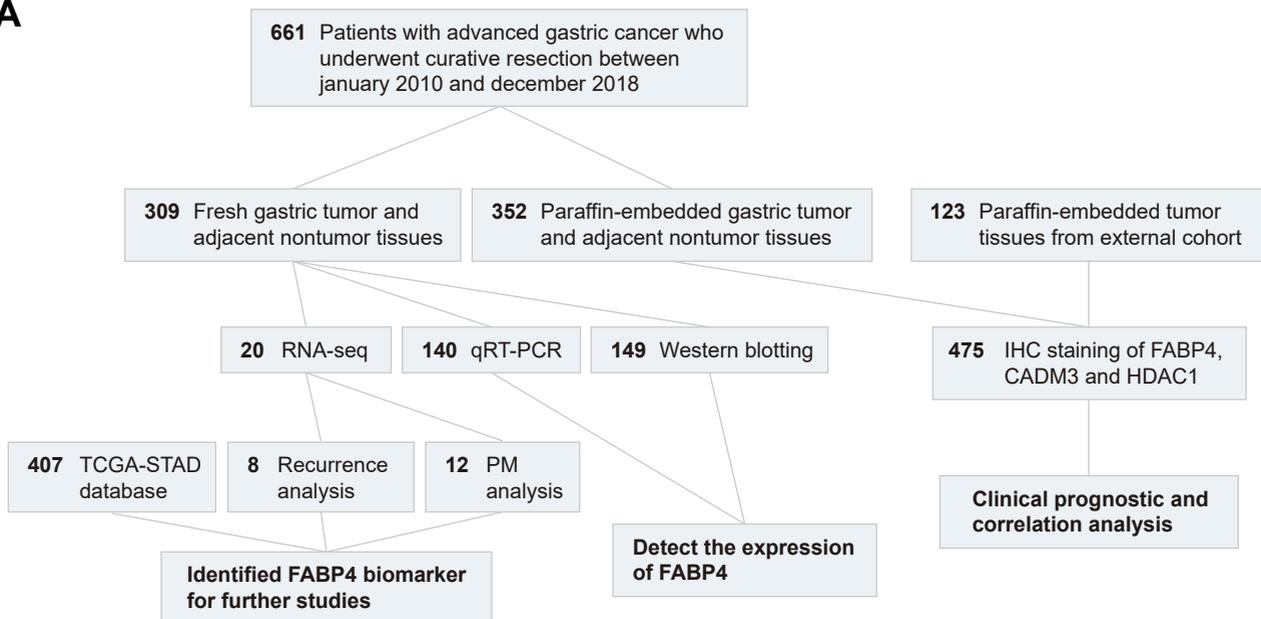
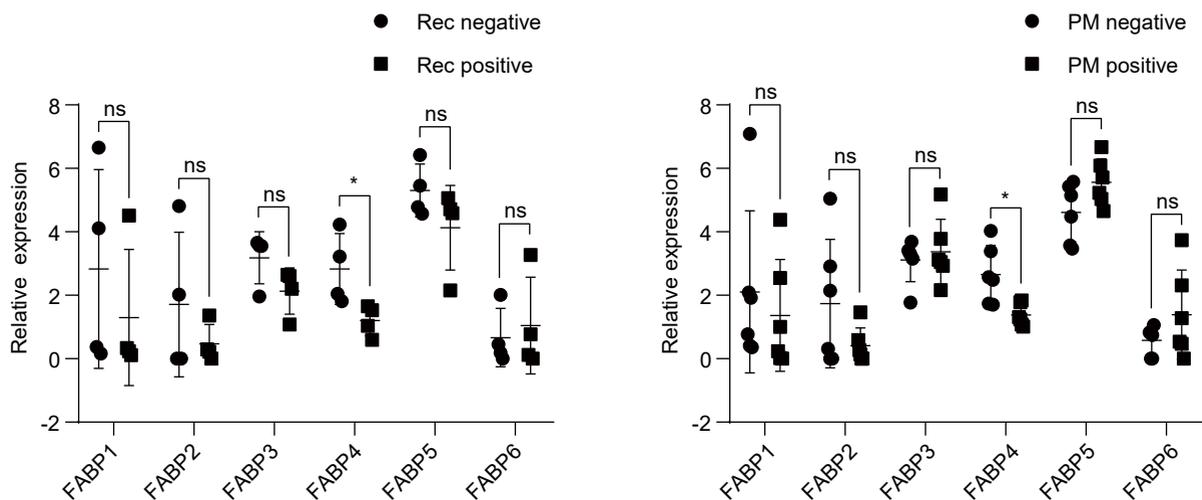


