

Antigen	Fluorophore	Clone	Manufacturer
CD8	FITC	B9.11	Beckman Coulter
CD4	PE	13B8.2	Beckman Coulter
CD19	ECD	J3-119	Beckman Coulter
CD56	PC5.5	N901(NKH-1)	Beckman Coulter
CD10	PC7	ALB1	Beckman Coulter
CD34	APC	581	Beckman Coulter
CD5	APC-A700	BL1a	Beckman Coulter
CD20	APC-A750	B9E9 (HRC20)	Beckman Coulter
CD3	Pacific Blue	UCHT1	Beckman Coulter
CD45	Krome Organe	J.33	Beckman Coulter
CD81	FITC	JS64	Beckman Coulter
CD38	PE	LS198-4-2	Beckman Coulter
CD5	PC5.5	BL1a	Beckman Coulter
CD23	PC7	9P25	Beckman Coulter
CD79b	APC	CB3-1	Beckman Coulter
CD22	APC-A700	SJ10.1H11	Beckman Coulter
FMC7	Pacific Blue	FMC7	Beckman Coulter

	Rey, Rev Med Interne, 2001	Fujimaki, Leuk Lymphoma, 2005	Jung, Clin Lymphoma Myeloma Leuk, 2011	Cohen, Arch Intern Med, 1967	Cea, Rev Med Chil, 2017	Szolowska, Pol J Pathol, 2017	Bennett, Eur J Hematology, 1989	Vogel, NY State J Med, 1977	Vogel, NY State J Med, 1977	Vogel, NY State J Med, 1977	Vogel, NY State J Med, 1977	Vogel, NY State J Med, 1977	Bawa and Rosner, Hospital Physician, 2002	Kaplanski, Presse Med, 1990 (#)	Talwalkar, Indian J Cancer, 1968 (#)	Minard, Ann Med Interne (Paris), 1991 (#)	Radossi, Ann Hematol, 1998	Russell, J Neuromuscul Dis., 2017	Mortimer, Cancer Investigation, 1989
Demographics																			
- Age (when MG was diagnosed)	63 years	61 years	56 years	28 years	44 years	52 years	62 years	63 years	39 years	71 years	28 years	71 years	81 years	47 years	42 years	42 years	59 years	71 years	51 years
- Gender	Male	Male	Male	Male	Female	Male	Female	Male	Female	Male	Male	Female	Male	Female	Male	Unknown	Male	Male	Female
- Timing between MG and hematologic diagnosis	diagnosed in MG work-up	MG diagnosed 11 months after CLL (during fludarabine therapy)	diagnosed in MG work-up	CLL diagnosed 30 years after MG	CLL diagnosed 33 years after MG	diagnosed in MG work-up	MG diagnosed 10 months after CLL	diagnosed in MG work-up	CLL 19 years after MG	MG diagnosed 1 year after CLL	CLL 30 years after MG diagnosis	diagnosed in MG work-up	CLL 15 years after MG diagnosis	CLL 18 years after MG diagnosis	diagnosed in MG work-up	MG diagnosed 1 year after CLL	Polyclonal lymphocytosis 2 years after myasthenic syndrome diagnosis	Diagnosed simultaneously with MG and CLL	Lymphoma 8 months after MG diagnosis
- MG MGFA classification	I (ocular)	II-IIIb (oculobulbar)	IV (crisis)	II (generalized)	II (generalized)	I (ocular)	II (generalized, ocular and difficulty in movement)	II-IIIb (oculobulbar)	II-IIIb (oculobulbar, legs)	IV (endotracheal intubation)	II-III (oculobulbar, neck)	IV (emergency tracheostomy)	Unknown	Unknown	Unknown	Unknown	II (generalized)	III (generalized)	IV (intubation, crisis)
- MG auto-antibody status	anti-AChR ⁺ , anti-Titin-	anti-AChR ⁺	anti-AChR ⁺ , anti-Titin-	Unknown	Unknown	Unknown	anti-AChR ⁺	Antibodies against muscle/ thymus positive	Antibodies against muscle/ thymus low	Antibodies against muscle/ thymus +/-	Antibodies against muscle/ thymus negative	Antibodies against muscle/ thymus positive	Unknown	Unknown	Unknown	Unknown	Not documented	anti-AChR ⁺	anti-AChR ⁺
- Thymus pathology	Chest-CT: no thymoma	Unknown	Unknown	Unknown	Chest-CT: no thymoma	Thymectomy; thymoma and SLL (small lymphocytic lymphoma)	No evidence of thymic enlargement (No autopsy was performed)	At autopsy: thymus atrophy, no germinal centers	At autopsy: No thymic tissue found	Tomogram of mediastinum negative	At autopsy: only remnants of thymic tissue, no germinal centers	Chest X-ray negative, substernal thyroid, no autopsy	Chest-radiography: no thymoma; no thymectomy performed	thymectomy performed	thymectomy not performed	thymectomy not performed	Thymectomy: physiological thymic involution	CT chest enhanced negative for thymoma	1st chest-CT: normal; 2nd chest-CT: anterior mediastinal mass (lymphoma)
- Hematologic diagnosis	CLL (Binet stage A)	CLL (Binet stage B)	CLL	CLL	CLL	SLL	CLL	CLL	CLL	CLL	CLL	CLL	CLL	CLL	CLL (Rai Stage II)	CLL	CLL	CLL	T-cell Lymphoblastic Lymphoma
- Autoimmunity, other	Unknown	Platelet-associated IgG, ITP	Autoimmune hemolytic anemia	Autoimmune hemolytic anemia	Unknown	Unknown	Antiglobulin positive, but no evidence of haemolysis	Antiglobulin positive	Unknown	Unknown	Antiglobulin-positive hemolytic anemia	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Treatment																			
- of MG	AChE-Inh., IVIG	AChE-Inh. and Pred., PEX, tacrolimus	AChE-Inh., AZA, weekly PEX, IVIG	AChE-Inh.	AChE-Inh., Pred.	Adjuvant irradiation of the mediastinum (as advanced thymoma therapy)	AChE-Inh.	AChE-Inh.	AChE-Inh.	AChE-Inh., Pred.	AChE-Inh.	AChE-Inh.	AChE-Inh.	Unknown	Unknown	Unknown	AChE-Inh., Pred.	AChE-Inh., Pred., IVIG (several courses), Methotrexat (MTX)	AChE-Inh.
- of hematological abnormality	Follow-up	Fludarabine, rituximab	CYC, vincristine, rituximab	Pred., isoniazid, chlorambucil, CYC, vincristine	Follow-up	rituximab, fludarabine and CYC	Pred., chlorambucil	Chlorambucil	Follow-up	Pred., chlorambucil	Follow-up for 4 years, then chlorambucil, CYC, Pred.	Follow-up	Unknown	Unknown	Radiation treatment of thymus	Unknown	Unknown	Follow-up, when MG worsened: Chlorambucil, Obintuzumab	CHOP chemotherapy (CYC, doxorubicin, vincristine, pred.), intrathecal MTX and Ara-C)
- Response of MG to treatment, outcome	Good response	Remission	Remission	Died (due to pneumonia, sepsis), MG in remission at time of CLL diagnosis	Good response	Remission	Improved initially with AChE-Inh. and chemotherapy; later died suddenly at home	AChE-Inh. not sufficient for MG symptom control initially. Complete remission of MG with chlorambucil, no relapse even after relapse of CLL. Died of disseminated herpes simplex.	AChE-Inh. with fair control of MG symptoms. Died of infection 9 months after CLL was diagnosed	AChE-Inh. only did not produce a satisfactory clinical response. Finally remission of MG after CLL treatment, Pred.	AChE-Inh. with only partial control of MG symptoms initially. Complete remission of MG after CLL treatment	Died of MG crisis, complications (pneumonia, sepsis) 2 years after MG and CLL diagnosis	MG well controlled with AChE-Inh.	Unknown	Partial response of MG symptoms (1 year follow-up)	Unknown	Good response of MG symptoms to Pred.	After 6 full cycles of obintuzumab and chlorambucil, complete remission from CLL. MG also stabilized.	MG symptoms all resolved, anti-AChR normalized, complete tumour regression

