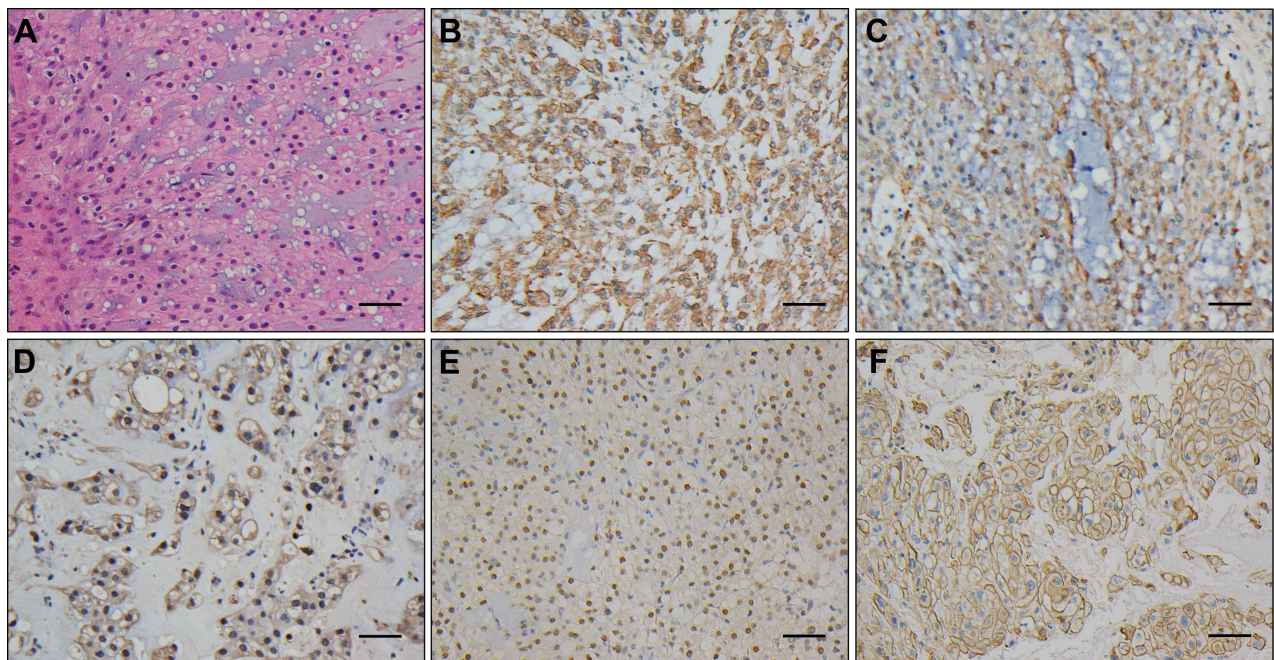
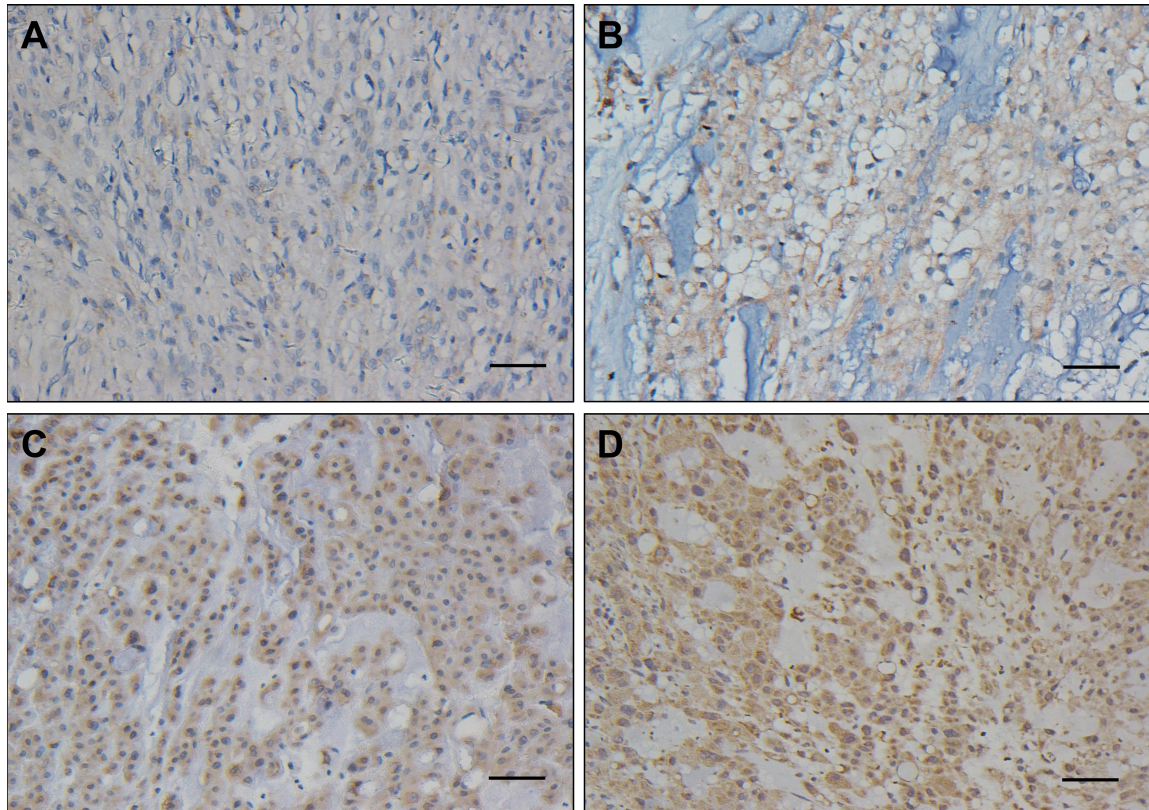


