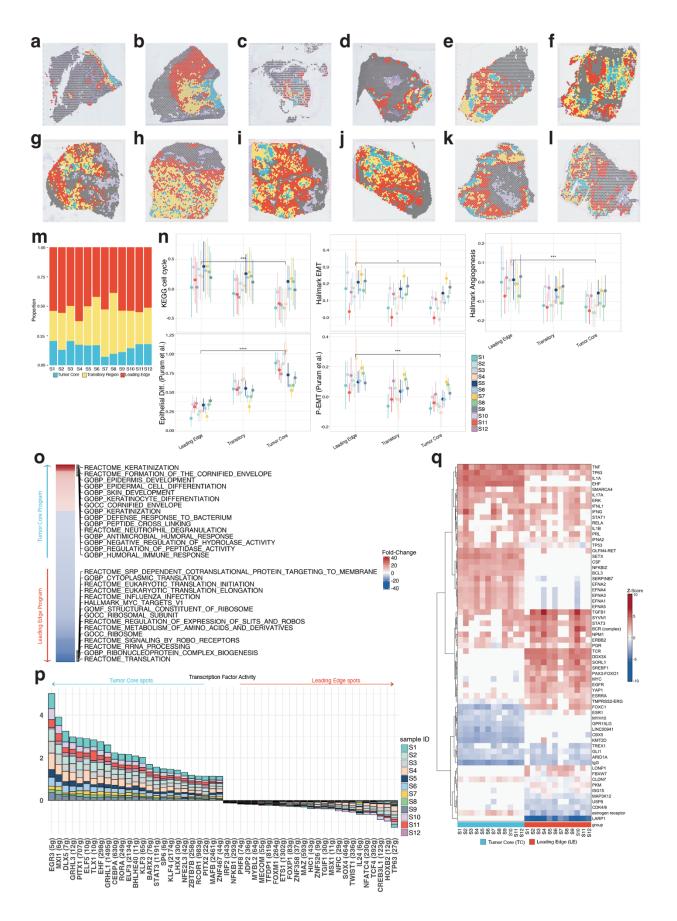
Supplementary Figure 1: Cellular deconvolution and annotation of TC and LE across all 12 tissue samples.

a-I. Pathologist annotations, and final TC and LE annotations for samples 1-12; gene-set scores for the TC and LE are visualized for spots with a score greater than the first quartile and median respectively. **m.** Barplot visualizing the cumulative proportion of pathologist annotations. **n.** Consensus tumor copy number segments inferred by numbat through by averaging copy number intensities. **o.** Barplot visualizing malignant and non-malignant spots across samples. **p.** Barplot visualizing the cumulative cell-type deconvolution proportions in each sample. Abbreviations: SCC, squamous cell carcinoma; Tregs, T-regulatory cell.



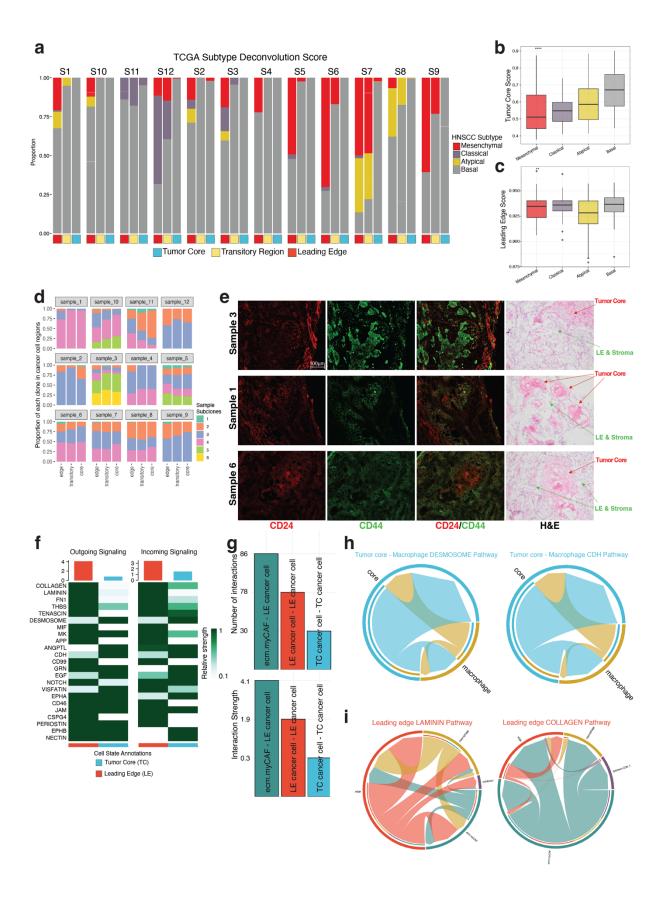
Supplementary Figure 2: TC and LE regions are enriched in unique biological processes and upstream regulators

