Supplemental Table S1. Clinical characteristics of CANOMAD/CANDA patients with or without an overt associated hematologic malignancy (HM).

Characteristics	With HM	Without HM	*P*
Total	16 (36)	29 (64)	-
Male	14 (88)	21 (72)	NS
Age at CANOMAD/CANDA onset of symptoms			
Median (range), years	62 (37-75)	58 (38-81)	NS
Type of onset			NS
Acute	1 (6)	7 (24)	-
Subacute	4 (25)	3 (10)	-
Chronic	11 (69)	19 (66)	-
Neurological symptoms			
Sensory ataxia	10 (63)	24 (83)	0.13
Paresthesia	11 (69)	24 (83)	NS
Hypoesthesia	15 (94)	27 (93)	NS
Ophthalmoplegia	5 (31)	15 (52)	0.18
Bulbar	4 (25)	2 (7)	0.08
Motor weakness	11 (69)	7 (24)	0.003
Areflexia	15 (94)	27 (93)	NS
Facial nerve paralysis	1 (6)	2 (7)	NS
Dysautonomic signs	5 (31)	2 (7)	0.03
Acute respiratory distress	1 (6)	2 (7)	NS
Modified Rankin score	/15	/27	NS
0 (asymptomatic)	0 (0)	0 (0)	-
1 (symptomatic but no significant disability)	5 (33)	10 (37)	-
2 (slight disability)	3 (20)	5 (19)	-
3 (moderate disability)	3 (20)	4 (15)	-
4 (moderately severe disability)	3 (20)	7 (26)	-
5 (severe disability)	1 (7)	1 (4)	-
Electrophysiological findings, pattern			0.01
Demyelinating	14 (87.5)	13 (50)	-
Axonal	1 (6)	11 (42)	-
Type of evolution			NS
Relapsing-remitting	5 (31)	9 (31)	-
Chronic progressive	11 (69)	19 (66)	-
Isolated symptomatic flare-up	0 (0)	1 (3)	-

Abbreviations: HM, hematologic malignancy; NS, non significant.

Supplemental Table S1bis. Clinical characteristics of CANOMAD/CANDA patients with or without an overt associated hematologic malignancy (HM) and for whom a bone marrow evaluation has been performed (n=31).

Characteristics	With HM	Without HM	*P*
Total	13 (36)	18 (64)	-
Male	10 (77)	13 (78)	NS
Age at CANOMAD/CANDA onset of symptoms			
Median (range), years	66 (52-75)	62 (38-81)	NS
Neurological symptoms			
Ophthalmoplegia	5 (38)	10 (55)	0.34
Bulbar	2 (23)	1 (6)	0.12
Modified Rankin score	/13	/18	NS
0 (asymptomatic)	0 (0)	0 (0)	-
1 (symptomatic but no significant disability)	5 (38)	7 (38)	-
2 (slight disability)	2 (15)	3 (17)	-
3 (moderate disability)	3 (24)	3 (17)	-
4 (moderately severe disability)	2 (15)	4 (22)	-
5 (severe disability)	1 (8)	1 (6)	-

Abbreviations: HM, hematologic malignancy; NS, non significant.

Supplemental Table S1ter. Clinical characteristics of CANOMAD/CANDA patients according to the level of IgM peak value.

