

Supplemental information

**Integrative genomic analysis reveals low T-cell
infiltration as the primary feature of tobacco
use in HPV-positive oropharyngeal cancer**

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Figure S1

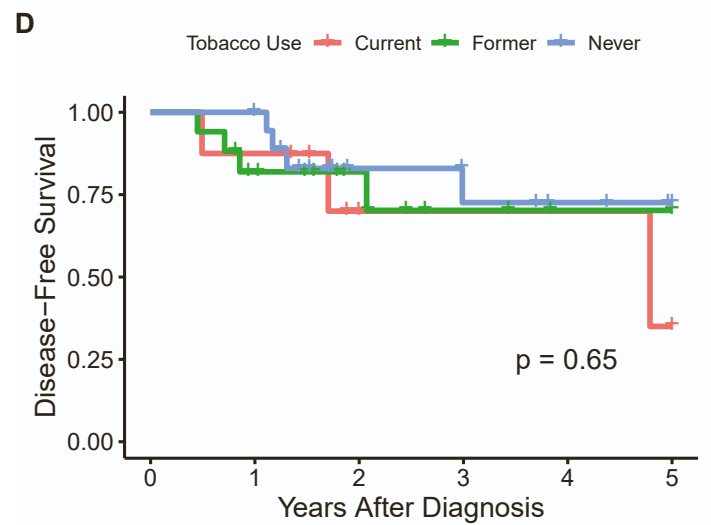
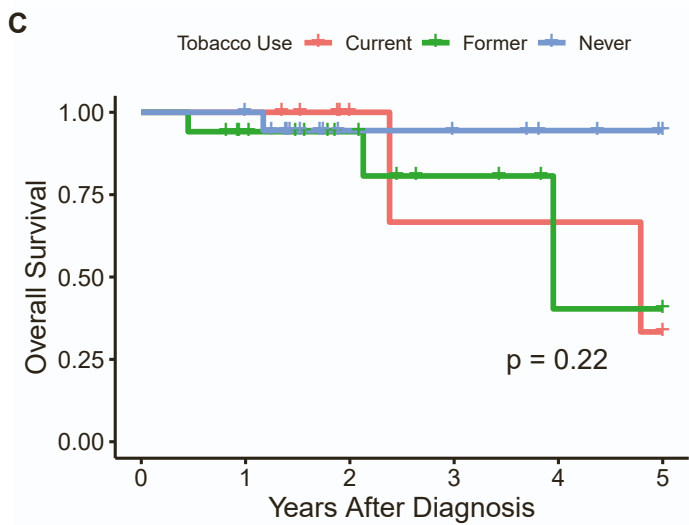
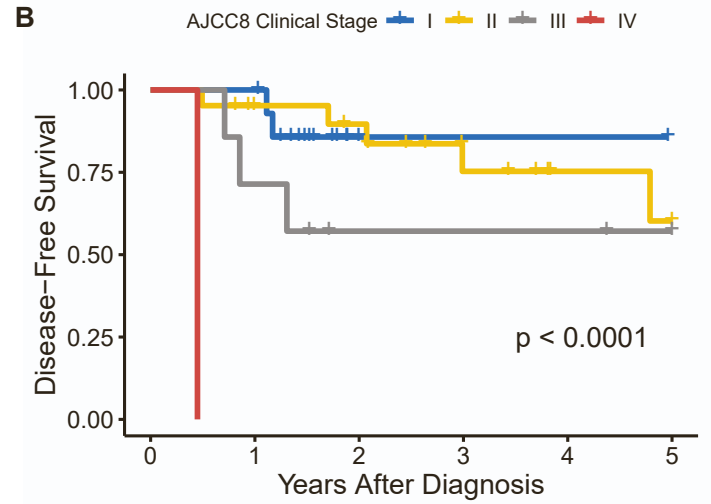
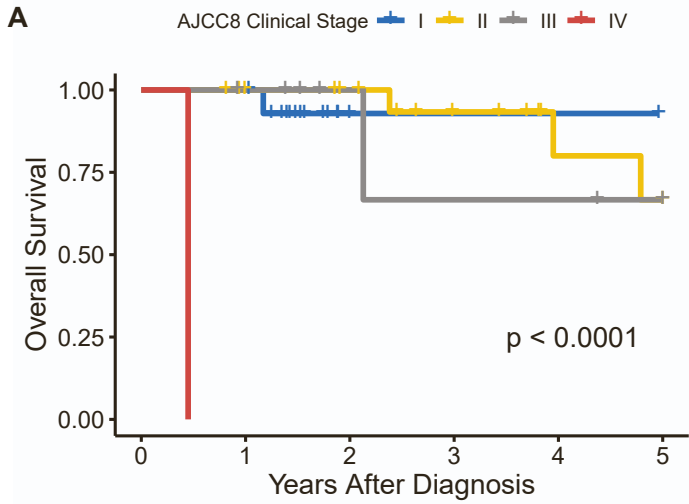
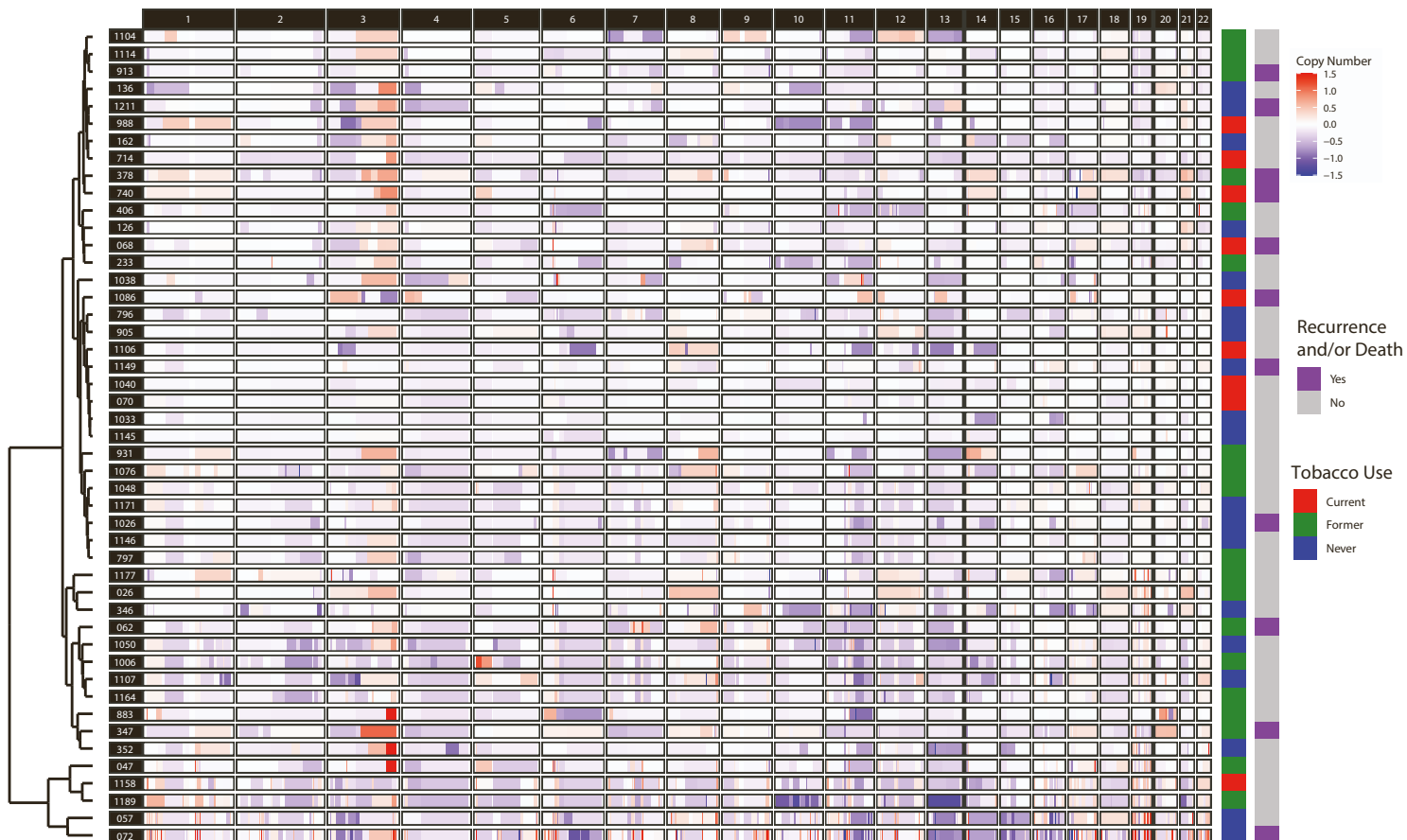


