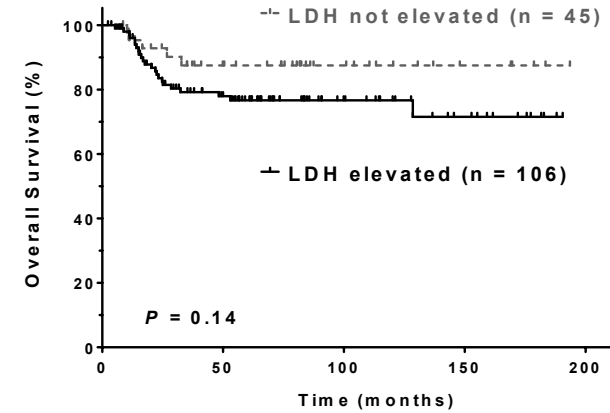
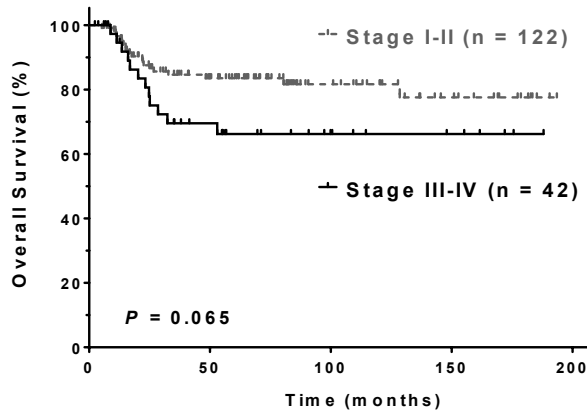
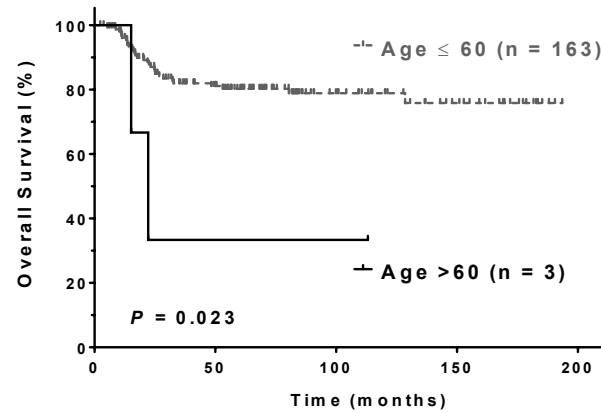
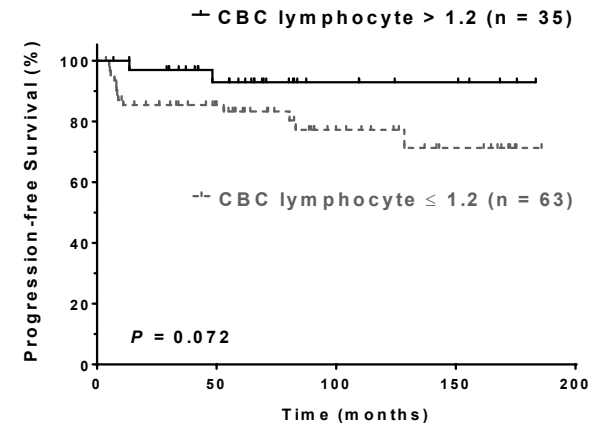
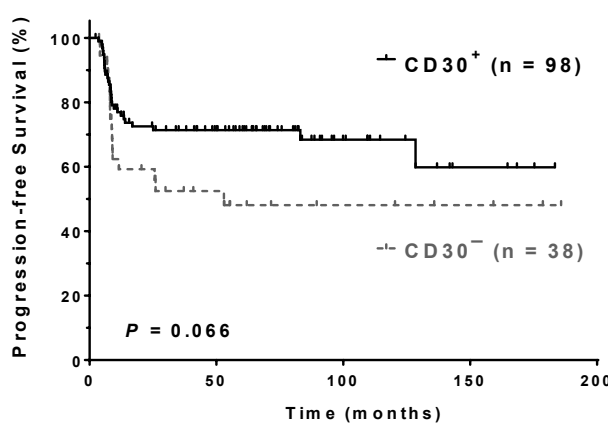
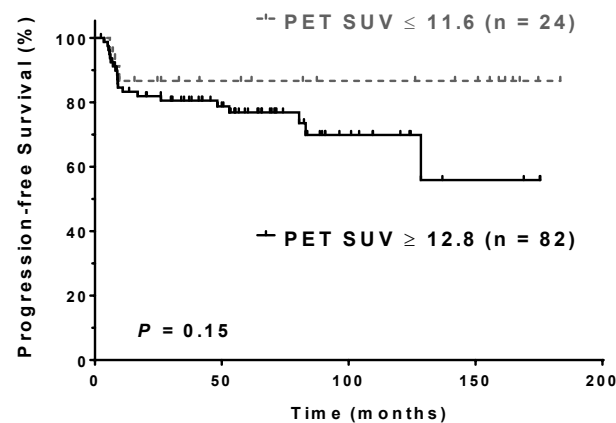


