

Supplementary Figure Legends

Figure S1. Negative controls for IF IHC staining. Stained section without the primary antibody was used as a negative control for DBF4 IHC staining in HCC tissues. Scale bars: 20 μm (400 \times magnification).

Figure S2. DBF4 expression is upregulated in HCC tissues and portends inferior clinical outcome. (a). DBF4 expression in HCC tissues according to tumor T classification in the TCGA dataset. (b). Kaplan-Meier survival curves stratified by DBF4 expression level were generated for HCC patients in the TCGA dataset. (c). Univariate and multivariate Cox proportional hazards analyses were used to determine the prognostic value of DBF4 expression level for HCC patients in the TCGA dataset. Hazard ratio, HR. $**P < 0.01$. $****P < 0.0001$.

Figure S3. Knockdown of DBF4 induces HCC cell cycle arrest. Cell cycle analysis of HCCLM3, MHCC97H, Huh7 and SNU449 cells after DBF4 knockdown.

Figure S4. DBF4 promotes HCC proliferation and tumorigenic ability *in vitro* and *in vivo*. (a). CCK-8 assays were conducted to evaluate the effect of DBF4 overexpression on the proliferative activities of HCCLM3 and MHCC97H cells. (b). The effect of DBF4 overexpression on the colony forming capabilities of HCC cells. (c). Flow cytometric assay was performed to detect the effect of DBF4 overexpression on the viability of HCC cells. (d). The effect of DBF4 overexpression on HCC cell cycle progression was determined the flow cytometry analysis. (e). IHC evaluation of Ki-67 expression in the HCC subcutaneous xenograft tumorigenesis models in immunodeficient nude mice. Scale bars: 50 μm . (f). The HCC subcutaneous xenograft

tumorigenesis models were established in immunocompetent C57BL/6J mice using Hepa1-6 cells with or without DBF4 knockdown (KD; for each group, n = 5). Macroscopic examination of tumor xenografts (left panel) and western blot analyses (middle panel). Qualifications of tumor volume (upper right panel) and weight (lower right panel). (g). IHC evaluation of Ki-67 expression in subcutaneous (left panel) and orthotopic (right panel) xenografts from DBF4-depleted Hepa1-6 cells. Scale bars: 50 μm for 200 \times magnification and 20 μm for 400 \times magnification. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$.

Figure S5. DBF4 promotes STAT3 signaling activation. (a). The top ten gene sets according to the normalized enrichment score (NES) from the GSEA analysis for the difference in pathway composition between DBF4^{high} and DBF4^{low} HCC samples. (b). DBF4-overexpressing HCCLM3 and MHCC97H cells were lysed and analyzed by western blotting using the indicated antibodies. (c). The abundance of p-STAT3-Y705 was examined by IHC staining in DBF4-depleted Hepa1-6 subcutaneous xenograft tumor tissues. Scale bars: 50 μm for 200 \times magnification and 20 μm for 400 \times magnification. (d). Correlations between DBF4 and STAT3 downstream target genes in HCC samples from the TCGA dataset. Correlation coefficients and statistical significances were obtained from the GEPIA dataset using the Spearman's rank-order correlation.

Figure S6. XPO1-mediated nuclear export is essential for DDK-induced STAT3 activation in HCC. (a). RT-qPCR assays were used to analyze the several of STAT3 target gene expression levels in HCC cells transfected with siRNAs targeting CDC7.

(b). Western blot was applied in DBF4-overexpressing and CDC7-silencing HCCLM3 cells using the indicated antibodies. (c). XPO1 inhibitor selinexor was applied in HCCLM3 cells at the indicated concentrations for 72 hours. Expression of DBF4, CDC7, STAT3 and p-STAT3-Y705 was detected by western blotting. (d). Western blotting was used to determine p-STAT3-Y705 expression in XPO1-overexpressing HCCLM3 cells with or without DBF4 depletion. (e). Correlations between XPO1 and STAT3 downstream target genes in HCC samples from the TCGA dataset. (f). Coimmunoprecipitation assay was performed in HCCLM3 and MHCC97H cells to evaluate the interaction between XPO1 and DDK. (g). HCCLM3 cells were transfected with XPO1-overexpressing plasmid and subjected to western blot analysis of cytoplasmic and nuclear proteins.

Figure S7. p65 upregulates DBF4 transcription in HCC cells. (a, b). HCCLM3 and MHCC97H cells were treated with TNF- α at indicated concentration for 24 hours. RNA extracts and cell lysates were subjected to RT-qPCR assays (a) and western blotting (b) as indicated, respectively. (c, d). RT-qPCR (c) and western blotting (d) were conducted in HCC cells treated with CAPE at the indicated concentrations for 24 hours. CAPE, caffeic acid phenethyl ester; TNF- α , tumor necrosis factor α . * $P < 0.05$, *** $P < 0.001$, **** $P < 0.0001$; ns, not significant.

Figure S8. p65 transcriptionally upregulates XPO1 expression and enhances DDK-STAT3 interaction in HCC cells. (a, b). XPO1 mRNA expression level was detected in HCC cells after overexpression of p65 (a) or inhibition of p65 expression by siRNAs (b). (c). Construction of XPO1 wild-type and deletion mutant promoter

luciferase reporter gene system. (d). ChIP analysis showed the binding of p65 to the XPO1 promoter region. (e, f). XPO1 promoter activity were measured after overexpression of p65 (e) or inhibition of p65 expression by siRNAs (f). (g). HCC cells were treated with CAPE or TNF- α at the indicated concentrations for 24 hours. Cytoplasmic proteins were separated for western blotting analysis using the indicated antibodies. (h). Western blotting was conducted to examine p-STAT3-Y705 expression in DBF4-depleted HCCLM3 upon TNF- α stimulation (1 ng/mL) for 24 hours. (i). RT-qPCR assays were performed to assess several of STAT3 downstream gene expression in HCCLM3 cells treated with or without TNF- α and selinexor. (j). Correlations among p65, DBF4 and XPO1 expression in HCC patients from the TCGA dataset. (k). Correlation analysis among p65, DBF4 and XPO1 expression in 20 cases of clinical HCC tissue samples using western blotting. Protein levels were relative to GADPH. CAPE, caffeic acid phenethyl ester; TNF- α , tumor necrosis factor α . ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$; ns, not significant.

