supplementary Fig. 1 Survival of OSCC patients from our sample bank and TCGA database
(a) Kaplan-Meier curves of OS, RFS, MFS and DFS between TFRC high(n=19) and low (n=23) expression patients at TC in WPOI[1-3] OSCC, *P*=Log-rank (Mantel–Cox) test. (b) Kaplan-Meier curves of OS, RFS, MFS and DFS between TFRC high (n=26) and low (n=16) expression patients at ITF in WPOI[1-3] OSCC, *P*=Log-rank (Mantel–Cox) test. (c) Kaplan-Meier curves of OS, RFS, MFS and DFS between TFRC high (n=36) and low (n=28) expression patients at TC in WPOI[4-5] OSCC, *P*=Log-rank (Mantel–Cox) test. (d) Kaplan-Meier curves of OS and DFS between TFRC high (n=259) and low (n=259) expression patients at OSCC, *P*=Log-rank (Mantel–Cox) test.

supplementary Figure 2

a

$y = 1.0512\ln(x) + 0.395$
$R^2 = 0.8231$

b

c

d
TANs-low, TFRC-low
TANs-high, TFRC-high
$X^2 = 7.630$
$P = 0.006$

e

f

g

h

i
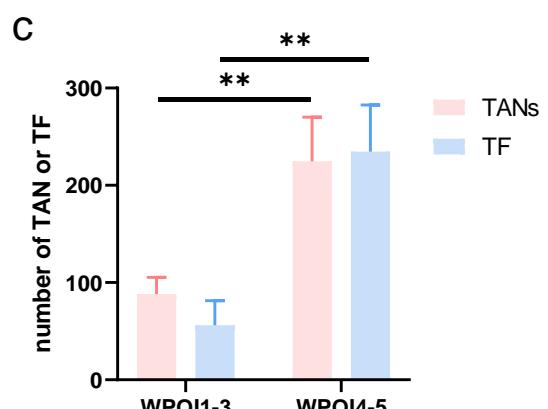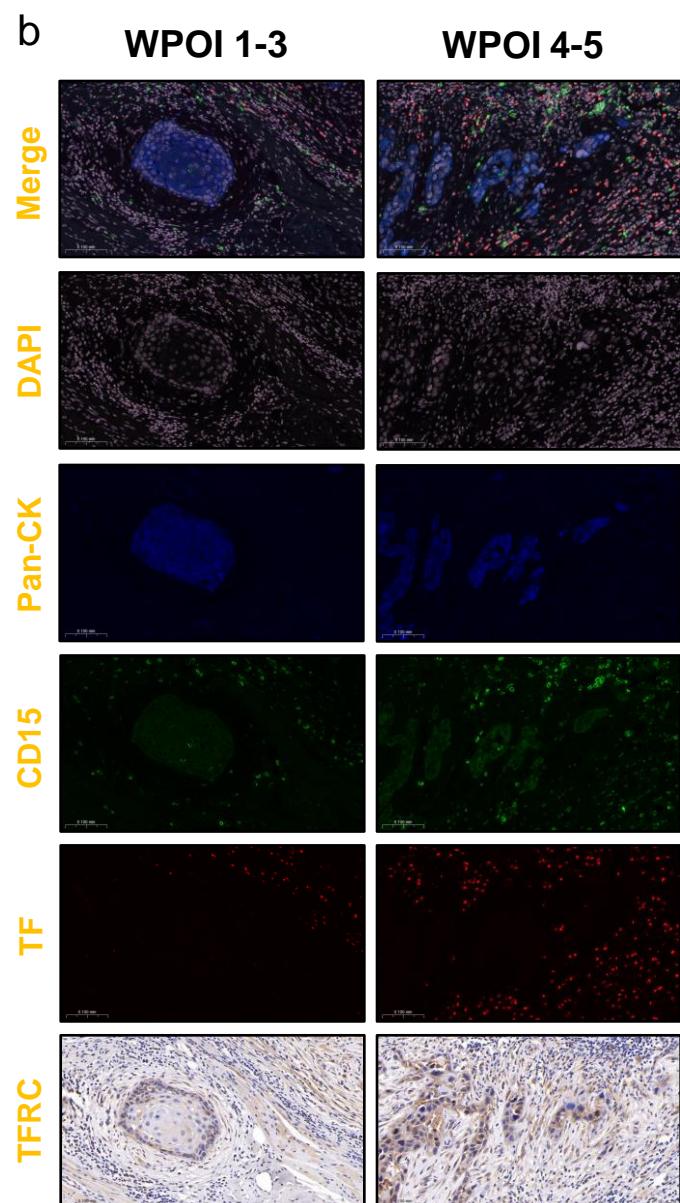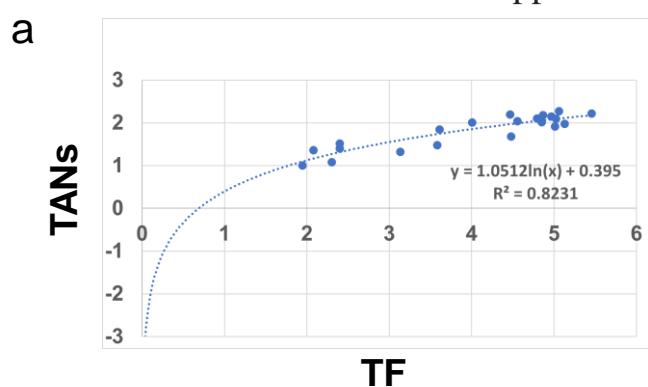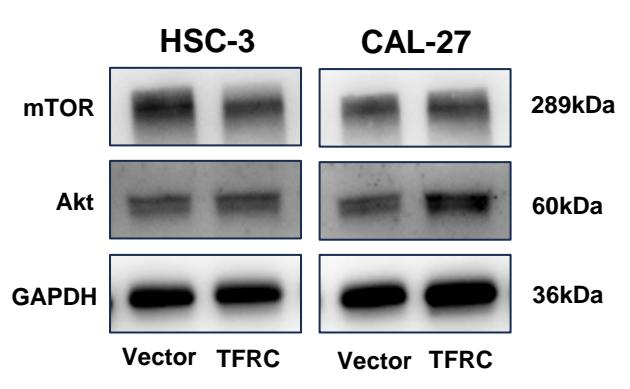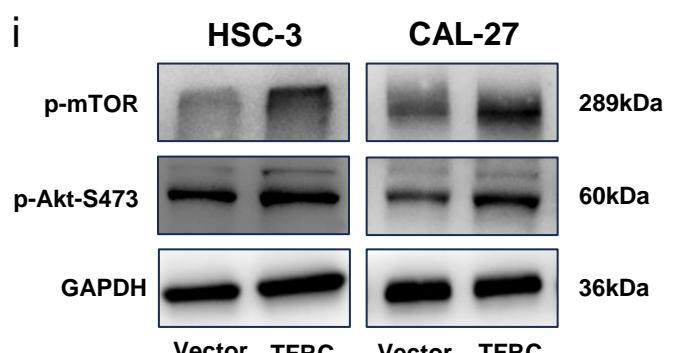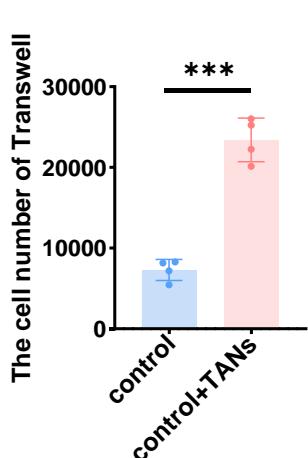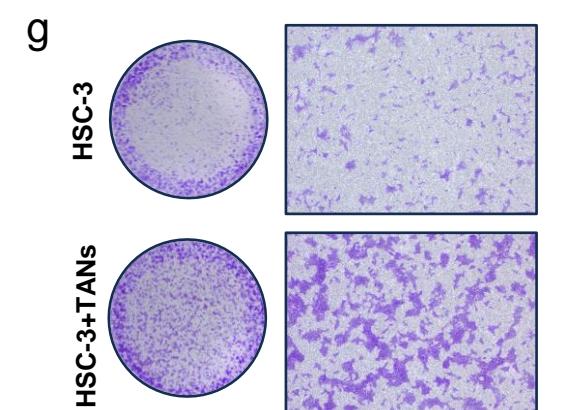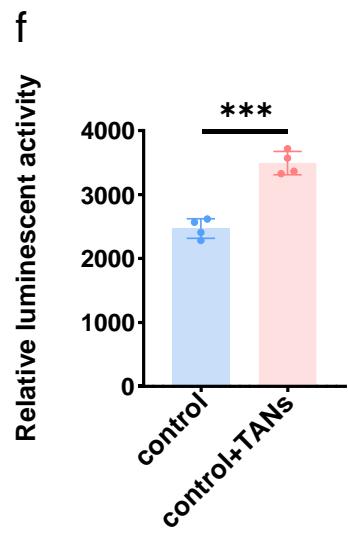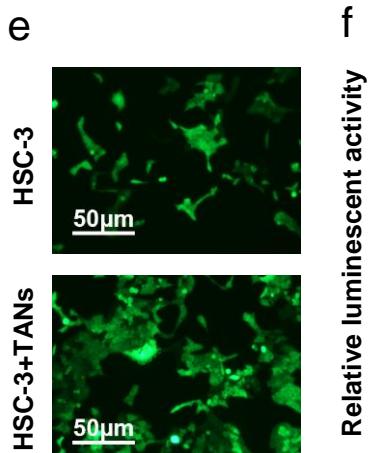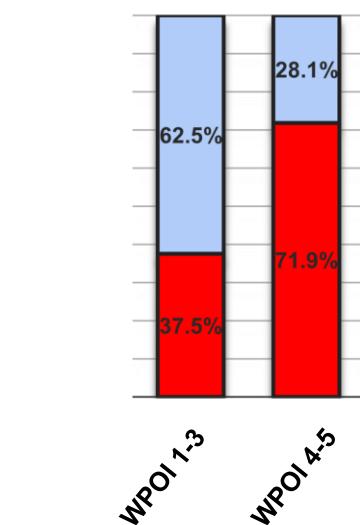
supplementary Fig. 2 The effects of TANs in OSCC progression

(a) Linear fit analysis TANs and TF correlation, x-axis Log^{10} (TF), y-axis LN (TANs). (b) Representative immunofluorescence images of WPOI[1-3] and WPOI[4-5] OSCC tissues and TFRC immunohistochemistry of corresponding serial sections. (c) Graphical summary of TANs and TF at ITF in WPOI1-3 and WPOI4-5 OSCC, P=unpaired t-test. (d) Proportion of patients with TANs[high]TFRC[high] and TANs[low]TFRC[low] distribution at ITF in WPOI1-3 and WPOI4-5 OSCC, P=Chi-square test. (e) Representative fluorescent images of HSC-3 with or without TANs. (f) Relative luminescence of HSC-3 with or without TANs, P=paired t-test. (g) Representative images of HSC-3 invading to the bottom of wells in low (left) and high (right) magnification with or without TANs, P=paired t-test. (h) Graphical summary of HSC-3 invading to the bottom of wells with or without TANs, P=paired t-test. (i) Protein levels of Akt, mTOR, p-Akt and p-mTOR between vector and TFRC of HSC-3 and CAL-27. ** and *** represented differences were considered statistically significant with $p < 0.01$ and $p < 0.001$, respectively