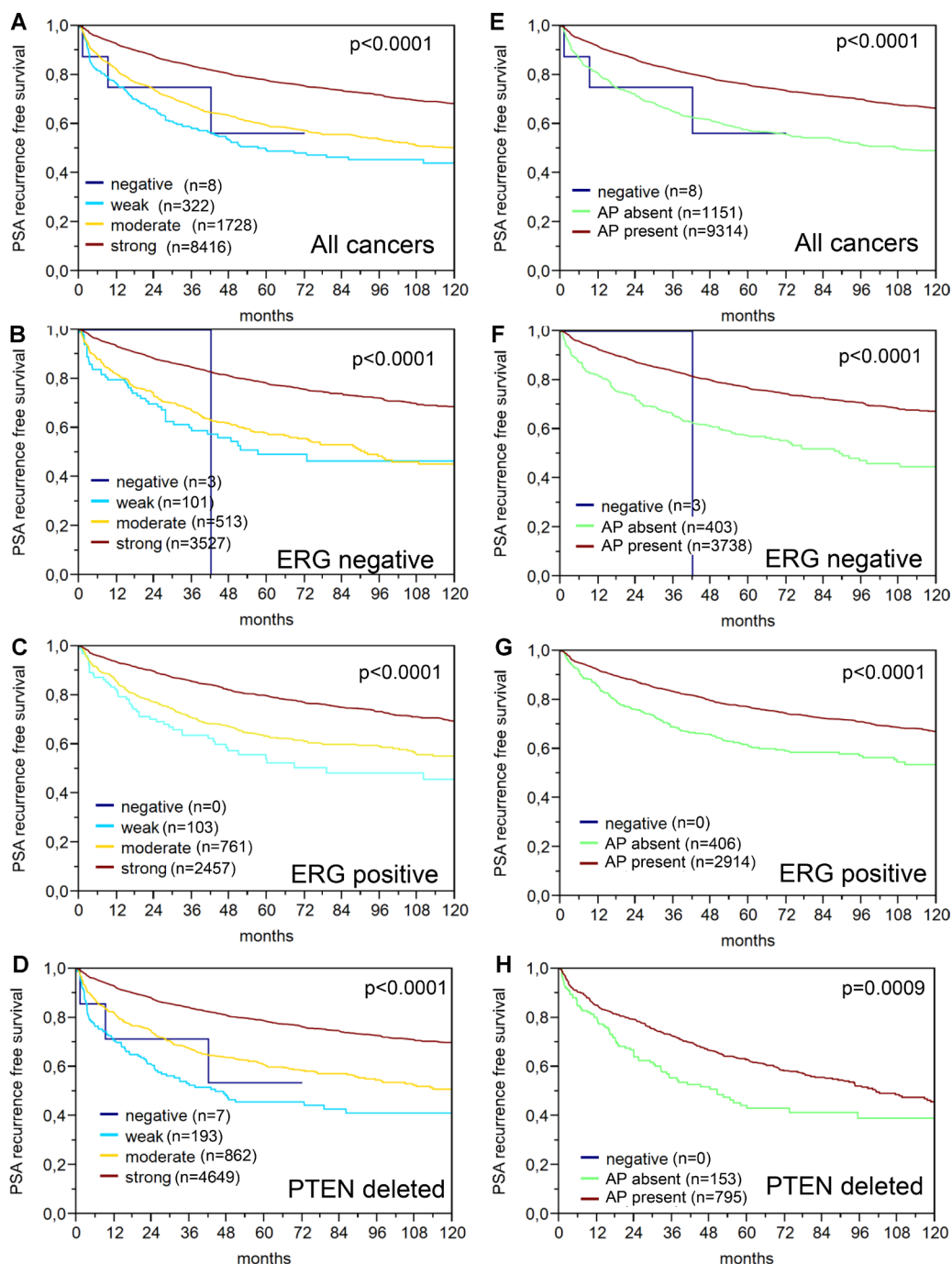
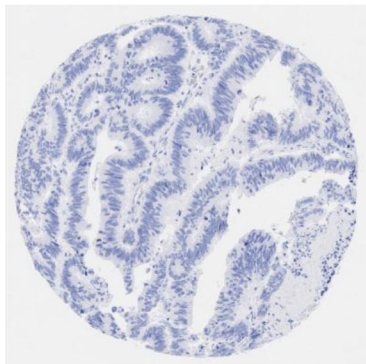
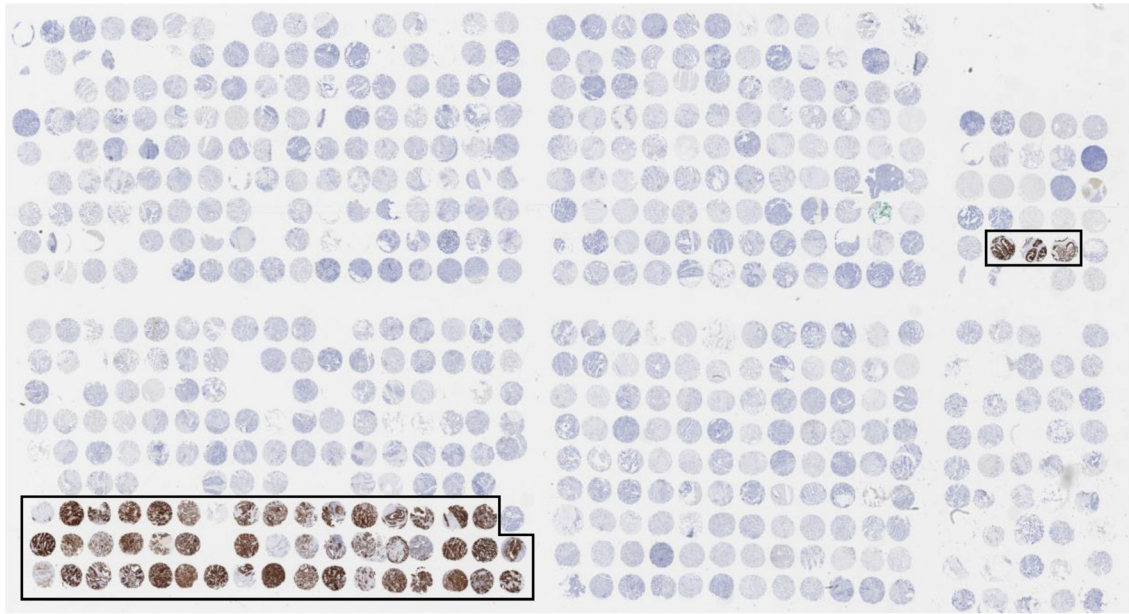