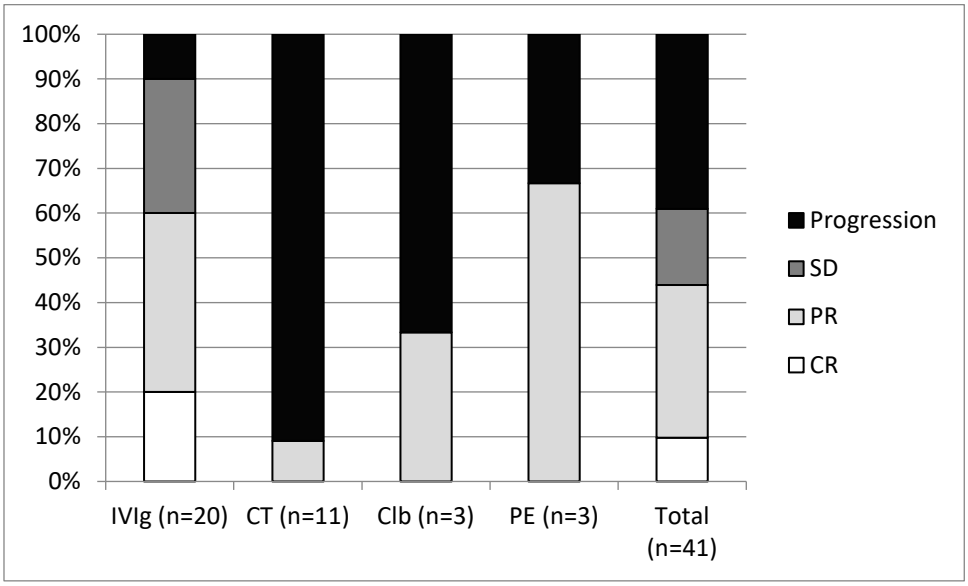
Characteristics	IgM peak value > median	IgM peak value < median	*P*
Total	22 (50)	23 (50)	-
Male	16 (73)	17 (74)	NS
Age at CANOMAD/CANDA onset of symptoms			
Median (range), years	62 (37-75)	60 (38-81)	NS
Neurological symptoms			
Ophthalmoplegia	8 (36)	12 (52)	0.15
Bulbar	3 (14)	3 (14)	0.95
Modified Rankin score	/20	/22	NS
0 (asymptomatic)	0 (0)	0 (0)	-
1 (symptomatic but no significant disability)	7 (35)	8 (36)	-
2 (slight disability)	4 (20)	4 (18)	-
3 (moderate disability)	4 (20)	3 (14)	-
4 (moderately severe disability)	4 (20)	6 (27)	-
5 (severe disability)	1 (5)	1 (5)	-

Abbreviations: NS, non significant.

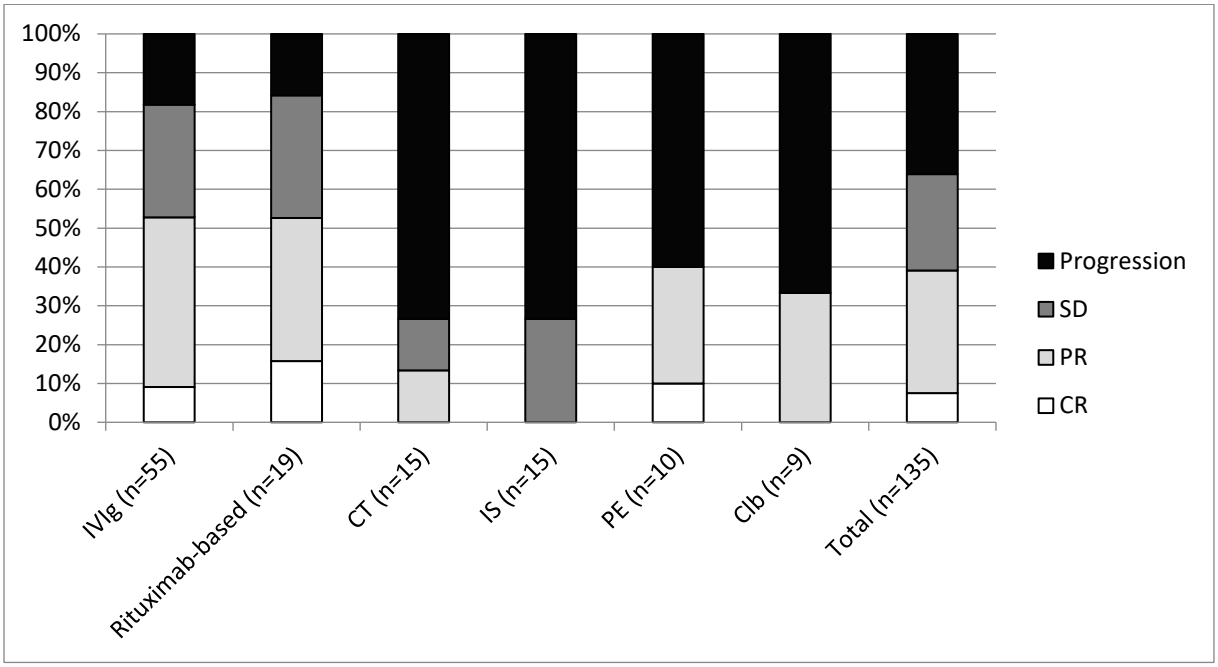
Supplemental Table S2. Evaluation of clinical responses according to biological responses for patients that received rituximab-based regimens. CR, complete response; PR, partial response; SD, stable disease; NA, not available; NI, not interpretable because of pre-treatment IgM peak below 0.5 g/L. NA and NI cases are represented in italic.

