

Supplementary Materials

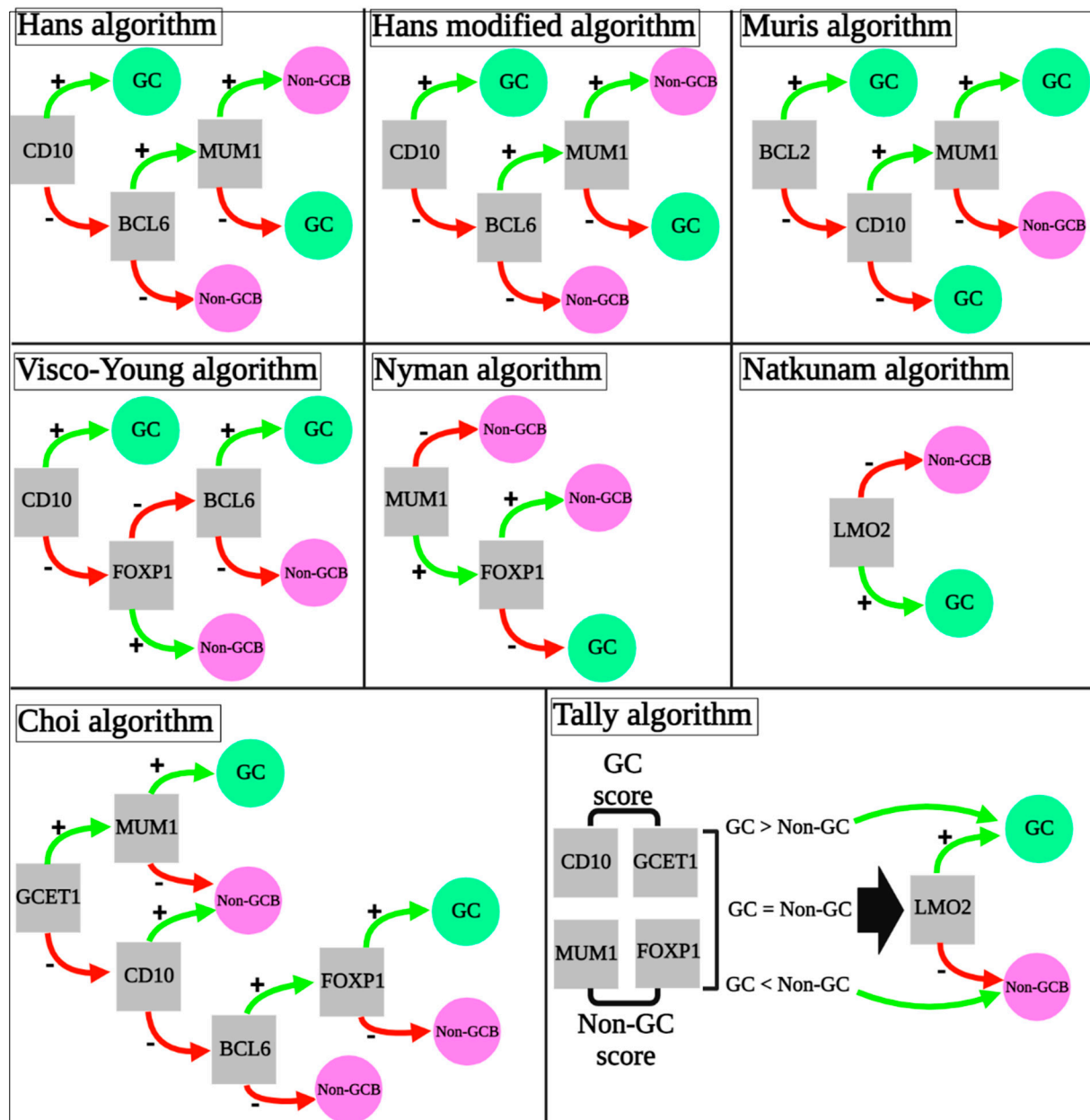


Figure S1. Common used algorithms to identify DLBCL in the clinic [1,2].