Suppl. Figure 1. Prognostic factors at diagnosis. (A) Elderly age was associated with significantly poorer overall survival. Advanced stage and elevated LDH levels showed nonsignificant trends toward poorer overall survival. **(B)** Low PET SUV_{max}, CD30 positivity, and high absolute lymphocyte counts showed nonsignificant trends toward favorable impact on progression-free survival.

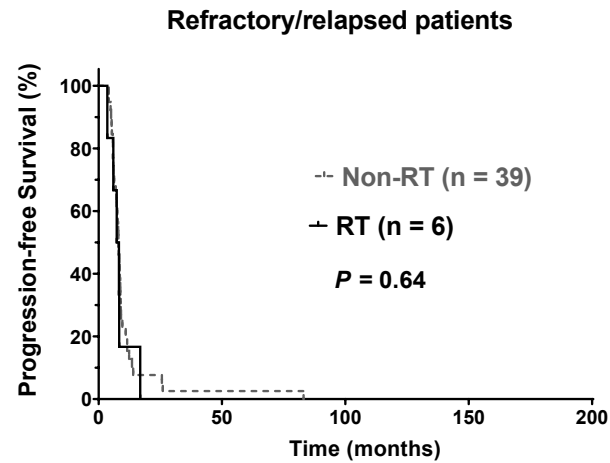
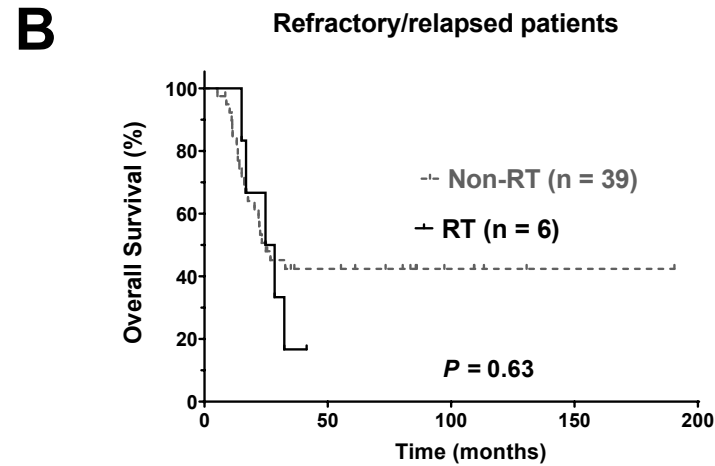
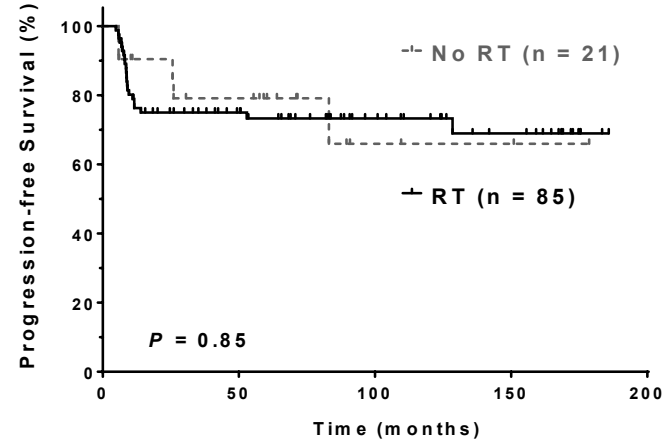
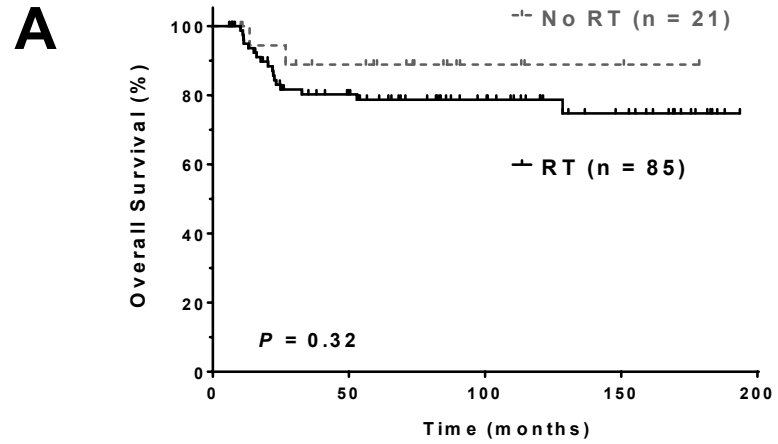
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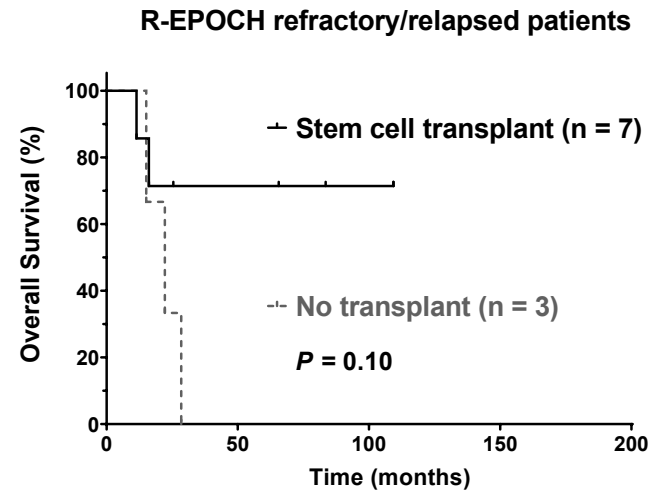
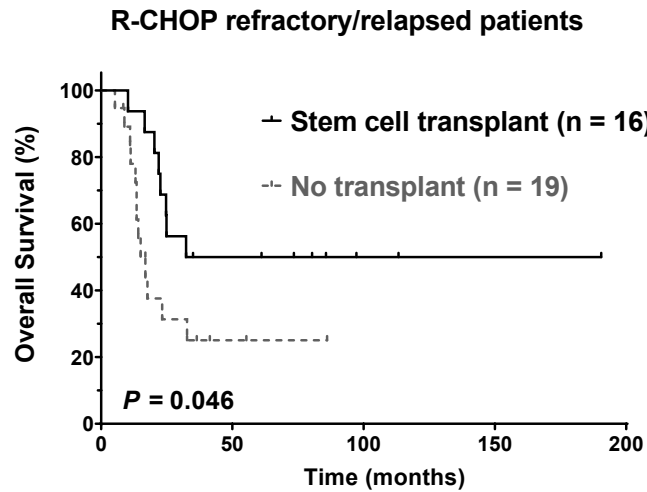


