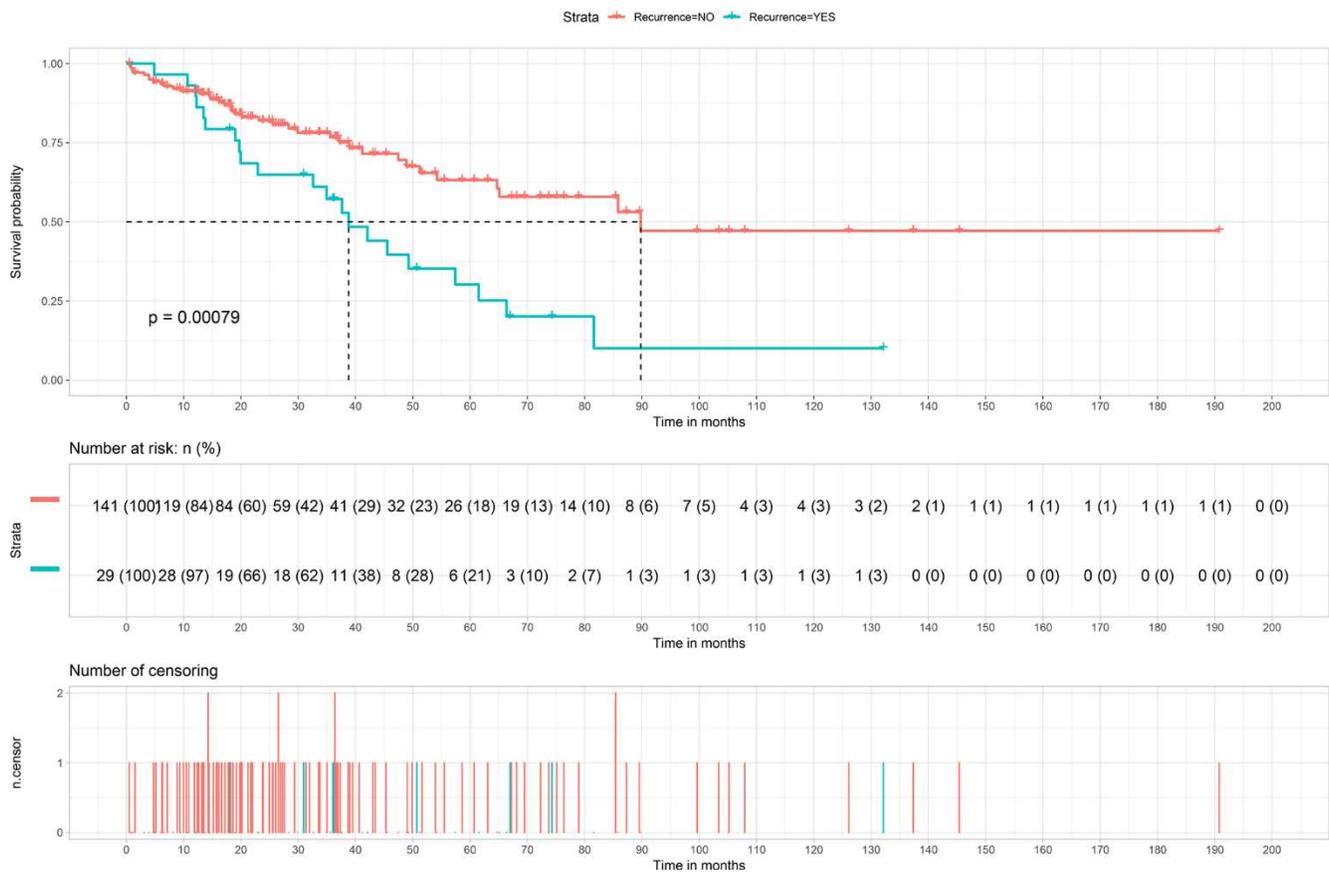
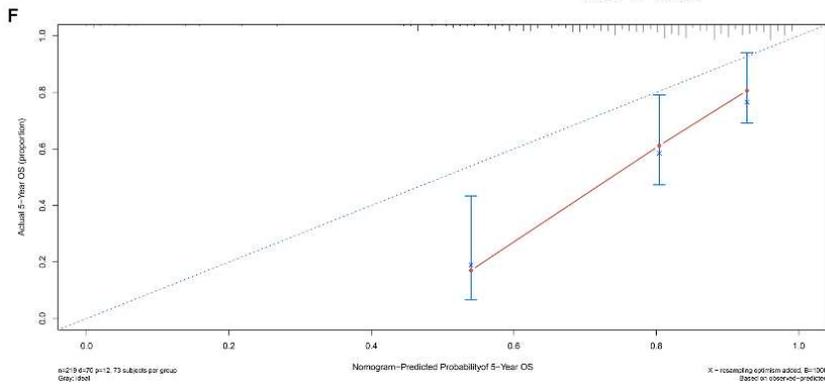
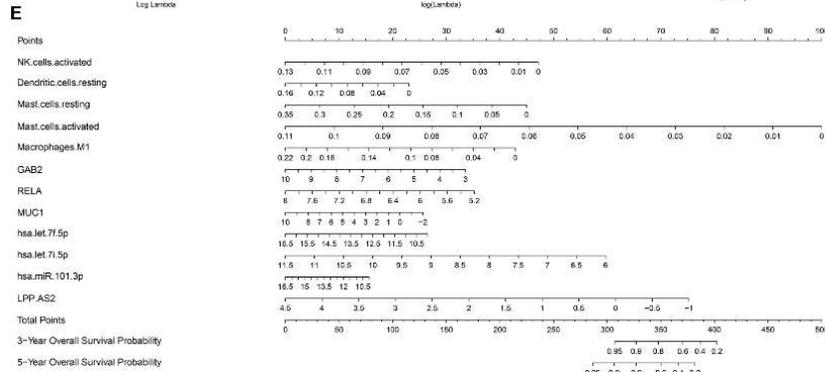
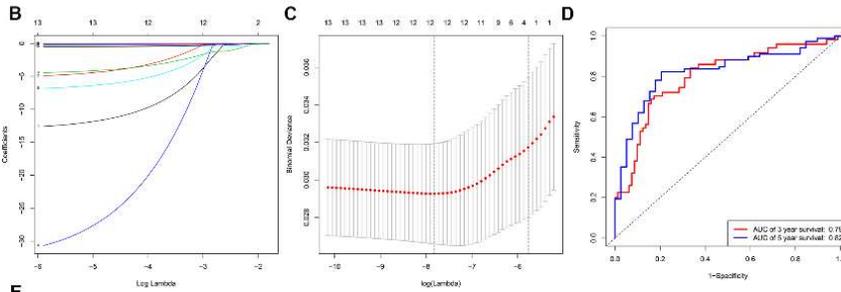
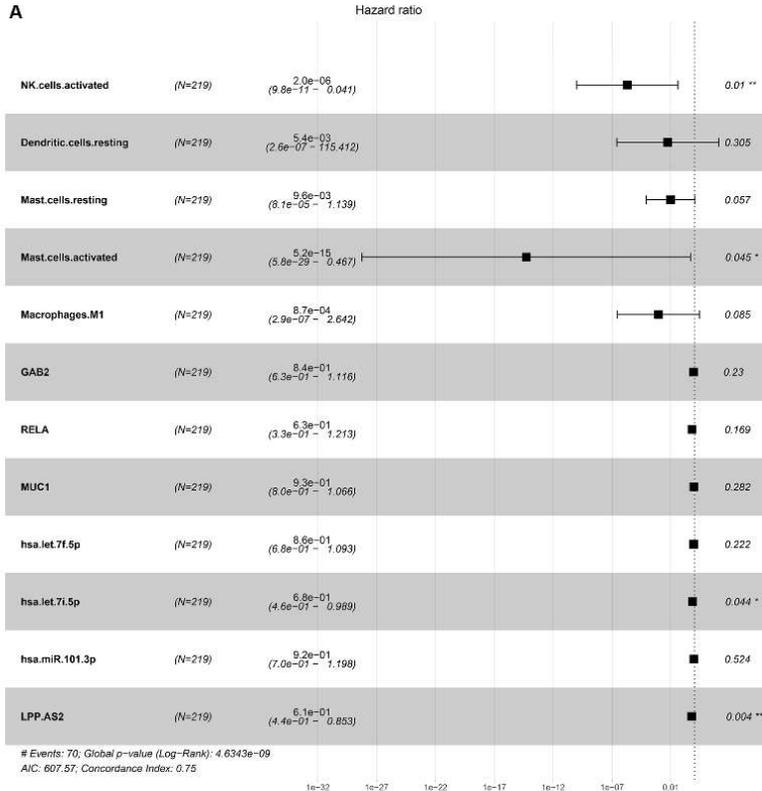


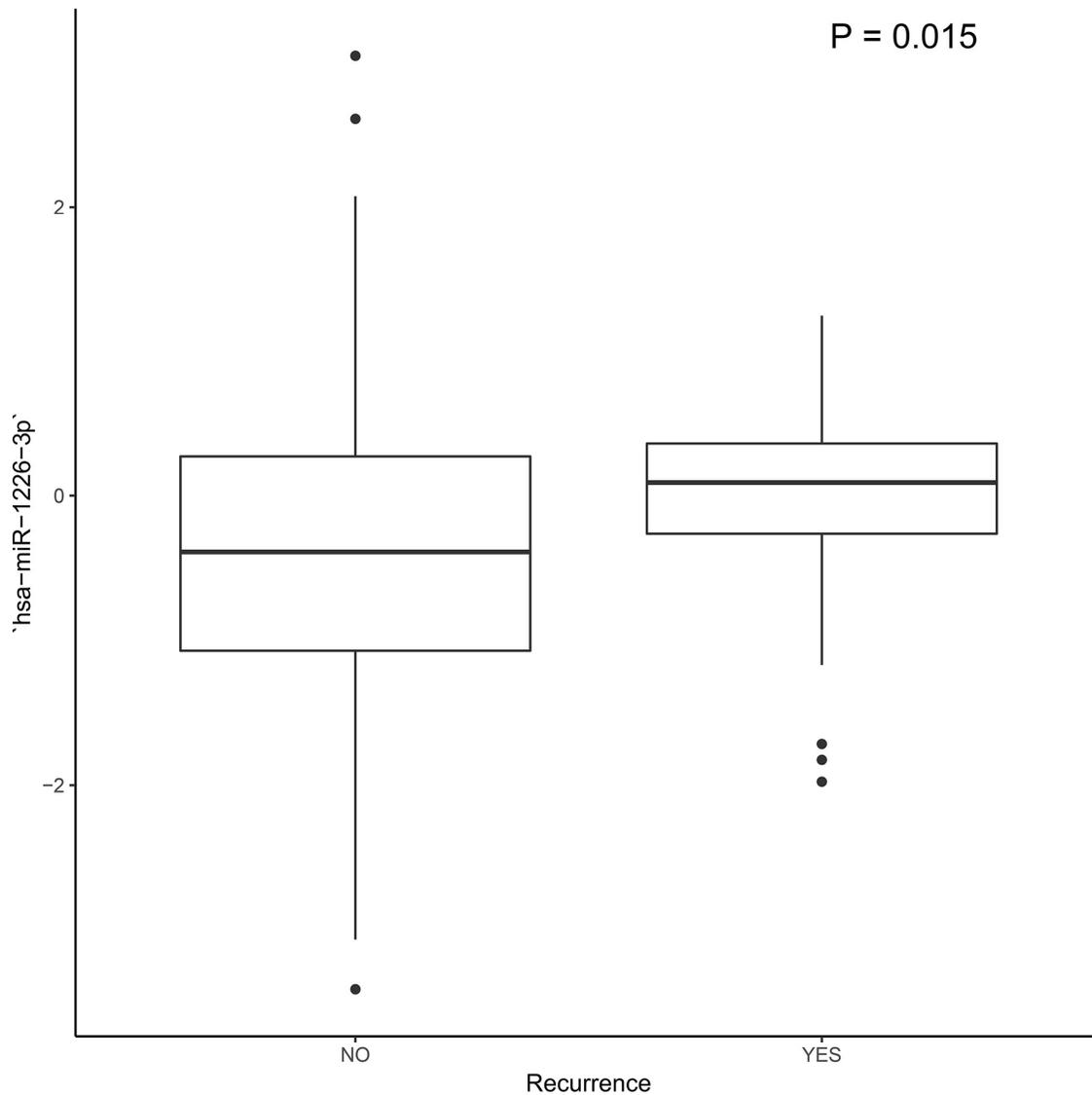
SUPPLEMENTARY FIGURES



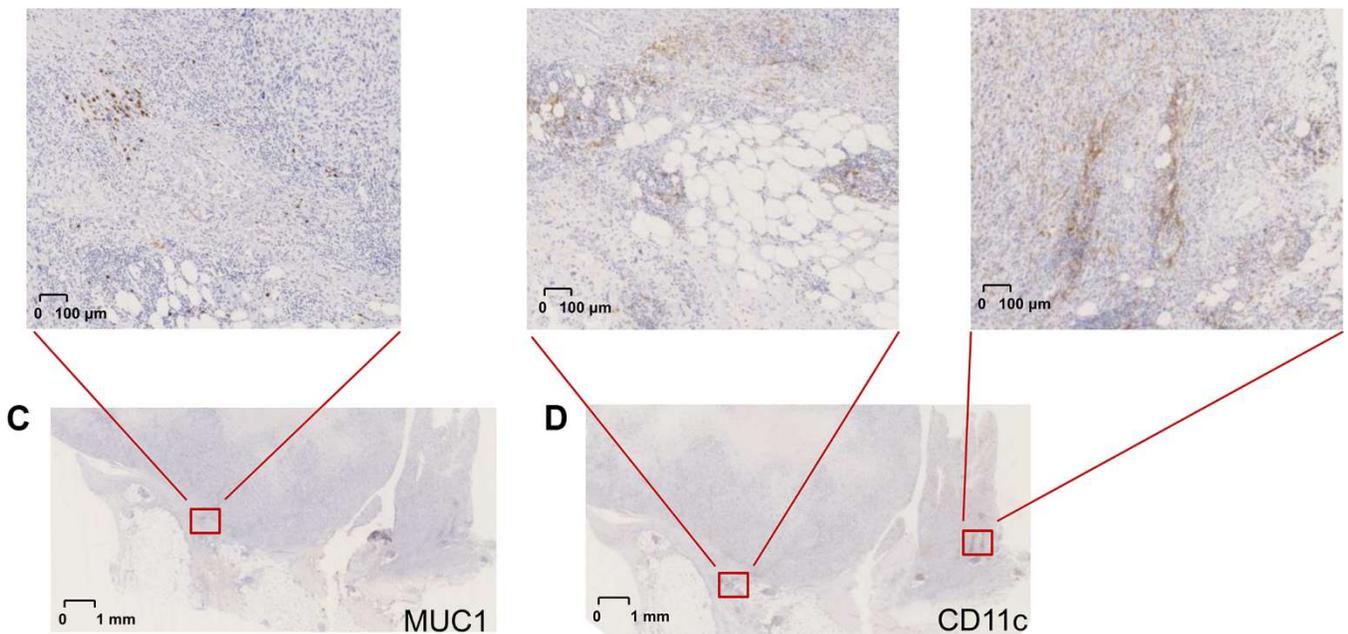
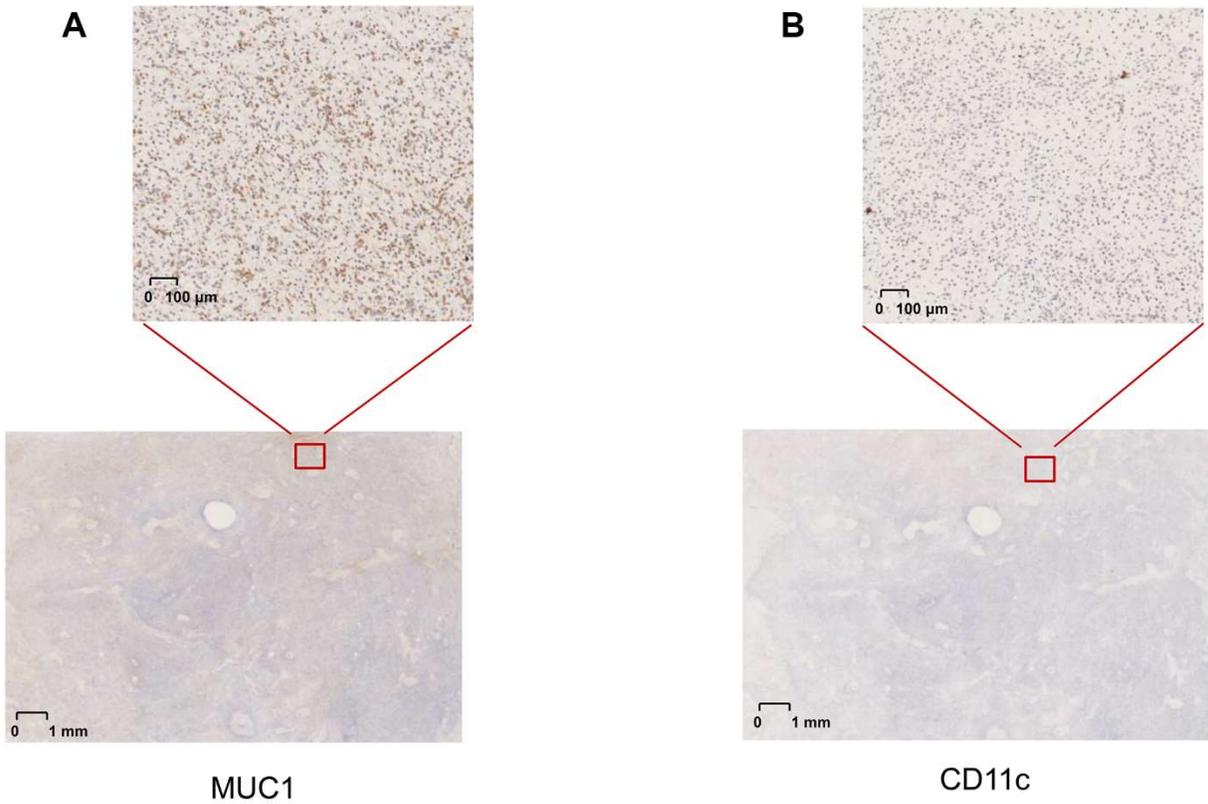
Supplementary Figure 1. The Kaplan–Meier survival curve revealed that recurrence was a significant risk indicator for poor prognosis of STSs (P = 0.001). Why is there a higher survival probability in first 10 months in those cases with STS recurrence? In general, solid tumor recurrence refers that the tumor reappears during the follow-up of patients after the primary operation. So, what this means is that patients who have had a recurrence of soft tissue sarcomas have had the primary operation. By reanalysis of the data, we found that most of the patients with survival time less than 10 months had tumor-bearing status (survive with tumor). Therefore, we speculated that these patients might have no chance to perform the primary operation, leading to poor prognosis. Tumor recurrence cannot happen to a patient who do not have the primary operation. Hence the phenomenon.



Supplementary Figure 2. The results of multivariable model and the nomogram integrating immune cells and biomarkers significantly associated with overall survival. Key members of the ceRNA network and immune cells were integrated into one Cox regression model (A) After the screening process of the Lasso regression, the results suggested that the model was not overfitting (B, C). The calibration curve and the ROC demonstrated good discrimination and concordance of the multivariable model (AUC of 3-year survival: 0.799; AUC of 5-year survival: 0.824) (D, F). The nomogram was constructed based on the multivariable model (E).



Supplementary Figure 3. The result of the Wilcoxon rank-sum test suggesting that the hsa-miR-1226-3p expression level is significant differences between the primary sarcoma tissues of patients with and without recurrence (P = 0.015).