Figure S1

A



B



C

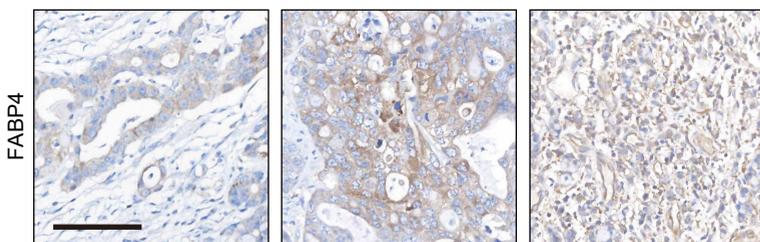


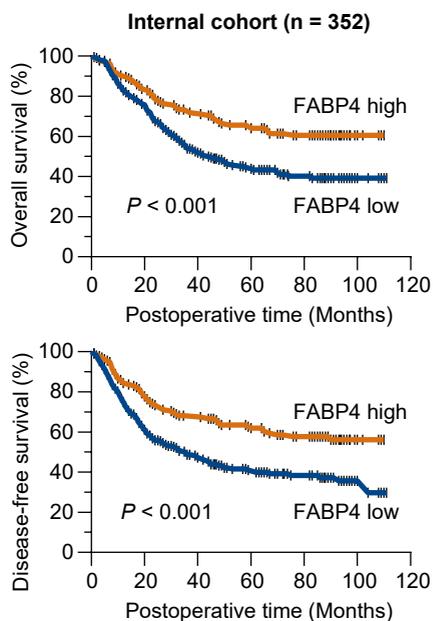
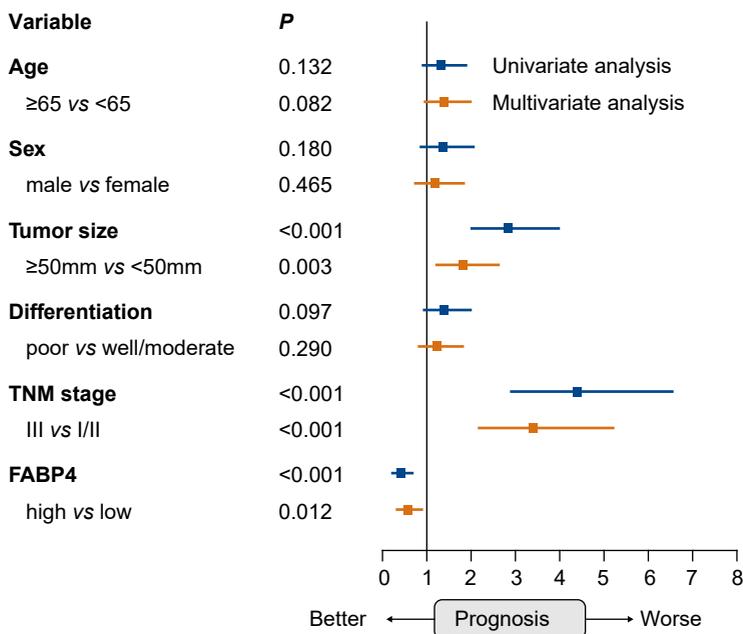
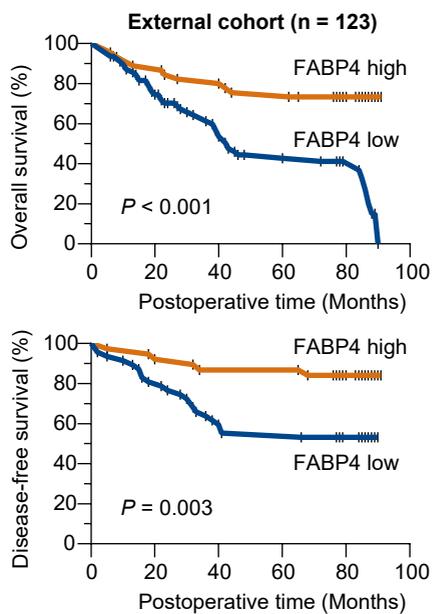
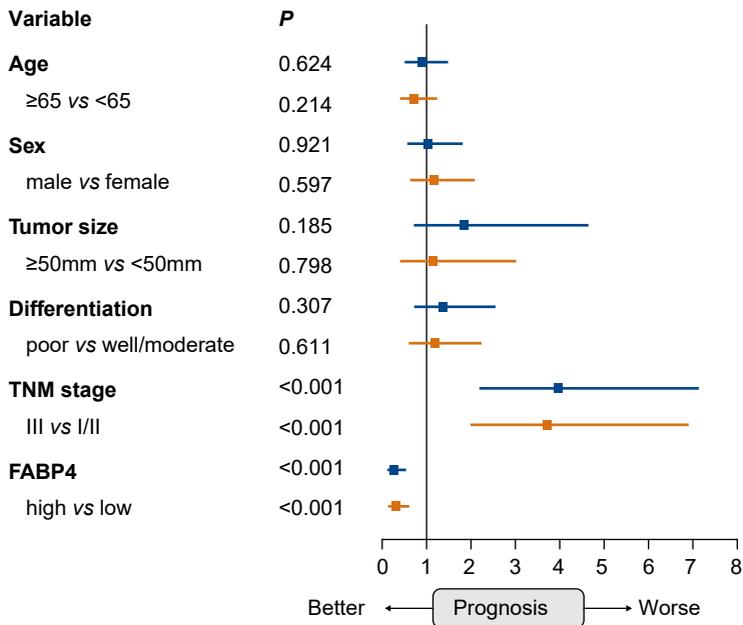
Figure S2**A****B****C****D**