iASPP overexpression is associated with clinical outcome in spinal chordoma and influences cellular proliferation, invasion, and sensitivity to cisplatin *in vitro*

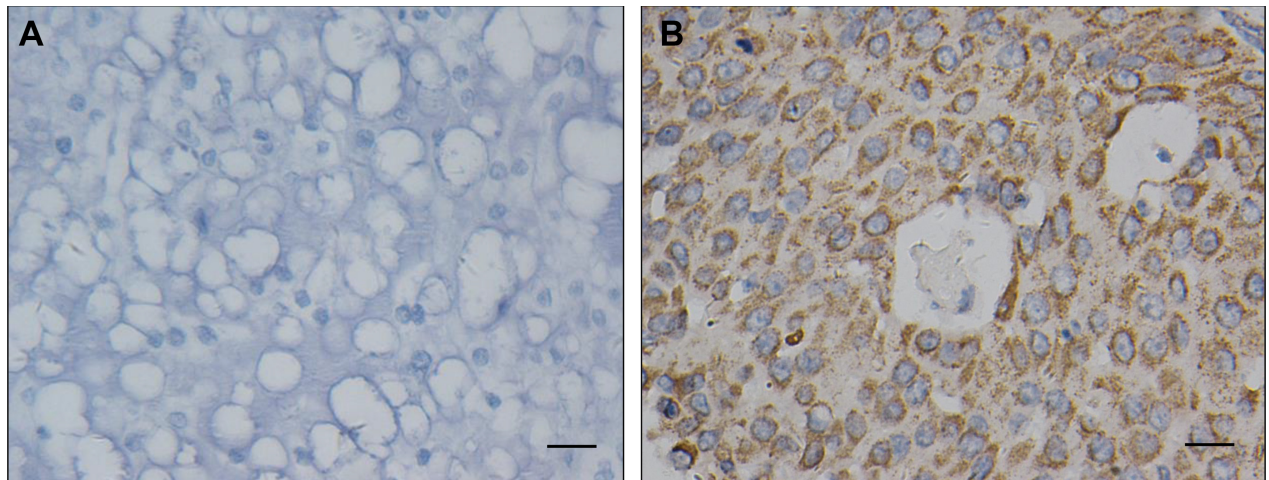
SUPPLEMENTARY MATERIALS



Supplementary Figure 1: Pathological diagnosis of chordoma tissues. (A) Hematoxylin eosin staining of chordoma tissues. (B–F) Immunohistochemistry staining with specific diagnostic biomarkers of chordoma, pan-cytokeratin (B), vimentin (C), S-100 (D), brachyury (E), and EMA (F). Bar scale = 50 μm.



Supplementary Figure 2: Staining intensity of iASPP in chordoma tissues. Examples of (A) negative, (B) weak, (C) moderate, and (D) strong staining as assessed by two pathologists (described in Materials and Methods). Bar scale = 50 μ m.



Supplementary Figure 3: The immunohistochemical pictures of negative control and positive control tissues. (A) Immunohistochemical staining of chordoma tissues incubated with phosphate-buffered saline buffer (PBS) to replace the primary antibody (negative control). (B) Immunohistochemical staining of human breast carcinoma with known iASPP positivity (positive control). Bar scale = 50 μ m.