Figure S2

A



B

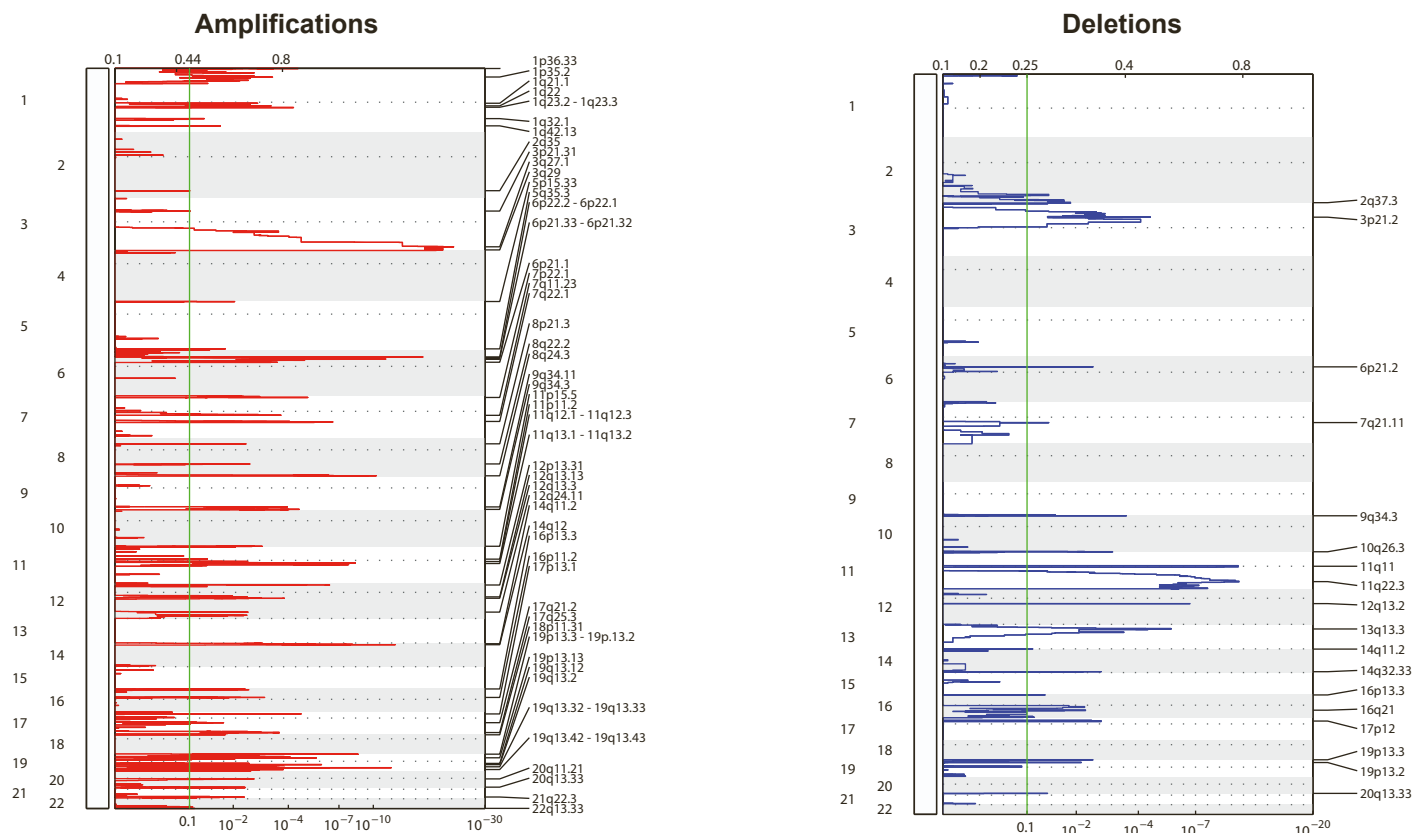


Figure S3