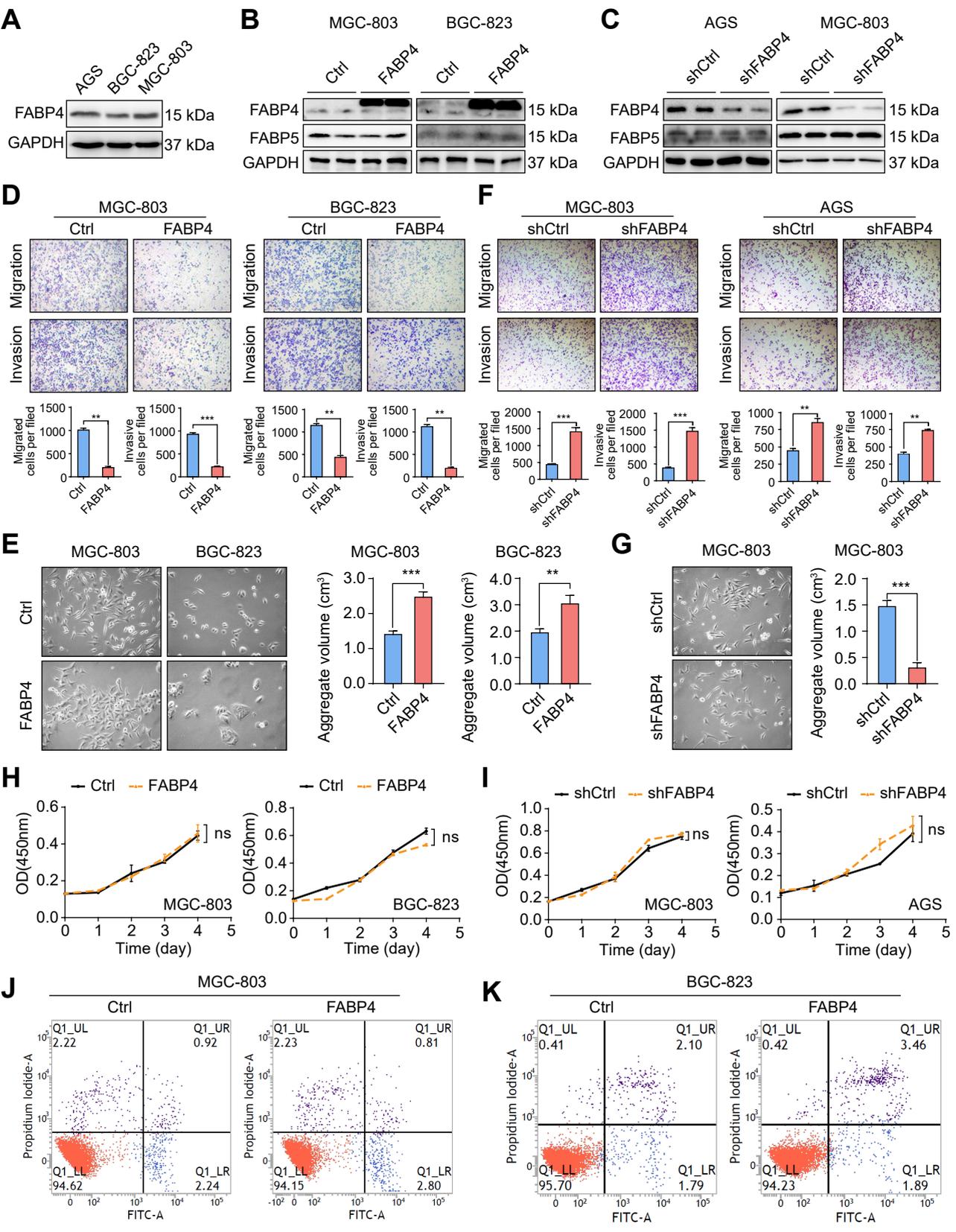
Figure S3

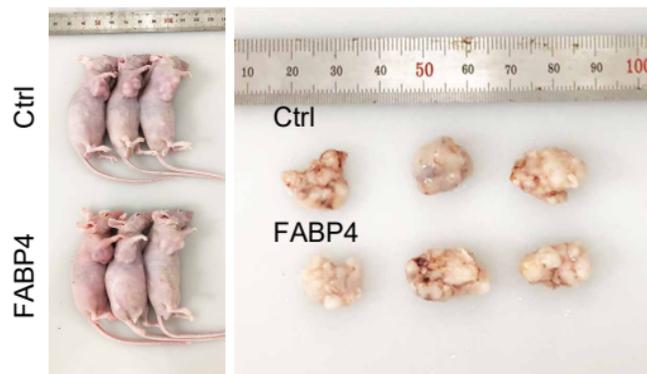
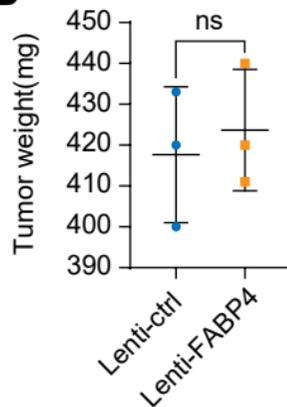
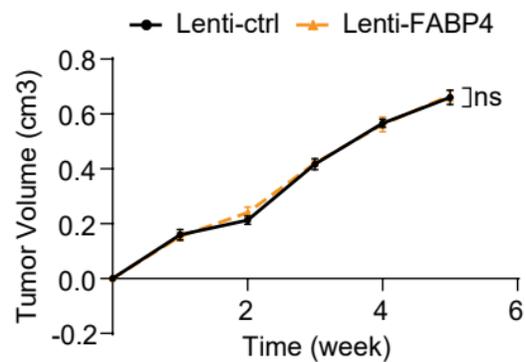
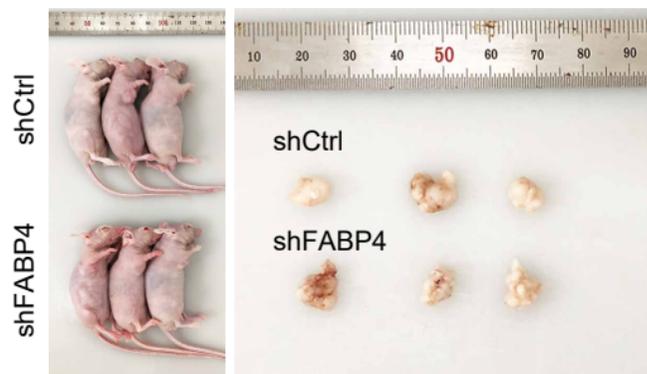
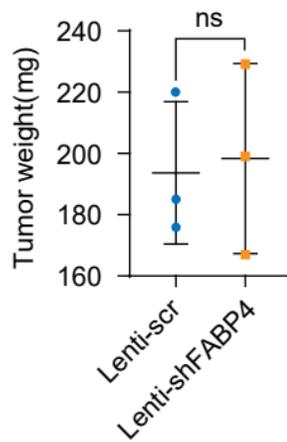
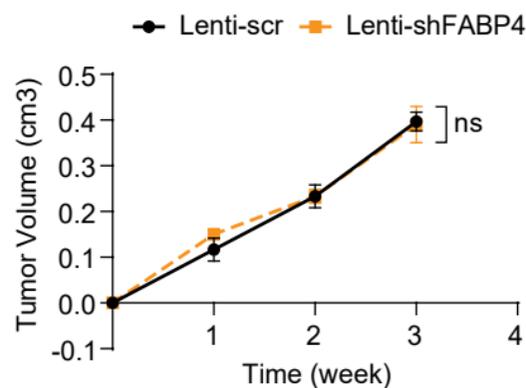
Figure S4**A****B****C****D****E****F**