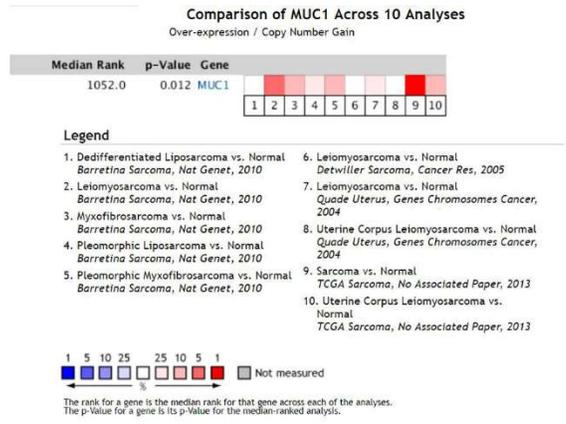


Supplementary Figure 4. The results of the immunohistochemistry (IHC) stain showing that MUC1 and CD11c were correlated with STS recurrence and predominantly localized in the membrane and extracellular matrix of leiomyosarcoma and liposarcoma cells. MUC1 (A) and CD11c (B) protein was predominantly localized in the membrane and extracellular matrix of LMS. MUC1 (C) and CD11c (D) protein was predominantly localized in the membrane and extracellular matrix of LPS. Abbreviations: LMS: leiomyosarcoma; LPS: liposarcoma.

A

Analysis Type by Cancer	Cancer vs. Normal	Cancer vs. Cancer		Cancer Subtype Analysis										Cancer vs. Biobank (RNA only)	Pathway and Drug		Outlier
		Cancer vs. Cancer	Multi-cancer	Chordoma	Neuroblastoma	Neuroblastoma vs. Fibrosarcoma	Mesenchymal Fibrosarcoma	Neurofibrosarcoma	Myxofibrosarcoma	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal		Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	
Bladder Cancer	1	1	1														
Brain and CNS Cancer	1	1	1														
Breast Cancer	22	22	22														
Cervical Cancer	2	2	2														
Colorectal Cancer	2	2	2														
Esophageal Cancer	2	2	2														
