Supplementary

Table S1 CES score of 32 hospital patients with LUAD

NO.	Age	Gender	Smoking	Stage	CES-LUAD	CES-Normal
1	60	Male	Ever	IA	3	1
2	68	Male	Never	IIIA	9	9
3	68	Male	Never	IIB	6	4
4	69	Male	Ever	IB	2	1
5	59	Female	Ever	IIIA	9	1
6	72	Male	Ever	IIA	4	2
7	66	Male	Ever	IIIA	8	8
8	68	Male	Ever	IIB	8	6
9	62	Male	Ever	IIB	6	2
10	64	Male	Ever	IIB	8	6
11	76	Male	Ever	IIB	8	6
12	80	Male	Never	IA	2	0
13	61	Female	Ever	IIB	4	2
14	73	Female	Ever	IIB	4	3
15	59	Female	Never	IB	6	3
16	46	Male	Ever	IIIB	9	4
17	72	Female	Ever	IB	4	0
18	51	Female	Ever	IIB	8	4
19	52	Female	Ever	IIIA	12	9
20	62	Female	Ever	IIIB	12	4
21	53	Female	Ever	IA	4	4
22	63	Female	Ever	IIIA	9	3
23	72	Female	Ever	IA	1	0
24	72	Female	Ever	IIIA	12	4
25	56	Male	Ever	IA	2	1
26	59	Female	Ever	IIB	6	3
27	59	Male	Ever	IIIA	6	3
28	63	Female	Never	IB	6	4
29	67	Male	Ever	IB	4	1
30	66	Female	Never	IB	3	2
31	62	Male	Ever	IIIB	6	2
32	44	Male	Ever	IIB	6	2

LUAD, lung adenocarcinoma; CES, composite expression score.

http://dx.doi.org/10.21037/tcr-20-2570

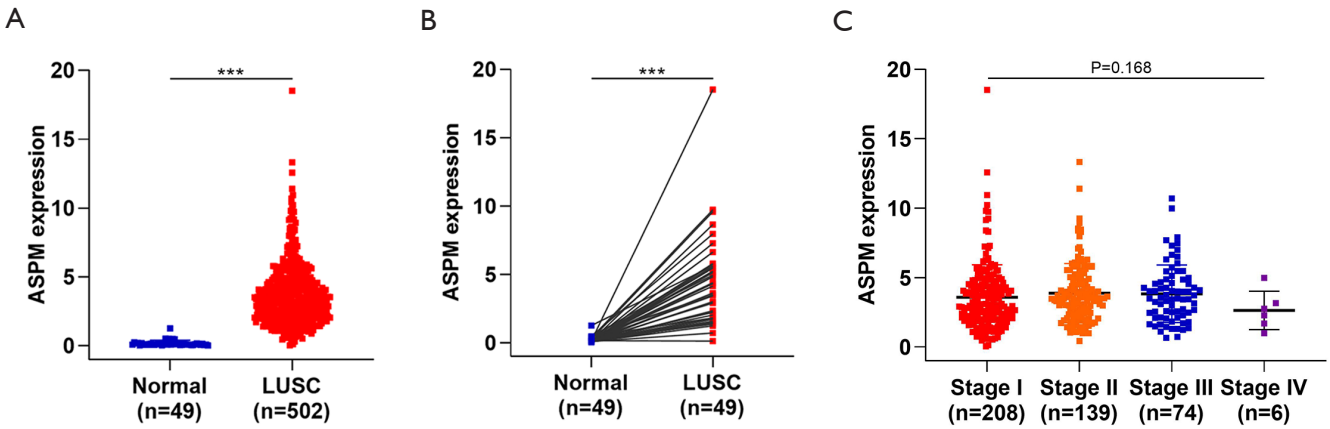

Figure S1 ASPM expression levels of LUSC in TCGA-LUSC dataset. (A) Expression of ASPM mRNA in LUSC and normal lung tissues; (B) ASPM mRNA expression in 49 LUSC tissues and paired normal lung tissues; (C) The association between ASPM mRNA level with different TNM stages in LUSC. LUSC, lung squamous cell carcinoma.