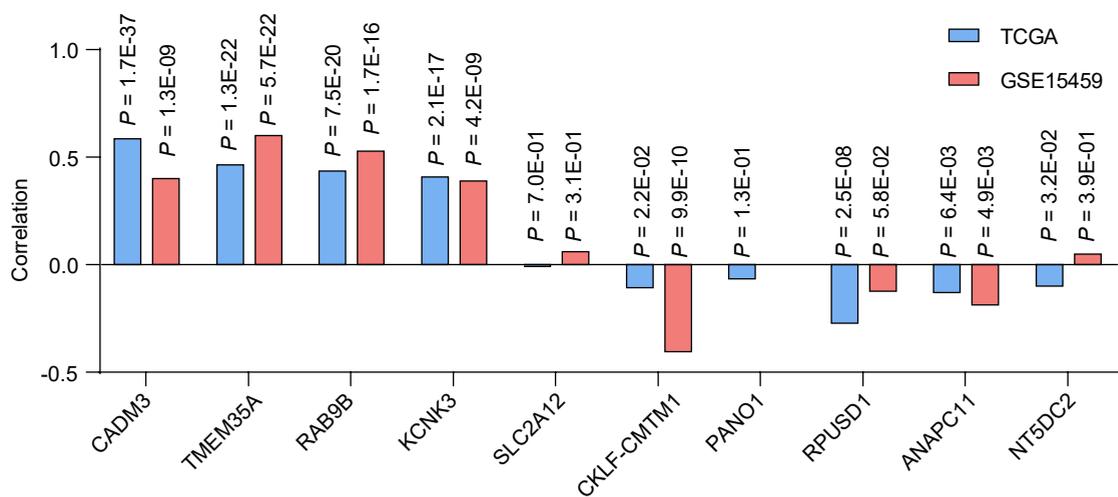
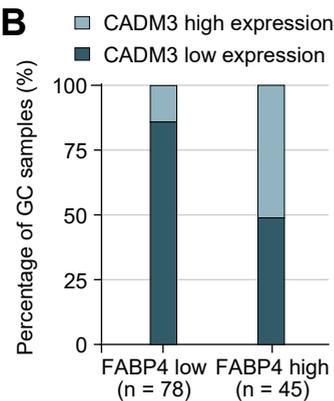
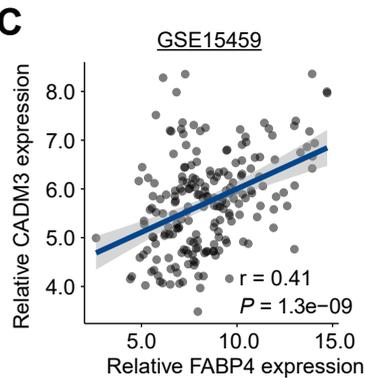
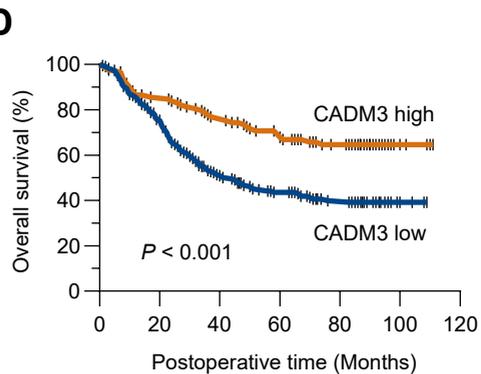
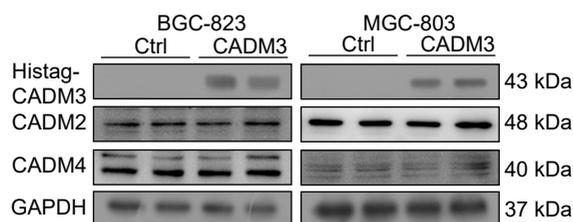
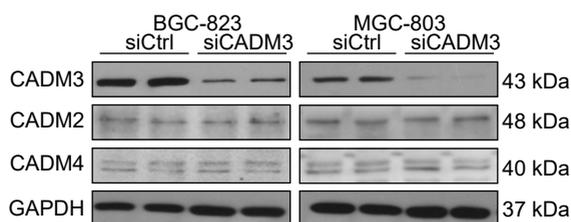
