

## SUPPLEMENTARY DATA

### Plasmids, antibodies, and chemicals

pLenti6/V5-DEST-maspin plasmid was constructed using Gateway® technology (Invitrogen, Boston, USA) according to the manufacturer's instructions. Maspin-3'UTR was constructed in to pMIR-REPORT™ Luciferase plasmid (Ambion, Austin, TX, USA) flanked with HindIII and XhoI cutting sites. Mutations of indicated sites in maspin-3'UTR were generated using a Quickchange site-directed mutagenesis kit (Stratagene, La Jolla, CA, USA) according to the manufacturer's instructions. All of the above plasmids were confirmed by DNA sequencing. We purchased antibodies against maspin from Santa Cruz (Santa Cruz, CA, USA), antibodies against ERK1/2, and agonate 2 from Cell Signaling Technology (Beverly, MA, USA), and antibody against HBx from Abcam (Cambridge, UK). The validated siRNA for negative control, maspin, miRNA mimics, and miRNA inhibitors were all purchased from Dharmacon (Lafayette, CO, USA). The validated shRNA for negative control and maspin were purchased from National RNAi Core Facility at Academia Sinica (Taipei, Taiwan). The sponge empty control and miR21 were purchased from addgene. The lentiviral expression vector expressing hairpin sequence against miR-103-1, scramble control, and pPACKH1™ Packaging Plasmid mix were purchased from SBI and produced lentivirus according to the manufacturer's instructions (System Biosciences, miRZip, San Francisco, CA, USA). Tripure isolation reagent for RNA isolation was purchased from Roche (Indianapolis, IN, USA). The MMLV First-Strand cDNA Synthesis kit and Universal probelibrary Probe#21 was purchased from Roche (Indianapolis, IN, USA). The KAPA SYBR® FAST Master Mix (2X) and KAPA Probe FAST Universal qPCR Kit were purchased from Kapa biosystem (Woburn, MA). The chemotherapeutic drugs, doxorubicin hydrochloride, vinorelbine ditartrate salt hydrate, 5-fluorouracil, methotrexate, and paclitaxel were all purchased from Sigma-Aldrich (St. Louis, MO, USA). Luciferase assay system was purchased from Promega (Madison, WI, USA).

### Transient transfection

Cells at 60% confluence were transfected with indicated plasmids or siRNA using Nanofectin (PAA, Pasching, Austria), Lipofetamine 2000 (Invitrogen, Boston, USA), or DharmaFECT (Thermo Scientific Dharmacon, Lafayette, CO, USA) according to manufacturer's instruction. Nanofectin and Lipofetamine 2000 were used in plasmid DNA transfection, and the DharmaFECT was used in siRNA transfection. Briefly, plasmid DNA or siRNA were mixed with transfection reagents with 1:2 ratio in serum-free DMEM medium at room temperature for 30 min or 1 hour and then were

added into culture medium for 6 h at 37°C followed by refreshment with complete DMEM medium. After 48 h, cells were subjected to total lysate preparation, total RNA extraction, MTT, cell cycle analysis, or transwell migration assays.

### Protein extraction and immunoblot

For total cell lysates, cells were washed with ice-cold PBS one time and lysed in RIPA buffer (20 mM Tris-HCl, pH7.4, 150 mM NaCl, 1% NP-40, 1% sodium deoxycholate, 1 mM EDTA and 1 mM EGTA) containing protease inhibitors and phosphatase inhibitors cocktails (Roche, Indianapolis, IN, USA). Proteins were separated by SDS-PAGE, transferred to PVDF membrane, and blotted with indicated antibodies.

### Reporter gene luciferase assay

The luciferase reporter gene pM-Luc(-759) plasmid containing promoter of maspin was a gift from Prof. Shiv Srivastava (Center for Prostate Disease Research, Uniformed Services University of the Health Sciences). Cells with 60–80% of confluence were transfected with maspin-3'UTR or pM-Luc(-759) luciferase plasmids along with or without miRNA mimics, miRNA inhibitors, or myc-HBx expression vectors. After 48 hrs of transfection, cell lysates were harvested and subjected to luciferase assay system. Luciferase activity was normalized to β-gal activity.

### 3-(4, 5-dimethylthiazol-2-yl)-2, 5-diphenyltetrazolium bromide (MTT) cell viability assay

*In vitro* cell viability was measured using an MTT colorimetric assay. Cells ( $5 \times 10^3$  to  $1 \times 10^4$  cells/well) were seed in 96-well plate. After treatment, the culture medium was removed and 1 μg/ml MTT solution (Sigma, St. Louis, MO, USA) was added to incubate for 3 hours. Finally, DMSO was added to lyse the cells and the absorbance at OD<sub>550</sub> wavelength was detected by ELISA reader.

