**Age and organ damage correlate with poor survival in myeloma patients: meta-analysis of 1435 individual patient data from 4 randomized trials**

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**Supplementary Appendix**

**Treatment regimens**

In the GISMM-2001 trial, 331 patients were randomly assigned to receive 6 courses of MP or MPT followed by maintenance with thalidomide until progression.1,2 In the HOVON 49 trial, 333 were randomly assigned to receive 8 courses of MP or MPT followed by maintenance with thalidomide until progression.1 In the GEM05MAS, 260 were randomly assigned to receive 6 cycles of VMP or VTP followed by maintenance with bortezomib-prednisone or bortezomib-thalidomide.3 In the GIMEMA MM0305 trial, 511 were randomly assigned to receive 9 cycles of VMP or VMPT followed by continuous bortezomib-thalidomide as maintenance.3 All patients treated with thalidomide received prophylactic anticoagulation with aspirin, low molecular weight heparin or warfarin, according to the protocol or at the physician’s discretion. Treatment was withheld on withdrawal of the patient’s consent, disease progression, or the occurrence of any severe hematologic or non-hematologic toxic effects; less serious AEs were managed with the use of established dose modifications.

**References**


