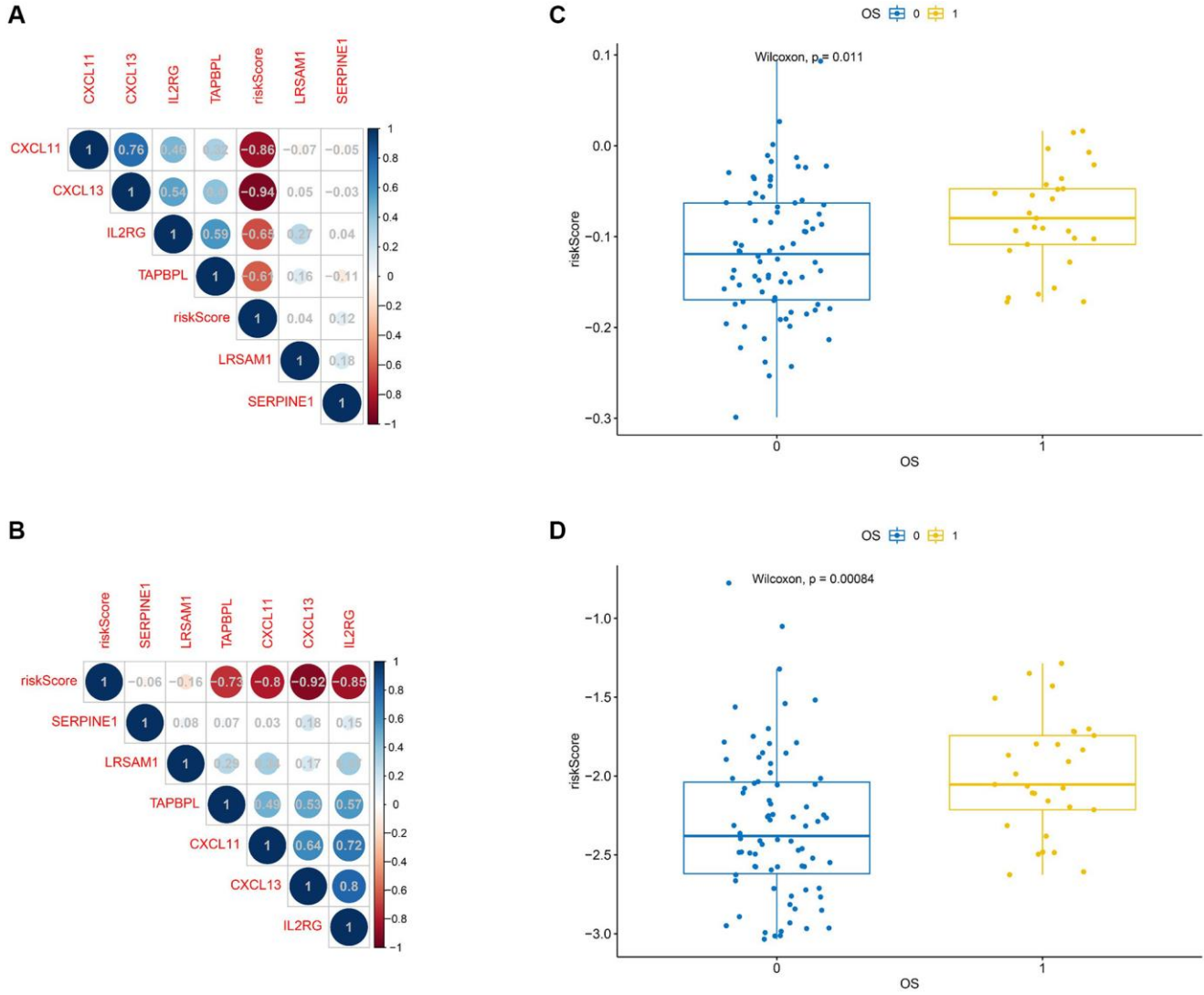
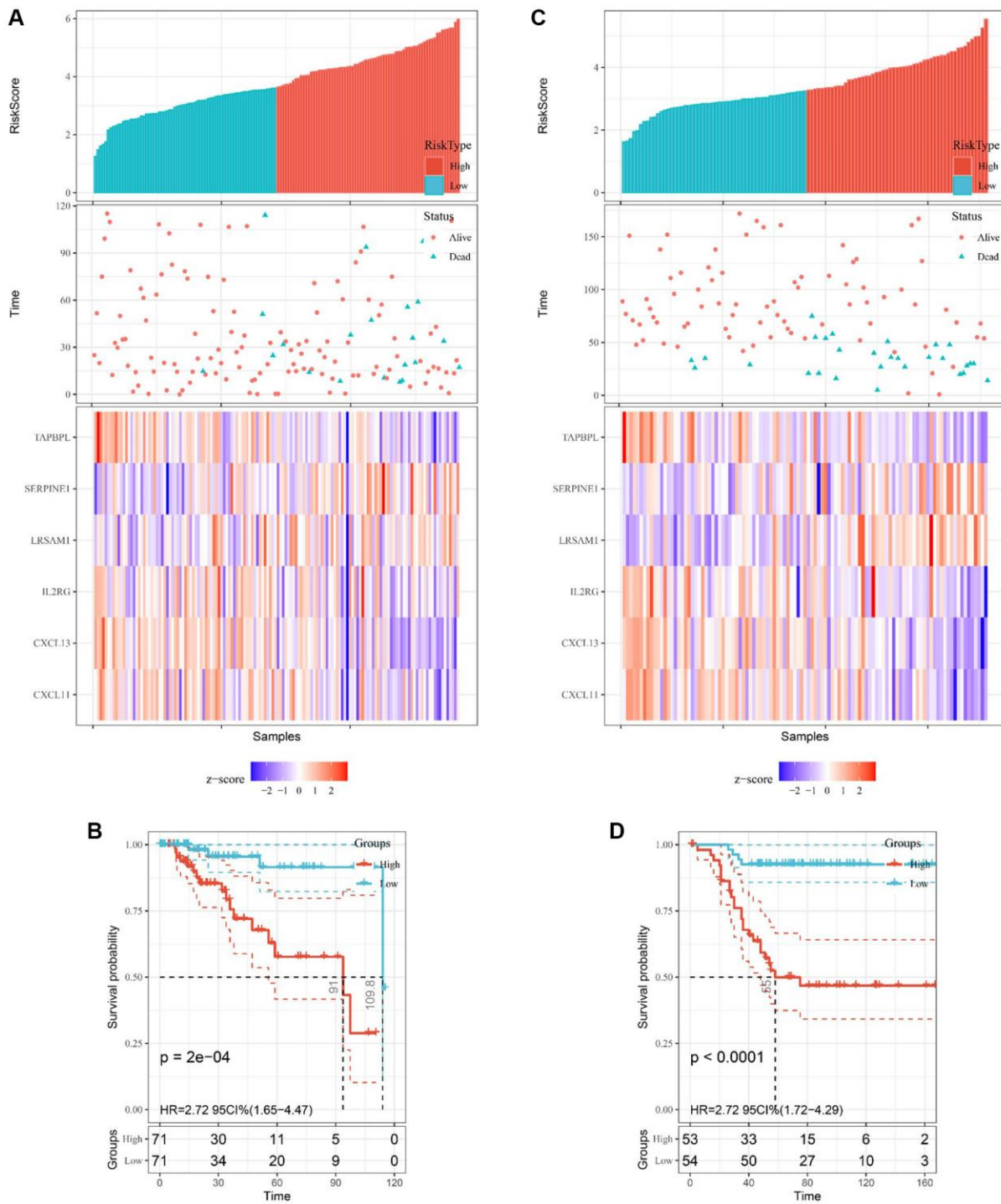


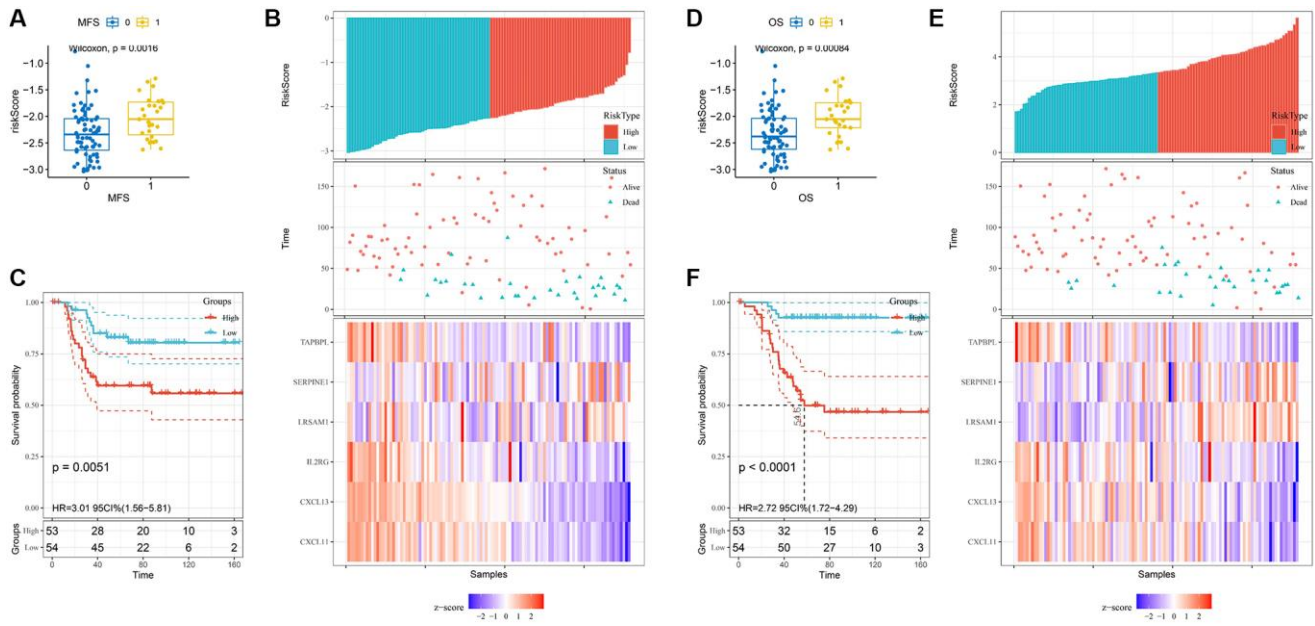
SUPPLEMENTARY FIGURES



