

SUPPLEMENTAL DATA

Multiple Self-healing Palmoplantar Carcinoma (MSPC): a familial predisposition to skin cancer with primary palmoplantar and conjunctival lesions.

Ons Mamai^{1,7}, Lobna Boussofara², Mohamed Denguezli², Nathalie Escande-Beillard⁷, Wahiba Kraeim³, Barry Merriman⁴, Ilhem Ben Charfeddine¹, Giovanni Stevanin⁵, Sana Bouraoui¹, Abdelbasset Amara¹, Amira Mili¹, Rafiaa Nouira², Dorra H'mida¹, Badreddine Sriha⁶, Moez Gribaa¹, Ali Saad¹ and Bruno Reversade^{7,8}.

¹ Laboratory of Human Cytogenetic, Molecular Genetics and Reproductive Biology, Farhat Hached University Hospital, Sousse, Tunisia

² Department of Dermatology and Venerology, Farhat Hached University Hospital, Sousse, Tunisia

³ Department of Dermatology and Venerology, Nabeul Regional Hospital, Nabeul, Tunisia

⁴ Department of Human Genetics, David Geffen School of Medicine, UCLA, California, USA

⁵ Neurogenetics team, Ecole Pratique des Hautes Etudes, heSam University and Institut du Cerveau et de la Moelle Epinière, Sorbonne University, Pitié-Salpêtrière Hospital, Paris, France

⁶ Department of Pathological Anatomy and Cytology, Farhat Hached University Hospital, Sousse, Tunisia

⁷ Institute of Medical Biology, Laboratory of Human Embryology and Genetics, A*STAR, Singapore

⁸ Department of Paediatrics, National University of Singapore, Singapore

This Supplemental data comprises 1 Figure.

a

Pedigree Number	Gender	Age of Onset	Palmoplantar Lesions Number	Affected Epithelial Tissues				Secondary Tumor	Aspect of Palmoplantar Lesions	Evolution Period	Treatments
				Plantar (PA)	Palmar	Conjunctival	Others				
III:10	M	25	10	+	+	-	-	Head & neck	UB and V	Months to years	Surgery/Soriatane®
III:11	M	20	10	+	+	+	Subungual lesion	Lung	UB and V keratinized V with depressive center	Weeks to months	Soriatane®
III:15	F	10	10	+	+	+	-	-	-	Weeks	-
IV:2	M	5	15	+	+/-	+	-	Lip & Heel SCC	UB and V	Month to years	Surgery/Soriatane®
IV:5	M	15	10	+	+	+	Subungual lesion	Nose SCC	UB and V	Months to years	Surgery/Soriatane®
IV:8	F	3	10	+	+/-	-	-	-	V with depressive center	Months	-
IV:9	M	7	10	+	+	+	-	-	UB	Weeks	Soriatane®
IV:11	M	3	15	+	+	-	-	-	V keratinized	Weeks	Soriatane®
IV:12	F	1	15	+	+	+	-	-	UB and V	Weeks	Surgery/Soriatane®
IV:13	M	5	15	+	+	(Bilateral)	HKP	-	V	Weeks	Soriatane®
IV:14	M	5	10	+	+	+	-	-	V or UN	Months to years	Soriatane®
IV:15	M	5	10	+	+	+	-	-	V or UB	Weeks to years	Soriatane®
IV:16	M	5	15	+	+	+	-	-	V or VU	Weeks	Soriatane®
IV:20	M	4	10	+	+	+	Subungual lesion HKP	-	UB and V	Years	Surgery/Soriatane®
V:4	M	15	10	+	+	+	-	-	UB and V	Months	Soriatane®
Mean		8.8	12	100%	85%	80%					

