

Expanded View Figures

Figure EV1. Expression status of candidate circRNAs as colon cancer recurrence-specific biomarkers.

A qRT-PCR validation of the nine selected upregulated circRNAs in an independent validation cohort of 48 pairs of colon cancer tissues.

B qRT-PCR validation of nine selected upregulated circRNAs in an independent validation cohort of 48 colon cancer tissues with or without recurrence.

Data information: The horizontal bar represents mean expression levels; N = adjacent normal tissues; T = tumor tissues; R = tumor tissues from the recurrence group.

** $P < 0.01$, Student's t -test, mean \pm SD. Exact P -values are specified in Appendix Table S5.

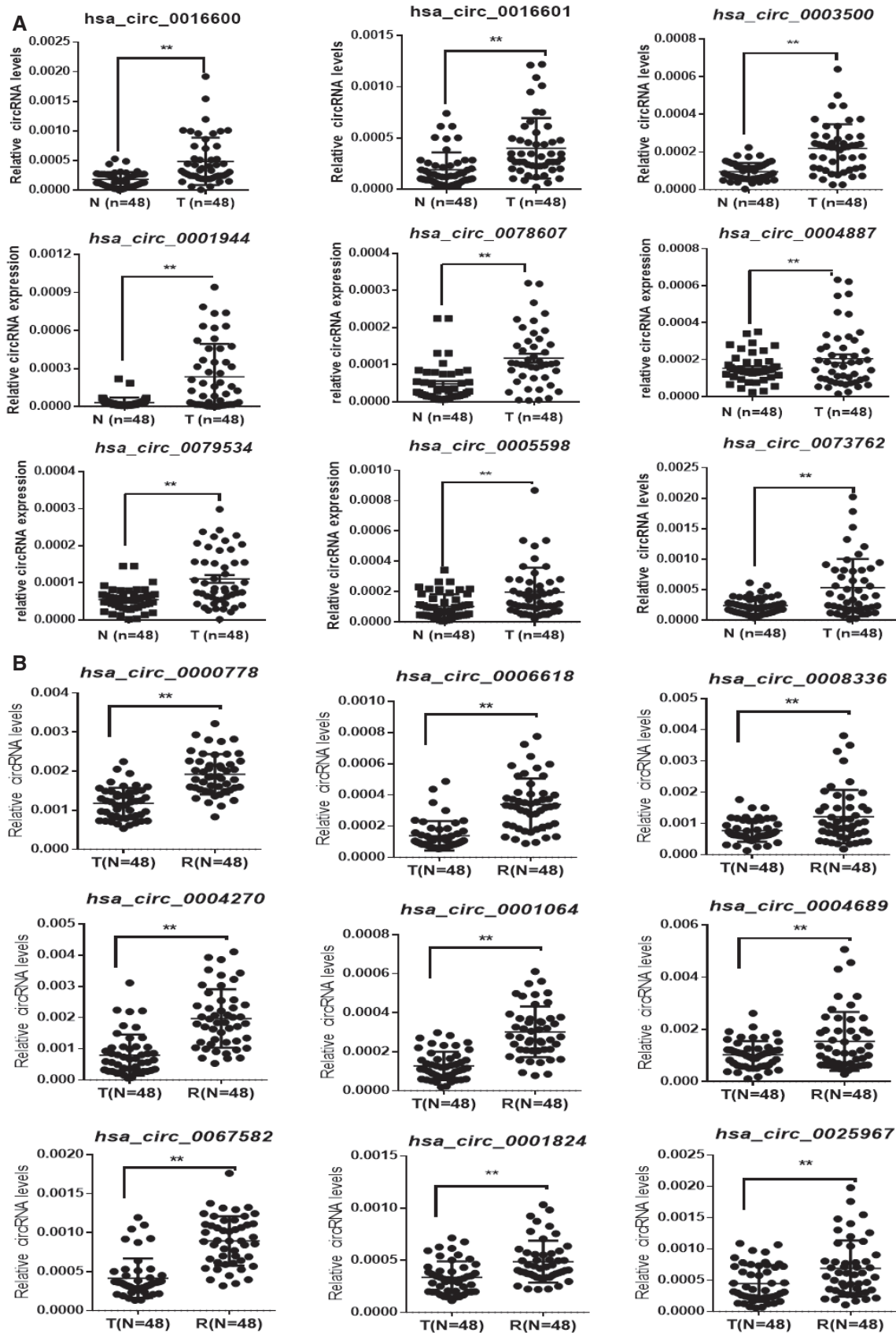


Figure EV1.

