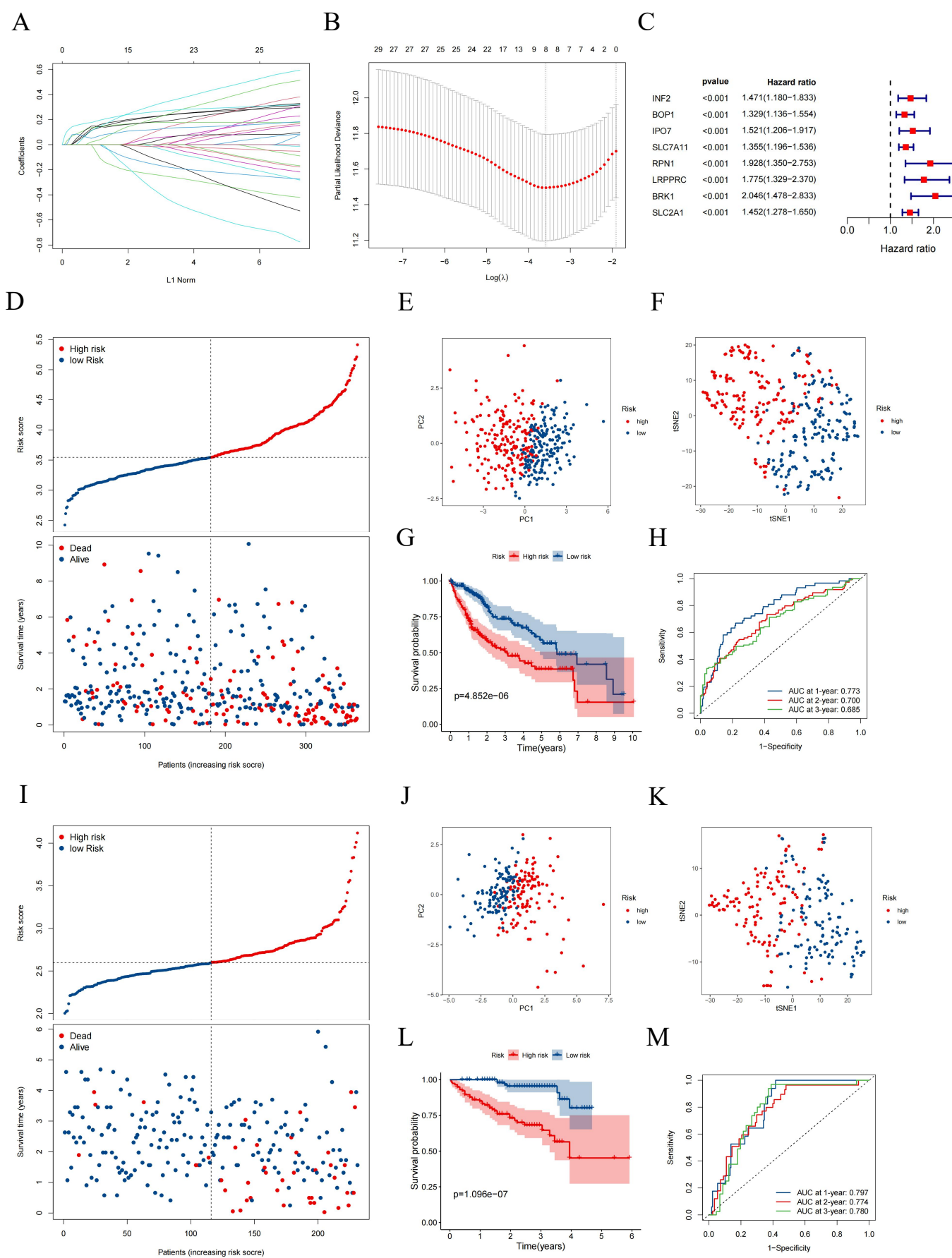