### Migration and invasion assays

Transwell migration and invasion assays were carried out using transwell chambers (24-well insert; pore size, 8 mm; Costar Corp., Cambridge, MA). For invasion assays, a thin layer of Matrigel was coated onto a porous membrane in transwell chambers. Cells ( $2 \times 10^5$  to  $4 \times 10^5$ ) were seeded on the non-coated membrane of the upper chamber. After incubation for 48 h, cells remained inside the upper chamber were removed with cotton swab. Cells migrated or invaded through the pores to the opposite side

of the membrane were fixed with methanol and stained with crystal violet, followed by microscopic observation. The migratory cells were then lysed with 33% (v/v) acetic acid solution and quantified by absorbance measurement ( $OD_{570}$ ).

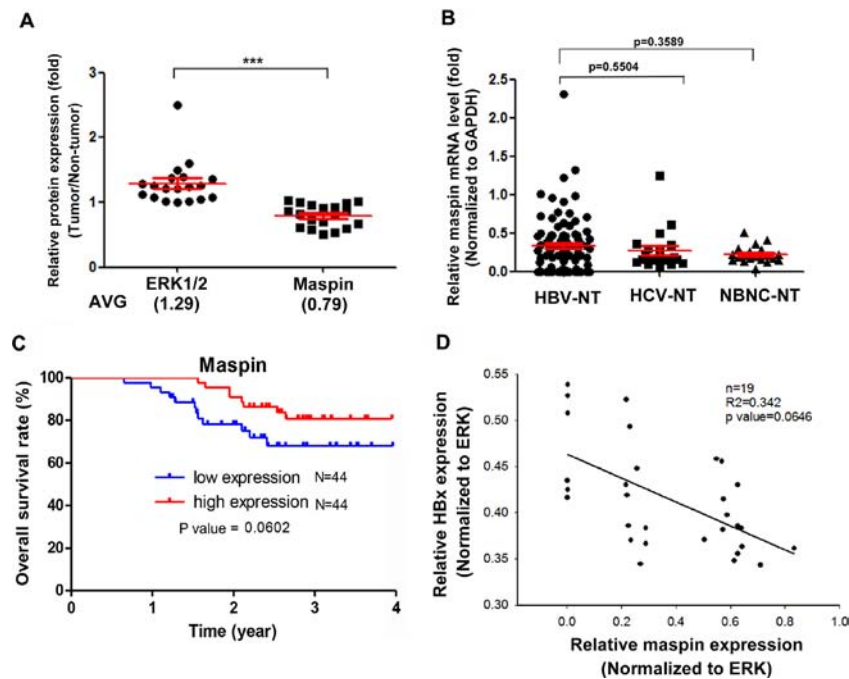
### **Semi-quantitative reverse transcription-polymerase chain reaction (RT-PCR) and Quantitative real-time PCR (RT-qPCR)**

Total RNA was extracted by using Tripure isolation reagent according to the manufacturer's instruction. One  $\mu\text{g}$  of RNA was subjected to reverse transcription with the MMLV First-Strand cDNA Synthesis kit. After reverse transcription, PCR was carried out for amplification of maspin, HBx, and GAPDH using Prime Taq DNA polymerase (Genet Bio, Korea). The amplified products were visualized on a DNA agarose gel. The qPCR analysis of maspin mRNA expressions was performed on ABI 7500 system (Applied Biosystems, Foster, CA) by using KAPA SYBR<sup>®</sup> FAST Master Mix (2X) and was