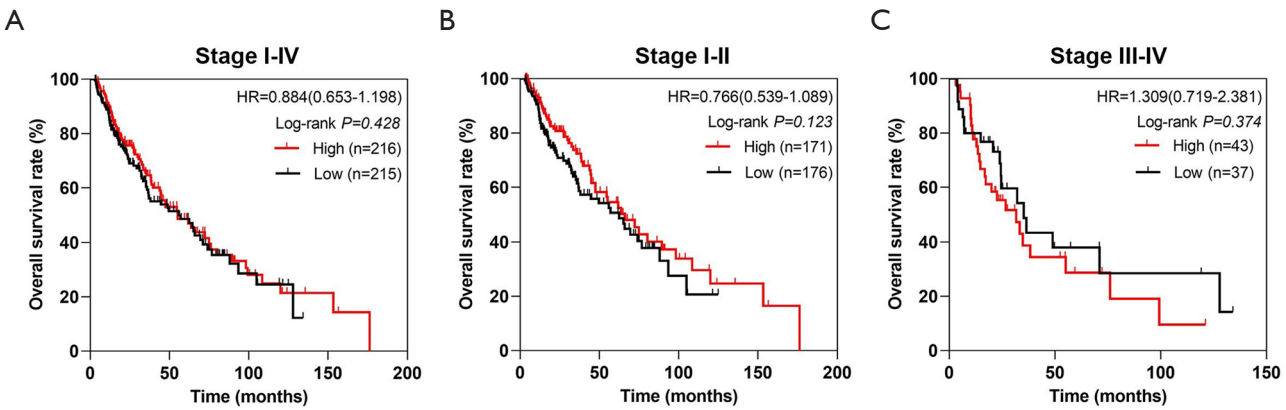

Figure S2 Kaplan-Meier survival analysis of ASPM in LUSC patients. Kaplan-Meier curve for OS in LUSC patients using data from the TCGA-LUSC dataset and based on pathological stages. LUSC, lung squamous cell carcinoma; TCGA, The Cancer Genome Atlas; OS, overall survival.

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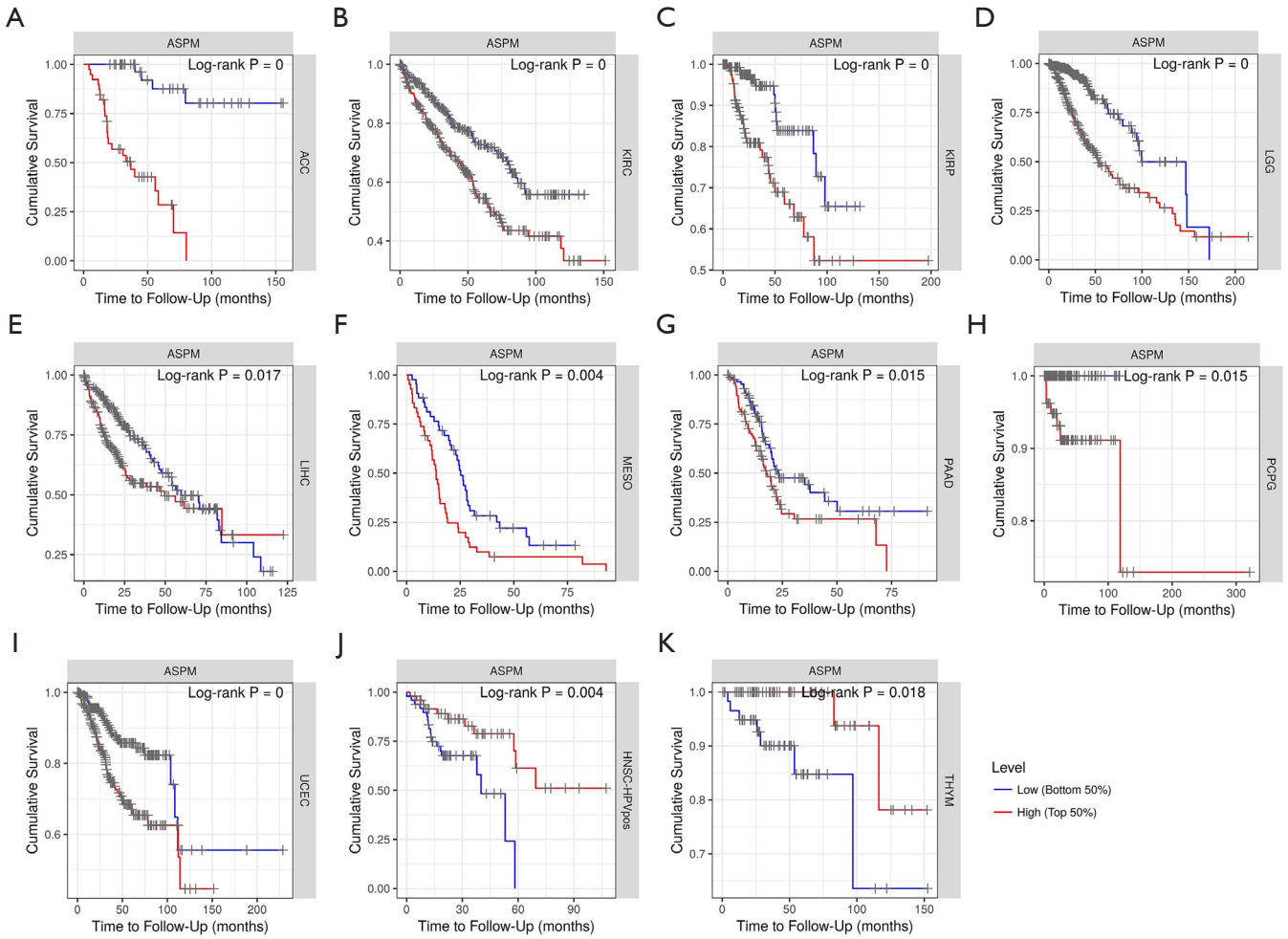