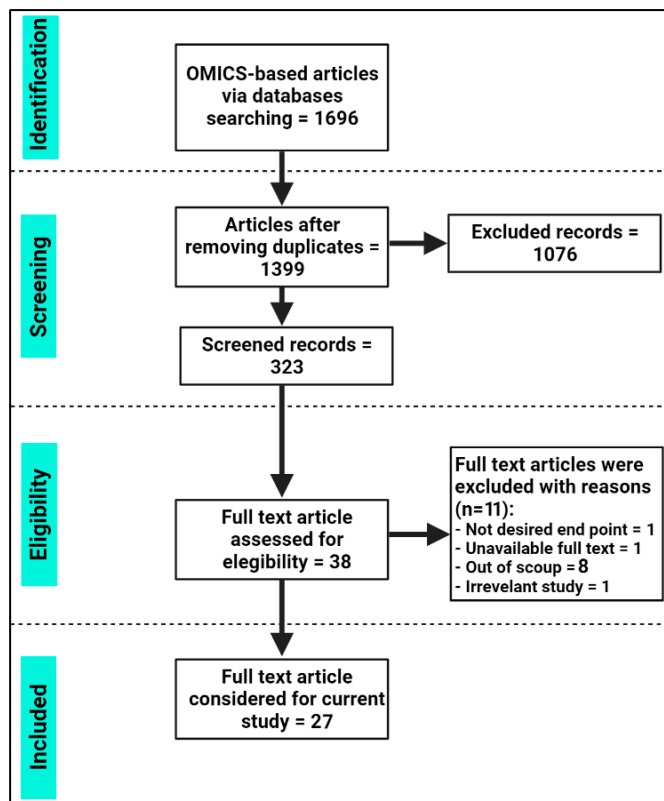


Figure S2. PRISMA flow diagram of screening studies that analysed the proteome of DLBCL with state of art mass-spectrometry.