## Prognostic and diagnostic role of PSA immunohistochemistry: A tissue microarray study on 21,000 normal and cancerous tissues

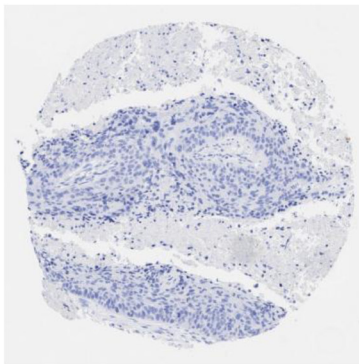
### SUPPLEMENTARY MATERIALS



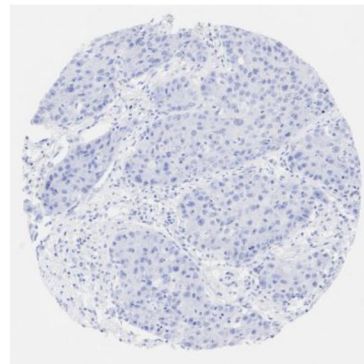
**Supplementary Figure 1: Prognostic relevance of PSA immunostaining (dilution 1:100) in prostate cancer.** (A–D) Impact of the PSA staining intensity in (A) all cancers, (B) TMPRSS2: ERG, (C) TMPRSS2: ERG positive and (D) PTEN deleted cancers. (E–H) Impact of the presence or absence of apical predominance (AP) of the PSA staining in (E) all cancers, (F) TMPRSS2: ERG negative, (G) TMPRSS2: ERG positive and (H) PTEN deleted cancers.



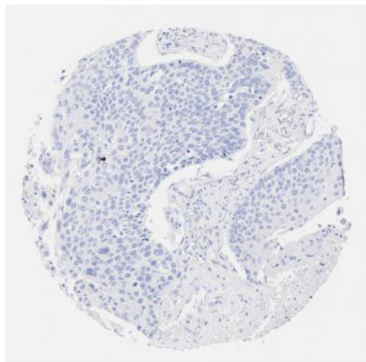
Pancreatic adenocarcinoma



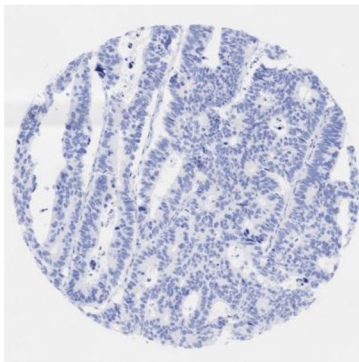
Lung squamous cell carcinoma



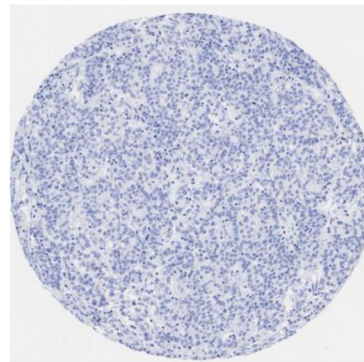
Lung adenocarcinoma



Esophagus squamous cell ca.



Colon adenocarcinoma



Gastric cancer (intestinal)

**Supplementary Figure 2: Examples of PSA-negative non-prostate cancers.** The position of PSA-positive prostate tissues is highlighted in the TMA section overview. All other tissue spots were taken from non-prostatic cancers.

**Supplementary Table 1: Association between PSA staining (staining intensity and presence of apical predominance at 1:800 antibody dilution) and prostate cancer phenotype in all cancers and the subsets of TMPRSS2: ERG fusion negative and -positive cancers. See Supplementary Table 1**

**Supplementary Table 2: Association between PSA staining (staining intensity and presence of apical predominance at 1:100 antibody dilution) and prostate cancer phenotype in all cancers and the subsets of TMPRSS2: ERG fusion negative and -positive cancers. See Supplementary Table 2**