a-I. Final TC and LE annotations for samples 1-12. m. Barplot visualizing the proportion of annotated TC, transitory, and LE spots across samples. n. Comparative expression of six ge ne-sets across the TC, LE, and other squamous cell carcinoma (SCC) spots. (For all gene set comparison plots, significance of differences between the TC and LE was determined using a paired T test. Circles are representative of mean and lines are standard deviation. All tested gene-sets had a significant p-value, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001.). **o.** Hallmark pathway screening plot of 8,899 pathways and their enrichment in the TC and LE. Pathways were tested for significance using multivariate distribution testing with a Bonferroni correction applied p. Barplot displaying the cumulative average logFC for differentially expressed transcription factors between the TC and LE across more than 9 samples, inferred by SCENIC. q. IPA heatmap visualizing predicted activation and deactivation of upstream regulatory molecules. Upstream regulators are displayed if they are activated or deactivated across 10 samples and ordered based on similarity of z-score for each pathway across samples. n. Comparative expression of four gene-sets across the TC, LE, and other squamous cell carcinoma (SCC) spots. For all gene set comparison plots, significance of differences between the TC and LE was determined using a two-sided paired T test and corrected with a Bonferroni correction. Circles are representative of mean and lines are standard deviation. All tested gene-sets had a significant adjusted p-value, *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001, Bonferroni correction). P-values for cell cycle = 2e-04, angiogenesis = 6.2e-04, EMT = 0.041, epithelial differentiation = 4.4e-06, P-EMT = 2e-04 (n=12 samples across 10 independent patients). Abbreviations: TC, tumor core; LE, leading edge; KEGG, Kyoto Encyclopedia of Genes and genomes; EMT, epithelial-mesenchymal transition; epithelial diff, epithelial differentiation; P-EMT, partial epithelial-mesenchymal transition.



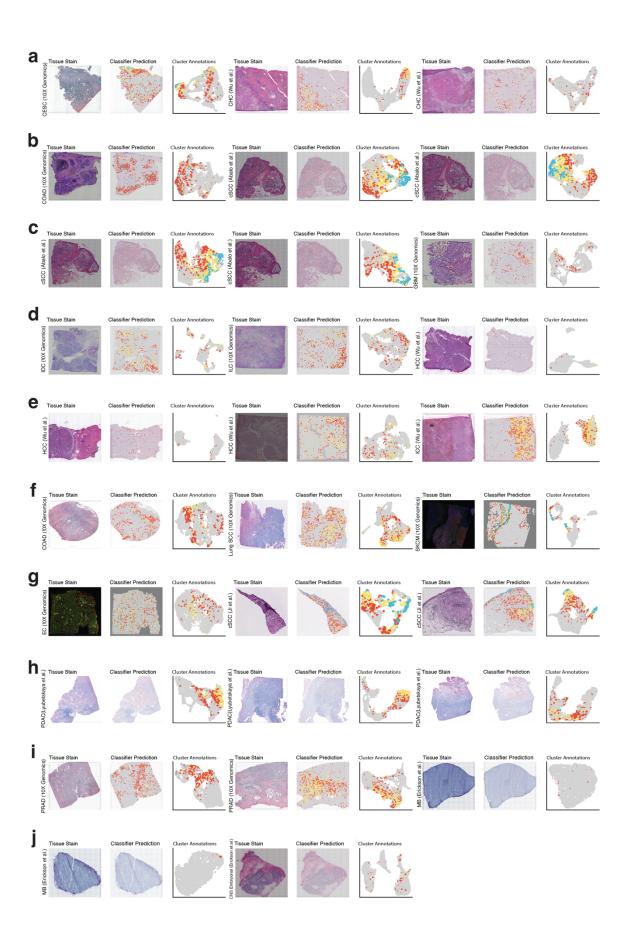
Supplementary Figure 3: Transcriptional heterogeneity in TC and LE regions is not explained by HNSCC molecular subtypes and is characterized by unique cell-cell communication interactions