Figure S3 Kaplan-Meier survival analysis of ASPM in different types of cancer from TIMER. Survival curves of OS in ACC, KIRC, KIRP, LGG, LIHC, MESO, PAAD, PCPG, UCEC, HNSC-HPV pos, and THYM. TIMER, Tumor Immune Estimation Resource; OS, overall survival; ACC, adrenocortical carcinoma; KIRC, kidney renal clear cell carcinoma; KIRP, kidney renal papillary cell carcinoma; LGG, lower-grade glioma; LIHC, liver hepatocellular carcinoma; MESO, mesothelioma; PAAD, pancreatic adenocarcinoma; PCPG, pheochromocytoma, and paraganglioma; UCEC, uterine corpus endometrial carcinoma, HNSC-HPV pos, head, and neck squamous cell carcinoma-HPV positive; THYM, thymoma.

http://dx.doi.org/10.21037/tcr-20-2570

Table S2 Univariate and multivariate analysis of OS in LUSC patients in the TCGA-LUSC dataset

Clinical characteristics	Univariate analysis		Multivariate analysis	
	HR (95% CI)	P value	HR (95% CI)	P value
Age (>66/≤66)	1.364 (0.964-1.930)	0.080	1.467 (1.028-2.094)	0.035
Gender (Famale/Male)	0.725 (0.479-1.099)	0.130	0.714 (0.469-1.087)	0.116
TNM stage (IV-III/II-I)	1.551 (1.056-2.278)	0.025	1.221 (0.703-2.121)	0.478
T stage (4-3/2-1)	1.323 (1.066-1.642)	0.011	1.222 (0.931-1.604)	0.148
N stage (1-3/0)	1.224 (0.871-1.720)	0.245	1.168 (0.792-1.720)	0.433
M stage (1/0)	2.233 (0.707-7.053)	0.171	1.369 (0.412-4.553)	0.608
ASPM (High/Low)	0.943 (0.869-1.024)	0.161	0.949 (0.875-1.030)	0.210

OS, overall survival; LUSC, lung squamous cell carcinoma; TCGA, The Cancer Genome Atlas; CI, confidence interval; HR, hazard ratio.