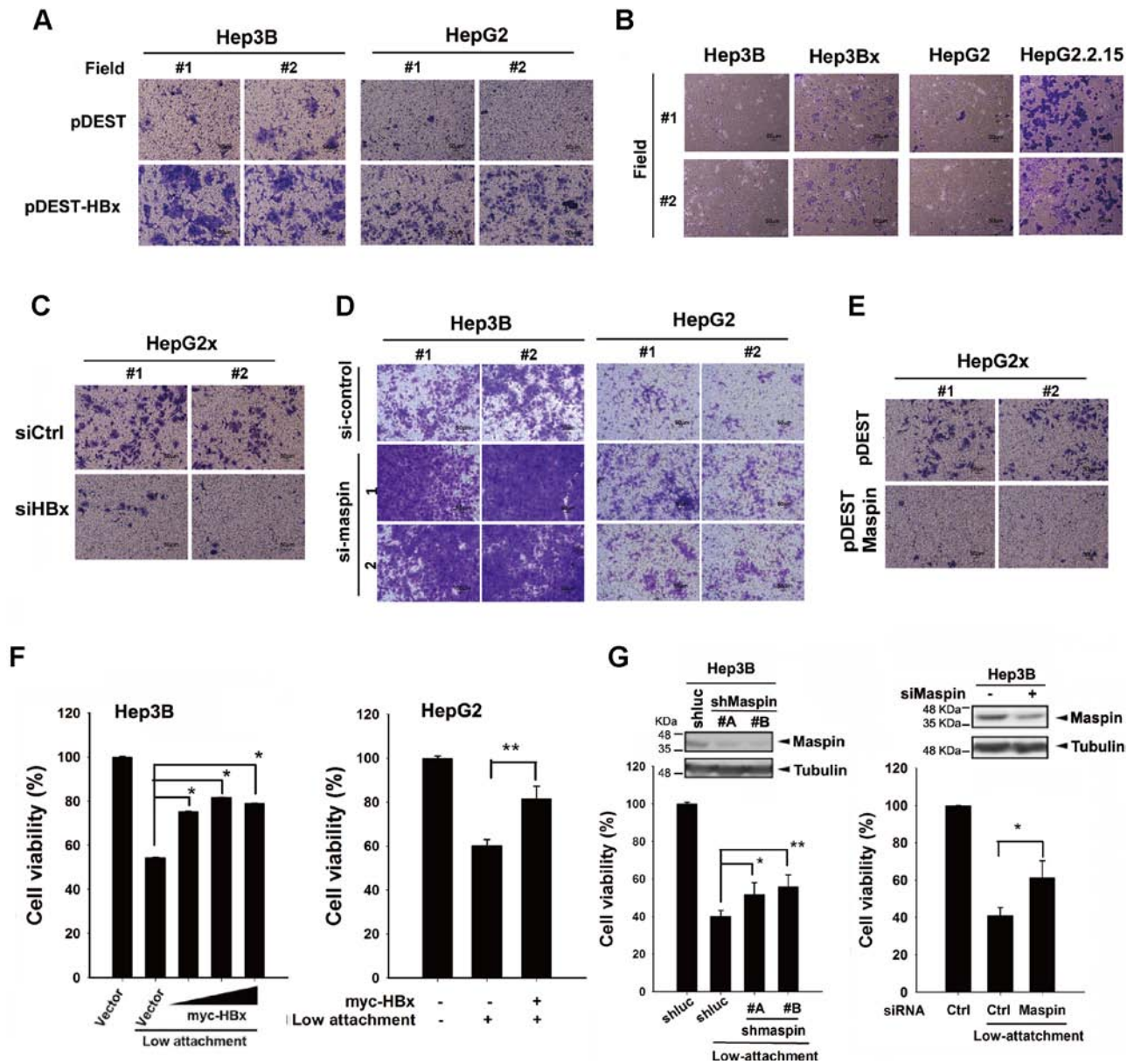
normalized to GAPDH expression. The qPCR analysis of miR-7, -103, -107, and -21 expression was performed on LightCycler 480 System (Roche, Indianapolis, IN, USA) by using KAPA Probe FAST Universal qPCR Kit and was normalized to U48 expression. Specific primers used in PCR and real-time PCR were listed in Supplemental Table S5.

### **Apoptosis evaluation**

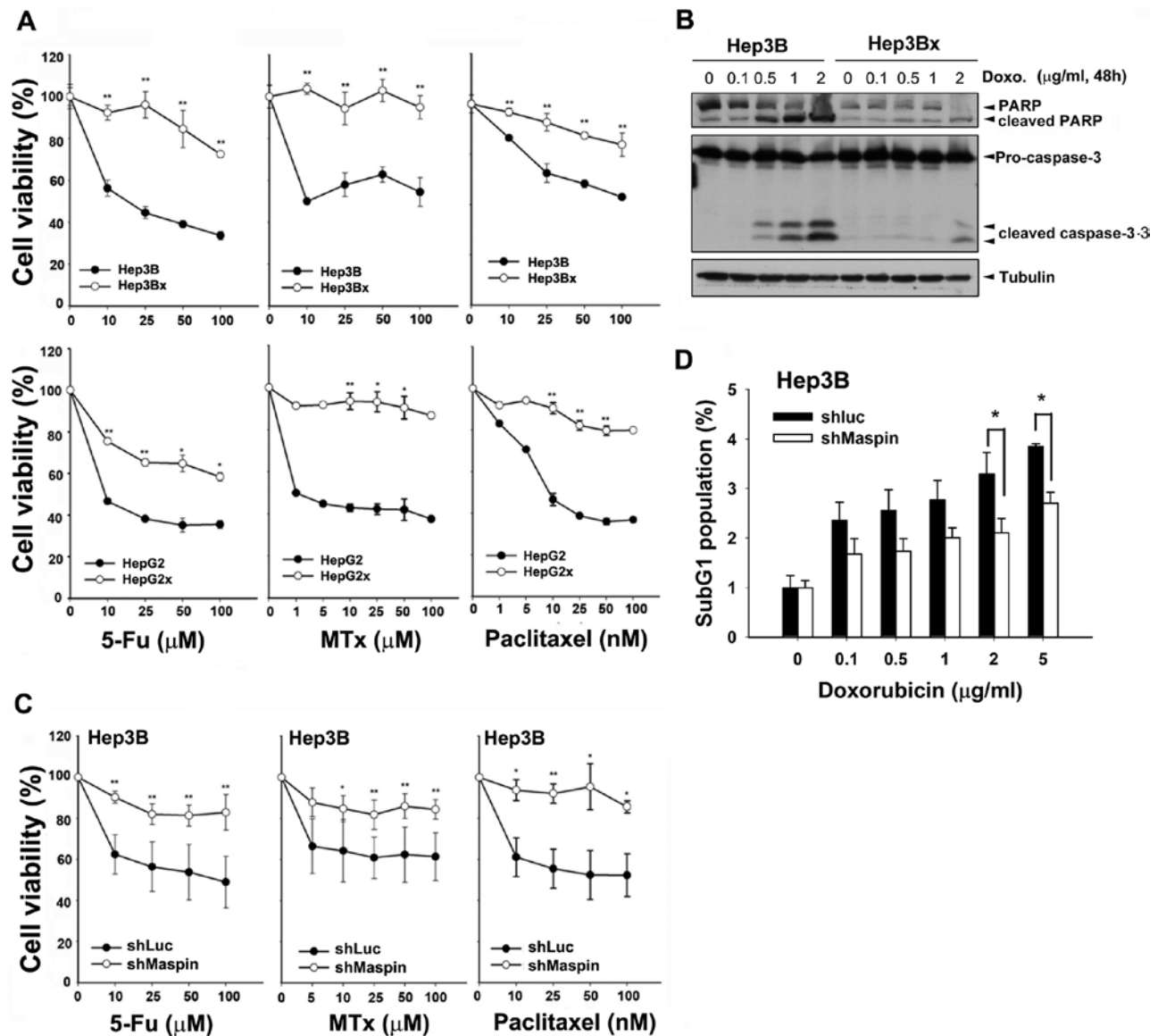
Cellular apoptosis induced by drug treatments was evaluated by flow cytometry (FACSCalibur Becton-Dickinson Biosciences). After drug treatments, cells were trypsinized and then fixed with 70% cold ethanol at 4°C overnight. The fixed cells were centrifuged and stained with 1  $\mu\text{g}/\text{mL}$  propidium iodide and 5  $\mu\text{g}/\text{mL}$  RNase at 37°C for 30 min. Analyses of 10,000 events were carried out on a FACSCalibur, and the cell cycles were analyzed by ModFit DNA analysis software (Verity Software House). Population of subG1 indicated the drug-induced cellular apoptosis percentage.