Figure S9. DDK inhibitor XL413 suppresses HCC progression with minimal toxicity. (a). Colony formation assay was performed in HCCLM3 and MHCC97H cells cultured with the indicated concentration of XL413. (b). CCK-8 assay was applied to evaluate the proliferative activities of HCC cells treated with XL413 (10 μ M). (c). Flow cytometric assay was used to detect the effect of XL413 treatment (10 μ M) on the viability of HCC cells. (d). HCC cell morphology under microscope upon exposure to XL413 (10 μ M, 48 hours). (e). Expressions of p-STAT3-Y705 and c-Myc in HCC cells were detected by western blotting after treatment with XL413 (10 μ M, 48 hours). (f).

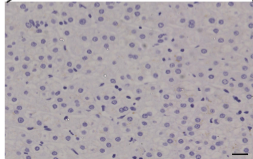
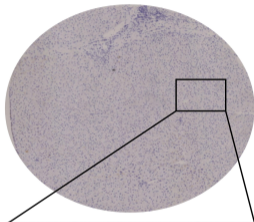
Western blotting analysis was performed in XPO1-overexpressing HCC cells exposed to XL413 (10 μ M) for 48 hours. (g) Colony formation assay was conducted in non-transformed cells (HepLi5 and AML-12 cells) cultured with XL413 at the indicated concentrations. (h). HepLi5 and AML-12 cells exposed to 10 μ M XL413 for 48 hours were subjected to flow cytometric assay for detecting cell viability. (i-m). Hepa1-6 cells were inoculated into the liver of C57BL/6J mice to establish HCC orthoptic xenograft model (n = 5 for each group). The models were treated with XL413 or PBS for two weeks. Data on body weight was described as mean \pm SEM and plotted (i). Serum level of alanine aminotransferase (ALT; j), aspartate aminotransferase (AST; k), total bilirubin (TBIL; l) and creatinine (CREA; m) were measured after exposure to XL413. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$; ns, not significant.

Figure S10. Combination with DDK inhibitor XL413 and anti-PD-1

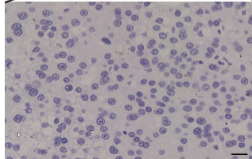
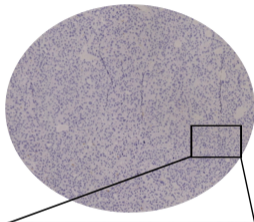
immunotherapy in HCC. (a-c). The combination of XL413 (50mg/kg, oral gavage, 6 days per week) and anti-PD-1 antibody treatment (200 μ g, intraperitoneally administrated, every three days) in subcutaneous HCC models. Representative images of Hepa1-6 subcutaneous (a) tumors from each group (per group, n=6). Qualification of tumor volume (b) and weight (c). (d). IHC staining was performed to detect PD-1 and CD44 expression in tumoral tissue sections. (e). Representative H&E staining of the heart, liver, spleen, lung and kidney of the mouse. Scale bars: 100 μ m. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$.

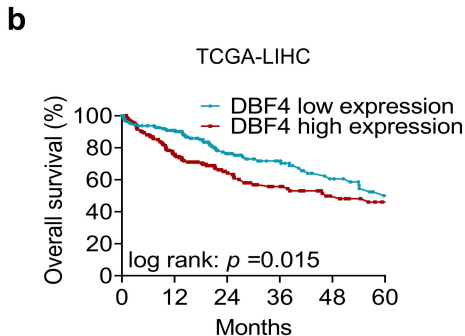
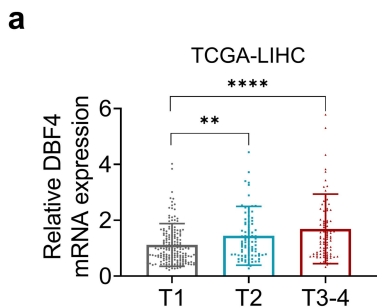
Negative Control

Normal liver



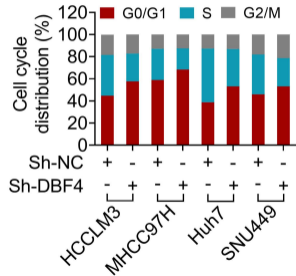
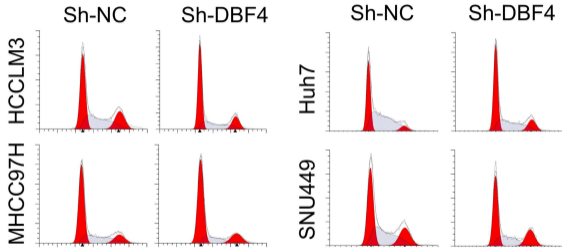
HCC