Gastric Cancer	2	2	2														
Head and Neck Cancer	2	2	2														
Kidney Cancer	2	2	2														
Leukemia	2	2	2														
Liver Cancer	2	2	2														
Lung Cancer	1	9	10	21	6	1											
Lymphoma	1	5	5	1	1	5											
Melanoma	1	1	1	1	10												
Myeloma	1	1	1	1	1												
Other Cancer	1	1	1	1	3												
Ovarian Cancer	11	1	1	1	6	1											
Pancreatic Cancer	1	1	1	1	1												
Prostate Cancer	1	1	1	1	1												
Sarcoma	1	5	5	14	1	1											
Significant Unique Analyses	63	51	70	76	35	41											175-121
Total Unique Analyses	447		756	260													980

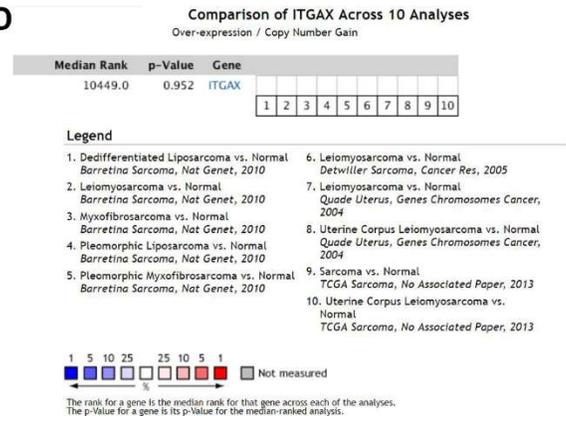
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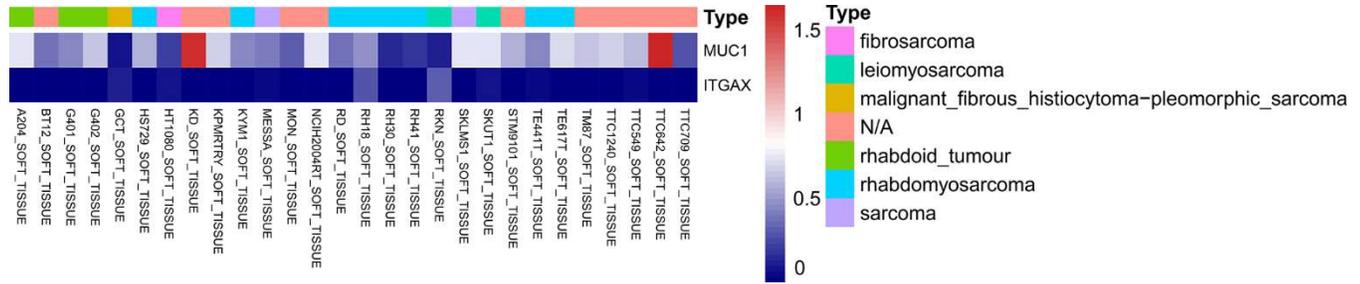
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Analysis Type by Cancer	Cancer vs. Normal	Cancer vs. Cancer		Cancer Subtype Analysis										Cancer vs. Biobank (RNA only)	Pathway and Drug		Outlier
		Cancer vs. Cancer	Multi-cancer	Chordoma	Neuroblastoma	Neuroblastoma vs. Fibrosarcoma	Mesenchymal Fibrosarcoma	Neurofibrosarcoma	Myxofibrosarcoma	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal		Myxofibrosarcoma vs. Normal	Myxofibrosarcoma vs. Normal	