Suppl. Figure 2. Treatment options and prognosis. (A) Radiation therapy as consolidation did not have a significant effect on survival in PMBCL. **(B)** In relapsed/refractory PMBCL patients, radiation therapy after salvage therapy did not have a significant effect on survival.

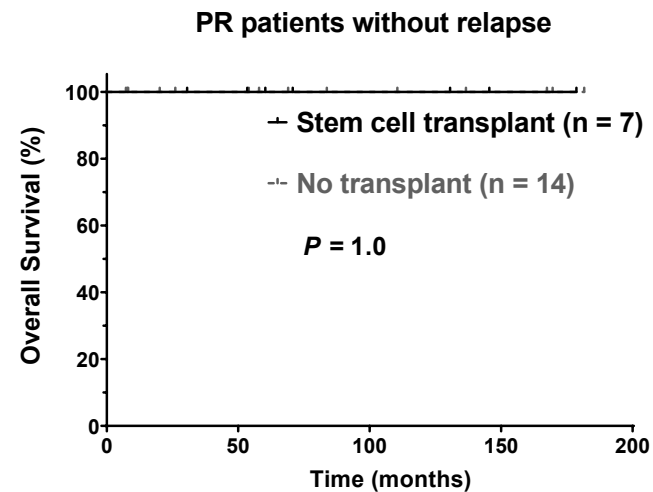
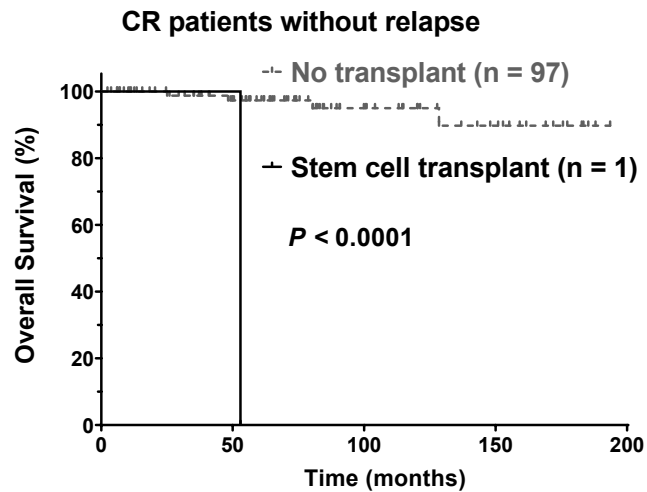


