Pathology review identifies frequent misdiagnoses in recurrent classic Hodgkin lymphoma in a nationwide cohort: implications for clinical and epidemiological studies

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SUPPLEMENTARY TABLE LEGEND (see table in the excel file)

Table S1: Detailed information regarding reviewed cases.

Table showing detailed information on clinical parameters, material availability and diagnostic arguments and decisions of all cases with reported non-Hodgkin lymphoma subsequent to classic Hodgkin lymphoma.

-: no expression, +: strong expression; AITL: Angio-immunoblastic T-cell lymphoma; ALCL: Anaplastic large cell lymphoma; B-ALL: B-cell acute lymphoblastic leukemia; CHL: classical Hodgkin lymphoma; CLL: Chronic lymphoid leukemia; dim+: weak expression; DLBCL: Diffuse large B-cell lymphoma; Equivocal: Highly likely diagnosis but cannot be further proven due to lack of sufficient material and/or clinical information; HGBCL, TH: High grade large B-cell lymphoma, triple hit; ID-LBCL: Immunodeficiency-related large B-cell lymphoma; LPL: lymphoplasmacytic lymphoma; MGZL: Mediastinal grey zone lymphoma; Mono-like hyperplasia: Mononucleosis-like lymphoid hyperplasia; NHL: non-Hodgkin lymphoma; n/a: data not available; NMZL: Nodal marginal zone lymphoma; PCFLCL: Primary cutaneous follicle center cell lymphoma; PMBCL: Primary mediastinal large B-cell lymphoma; PTCL, NOS: Peripheral T-cell lymphoma not otherwise specified; PTCL, TFH: Peripheral T-cell lymphoma, T-follicular helper cell phenotype; Unequivocal: diagnosis fully supported by objective criteria.