

Table S1

Clinical information of normal control and latent EBV-infected individuals, and patients with IM or HL

Patient*	Case numbers/Sex/ Average age(y)†	HLA Type‡	Time to diagnosis /Treatment	Histological type¶	Advanced stage¶	EBV status
NS*						
N1-N8	5/M/28; 3/F/27	HLA-A2 ⁺ /DRB1(*03) ⁺ , HLA-B8 ⁻ /DQ5 ⁻	-§	-	-	Negative
N9-N12	2/M/22; 2/F/24	HLA-B8 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	-	-	-	Negative
N13-N16	2/M/27; 2/F/31	HLA-B11 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	-	-	-	Negative
EBV⁺(La)*						
S17-S105	50/M/34; 39/F/30	HLA-A2 ⁺ /DRB1(*03) ⁺ , HLA-B8 ⁻ /DQ5 ⁻	-	-	-	Positive
S106-S126	12/M/31; 9/F/25	HLA-B8 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	-	-	-	Positive
S127-S144	10/M/24; 8/F/32	HLA-B11 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	-	-	-	Positive
EBV⁺(IMa, IMy)*						
P145-P152	3/M/5; 5/F/6	HLA-A2 ⁺ /DRB1(*03) ⁺ , HLA-B8 ⁻ /DQ5 ⁻	Newly diagnosed; NT [#]	-	-	Positive
P153-P157	3/M/7; 2/F/4	HLA-B8 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	Newly diagnosed; NT	-	-	Positive
P158-P161	2/M/4; 2/F/10	HLA-B11 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	Newly diagnosed; NT	-	-	Positive
EBV⁺(HL)*						
P162-P169	5/M/41; 3/F/33	HLA-A2 ⁺ /DRB1(*03) ⁺ , HLA-B8 ⁻ /DQ5 ⁻	Newly diagnosed; NT	SD¶	SD¶	Positive
P170-P173	2/M/44; 2/F/38	HLA-B8 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	Newly diagnosed; NT	SD	SD	Positive
P174-P177	3/M/41; 1/F/43	HLA-B11 ⁺ /DQ5 ⁺ , HLA-A2 ⁻ /DRB1 ⁻	Newly diagnosed; NT	SD	SD	Positive

*. **NS**, normal control subjects (healthy EBV seronegative individuals); **EBV⁺(La)**, healthy latent EBV-infected subjects (healthy EBV seropositive individuals);

EBV⁺(IMa), newly-onset acute infectious mononucleosis patients; **EBV⁺(IMy)**, infectious mononucleosis patients year 1 post-onset; **EBV⁺(HL)**, newly diagnosed EBV-associated Hodgkin lymphoma patients.

†. M, male (for example, 5/M/28 presented 5 male individuals with an average age 28); F, female (for example, 3/F/27 presented 3 female individuals with an average age 27); Average ages were presented as mean±s.d. For simplification, the standard deviations (s.d.) were not presented in the table.

‡. All eligible individuals for this study were either matched HLA-A2 and HLA-DRB1(*03) (the most prevalent HLA-type for Eastern and Southern Chinese populations) and mismatched HLA-B8 and HLA-DQ5, or matched HLA-B8 and HLA-DQ5 and mismatched HLA-A2 and HLA-DRB1, or matched HLA-B11 and HLA-DQ5 and mismatched HLA-A2 and HLA-DRB1.

§. -, not applicable.

¶. SD, see details; Details were as follows.

Hodgkin lymphoma (HL) was diagnosed according to the WHO criteria, and staged according to the Ann Arbor classification (Ref. 1). Histological type of HL: NS, nodular sclerosing; MC, mixed cellularity; LR, lymphocyte rich; NL, nodular lymphoma; Details as follows: P162, NS; P163, MC; P164, NS; P165, NL; P166, LR; P167, MC; P168, NL; P169, LR; P170, MC; P171, NL; P172, NS; P173, NS; P174, MC; P175, NS; P176, MC; P177, NS.

Clinical stage of HL: classified as stages IIa/IIb/III/IV, staged as per Ann Arbor Criteria (with Cotswold modification). Details as follows: P162, IIb; P163, IIIa; P164, IV; P165, IIIb; P166, IIIa; P167, IIIa; P168, IV; P169, IIIa; P170, IV; P171, IIIb; P172, IIb; P173, IIIb; P174, IIIa; P175, IIb; P176, IIIb; P177, IIa.

Ref. 1. Jaffe ES, Harris NL, Stein H, Vardiman JW (2001) WHO Health Organization Classification of Tumours. Pathology and Genetics. Tumours of Haematopoietic and Lymphoid Tissues. IARC Press, Lyon

||. The status of EBV-infection of all individuals in this study was determined by Q-PCR and serologic assays.

#. NT, no previous chemotherapy, radiotherapy and immunotherapy, except EBV⁺(IMy) patients were given a short course of antiviral-therapy in the lytic phase, but no current therapy when blood samples were taken.