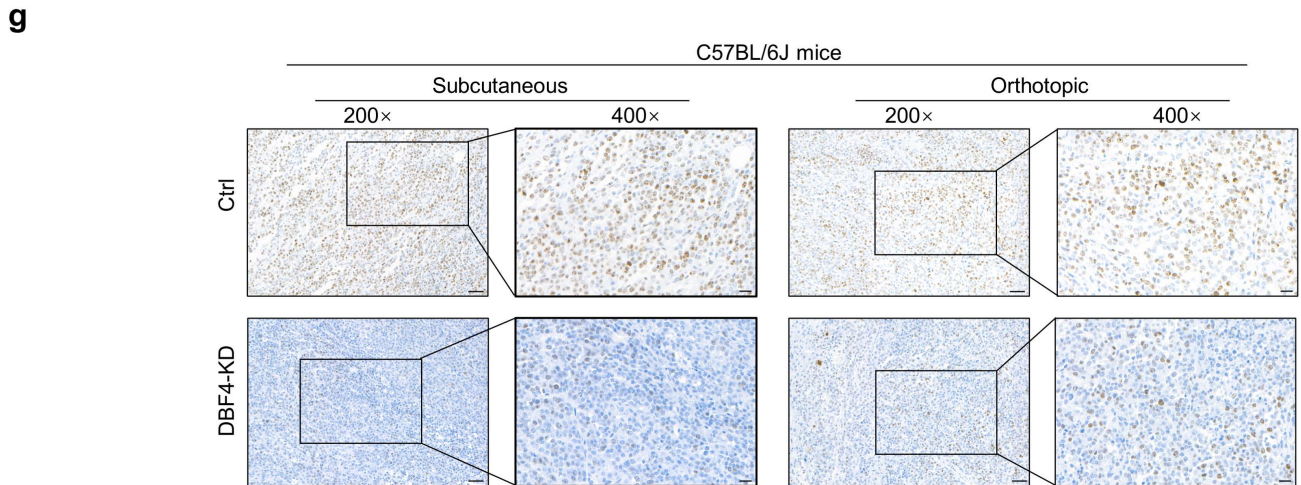
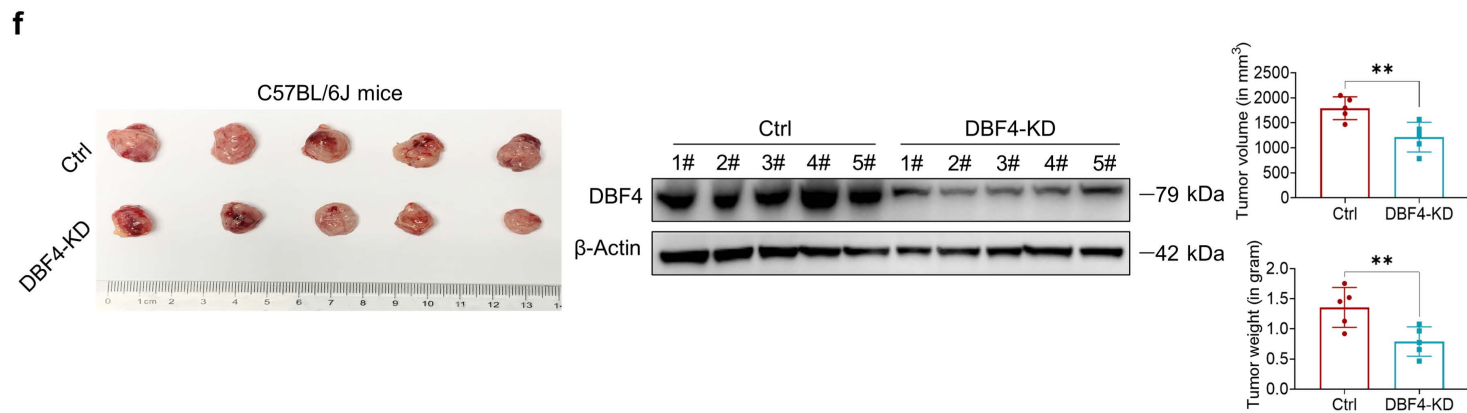
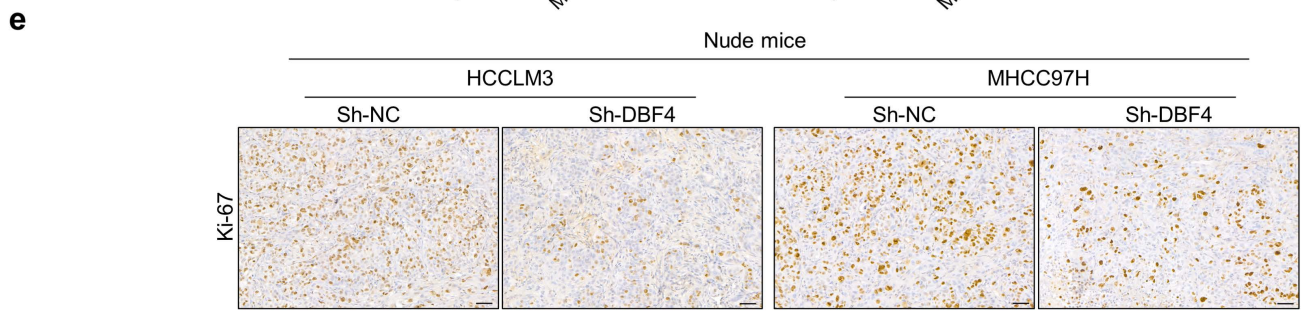
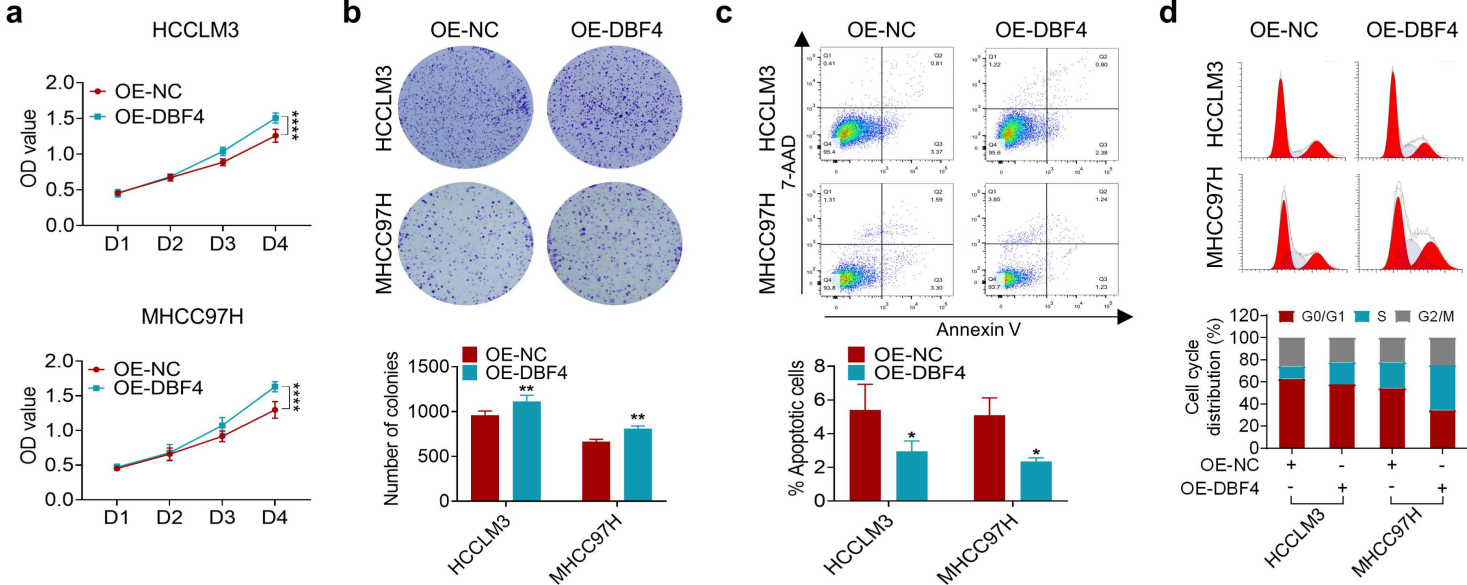


