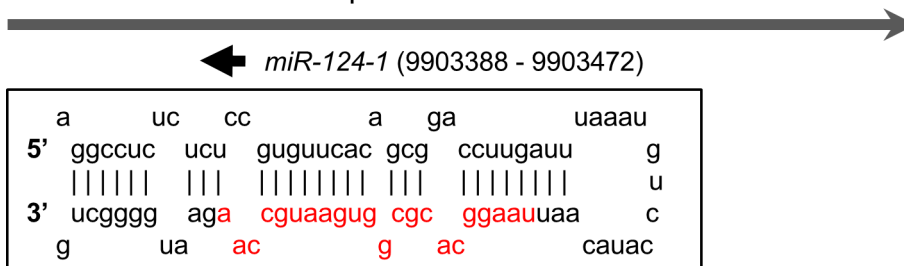


Involvement of anti-tumor *miR-124-3p* and its targets in the pathogenesis of pancreatic ductal adenocarcinoma: direct regulation of *ITGA3* and *ITGB1* by *miR-124-3p*

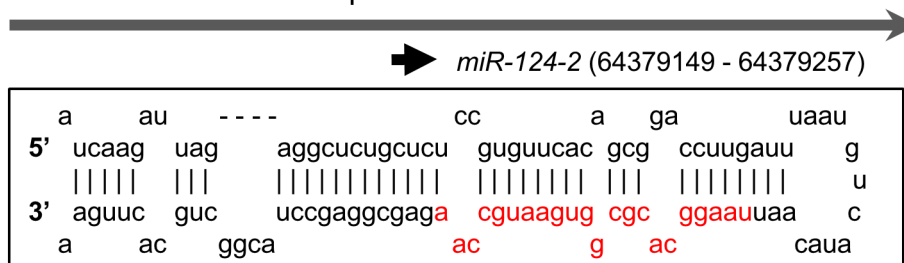
SUPPLEMENTARY MATERIALS

miR-124-3p family (Accession: MIMAT0000422)