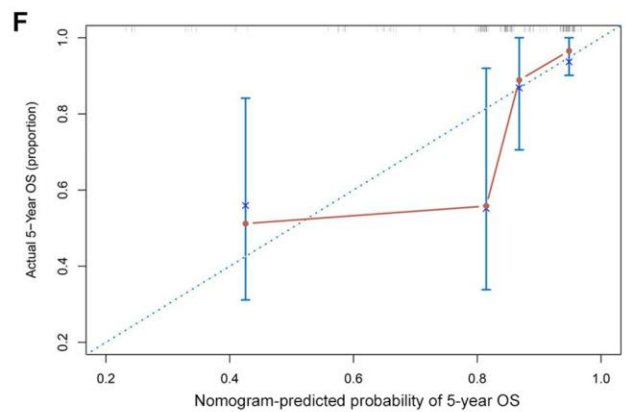
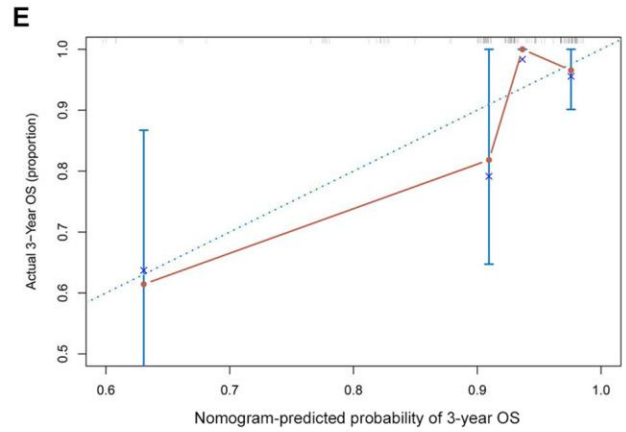
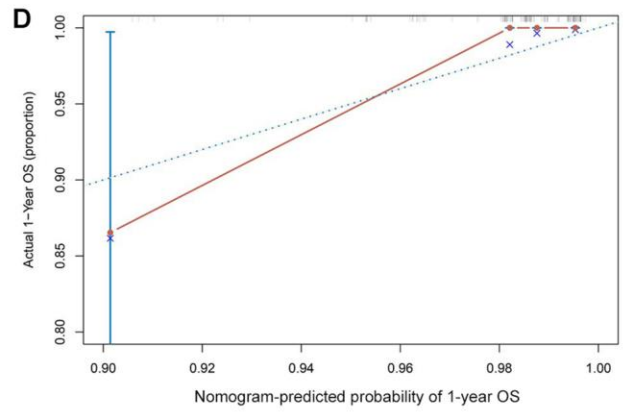
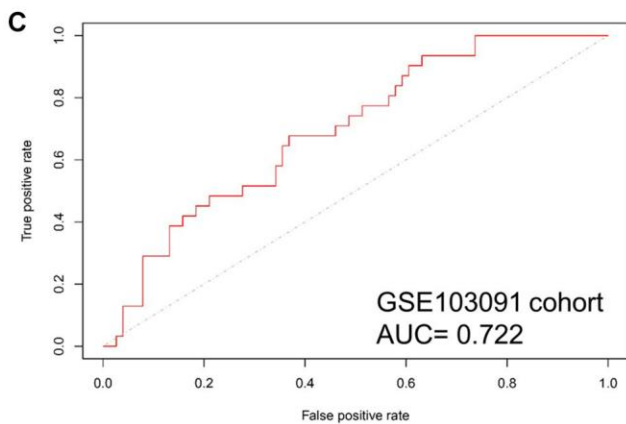