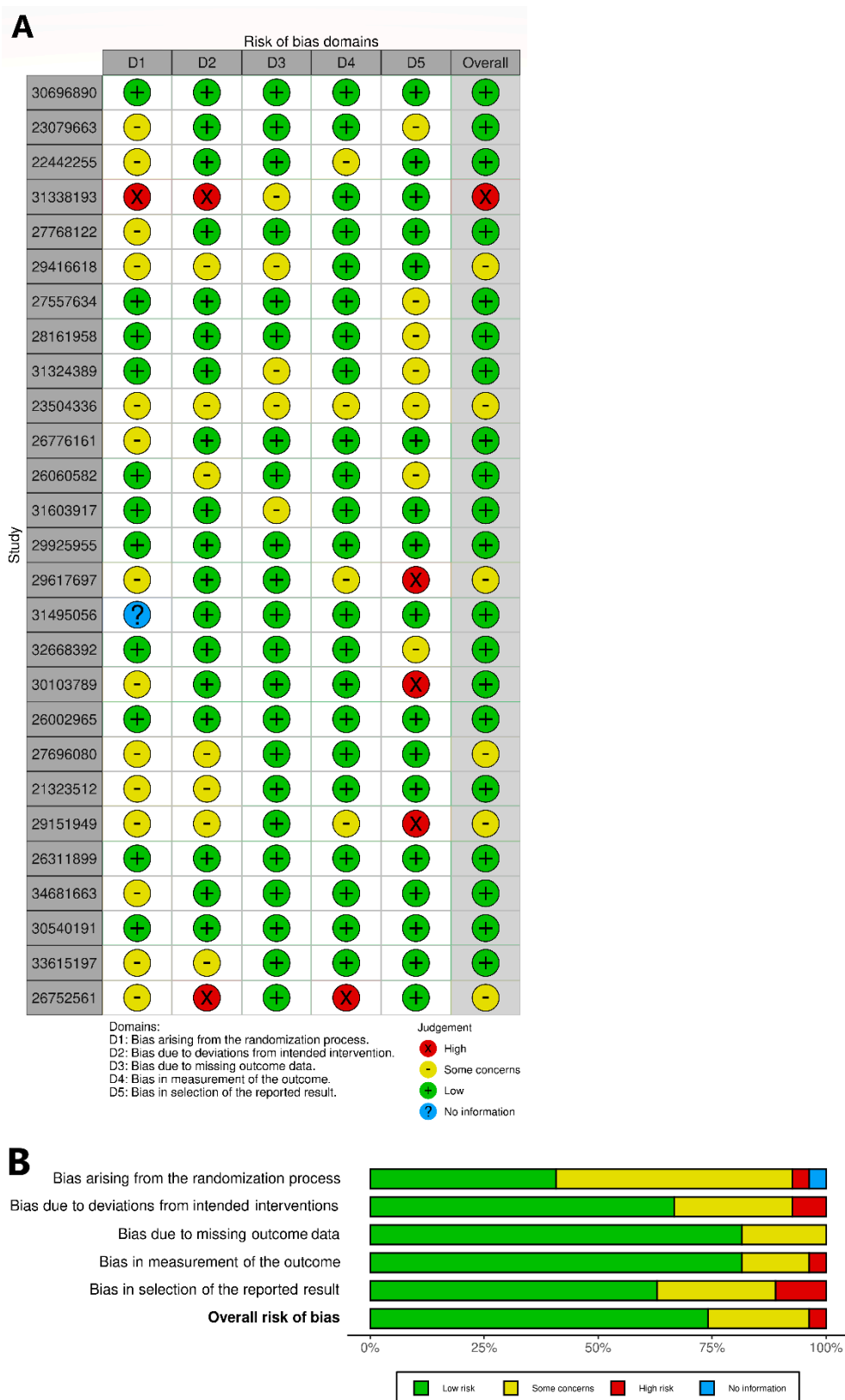


Figure S3. **(A)** Traffic light plot summaries the domain-level judgments for every single article. PUBMED IDs were used on the y-axis to show the articles; **(B)** a weighted bar plot illustrates the distribution of risk-of-bias judgments across all domains (robvis online tool was used to plot the risk of bias assessment (<https://mcguinlu.shinyapps.io/robvis/>)).