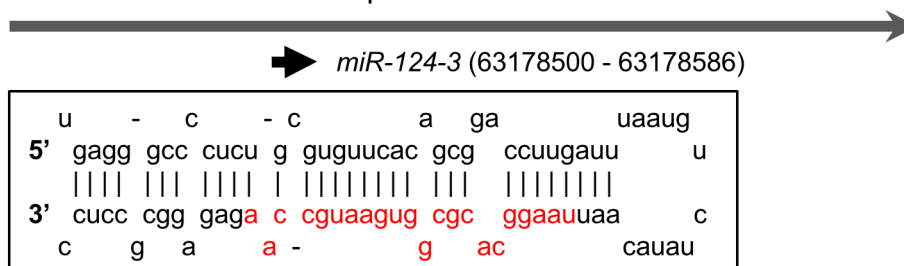
Human chromosome 8p23.1



Human chromosome 8p12.1



Human chromosome 20p13.33

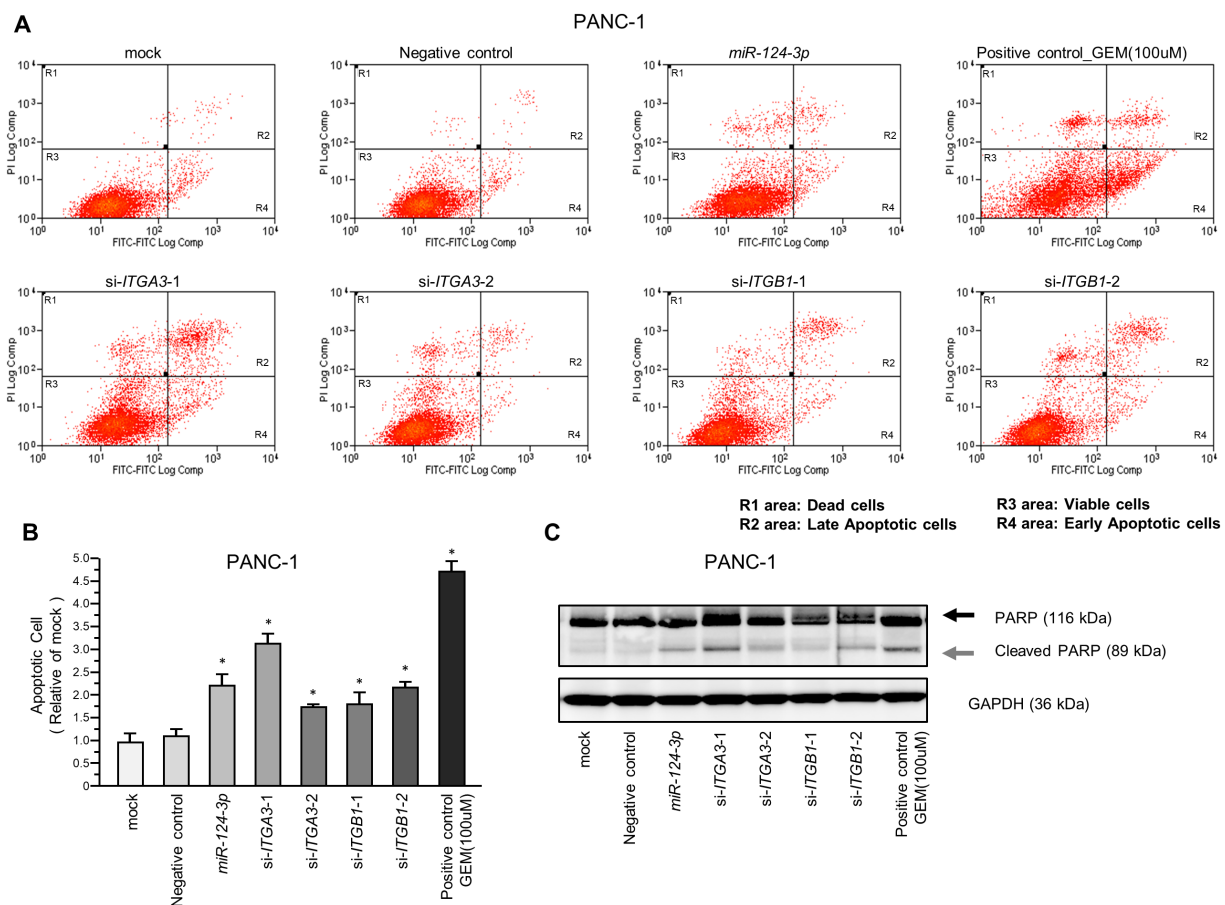


miR-124-1-3p: UAAGGCACGCGGUGAAUGCCAA

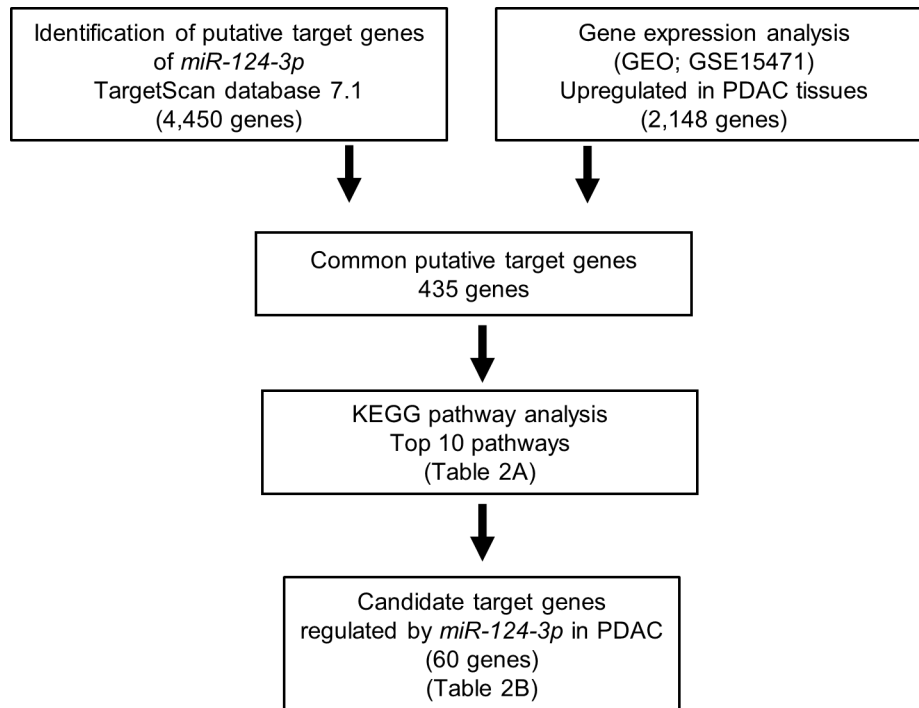
miR-124-2-3p: UAAGGCACGCGGUGAAUGCCAA

miR-124-3-3p: UAAGGCACGCGGUGAAUGCCAA

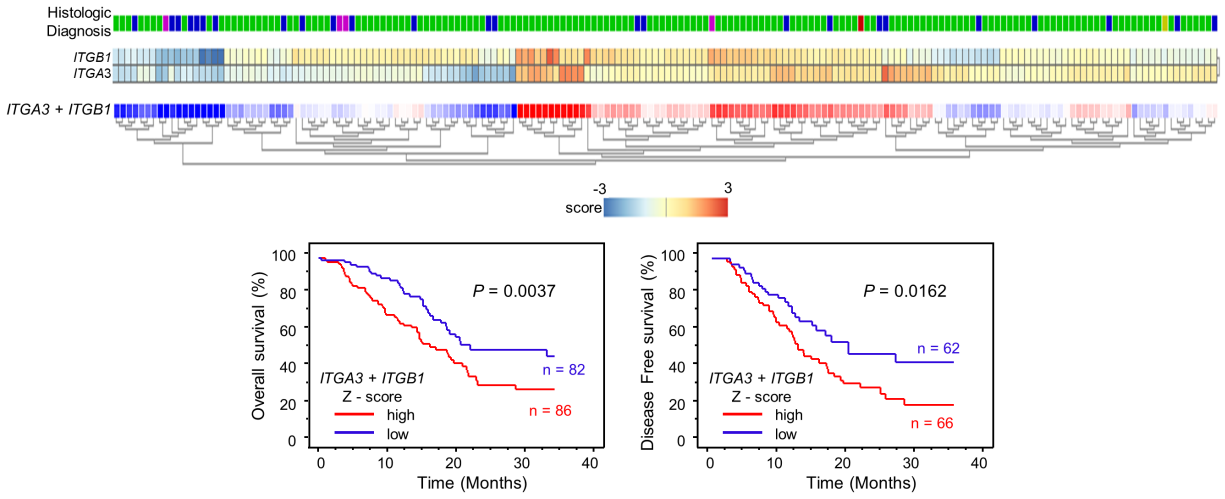
Supplementary Figure 1: Schematic representation of the human *miR-124* family in chromosomal location. Information on the sequence was obtained from miRbase (<http://www.mirbase.org/>).



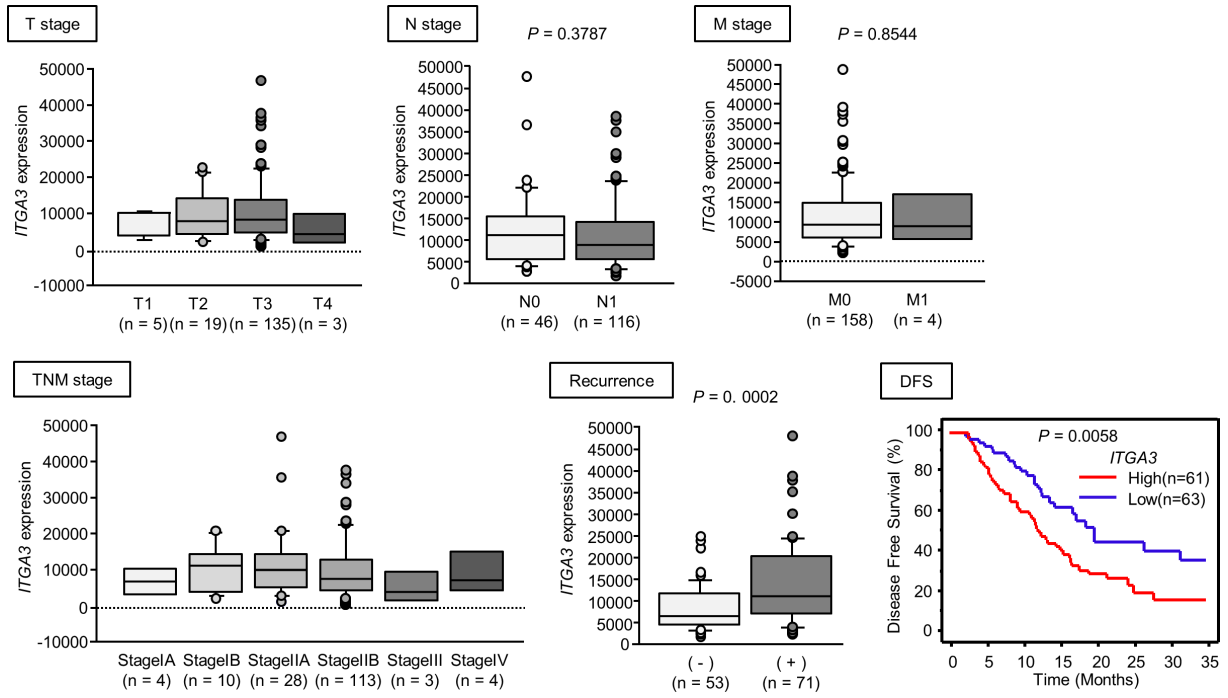
Supplementary Figure 2: Effects of *miR-124-3p*, *si-ITGA3* and *si-ITGB1* on apoptosis. (A) Apoptosis assays were performed using FITC Annexin V Apoptosis Detection Kit (BD Biosciences, Bedford, MA, USA) by flow cytometry (CyAn ADP analyzer; Beckman Coulter, Brea, CA, USA). Summit 4.3 software (Beckman Coulter) was used for analysis, early apoptotic cells are in area R4 and late apoptotic cells are in area R2. (B) The normalized ratios of apoptotic cells are shown in the histogram. Gemcitabine Hydrochloride (100uM) was used as positive control (GEM; Tokyo Chemical Industry, Tokyo, Japan), * $P < 0.05$. (C) Western blot analyses for apoptotic markers (cleaved PARP) in PANC-1 cells. GAPDH was used as a loading control.