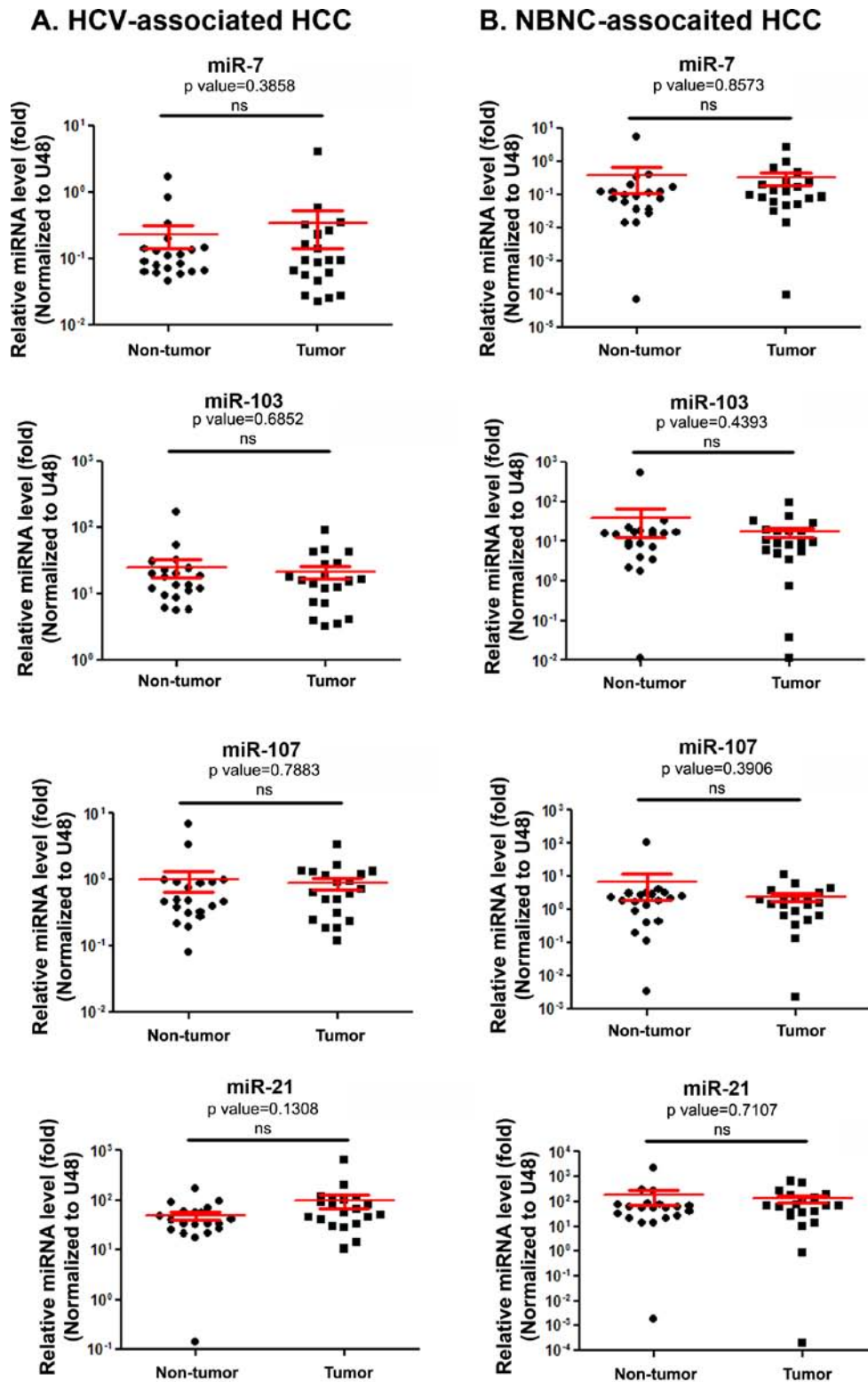
**Supplementary Figure S1: Expression levels of maspin in HCC tumors.** **A.** The total protein lysate from tumor (T) and adjacent normal tissues (N) of HBV-associated HCC tumor liver tissues were analyzed by Western blot. The protein levels of maspin were quantified with ImageJ and normalized to ERK expression level. The relative protein expression between tumor and adjacent (T/N) was analyzed by a paired Student's *t*-test. **B.** Total RNA extracted from adjacent normal tissues of HBV-, HCV-, or NBNC-associated HCC patients were analyzed by real-time qPCR with specific maspin primers. The difference in maspin expression between these normal tissues was presented as the relative expression ratio with the normalization to the mRNA level of GAPDH and was analyzed by a paired Student's *t*-test. **C.** Overall survival according to maspin mRNA expression level in HBV-associated HCC tissues was determined by Kaplan–Meier analysis. **D.** Total lysates from HBV-associated HCC tumor liver tissues were prepared and subjected to Western blot with anti-HBx, maspin, and ERK antibodies. The coefficient of determination ( $r^2$ ) between HBx and maspin expression levels was analyzed by simple regression with the normalization to ERK protein level. \*\*\* $p < 0.001$ .