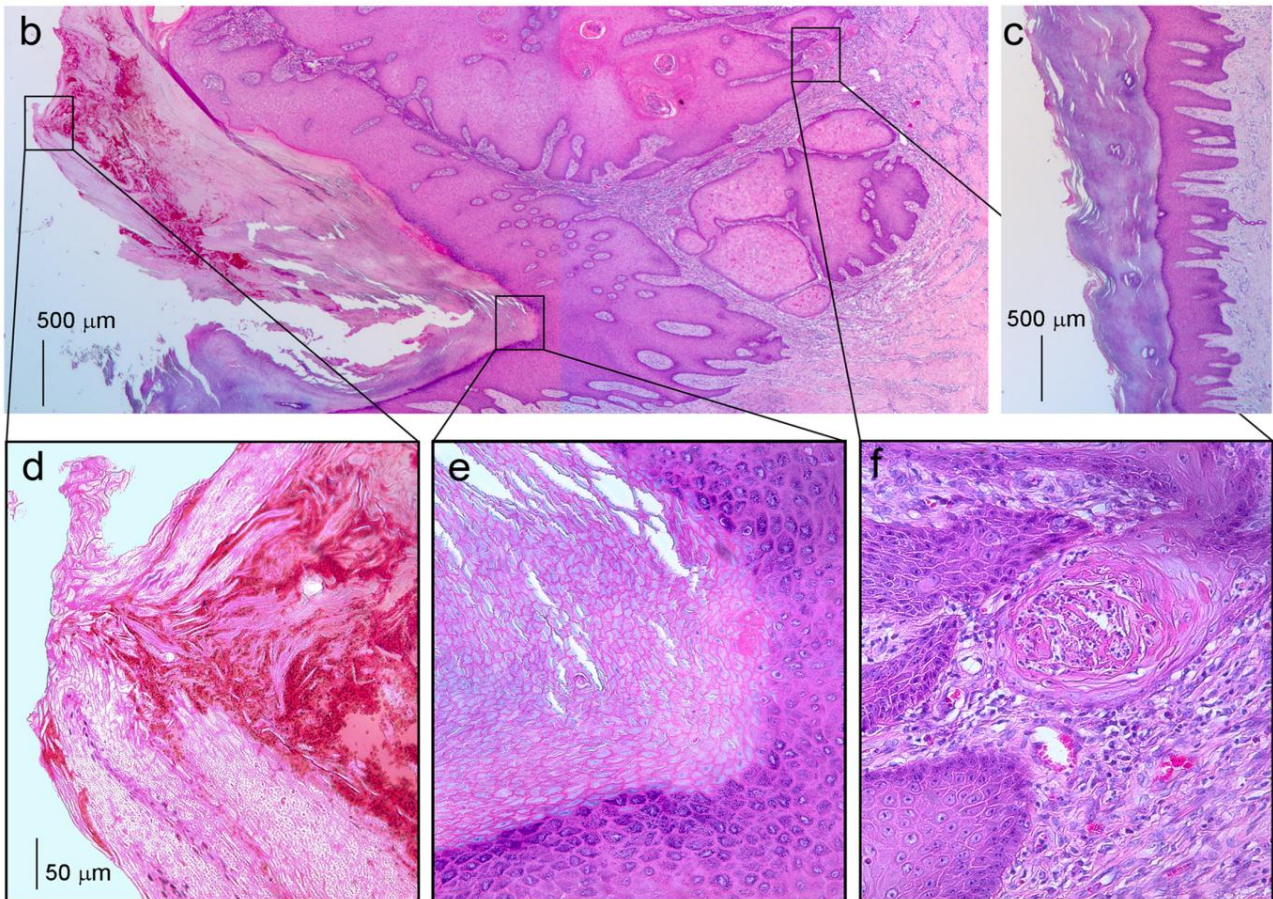


Figure S1

Clinical table and Histology of primary MSPC lesion.

(a) Clinical Manifestations of MSPC (M: male, F: female, PA: primary affection, HKP: Hyperkeratosis pilaris, UN: ulcerative-nodular, UB: ulcerative-burgeoning, V: verrucous, SCC: squamous cell carcinoma). (b) Histological examination of two adjoining pictures of H&E sections of a primary plantar lesion and (c) peri-lesion skin from patient IV:2. An epidermal massive hyperkeratosis overlying an endophytic squamoproliferative lesion is seen, tongues of squamous epithelium invade the dermis on a broad front. (d) keratin-filled crater. (e) Tumor cells exhibiting a pale eosinophilic cytoplasm and some eccentric pyknotic nuclei are seen, overall there was minimal cytological atypia. Detached squamous islands are present in the reticular dermis and a dense stromal inflammatory infiltrate is present at the base. (f) Central invagination filled by a mass of keratinized cell exhibiting keratin cyst formation, crypt abscesses and keratotic debris.