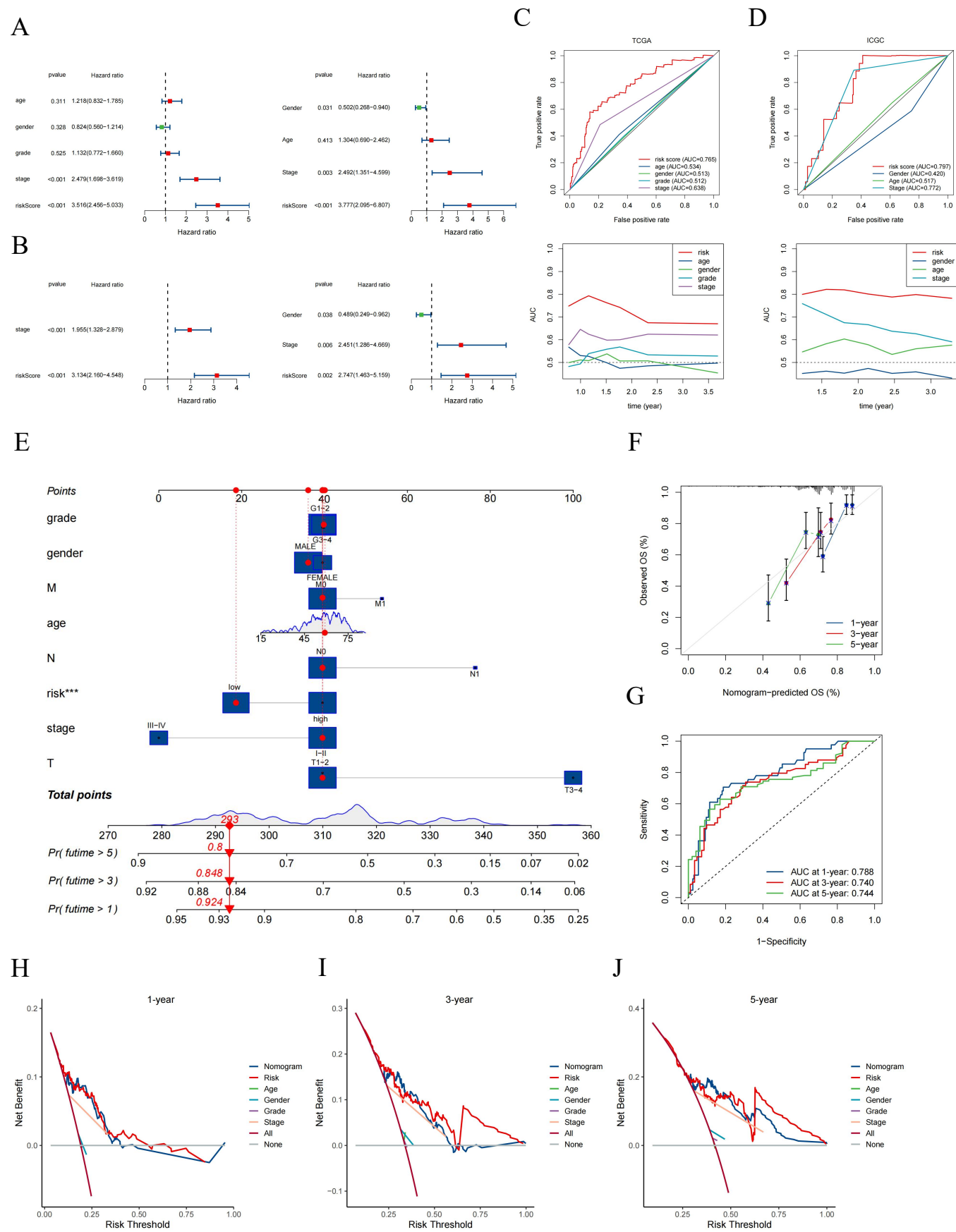


