Online Supplemental data 1: The following case reports and small case series giving a total of 416 Castleman’s Disease patients with complete data set (centricity, gender, age, histopathogenic type, symptoms and outcome data more or less than 3 years)


61. Hsiao, C.J., et al., *Paraneoplastic pemphigus in association with a retroperitoneal Castleman's disease presenting with a lichen planus*


Appendix 2: Patients from the following case reports and small case series were excluded from the entire analysis due to incomplete dataset.

Appendix 2: Patients excluded


Appendix 2: Patients excluded

Appendix 2: Patients excluded


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Appendix 2: Patients excluded


Appendix 2: Patients excluded


Appendix 2: Patients excluded


Appendix 2: Patients excluded


Appendix 2: Patients excluded


Online Supplemental Figure 1: Nosology-based classification is a good model to predict 3-yr-DFS in ROC curve analysis of 166 patients.

Area under the curve (AUC) 0.81 (95% CI: 0.74-0.89; p<.0001).
In the group of 166 patients, recurrence was observed in 4/80 (5.0%) class I, 3/35 (8.6%) in class II, 3/33 (8.6) in class III and 1/18 (5.6) in class IV patients, whilst death due to disease occurred in 2/80 (2.5%) class I, 4/35 (11.4%) class II, 15/33 (45.4%) class III and 12/18 (66.7%) class IV patients.
Online Supplemental Figure 2: Outcome varies with nosology-based classification in Kaplan Meier analysis of 416 patients with variable follow-up intervals

Legend to Figure: Vertical bars indicate the point in time for which last disease-free follow-up information is reported for an individual patient who is then considered lost to follow-up.
Online Supplemental Figure 3: Nosology-based classification is a good model to predict outcome in ROC curve analysis of 416 patients with variable follow-up intervals.

(AUC) 0.77 (95% CI: 0.70-0.84; p<.0001).
Online Supplemental Table 1

Online supplemental Table 1: Correlation analysis between factors, gender, centricity, histopathology type age and symptoms in 384 HIV(-) patients

<table>
<thead>
<tr>
<th></th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Chi sq</th>
<th>UCD n (%)</th>
<th>MCD n (%)</th>
<th>Chi sq</th>
<th>HV n (%)</th>
<th>PC n (%)</th>
<th>Chi sq</th>
<th>Symptoms yes (%)</th>
<th>Symptoms no (%)</th>
<th>Chi sq</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>179 (100)</td>
<td>0</td>
<td>---</td>
<td>117 (65.4)</td>
<td>62 (34.6)</td>
<td>12.0</td>
<td>89 (49.7)</td>
<td>90 (50.3)</td>
<td>9.6</td>
<td>&lt;.0001</td>
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<td>1.4</td>
</tr>
<tr>
<td>Female</td>
<td>0 (100)</td>
<td>205 (100)</td>
<td>12.0</td>
<td>166 (81.0)</td>
<td>39 (19.0)</td>
<td></td>
<td>134 (65.4)</td>
<td>71 (34.6)</td>
<td>&lt;.0001</td>
<td>&lt;.0001</td>
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<td>0.2</td>
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<tr>
<td>UCD</td>
<td>117 (41.3)</td>
<td>166 (58.7)</td>
<td>&lt;.001</td>
<td>223 (100)</td>
<td>0</td>
<td>---</td>
<td>206 (92.4)</td>
<td>17 (7.6)</td>
<td>95.7</td>
<td>&lt;.0001</td>
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<td>1.4</td>
</tr>
<tr>
<td>MCD</td>
<td>62 (61.4)</td>
<td>39 (38.6)</td>
<td>9.6</td>
<td>0 (161)</td>
<td>(100)</td>
<td></td>
<td>77 (47.5)</td>
<td>85 (52.5)</td>
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<td>0.2</td>
</tr>
<tr>
<td>HV</td>
<td>89 (39.9)</td>
<td>134 (60.1)</td>
<td>9.6</td>
<td>206 (72.8)</td>
<td>77 (27.2)</td>
<td>95.7</td>
<td>289 (100)</td>
<td>0</td>
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<td></td>
<td></td>
<td>14.1</td>
</tr>
<tr>
<td>PC</td>
<td>90 (55.9)</td>
<td>71 (44.1)</td>
<td></td>
<td>17 (16.8)</td>
<td>84 (83.2)</td>
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<td>0 (101)</td>
<td>101 (100)</td>
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<td>&lt;.0001</td>
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<tr>
<td>Symptoms yes</td>
<td>143 (45.8)</td>
<td>169 (54.2)</td>
<td>0.4</td>
<td>226 (72.4)</td>
<td>86 (27.6)</td>
<td>1.4</td>
<td>167 (53.5)</td>
<td>145 (46.5)</td>
<td>14.1</td>
<td>&lt;.0001</td>
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<tr>
<td>Symptoms no</td>
<td>36 (50.0)</td>
<td>36 (50.0)</td>
<td>0.3</td>
<td>57 (79.2)</td>
<td>15 (20.8)</td>
<td>0.2</td>
<td>56 (77.8)</td>
<td>16 (22.2)</td>
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</tr>
<tr>
<td>Age &lt;37</td>
<td>79 (39.5)</td>
<td>121 (60.5)</td>
<td>8.5</td>
<td>176 (88.0)</td>
<td>24 (12.0)</td>
<td>44.0</td>
<td>137 (61.4)</td>
<td>86 (38.6)</td>
<td>18.6</td>
<td>&lt;.0001</td>
<td></td>
<td>0.4</td>
</tr>
<tr>
<td>Age &gt;37</td>
<td>100 (54.3)</td>
<td>84 (45.7)</td>
<td>0.002</td>
<td>107 (58.2)</td>
<td>77 (41.8)</td>
<td>&lt;.0001</td>
<td>63 (39.1)</td>
<td>98 (60.9)</td>
<td></td>
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<td>0.3</td>
</tr>
</tbody>
</table>
## Online Supplemental Table 1

