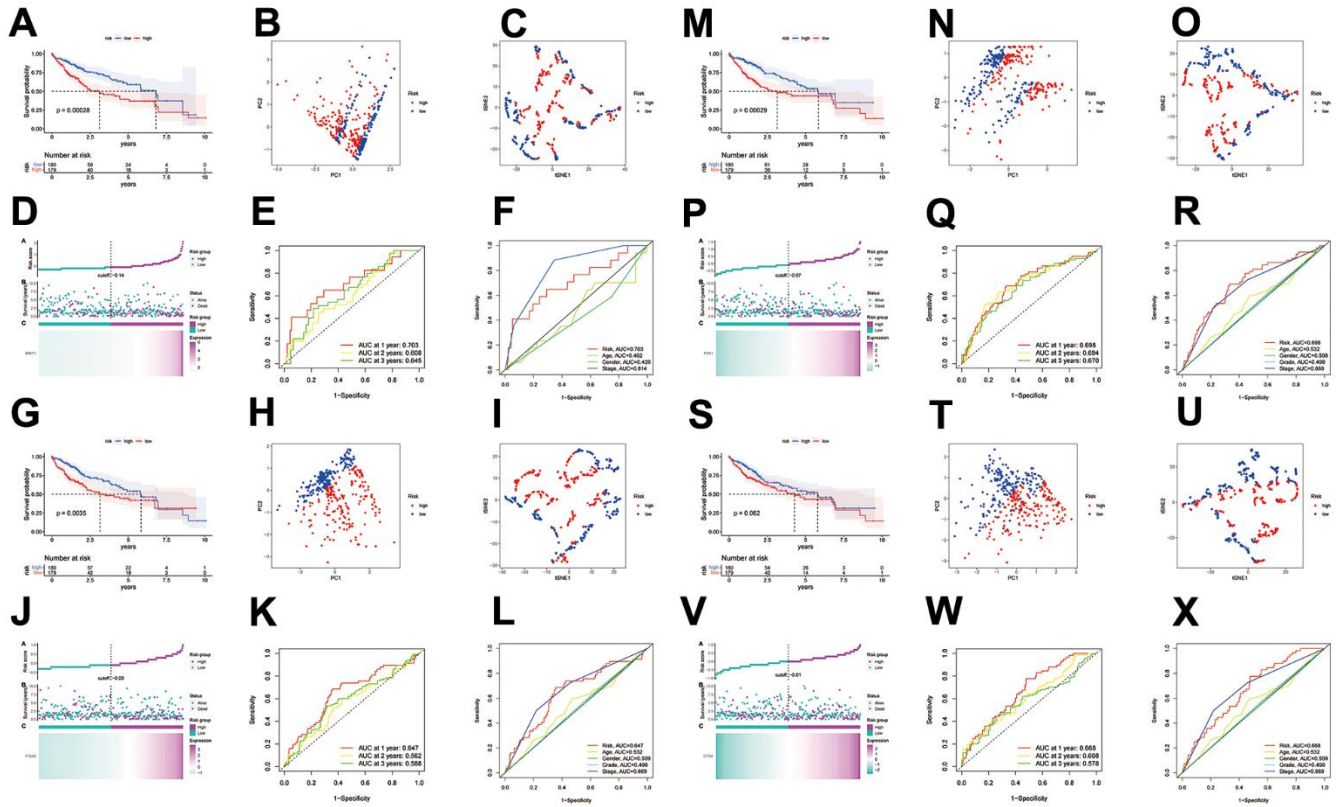
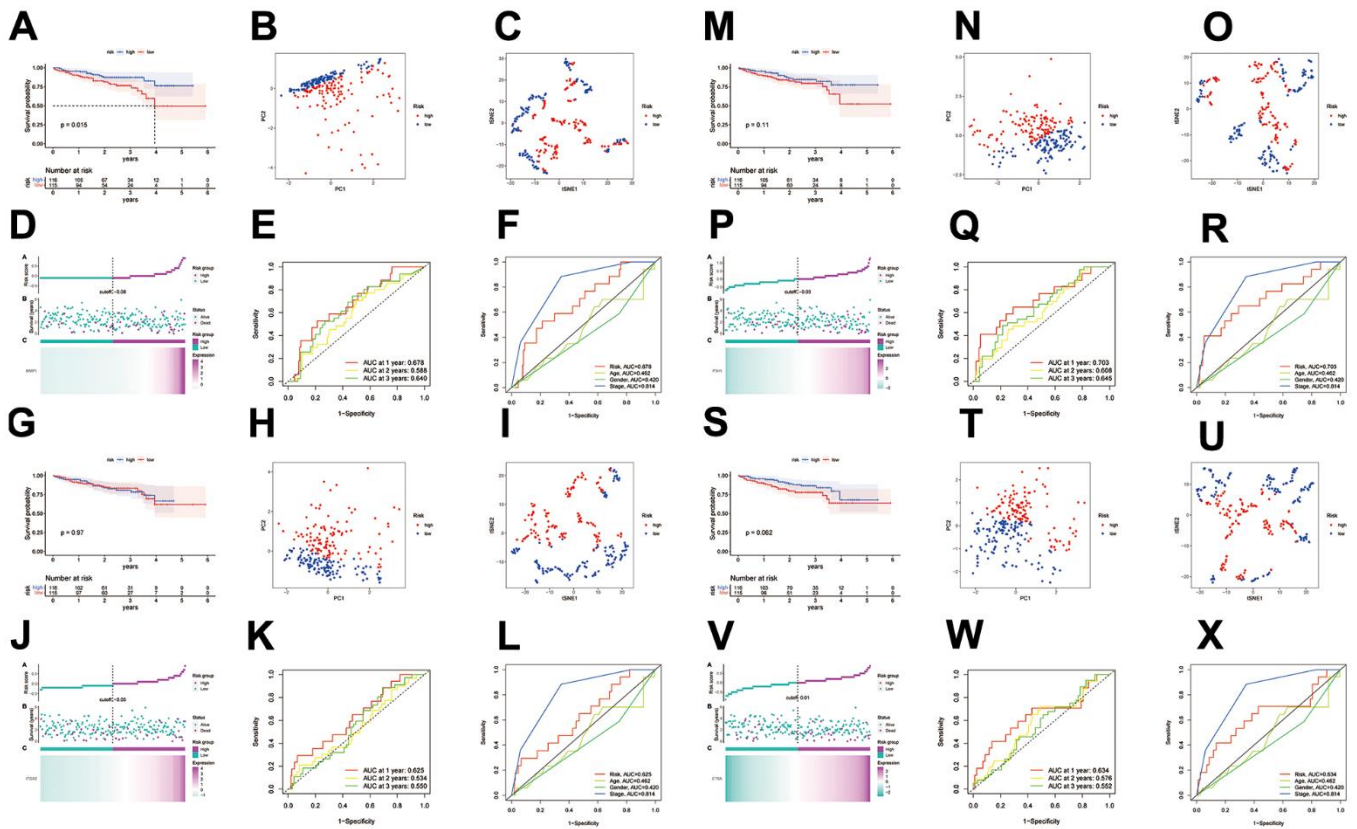


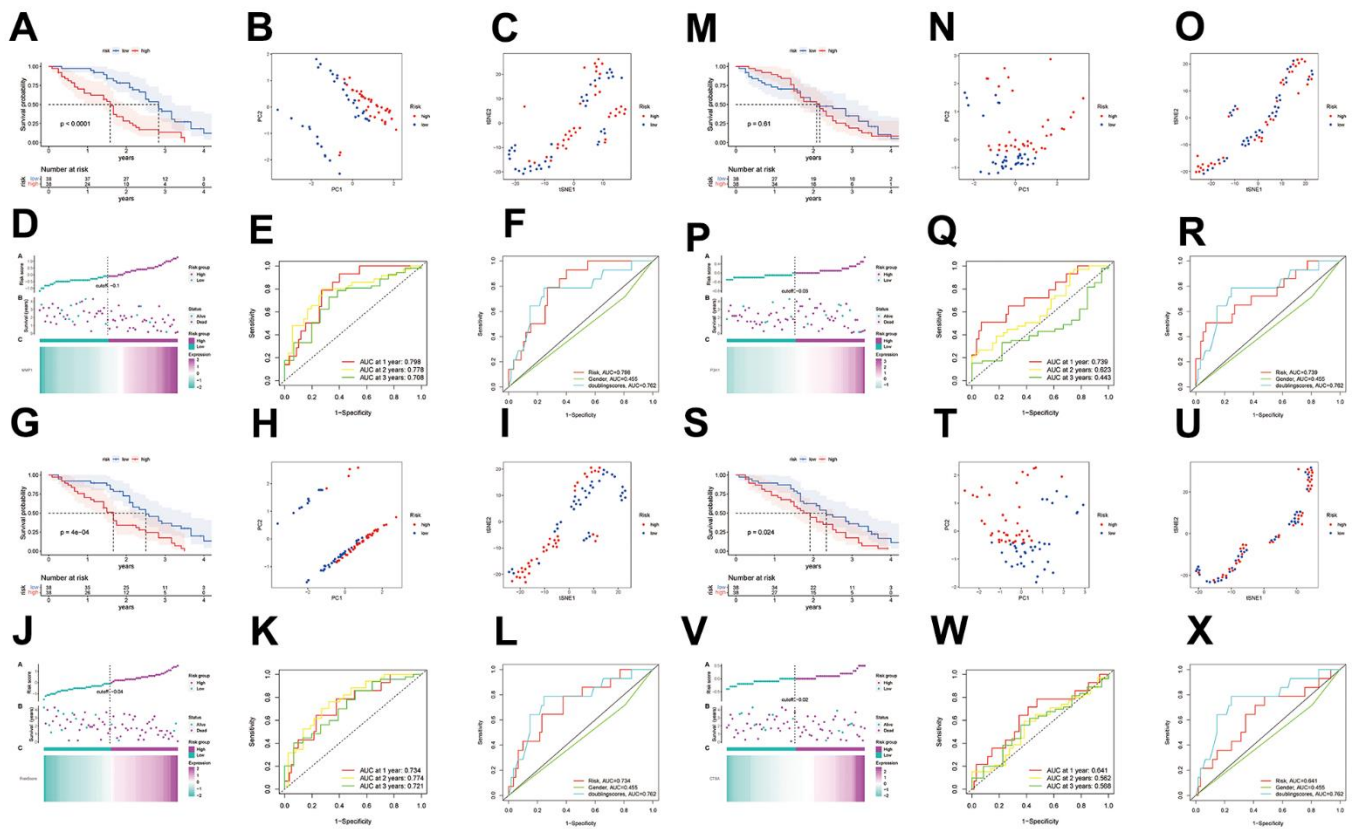
SUPPLEMENTARY FIGURES



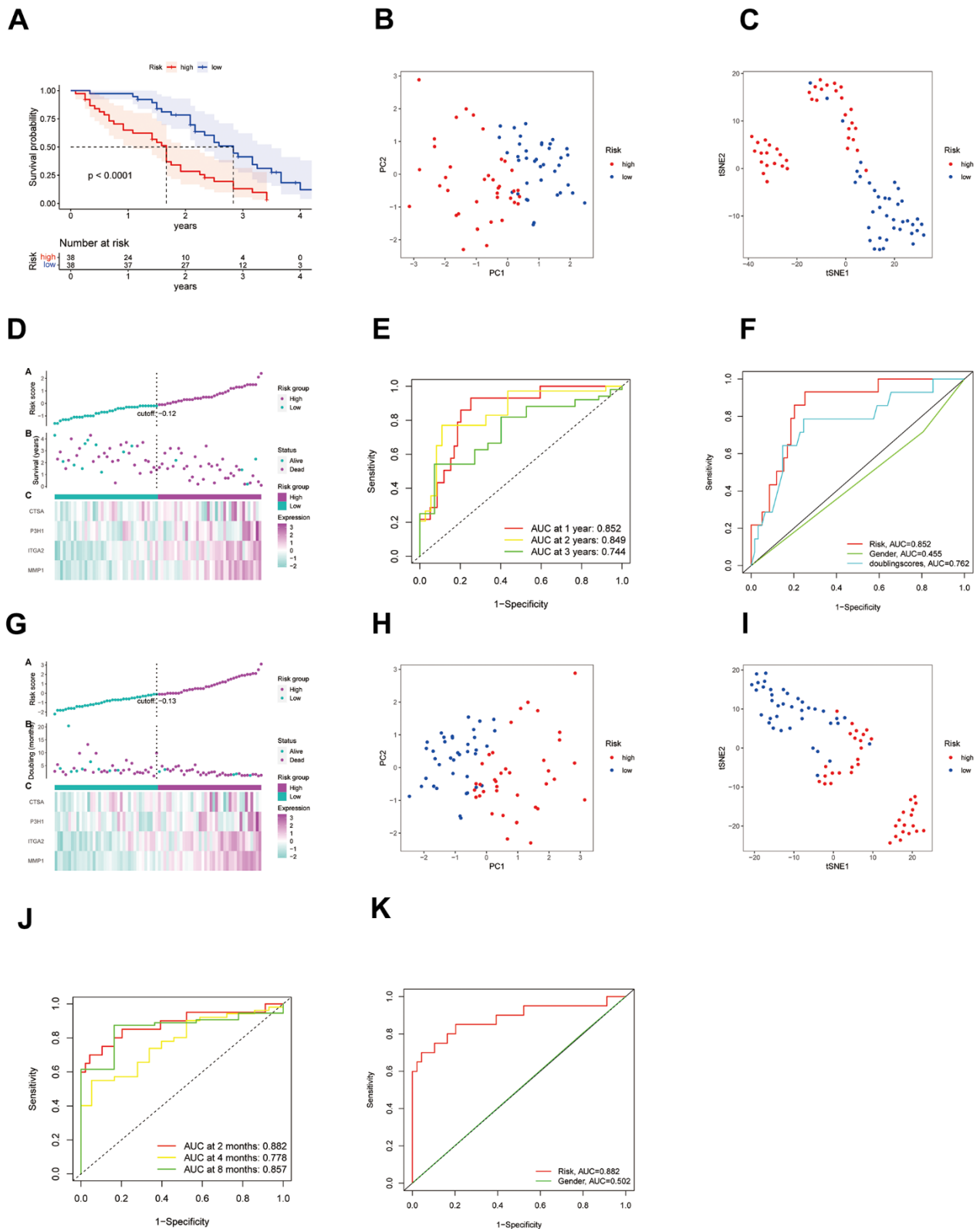
**Supplementary Figure 1. The TCGA database was utilized to individually validate the prognostic value of MMP1, ITGA2, P3H1, and CTSA in hepatocellular carcinoma. (A)** Kaplan-Meier curve of HCC patients in the MMP1. **(B, C)** PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the MMP1. **(D)** Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the MMP1. **(E)** ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the MMP1. **(F)** Clinical ROC analysis in the MMP1. **(G)** Kaplan-Meier curve of HCC patients in the ITGA2. **(H, I)** PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the ITGA2. **(J)** Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the ITGA2. **(K)** ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the ITGA2. **(L)** Clinical ROC analysis in the ITGA2. **(M)** Kaplan-Meier curve of HCC patients in the P3H1. **(N, O)** PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the P3H1. **(P)** Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the P3H1. **(Q)** ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the