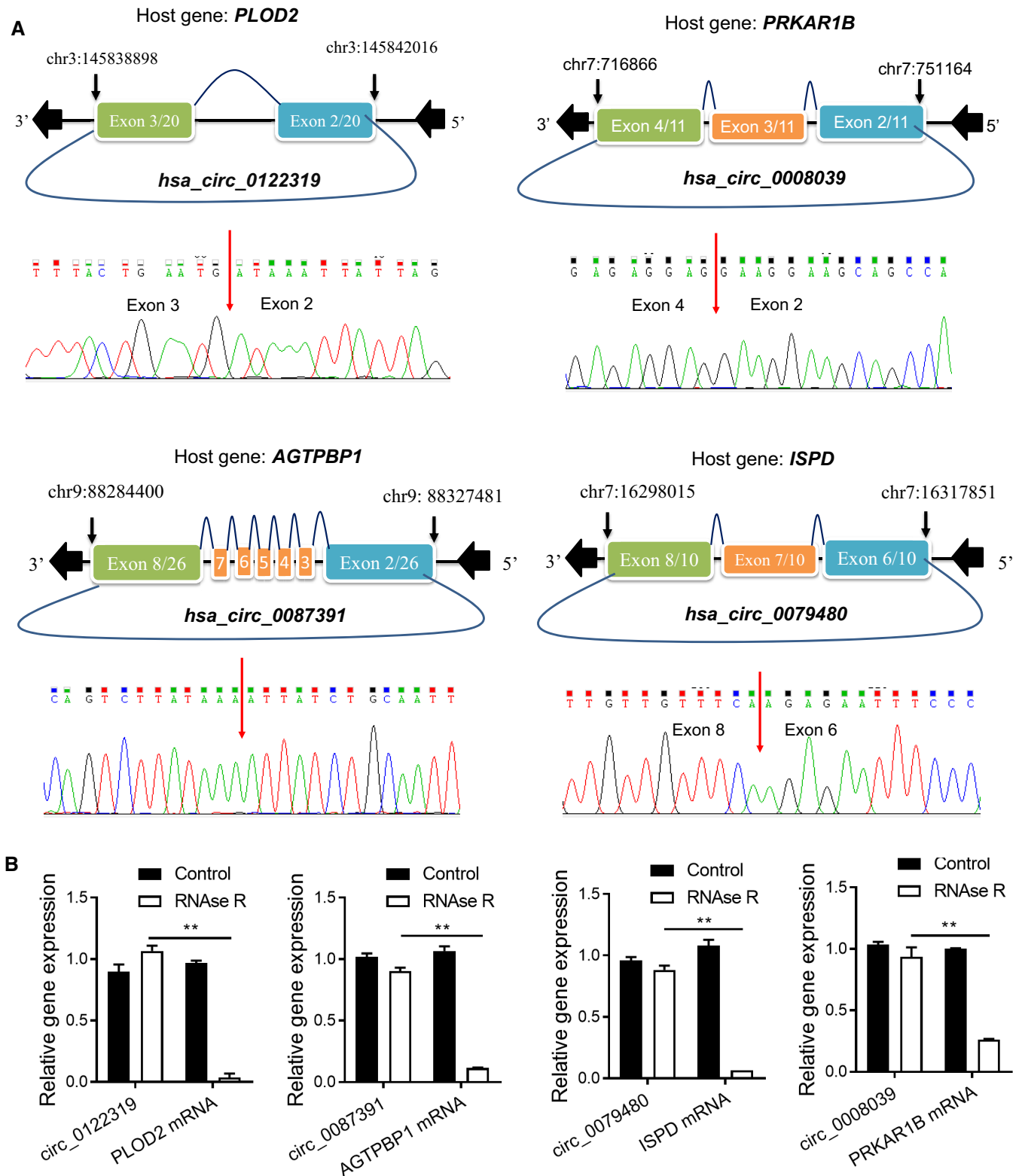


Figure EV2. Characterization of selected circRNAs.