Appendix table 1 continued…

<table>
<thead>
<tr>
<th></th>
<th>Age &lt;37 n (%)</th>
<th>Age &gt;37 n (%)</th>
<th>Chi sq</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>79 (44.1)</td>
<td>100 (55.9)</td>
<td>8.5</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>121 (59.0)</td>
<td>84 (41.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UCD</strong></td>
<td>176 (62.2)</td>
<td>107 (37.8)</td>
<td>44.0</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td><strong>MCD</strong></td>
<td>24 (23.8)</td>
<td>77 (76.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HV</strong></td>
<td>137 (68.5)</td>
<td>63 (31.5)</td>
<td>18.6</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td><strong>PC</strong></td>
<td>86 (46.7)</td>
<td>98 (53.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Symptoms yes</strong></td>
<td>160 (51.3)</td>
<td>152 (48.7)</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Symptoms no</strong></td>
<td>40 (55.6)</td>
<td>32 (44.4)</td>
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<td></td>
</tr>
<tr>
<td><strong>Age &lt;37 yrs</strong></td>
<td>200 (100)</td>
<td>0 (0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age &gt;37 yrs</strong></td>
<td>0 (100)</td>
<td>184 (100)</td>
<td></td>
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</tr>
</tbody>
</table>
Online Supplemental Table 2

Online supplemental Table 2: Centricity, histopathology type, gender, age and presence of symptoms influence 3-yr-DFS in ROC analysis of 148 HIV(-) patients.

<table>
<thead>
<tr>
<th>Factors</th>
<th>AUC (95% CI)</th>
<th>sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centricity (MCD)</td>
<td>0.73 (0.63-0.84)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Histopathology type (PC)</td>
<td>0.72 (0.62-0.82)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Gender (Male)</td>
<td>0.64 (0.53-0.75)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Age (&gt;37 yrs)</td>
<td>0.70 (0.61-0.80)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Symptoms (present)</td>
<td>0.57 (0.46-0.69)</td>
<td>0.2</td>
</tr>
</tbody>
</table>

ROC analysis provides useful way to evaluate the performance of classification models.
AUC; area under the curve. AUC represents the accuracy of the classification scheme, with good models having an AUC nearer to 1 while poor models have an AUC nearer to 0.50
sign; p-values of the coefficients or the probability.
Online Supplemental Table 3

Online Supplemental Table 3: Centricity, histopathology type, gender, age and presence of symptom influence outcome in univariate and ROC analysis in 384 HIV(-) patients with variable follow up intervals

<table>
<thead>
<tr>
<th>Factors</th>
<th>Univariate</th>
<th>ROC analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds ratio (95% CI)</td>
<td>AUC (95% CI)</td>
</tr>
<tr>
<td>Centricity (MCD)</td>
<td>7.0 (3.5-14.0)</td>
<td>0.72 (0.63-0.81)</td>
</tr>
<tr>
<td>Histopathology type (PC)</td>
<td>3.9 (1.9-7.8)</td>
<td>0.66 (0.58-0.75)</td>
</tr>
<tr>
<td>Gender (Male)</td>
<td>2.2 (1.1-4.2)</td>
<td>0.59 (0.50-0.69)</td>
</tr>
<tr>
<td>Age (&gt;37 yrs)</td>
<td>7.6 (3.1-18.5)</td>
<td>0.71 (0.64-0.78)</td>
</tr>
<tr>
<td>Symptoms (present)</td>
<td>0.5 (0.2-1.1)</td>
<td>0.56 (0.46-0.66)</td>
</tr>
</tbody>
</table>

ROC analysis provides useful way to evaluate the performance of classification models. AUC; area under the curve. AUC represents the accuracy of the classification models, with good models having an AUC nearer to 1 while poor models have an AUC nearer to 0.50. sign; p-values of the coefficients or the probability.