

Supplementary Figure Legends

Supplementary Figure 1. Analysis of LunX expression. (A) Analysis of the correlation between LunX expression and KRAS or p53 mutations in NSCLC. (B) Kaplan-Meier curves of the 5-year postoperative survival were generated according to the LunX staining grade in samples from 74 NSCLC patients. Survival analyses were performed with the log-rank test. (C) Immunohistochemical assessment of LunX expression in pneumonia and tuberculosis samples and other organs or cancers (colon, liver and breast). Scale bar, 200 μ m. (D) RT-PCR analysis of the expression of the human LunX family of proteins in NSCLC.

Supplementary Figure 2. Analysis of lung cancer cell migration and proliferation.

(A) Transwell assays to assess the NCI-H292, PG, A549, H460, SK-MES-1 and SK-lu-1 cell migration. (B) Wound-healing assays to assess A549 cell migration after LunX knockdown. A549 cell proliferation based on cell clone formation after LunX knockdown. (C) IF for Ki67 in A549 cells after LunX knockdown. Scale bar, 100 μ m.

Supplementary Figure 3. LunX-interacting proteins and the pathways regulated by LunX.

(A) Immunoassay of the A549 cells by IP with anti-LunX, and Western blot analysis with anti-14-3-3. (B) Immunoblotting analysis of 14-3-3 phosphorylation in A549 cells after LunX siRNA silencing. Native gel electrophoresis and immunoblotting analysis of dimeric and monomeric 14-3-3 in A549 cells after LunX

siRNA silencing. (C) Western blot analysis of 14-3-3 θ or ζ levels in NCI-H292 cells transfected with 14-3-3 θ siRNA, 14-3-3 ζ siRNA or mock siRNA. (D, E) Western blot analysis of the protein expression in A549 cells following LunX siRNA silencing. Transwell assays and cytometry to assess the A549 cell migration and proliferation after knockdown with 14-3-3 θ siRNA, 14-3-3 ζ siRNA or mock siRNA and to assess the migration and proliferation of the LunX-overexpressing or mock-transfected A549 cells after knockdown with 14-3-3 θ siRNA and 14-3-3 ζ siRNA (*** p <0.001; ns, p >0.05). The data are expressed as the mean \pm SD. (F, G) Western blot analysis of the protein expression and phosphorylation in NCI-H292 cells following LunX siRNA silencing. (H) Transwell analysis of the migration in A549 cells treated with SP600125 (inhibitor of JNK phosphorylation) or DMSO (*** p <0.001). Cytometry analysis of the proliferation in A549 cells treated with SP600125 (inhibitor of JNK phosphorylation) or DMSO. The data are presented as the mean \pm SD. (I) Assessment of apoptosis by flow cytometry in NCI-H292 cells following LunX knockdown or overexpression.

Supplementary Figure 4. LunX-targeted small interfering RNA suppresses lung

cancer growth and metastasis. (A) Pathological analysis of tissue sections from mice bearing an orthotopic xenograft. Scale bar, 200 μ m. (B, C) Stable LunX-knockdown (sh-LunX¹ and sh-LunX²) or LunX-overexpressing A549 cells were injected subcutaneously (s.c.) into nude mice. Tumor weight (C) and immunohistochemical staining for Ki-67 in tumors (B) are presented (*** p <0.001).

Scale bar, 200 μ m. The data are expressed as the mean \pm SD.

Supplementary Figure 5. Characterization of the LunX therapeutic antibody

(S-35-8). (A) The effect of S-35-8 and 251512 (LunX antibody, R&D) on LunX expression in NCI-H292 cells. (B, C) Transwell analysis and cytometry analysis of NCI-H1299 and NCI-H358 cell migration and proliferation after treatment with or without IgG (160 μ g/ml) or S-35-8 (80 or 160 μ g/ml; 48 h; ***p<0.001, **p<0.01).

The data are presented as the mean \pm SD. (D) Analysis of apoptosis by flow cytometry in A549 and NCI-H292 cells treated without or with S-35-8. (E) Immunofluorescence analysis of the antibody endocytosis in A549 cells treated with S-35-8-Rho (160 μ g/ml; 0, 6, 24 or 48 h). S-35-8-Rho, S-35-8 LunX antibody labeled with rhodamine.

Scale bar, 5 μ m.

Supplementary Figure 6. The LunX antibody (S-35-8) treats lung cancer.

(A) IF staining for Ki67 in the A549 xenograft tumors treated with or without S-35-8. Scale bar, 100 μ m.

(B) A549 cells were injected into nude mice lung parenchyma. Mice were treated with S-35-8-FITC at 10 mg/kg body weight. IF was used to assess the distribution of S-35-8-FITC in the normal lung tissue and tumor tissue 12 h after treatment. Scale bar, 50 μ m.

(C) LunX antibody (30 mg/kg body weight) or PBS vehicle was injected i.v. twice weekly, and 4 weeks later, the mice were evaluated by body weight. Lung sections were stained with eosin and hematoxylin. Scale bar, 200 μ m.

The data are expressed as the mean \pm SD.

Supplementary Table Legends

Table S1. Clinical characteristics of the cancer patients in this study.

Table S2. LunX levels in 150 cases of non-small-cell lung cancer (75 lung adenocarcinoma, 75 squamous cell lung carcinoma).

Table S3. The 4-year survival rate in 102 cases of non-small-cell lung cancer (NSCLC).