Suppl. Figure 3. Treatment options and prognosis. (A) Stem cell transplant improved overall survival in patients with relapsed/refractory PMBCL regardless of frontline treatment regimens. **(B)** Stem cell transplant did not show survival benefit in PMBCL patients without relapse after chemotherapy with a CR/PR.

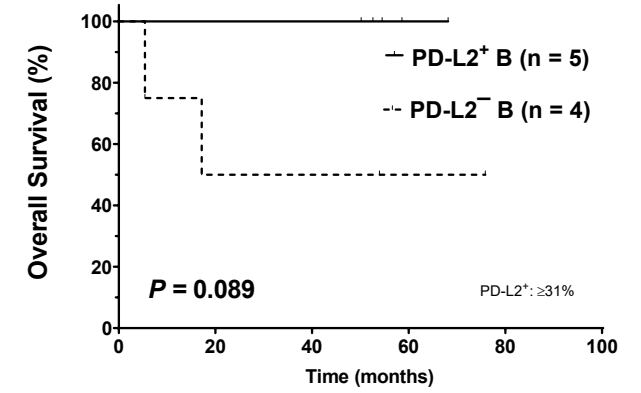
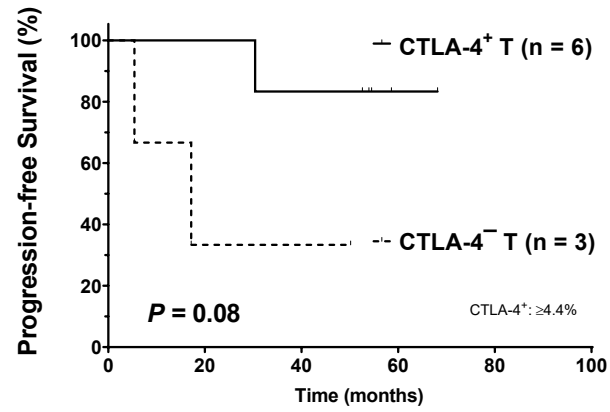
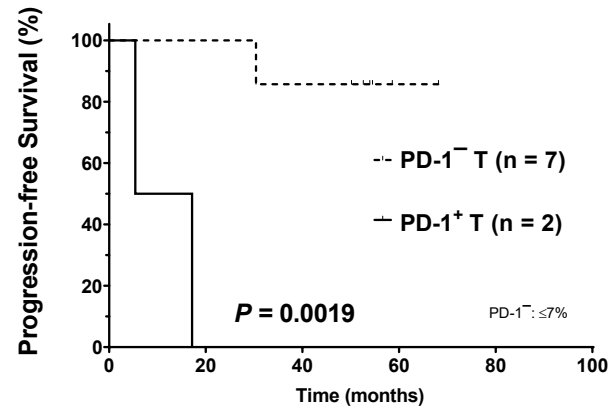
A



B



Suppl. Figure 4. Additional survival curves for CTLA-4 expression in T cells, PD-1 expression in T cells, and PD-L2 expression in B cells in PMBCL.



Suppl. Figure 6. miRNA profile for PMBCL. (A) Heatmap for top 10 upregulated or downregulated miRNAs in dead versus alive PMBCL patients. **(B)** Heatmap for 25 downregulated and 20 upregulated miRNAs in PMBCL patients with progression/relapse events compared with those without progression/relapse events.

