



### Supplementary Figure S1.

Kaplan–Meier curves of progression-free survival (a, c, e, g, i, k) and overall survival (b, d, f, h, j, l) in recurrence or metastatic head and neck cancer patients treated with nivolumab. Kaplan–Meier curves of progression-free survival and overall survival in (a, b) all patients, stratified by (c, d) Eastern Cooperative Oncology Group Performance Status (ECOG PS), (e, f) immune-related adverse events (irAE), (g, h) modified Glasgow prognostic score (mGPS), (i, j) Relative Eosinophil Count (REC), (k, l) best overall response (BOR). The vertical lines indicate censored events. Among all patients (N=126), (a) 1 year-PFS rate was 14.6% (95%CI: 8.7-22.0), and (b) 1 year-OS rate was 51.2% (95%CI: 40.0-61.2). (c), Patients with high ECOG PS 2-3 (N=24) had significantly worse PFS than ECOG PS 0-1 (N=102) (1 year-PFS: 0.0% vs 17.0% (95% CI, 10.0-25.5),  $p=0.007$ ). (d), Patients with high ECOG PS 2-3 (N=24) had significantly worse PFS than ECOG PS 0-1 (N=102) (1 year-OS: 27.6% (95% CI, 10.2-48.4) vs 56.5% (95% CI, 43.7-67.5),  $p<0.001$ ). (e), Patients without irAE (N=85) had significantly worse OS than with irAE (N=41) (1 year-PFS: 9.9% (95% CI, 4.4-18.0) vs 24.1% (95% CI, 11.6-39.1),  $p=0.005$ ). (f), Patients without irAE (N=85) had significantly worse OS than with irAE (N=41) (1 year-OS: 45.2% (95% CI, 32.2-57.4) vs 64.0% (95% CI, 42.7-79.1),  $p=0.014$ ). (g), Patients with mGPS 1-2 (N=47) had significantly worse PFS than with mGPS 0 (N=70) (1 year-PFS: 7.3% (95% CI, 2.0-17.5) vs 19.8% (95% CI, 10.8-30.7),  $p<0.001$ ). (h), Patients with mGPS 1-2 (N=47) had significantly worse OS than with mGPS 0 (N=70) (1 year-OS: 33.3% (95% CI, 18.4-49.0) vs 59.1% (95% CI, 42.8-72.2),  $p<0.001$ ). (i), Patients with  $REC < 1.5$  (N=53) had significantly worse PFS than with  $REC \geq 1.5$  (N=71) (1 year-PFS: 9.6% (95% CI, 3.2-20.2) vs 18.8% (95% CI, 10.2-29.4),  $p=0.047$ ). (j), Patients with  $REC < 1.5$  (N=53) had significantly worse OS than with  $REC \geq 1.5$  (N=71) (1 year-OS: 37.7% (95% CI, 22.4-53.0) vs 63.1% (95% CI, 48.2-74.8),  $p=0.010$ ). (k), Patients with SD, PD (N=97) had significantly worse PFS than with CR, PR (N=29) (1 year-PFS: 5.2% (95% CI, 1.6-12.0) vs 44.3% (95% CI, 25.0-62.0),  $p<0.001$ ). (l), Patients with SD, PD (N=97) had significantly worse OS than with CR, PR (N=29) (1 year-OS: 40.0% (95% CI, 27.7-52.0) vs 82.4% (95% CI, 58.7-93.2),  $p<0.001$ ).

**Supplementary Table S1. IrAE profiles with nivolumab in recurrent or metastatic head and neck cancer.**

IrAE (system organ class)	Number of events				Total	%
	Grade 1, 2	%	Grade 3, 4	%		
Skin	7	14	4	8	11	22
Endocrine	7	14	5	10	12	24
Interstitial lung disease	5	10	4	8	9	18
Gastro-intestinal	4	8	3	6	7	14
Infusion reaction	1	2	2	4	3	6
Hepatic	1	2	3	6	4	8
Myasthenia gravis	0	0	1	2	1	2
Others	1	2	2	4	3	6
Total	26	52	24	48	50	100

Abbreviation: irAE, immune-related adverse event.

**Supplementary Table S2. The next chemotherapy after nivolumab in recurrence or metastatic head and neck cancer patients.**

Rejimen	N (=44)	%
Paclitaxel+Cetuximab	21	47.7
Tegafur/Gimeracil/Oteracil	9	20.5
Paclitaxel	7	15.9
Cisplatin+5-FU+Cetuximab	2	4.5
Cisplatin+5-FU	1	2.3
Cetuximab	1	2.3
Carboplatin+Paclitaxel	1	2.3
Boron Neutron Capture Therapy	1	2.3
Docetaxel	1	2.3