a. Stacked bar plot visualizing HNSCC molecular subtype deconvolution scores for TC, LE, and other SCC spots across samples. Deconvolution scores were obtained through integration and label transfer with 275 HPV negative OSCC bulk RNA sequencing samples labeled by subtype from the NCI TCGA. b-c. Bar plot displaying single sample gene-set enrichment scores for the TC (p-value = 3.9e-10) and LE (p-value = 0.005) gene-sets across TCGA HNSCC molecular subtype data (n=275 biologically independent HPV negative OSCC samples). Significance was compared between groups using a Kruskal-Wallis one-way analysis of variance test. *p < 0.05, **p < 0.01, ***p < 0.001, ****p < 0.0001. Box spans 25th-75th percentiles, center line indicates median, whiskers extend to minima and maxima within 1.5*IQR, and outliers are individually plotted. d. Stacked bar plot visualizing proportion of tumor-specific subclones inferred by CNV probability across different OSCC samples. e. Micrograph image of CD24 and CD44 immunofluorescence staining from three independent OSCC patient samples. Scale bar for 100 um provided in the top left image. f. Outgoing and incoming signaling pathway strength for TC cancer cells and LE cancer cells. Signaling pathways are ordered based on strength of interaction. g. Bar plot visualizing number and cumulative strength of inferred ligand-receptor interactions for spatially deconvolved LE ecm-myCAFs with LE cancer cells, TC cancer cells with TC cancer cells, and LE cancer cells with LE cancer cells. Interaction strength represents the probability of ligand-receptor interaction. h. Circos plots describing relative strength and direction of extracellular interaction among TC and macrophage cells during desmosome and CDH pathway signaling, i. Circos plots describing the relative strength and direction of extracellular interaction among LE, macrophage, ecm.myCAF, and cytotoxic (CD8+) T cells during laminin and collagen pathway signaling. Abbreviations: HNSCC, head and neck squamous cell carcinoma; TCGA, The Cancer Genome Atlas; TC, tumor core; LE, leading edge.



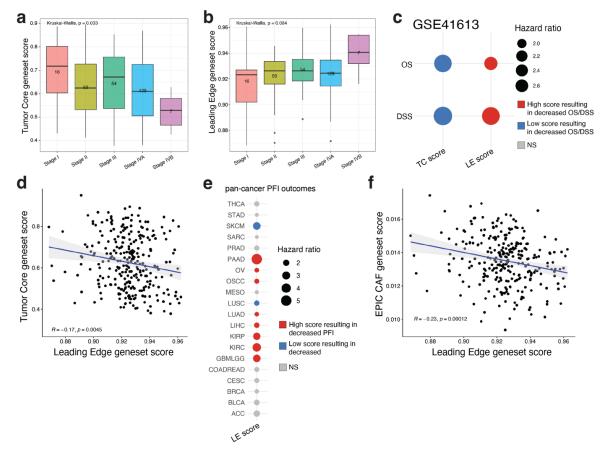
Supplementary Figure 4: ScPred annotation of TC and LE states across 29 spatial samples.