Figs. 1



**Figs. 1 Construction and validation of the disulfidptosis gene-based prognostic model in the TCGA-LIHC and ICGC cohort.** (A-B) The prognostic signature was developed by LASSO regression. (C)The forest plot demonstrated 8 DEGs shared by univariate Cox analysis. (D) The risk and survival status plots were analyzed in TCGA. (E) The PCA and (F) tSNE analyses demonstrated a sufficient separation between high and low-risk groups in the TCGA cohort. (G) The Kaplan-Meier survival analysis revealed that the low-risk group with significantly better overall survival than the high-risk group in TCGA. (H) The ROC curves were plotted to calculate the predictive ability of the DRGs risk model in TCGA. (I) The risk and survival status plots were analyzed in ICGC. (J) The PCA and (K) tSNE analysis demonstrated a sufficient separation between high-risk and low-risk groups in the ICGC cohort. (L) The Kaplan-Meier survival analysis revealed that the low-risk group had significantly better overall survival than the high-risk group in ICGC. (M) The ROC curves were plotted to calculate the predictive ability of the DRGs risk model in ICGC.

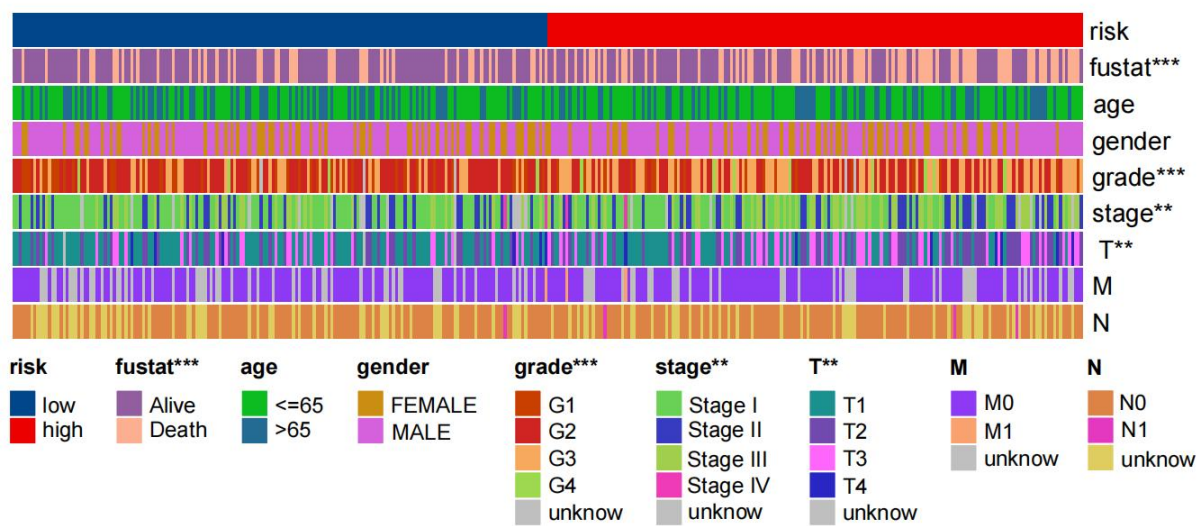
Figs. 2



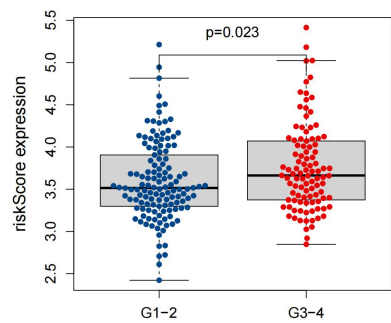
**Figs. 2 Risk score is an independent prognostic factors and nomogram construction.** (A) The results of univariate Cox analysis of DRGs risk score model and clinical features in TCGA (left) and ICGC (right) cohorts. (B) The multivariate Cox analysis of DRGs risk score model and clinical prognostic factors in TCGA and ICGC cohorts. (E) Construction of a nomogram by various clinical parameters. (F) The calibration curve and (G) ROC curve of the DRGs-based nomogram. (H-J) 1-year, 3-year, and 5-year DCA curve analysis.