			Response	
Patient	**Line of treatment**	**Type of treatment**	**Clinical**	**Biological**
1	1	rituximab	PR	PR
2	2	rituximab-cyclophosphamide-dexamethasone	Progression	SD
3	2	rituximab	Progression	Progression
4	2	rituximab	PR	CR
5	2	rituximab	SD	SD
6	2	rituximab-fludarabine	CR	CR
7	3	rituximab	SD	SD
8	3	rituximab	SD	SD
9	3	rituximab-cyclophosphamide-dexamethasone	PR	PR
10	4	rituximab	PR	PR
11	4	rituximab	CR	PR
12	4	rituximab	PR	PR
13	5	rituximab	PR	PR
14	6	rituximab	SD	SD
15	*2*	*rituximab*	*PR*	*NA*
16	*7*	*rituximab*	*Progression*	*NI*
17	*4*	*rituximab-fludarabine*	*SD*	*NI*
18	*3*	*rituximab-corticosteroids*	*CR*	*NI*
19	*5*	*rituximab-ibrutinib*	*SD*	*NA*

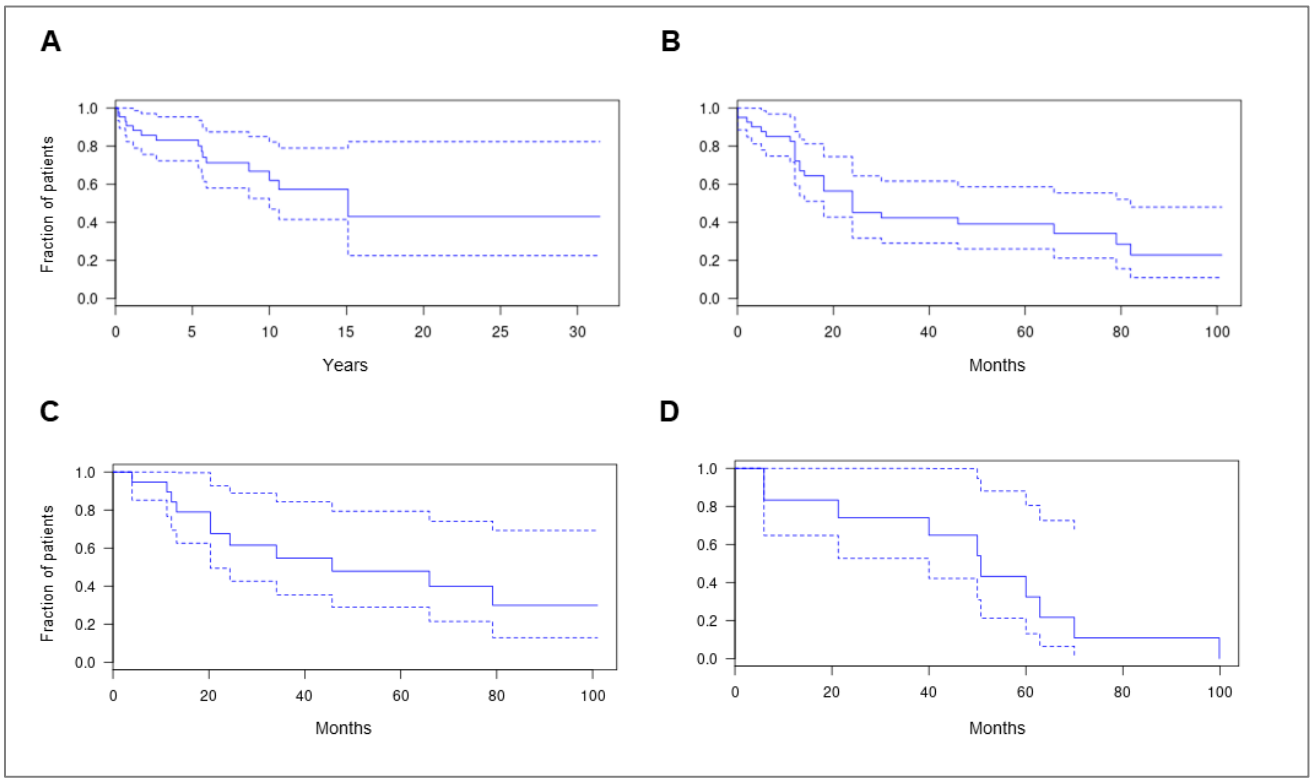
Supplemental Figure S1. Representation of different first-line therapies and their respective clinical responses. The proportion of different types of responses (complete response [CR], white; partial response [PR], light grey; stable disease [SD], dark grey; progression, black) are represented in percent for each respective type of first-line therapies (indicated above the x axis). The number of patients that received each respective treatment is indicated in brackets. IVIg, intravenous immunoglobulins; CT, corticosteroids; Clb, chlorambucil; PE, plasma exchange; SD, stable disease; PR, partial response; CR, complete response.



