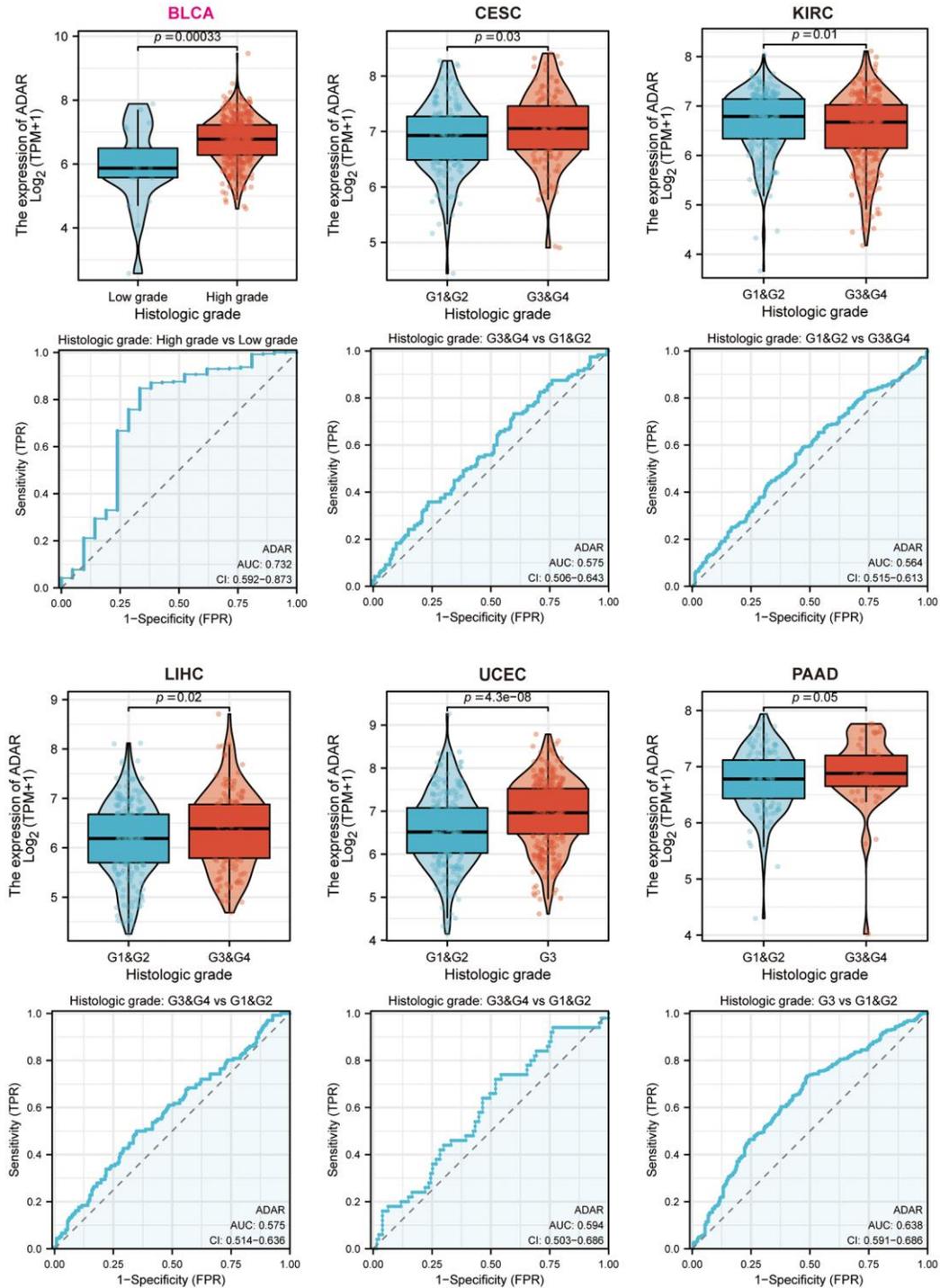
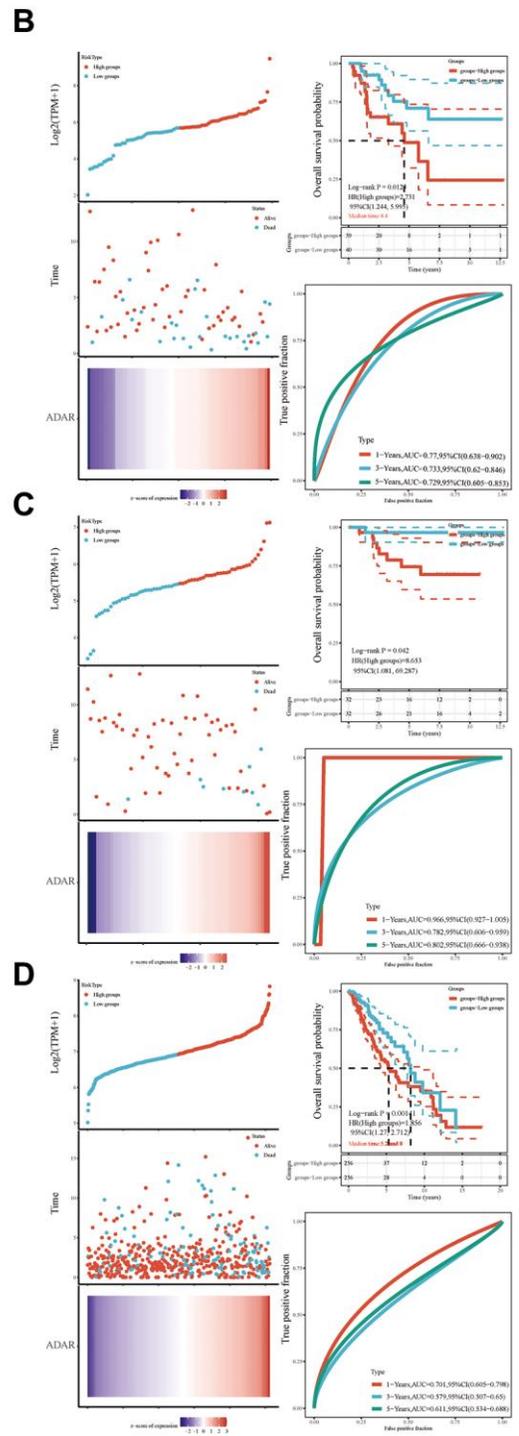
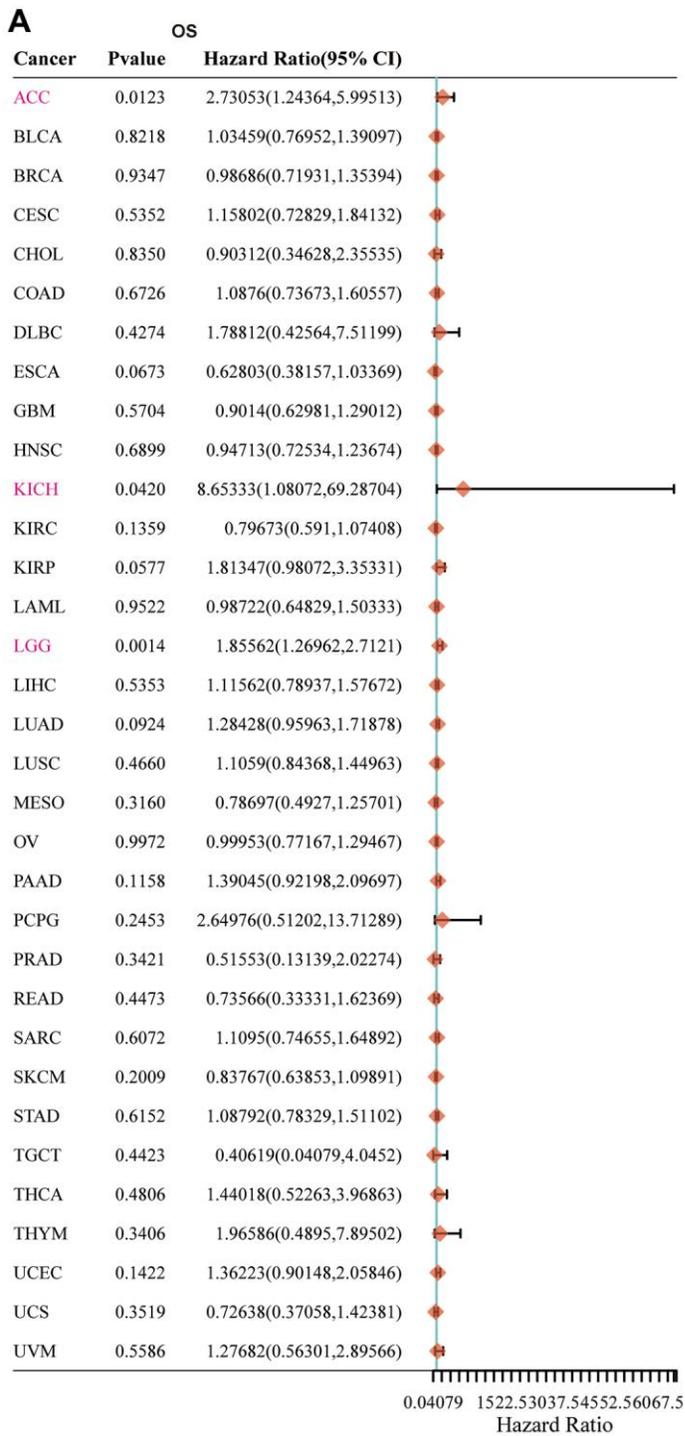


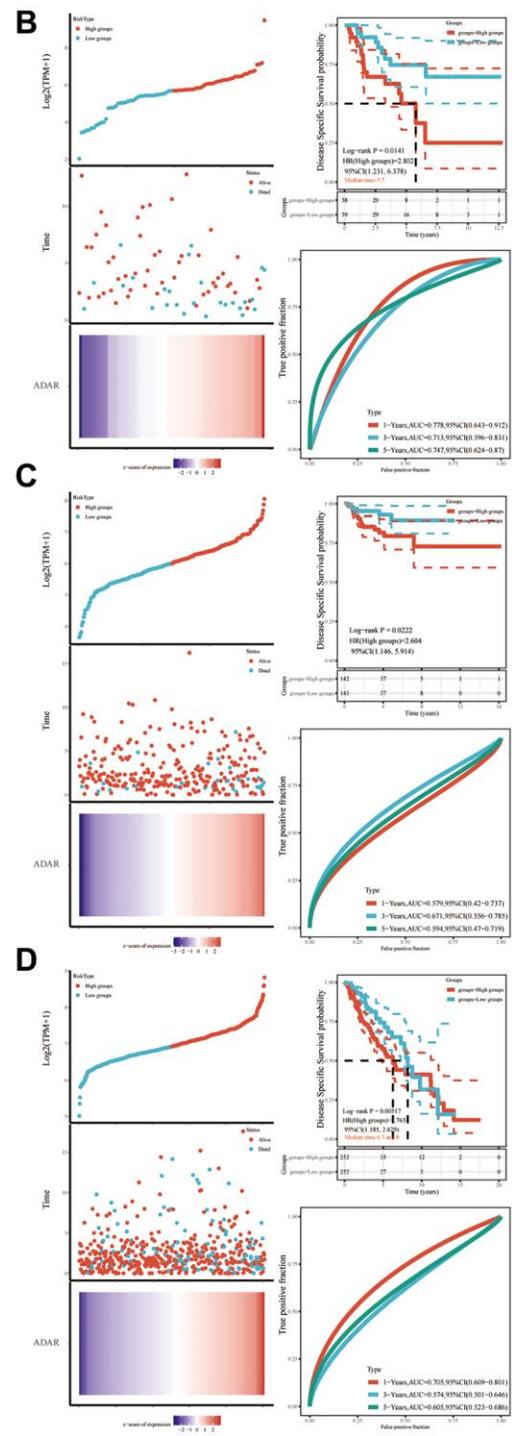
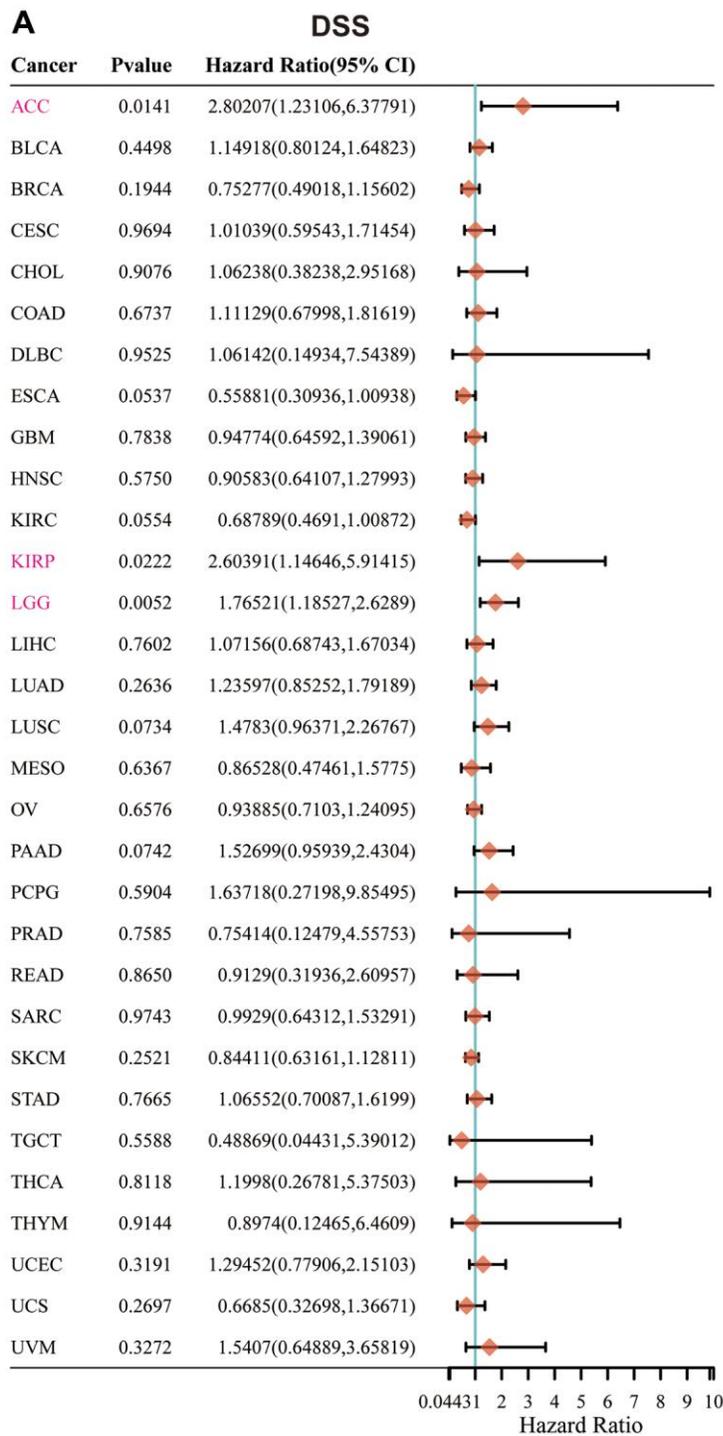
**SUPPLEMENTARY FIGURES**



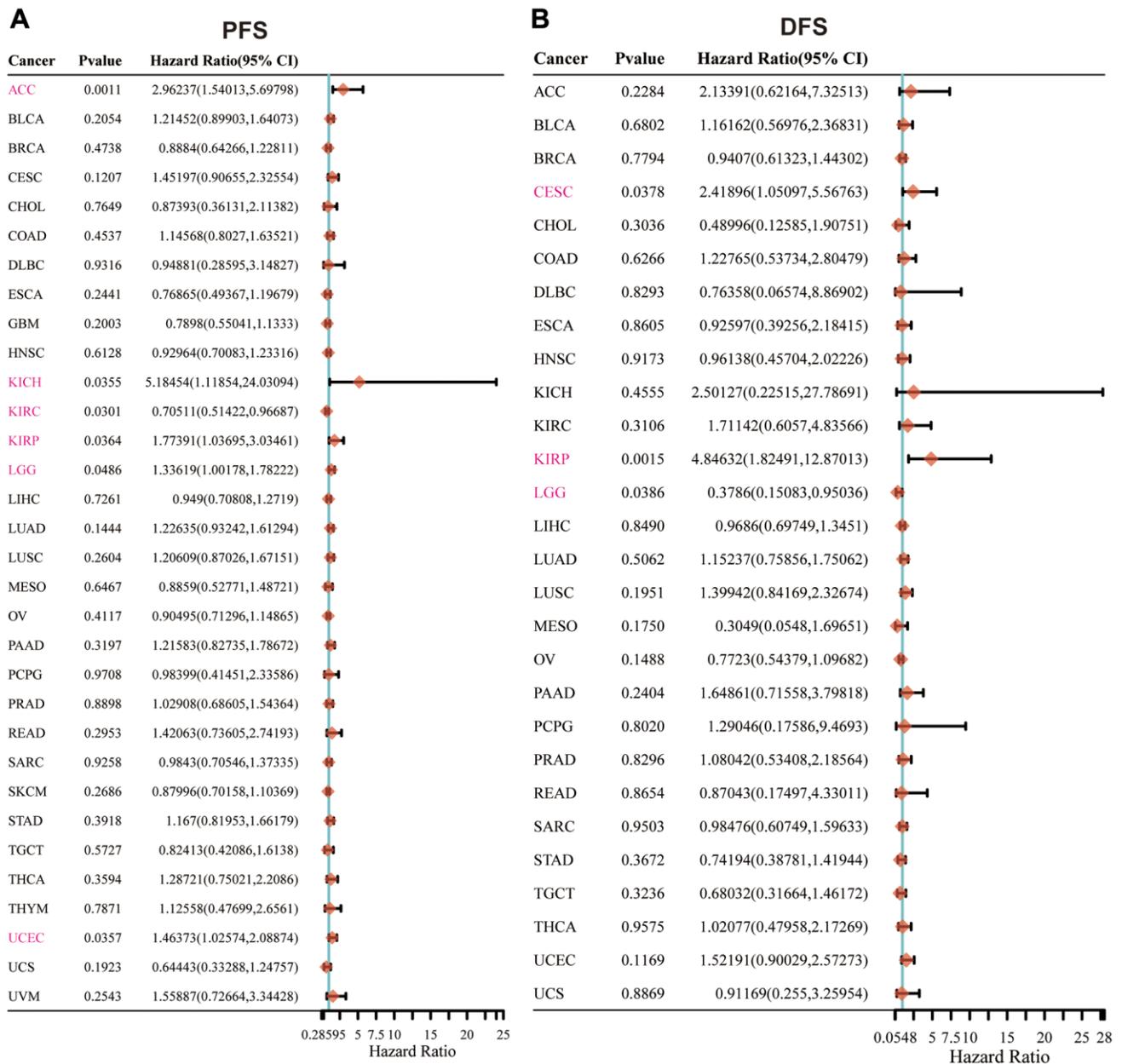