A The genomic locus of the selected circRNAs, and the circRNA back-splice junction sites were detected by RT-PCR followed by Sanger sequencing.

B qRT-PCR analysis for the expression of four selected circRNAs and the corresponding host genes after treatment with RNase R in HCT116 cells. The data were normalized to mouse GAPDH mRNA by adding a mouse RNA spike to each fraction. ** $P < 0.01$, Student's t -test, mean \pm SD ($n = 3$). Exact P -values are specified in Appendix Table S5.

Figure EV3. Characterization of selected circRNAs.

- A qRT-PCR analysis of four circRNA expression in 11 colon cancer cell lines and 2 colon epithelial cells (CCD112 and CCD841). Data are presented as mean \pm SD ($n = 3$).
- B RT-PCR products with divergent and convergent primers showing circularization of has_circ_0122319. cDNA, complementary DNA; gDNA, genomic DNA.
- C qRT-PCR evaluated the knockdown efficiency of has_circ_0122319 and has_circ_0097391 and the host gene (PLOD2 and AGTPBP1) expression in SW620 and HCT116 cells transfected with two unique shRNAs (#1, #2). $**P < 0.01$, Student's *t*-test, mean \pm SD ($n = 3$). Exact *P*-values are specified in Appendix Table S5.
- D qRT-PCR evaluated the host gene (PLOD2, AGTPBP1, and ISPD) mRNA expression, and immunoblotting evaluated the PLOD2 protein expression in indicated cells. β -Actin antibody was used as a loading control. Data are presented as mean \pm SD ($n = 3$).
- E Correlation analysis of transcriptome between two independent shRNA groups in SW620 and HCT116 cells. In each scatter plot, the log₁₀-transformed Transcripts Per Million (TPM) of reads of each gene were utilized for calculating the spearman's coefficient. *R* represents Spearman's correlation coefficients, and *P*-values were calculated by Spearman's correlation test.

