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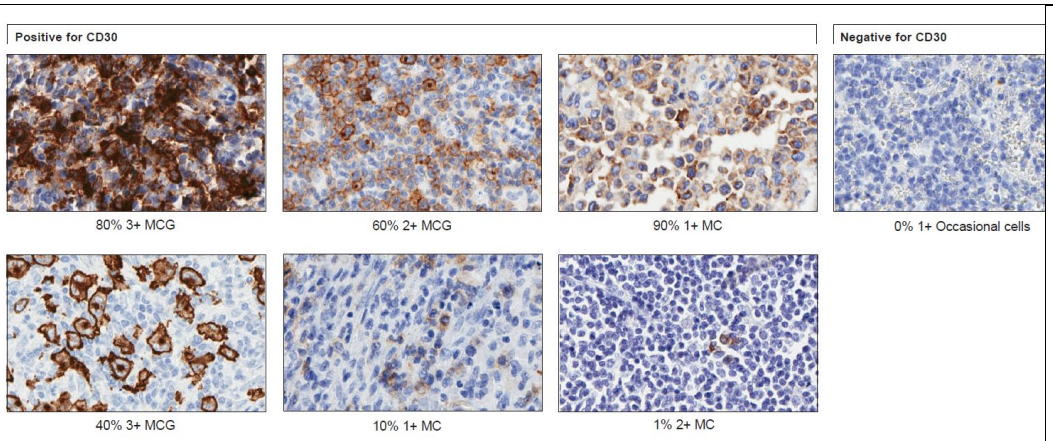
Supplemental Table 1. Online Consensus Survey

Criterion	Working Group Consensus[a]?
Who to Test: Testing CD30 expression in Patient Populations	
CD30 testing should be performed in every patient suspected to have T-cell lymphoma.	✓
CD30 testing should be performed in every patient diagnosed with PTCL, though it is not as useful in ENKTCL.	--
Patients with T-cell lymphoma, cHL and occasionally B-cell lymphoma should be tested for CD30 expression.	✓
CD30 expression in DLBCL should be tested under the following circumstances:	
Frontline	--
Clinical Trials	✓
Grey-zone	✓
PMB	✓
Post CAR-T	--
Relapsed patients	✓
For general tumor information	--
A patient's tumor should be re-tested for CD30 expression under the following circumstances:	
Equivocal cases	✓
If the original test was conducted outside the institution	--
If the original test was conducted at a different time point, especially if there was a long interval since initial test	✓
Post-treatment with BV	✓

Criterion	
Presence of cutaneous lesions, i.e., MF	✓
T-cell lymphoma relapse	✓
Post-treatment with other therapies	✓
IHC is the standard in CD30 testing.	✓
CD30 test results should be available within 24 hours.	✓
Flow cytometry has a role in fluids, breast implant-associated ALCL and effusion lymphoma but can be problematic as large cells do not flow well.	✓
There are no other clinically relevant, widely available methods for testing CD30 expression.	
There is concern around a lack of specific standards in place for CD30 testing due to the test's longevity and labs developing their own tests?	✓
Pathologists should provide a best estimate for the percentage of CD30 expressing tumor cells, at any intensity, on the whole biopsy.	✓
At least 500 cells and more than one core are necessary to accurately determine CD30 expression.	--
The pattern of staining is important to state.	--
Two Working Groups were divided on the following statement: The staining intensity is important for interpretation.	--
When faced with a difficult interpretation, it is important to report CD30 expression based on what is observed. Report percentage on CD30 on tumor cells as well as percentage of CD30 on the microenvironment.	--
Reporting Test Results:	
It is appropriate to report the expression of CD30 observed only on the microenvironment.	--

Criterion	
It is appropriate to report the expression of CD30 using only tumor cells as a denominator when possible, or among the total number of lymphocytes in cases where such determination is extremely difficult.	✓
Please indicate your level of agreement with a proposed scoring recommendation below.	
	
The scoring guideline is not appropriate.	--
The photos are not a good representation of CD30 expression levels.	
The photos may help community pathologists get better CD30 testing over time.	--
	✓
Reporting CD30 Test Results	
CD30 expression results should be reported as a percentage.	✓
CD30 expression should be reported as a range in 10% increments. 1-10% is problematic.	--
Report should indicate CD30 expression on tumor cells only.	--
It is unclear whether the location of cells expressing CD30 (tumor or microenvironment) is important.	--
Additional Topics/Questions	

Criterion	Working Group Consensus[a]?
CD30 testing is ready for professional society "wish list" of quality testing. Poor CD30 testing is detrimental to both diagnostic and theragnostic decision making.	✓
Statement on ability of IHC to detect low levels of CD30 expression. Advisors expressed confidence in IHC testing ability to detect down to 5% CD30 expression at the low end, but not 1%.	✓
If 1% CD30 expression was validated for an IHC test, I would have confidence it could be detected at 1%.	--
Advisors suggested CD30 images from E-2 (non-ALCL patients) study be scanned in order to test validity and reproducibility of interpretation of expression levels.	✓
Recommendation of dual stain PAX5/CD30 for suspected AITL.	--

[a] Consensus (indicated by check mark) was defined as at least 75% (7 of 9) of the working group being in agreement with the statement. -- indicates no consensus reached.

Abbreviations: AITL: angioimmunoblastic T-cell lymphoma; ALCL: anaplastic large cell lymphoma; BV: brentixumab vedotin; CART-T: chimeric antigen T-cell; cHL: classic Hodgkin lymphoma; DLBCL: diffuse large B-cell lymphoma; ENKTCL: extranodal natural killer/T-cell lymphoma; IHC: immunohistochemistry; MF: mycosis fungoides; PMBCL: primary mediastinal large B-cell lymphoma; PTCL: peripheral T-cell lymphoma; SS: Sézary syndrome.