Bladder Cancer	1	1	1														
Brain and CNS Cancer	1	1	1														
Breast Cancer	15	15	15														
Cervical Cancer	1	1	1														
Colorectal Cancer	1	1	1														
Esophageal Cancer	1	1	1														
Gastric Cancer	4	4	4														
Head and Neck Cancer	2	2	2														
Kidney Cancer	2	2	2														
Leukemia	3	7	17	11													
Liver Cancer	1	1	1	1													
Lung Cancer	1	5	12	1	2												
Lymphoma	13	2	6	5	1												
Melanoma	3	1	1	1													
Myeloma	1	1	1	1													
Other Cancer	3	1	1	1													
Ovarian Cancer	11	1	1	1	1												
Pancreatic Cancer	1	1	1	1													
Prostate Cancer	2	1	1	1													
Sarcoma	1	1	1	1	1												
Significant Unique Analyses	49	16	50	46	3	4											90-67
Total Unique Analyses	609		694	240													882

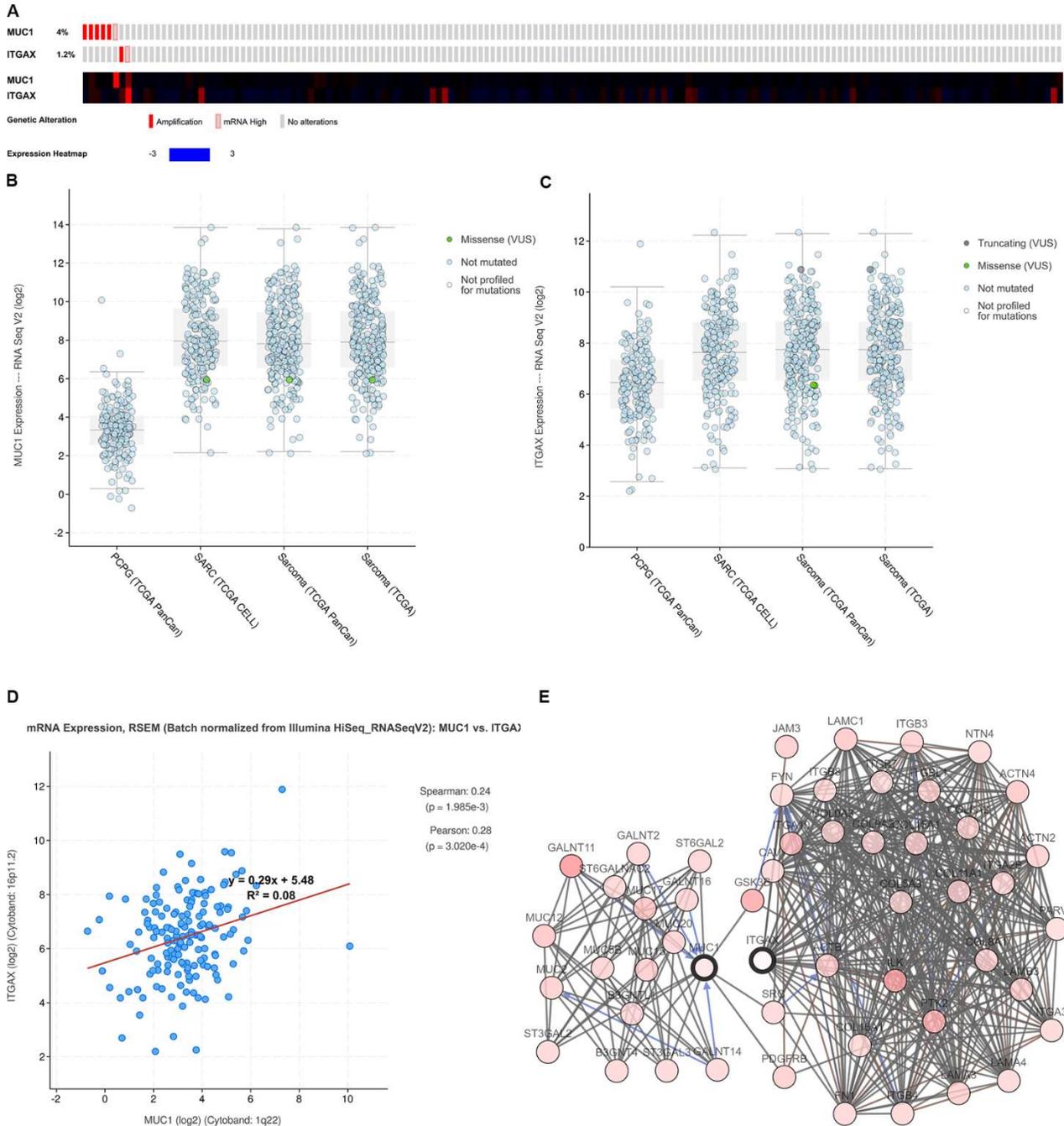
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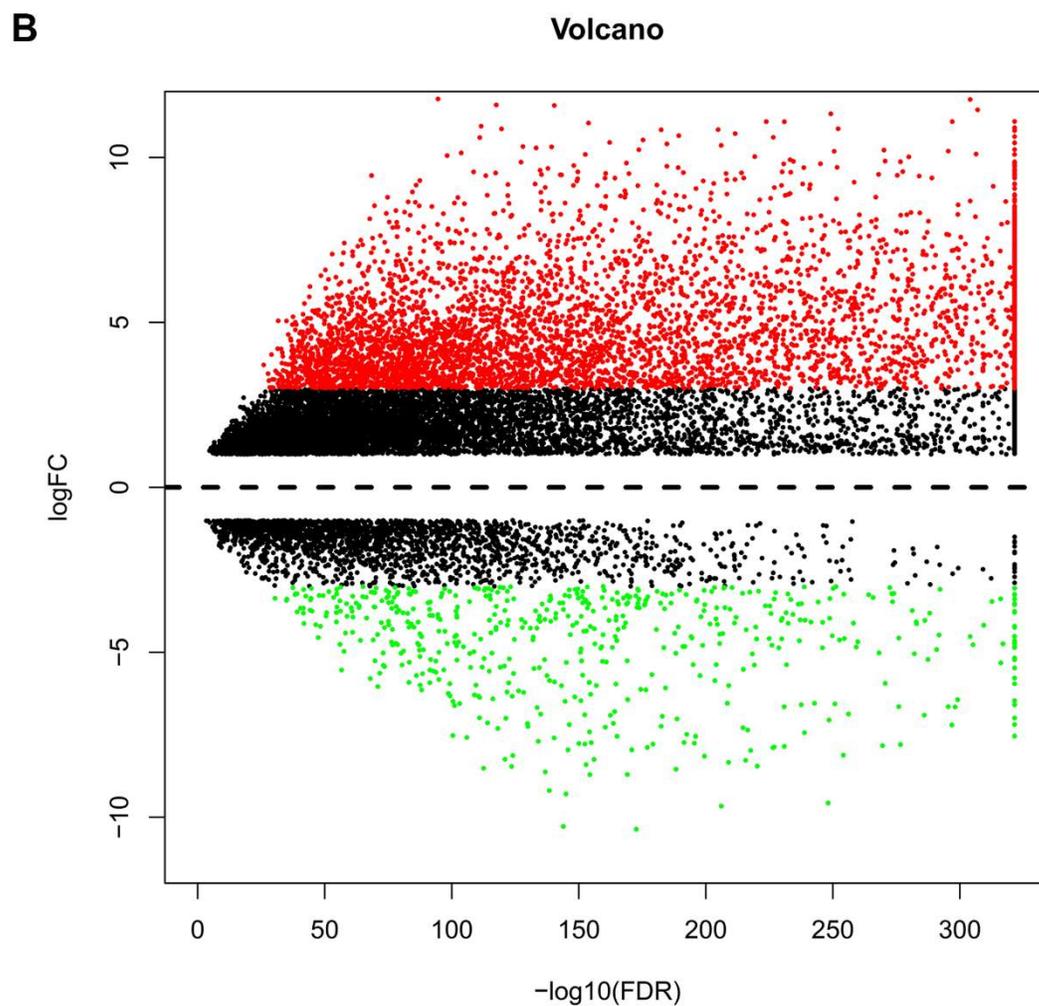
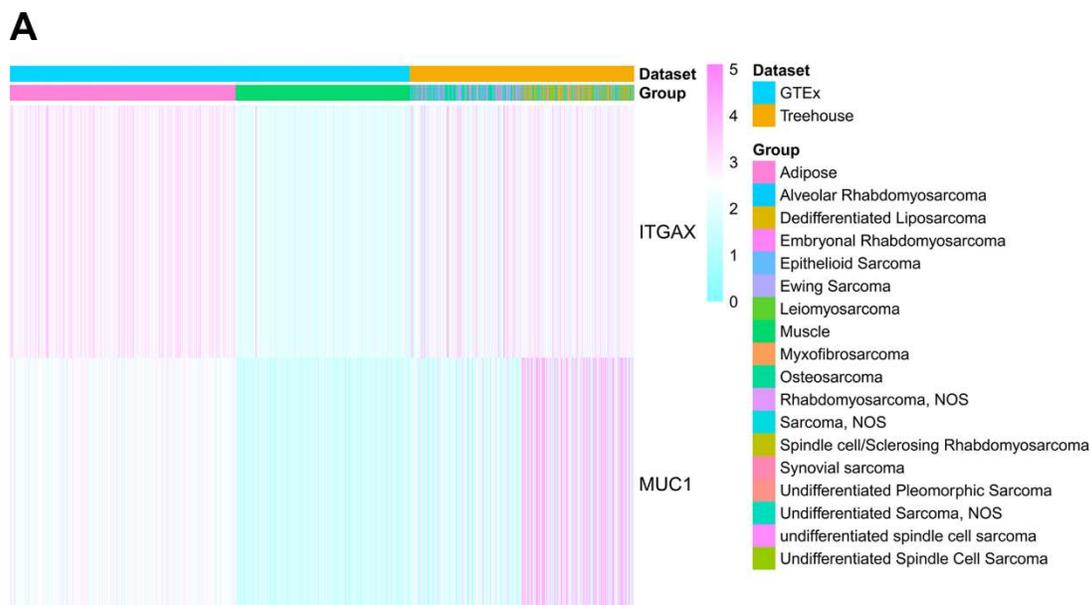
Supplementary Figure 5. Validation of MUC1 (A, B) and CD11c (C, D) on a transcriptional level in multiple cancer types and multiple studies using the OncoPrint database.



