

Appendix S1

MATERIALS AND METHODS

Patients

Medical records of patients with MF seen in the dermatology department of Kosin University Gospel Hospital, South Korea, over the last 22 years were searched for patients with ichthyosis-like eruptions. Diagnosis of MF was based on a combination of clinical, histopathological/immunohistochemical and T-cell receptor (TCR)- γ gene analysis data. Data on patient's age, sex, duration of disease, location and form of skin lesion, symptoms, clinical diagnosis, medical history, therapy, response to treatment, outcomes and course of the disease were collected. Stage was determined by tumor-node-metastasis (TNM) classification, revised in 2011 by a joint working group of the International Society for Cutaneous Lymphomas (ISCL), the US Cutaneous Lymphoma Consortium and the Cutaneous Lymphoma Task Force of the European Organisation for Research and Treatment of Cancer (EORTC) (2).

Histological, immunohistochemical and molecular evaluation

Histopathological findings were assessed based on the findings of early MF suggested by Pimpinelli et al. (3).

An avidin-biotin complex immunoperoxidase technique (ABC Vectastain Kit; Vector Laboratories, Burlingame, CA, USA) was applied to paraffin-embedded tissue using monoclonal antibodies to CD3 and CD7. To further distinguish T-helper cells from T-suppressor cells, antibodies to CD4 and CD8 were applied and the CD4/CD8 ratio was calculated. Polymerase chain reaction was used to determine the TCR gene rearrangement.