Stained tissue section (left), scPred classification on stained tissue (middle), and a UMAP colored by scPred classification (right) for spatial transcriptomics samples from **a.** CESC and CHC **b.** COAD and cSCC **c.** cSCC and GBM **d.** IDC, ILC and HCC **e.** HCC and ICC **f.** COAD and Lung SCC, SKCM **g.** EC and cSCC **h.** PDAC **i.** PRAD and MB **j.** MB and CNS embryonal. Abbreviations: cSCC, cutaneous squamous cell carcinoma; SCC, squamous cell carcinoma; ICC, intrahepatic cholangiocarcinoma; PRAD, prostate adenocarcinoma; PDAC, pancreatic ductal carcinoma; CESC, cervical squamous cell carcinoma; COAD, colon adenocarcinoma; IDC, invasive carcinoma; HCC, hepatocellular carcinoma, SKCM, skin cutaneous melanoma; ILC, invasive lobular carcinoma; EC, endometrial cancer; CHC, combined hepatocellular and cholangiocarcinoma; GBM, glioblastoma multiforme; CNS embryonal, central nervous system embryonal tumor; MB, medulloblastoma.



Supplementary Figure 5: Core and edge regions are correlated to patient outcomes

a-b. Boxplots comparing TC and LE gene-set single sample gene-set enrichment scores across pathological tumor stages among 247 OSCC samples. Significance was compared between groups using a Kruskal-Wallis one-way analysis of variance test. Box spans 25th-75th percentiles, center line indicates median, whiskers extend to minima and maxima within 1.5*IQR, and outliers are individually plotted. c. Overall survival and disease specific survival OSCC outcomes for TC and LE gene-set enrichment scores in a validation dataset. P-values and hazard ratios displayed were calculated using a cox proportional-hazard regression. d. Correlation plot visualizing TC geneset score relative to LE geneset score among 275 OSCC samples, derived from a Pearson correlation with a two-sided t-distribution. Grey band represents a 95% confidence interval. e. Progression free interval pan-cancer outcome for TC and LE gene-set enrichment scores. P-values and hazard ratios displayed were calculated using a cox proportional-hazard regression. f. Correlation plot visualizing EPIC CAF geneset score relative to LE geneset score among 275 OSCC samples, derived from a Pearson correlation with a two-sided t-distribution. Grey band represents a 95% confidence interval. Abbreviations: OS, overall survival; DSS, disease-specific survival; THCA, thyroid carcinoma; STAD, stomach adenocarcinoma; SKCM, skin cutaneous melanoma; SARC, sarcoma; PRAD, prostate adenocarcinoma; PAAD, pancreatic adenocarcinoma; OV, ovarian serous cystadenocarcinoma; OSCC, oral squamous cell carcinoma; MESO, mesothelioma; LUSC, lung squamous cell carcinoma; LUAD, lung adenocarcinoma; LIHC, liver hepatocellular carcinoma; KIRP, kidney renal papillary cell carcinoma; KIRC, kidney renal clear cell carcinoma; GBMLGG, brain lower grade glioma and glioblastoma multiforme; COADREAD, colon adenocarcinoma/rectal adenocarcinoma; CESC, cervical squamous cell carcinoma; BRCA, breast invasive carcinoma; BLCA, bladder urothelial carcinoma; ACC, adrenocortical carcinoma; CAF, cancer-associated fibroblast.



Supplementary Figure 6: Splicing dynamics and drug responses of spatially unique cancer cells

a. Phase portraits showing the ratio of spliced and unspliced RNA ratios for top differentially spliced genes, purple lines depict splicing steady state. **b.** UMAP and state diagram showing the resultant vector field following an in-silico perturbation of CD274 (PD-L1). **c.** UMAP and state diagram showing the resultant vector field following an in-silico perturbation of CTLA4. **d.**Boxplot comparing core incoming vector field strengths between high AAC and low AAC drugs stratified based on median. AAC groupings are compared using a two-sided Wilcoxon rank sum test (n=70 independent drugs). Box spans 25th-75th percentiles, center line indicates median, whiskers extend to minima and maxima within 1.5*IQR. **e,f** Core incoming and edge outgoing vector field strengths compared across drug classes using a Kruskal-Wallis one way analysis of variance test (n=46 independent drugs). Box spans 25th-75th percentiles, center line indicates median, whiskers extend to minima and maxima within 1.5*IQR.