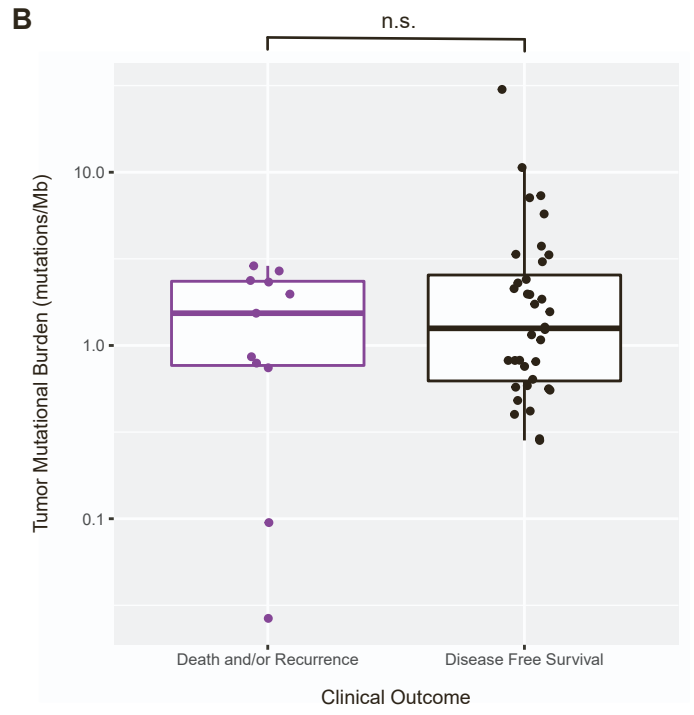
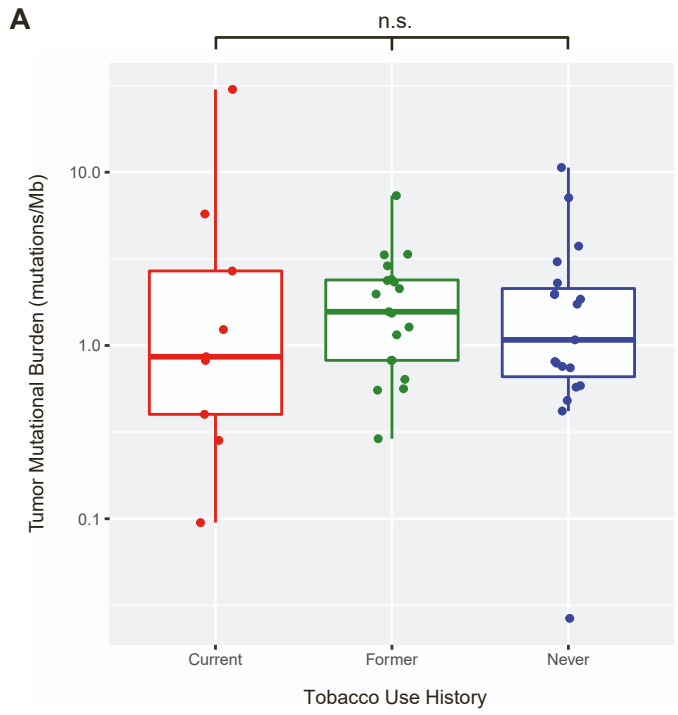