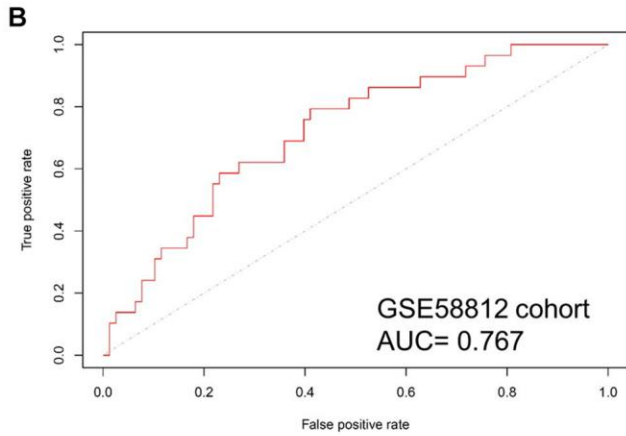
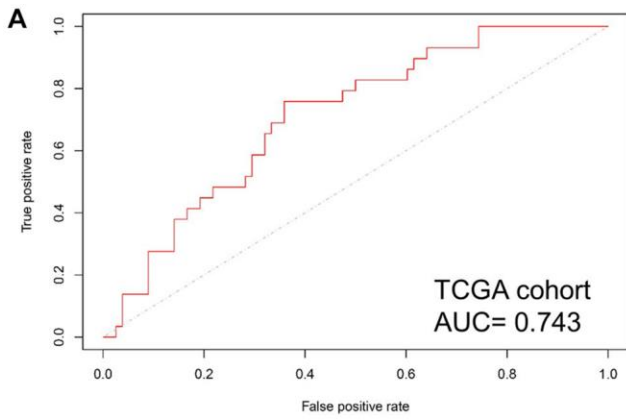
Supplementary Figure 1. Correlation between HIRS and the selected gene signatures in the TCGA (A) and GSE58812 cohorts (B). HIRS was remarkably increased in patients who died during follow-up in the TCGA (C) and GSE58812 cohorts (D).



