

Figure S1: Relationship between EBV and H-Score in patients with CHL-IDD. (A) Distribution of EBV-negative and EBV-positive cases in PD-L1 immunohistochemistry (IHC) H-score quartiles; no correlation was found in the proportion of EBV-positive cases. (B) No correlation was found between EBV latency and H-Score.

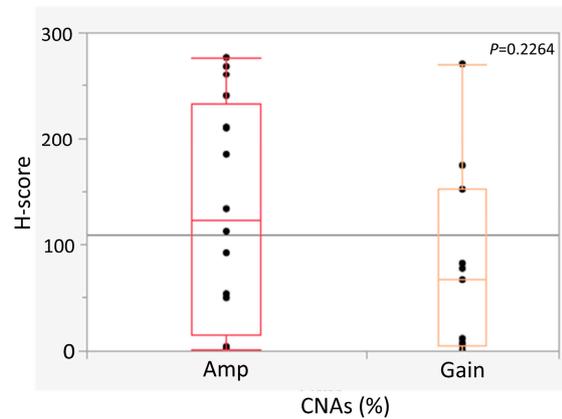


Figure S2: The association of PD-L1 IHC H-score and Amplification and Copy gain. No correlation was found between a copy gain group and an amplification group.

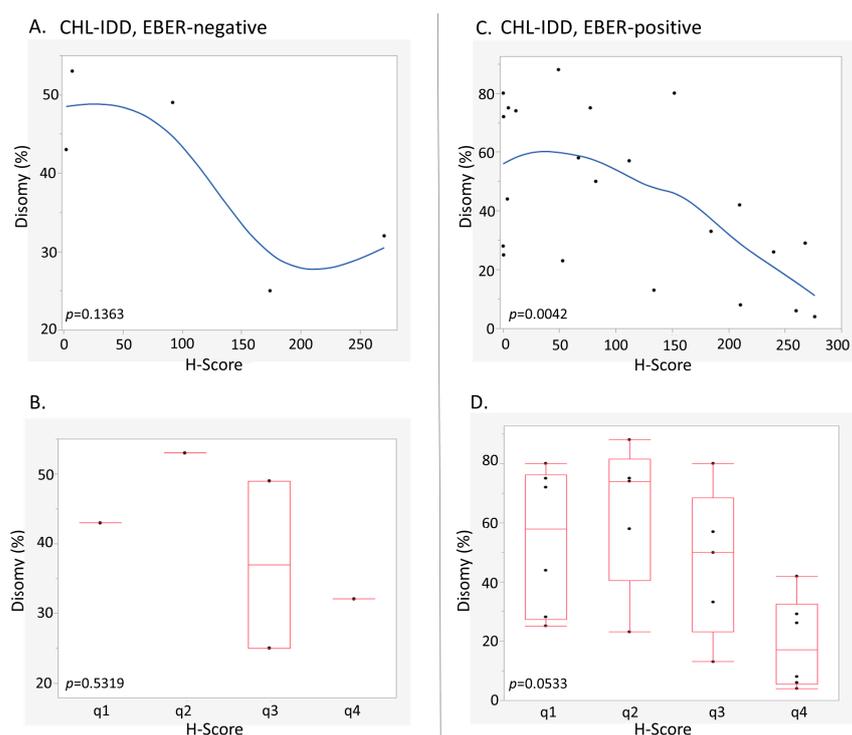


Figure S3: Relationship between H-score and 9p24.1 copy number alteration in patients with CHL-IDD. (A, B) Percentage of 9p24.1 residual disomic cells (y-axis) and PD-L1 IHC H-score (x-axis) plotted for individual EBV-negative and EBV-positive CHL-IDDs, respectively. (C, D) Percentages of residual 9p24.1 disomic cells in EBV-negative and EBV-positive cases in the respective PD-L1 IHC H-score quartiles from (A, B) were plotted. There was a trend toward an inverse correlation between H-Score and disomic cells in EBV-positive CHL-IDD cases but no inverse correlation in EBV-negative cases.