Figure S4

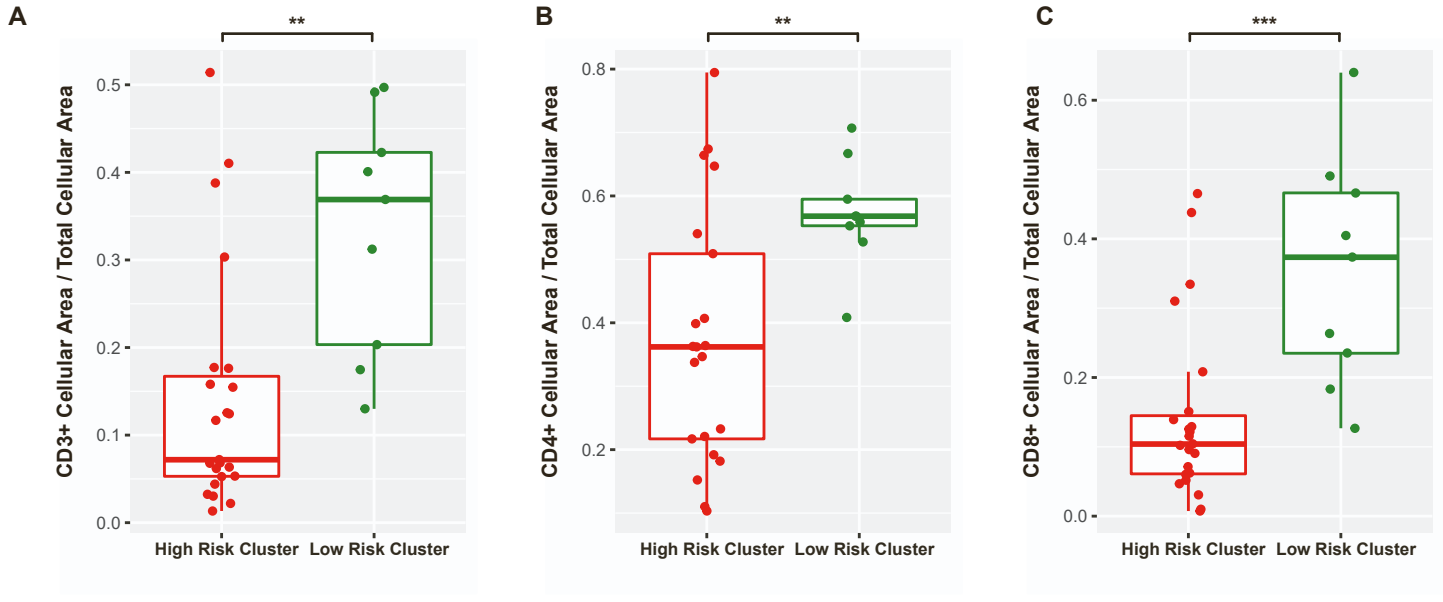


Figure S5

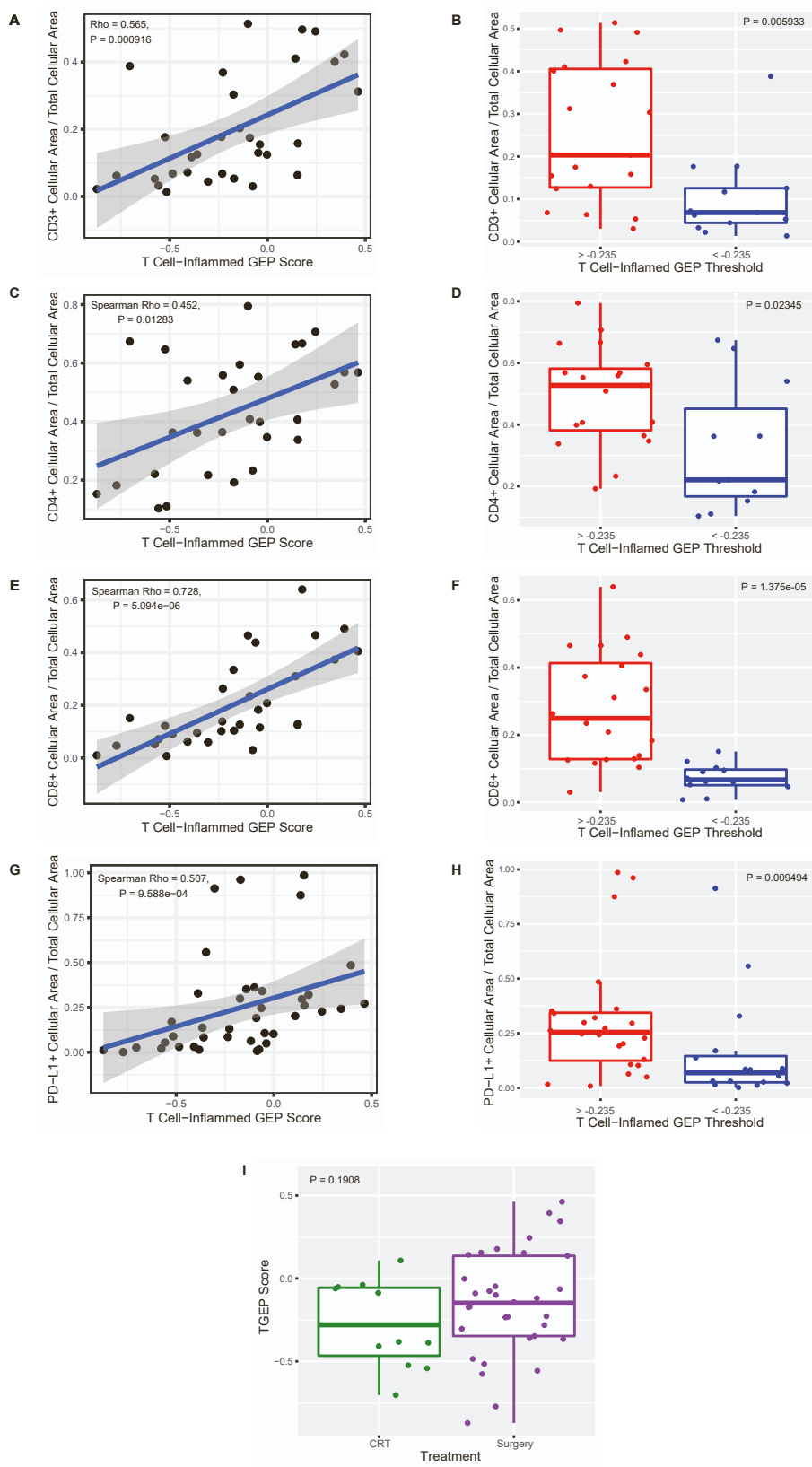


Figure S6