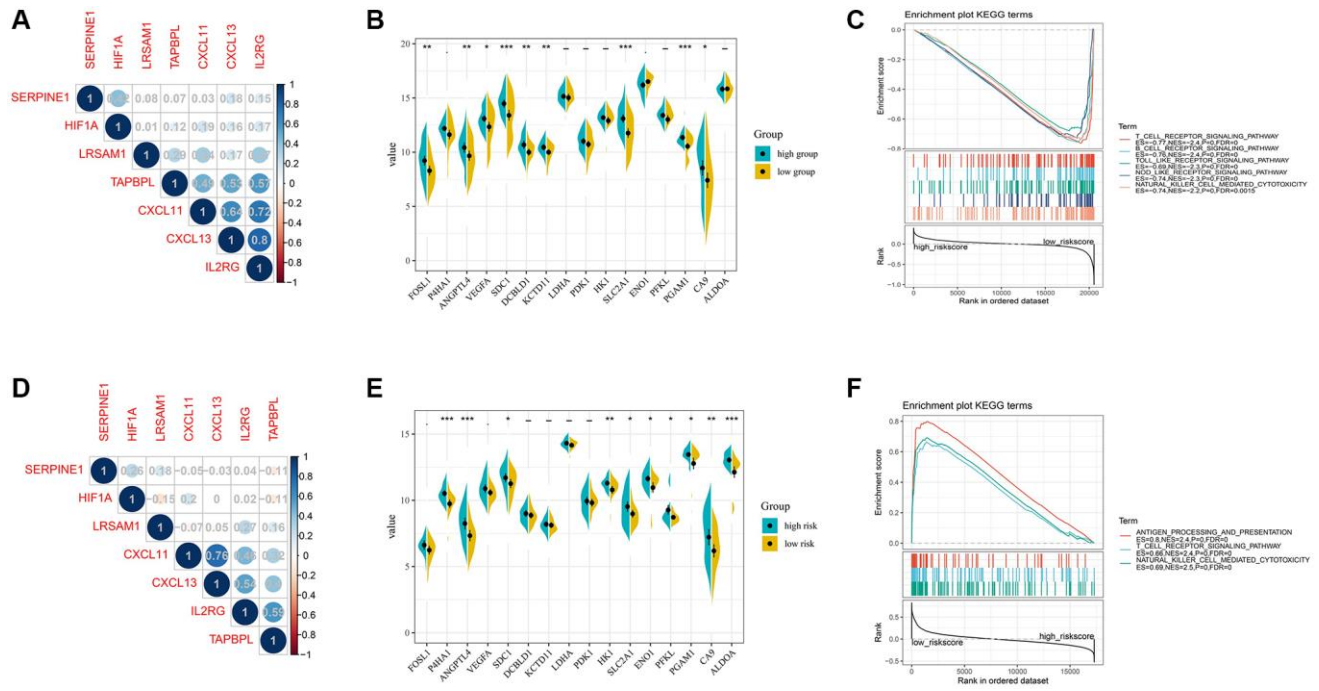
Supplementary Figure 2. Disposition risk score, expression profile, and survival status of gene signatures in the TCGA (A–B) and GSE58812 cohorts (C–D).