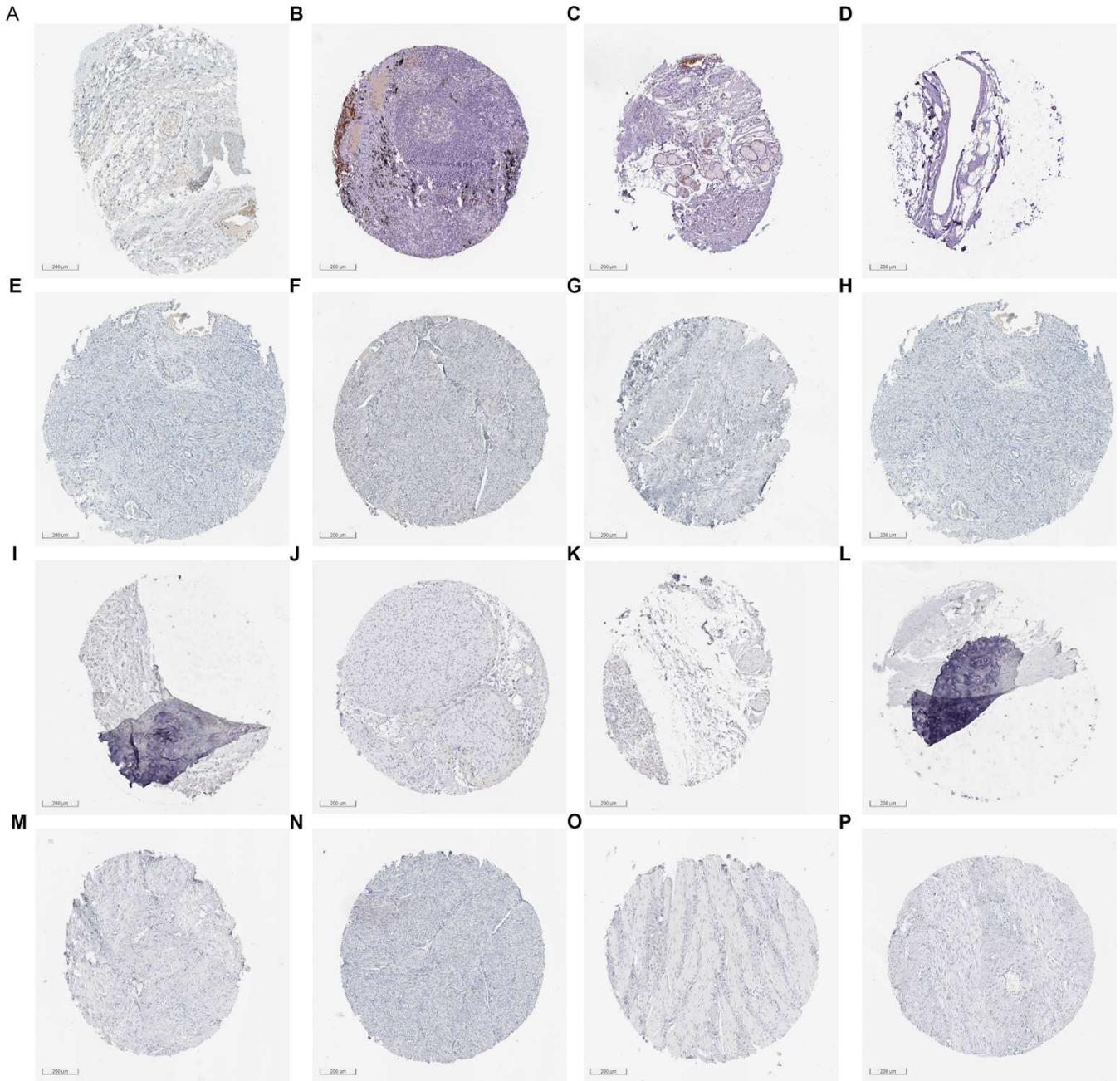
Supplementary Figure 6. The expression levels of MUC1 and CD11c in various soft tumor cell lines in Cancer Cell Line Encyclopedia (CCLE).



Supplementary Figure 7. Integrative analysis of genomics and clinical profiles using the cBioPortal database. (A) Alteration frequency of MUC1 and CD11c; **(B, C)** MUC1 and CD11c were highly expressed in primary STS compared to some other types of cancer; **(D)** The co-expression between MUC1 and CD11c. **(E)** The Protein-Protein Interaction (PPI) network of MUC1 and CD11c.



Supplementary Figure 8. Differential gene analysis heatmap of (A) MUC1 and CD11c and volcano plot (B) using data from the GTEx database and the Treehouse database.



Supplementary Figure 9. Validation of MUC1 (Adipose: **A–D**; Smooth muscle: **E–H**) and CD11c (Adipose: **I–L**; Smooth muscle: **M–P**) on a translational level using the Human Protein Atlas database. The results of data mining of The Human Protein Atlas showed that the protein MUC1 and CD11c were almost not detected in normal adipose tissue and smooth muscle tissue.