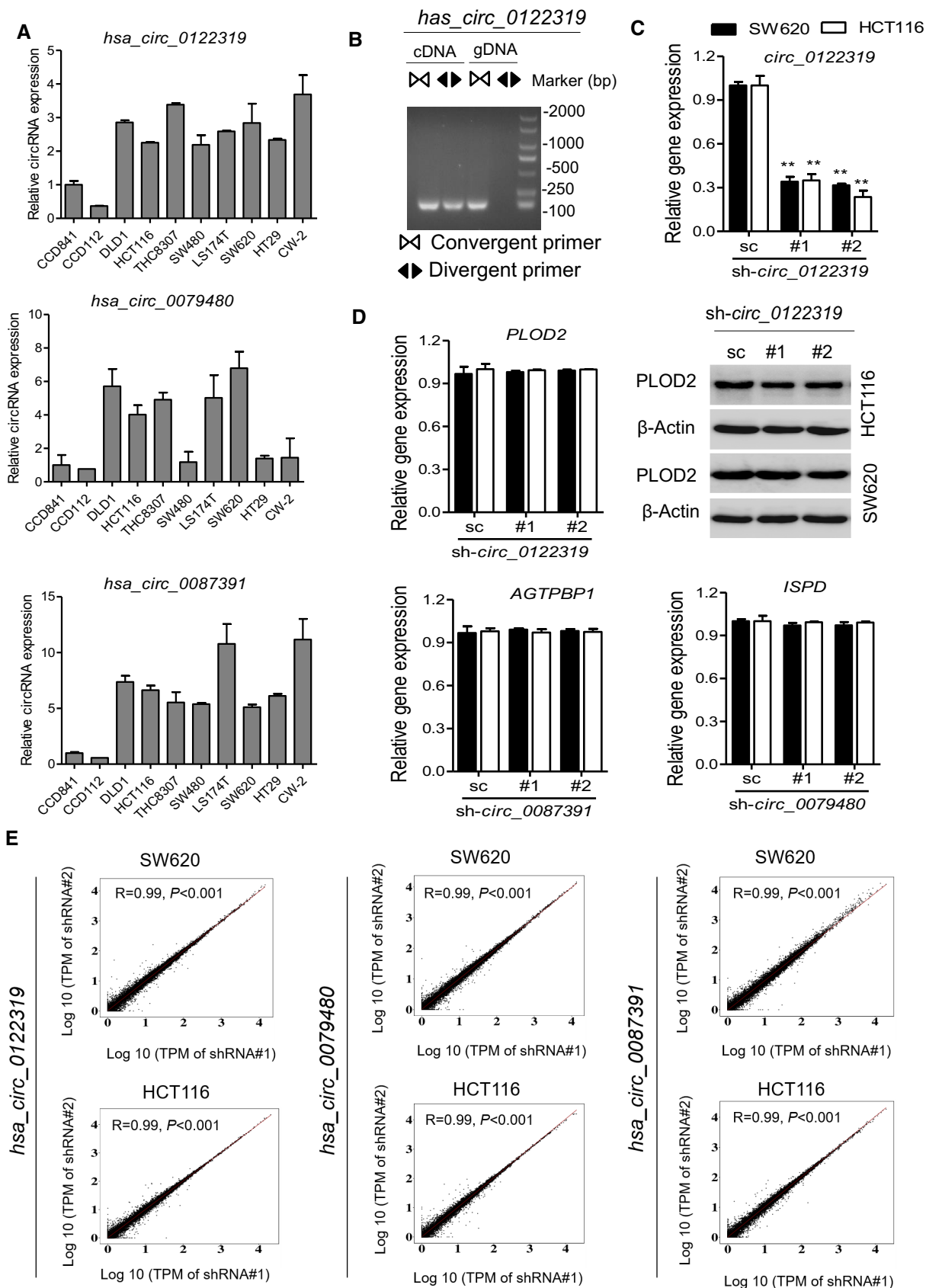


Figure EV3.