Figs. 3

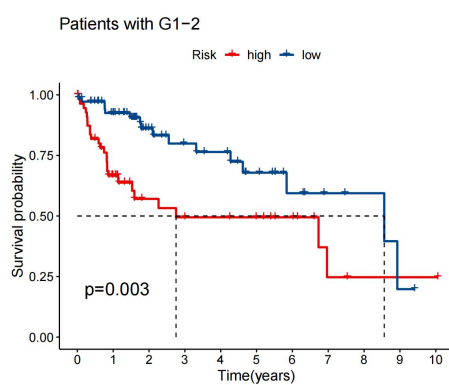
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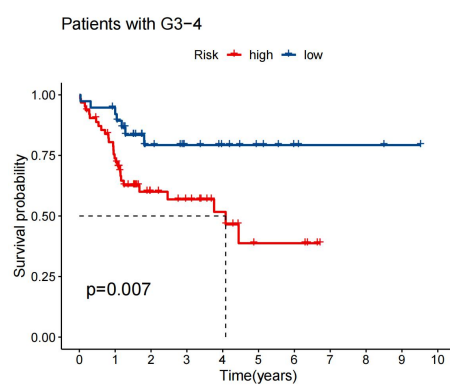
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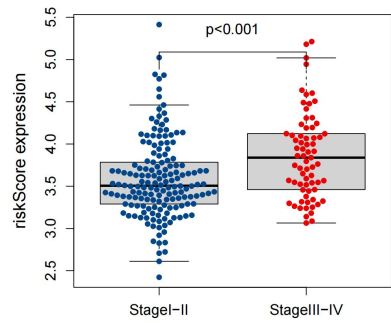
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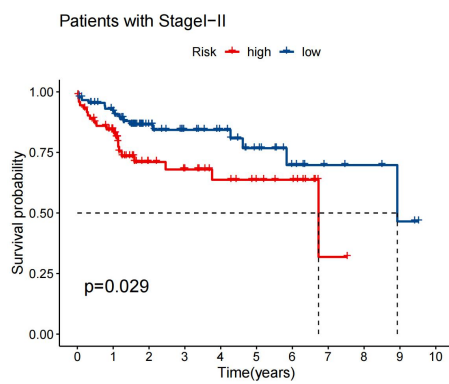
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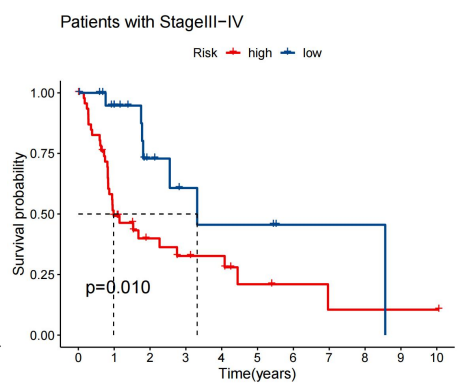
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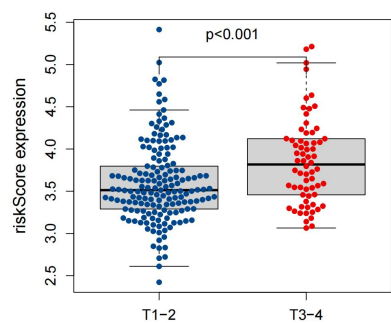
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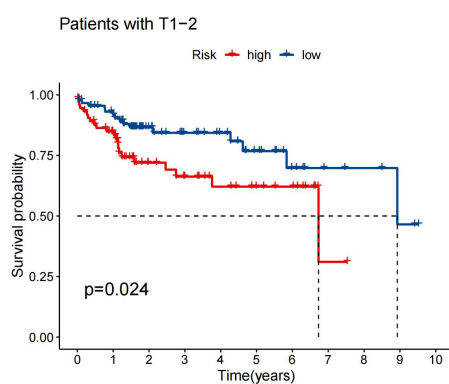
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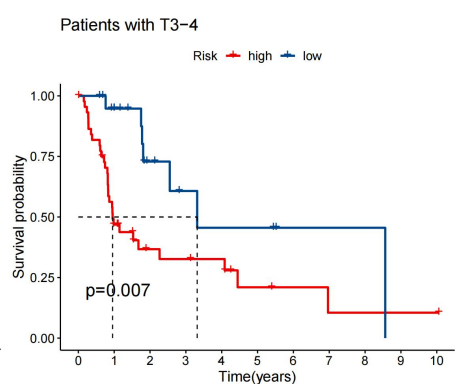
H



I



J



**Figs. 3 The relationship between the risk score and clinical features of HCC patients in the TCGA-LIHC cohort.** (A) The overview of the correspondence between disulfidptosis-related prognostic and other clinical characteristics of HCC patients. (B, E, H) Box plots demonstrating the intergroup differences in risk scores among different clinical characteristics. (C, D, E, F, I, J) Kaplan-Meier survival curves of high-risk and low-risk groups in subgroups of different clinical characteristics.