Table S1. Correlation between CpG island methylator phenotype (CIMP) and clinicopathological parameters of clear cell renal cell carcinomas (ccRCCs) in the learning cohort.

Clinicopathological parameters		CIMP-negative	CIMP-positive	
		ccRCCs (n=88)	ccRCCs (n=14)	P ^a
Age		62.32±10.21	67.36±11.06	9.90×10 ^{-2 b}
Cov	Male	61	11	6.97×10 ^{-1 c}
Sex				0.97 × 10
Tumor diameter (cm)	Female	27 4.96±3.02	3 8.75±2.85	1.34×10 ^{-4 b}
Histological grades ^d	G1	47	1	7.69×10 ^{-6 c}
0 0	G2	33	4	
	G3	7	7	
	G4	1	2	
Vascular involvement ^e	Negative	52	1	3.02×10 ^{-4 c}
	Positive	36	13	
Renal vein tumor	Negative	67	5	2.05×10 ^{-3 c}
thrombi ^f	Positive	21	9	
Growth pattern	Expansive	82	7	6.79×10 ^{-6 c}
	Infiltrative	6	7	
Tumor necrosis	Negative	69	2	1.26×10 ^{-6 c}
	Positive	19	12	
Invasion to renal pelvis	Negative	81	10	2.09×10 ^{-2 c}
	Positive	7	4	
Pathological TNM stage ⁹	Stage I	48	0	7.25×10 ^{-5 c}
	Stage II	1	1	
	Stage III	23	9	
	Stage IV	16	4	

Among the 104 RCCs used in our previous study [7], 102 (88 CIMP-negative and 14 CIMP-positive RCCs), from which sufficient amount of genomic DNA was available, were used in the present study as the learning cohort. ^aP values of <0.05 are underlined. ^bMann-Whitney *U* test. ^cFisher's exact test. ^dAll the tumors were graded on the basis of previously described criteria [19]. ^eThe presence or absence of vascular involvement was examined microscopically on slides stained with hematoxylin-eosin and elastica van Gieson. ^fThe presence or absence of tumor thrombi in the main trunk of the renal vein was examined macroscopically. ^gAll the patients were classified according to the pathological Tumor-Node-Metastasis (TNM) classification [20].