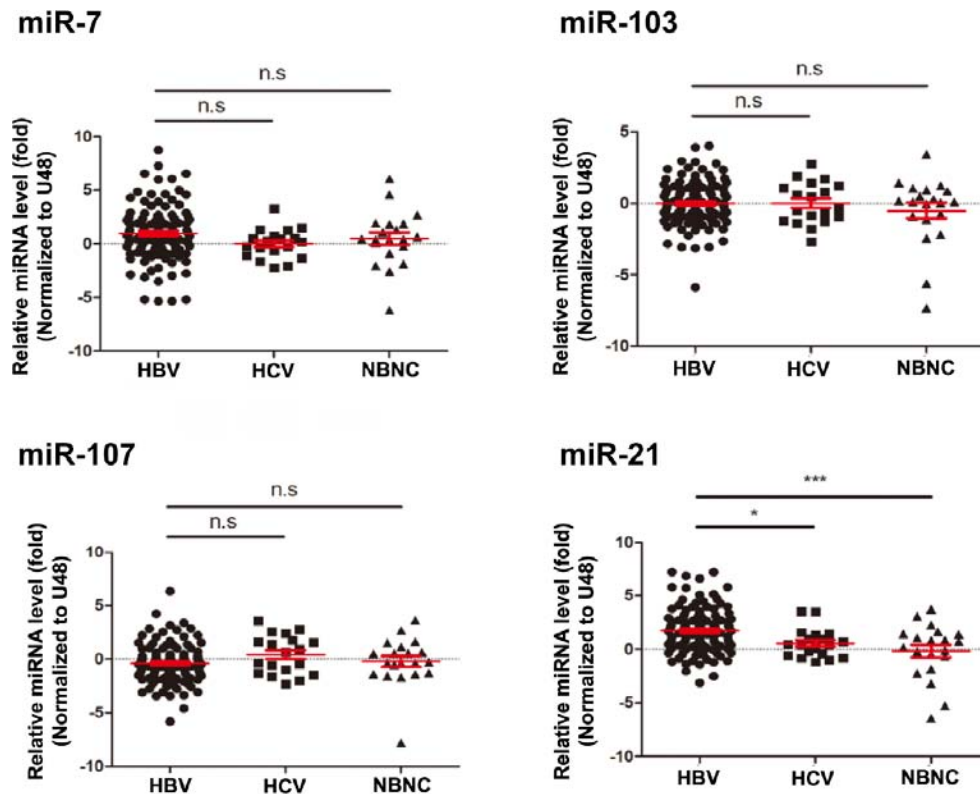
**Supplementary Figure S2: Role of maspin in invasion and anoikis-induced cell death in hepatocellular carcinoma cells.** A–E. The invasion capabilities of Hep3B and HepG2 cells transfected with HBx, maspin, siRNA against HBx or maspin were measured by transwell invasion assays. F and G. Hep3B cells transfected with HBx (F) and maspin shRNA or siRNA (G) were cultured on Ultra-low attachment plates followed by cell number counting assays ( $n = 3$ ). The difference was calculated by a Student's  $t$ -test.  $*p < 0.05$ ;  $**p < 0.01$ .



