

Table SI. Reported cases of subcutaneous panniculitis-like T-cell lymphoma (SPTCL) with extracutaneous involvement

Study	Age/ Sex	Skin lesions	Extracutaneous involvement	HPS/ HLH	Treatment	Follow-up
Schramm, et al. (4)	35/F	Upper extremities and buttocks	Breast	No	CHOP	Slow progression
Gao, et al. (5)	32/F	Chest	Bone marrow	No	CHOP with methotrexate and cytarabine 1 st : cyclophosphamide, methotrexate, etoposide and dexamethasone 2 nd : gemcitabine and oxaliplatin Allogeneic stem cell transplant	Complete remission for 24 months. Recurrence 2 years after 1 st chemotherapy. Remission after transplantation.
Gao, et al. (5)	21/M	Chest	Bone marrow	No		
Gao, et al. (5)	50/F	Thighs	Bone marrow	No	Cyclosporine A	Death 9 months after diagnosis.
Brown, et al. (6)	28/F	Extremities, trunk and face	Bone marrow	Yes	1 st : CHOEP 2 nd : bexarotene and dexamethasone, pralatrexate, combination of etoposide methylprednisolone, high-dose cyclosporine and cisplatin Allogeneic stem cell transplant	Recurrence after 6 cycles of CHOEP. Remission after salvage chemotherapies and keeping complete remission 16 months after transplantation.
Iqbal & Raina (7)	22/F	Lower extremities, trunk and face	Breast, liver and spleen	No	Cyclosporine A	Complete remission for 18 months.
Lester, et al. (8)	33/M	Lower abdomen and lower back	Mesenteric fat	Yes	CHOEP Allogeneic stem cell transplant	Recurrence after 1 cycle of CHOEP. Remission after transplantation.
Our case	82/M	Upper extremities and chest	Bone marrow and lung	No	1 st : CHOP 2 nd : Etoposide	Recurrence 2 months after 6 cycles of CHOP. Complete remission for 30 months with etoposide.

CHOP: cyclophosphamide, doxorubicin, vincristine, prednisolone; CHOEP: CHOP plus etoposide; HPS: haemophagocytic syndrome; HLH: haemophagocytic lymphohistiocytosis.