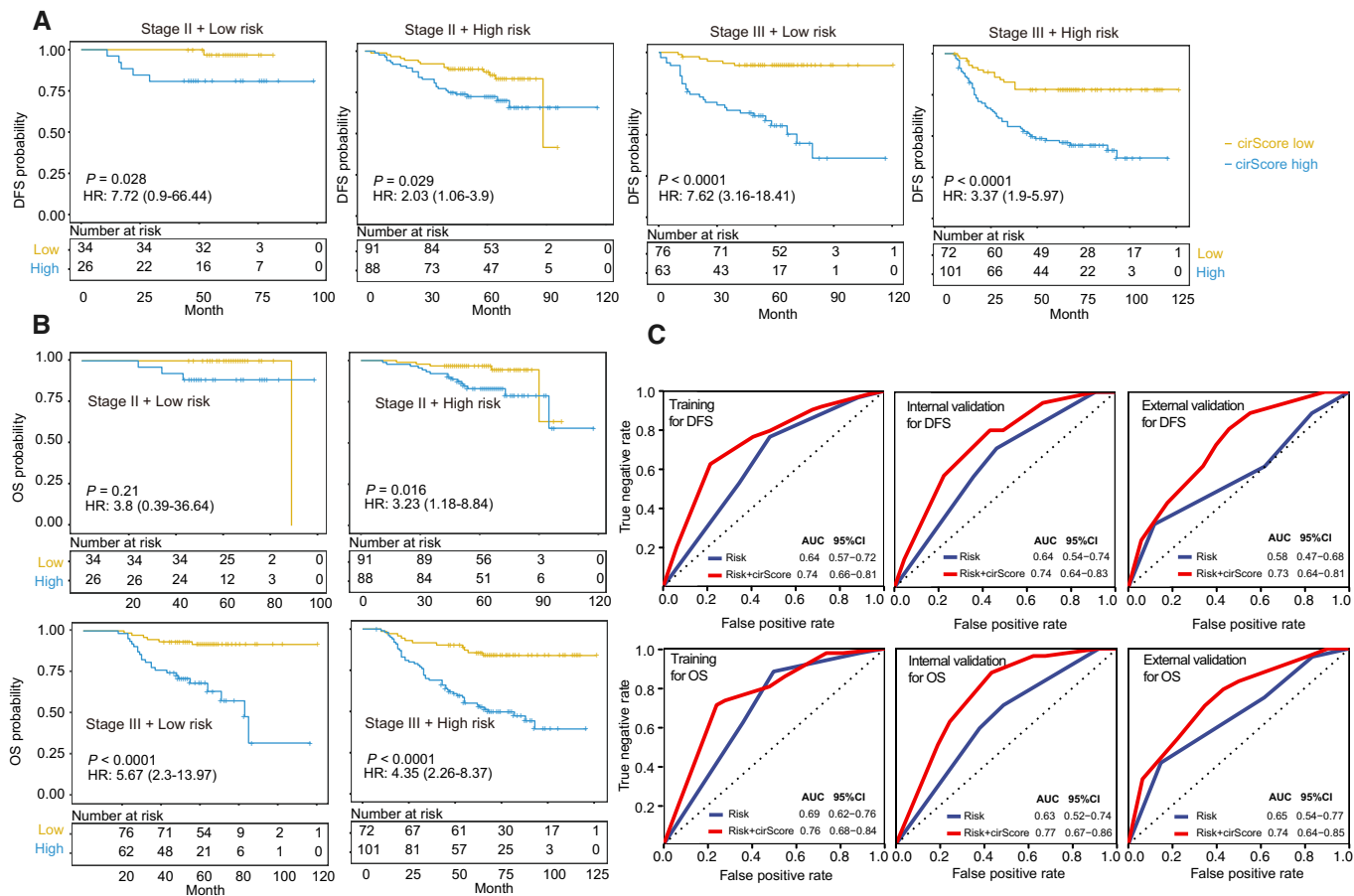


Figure EV4. Stratified analysis with known risk factors.

A The impact of the cirScore on DFS among the non-high-risk stage II ($n = 60$) and stage III ($n = 139$), and high-risk stage II ($n = 179$) and stage III ($n = 173$) subgroups.
 B The impact of the cirScore on OS among the non-high-risk stage II ($n = 60$) and stage III ($n = 139$), and high-risk stage II ($n = 179$) and stage III ($n = 173$) subgroups.
 C Time-dependent ROC analysis for predicting DFS and OS of stage II/III colon cancer patients in the three datasets using the clinical risk status + cirScore and clinical risk status only. AUC = area under the curve.

Data information: In (A, B), hazard ratios (HRs) were calculated with a univariate Cox regression analysis, and P -values were calculated with the log-rank test.

Figure EV5. Building nomograms and time-dependent ROC analysis.

A, B Calibration curve of 3-year DFS and 5-year DFS prediction in internal ($n = 122$) and external validation ($n = 180$) cohort. The 45-degree blue dotted line represents the reference line of an ideal nomogram. The error bars represent the 95% confidence intervals of the actual survival in the upper, middle, and lower tertiles.
 C Nomogram to predict the OS of patients with stage II/III colon cancer.
 D Calibration curves of the nomogram in prediction of the 3-year and 5-year OS in training ($n = 249$), and internal ($n = 122$) and external ($n = 180$) validation cohort. The 45-degree blue dotted line represents the reference line of an ideal nomogram. The error bars represent the 95% confidence intervals of the actual survival in the upper, middle, and lower tertiles. NI, perineural invasion. VI, lymphatic or vascular invasion.