Supplemental Figure S2. Representation of all lines of treatment and respective clinical responses to each type of treatment. The proportion of different types of responses (complete response [CR], white; partial response [PR], light grey; stable disease [SD], dark grey; progression, black) are represented in percent of all lines of treatment (indicated in brackets) for each respective type of therapies (indicated above the x axis). IVIg, intravenous immunoglobulins; CT, corticosteroids; Clb, chlorambucil; IS, immunosuppressive therapy; PE, plasma exchange.



Supplemental Figure S3. Overall survival (**A**) of the whole cohort (n=45), time to next-treatment (TNT) (**B**, **C**, **D**) of first-line therapies (whole cohort (**B**) (n=41) and IVIg (**C**) (n=20)) and of first-use rituximab-based regimens (**D**) (n=14).



Supplemental Data

List of members of FILO group

Caroline Algrin (Grenoble), Thérèse Aurran (Marseille), Marie Christine Béné (Nantes), Fontanet Bijou (Bordeaux), Annie Brion (Besançon), Julien Broséus (Nancy), Guillaume Cartron (Montpellier), Aline Clavert (Angers), Florence Cymbalista (Bobigny), Frédéric Davi (Paris), Caroline Dartigeas (Tours), Sophie De Guibert (Rennes), Alain Delmer (Reims), Marie Sarah Dilhuydy (Bordeaux), Bernard Drenou (Mulhouse), Jehan Dupuis (Créteil), Emmanuelle Ferrant (Lyon), Pierre Feugier (Nancy), Luc Matthieu Fornecker (Strasbourg), David Ghez (Villejuif), Romain Guièze (Clermont-Ferrand), Charles Herbaux (Lille), Bénédicte Hivert (Lille), Luca Inchiappa (Marseille), Kamel Laribi (Le Mans), Katel Le Dû (Le Mans), Magali Le Garff-Tavernier (Paris), Marielle Le Goff (Le Mans), Véronique Leblond (Paris), Stéphane Leprêtre (Rouen), Rémi Letestu (Bobigny), Vincent Lévy (Bobigny), Béatrice Mahé (Nantes), Fatiha Merabet (Versailles), Anne Sophie Michallet (Lyon), Lysiane Molina (Grenoble), Pierre Morel (Amiens), Florence Nguyen-Khac (Paris), Bertrand Pollet (Boulogne), Stéphanie Poulain (Lille), Anne Quinquenel (Reims), Daniel Ré (Antibes), Damien Roos-Weil (Paris), Laurence Simon (Corbeil Essonnes), Cécile Tomowiak (Poitiers), Olivier Tournilhac (Clermont-Ferrand), Xavier Troussard (Caen), Malgorzata Truchan-Graczyk (Saumur), Maud Voldoire (La Roche sur Yon), Lise Willems (Paris), Loïc Ysebaert (Toulouse), Jean Marc Zini (Paris)

FILO Recherche Clinique (Tours): Laetitia Auvray, Alexandra Fayault, Lamya Haddaoui, Delphine Nollet, Valérie Rouille

List of members of French CIDP group

J.-C. Antoine, J.-P. Azulay, P. Bouche, F. Bouhour, A. Créange, E. Delmont, E. Fournier, G. Gallouedec, A. Lagueny, J.-P. Lefaucheur, J.-M. Léger, L. Magy, T. Maisonobe, G. Nicolas, J. Pouget, E. Puma, P. Soichot, T. Stojkovic, J.-M. Vallat, A. Verschueren, C. Vial, K. Viala.