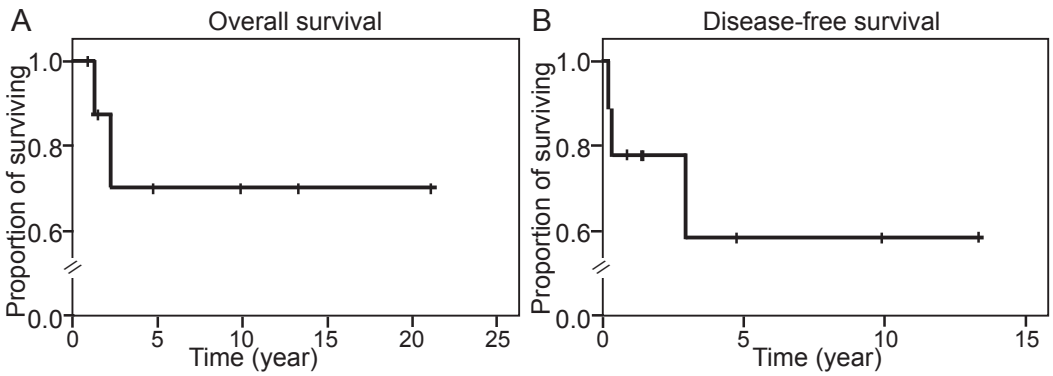

Fig. S1. Kaplan–Meier survival curve of this cohort of 9 patients showed: (A) a 3-year overall survival rate of 70% and (B) a 3-year disease-free survival rate of 58.3%. Patient 2 initially experienced CR, but later experienced a rapid relapse in the skin of the right shoulder outside of the radiation field and in the right axillary and intra-abdominal lymph node 2.4 months after completing radiotherapy (RT). He subsequently received salvage chemotherapy with several regimens, including cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP); etoposide, methylprednisolone, cisplatin, and cytarabine (ESHAP); and ifosfamide, carboplatin, and etoposide (ICE), but died from progression of the disease. Patient 5 initially exhibited PR after RT, but developed generalized skin involvement 4.1 months after completing RT. He died of lymphoma despite salvage chemotherapy with CHOP. Patient 8 exhibited a relapse in the right buttock after 2.9 years of CR post-initial RT and received wide excision of the relapsed tumour. He was still alive after 9.11 years at the time of analysis. An initial thorough physical examination of the whole-body cutaneous findings, bone marrow study, laboratory investigations, and whole-body computed tomography scans did not reveal lymph node involvement or any cutaneous lesions other than the index lesions in these 2 patients. Thus, the relapse sites for Patients 2 and 5 were most likely secondary. Although Patients 2 and 5 exhibited disease progression soon after RT (2.4 and 4.1 months, respectively), published studies have revealed that rapid recurrence of CD30⁺ PCALCL occurs within 2–8 months after treatment (2–4). According to the chronological changes in involved sites and the reported relapse time-frame of skin lesions, the 2 patients were classified as having CD30⁺ PCALCL with subsequent recurrence.