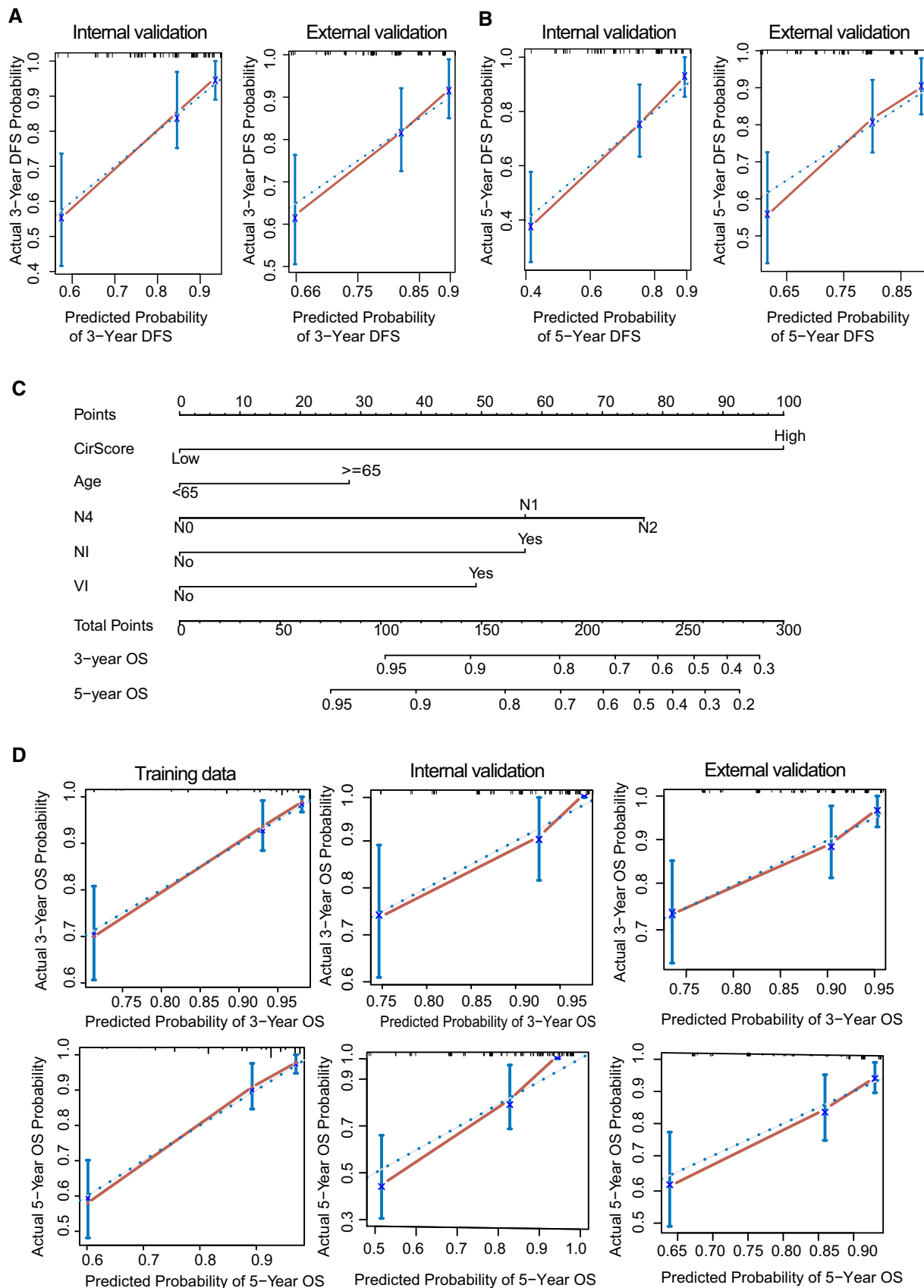


Figure EV5.