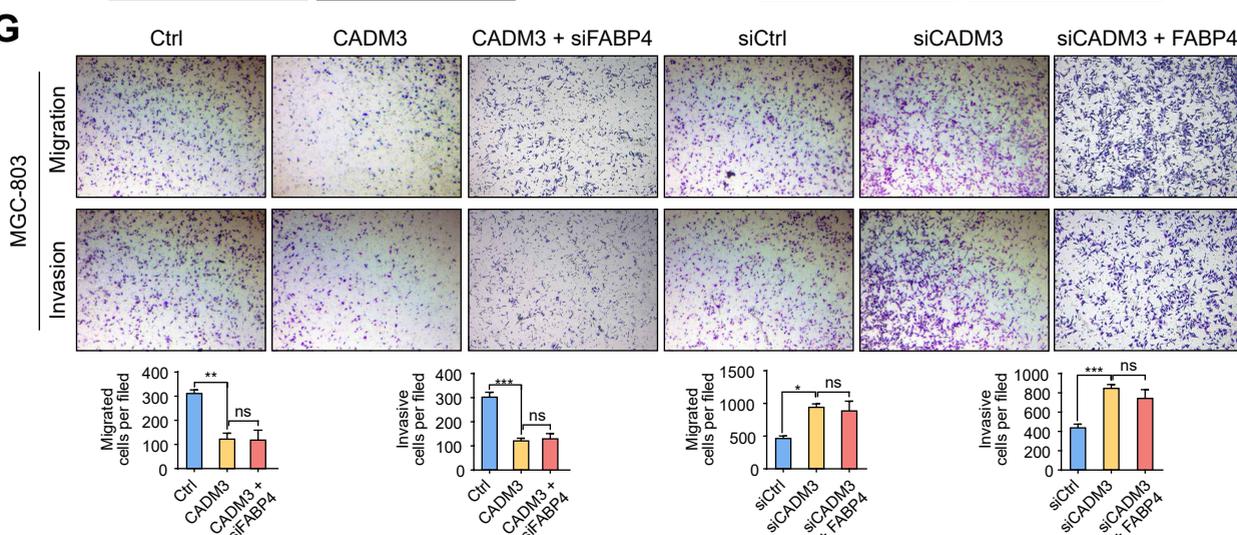
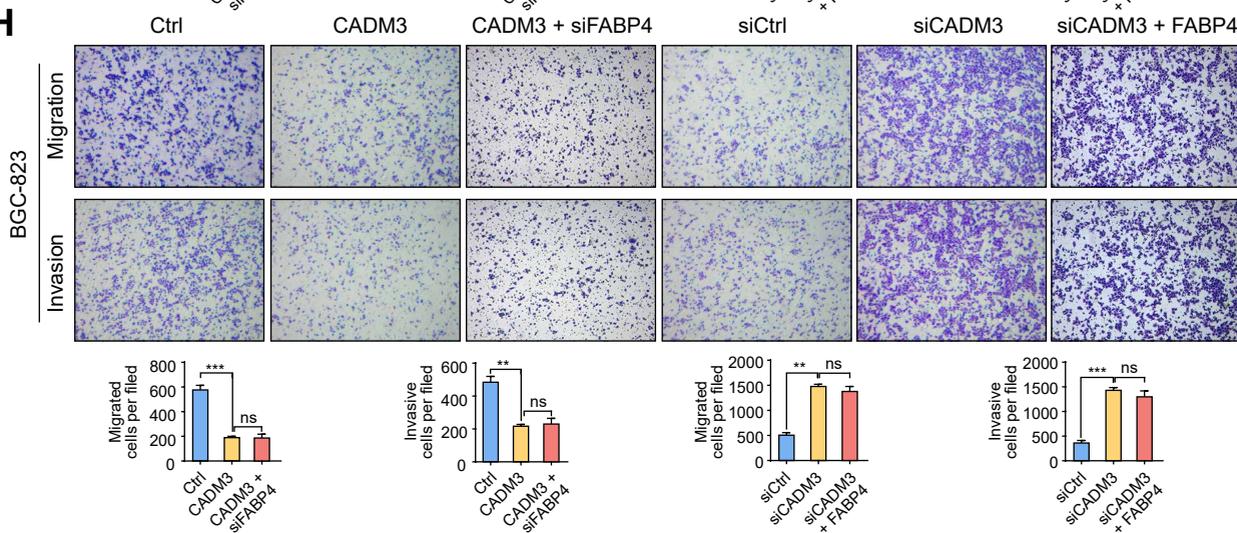
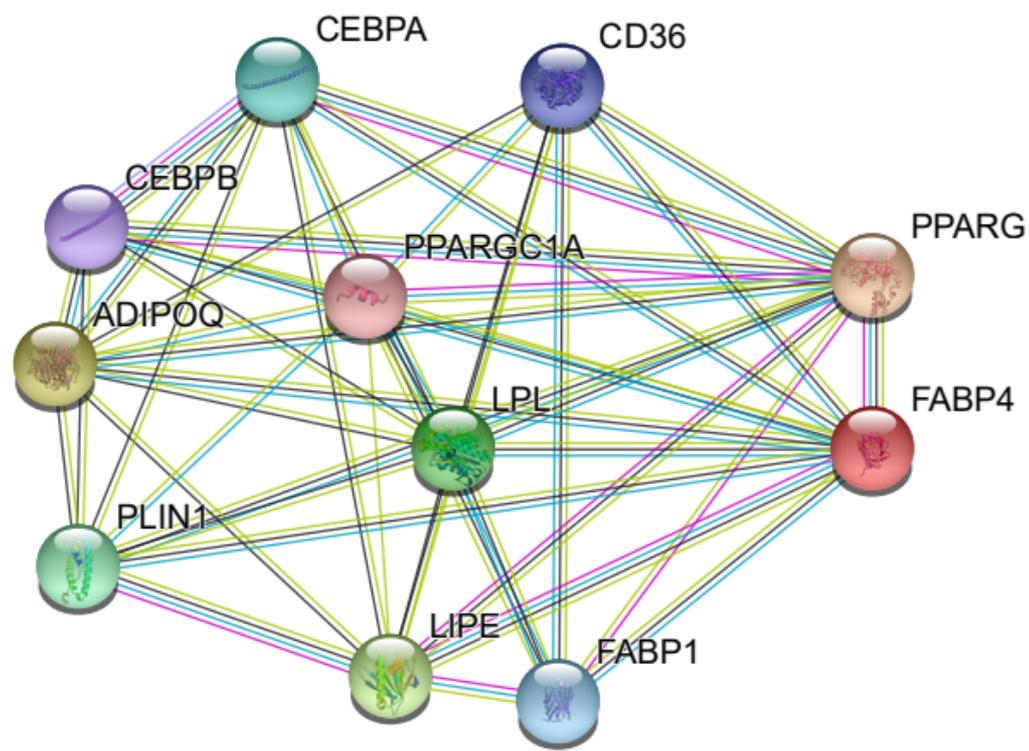
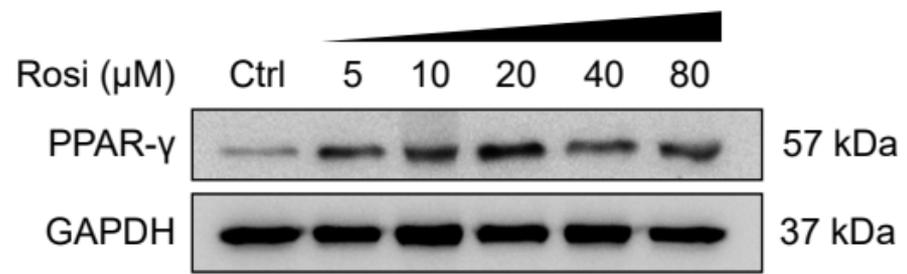
Figure S5**A****B****C****D****E****F****G****H**