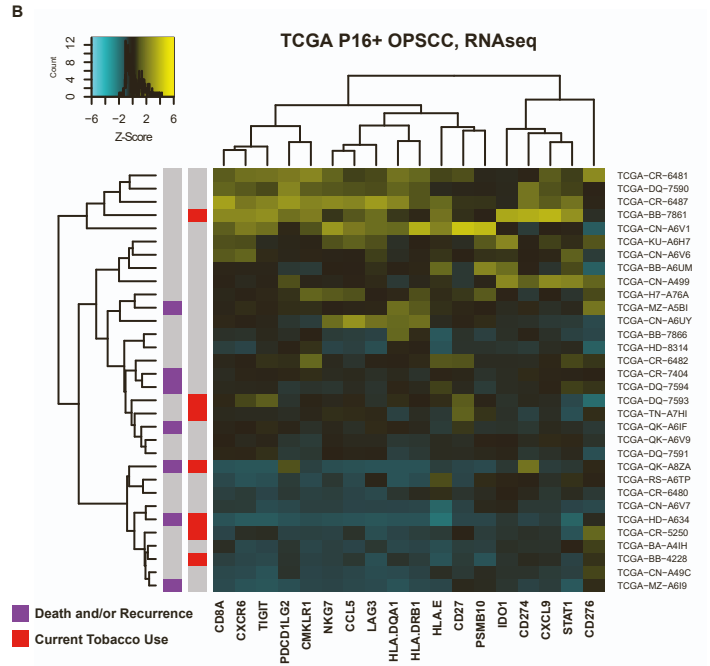
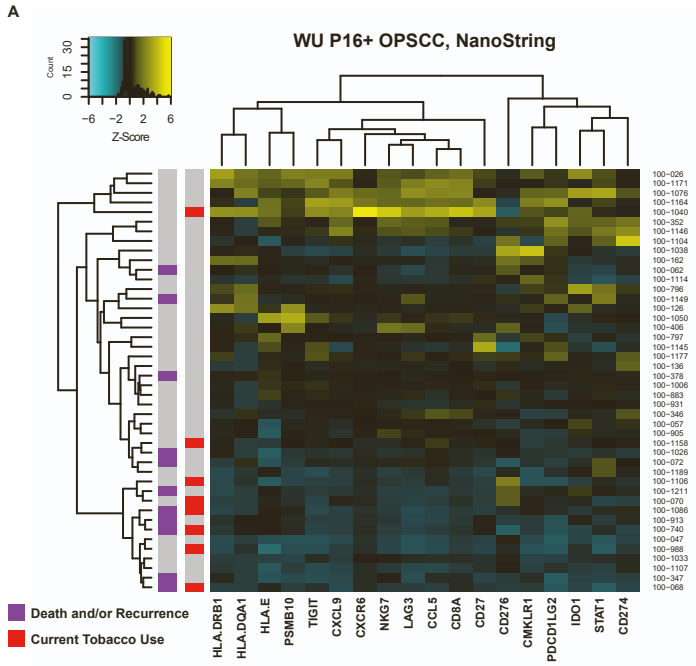
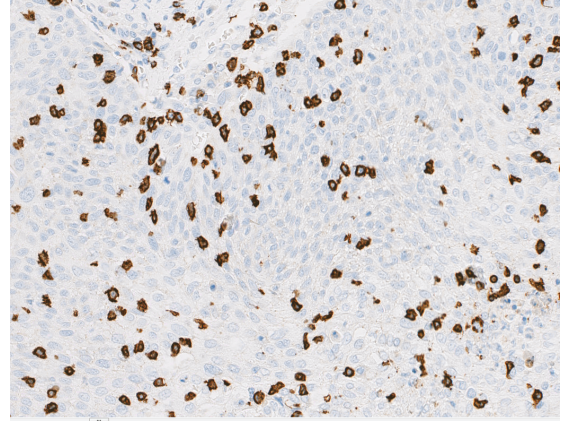
