

Supplementary Online Content

Ahle G, Touitou V, Cassoux N, et al. Optic nerve infiltration in primary central nervous system lymphoma. *JAMA Neurol*. Published online October 2, 2017. doi:10.1001/jamaneurol.2017.2545

eTable. Clinical and Radiological Presentation and Treatment of ONI of PCNSL (n = 7)

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. Clinical / radiological presentation and treatment of optic nerve infiltration of primary CNS lymphoma (N = 7)

Patient No.	Onset				1 st Relapse				2 nd Relapse			
	Clinical presentation	Radiological presentation	Treatment	Outcome	Clinical presentation	Radiological presentation	Treatment	Outcome	Clinical presentation	Radiological presentation	Treatment	Outcome
1	ONI	Parenchymal enhancing lesions	R-MBVP-Cytarabine + HDCASCT	MRI: CR - VA: 6/10	N/A (discovered on routine MRI)	Ventricular and parenchymal enhancement	MTX + TMZ & intraventricular Rituximab – MTX	MRI: PD; Best supportive care				
2	ONI	Parenchymal enhancing lesions	Steroids (prior to diagnosis of lymphomatous ONI), 2 MPV, followed by TMZ	MRI: PR VA: 0,5/10	Brainstem signs	Ventricular enhancement	Best supportive care					
3	Vertigo, unilateral hemianopia	Parenchymal enhancing lesions	MTX, Lomustine, Procarbazine + it MTX, Cytarabine	MRI: CR	ONI	Parenchymal enhancing lesions	MT-A (+ oral methylprednisolone)	MRI: CR VA: 0,5/10	Left hemianopia, right arm paresis	Right occipital parenchymal enhancement and right brachial plexus infiltration	ASHAP	MRI: PD; Best supportive care
4	(No data available)		MTX, Lomustine, Procarbazine + it MTX, Cytarabine	MRI: CR	ONI	Parenchymal enhancing lesions	iv methylprednisolone followed by CYVE + HDCACST	MRI: CR VA: 3/10	Left leg paresis	Right paracentral parenchymal enhancement	Temozolomide	MRI: PD; ONI; Best supportive care
5	Confusion, insomnia, incoherence;	Ventricular and parenchymal enhancement	MTX, Procarbazine, Vincristine, Cytarabine	MRI: PR	ONI	Parenchymal non-enhancing lesions	iv methylprednisolone followed by ICE	MRI:CR VA: 0,5/10	Confusion	Right temporo-occipital and bitemporal parenchymal enhancement	Best supportive care	
6	Cerebellar symptoms;	Cerebellar and right temporal parenchymal enhancement	R-MBVP-Cytarabine + Radiation therapy	MRI: CR	N/A (discovered on routine MRI)	Cerebellar and right temporal parenchymal enhancing lesions	R-ICE (SD), R-DHAOx (PR) followed by HDCASCT (PR)	MRI: PR	ONI	Parenchymal enhancing lesions	Vismodegib	MRI: SD - VA:0/10
7	Cognitive decline, gait disturbance;	Non enhancing white matter lesions	MTX, Procarbazine, Vincristine, Cytarabine	MRI: PR	ONI	Parenchymal enhancing lesions	R-GEMOX	MRI: SD VA: 0,5/10				

Legend to supplementary eTable

ASHAP: doxorubicin, methylprednisolone, cytarabine, cisplatin

CSF: cerebrospinal fluid

CYVE: high-dose cytarabine, etoposide

DHAOx: Dexamethasone, high-dose cytarabine, oxaliplatin

HDCASCT: high-dose chemotherapy (high-dose busulfan, cyclophosphamide, thiotepa) with autologous stem cell transplant

ICE: ifosfamide, carboplatin, etoposide

it: intrathecal

MT-A: methotrexate, temozolomide, cytarabine

MTX: methotrexate

MPV: methotrexate, procarbazine, vincristine

ONI: optic nerve infiltration

PCNSL: primary CNS lymphoma

R-MBVP: rituximab, methotrexate, carmustine, carboplatin, prednisolone

R-AraC: rituximab, high-dose cytarabine

R-GEMOX: rituximab, gemcitabine, oxaliplatin

RTx: Radiation therapy

CR: complete response

SD: stable disease

PR: partial response

PD: progressive disease

VA: visual acuity