This is a repository copy of Clinical spectrum and features of activated phosphoinositide 3-kinase δ syndrome: A large patient cohort study.

White Rose Research Online URL for this paper:
http://eprints.whiterose.ac.uk/102466/

Article:
Coulter, T.I., Chandra, A., Bacon, C.M. et al. (55 more authors) (2017) Clinical spectrum and features of activated phosphoinositide 3-kinase δ syndrome: A large patient cohort study. Journal of Allergy and Clinical Immunology, 139 (2). 597-606.e4. ISSN 0091-6749

https://doi.org/10.1016/j.jaci.2016.06.021

Reuse
Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.
Supplemental Material Figure Legends

**Figure S1:** EBV-positive diffuse large B-cell lymphoma in APDS. A diffuse infiltrate of large atypical lymphoid cells and some atypical plasmacytoid cells was present in the cerebellum (1). Immunohistochemical staining showed large B-cells expressing CD20 (2), CD79a, Pax5, and IRF4 but not Bcl6 or CD10. Most neoplastic cells showed positive *in situ* hybridization for EBV EBER (3). Plasmacytoid cells expressed CD138 and showed lambda restricted immunoglobulin light chain *in situ* hybridization (4).

**Figure S2:** Primary cutaneous anaplastic large cell lymphoma in APDS. A multinodular cutaneous tumour on the chest of an 11 year old boy (1) which regressed to a flat plaque (2) upon 6 weeks treatment with rapamycin. The dermis and subcutis contained a diffuse infiltrate of large atypical lymphoid cells (3,4). Immunohistochemical staining showed large T-cells expressing CD3 (5), CD30 (6), CD2, IRF4, TCR beta and perforin but not CD4, CD8 or ALK.