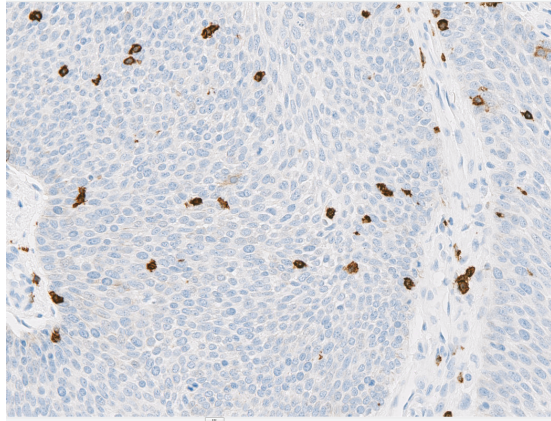
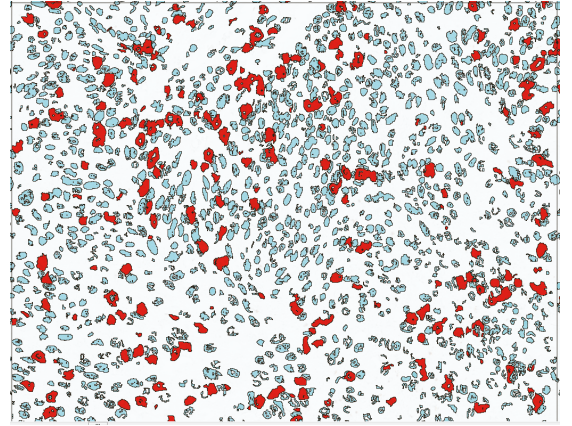
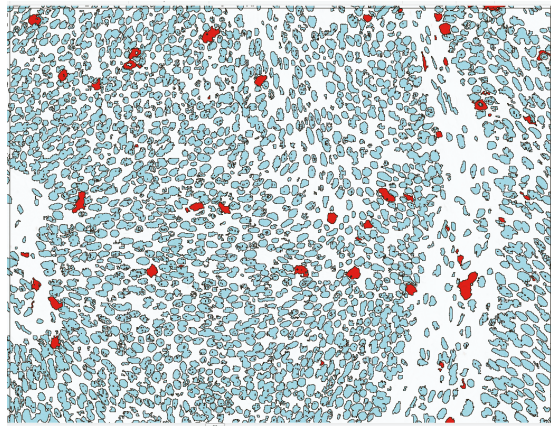