Figure S6

A



B



C

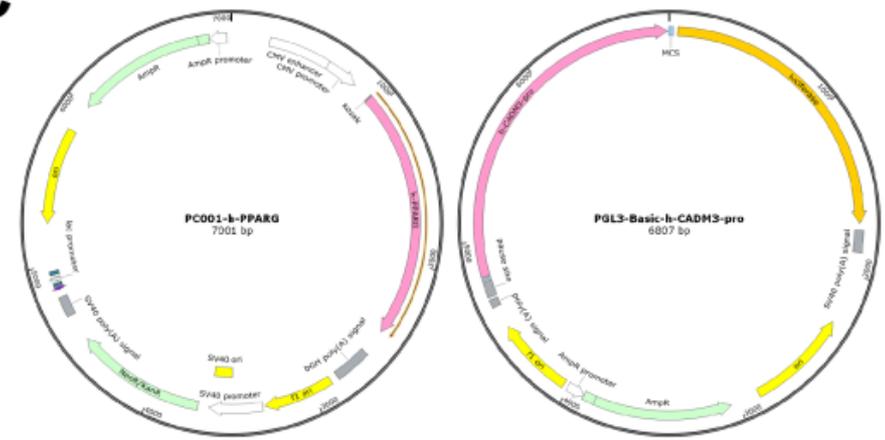
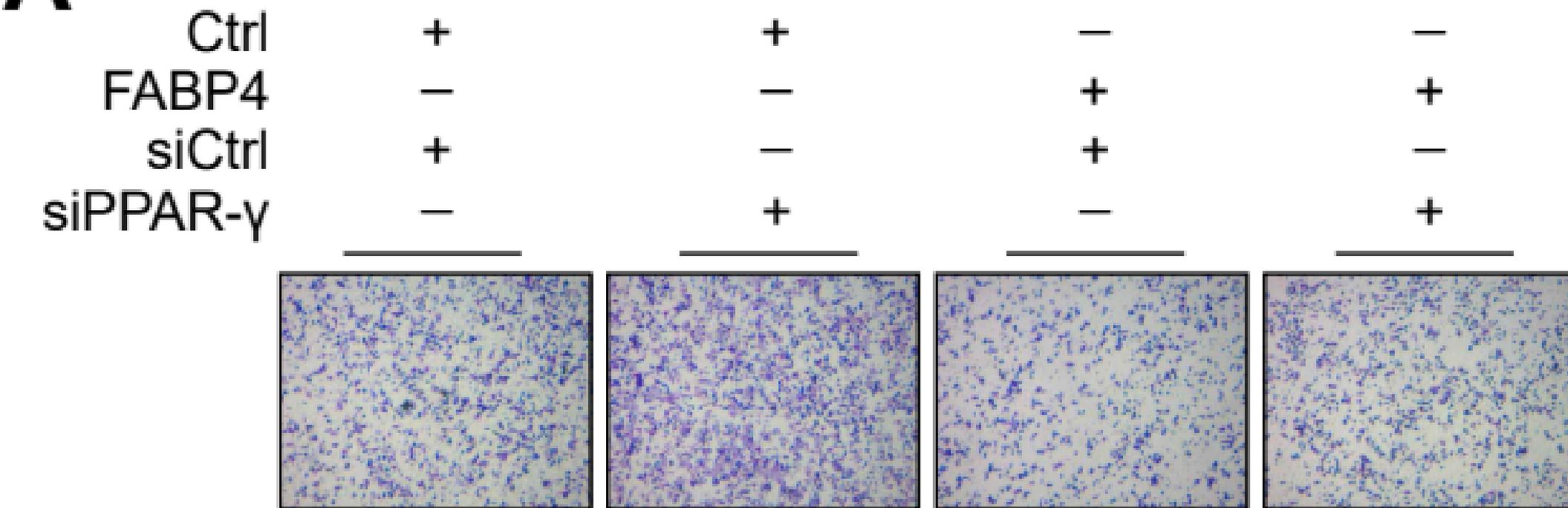


