

Peer Review File

Article information: <http://dx.doi.org/10.21037/tcr-20-2173>.

Reviewer A

Comment1: The authors should provide more information about the function of these genes, previous findings regarding their role in squamous cell carcinoma development and progression, and more important their interactions with each other and with tumor microenvironment.

Reply 1: we have modified our text as advised (see page 10, line14 to 22; page 11, line1 to 22)

Comment 2: Abstract should refer how many patients were analyzed, including controls.

Reply 2: we have added this important information (see page 2, line 7and 8)

Comment 3: The authors in the "Introduction" references that head and neck is on elf the most common cancers in the world. They should restate that "Head and neck cancer is the seventh most common cancer in the world"

Reply 3: this sentence was reconstructed (see page 3, line 2 and 3)

Reviewer B

Comment 1: The prognostic model construction is formally sound and consistent with

the TRIPOD Checklist indications. However, I'd suggest to make more clearly readable (e.g. in a table form) the results of the Cox multivariate regression analysis leading to the selection of the four genes.

Reply 1: the Table S2 Relationships between the immune- related prognostic index and infiltration abundances of six types of immune cells has been appended (see page 37)

Comment 2: Can Authors furtherly discuss these findings in the light of the data available in the literature about laryngeal cancer about the association between immune regulatory molecules (e.g. PD-L1), tumor-infiltrating lymphocytes (T cells and B cells also forming tertiary follicles) and survival outcomes?

Reply 2: we have renovated the discussion as the suggestion (see page 12, line 15 to 22; page 13, line 1to 7).

Comment 3: I'd suggest to furtherly discuss such interactions to provide to the reader more insights on the possible implications on tumor immune microenvironment.

Reply 3: we have tried to add more information and discussion following the advice (see page 13, line 9 to 22; page 14, line 1 and 2).

Reviewer C

Comment 1: The draft is logic. Perhaps clinical data are not so accurate, for example T is cT or pT? It can be clear from the context but it is not explained. Please Check

table S1. Check English. Check capital letters.

Reply 1: we have modified Table S1 and check English and capital letters. (see page 36).

Comment 2: Provide a better explanation for the idea explained at lines 14- 17 in page

1. Which is the connection between cetuximab and nivolumab- pembrolizumab?

Reply 2: Cetuximab, a monoclonal antibody against the extracellular domain of epidermal growth factor receptor (EGFR), is not a programmed cell death protein (PD-1) monoclonal antibody. Nivolumab and pembrolizumab are programmed cell death protein (PD-1) monoclonal antibody. Cetuximab is inaccurate in lines 14-17 on page 1, and we have modified it. (see page 3, line14-17).