Figure S7

CD8+ with hematoxylin



**Scored images
after RGB filters**



SUPPLEMENTAL FIGURE LEGENDS

Figure S1: Survival analyses for disease stage and tobacco use; related to Table 1. Significant differences in **(A)** OS and **(B)** DFS were present by AJCC 8th Edition Clinical Stage (both Log-rank $P < 0.001$). No significant differences in **(C)** OS and **(D)** DFS were present by tobacco use history (Log-rank $P = 0.220$ and 0.650 , respectively).

Figure S2: Copy number alterations in HPV(+) OPSCC; related to Figure 1. **(A)** Heatmap displaying copy number alterations for each sample (rows) and chromosome (columns). Clinical annotation is included on the left margin. **(B)** GISTIC plots for focal amplifications and deletions in our cohort.

Figure S3: Tumor mutational burden analysis by clinical features; related to Figure 1. No significant differences in tumor mutational burden were present on the basis of **(A)** tobacco use history or **(B)** disease-free survival at five years (Kruskal-Wallis and Wilcoxon tests, respectively; n.s. = not significant).

Figure S4: IHC confirmation of unsupervised clustering results; related to Figure 4. ORA revealed that gene cluster 4 was significantly enriched for adaptive immune-related pathways. IHC confirmed that the low-risk patient cluster, which had high expression of gene cluster 4, had significantly greater infiltration of **(A)** CD3+, **(B)** CD4+ and **(C)** CD8+ cells. (** Wilcoxon $P < 0.01$, *** $P < 0.001$, all FDR < 0.1).

Figure S5: IHC validation of TGEF scores; related to Figure 5. TGEF scores were significantly correlated with IHC staining of **(A)** CD3, **(B)** CD4, and **(C)** PD-L1 (all $P < 0.05$ and FDR < 0.1). **(D)** No significant differences in TGEF scores were present on the basis of primary treatment modality (primary chemoradiation versus surgery, Welch's T test $P = 0.191$), suggesting that tissue sourcing (biopsy versus primary surgical specimen) does not represent a source of bias.

Figure S6: Cross-platform comparison of TGEF transcript expression; related to Figure 5. Scaled transcript expression was clustered in **(A)** the study cohort and **(B)** p16(+) OPSCC samples from TCGA, then annotated with current tobacco status and death and/or recurrence.

Figure S7: Representative images of high-resolution digital analysis of IHC staining; related to STAR Methods. Custom red-green-blue (RGB) color filters were programmed which reliably distinguished and quantified areas of 3,3'-diaminobenzidine stained cells (red), hematoxylin stained cells (blue), and acellular background (white) over the entirety of a sample. Example images show original images at 20x magnification (top panels) and the same regions after application of filters (bottom panels).