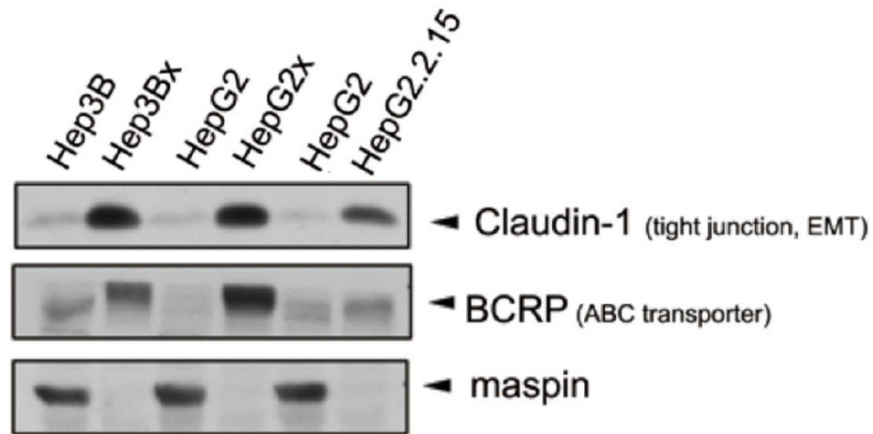
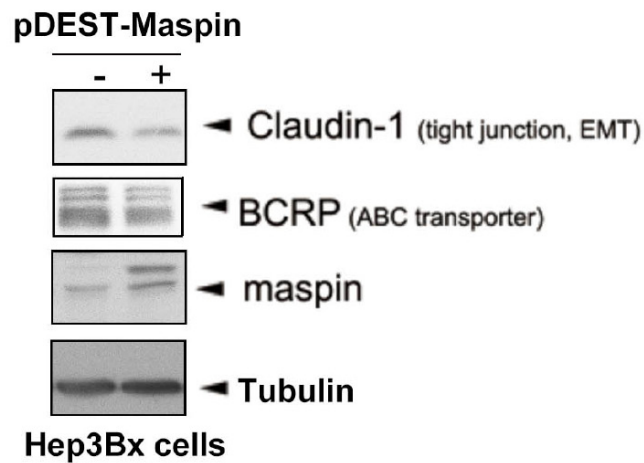
**Supplementary Figure S3: Role of maspin in chemosensitivity in hepatocellular carcinoma cells.** **A.** Hep3B/Hep3Bx and HepG2/HepG2x cells were treated with 5-Fu, MTX, and Paclitaxel for 48 hours and then were subjected to MTT assays to determine the cell viability ( $n = 3$ ). **B.** Total protein lysates prepared from Hep3B and Hep3Bx cells treated with increasing concentration of doxorubicin for 48 hours were subjected to Western blot analysis with indicated antibodies. **C** and **D.** Maspin-knockdown Hep3B cells were treated with doxorubicin for 48 hours and subjected to MTT assays and flow cytometry ( $n = 3$ ). The subG1 population indicated the doxorubicin-induced cell apoptosis. The difference was calculated by a Student's  $t$ -test. \* $p < 0.05$ ; \*\* $p < 0.01$ .



**Supplementary Figure S4: Comparison of microRNA-7, -103, -107, and -21 expression in HCV- and NBNC-associated HCC tumor tissues versus their adjacent normal tissue.** The total RNA extracted from tumor and adjacent normal tissues of HCV- and NBNC-associated HCC patients was analyzed by RT-qPCR for four microRNAs and U48 levels. The expression levels of individual miRNAs were normalized to U48 ( $n = 20$ ). The differences of these microRNAs between tumor and adjacent normal tissues were calculated by a paired Student's *t*-test. (\* $p < 0.05$ ; \*\* $p < 0.01$ )

