Supplemental Figures and Tables



Supplemental Figure 1: Kaplan Meier curve representing A) PFS and B) OS of the 71 patients with a confirmed AITL.



Supplemental figure 2: Coexistence of Bone marrow involvement assessed by bone marrow trephine (BMI+) and blood involvement assessed by flow cytometry (FCM) or PCR-DGGE. 8 patients (gray) was BMI, FCM and PCR negative. 8 patients (blue) had a BMI (demonstrated in bone marrow biopsy), but no detectable circulating population by PCR or FCM. 7 patients (yellow) had a clonal circulating population assessed by PCR, but no circulating population detectable by FCM or BMI. One patient (red) had a detectable circulating population detectable by FCM, but not by PCR or BMI. 5 patients (green) were BMI+ and PCR+, with a negative FCM. 2 patients (purple) were BMI+ and FCM+ but had no detectable clonal circulating population in PCR. Four patients (orange) were FCM+ and PCR+, with no evidence of BMI on bone marrow biopsy. Seven patients had BMI and positive FCM and PCR.



Supplemental Figure 3: Correlation between the number of copies of EBV genome in blood and expression of EBV RNA (EBER) in tumour, and between SUVmax and % of neoplastic T cells, estimated by morphology and immunochemistry (< or > 50%) and presence of EBV positive B blast within the tumour microenvironment. EBV low means EBV score 0 or 1, and EBV high, EBV score 2 or 3 with score 0: absence of large EBV-positive cells; score 1: up to 5 large EBV positive cells per high power field (hpf), score 2: 5 to 50 per hpf and score 3 : > 50 per hpf , or sheets or aggregates of large EBV-positive cells. Comparison was made using a Mann Whitney test.



Supplemental figure 4: Comparison of variant allele frequency (VAF). Wilcoxon rank sum test.



Supplemental Figure 5: Overall survival Kaplan Meier curves depending on the presence of TET2, IDH2, DNMT3A, TET2+IDH2+DNMT3A and RHOA mutation











Figure S6: OS and PFS depending on the TMTV, with a threshold at 230cm³, or in dichotomizing the cohort at the median









	Odds ratio[95%CI]			
	TET2 mut	RHOA mut	DNMT3A mut	<i>IDH2</i> mut
Age>65 years	6.2	1.5	4.3	2.4
	[1.4 ;30]	[0.4 ;6.6]	[0.7; 80.6]	[0.4; 48]
IPI (3-5)	6.7	2.2	4.1	1.3
	[1.9 ;25.9]	[0.7;7.6]	[0.99; 28.1]	[0.3;6.5]
PIT (3-4)	3.1	3.6	2.3	3.2
	[0.7 ; 21.9]	[1;14]	[0.7; 7.6]	[0.9;12.0]
ВМІ	0.5 [0.1-1.9]	0.3 [0.1-0.8]	0.6 [0.2-1.8]	0.05 [0.003-0.3]
Strong ICOS expression	4.2	3.7	1.5	1.5
	[1.0; 19.2]	[1.1; 14.5]	[0.4;6.7]	[0.4; 8.2]
FDC expansion	1.8	7.7	2.1	11.32
	[0.5; 6.6]	[2.3 ;31.3]	[0.6;8.7]	[2.19;1]
Clear cells	5.7	3.3	2.6	24
	[0.9; 111]	[0.8;14.3]	[0.6;11.1]	[4.5;195]

Supplemental table 1: Correlation between the detection of the mutations in TET2, RHOA, DNMT3A and IDH2 and clinical and pathological factors. Bold characters represent significant values.

Supplemental Table 2: impact of the mutational landscape on response rate and survival

Mutated vs unmutated	CMR Odds ratio [IC95%]	PFS Hazard ratio [IC95%]	OS Hazard ratio [IC95%]
TET2	0.633 (0.188-2.122)	1.3080 (.649-2.639)	1.673 (0.696-4.021)
DNMT3A	0.349 (0.099-1.079)	1.924 (1.033-3.583)	1.535 (0.762-3.092)
IDH2	1.500 (0.449-5.030)	0.947 (0.457-1.962)	1.201 (0.547-2.638)
RHOA	1.535 (0.567-4.258)	0.843 (0.472-1.506)	0.878 (0.456-1.689)
TET2+IDH2+DNMT3A	0.800 (0.152-3.588)	2.120 (0.935-4.809)	2.737 (1.119-6.694)