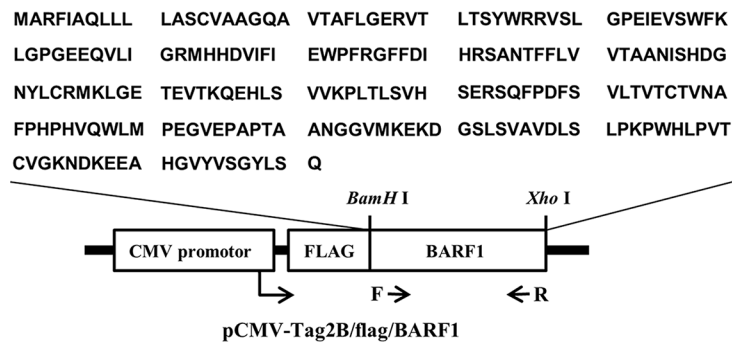
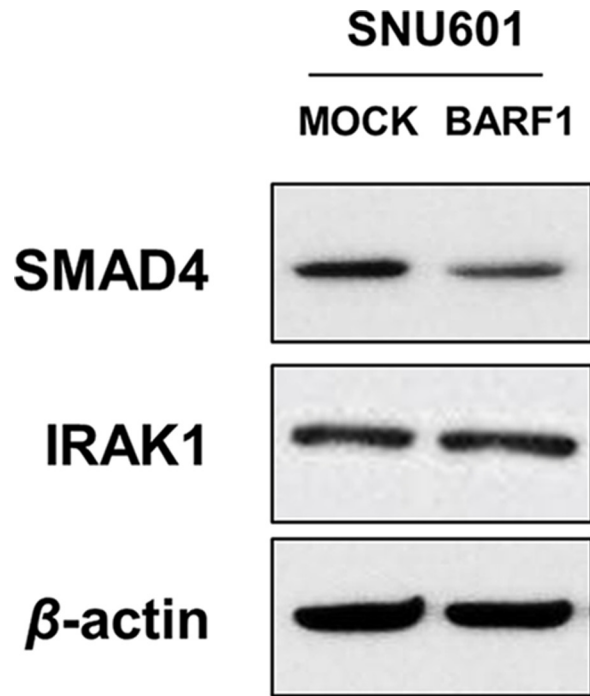


Epstein-Barr virus BАРF1-induced NFκB/miR-146a/SMAD4 alterations in stomach cancer cells

