

Supplementary Materials

Enrichment of SOX2-Positive Cells in Ameloblastoma Patients with Tumor Recurrence and BRAF V600E Mutated Cases

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Table S1. Primers used in targeted DNA sequencing and real-time RT-PCR*DNA sequencing*

Primer name	Sequences (5' to 3')
BRAF-ex15F	TGCTTGCTCTGATAGGAAAATG
BRAF-ex15R	AGCATCTCAGGGCCAAAAAT

Real-time RT-PCR

Primer name	Sequences (5' to 3')
hBRAF(V600E)-F	ATTGCACGACAGACTGCAC
hBRAF(V600E)-R	CCCACTCCATCGAGATTTCT
hSOX2-F	GCTACAGCATGATGCAGGACCA
hSOX2-R	GCGAGCTGGTCATGGAGTT
GAPDH-F	GCACCGTCA AGGCTG AGA AC
GAPDH-R	TGGTGGTGA AGACGCCAGT

Table S2. Correlation between the expression statuses of SOX2 and Ki-67.

Histologic type	<i>p</i> ^a
Follicular type	0.324
Plexiform type	0.501
Unicystic type	0.103

^aSpearman's correlation coefficient.**Table S3.** Correlation of expression status of SOX2 and Ki-67 with clinical parameters^a.

Histologic Type	Marker Expressed	Clinical parameters		
		Size of lesion	Root resorption	Bone perforation
Follicular type	SOX2	<i>p</i> =0.336	<i>p</i> =0.731	<i>p</i> =0.837
	Ki-67	<i>p</i> =0.490	<i>p</i> =0.298	<i>p</i> =0.261
Plexiform type	SOX2	<i>p</i> =0.207	<i>p</i> =0.663	<i>p</i> =0.968
	Ki-67	<i>p</i> =0.652	<i>p</i> =0.843	<i>p</i> =0.904
Unicystic type	SOX2	<i>p</i> =0.840	<i>p</i> =0.483	<i>p</i> =0.245
	Ki-67	<i>p</i> =0.223	<i>p</i> =0.151	<i>p</i> =0.785

^aSpearman's correlation coefficient.

Table S4. Correlation of size of lesion to root resorption and bone perforation in three types of ameloblastoma^a.

Histologic type		Root resorption	Bone perforation
Follicular type	Size of lesion	$p=0.891$	$p=0.441$
Plexiform type	Size of lesion	$p=0.636$	$p=0.053$
Unicystic type	Size of lesion	$p=0.562$	$p=0.703$

^a Spearman's correlation coefficient.

Table S5. Comparison of expression status of SOX2 and Ki-67 in recurrent lesions^a.

Histologic type	Case number	Labeling indices of SOX2 (%)	Labeling indices of Ki-67 (%)	Comparing SOX2 expression status with other cases without recurrent event in the same type	Comparing Ki-67 expression status with other cases without recurrent event in the same type
Follicular type	AB-3	42.7	1.3		
	AB-6	38.4	1.2		
	AB-7	2.8	1.7		
	AB-8	4	1.0		
	AB-12	4	0.6		
	AB-14	6.2	2.0		
	AB-16	2.2	7.2		
	AB-25	58.2	5.4		
	AB-26	7.2	3.0		
	Mean ± S.D. (%)	18.4 ± 21.7	2.6 ± 2.3	$p=0.958$	$p=0.916$
Plexiform type	AB-31	27.4	2.6		
	AB-33	62.7	8.0		
	AB-37	41.7	2.6		
	Mean ± S.D. (%)	43.9 ± 17.8	4.4 ± 3.1	$p=0.258$	$p=0.765$

		S.D. (%)			
Unicystic type	AB-59	8.5	5.5	-	-

^a Mann-Whitney U test.

Table S6. Comparison of expression status of SOX2 and Ki-67 in cases with further recurrent lesions^a.

Histologic type	Case number	Labeling indices of SOX2 (%)	Labeling indices of Ki-67 (%)	Comparing SOX2 expression status with other cases without recurrent event in the same type	Comparing Ki-67 expression status with other cases without recurrent event in the same type
Follicular type	AB-16	2.2	7.2		
	AB-19	26.5	2.2		
	AB-25	58.2	5.4		
	Mean ± S.D. (%)	29.0 ± 28.1	5.8 ± 3.9	<i>p</i> =0.546	<i>p</i> =0.146
Plexiform type	AB-31	27.4	2.6		
	AB-37	41.7	2.6		
	AB-39	15.0	2.9		
	AB-43	9.1	1.9		
	Mean ± S.D. (%)	23.3 ± 14.4	2.5 ± 0.4	<i>p</i> =0.763	<i>p</i> =0.635

^a Mann-Whitney U test.

Table S7. Comparison of expression status of SOX2 and Ki-67 in mural type and luminal/intra-luminal type unicystic ameloblastomas^a.

Subtypes of unicystic ameloblastoma	SOX2 expression status	Ki-67 expression status
Mural type	$p=0.452$	$p=0.971$
Intra-luminal/luminal type		

^a Mann-Whitney U test.

Table S8. Comparison of expression status of SOX2 and Ki-67 in intra-luminal/luminal type and other types of ameloblastomas^a.

Histologic type	Sox2 expression status Mean \pm S.D. (%)	p	Ki-67 expression status Mean \pm S.D. (%)	p
Intra-luminal/luminal type	13.5 \pm 9.5	0.653	2.8 \pm 2.3	0.809
Other types	22.2 \pm 21.0		3.2 \pm 2.7	

^a Mann-Whitney U test.

