

Supplementary Material for

Long-term follow-up of patients with acute myeloid leukemia undergoing allogeneic hematopoietic stem cell transplantation after primary induction failure

Miriam Mozaffari Jovein, Gabriele Ihorst, Jesús Duque-Afonso, Ralph Wäsch, Hartmut Bertz, Claudia Wehr, Justus Duyster, Robert Zeiser, Jürgen Finke, Florian Scherer ^

^ Corresponding author. Email: florian.scherer@uniklinik-freiburg.de

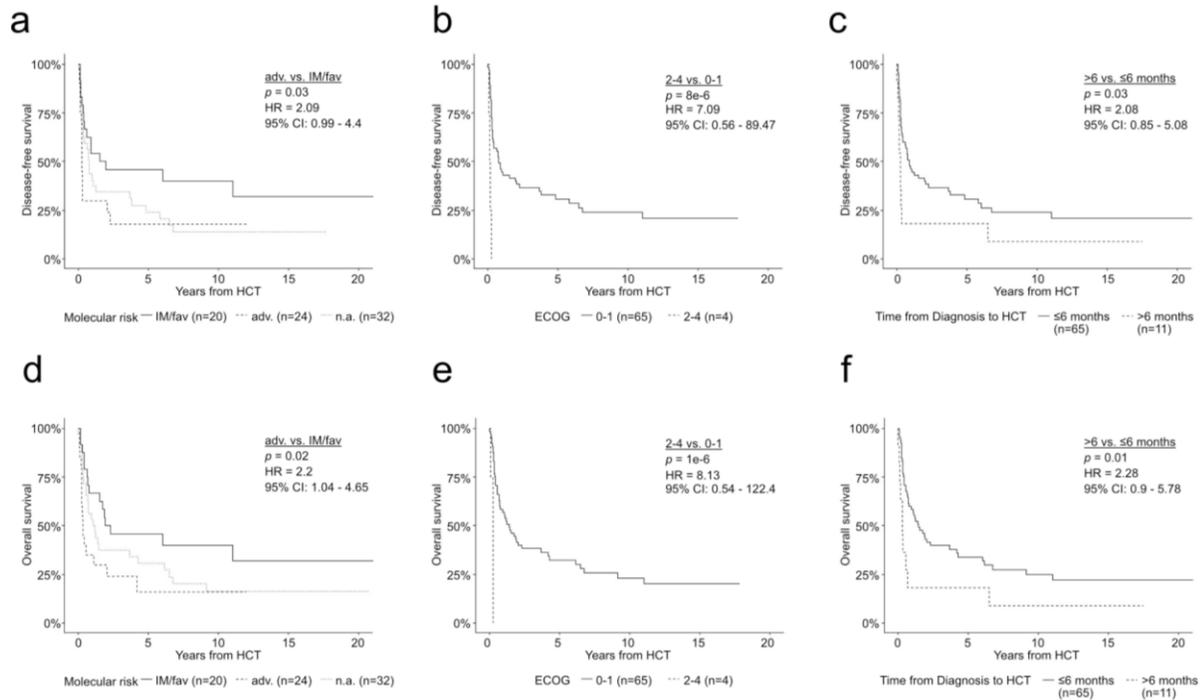
Supplementary Tables

a. DFS					
Risk factor	Values	Hazard Ratio	lower 95% CI	upper 95% CI	p (univariate)
ECOG	2-4 vs. 0-1	8.65	2.77	27.03	0.0002
Molecular risk	adverse vs. IM/fav	2.31	1.13	4.73	0.02
Diagnosis-to-HCT interval	continuous (months)	1.18	1.04	1.33	0.008
Diagnosis-to-HCT interval	≤6 vs >6 months	2.1	1.06	4.19	0.03
b. OS					
Risk factor	Values	Hazard Ratio	lower 95% CI	upper 95% CI	p (univariate)
ECOG	2-4 vs. 0-1	11.27	3.33	38.17	0.0001
Molecular risk	adverse vs. IM/fav	2.41	1.18	4.92	0.02
Diagnosis-to-HCT interval	continuous (months)	1.23	1.08	1.39	0.001
Diagnosis-to-HCT interval	≤6 vs >6 months	2.31	1.16	4.6	0.02