P3H1. **(R)** Clinical ROC analysis in the P3H1. **(S)** Kaplan-Meier curve of HCC patients in the CTSA. **(T, U)** PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the CTSA. **(V)** Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the CTSA. **(W)** ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the CTSA. **(X)** Clinical ROC analysis in the CTSA.



**Supplementary Figure 2. The ICGC database was utilized to individually validate the prognostic value of MMP1, ITGA2, P3H1, and CTSA in hepatocellular carcinoma.** (A) Kaplan-Meier curve of HCC patients in the MMP1. (B, C) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the MMP1. (D) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the MMP1. (E) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the MMP1. (F) Clinical ROC analysis in the MMP1. (G) Kaplan-Meier curve of HCC patients in the ITGA2. (H, I) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the ITGA2. (J) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the ITGA2. (K) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the ITGA2. (L) Clinical ROC analysis in the ITGA2. (M) Kaplan-Meier curve of HCC patients in the P3H1. (N, O) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the P3H1. (P) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the P3H1. (Q) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the P3H1. (R) Clinical ROC analysis in the P3H1. (S) Kaplan-Meier curve of HCC patients in the CTSA. (T, U) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the CTSA. (V) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the CTSA. (W) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the CTSA. (X) Clinical ROC analysis in the CTSA.



**Supplementary Figure 3. The GEO database was utilized to individually validate the prognostic value of MMP1, ITGA2, P3H1, and CTSA in hepatocellular carcinoma.** (A) Kaplan-Meier curve of HCC patients in the MMP1. (B, C) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the MMP1. (D) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the MMP1. (E) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the MMP1. (F) Clinical ROC analysis in the MMP1. (G) Kaplan-Meier curve of HCC patients in the ITGA2. (H, I) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the ITGA2. (J) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the ITGA2. (K) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the ITGA2. (L) Clinical ROC analysis in the ITGA2. (M) Kaplan-Meier curve of HCC patients in the P3H1. (N, O) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the P3H1. (P) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the P3H1. (Q) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the P3H1. (R) Clinical ROC analysis in the P3H1. (S) Kaplan-Meier curve of HCC patients in the CTSA. (T, U) PCA and t-SNE analysis showing a remarkable difference in transcriptomes between the two risk categories in the CTSA. (V) Risk Score Triad Diagrams showing the risk score distribution and patient survival status in the CTSA. (W) ROC curves to predict the sensitivity and specificity of 1-, 2-, 3-year survival according the risk score in the CTSA. (X) Clinical ROC analysis in the CTSA.



**Supplementary Figure 4. The GEO-GSE54236 dataset was used to validate the risk analysis model. (A–F)** Using the GEO-GSE54236 dataset, we demonstrated through Kaplan-Meier curve, PCA and t-SNE analysis, Risk Score Triad Diagrams, ROC curves and Clinical ROC analysis that our risk model has good predictive value for the prognosis of hepatocellular carcinoma. **(G–K)** We further illustrated the predictive value of the model using tumor doubling time as the endpoint event.