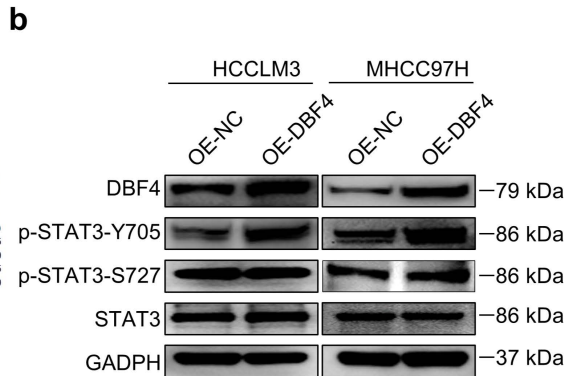
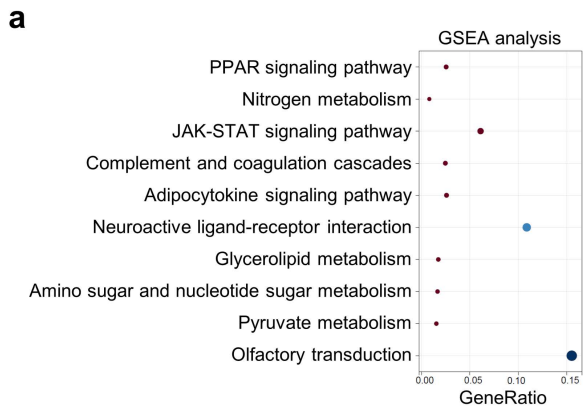


c

Variables	HR (95% CI)		P value
Univariate Cox survival analysis			
age	1.005(0.987-1.023)		0.591
gender	0.780(0.487-1.249)		0.301
grade	1.017(0.746-1.387)		0.914
stage	1.865(1.456-2.389)		<0.001
T	1.804(1.434-2.270)		<0.001
M	3.850(1.207-12.281)		0.022
N	2.022(0.494-8.276)		0.328
DBF4	2.585(1.723-3.908)		<0.001
Multivariate Cox survival analysis			
stage	1.083(0.447-2.624)		0.859
T	1.526(0.678-3.435)		0.307
M	2.076(0.556-7.765)		0.278
DBF4	2.332(1.514-3.591)		<0.001