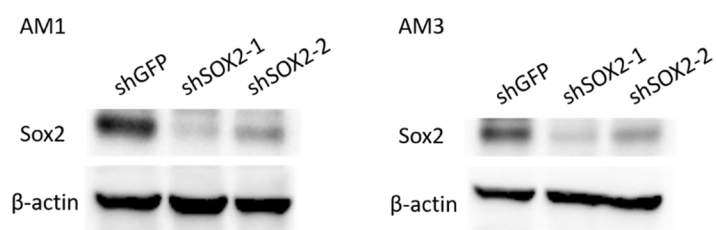
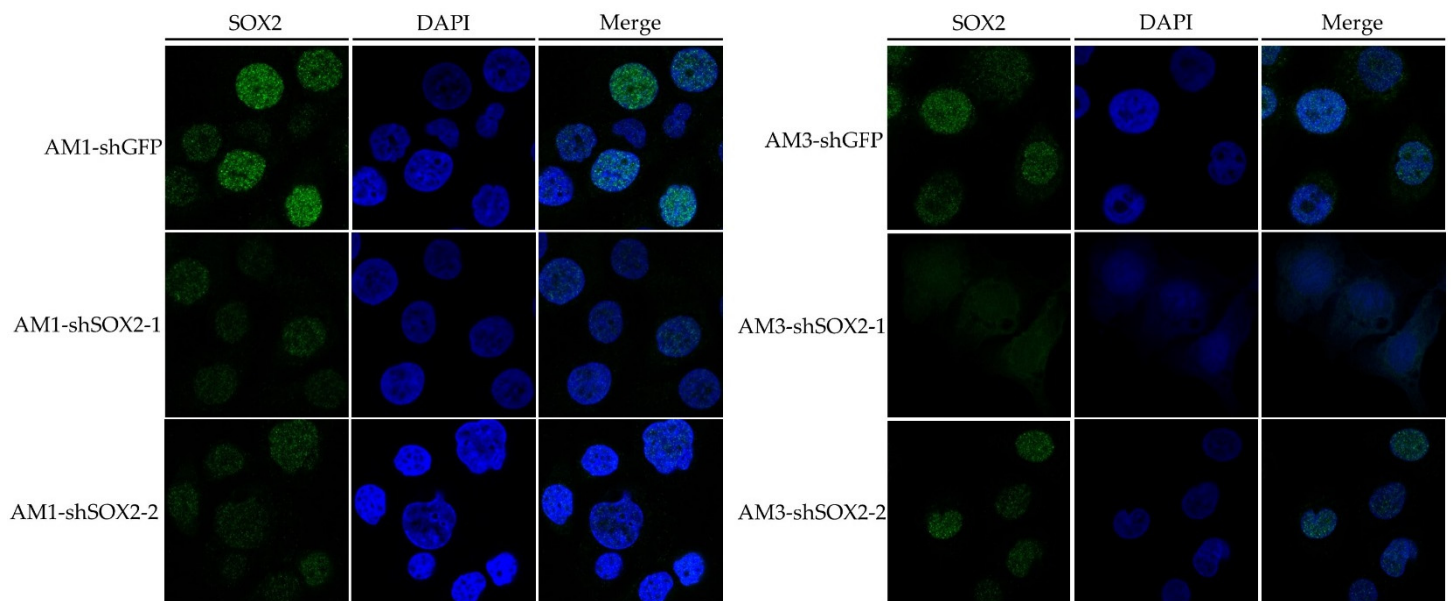


Figure S1. Knockdown efficiency of SOX2 in ameloblastoma cell lines.

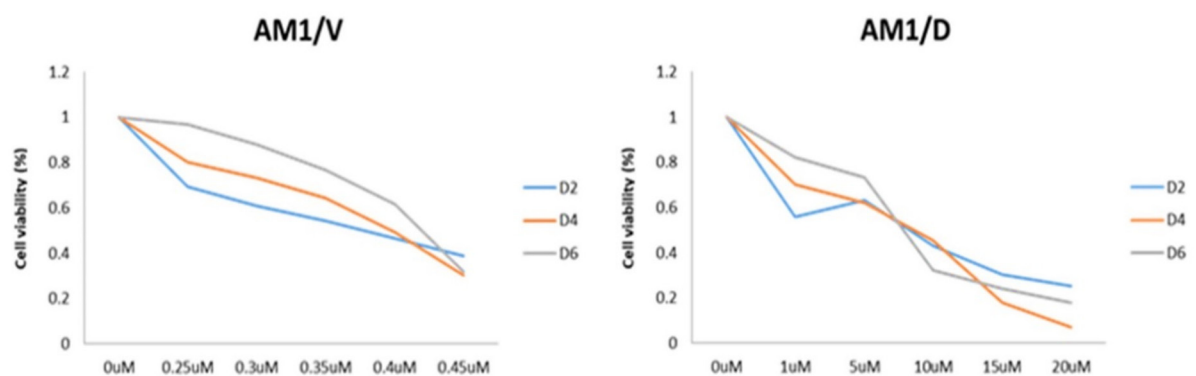


Figure S2. Inhibition of BRAF reduces cell viability of AM1 cells. AM1 cell was treated with BRAF inhibitors (**V**: vemurafenib; **D**: dabrafenib) for 2, 4 and 6 days then analysis the cell viability.