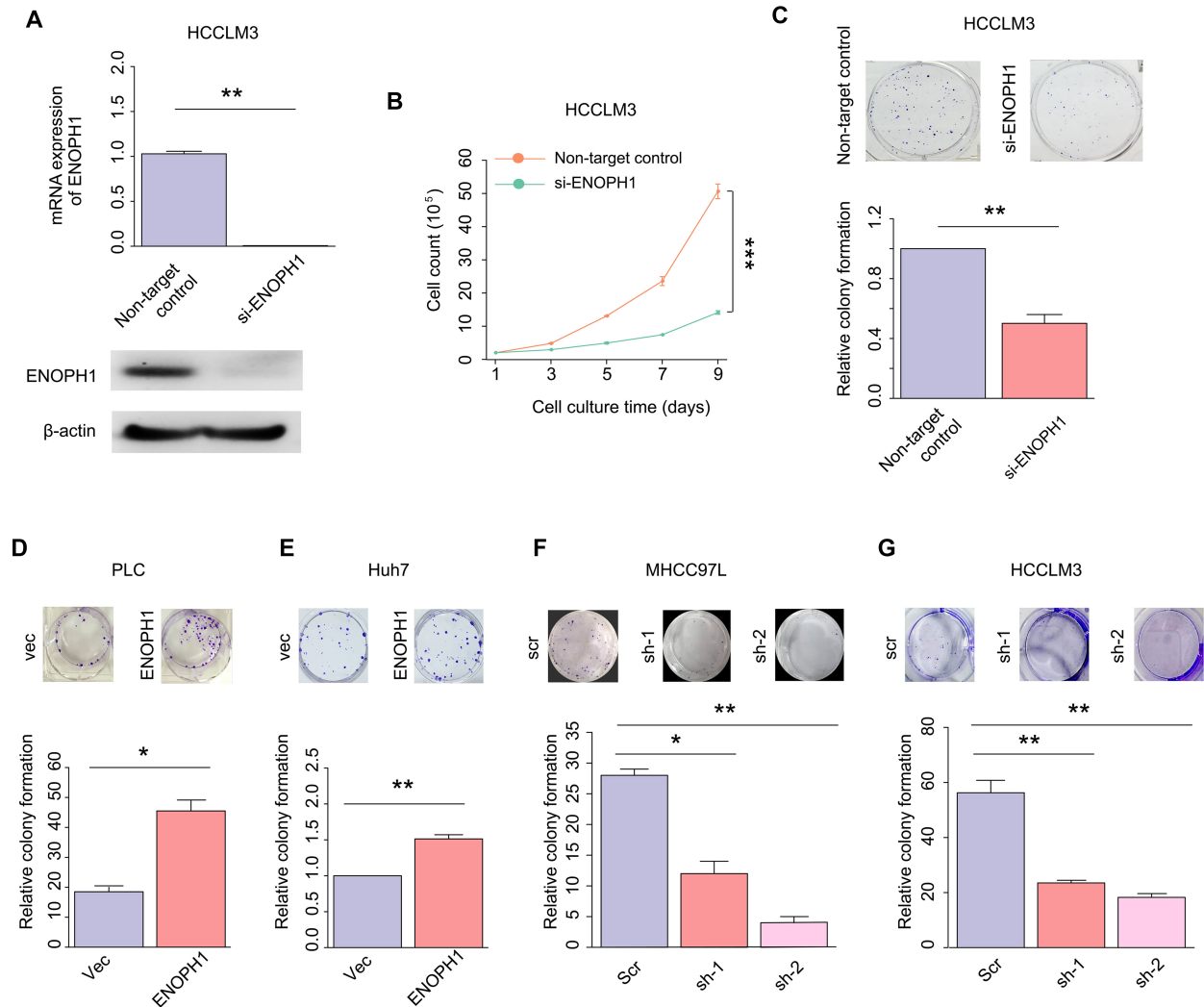