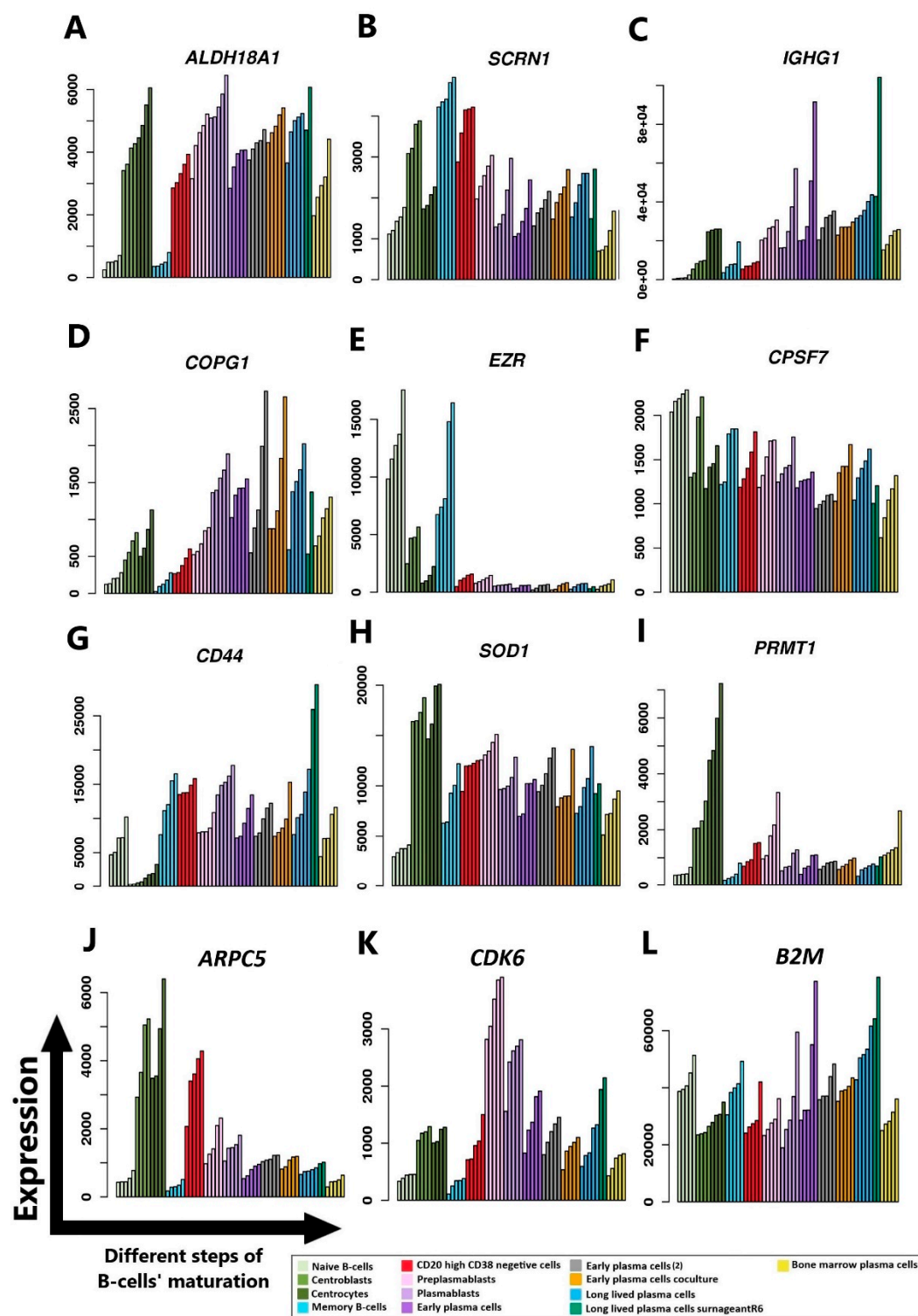


Figure S4. Expression of 12 most consistently identified proteins in healthy B cells in different stages of differentiation.