http://dx.doi.org/10.21037/tcr-20-2570

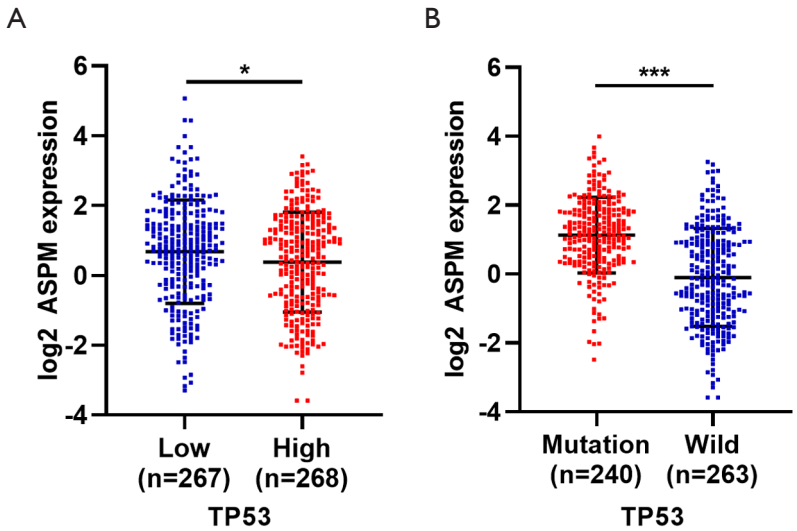

Figure S4 Association between ASPM expression and TP53 abnormality in LUAD based on TCGA dataset. (A) Comparison of ASPM mRNA expression between TP53 high group and low group. (B) Comparison of ASPM mRNA expression between TP53 mutation group and TP53 wild group. LUAD, lung adenocarcinoma; TCGA, The Cancer Genome Atlas.

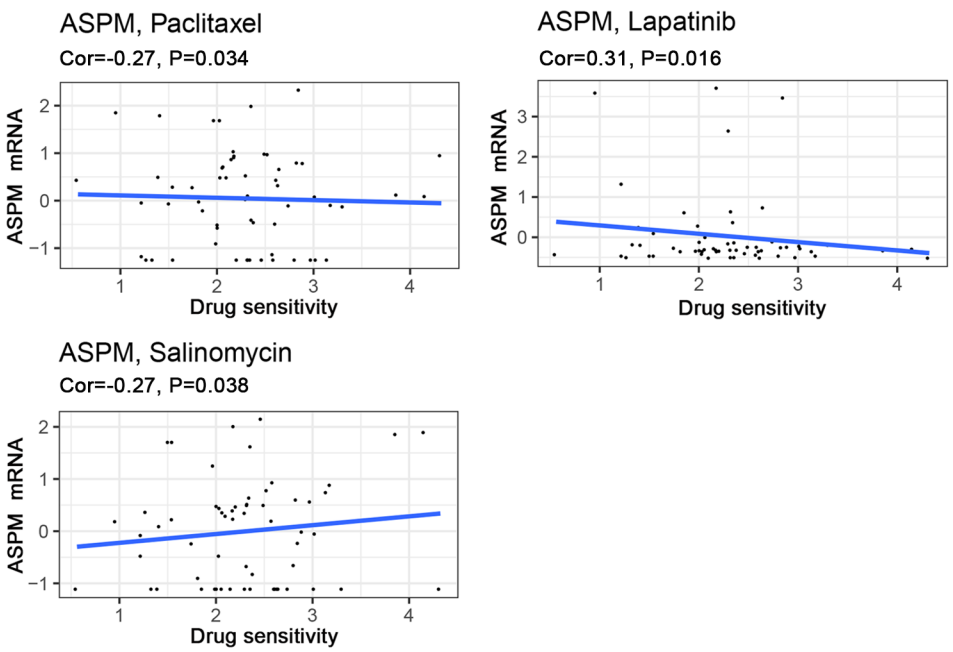

Figure S5 Correlations between anticancer drug sensitivity and the expression of ASPM based on CellMiner database.

http://dx.doi.org/10.21037/tcr-20-2570