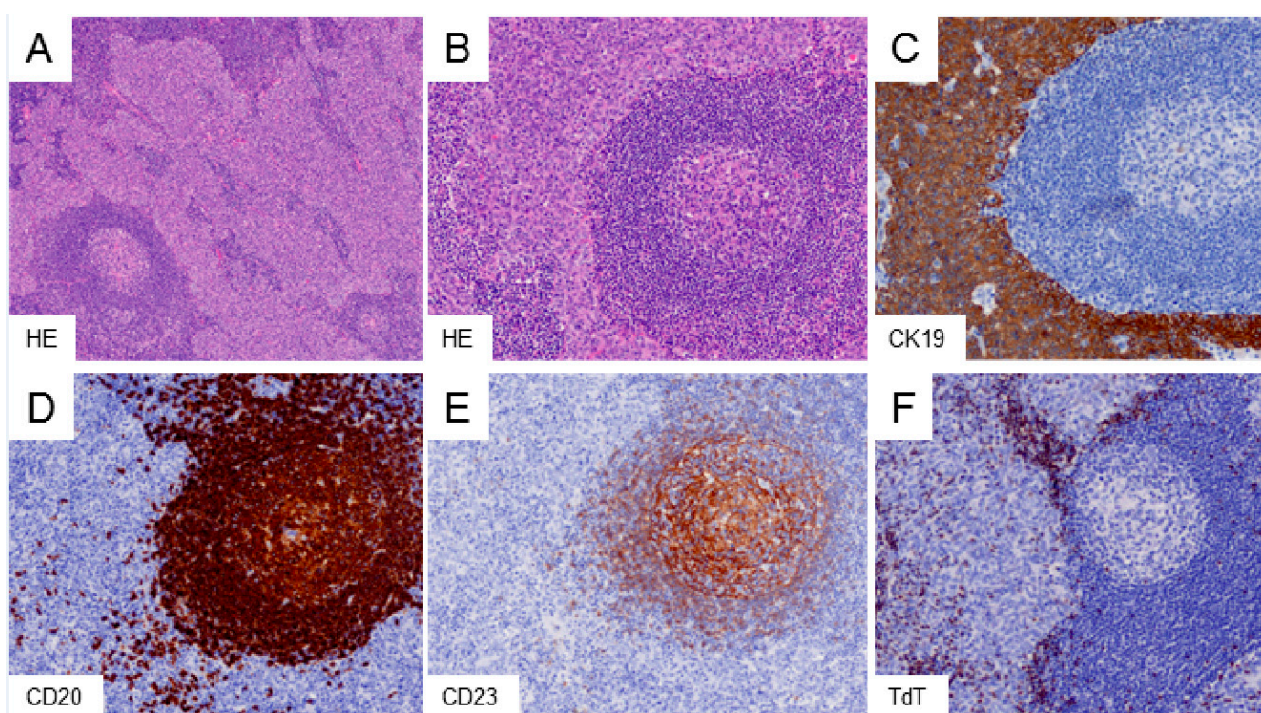
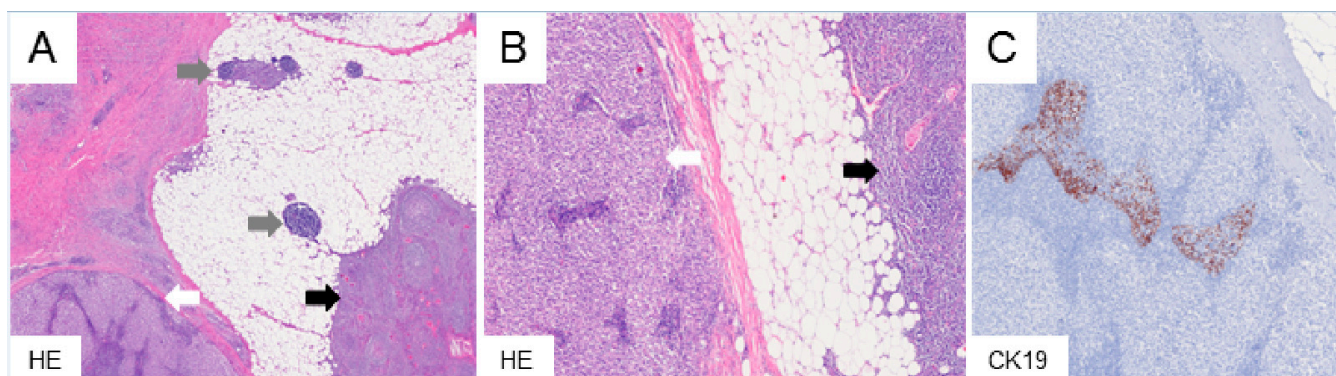


## Supplementary Materials: Thymic Hyperplasia with Lymphoepithelial Sialadenitis (Lesa)-Like Features: Strong Association with Lymphomas and Non-Myasthenic Autoimmune Diseases

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**Figure S1.** Micronodular thymoma with lymphoid hyperplasia. (A,B): Epithelial sheets separated by lymphoid stroma with follicles. In contrast to LESA-like TH, the epithelial cells are oval, densely packed and without overt squamous differentiation or Hassall corpuscles. (C,D) The cytokeratin 19-positive epithelial component (C) is sharply separated from the CD20-positive lymphoid stroma (D) with only few intraepithelial B-cells. (E) CD23-positive follicular dendritic cells may be numerous. (F) In contrast to LESA-like TH, immature TdT-expressing T-lymphocytes are typically present in low numbers in the epithelium and along its margins. Micrographs taken from the LESA-like TH case no.12. Original magnification: (A): 10×, (B–F): 20×.



**Figure S2.** Diffuse large B-cell lymphoma associated with LESA-like TH. (A) and (B): Thymic remnants (gray arrows) and LESA-like TH (black arrow) in association with a sclerosing high-grade lymphoma (white arrow). (C) CK19 positive thymic epithelium enclosed in the high-grade lymphoma. Micrographs taken from LESA-like TH case no. 34. Original magnification: (A): 2×, (B,C): 5×.

**Table S1.** Frequency of reference cases of selected mediastinal lesions reviewed per year at the Institute of Pathology, University Medical Centre Mannheim, Germany.

Diagnosis	Cases Per Year	Relative Frequency in %
Thymoma	150	79.79
Thymic carcinoma	20	10.64
TFH	6	3.19
Non-Hodgkin B-cell lymphoma	5	2.66
<b>LESA-like TH</b>	<b>4</b>	<b>2.13</b>
Thymolipoma	2	1.06
True thymic hyperplasia	1	0.53

As the low case numbers of thymic follicular hyperplasia (TFH) and lymphomas suggest, the frequencies are not representative of incidence values but reflect a strong referral bias.