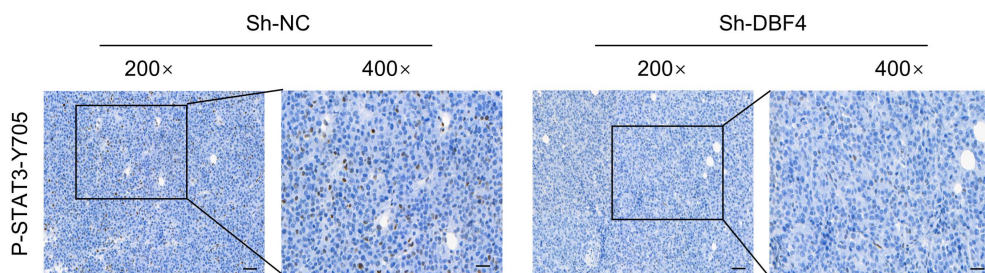






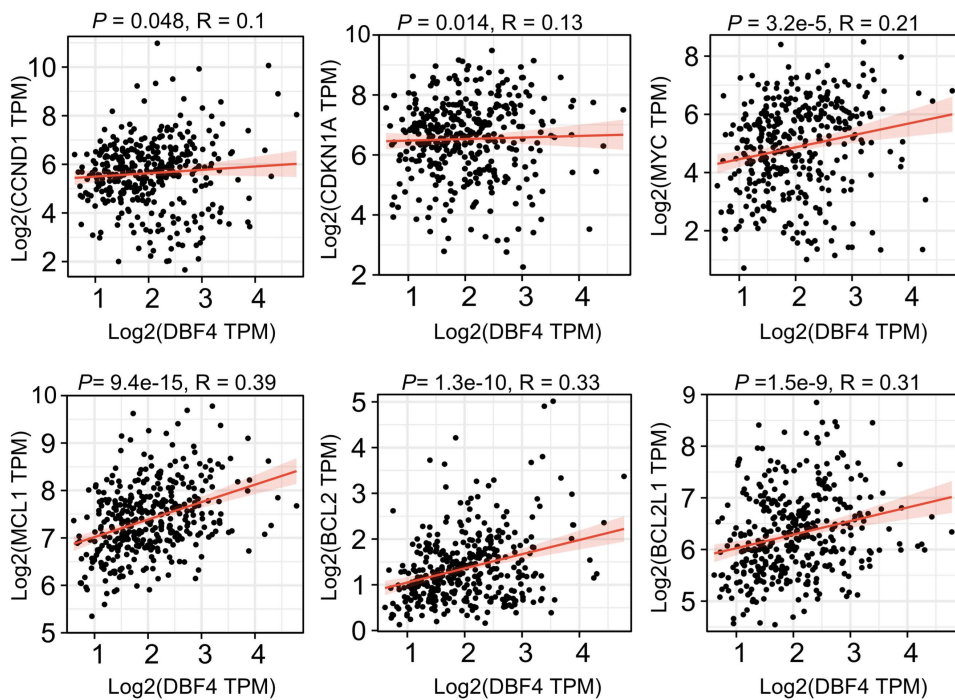
c

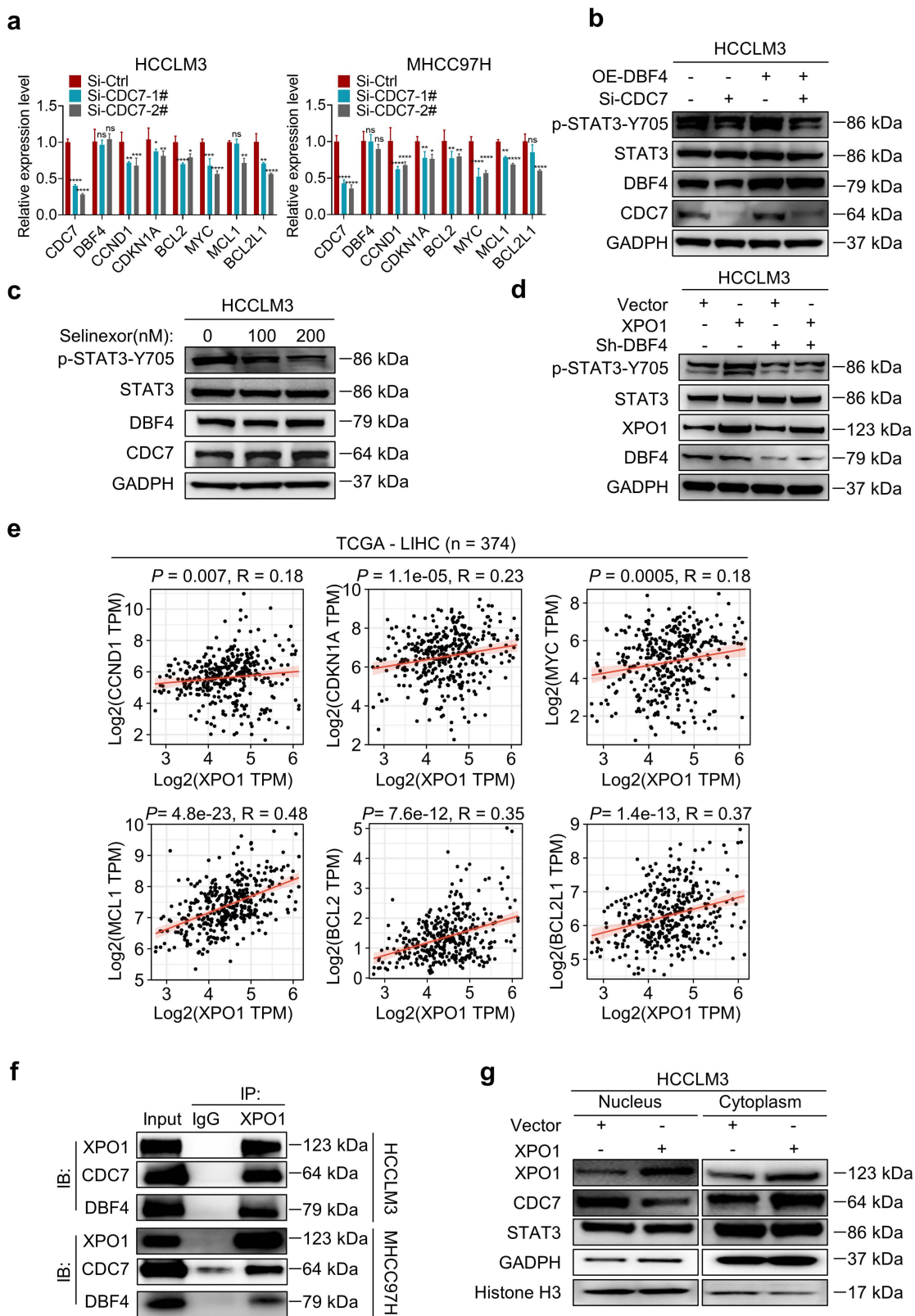
C57BL/6J subcutaneous Hepa1-6 xenograft

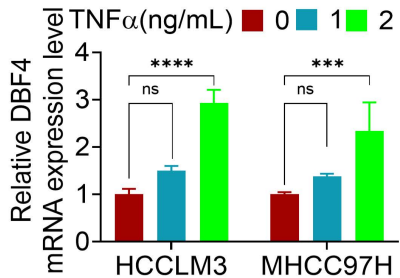
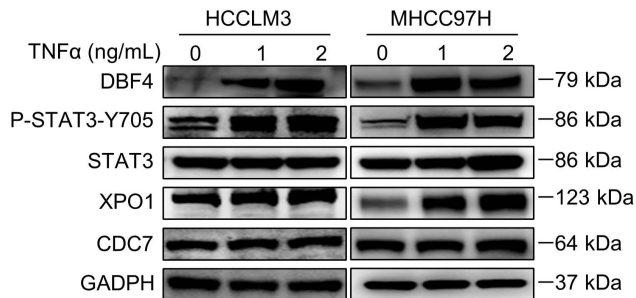
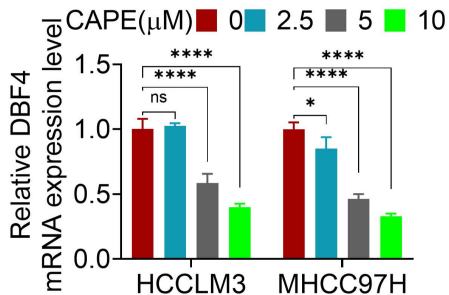
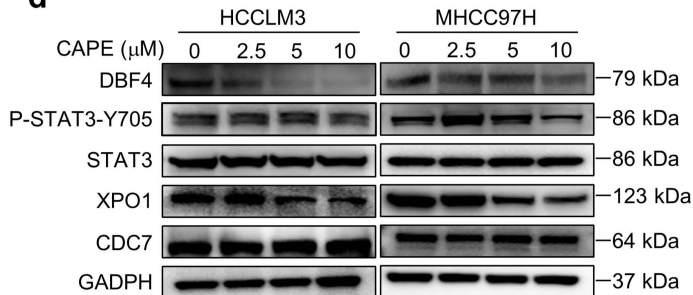