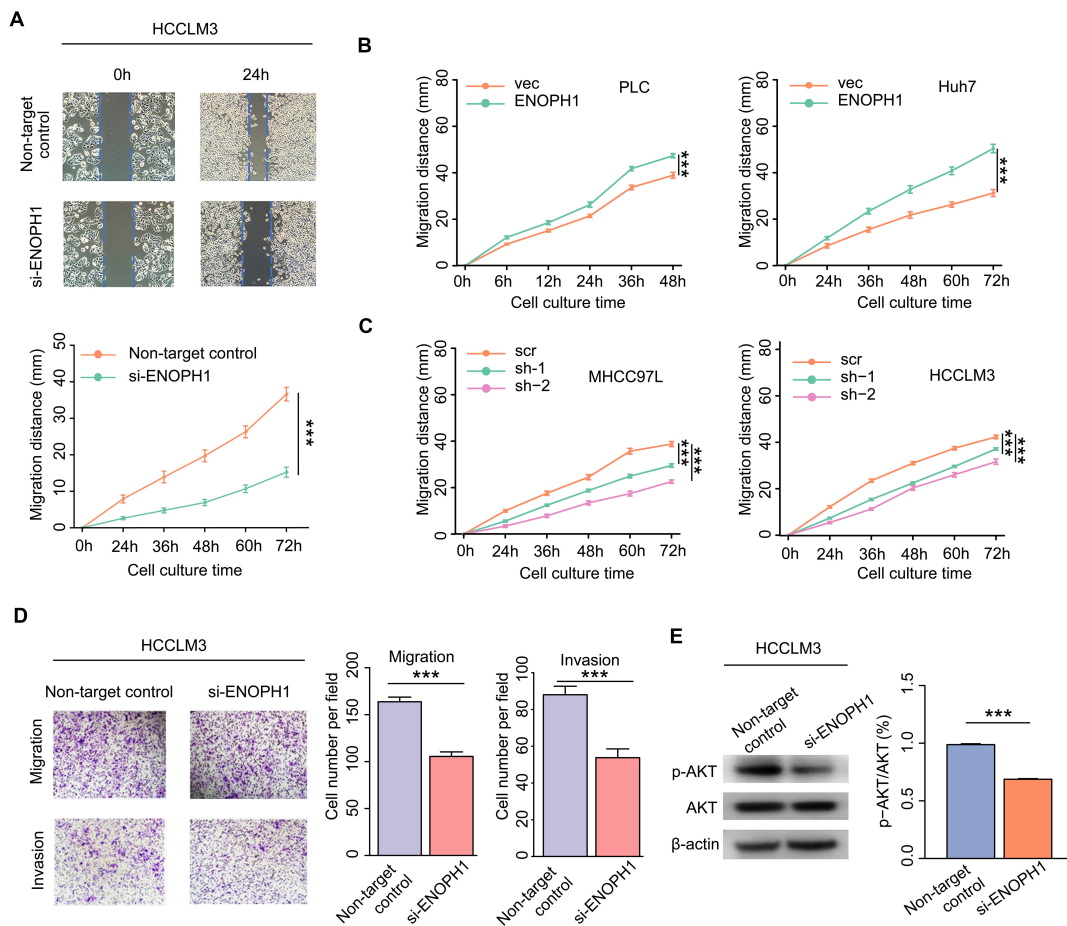