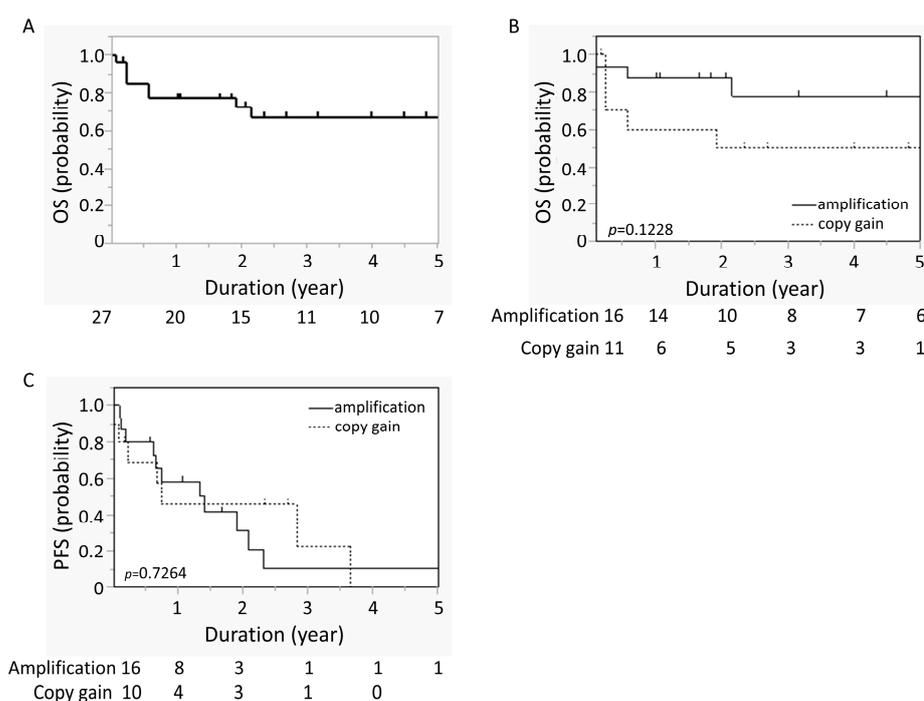


Figure S4: Kaplan-Meier curves in patients with CHL-IDD. (A) Overall survival (OS) for all patients. OS (B) and progression-free survival (PFS) for amplification and copy gain patients.

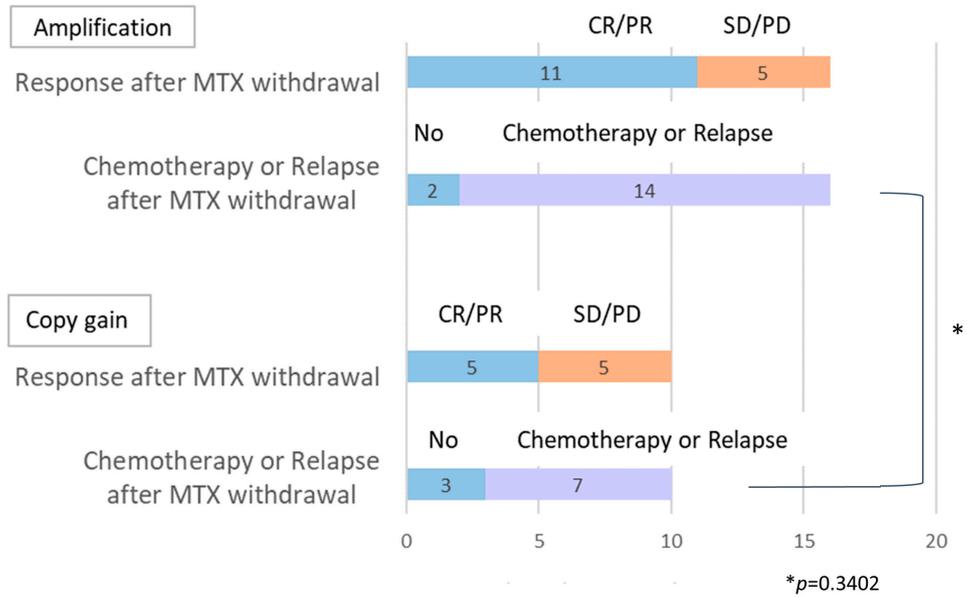


Figure S5: Changes in disease condition after MTX withdrawal in patients with CHL-IDD (copy gain and amplification). No significant differences in responses following MTX withdrawal and the need requirement for chemotherapy were observed between the amplification and copy gain groups.