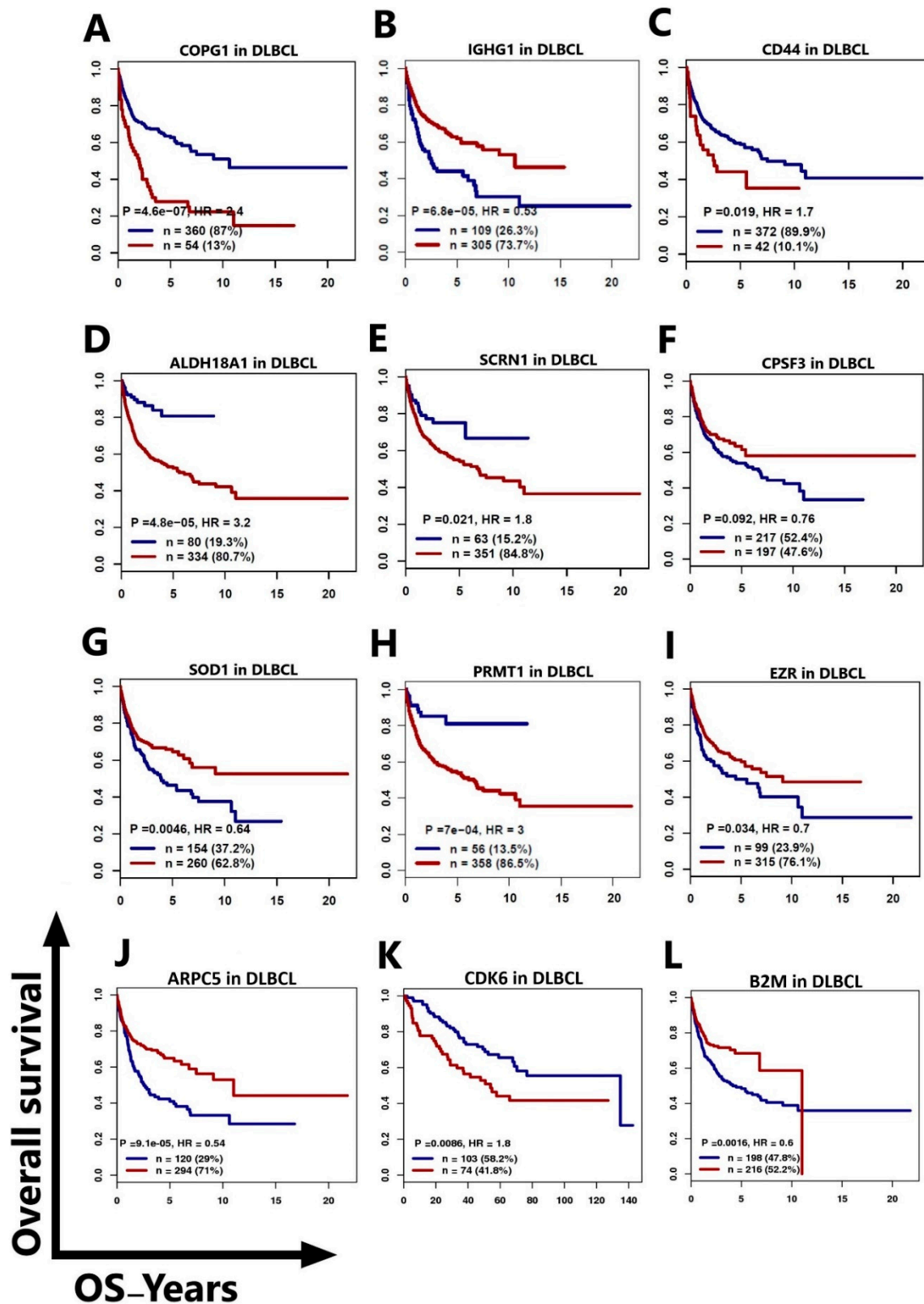


Figure S5. Impact of 12 most consistently identified proteins' expression on the overall survival of patients with DLBCL by using Genomicscape web tool (<http://www.genomicscape.com/index.php>). (A-L) the impact of ALDH18A1, IRF4, SOD1, PRMT1, CD44, CPSF7, EZR, COPG1, IGHG1, SCRNI, ARPC5, CDK6, and B2M on patients' survival. In the Genomicscape data set, patients were grouped into ABC and GCB subgroups. P-values, hazard ratios (HR), and the level of expression signal are shown (blue indicate low expression and red high expression).

Epstein barr virus infection

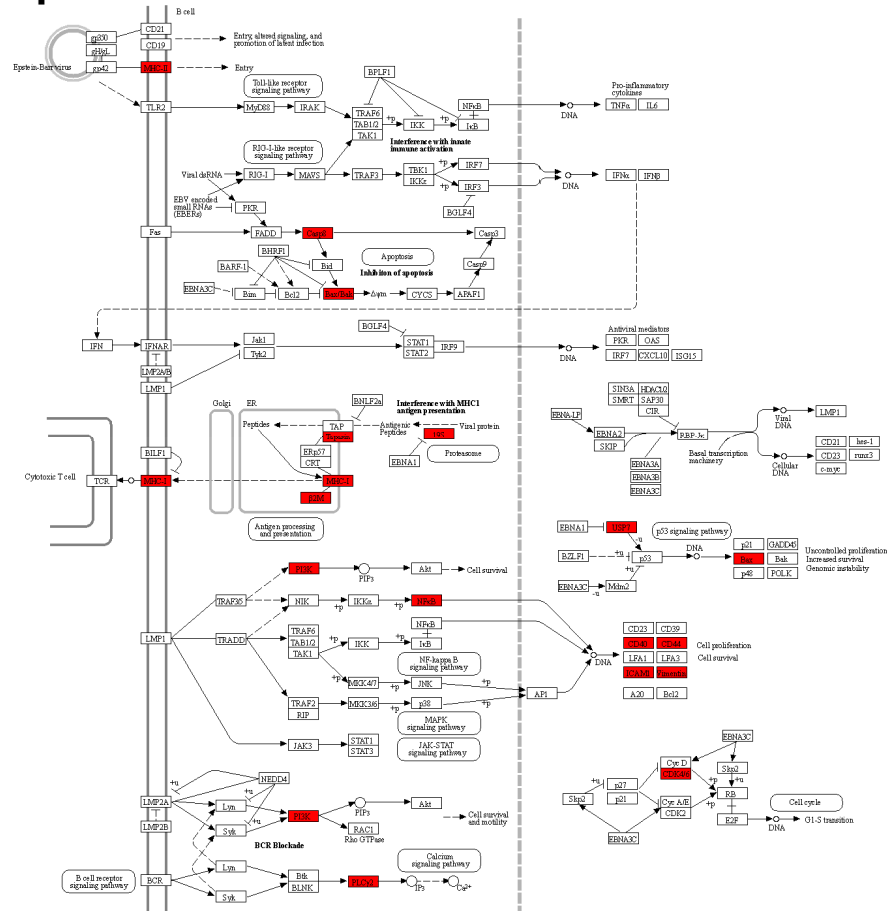


Figure S6. Epstein-barr virus (EBV) infection pathway based on recognized proteins from the group of proteins repeated in 4≤ articles. The identified proteins are represented in red. Pathview R package was used for plotting and the red colour is just used to show the identified proteins in the pathway.