Abbreviations: MG = Myasthenia Gravis; CLL = Chronic Lymphatic Leukemia; MGFA = MG Foundation of American Classification; anti-AChR = antibodies reactive to acetylcholine receptor; CT = computer tomography; ITP = immune thrombocytopenia; AChE-Inh. = acetylcholine esterase inhibitor;

IVIG = intravenous immunoglobulins, CYC = cyclophosphamide, Pred. = prednisone; AZA = azathioprine; PEX = plasma exchange

The information from this references where extracted from abstracts only (without access to full manuscript)

	Case CLL-MG	Case MBL1-MG	Case MBL2-MG
Heavy chain AA sequence	EVQLVESGGGLVQPGGSLRLXCAASGFDFSNYWMHWVRQI PGKGLVWVARIKTDGTWISYADSVRGRFSIARDNSKNTVSL QMNTLRAEDTXVYYCAGEIVRGHVTSGMDVWGHGTTVVV SS	EVQLVESGGGLVQPGGSLRLSCAASGFNFSNYWMSWIRQAPGKGLEWVANIKQDG SEKYFVGPVKDRFTISRDNAKNSLHLQMNSLRSDDTAIYYCARGHCSGGRCYISAV DYWGQGTLVAVSS	EAQLVESGGGLVQPGGSLILSCAGSGFAFSDYYMSWVRQAPG KGLEWVATLRQDASEQYSEGLRGRVTISRDNARNLLFLQMN SLRVEDTGIIYCARDNWKNNGAFDIWGQGTMTVPS
Light chain AA sequence	SYVLTQPPSVSVAPGKTARITCGGNNIGSTSVHWYQQKPGQ APVLVIYYSDRPSGIPDRFSGSNSGNTATLTISRVEAGDEA DYVCQVWDSGSEQPYVFGPGTKVTVL	QSALTQPASVSGSPGQSITISCTGTSSDVGSYNLVSWYQQHPGKAPKLMIEVTERP SGVSDRFSGKSGNTASLTISWLQAADYCCSFAGSSTPYVFGTKVTVL	DVVMTQSPSLSPVSLGQTASLSCRSSQSLVWDDGNTYLNWF QQRPGQPPRRLIYRVSNRDSGVPDRFSGRGSVTDFTLKISRVE AEDVGYYCMQGTHWPYTFGQGTKLEIK

Abbreviations: AA = amino acid.