Figure S7

A



B

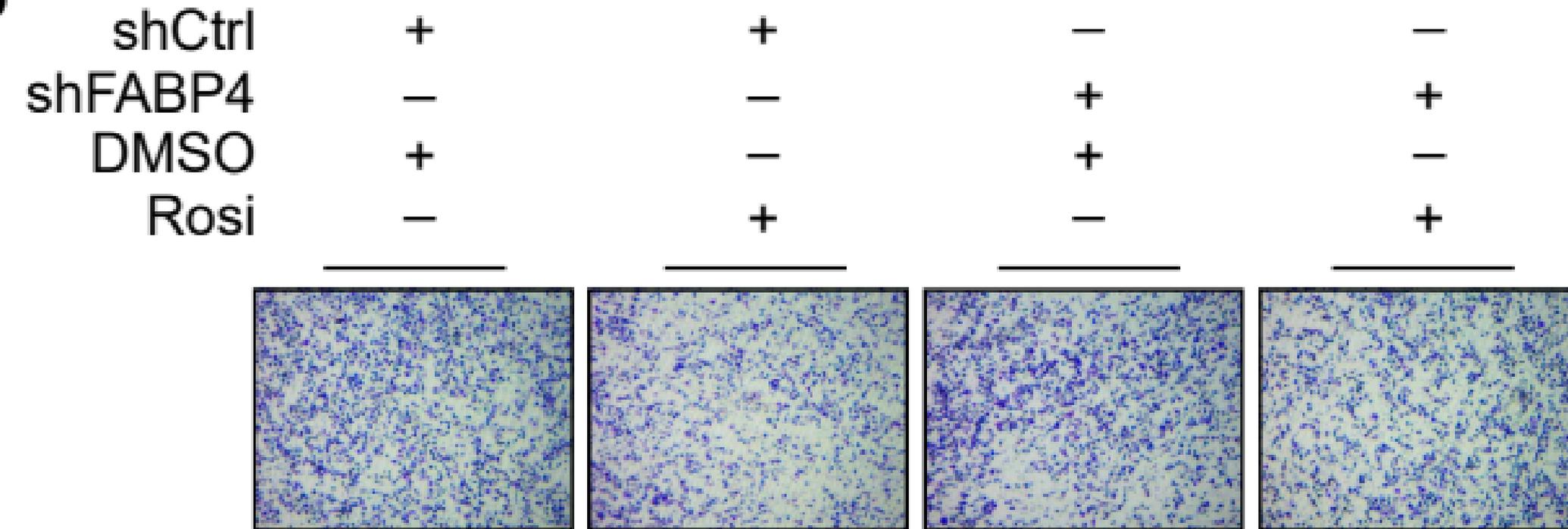


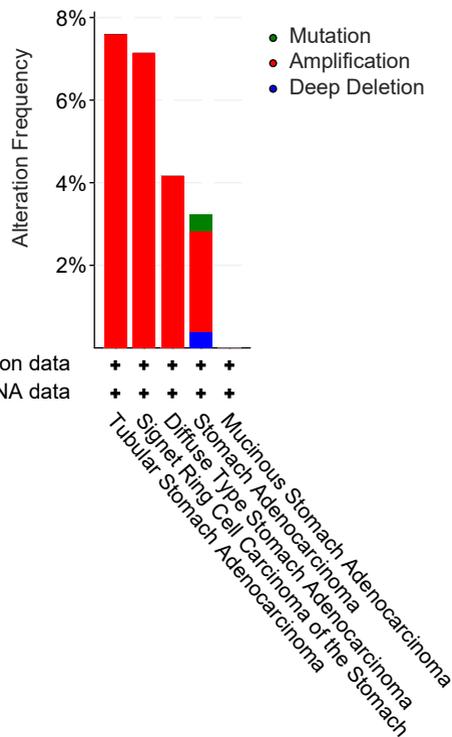
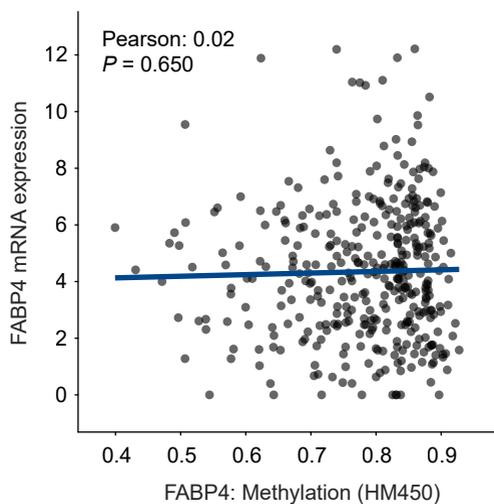
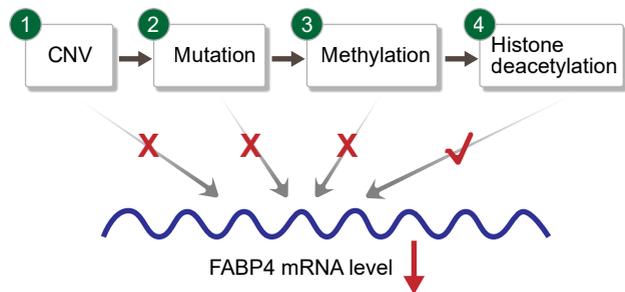
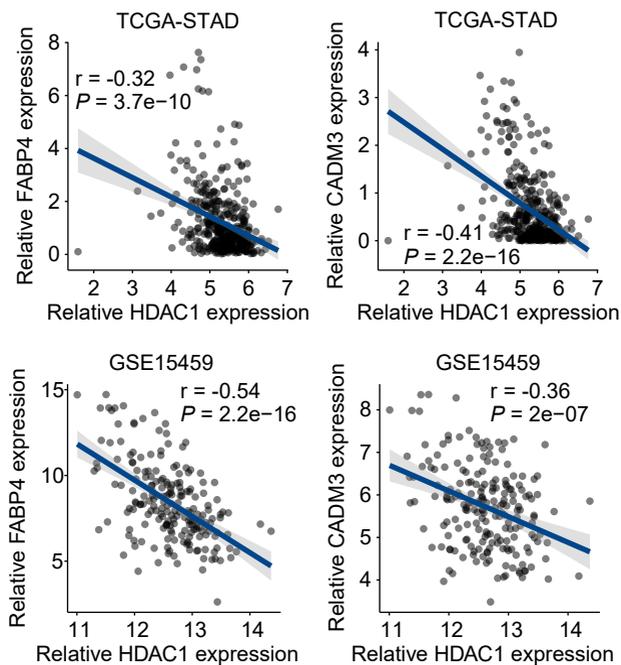
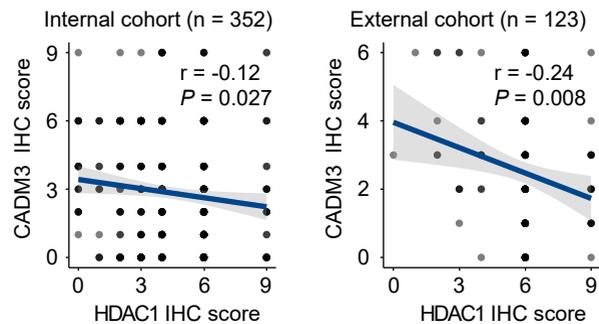
Figure S8**A****B****C****D****E**

Table S1. Primers used for qRT-PCR

Name	Sequence (5'-3')
FABP4-F	ACTGGGCCAGGAATTTGACG
FABP4-R	CTCGTGGAAGTGACGCCTT
CADM3-F	GCTCTGTGAACCATGAATCTCT
CADM3-R	ATCATCGCAGTTGGTGTGTATA
GAPDH-F	TGCACCACCAACTGCTTAGC
GAPDH-R	GGCATGGACTGTGGTCATGAG

Table S2. Clinical characteristics and FABP4 expression of 352 gastric cancer patients in internal cohort and 123 gastric cancer patients in external validation cohort.

