

Table S1. Lugano classification for extranodal lymphoma

Classification	Features
Stage I	Tumor confined to GI tract Single primary site or multiple, non-contiguous lesions
Stage II	Tumor extending into abdomen from primary GI site Nodal involvement II ₁ local (para-gastric in cases of gastric lymphoma and para-intestinal for intestinal lymphoma) II ₂ distant (mesenteric in the case of an intestinal primary, otherwise; para-aortic, para-caval, pelvic, inguinal)
Stage IIE	Penetration of serosa to involve adjacent organ or tissue Enumerate actual site of involvement, e.g. IIE _[pancreas] IIE _[large intestine] IIE _[post-abdominal wall]
Stage IV	Disseminated extranodal involvement or a GI tract lesion with supra-diaphragmatic nodal involvement

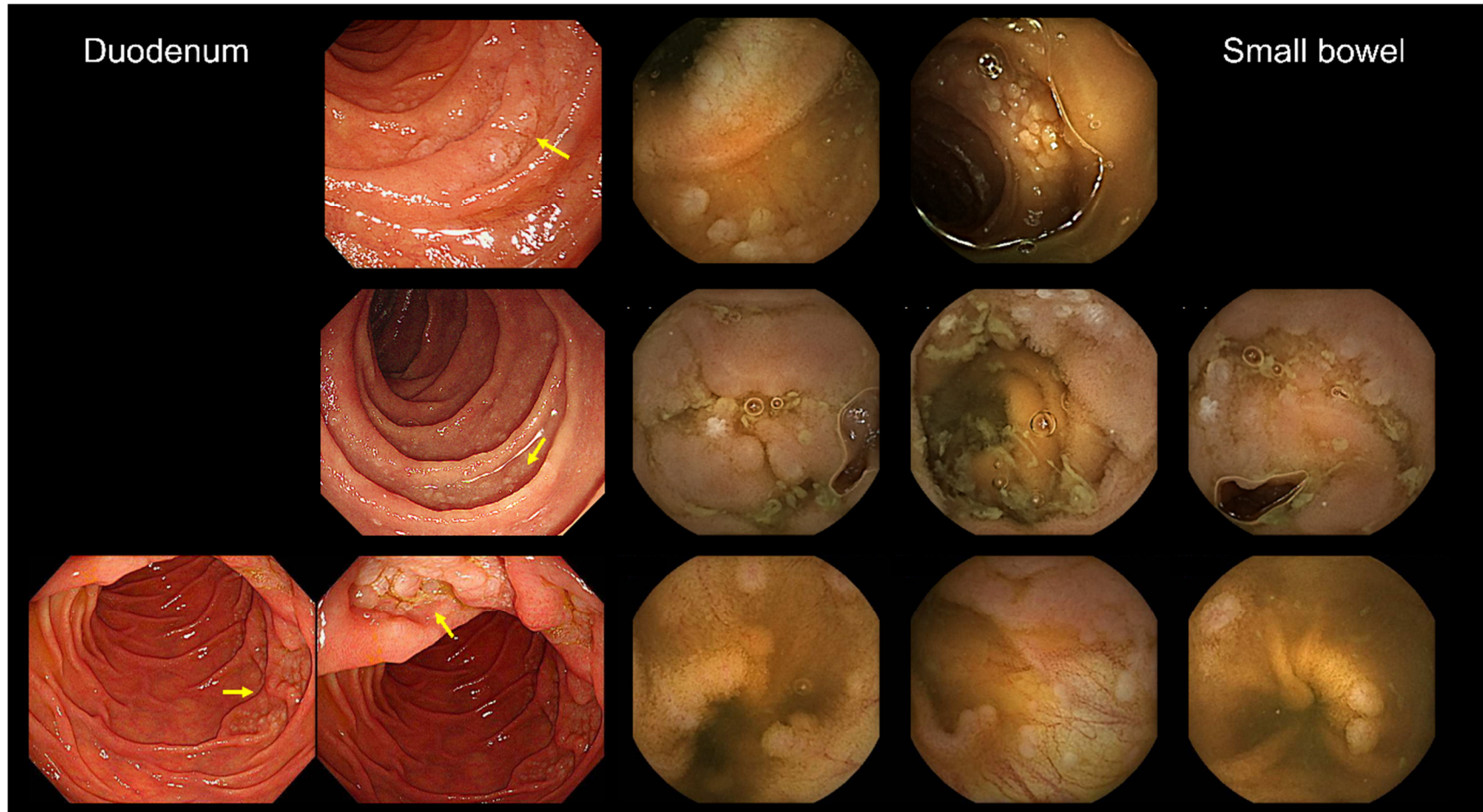
The subscript “E” originally denoted proximal or contiguous, extranodal disease that could be uncompressed within an irradiation field appropriate for nodal disease of the same anatomical extent. The concept of stage III disease within the context of GI tract lymphoma was deleted altogether, with supra-diaphragmatic nodal disease included within stage IV.

Table S2. Comparison of clinical characteristics and treatment modalities between localized and advanced-stage patients (N=40)

	Localized stage (N=23)	Advanced stage (N=17)	P-value
Age >60 years	3 (13.0%)	3 (17.6%)	1.000
Male/female (n, %)	10 (43.5%) / 13 (56.5%)	5 (29.4%) / 12 (70.6%)	0.364
Hemoglobin <12.0 (g/dL)	3 (13.0%)	4 (23.5%)	0.432
Elevated LDH (U/L)	2 (8.7%)	2 (11.8%)	1.000
Nodal areas involvement >4	0 (0%)	8 (47.1%)	<0.001
Extranodal involvement ≥2	0 (0%)	7 (41.2%)	0.001
Bone marrow involvement	0 (0%)	7 (41.2%)	0.001
Lugano stage			
I	22 (95.7%)	0 (0%)	<0.001
II₁	1 (4.3%)	0 (0%)	1.000
II₂	0 (0%)	4 (23.5%)	0.026
IV	0 (0%)	13 (76.5%)	<0.001
FLIPI risk stratification			
Low	23 (100%)	6 (35.3%)	<0.001
Intermediate	0 (0%)	9 (52.9%)	<0.001
High	0 (0%)	2 (11.8%)	0.174
Grade 1/2 (n, %)	20 (87.0%) / 3 (13.0%)	10 (58.8%) / 7 (41.2%)	0.042
VCE performed	15 (65.2%)	12 (70.6%)	0.720
Small bowel involvement	10 (66.7%)	9 (75.0%)	0.696
Initial treatment			
Watch and wait (n, %)	4 (17.4%)	0 (0%)	0.123
Chemotherapy (n, %)	10 (43.5%)	16 (94.1%)	0.001
Radiotherapy (n, %)	9 (39.1%)	1 (5.9%)	0.016
Clinical relapse (n, %)	0 (0%)	2 (11.8%)	0.174

FLIPI, Follicular Lymphoma International Prognostic Index; LDH, lactate dehydrogenase; VCE, video capsule endoscopy

Figure S1. Various cases of duodenal-type follicular lymphoma involving distal jejunum.



Left: Follicular lymphoma lesion in the duodenum, visualized through esophagogastroduodenoscopy. The yellow arrow indicates a mucosal lesion that was confirmed as duodenal-type follicular lymphoma through endoscopic biopsy.

Right: Follicular lymphoma lesions in the small bowel (jejunum and ileum), visualized through video capsule endoscopy.