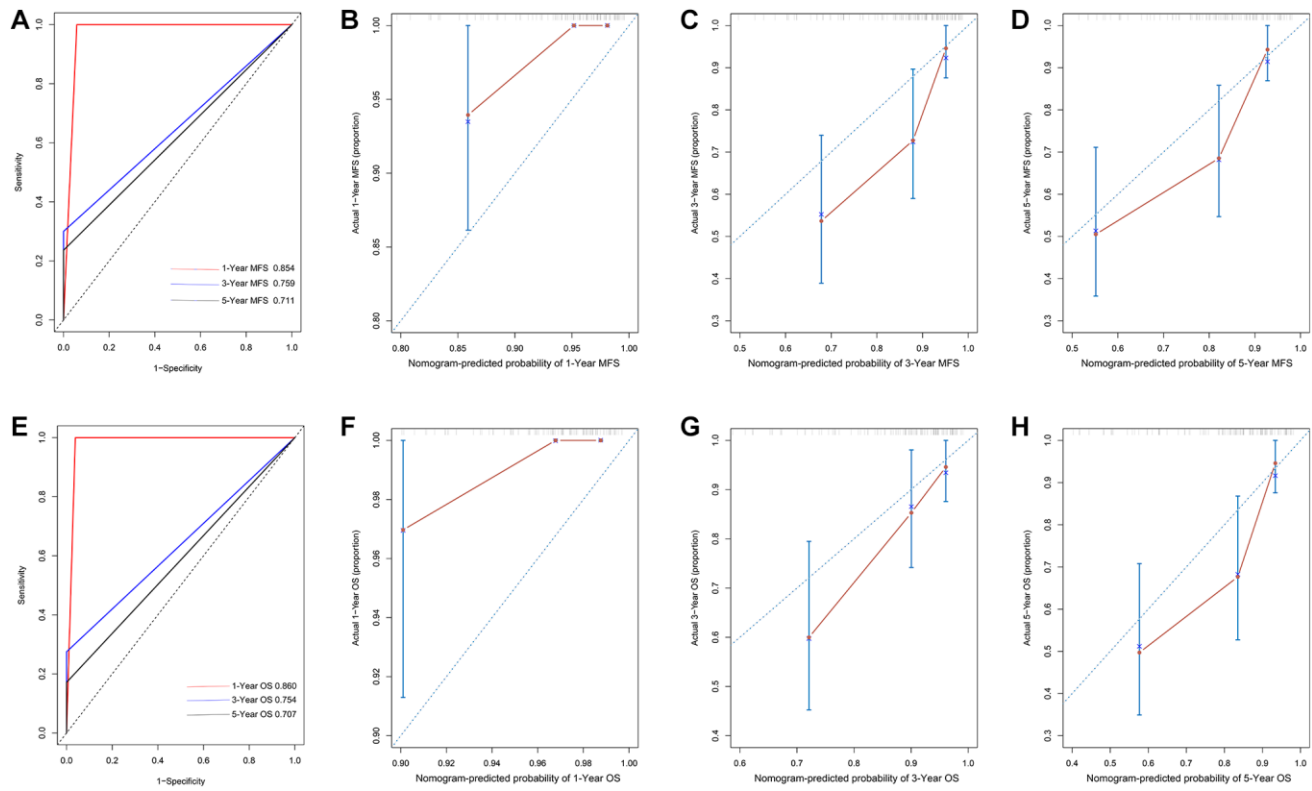
Supplementary Figure 3. Verification of the prognostic value of the hypoxia and immune gene signature in the GSE103091 cohort. HIRS was remarkably increased in patients who had metastases (A) and died (D) during follow-up. Distributions of risk score, expression feature of signature genes and MFS (B–C), and OS (E–F).



Supplementary Figure 4. Time-ROC analysis proved that the nomogram was a stable and reliable predictor for OS in the TCGA (A), GSE58812 (B), and GSE103091 (C). (D–F) Calibration analysis indicated a high accuracy of 1-, 3-, and 5-years OS prediction in the TCGA cohort.



Supplementary Figure 5. Hypoxia and immune related profiling between distinct HIRS groups in the TCGA and GSE58812 cohorts. (A) Correlation between the gene signature and HIF1A in the TCGA (A) and GSE58812 (D) cohorts. Correlation between the risk score and hypoxia-related genes in the TCGA (B) and GSE58812 (E) cohorts. GSEA of immune-related signaling in distinct HIRS groups in the TCGA (C) and GSE58812 (F) cohorts.



Supplementary Figure 7. Validate the prediction accuracy of the nomogram in the GSE103091 cohort. 1-, 3-, and 5-years receiver operating characteristic curves for MFS (A) and OS (E). The calibration plots for predicting patient survival at 1-, 3- and 5-year point for MFS (B–D) and OS (F–H).