**Supplementary Figure 1. ADAR expression was positively correlated with higher pathological grade in BLCA, CESC, LIHC, UCEC, and PAAD.**



**Supplementary Figure 2. ADAR expression with OS.** (A) ADAR expression was associated with poor OS in ACC (HR = 2.73053,  $P = 0.0123$ ), KIRC (HR = 8.65333,  $P = 0.0420$ ), and LGG (HR = 1.85562,  $P = 0.0014$ ). (B–D) Risk profiles and survival analyses of ADAR. High AUC values indicate high reliability of the prediction.



**Supplementary Figure 3. ADAR expression with DSS.** (A) ADAR was significantly associated with poor DSS in ACC (HR = 2.80207,  $P = 0.0141$ ), KIRP (HR = 2.60391,  $P = 0.0222$ ), and LGG (HR = 1.76521,  $P = 0.0052$ ). (B–D) Risk profiles and survival analyses of ADAR. High AUC values indicate high reliability of the prediction.



**Supplementary Figure 4. Cox risk regression of ADAR in pan-cancer.** (A, B) High ADAR expression predicted poor DFS in CESC (HR = 2.41896,  $P = 0.0378$ ) and KIRP (HR = 4.84632,  $P = 0.0015$ ), but was positively associated with better DFS in LGG (HR = 0.3786,  $P = 0.0386$ )