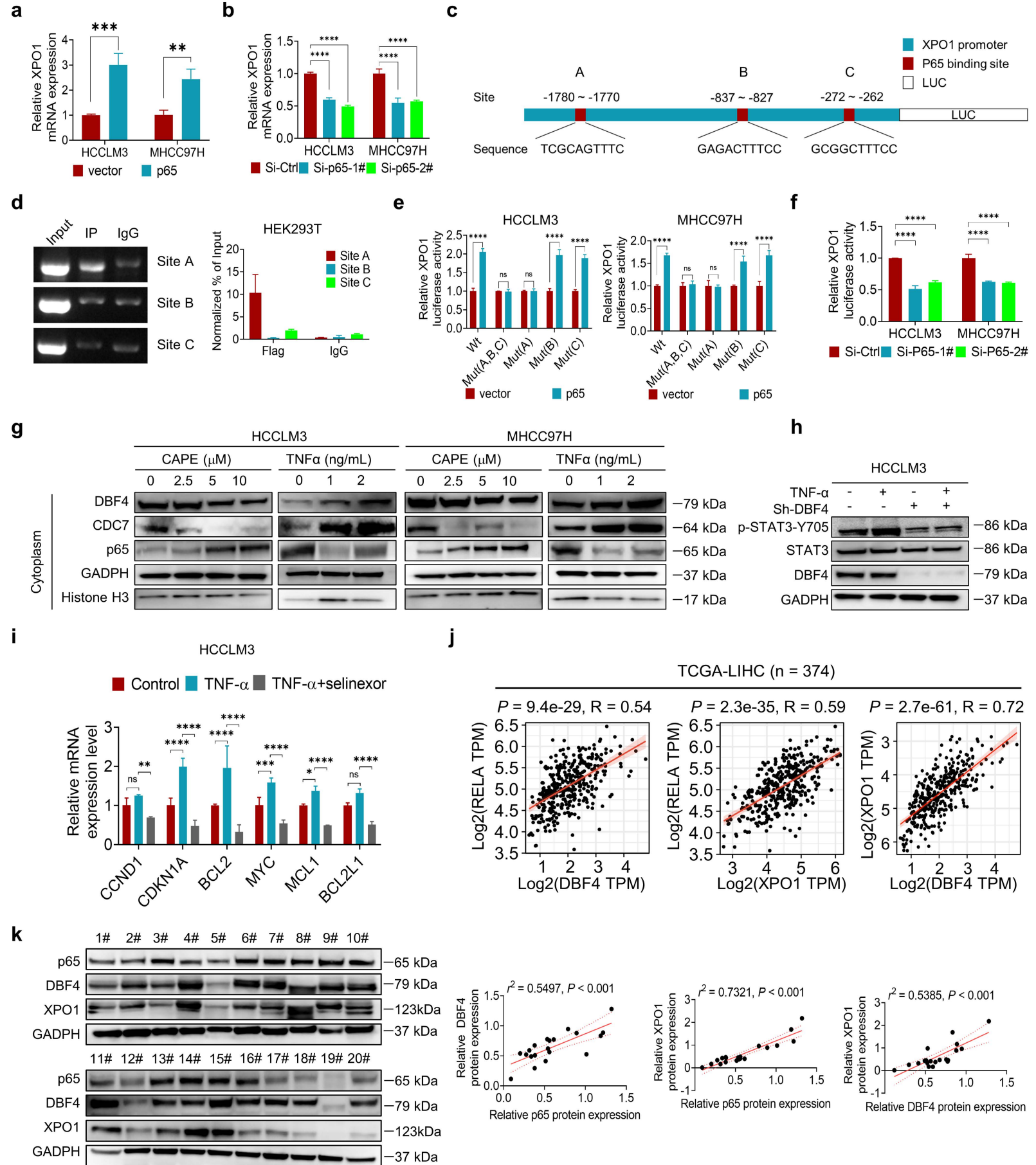
d

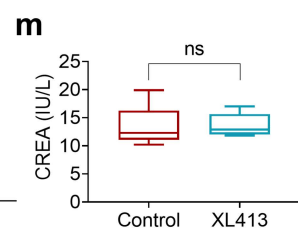
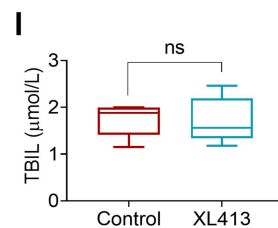
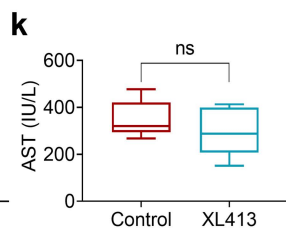
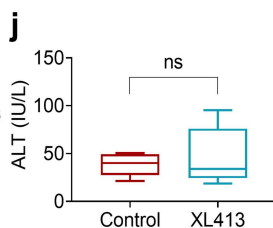
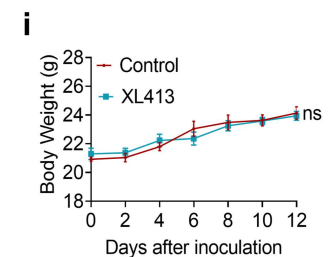
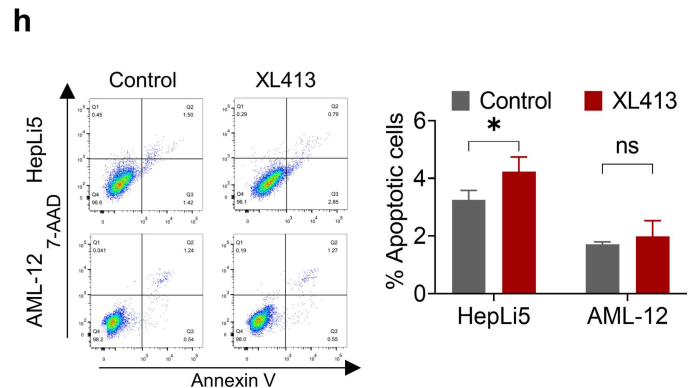
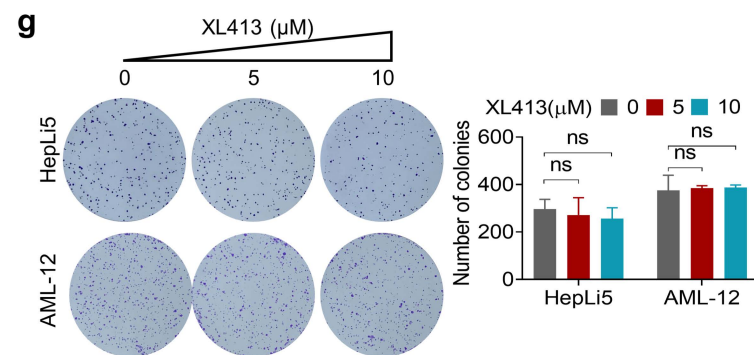
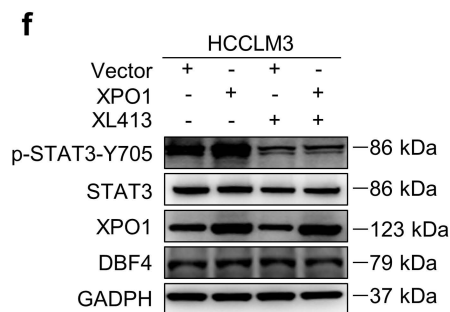
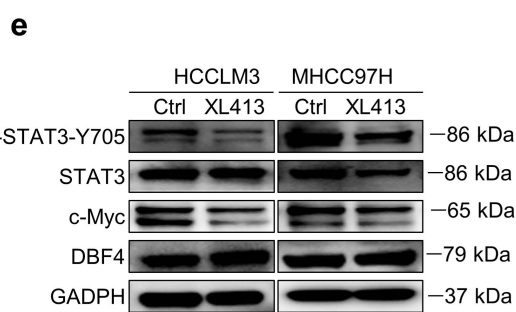