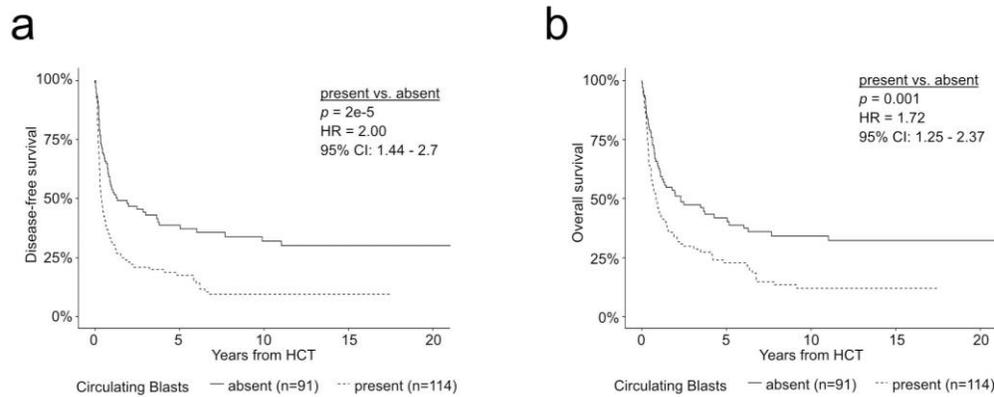
DFS disease-free survival, *ECOG* Eastern Cooperation Oncology Group, *CI* Confidence Interval, *IM* intermediate, *fav* favorable, *vs.* versus, *n.a.* not assessed, *Dg* diagnosis, *HCT* hematopoietic cell transplantation, *OS* overall survival.

Supplementary Table 1. Cox regression analysis in patients with one previous therapy line. (a,b) Results of Cox proportional hazards regression for disease-free survival **(a)** and overall survival **(b)** in AML patients undergoing allogeneic HCT after the first induction line. Listed are univariate *p*-values, hazard ratios, and confidence intervals for the factors ECOG 0-1 vs. 2-4, molecular risk (adverse vs. IM/fav), and diagnosis-to-HCT interval (continuous and ≤6 vs. >6 months). *p*-values were estimated by Walden test.

Supplementary Figures



Supplementary Figure 1. (a-c) Kaplan-Meier analyses of disease-free survival in a subset of $n=76$ patients who received only one induction therapy line before undergoing HCT, stratified by **(a)** molecular risk profile with intermediate/favorable ($n=20$), adverse ($n=24$), and unknown (*n.a.*) risk ($n=32$), **(b)** ECOG with a score of ≤ 1 ($n=65$) vs. 2-4 ($n=4$), and **(c)** diagnosis-to-HCT interval comparing up to 6 months ($n=65$) to over 6 months ($n=11$). **(d-f)** Kaplan-Meier analyses of overall survival in a subset of $n=76$ patients who received only one induction therapy line before undergoing HCT, stratified by **(d)** molecular risk profile with intermediate/favorable ($n=20$), adverse ($n=24$), and unknown (*n.a.*) risk ($n=32$), **(e)** ECOG with a score of ≤ 1 ($n=65$) vs. 2-4 ($n=4$), and **(f)** diagnosis-to-HCT interval comparing up to 6 months ($n=65$) to over 6 months ($n=11$). OS overall survival, DFS disease-free survival, HCT hematopoietic cell transplantation, ECOG Eastern Cooperation Oncology Group score, IM intermediate, fav favorable, *n.a.* not assessed.



Supplementary Figure 2. (a) Kaplan-Meier analysis of disease-free survival in the presence ($n=44$) vs. in the absence ($n=114$) of circulating blasts prior to conditioning therapy and allogeneic HCT. **(b)** Kaplan-Meier analysis of overall survival in the presence ($n=44$) vs. in the absence ($n=114$) of circulating blasts prior to conditioning therapy and allogeneic HCT. OS overall survival, DFS disease-free survival, HCT hematopoietic cell transplantation.