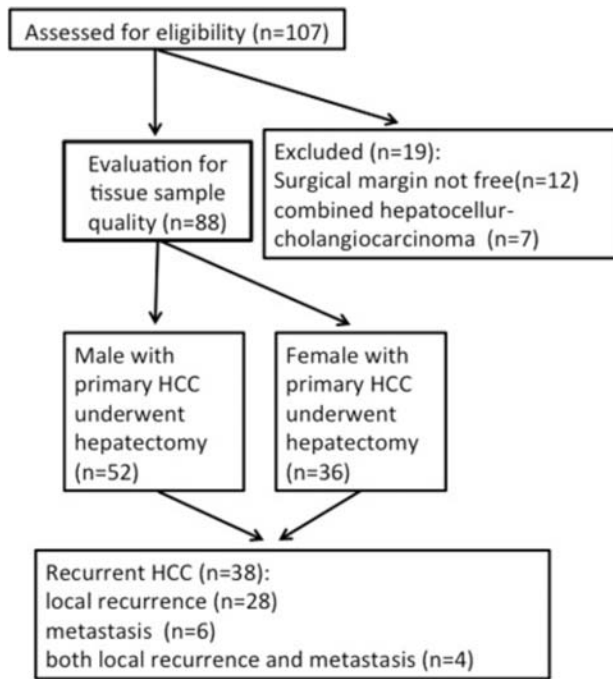


**Supplementary Figure S5: Comparison of microRNA-7, -103, -107, and -21 expressions in the tumor tissues of HBV-associated HCC versus in the tumor tissue of HCV- or NBNC-associated HCC.** The total RNA extracted from tumor tissues of HBV-, HCV- and NBNC-associated HCC patients was analyzed by RT-qPCR for indicated microRNAs and U48 levels. The expression levels of individual miRNAs were normalized to U48. The difference of these miRNAs level between HBV-associated and other two HCC tumors was analyzed by a Student *t*-test. (\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ )

**A****B**

**Supplementary Figure S6: Involvement maspin suppression in HBx up-regulated claudin-1 and BCRP expressions.** Total protein extracted from Hep3B, Hep3Bx, HepG2, HepG2x, and HepG2.2.15 cells **A.** or from maspin-transfected Hep3Bx cells **B.** were subjected to Western blot analysis for the examination of maspin, claudin-1, and BCRP expressions.





Supplementary Figure S7: The flow chart showing clinical sample information met REMARK guideline.

**Supplementary Table S1. The elevated microRNAs with at least 2-fold increase in both Hep3Bx and HepG2x cells compared with their parental cells**

| Gene Name   |               |
|-------------|---------------|
| hsa_miR_93  | hsa_miR_19b   |
| hsa_miR_92  | hsa_miR_194   |
| hsa_miR_638 | hsa_miR_192   |
| hsa_miR_320 | hsa_miR_191   |
| hsa_miR_30d | hsa_miR_182   |
| hsa_miR_29a | hsa_miR_17_5p |
| hsa_miR_26a | hsa_miR_16    |
| hsa_miR_25  | hsa_miR_107   |
| hsa_miR_24  | hsa_miR_106a  |
| hsa_miR_23b | hsa_miR_103   |
| hsa_miR_21  | hsa_let_7a    |

The microRNA expression profiles in Hep3B, Hep3Bx, HepG2, and HepG2x were analyzed with microRNA microarray.

**Supplementary Table S2. Predicted maspin-targeted microRNAs**

| Gene Name      |
|----------------|
| hsa_miR_103    |
| hsa_miR_107    |
| hsa_miR_7      |
| hsa_miR_221    |
| hsa_miR_613    |
| hsa_miR_1      |
| hsa_miR_206    |
| hsa_miR_222    |
| hsa_miR_216a   |
| hsa_miR_590-5p |
| hsa_miR_21     |

Prediction of maspin-targeted miRNAs was performed with three different target prediction algorithms (miRanda, Targetscan, and PITA).

**Supplementary Table S3. Univariate and multivariate analysis of clinicopathologic characteristics associated with recurrence free survival in HBV-related HCC patients**

| Patient Characteristics     | Patient numbers | Recurrence free survival |                |                       |                |
|-----------------------------|-----------------|--------------------------|----------------|-----------------------|----------------|
|                             |                 | Univariate analysis      |                | Multivariate analysis |                |
|                             |                 | Hazard ratio (95% CI)    | <i>p</i> value | Hazard ratio (95% CI) | <i>p</i> value |
| Sex                         |                 |                          |                |                       |                |
| Male                        | 53              | 1                        |                | 1                     |                |
| Female                      | 36              | 0.55                     |                | 0.62                  |                |
|                             |                 | 0.24–1.34                | 0.386          | 0.38–1.21             | 0.76           |
| Underlying liver disease    |                 |                          |                |                       |                |
| Liver cirrhosis             | 35              | 1                        |                | 1                     |                |
| Non-cirrhosis               | 53              | 0.48                     |                | 0.51                  |                |
|                             |                 | 0.22–1.02                | 0.148          | 0.28–1.16             | 0.87           |
| HCC differentiation         |                 |                          |                |                       |                |
| Well                        | 27              | 1                        |                | 1                     |                |
| Moderate & poor             | 61              | 1.37                     |                | 1.33                  |                |
|                             |                 | 0.89–1.86                | 0.234          | 0.74–1.68             | 0.33           |
| Vascular invasion           |                 |                          |                |                       |                |
| Yes                         | 39              | 1                        |                | 1                     |                |
| No                          | 49              | 0.34                     |                | 0.64                  |                |
|                             |                 | 0.11–0.92                | 0.044          | 0.41–1.32             | 0.56           |
| AFP level                   |                 |                          |                |                       |                |
| AFP > 200 ng/ml             | 56              | 1                        |                | 1                     |                |
| AFP < 200 ng/ml             | 32              | 0.61                     |                | 0.81                  |                |
|                             |                 | 0.32–1.24                | 0.258          | 0.61–1.53             | 0.36           |
| Pathological staging (AJCC) |                 |                          |                |                       |                |
| Stage I                     | 37              | 1                        |                | 1                     |                |
| Stage II & III              | 51              | 1.58                     |                | 1.38                  |                |
|                             |                 | 1.23–1.94                | 0.038          | 0.83–1.74             | 0.19           |
| Maspin level                |                 |                          |                |                       |                |
| High expression             | 44              | 1                        |                | 1                     |                |
| Low expression              | 44              | 1.96                     |                | 1.82                  |                |
|                             |                 | 1.34–2.92                | 0.001          | 1.21–2.84             | 0.01           |
| miR 7 level                 |                 |                          |                |                       |                |
| Low expression              | 44              | 1                        |                | 1                     |                |
| High expression             | 44              | 1.72                     |                | 1.56                  |                |

