

Figure S1. IHC profiling of GBC across treatment centers. (A) Primary gallbladder tumor (Zhenjiang Hospital of Traditional Chinese and Western Medicine; 2018) of the poorly differentiated adenocarcinoma showing CK (+), Ki-67 (+, 30%) and AFP (-). Magnification, x400. (B) Residual tumor post-radical resection (Nanjing Drum Tower Hospital; 2018) showing CK7 (+), CK20 (+) and Ki-67 (+, 30%) confirming biliary origin and proliferative activity. Magnification, x200. (C) Neck metastasis (Affiliated Hospital of Jiangsu University; 2020) showing metastatic GBC characterized by CK20 (+), TTF-1 (-; excludes lung), TG (-; excludes thyroid), CDX-2 (-; excludes colorectal) and CK5/6(-), Vimentin(-) (CK20 and Vimentin, 100x magnification; TTF-1, TG, CDX-2 and CK5/6, whole-slide view, 1.25x magnification). All images were of 4 μ m formalin-fixed paraffin-embedded sections. IHC was performed using DAB chromogen (brown) with hematoxylin counterstain. IHC, immunohistochemistry; CK, cytokeratin; AFP, α -fetoprotein; GBC, gallbladder cancer; TTF-1, transcription termination factor 1; TG, thyroglobulin; CDX-2, caudal type homeobox 2.

