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## Appendix E1. Study Participant Overlap

Sixteen of 45 study participants have been reported in a previous study (18), in which De Paepe et al investigated the performance of apparent diffusion coefficient (ADC) histogram analysis to differentiate malignant from benign nodes in pretreatment WB-DWI (whole-body diffusion weighted imaging) MRI in patients with aggressive and indolent Non-Hodgkin Lymphoma (NHL). In the current study, we exclusively included aggressive NHL patients and investigated $ADC_{mean}$ of malignant lesions only on the baseline and first follow-up whole-body scans.

## Appendix E2. Deauville Criteria and Response to Treatment Assessment

Lesions are scaled from 1 to 5 based on fluorodeoxyglucose (FDG)-avidity:

1. No (residual) uptake
2. Some uptake, but below mediastinal blood pool
3. Uptake is above mediastina blood pool, but not higher than uptake in the liver
4. Uptake is slightly to moderately higher than uptake in the liver
5. Uptake is markedly than hepatic uptake

Complete remission (CR) was considered in those patients with Deauville score of 1, 2, and 3 (the latter depending on the clinical context). A Deauville score of 4–5 with an uptake decrease on the interim scan in comparison with the baseline scan was determined as partial response (PR), a Deauville score of 4–5 with an unchanged uptake as stable disease (SD), and a Deauville score of 4–5 with an increased uptake or the development of any new FDG-avid lesion as progressive disease (PD).

## Appendix E3. Patient (Immuno)chemotherapy Regimens

Patients with diffuse large B-cell lymphoma (DLBCL) were treated with *R*-CHOP (Rituximab-cyclophosphamide, hydroxydaunorubicin [doxorubicin], vincristine, and prednisone/prednisolone) or *R*-DHAP (Rituximab-Dexamethasone, high-dose cytarabine [Ara-C], Cisplatin); Burkitt lymphomas received the HOELZER regimen (high-dose methotrexate, high-dose cytosine arabinoside, cyclophosphamide, etoposide, ifosfamide, corticosteroids, and triple intrathecal therapy); patients with mantle cell lymphoma (MCL) received alternating *R*-CHOP and *R*-DHAP regimens, followed by autologous stem cell transplantation; peripheral T-cell lymphoma was treated with CHOP, lymphoepitheloid lymphoma with VB-CHEP (vincristine, bleomycin-cyclophosphamide, adriamycin, etoposide, and prednisolone), and extranodal NK-TCL with a SMILE protocol (dexamethasone, methotrexate, ifosfamide, L-asparaginase, etoposide).

### Per-lesion analysis

**Table E1. Absolute Pre- and Posttreatment $ADC_{mean}$ Values and $ADCratio_{1cycle}$ per Outcome Group for Three Tissue Types**

| Parameter | Tissue Type | Good Outcome | Poor Outcome |
|---|---|---|---|
| Pretreatment $ADC_{mean}$ (x $10^{-3}$ $mm^2$/sec, median) | Nodal | 0.91 (0.50–2.44) | 0.96 (0.55–2.16) |
| | Bone | 0.96 (0.69–1.72) | 0.66 (0.48–1.01) |
| | Extranodal | 0.71 (0.36–1.81) | 0.90 (0.47–1.11) |
| Median posttreatment $ADC_{mean}$ (x $10^{-3}$ $mm^2$/sec) | Nodal | 1.41 (0.70–2.87) | 1.27 (0.52–2.96) |
| | Bone | 1.10 (0.21–2.46) | 1.75 (1.55–2.02) |
| | Extranodal | 1.64 (1.22–2.42) | 1.49 (0.77–2.12) |
| Median $ADC_{ratio1cycle}$ (%) | Nodal | 51.6 (0.6–204.1) | 24.4 (−21.1–120.6) |
| | Bone | 18.9 (−78–63.3) | 186.2 (72.3–223.9) |
| | Extranodal | 135.2 (17.2–267.9) | 64.0 (−4.7–348.0) |

Note.—Values in parentheses are ranges.