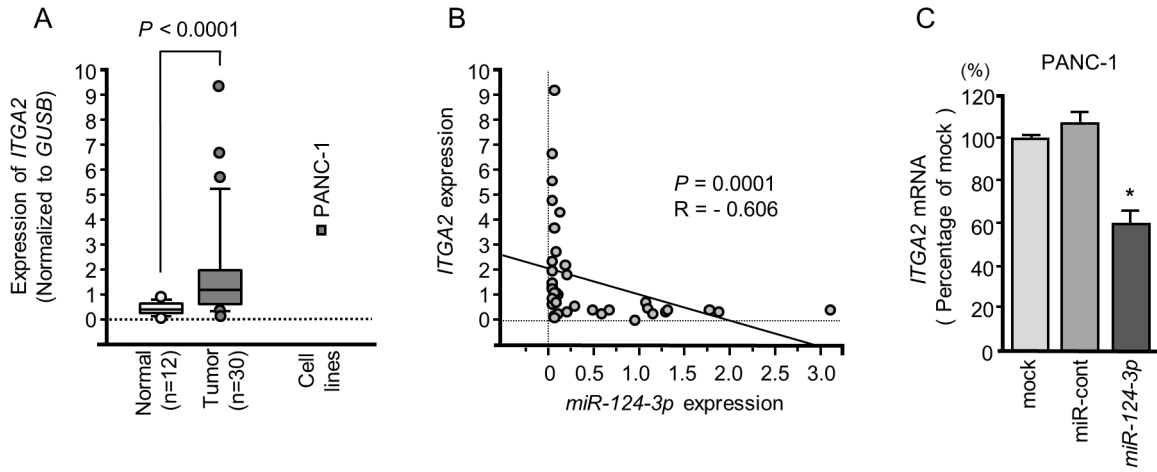
Supplementary Figure 3: The strategy for selection of *miR-124-3p* candidate target genes. The approach to identifying *miR-124-3p* target genes. We used *in silico* analysis of genome-wide expression, TargetScan, GEO database analysis, and KEGG enrichment analysis (<http://genecodis.cnb.csic.es/>).



Supplementary Figure 4: Prognostic analysis of PDAC patients using *ITGA3* and *ITGB1* mRNA combination heatmap. Heatmap was created using analysis of “R2: Genomics Analysis and Visualization Platform (<http://r2.amc.nl>)”. Z- score was evaluated by a combination of *ITGA3* and *ITGB1* mRNA based on TCGA datasets. High group (mRNA Z-score > 0) and low group (mRNA Z-score ≤ 0) are displayed as Kaplan–Meier plots with log-rank tests.



Supplementary Figure 5: Analysis of clinicopathological factors related to *ITGA3* in TCGA database. Clinicopathological factors in TCGA database were extracted from cBioportal, and each factor was analyzed according to *ITGA3* expression.



Supplementary Figure 6: Expression of *ITGA2* in PDAC clinical samples, downregulated by *miR-124-3p* in PANC-1 cells. (A) Expression levels of *ITGA2* in PDAC clinical specimens and PANC-1 cells were determined by qRT-PCR. Data were normalized to *GUSB* expression. (B) Expression levels of *ITGA2* and *miR-124-3p* were negatively correlated. (C) *ITGA2* mRNA expression in PDAC cell lines was evaluated by qRT-PCR 72 h after transfection with *miR-124-3p*. *GUSB* was used as an internal control. *, $P < 0.0001$.

Supplementary Table 1: Clinicopathological factors of IHC-ITGA3 in PDAC (n =30)

Characteristic	ITGA3		P
	Weak (n = 15)	Strong (n = 15)	
Age (y) ^a			^b NS
≥ 60	12	11	
< 60	3	4	
Gender (n)			
Male (15)	6	9	NS
Female (15)	9	6	
T stage			
> 3 (3)	2	1	NS
≤ 3 (27)	13	14	
Lymph node metastasis (n)			
No (12)	9	3	*0.0302
Yes (18)	6	12	
Distant metastasis (n)			
No (27)	13	14	NS
Yes (3)	2	1	
TNM Stage (n)			
I / II (27)	13	14	NS
III / IV (3)	2	1	
Recurrence (n)			
No (8)	6	2	NS
Yes (22)	9	13	

^aValues are mean ± SD.

^bNS, not significant.

*Student T-test P-value < 0.05.