Table S1. Common used algorithms to identify DLBCL in the clinic [3,4].

Ann Arbor Stage	Involvement
1	A single site of extra-lymphatic involvement without the involvement of lymph nodes
2	Extra-lymphatic involvement, regional lymph node involvement, and possible additional lymph nodes on the same side of the diaphragm
3	Extra-lymphatic involvement, regional lymph node involvement, lymph nodes on both sides of the diaphragm, no involvement of spleen
4	Involvement of one or more extra-lymphatic sites or metastasis to liver, bone marrow, lungs, or cerebrospinal fluid

Table S2. Lugano classification [5].

Lugano stage	Involvement
Stage I	Tumour confined to GI tract Single primary site or multiple, non-contiguous lesions
Stage II	Tumour extending into the abdomen from primary GI site Nodal involvement
Stage II1	local (perigastric in cases of gastric lymphoma and para-intestinal for intestinal lymphoma)
Stage II2	distant (mesenteric in the case of an intestinal primary, otherwise; para-aortic para-caval, pelvic, inguinal)
Stage IIE	Penetration of serosa to involve adjacent organs or tissues (enumerate actual site of involvement, e.g.IIE [pancreas] IIE [large intestine], IIE[post abdominal wall])
Stage IV	Disseminated extranodal involvement, or, a GI tract lesion with supra-diaphragmatic nodal involvement

Table S3. Modified Ann Arbor Staging of NHL [6].

Modified Ann Arbor Stage	Involvement
I	Involvement of a single lymph node region
II	Involvement of ≥ 2 lymph node regions on the same side of the diaphragm
III	Involvement of lymph node regions on both sides of the diaphragm
IV	Multifocal involvement of ≥ 1 extra lymphatic site \pm associated lymph nodes or isolated extra lymphatic organ involvement with distal nodal involvement

Table S4. Paris TNM Staging Systems for lymphoma [7].

Paris TNMB stage	Involvement
Tx	Tx Lymphoma extent not specified
TO	TO No evidence of lymphoma
T1	T1 Lymphoma confined to the mucosa/submucosa
T1m	T1m Lymphoma confined to the mucosa
T1sm	T1sm Lymphoma confined to the submucosa
T2	T2 Lymphoma infiltrates muscularis propria or subserosa
T3	T3 Lymphoma penetrates serosa (visceral peritoneum) without invasion of adjacent structures
T4	T4 Lymphoma invades adjacent structures or organs
Nx	Nx Involvement of lymph nodes not assessed
N0	N0 No evidence of lymph node involvement
N1	N1 Involvement of regional lymph nodes
N2	N2 Involvement of intra-abdominal lymph nodes beyond the regional area
N3	N3 Spread to extra-abdominal lymph nodes
Mx	Mx Dissemination of lymphoma not assessed
M0	M0 No evidence of extranodal dissemination
M1	M1 Non-continuous involvement of separate sites in the gastrointestinal tract (e.g., stomach and rectum)
M2	M2 Non-continuous involvement of other tissues (e.g., peritoneum, pleura) or organs (e.g., tonsils, parotid gland, ocular adnexa, lung, liver, spleen, kidney, breast, etc.)
Bx	Bx Involvement of bone marrow not assessed
B0	B0 No evidence of bone marrow involvement
B1	B1 Lymphomatous infiltration of bone marrow
TNM	TNM Clinical staging: status of tumor, node, metastasis, bone marrow
pTNMB	pTNMB Histopathological staging: status of tumor, node, metastasis, bone marrow
pN	The histological examination will ordinarily include 6 or more lymph nodes

References:

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