(Continued)

| Patient Characteristics | Patient numbers | Recurrence free survival |                |                       |                |
|-------------------------|-----------------|--------------------------|----------------|-----------------------|----------------|
|                         |                 | Univariate analysis      |                | Multivariate analysis |                |
|                         |                 | Hazard ratio (95% CI)    | <i>p</i> value | Hazard ratio (95% CI) | <i>p</i> value |
|                         |                 | 1.22–2.56                | 0.002          | 1.02–2.26             | 0.03           |
| miR 103 level           |                 |                          |                |                       |                |
| Low expression          | 44              | 1                        |                | 1                     |                |
| High expression         | 44              | 1.54                     |                | 1.43                  |                |
|                         |                 | 1.12–2.14                | 0.045          | 0.95–1.86             | 0.06           |
| miR 107 level           |                 |                          |                |                       |                |
| Low expression          | 44              | 1                        |                | 1                     |                |
| High expression         | 44              | 1.95                     |                | 1.93                  |                |
|                         |                 | 1.24–3.56                | 0.001          | 1.32–3.34             | 0.01           |
| miR 21 level            |                 | 1                        |                | 1                     |                |
| Low expression          | 44              | 2.67                     |                | 2.47                  |                |
| High expression         | 44              | 1.62–4.54                | 0.001          | 1.43–4.23             | 0.01           |

Total patients,  $n = 88$

**Supplementary Table S4. The basic clinical characteristic of HCV- and NBNC-associated HCC patients**

| Patient Characteristics     | Patient numbers |      |
|-----------------------------|-----------------|------|
|                             | HCV             | NBNC |
| Sex                         |                 |      |
| Male                        | 10              | 10   |
| Female                      | 10              | 10   |
| Underlying liver disease    |                 |      |
| Liver cirrhosis             | 12              | 4    |
| Non-cirrhosis               | 8               | 16   |
| HCC differentiation         |                 |      |
| 1                           | 10              | 14   |
| 2                           | 10              | 6    |
| 3                           | 0               | 0    |
| Vascular invasion           |                 |      |
| Yes                         | 8               | 16   |
| No                          | 12              | 4    |
| AFP level                   |                 |      |
| AFP > 200 ng/ml             | 11              | 11   |
| AFP < 200 ng/ml             | 9               | 9    |
| Pathological staging (AJCC) |                 |      |
| Stage I                     | 8               | 4    |
| Stage II & III              | 12              | 16   |
| Grading                     |                 |      |
| Grade 1 & 2                 | 13              | 16   |
| Grade 3 & 4                 | 7               | 4    |
| Total patients, <i>n</i> =  | 20              | 20   |

**Supplementary Table S5. Primers used in this study**

| RT-qPCR primer               | Sequence (5'-3')   |
|------------------------------|--|
| maspin                       | Forward CATGTTTCATCCTACTACCCAAGG<br>Reverse TCTGAGTTGAGTTGTTTTTCAATCTT                         |
| HBx                          | Forward AGCGAATTCATGGCTGCTAGGCTGTGCTG<br>Reverse ACGCTCGAGTAAAGAGAGGTGCGCCCCGT                 |
| GAPDH                        | Forward AGCCACATCGCTCAGACAC<br>Reverse GCCCAATACGACCAAATCC                                     |
| miR-7                        | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCAACACAACA<br>Reverse GCGGCGTGGAAGACTAGTGAT    |
| miR-103                      | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCAACATCATAG<br>Reverse GCGTCCAGCAGCATTGTACAG   |
| miR-107                      | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCAACATGATAG<br>Reverse GGTGGCAGCAGCATTGTACAG   |
| miR-21                       | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCCAACTCAACA<br>Reverse GGCGGCTAGCTTATCAGACTG   |
| snRNA U48                    | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCAACATCAGCG<br>Reverse CGGCGGTAACCTCTGAGTGTGT  |
| snRNA U6B                    | Forward GTTGGCTCTGGTGCAGGGTCCGAGGTATTCGCACCAGAGCCAACAAAAATAT<br>Reverse TTCCTCCGCAAGGATGACACGC |
| Universal Reverse primer #21 | GTGCAGGGTCCGAGGT   |