

Figure S1. Representative morphology and survival analysis of EBV-positive gastric cancer. (A) Gross photograph of an EBV-positive gastric cancer specimen showing a focal ulcerative mass on the gastric mucosa. (B) Representative hematoxylin and eosin staining of poorly differentiated solid-type adenocarcinoma, one of the most common histological subtypes in EBVaGC (magnification, x200). (C) Survival analysis of 24 matched pairs of EBV-positive and EBV-negative gastric cancer patients. Short-term survival (≤ 12 months) showed a significant difference (Breslow test, $P=0.046$), while long-term survival (>12 months) did not (log-rank test, $P=0.087$). EBV, Epstein-Barr virus; GC, gastric cancer.

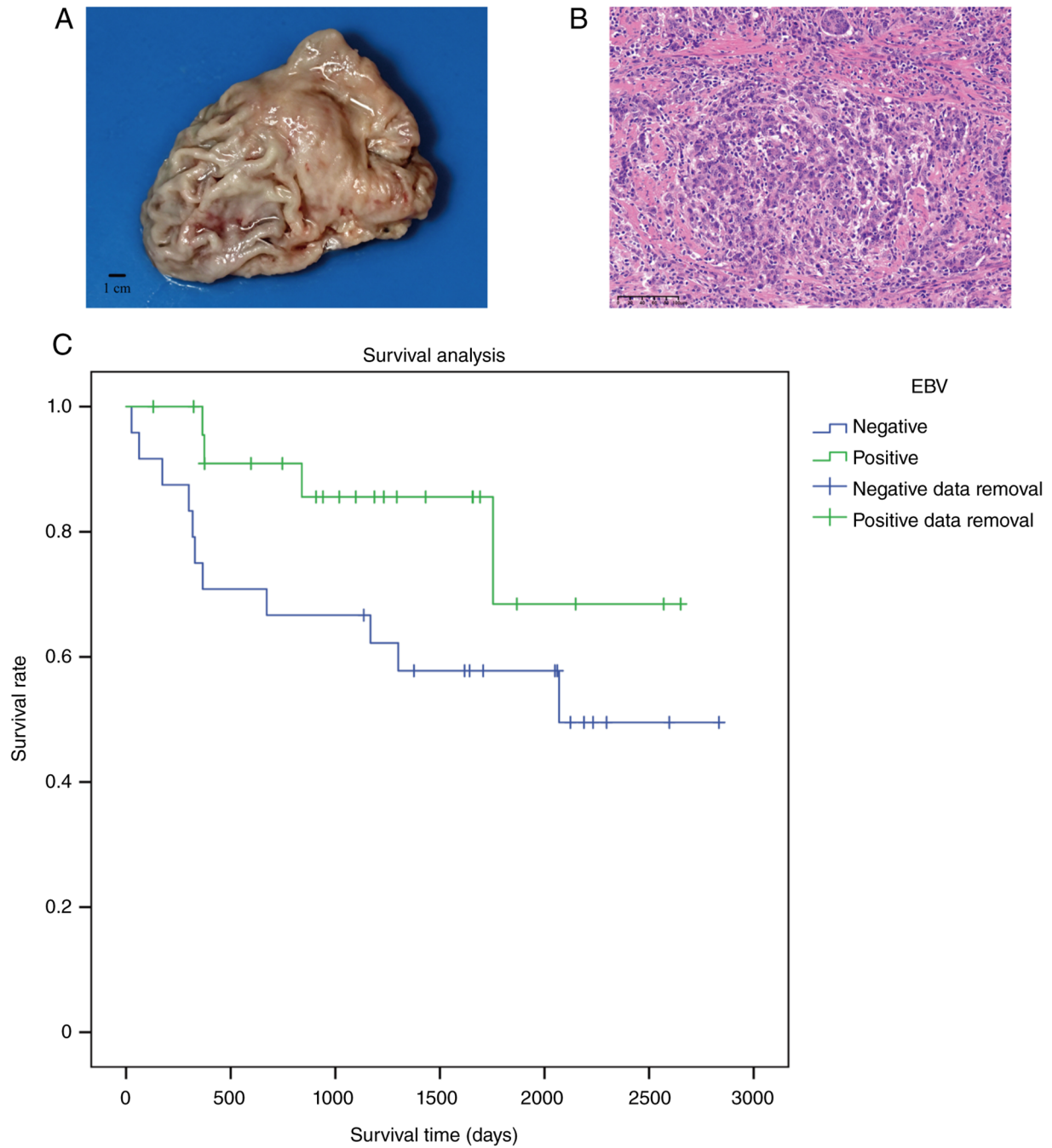


Figure S2. Expression of Ki-67, PCNA and CLDN18.2 in EBV-positive and EBV-negative GC. (A) Ki-67 (nuclear) expression in EBV-positive GC (magnification, x200). (B) PCNA (nuclear) expression in EBV-positive GC (magnification, x200). (C) CLDN18.2 (membrane/cytoplasm) expression in EBV-positive GC (magnification, x200). (D) Ki-67 expression in EBV-negative GC (magnification, x200). (E) PCNA expression in EBV-negative GC (magnification, x200). (F) CLDN18.2 expression in EBV-negative GC (magnification, x200). CLDN18.2, claudin 18.2; EBV, Epstein-Barr virus; PCNA, proliferating cell nuclear antigen; GC, gastric cancer.

