

| Suppl. table 1. Histopathological diagnoses | |
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| Patient 1 | MALT lymphoma |
| Patient 2 | MALT lymphoma |
| Patient 3 | Focal sialadenitis |
| Patient 4 | Granulomatous sialadenitis consistent with sarcoidosis |
| Patient 5 | LESA |
| Patient 6 | Focal sialadenitis |
| Patient 7 | Focal sialadenitis |
| Patient 8 | Diffuse sialadenitis |
| Patient 9 | MALT lymphoma |
| Patient 10 | IgG4-related disease |
| Patient 11 | Chronic sclerosing sialadenitis |
| Patient 12 | MALT lymphoma |
| Patient 13 | MALT lymphoma |
| Patient 14 | MALT lymphoma |
| Patient 15 | Non diagnostic ^a |
| Patient 16 | Chronic sialadenitis due to lithiasis |
| Patient 17 | MALT lymphoma |
| Patient 18 | MALT lymphoma |
| Patient 19 | MALT lymphoma |
| Patient 20 | MALT lymphoma |
| Patient 21 | Focal lymphocytic sialadenitis with initial MALT acquisition |
| Patient 22 | LESA |
| Patient 23 | Lympho-epithelial cyst and focal lymphocytic sialadenitis with initial MALT acquisition |
| Patient 24 | MALT lymphoma |
| Patient 25 | Focal sialadenitis |
| Patient 26 | MALT lymphoma |
| Patient 27 | MALT lymphoma |
| Patient 28 | LESA |
| Patient 29 | MALT lymphoma |
| Patient 30 | Non diagnostic ^a |
| LESA: lymphoepithelial sialadenitis; MALT: mucosa-associated lymphoid tissue; ^a Inadequate material for diagnostic evaluation | |

Suppl. Figure 1 : Post-biopsy complications questionnaire

POST-BIOPSY COMPLICATIONS QUESTIONNAIRE

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| 1. Did you have any swelling at biopsy site? | YES | NO |
| If yes, how long? | | |
| Physician control | YES | NO |
| 2. Did you have any hematoma at biopsy site? | YES | NO |
| If yes, how long? | | |
| Physician control | YES | NO |
| 3. Did you have any bleeding at biopsy site? | YES | NO |
| If yes, how long? | | |
| Physician control | YES | NO |
| 4. Did you have pain at biopsy site during the procedure? | YES | NO |
| If yes, choose a number from 0 to 10 to describe pain intensity | | |
| 5. Did you have pain at biopsy site after the procedure? | YES | NO |
| If yes, choose a number from 0 to 10 to describe pain intensity | | |
| If yes, how long? (days) | | |
| Did you take any painkiller/analgesic? | YES | NO |
| 5. Did you have any local infection? | YES | NO |
| Physician control | YES | NO |
| 6. Did you have any anesthesia / paresthesia in the biopsy area? | YES | NO |
| If yes, how long? | | |
| Physician control | YES | NO |
| 7. Did you have any sialocele or fistula in the biopsy area? | YES | NO |
| Physician control | YES | NO |