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Supplemental Information

Characterization of the Immune Cell Infiltration Landscape in Head and Neck Squamous Cell Carcinoma to Aid Immunotherapy

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Characterization of the immune cell infiltration landscape in head and neck squamous cell carcinoma to aid immunotherapy

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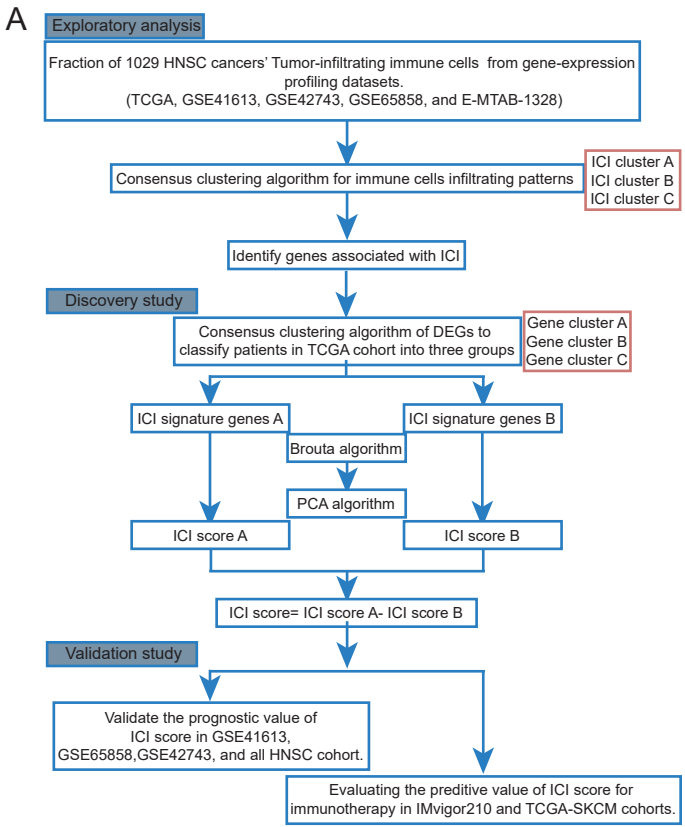
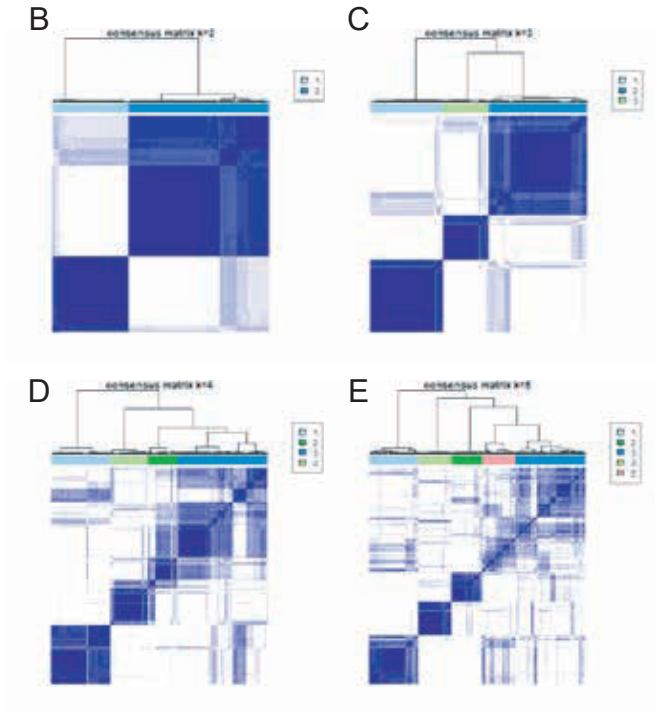
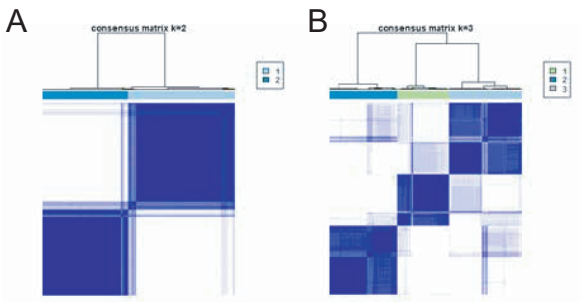
Figure S1. Overview of study design and consensus matrixes of all HNSC samples

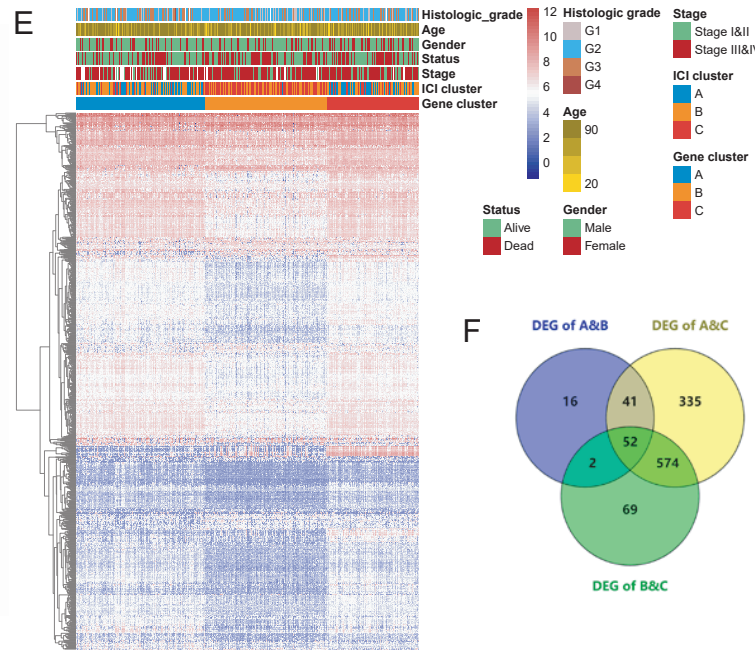




A. Overview of study design. **B**. Consensus matrixes of all HNSC samples for each k (k = 2–5), displaying the clustering stability using 1000 iterations of hierarchical clustering.

