Figure S1. Kaplan-Meier curves for recurrence-free survival rates of 36 patients with diffuse-type gastric cancer according to the plasma levels of PDPN. The recurrence-free survival rate tended to be unfavorable in the high PDPN group (P=0.166). The log-rank test was used for statistical analysis. PDPN, podoplanin.



Figure S2. Biological analysis for soluble PDPN. Possible phenotypic changes of NUGC-3 gastric cancer cells following exposure to soluble PDPN were evaluated. No significant changes were observed in the (A) migration, (B) invasion and (C) proliferation ability of the gastric cancer cell line NUGC-3 (scale bar,  $200 \mu m$ ). x, average; PDPN, podoplanin.



Figure S3. Biological analysis for soluble PDPN. Possible phenotypic changes of MKN74 gastric cancer cells following exposure to soluble PDPN were evaluated. No significant changes were observed in the (A) migration, (B) invasion and (C) proliferation ability of the gastric cancer cell line MKN74 (scale bar, 200  $\mu$ m). PDPN, podoplanin.



Table SI. Clinicopathological features and their relationship with the plasma PDPN levels in patients with gastric cancer from the validation cohort (n=84).

Variable	PDPN expression in plasma		
	Low	High	P-value
Sex			0.001
Male	38 (76.0)	14 (41.2)	
Female	12 (24.0)	20 (58.8)	
Age, years	70.8±7.9	65.9±12.4	0.091
Tumor size, mm	57.6±29.2	74.1±38.2	0.027
Depth of tumor			0.819
T2-3	35 (70.0)	23 (67.6)	
T4	15 (30.0)	11 (32.4)	
Lymph node metastasis			0.327
Negative	23 (46.0)	12 (35.3)	
Positive	27 (54.0)	22 (64.7)	
Lymphatic invasion			0.797
Negative	13 (26.0)	8 (23.5)	
Positive	37 (74.0)	26 (76.5)	
Venous invasion			0.170
Negative	21 (42.0)	9 (26.5)	
Positive	29 (58.0)	25 (73.5)	
Lauren classification			0.015
Intestinal type	34 (68.0)	14 (41.2)	
Diffuse type	16 (32.0)	20 (58.8)	
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Values are expressed as n (%) or the mean  $\pm$  standard deviation. PDPN, podoplanin.