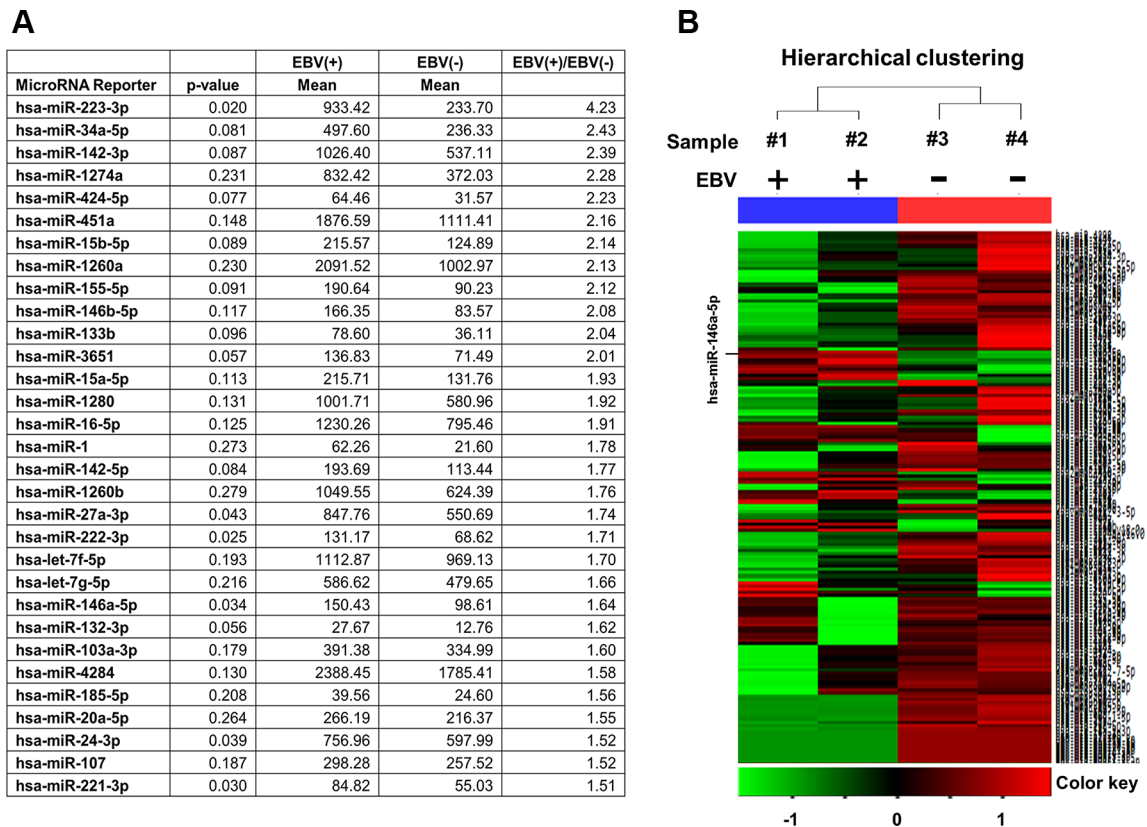
Supplementary Materials



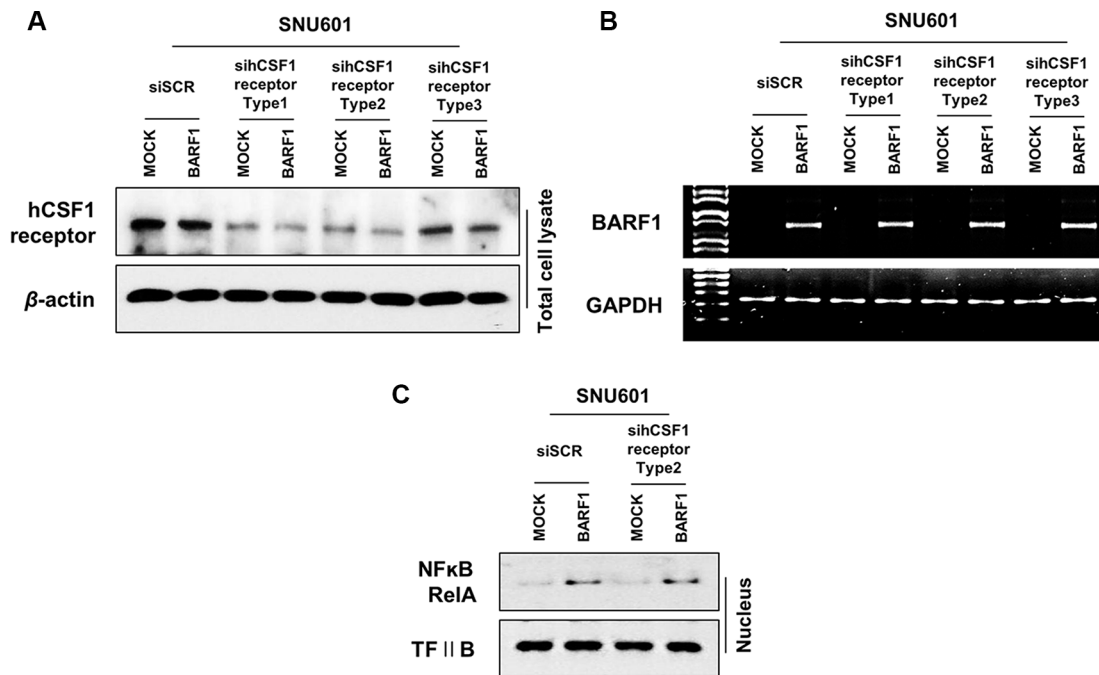
Supplementary Figure S1: BАРF1 cloning. The BАРF1 gene was cloned from a SNU719 (naturally EBV-infected stomach cancer cell line) cDNA library, which had the same peptide sequences as BАРF1 from the B95.8 cell line. Peptide sequence data were based on resources from The National Center for Biotechnology Information (http://www.ncbi.nlm.nih.gov/protein/YP_401719.1).



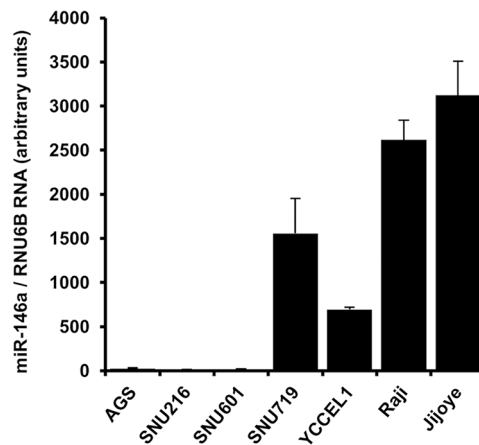
Supplementary Figure S2: SMAD4 and IRAK1 levels in BARF1-expressing cells. SMAD4 protein was downregulated by BARF1, whereas IRAK1 was not altered by BARF1.