Characteristic		Internal cohort					External validation cohort				
		Total (case [%])	FABP4 low (case [%])	FABP4 high (case [%])	χ^2	<i>P</i>	Total (case [%])	FABP4 low (case [%])	FABP4 high (case [%])	χ^2	<i>P</i>
Age (years)					0.205	0.651				0.168	0.682
	<65	205 [58.2]	122 [34.7]	83 [23.6]			74 [60.2]	48 [39.0]	26 [21.1]		
	≥ 65	147 [41.8]	91 [25.9]	56 [15.9]			49 [39.8]	30 [24.4]	19 [15.5]		
Gender					0.013	0.908				0.001	0.975
	Female	90 [25.6]	54 [15.3]	36 [10.2]			33 [26.8]	21 [17.1]	12 [9.8]		
	Male	262 [74.4]	159 [45.2]	103 [29.3]			90 [73.2]	57 [46.3]	33 [26.8]		
BMI					0.919	0.338				/	/
	≤25	292 [83]	180 [51.1]	112 [31.8]			/	/	/		
	>25	60 [17]	33 [9.4]	27 [7.7]			/	/	/		
Tumor size (mm)					9.507	0.002*				1.225	0.268
	<50	182 [51.7]	96 [27.3]	86 [24.4]			14 [11.4]	7 [5.7]	7 [5.7]		
	≥50	170 [48.3]	117 [33.2]	53 [15.1]			109 [88.6]	71 [57.7]	38 [30.9]		
Tumor location					0.879	0.830				4.680	0.197
	Upper	105 [29.8]	67 [19]	38 [10.8]			39 [31.7]	21 [17.1]	18 [14.6]		
	Middle	60 [17]	34 [9.7]	26 [7.4]			37 [30.1]	24 [19.5]	13 [10.6]		
	Low	147 [41.8]	88 [25]	59 [16.8]			46 [37.4]	33 [26.8]	13 [10.6]		
	Overlap	40 [11.4]	24 [6.8]	16 [4.5]			1 [0.8]	0 [0]	1 [0.8]		

Differentiation					9.190	0.002*				4.508	0.034*
	Well/Moderately	133 [37.8]	67 [19]	66 [18.8]			28 [22.8]	13 [10.6]	15 [12.2]		
	Poor	219 [62.2]	146 [41.5]	73 [20.7]			95 [77.2]	65 [52.9]	30 [24.4]		
TNM stage					8.960	0.003*				5.547	0.019*
	I/II stage	131 [37.2]	66 [18.8]	65 [18.5]			54 [43.9]	28 [22.8]	26 [21.1]		
	III stage	221 [62.8]	147 [41.8]	74 [21]			69 [56.1]	50 [40.7]	19 [15.5]		

* $P < 0.05$ was considered significant

Supplementary Figure Legends

Figure S1. Flow diagram of the study. (A) Patient enrolment and study overview. (B) The expression of FABP family members in RNA-sequence. (C) IHC positive control for FABP from 3 cases of GC. Scale bars, 100 μm .

Figure S2. FABP4 expression and prognostic value in human GC. (A) Kaplan-Meier survival analysis of FABP4 expression in the internal cohort of patients with GC. The log-rank test was used to determine the *P* values. (B) Univariate and multivariate regression analyses were performed in the internal cohort ($n = 352$). (C-D) Kaplan-Meier and univariate and multivariate regression analyses were performed in the external cohort ($n = 123$).

Figure S3. Biological effects of FABP4 on GC cells *in vitro*. (A-C) Western blotting analysis of the protein levels of FABP4 and FABP5 in various GC cell lines and the construction of stably transfected GC cells. (D-G) The effects of FABP4 on the invasion, migration and adhesion of GC cells were detected by Transwell and adhesion assays. (H-I) Cell Counting Kit-8 was used to evaluate the effects of FABP4 on cell proliferation. (J-K) The effects of FABP4 on apoptosis of the cells were determined by flow cytometry.

Figure S4. Biological effects of FABP4 on GC cells *in vivo*. (A-F) The results obtained using a subcutaneous xenograft model of MGC-803 cells in BALB/c nude mice showed that FABP4 had no effect on the proliferation of GC cells *in vivo* ($n = 3$ for each mouse group). Tumour size was measured at indicated time points. Tumours were weighed after mice were sacrificed.

Figure S5. Verification of the relationship between FABP4 and CADM3 expression and evaluation of the function of CADM3 *in vitro*. (A) Both up-regulated and down-regulated candidate genes ($n = 5$) were selected for validation in public database TCGA and GSE15459. (B) CADM3 expression in various FABP4 groups of the external cohort was calculated. (C) Scatter plots showing the correlations between FABP4 and

CADM3 expression in the GSE15459 dataset. **(D)** Kaplan-Meier survival analysis of CADM3 expression in the internal cohort of patients with GC. **(E-F)** Detection of CADM3, CADM2 and CADM4 by western blotting after vector transfection. **(G-H)** Rescue experiment on the role of CADM3 in FABP4- associated metastasis showed that no significant difference in the invasive capacity of GC cells was found either when FABP4 was re-introduced with CADM3 knocked down or when FABP4 was disrupted with CADM3 overexpressed.

Figure S6. Analysis of the association between PPAR- γ and FABP4 in GC. **(A)** Potential protein-protein interactions of FABP4 were predicted using the STRING database. **(B)** Changes in PPAR- γ protein levels induced by various concentrations of rosiglitazone were assessed by western blotting. **(C)** Construction of the CADM3 promoter-luciferase reporter gene plasmid system.

Figure S7. Verification of the relationships between FABP4 and PPAR- γ by functional rescue assays. **(A)** The results of the Transwell assays showed that the effect of FABP4 overexpression on the migration and invasion of MGC-803 cells was reversed by PPAR- γ siRNA. **(B)** The results of the Transwell assays showed that the effect of FABP4 knockdown on the migration and invasion of MGC-803 cells was reversed by rosiglitazone (20 μ M).

Figure S8. HDAC1-mediated chromatin inaccessibility reduces FABP4 expression in GC. **(A)** Analysis of FABP4 alterations in various types of GC. **(B)** Association between FABP4 DNA methylation and mRNA expression was analysed using cBioPortal. **(C)** Schematic diagram of the upstream regulatory mechanisms of FABP4. **(D)** Associations between HDAC1 and FABP4 and HDAC1 and CADM3 expression detected using the TCGA-STAD and GSE15459 datasets. **(E)** Association between HDAC1 and CADM3 IHC scores in two independent cohorts.