**Fig. S1. ENOPH1 expression correlating with HCC metastasis.** **a** The expression levels of ENOPH1 by qPCR using MHCC97L, MHCC97H, HCCLM3, and HCCLM6 cells. **b** Percentage chart showing the constituent ratio of cases with ENOPH1 staining scores in HCC tissues and para-tumor tissues. Data represent the means  $\pm$  SEM (\*: $P < 0.05$ , \*\*:  $P < 0.01$ , \*\*\*:  $P < 0.001$ , by Student's *t*-test).



**Fig. S2. ENOPH1 promotes cell proliferation in HCC cells.** **a** The efficiency of ENOPH1 knockdown with siRNA in HCCLM3 cells by qPCR and Western blot analysis. **b** A growth curve of ENOPH1-knockdown HCCLM3 cells and their corresponding control cells. Representative images show the results of the colony-formation assay in **c** ENOPH1-knockdown HCCLM3 cells, **d** ENOPH1-overexpressing PLC cells, **e** ENOPH1-overexpressing Huh7 cells, **f** ENOPH1-knockdown MHCC97L cells, and **g** ENOPH1-knockdown HCCLM3 cells, and their corresponding control cells (upper panel). Histogram represents colony numbers (below panel). Data represent the means  $\pm$  SEM (\*: $P < 0.05$ , \*\*: $P < 0.01$ , \*\*\*: $P < 0.001$ , by Student's *t*-test or two-way ANOVA).



**Fig. S3. ENOPH1 promotes cell migration and invasiveness in HCC cells.** **a** Wound-healing assays using ENOPH1-knockdown HCCLM3 cells and their corresponding control cells. Representative images were taken at 0 and 48 hours after the scratches were created (upper panel). Line graph is showing migration distance (below panel). **b, c** Line graph showing migration distance in wound-healing assays using ENOPH1-overexpressing HCC cells or ENOPH1-knockdown HCC cells and their corresponding control cells. **d** Transwell-chamber and Matrigel invasion assays using ENOPH1-knockdown HCCLM3 cells and their corresponding control cells. Representative images for the results of the assays. Magnification: 100 $\times$  (left panel). Histogram shows the the numbers of migrating or invading cells (right panel). **e** Western blots of p-AKT and AKT expression in ENOPH1-knockdown HCCLM3 cells treated and its corresponding control cells (left panel). Histograms shows the relative intensities of p-AKT levels *versus* total AKT expression levels (right panel). Data represent the means  $\pm$  SEM (\*: $P < 0.05$ , \*\*:  $P < 0.01$ , \*\*\*:  $P < 0.001$ , by Student's *t*-test or two-way ANOVA ).

## Supplementary tables

**Table S1.** Clinicopathological information of the HCC tissue samples for qRT-PCR

	All	ENOPH1 mRNA relative expression	
		Low (n=14)	High (n=14)
Gender			
Male	23	11	12
Female	5	3	2
Age			
<60 years	15	8	7
≥60 years	13	6	7
Serum AFP Level (ng/mL)			
<400	19	9	10
≥400	9	5	4
HBsAg			
Positive	20	10	10
Negative	8	4	4
Tumor Size			
<5cm	10	3	7
≥5cm	18	11	7
Tumor Number			
Single	23	11	12
Multiple	5	3	2

Abbreviation: AFP, alpha fetal protein; HBsAg, hepatitis B surface antigen

**Table S2.** Clinicopathological information of the HCC tissue samples for immunohistochemistry

	All	ENOPH1 tissue expression (%)		<i>P</i>
		Low=90	High=95	
Age				
<60 years	125	58(46.4)	67(53.6)	0.377
≥60 years	60	32(53.3)	28(46.7)	
Gender				
Male	153	69(45.1)	84(54.9)	<b>0.035*</b>
Female	32	21(65.6)	11(34.4)	
AFP (ng/mL)				
<400	105	61(58.1)	44(41.9)	<b>0.003*</b>
≥400	80	29(38.9)	51(63.7)	
Child pugh				
A	162	83(51.2)	79(48.8)	0.062
B	23	7(30.4)	16(69.6)	
Intraoperative hemorrhage(mL)				
<300	70	38(54.3)	32(45.7)	0.231
≥300	115	52(45.2)	63(54.8)	
Surgery time(min)				
<120	76	36(47.4)	40(52.6)	0.771
≥120	109	54(49.5)	55(50.5)	
Intraoperative blood transfusion				
No	111	63(56.8)	48 (43.2)	<b>0.007*</b>
Yes	74	27(36.5)	47(63.5)	
Tumor amount				
Single	146	70(47.9)	76(52.1)	0.711
Multiple	39	20(51.3)	19(48.7)	
Tumor size(cm)				
<5	61	32(52.5)	29(47.5)	0.467
≥5	124	58(46.8)	66(53.2)	