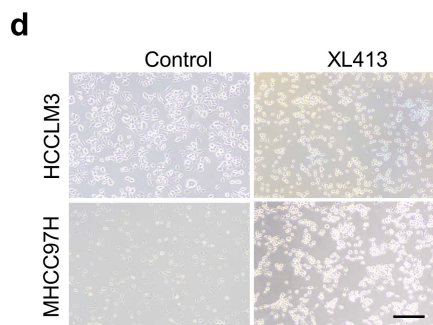
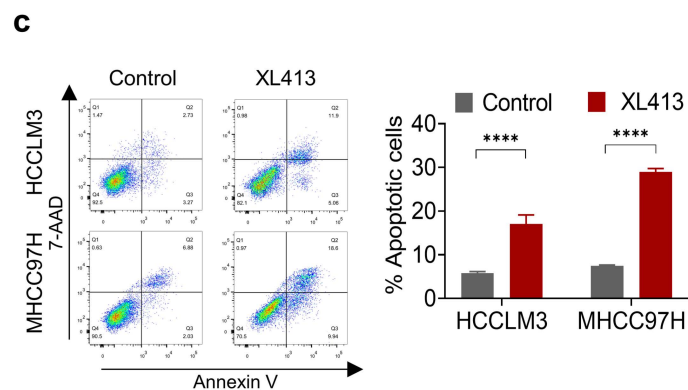
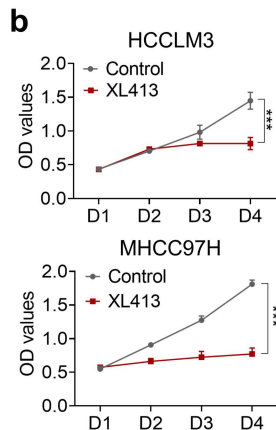
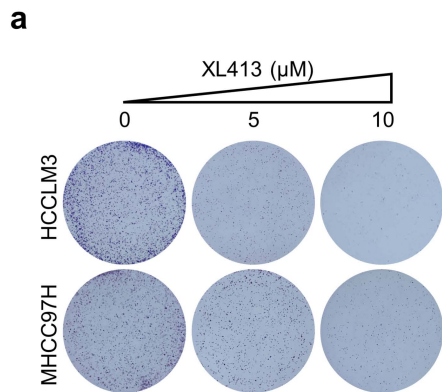
TCGA – LIHC (n = 374)

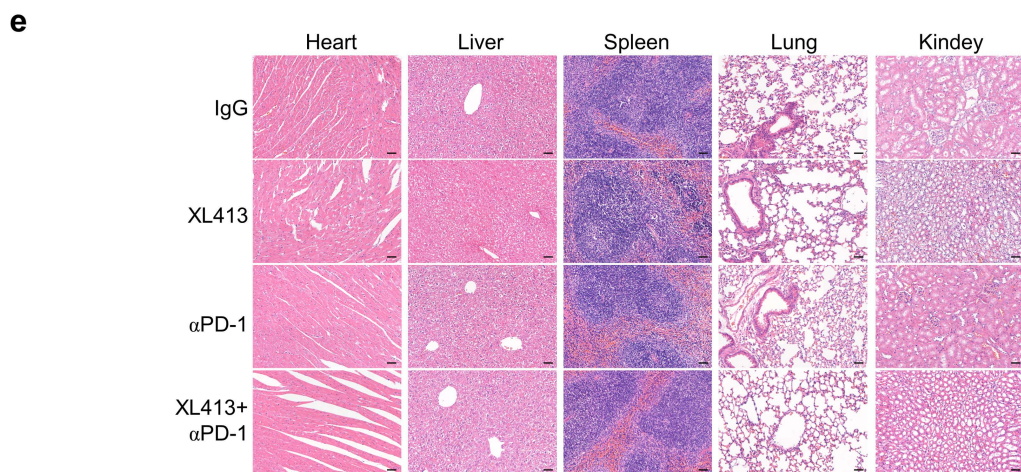
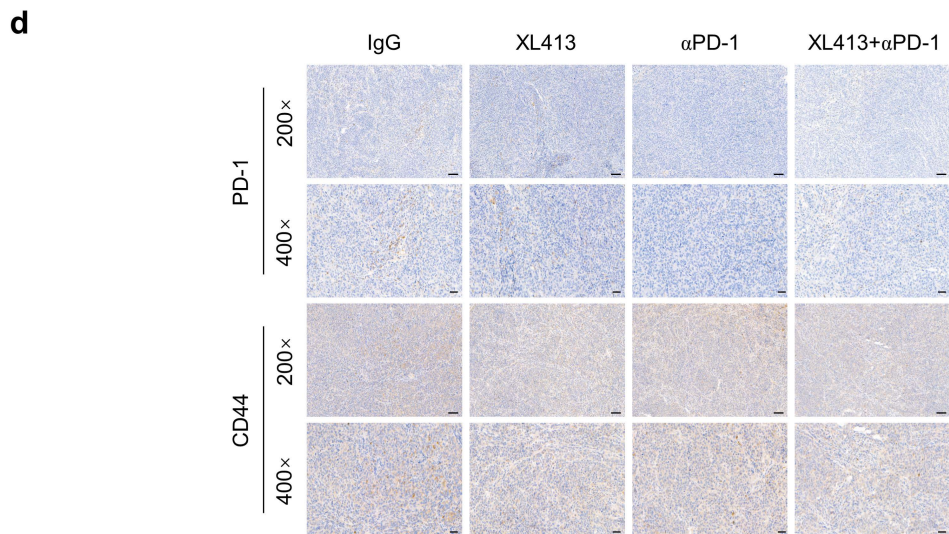
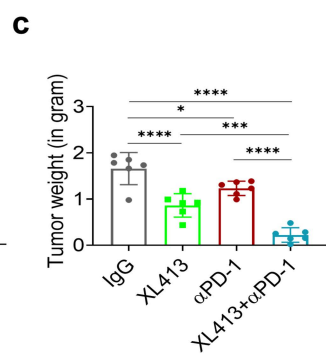
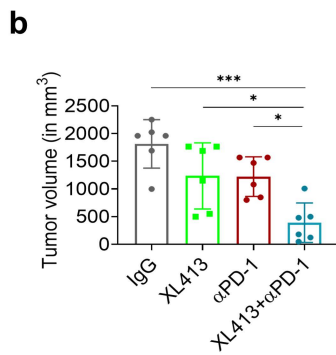
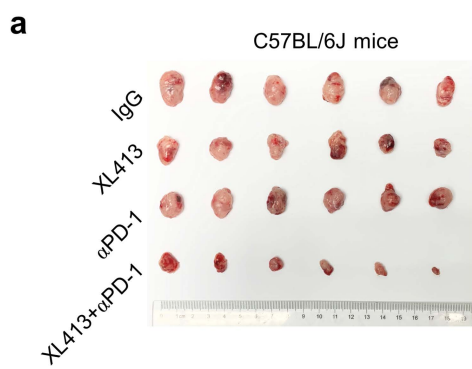