Supplementary Figure S3: The miRNA microarray data. (A) Thirty-one cellular miRNAs were upregulated in EBV-infected stomach cancer tissues compared with EBV-negative stomach cancer tissues. Mean signal intensities and log-transformed ratios are shown. (B) miR-146a-5p was marked in a heat map of unsupervised clustering composed of only the human miRNAs data.



Supplementary Figure S4: Analysis of SNU601 transfected with hCSF1 receptor-specific siRNA. (A) The hCSF1 receptor expression was drastically reduced by transfection of hCSF1 receptor-specific siRNA-Type 1 and -Type 2 in both of SNU601 mock and SNU601 BARF1 cells. (B) All three types of hCSF1 receptor-specific siRNA did not disturb BARF1, and it was reconfirmed by further inspection using MultAlin (<http://multalin.toulouse.inra.fr/multalin/>). (C) BARF1-induced NFkB upregulation was observed irrespective of hCSF1R blocking. All experiments were performed in triplicate. CSF1 receptor-specific small interfering RNA (siRNA)-Type 1, -Type 2 and -Type 3 were synthesized by Genolution Pharmaceuticals (Genolution, Seoul, Korea). A scrambled siRNA (Genolution) containing a random sequence of nucleotides with no known specificity was used as a negative control. Cells were transfected with siRNA at a final concentration of 25 nM. Each siRNA sequence was: Type 1 (sense, 5'-GCGUUGAUGUUAACUUUGAUU-3'; antisense 5'-UCAAAGUUAACAUCAACGCUU-3'), Type 2 (sense, 5'-CAACAAUCUGACUUUCAUAAU-3'; antisense 5'-UAUGAAAGUCAGAUUGUUGUU-3'), Type 3 (sense, 5'-CGAUC AAGUAGAUUCCAAU-3'; antisense 5'-UUGGAAAUCUACUUGAUCGUU-3') and scrambled siRNA (sense, 5'-CCUCGUGCCG UUCAUCAGGUAGUU-3'; antisense 5'-CUACCUGAUGGAACGGCACGAGGUU-3').



Supplementary Figure S5: Endogenous miR-146a-5p levels in various cell lines. miR-146a-5p levels were noticeably higher in EBV-infected cells than in EBV-negative cells. AGS, SNU216 and SNU601 are EBV-negative stomach cancer cells. SNU719 and YCCEL1 are EBV-infected stomach cancer cells. Raji and Jijoye are EBV-infected B cells.

Supplementary Table S1: Clinicopathological and immunohistochemical features of 328 cases of consecutive surgically resected-stomach cancer

	EBV-positive (n = 30)	EBV-negative (n = 298)	P value
Age (yrs), mean (range)	62.6 (35-84)	62.8 (33-86)	not significant
Sex			0.023
male	26 (65%)	196 (66%)	
female	4 (35%)	102 (34%)	
Tumor location			< 0.001
low 1/3	7 (23%)	179 (60%)	
middle 1/3	11 (37%)	100(33%)	
upper 1/3	11 (37%)	8 (3%)	
whole	1 (3%)	11 (4%)	
Lauren classification			< 0.001
intestinal	4 (13%)	150 (50%)	
diffuse	23 (77%)	110 (37%)	
mixed	3 (10%)	38 (13%)	
Cancer stage*			0.002
Stage IA, IB	5 (17%)	130 (44%)	
Stage IIA, IIB	13 (43%)	53 (18%)	
Stage IIIA, IIIB, IIIC	10 (33%)	105(35%)	
Stage IV	2 (7%)	10 (3%)	
Patient survival			not significant
Alive	20 (67%)	164 (55%)	
Dead	10 (33%)	134 (45%)	
NFκB RelA			0.048
negative	20 (67%)	246 (83%)	
positive	10 (33%)	52 (17%)	
SMAD4			not significant
loss	10 (33%)	81 (27%)	
preserved	20 (67%)	217 (73%)	

*Cancer stage was determined via pathological assessment of TNM (tumor invasion depth-regional lymph node metastasis-distant metastasis) according to the American Joint Committee on Cancer 7th edition.