Capsule				
Uncomplete	42	18(42.9)	24(57.1)	0.393
Complete	143	72(50.3)	71(49.7)	
Microvascular invasion				
No	115	62(53.9)	53(46.1)	0.066
Yes	70	28(40.0)	42(60.0)	
Macrovascular invasion				
No	145	78(53.8)	67(46.2)	<b>0.008*</b>
Yes	40	12(30.0)	28(70.0)	
Satellite metastasis				
No	152	79(52.0)	73(48.0)	0.052
Yes	33	11(33.3)	22(66.7)	
BCLC stage				
A	59	31(52.5)	28(47.5)	0.235
B	41	15(36.6)	26(63.4)	
C	28	11(39.3)	17(60.7)	
AJCC stage				
I+II	96	55(57.3)	41(42.7)	<b>0.015*</b>
III+IV	89	35(39.3)	54(60.7)	

Abbreviation: AFP, Alpha Fetal Protein; BCLC, Barcelona Clinic Liver Cancer; AJCC, American Joint Committee on Cancer.

\*  $P < 0.05$

**Table S3.** Sequences of the DNA primers for qRT-PCR.

Name	Sequence (5'-3')
ENOPH1	Forward: GTAGCTGTGGTGGTGAGACC Reverse: CGGTCTGCCTTAACAACCCT
18s-rRNA (HQ387008.1)	Forward: GCTTAATTTGACTCAACACGGGA Reverse: AGCTATCAATCTGTCAATCCTGTC

**Table S4.** Sequences of the genes coding siRNA and shRNA for ENOPH1 Knockdown Experiments.

Name	Sequence (5'-3')
ENOPH1-shRNA-1	GAATGAAGGTGTACATCTATT
ENOPH1-shRNA-2	GACCAGGCAACGCAGGATTAA
ENOPH1-siRNA	GGAAGCAGATGTGCACGTA
siControl	TCCTAAGGTAAAGTCGCCCTC

**Table S5.** Details of DEGs in transcriptomic and proteomic data\*

Pathway	DEGs in transcriptomic data	proteomic data
beta-Alanine metabolism	ALDH1A3 ,AOC3, <b>CNDP2</b> , DPYD, GAD1	<b>CNDP2</b>
Propanoate metabolism	ACACA, ACACB, BCKDHB, LDHB, PCCB	
Purine metabolism	ADCY3, ADCY6, ADCY7, ADPRM, AK2, AK3, AK4, AK7, ENPP4, ENTPD4, ENTPD8, <b>GART</b> , GDA, GMPS, HDDC3, HPRT1, NME7, NPR2, NT5C2, NT5E, NT5M, NUDT5, NUDT9, PAPSS1, PDE4C, PDE8A, PDE9A, PFAS, PNP, POLD1, POLE3, POLR2E, POLR3D, PPAT	<b>GART</b> , PGM1, POLD1, POLE2, POLR1C, POLR2C, PRPS1
Valine, leucine and isoleucine degradation	AACS, ACADSB, AOX1, BCAT2, BCKDHB, HADH, HADHB, HIBADH, HMGCS1, MCCC2, OXCT2, PCCB	
Nicotinate and nicotinamide metabolism	AOX1, BST1, NAMPT, NMNAT1, NNMT, NT5C2, NT5E, NT5M, PNP	
Cysteine and methionine metabolism	BCAT2, <b>ENOPH1</b> , LDHB, MDH1, MRI1, MTAP, <b>SDSL</b> , TST	<b>ENOPH1</b> , GCLM, GSS, MDH1, MTAP, <b>SDSL</b>
Glutathione metabolism	ANPEP, G6PD, GGT5, GGT7, GPX4, GPX8, GSTM1, GSTM2, GSTM4, GSTO2, GSTP1, IDH2, ODC1	GCLM, GSS, GSTM3, PGD

\*: Bold font indicates that gene expression is up-regulated (or down-regulated) with the metastatic capability at both the mRNA and protein levels.