a**b****c****d**







Supplementary Tables

Table S1: shRNA and siRNA sequences used in this study

Target genes	Sense (5'-3')	Antisense (5'-3')
The sequences of shRNA target		
human-DBF4	GAATCCAAACAGATGGCGATA	TATCGCCATCTGTTTGGATTC
mouse-DBF4	GCTGAACCGAGTGCTGAATTG	CAATTCAGCACTCGG TTCAGC
The sequences of siRNA target		
human-CDC7-1#	CAGCUUAGUAAUGUGUUUATT	UAAACACAUUACUAAGCUGTT
human-CDC7-2#	CCAGAGGUCUUGACAAAGUTT	ACUUUGUCAAGACCUCUGGTT
human-XPO1-1#	CCAGCAAAGAAUGGCUCAATT	UUGAGCCAUUCUUUGCUGGTT
human-XPO1-2#	GGUGCACAAACAGAUCAAATT	UUUGAUCUGUUUGUGCACCTT
human-p65-1#	CCCUAUCCCUUUACGUCAUTT	AUGACGUAAAGGGAUAGGGTT
human-p65-2#	GAUGAAGACUUCUCCUCCATT	UGGAGGAGAAGUCUUCAUCTT

Table S2: The sequences of gene-specific primers used for RT-qPCR and ChIP assay

Gene	Forward (5'-3')	Reverse (5'-3')
Primers for RT-qPCR		
CDC7	TGGTCTGCAGGTGTCATATTTCT	TCTCAAGTCTTGTGCTGGAACTT
CCND1	CCTCGGTGTCCTACTTCAAATGT	TTCATCTTAGAGGCCACGAACAT
CDKN1A	CTGTCACTGTCTTGTACCCTTGT	CCCAGCAGAGGAACCACTACTA
DBF4	CCCTGCAGTCCATTTGATGTAGA	ACTGGAGTTGAATTGAGGTTCCA
BCL2	GGATTGTGGCCTTCTTTGAGTTC	CTTCAGAGACAGCCAGGAGAAAT
BCL2L1	GTGGAAAGCGTAGACAAGGAGAT	GCTGCATTGTTCCCATAGAGTTC
MCL1	TGCTTCGGAAACTGGACATCA	TAGCCACAAAGGCACCAAAAG
MYC	CAAGAGGCGAACACACAACG	GTCGTTTCCGCAACAAGTCC
XPO1	AGCAAAGAATGGCTCAAGAAGT	TATTCCTTCGCACTGGTTCCT
P65	ATGTGGAGATCATTGAGCAGC	CCTGGTCCTGTGTAGCCATT
GADPH	ACAGTCCATGCCATCACTGCC	GCCTGCTTCACCACCTTCTTG
Primers for ChIP assay		
DBF4 promoter for p65 (site A)	CTTCCCAATTCTGTGGCATT	CTTGAGTGGTGGAAAGGAAGTG
DBF4 promoter for p65 (site B)	TTTTTGGAGAGGCATGTTCC	ACAGCAAGCGGGGTTTTTC
DBF4 promoter for p65 (site C)	AAAGCCCCTCGCCTTCAG	GCGCAGCCTCAGAGAGTT

XPO1 promoter for p65 GCTGGGATTAAGGCATGAA

CAAATAAAACGCAATGCAG

(site A)

XPO1 promoter for p65 CAAAACATGCGCTGTCAAAC

GCCCCAGACCTCTCTAATCC

(site B)

XPO1 promoter for p65 TCTCCGTCACCGAAGAGG

CCTCTTTTCAGCAGCGATT

(site C)

Table S3: Antibodies used in this work

Antibody	Source	Identifier
anti-DBF4	Abcam	ab124707
anti-DBF4	Santa Cruz	sc-293398
anti-CDC7	Abcam	ab229187
anti-GADPH	CST	5174
anti-p65	ABclonal	5970
anti-Exportin-1	CST	46249
anti-Exportin-1	ABclonal	A19625
anti-Histone H3	CST	60932
anti-c-Myc	Santa Cruz	sc-42
anti-STAT3	CST	8768
anti-STAT3	Thermo Scientific	MA1-13042
anti-Phospho-STAT3 (Tyr705)	CST	9145
anti-Phospho-STAT3 (Ser727)	CST	49081
anti-JAK1	ABclonal	A11963
anti-JAK2	ABclonal	A19629
anti-JAK3	CST	8827
anti-Flag tag	CST	14793
anti-HA tag	ABclonal	AE008
anti-HA tag	Abcam	ab9110
anti-Myc tag	Abcam	ab32

anti-PD-1

Abcam

Ab214421

anti-GFP

CST

2955