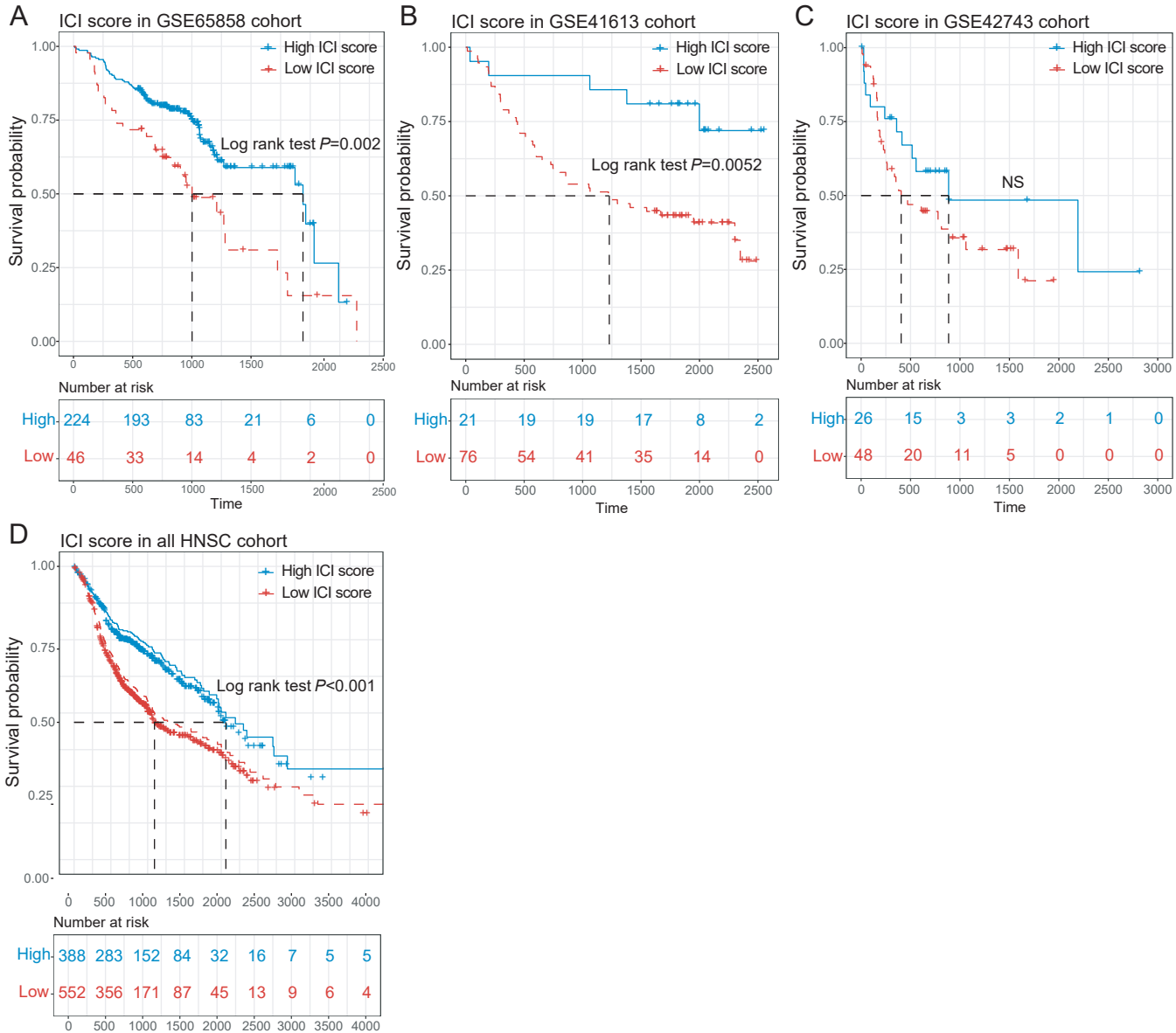
Figure S2. Consensus clustering of TME cell infiltration in the ACRG cohort and DEGs among the ICI phenotypes





A-D. Consensus matrixes of TCGA-HNSC cohorts for each k (k = 2–5), displaying the clustering stability using 1000 iterations of hierarchical clustering. **E.** Unsupervised clustering of 1089 DEGs among three ICI cluster groups to classify patients in TCGA-HNSC into three groups. **F.** Venn diagram illustrating the number of DEGs among the three ICI clusters.

Figure S3. Prognostic value of ICI scores in HNSC cohorts.



A. Kaplan–Meier curves for patients with high and low ICI scores in the GSE65858 cohort. Log-rank test *P*=0.002. **B.** Kaplan–Meier curves for patients with high and low ICI scores in the GSE41613 cohort. Log-rank test *P*=0.0052. **C.** Kaplan–Meier curves for patients with high and low ICI scores in the GSE42743 cohort. **D.** Kaplan–Meier curves for patients with high and low ICI scores in the all HNSC cohort. Log-rank test *P*<0.0001.