

Real-life outcome after failure to venetoclax and hypomethylating-based therapy for acute myeloid leukemia

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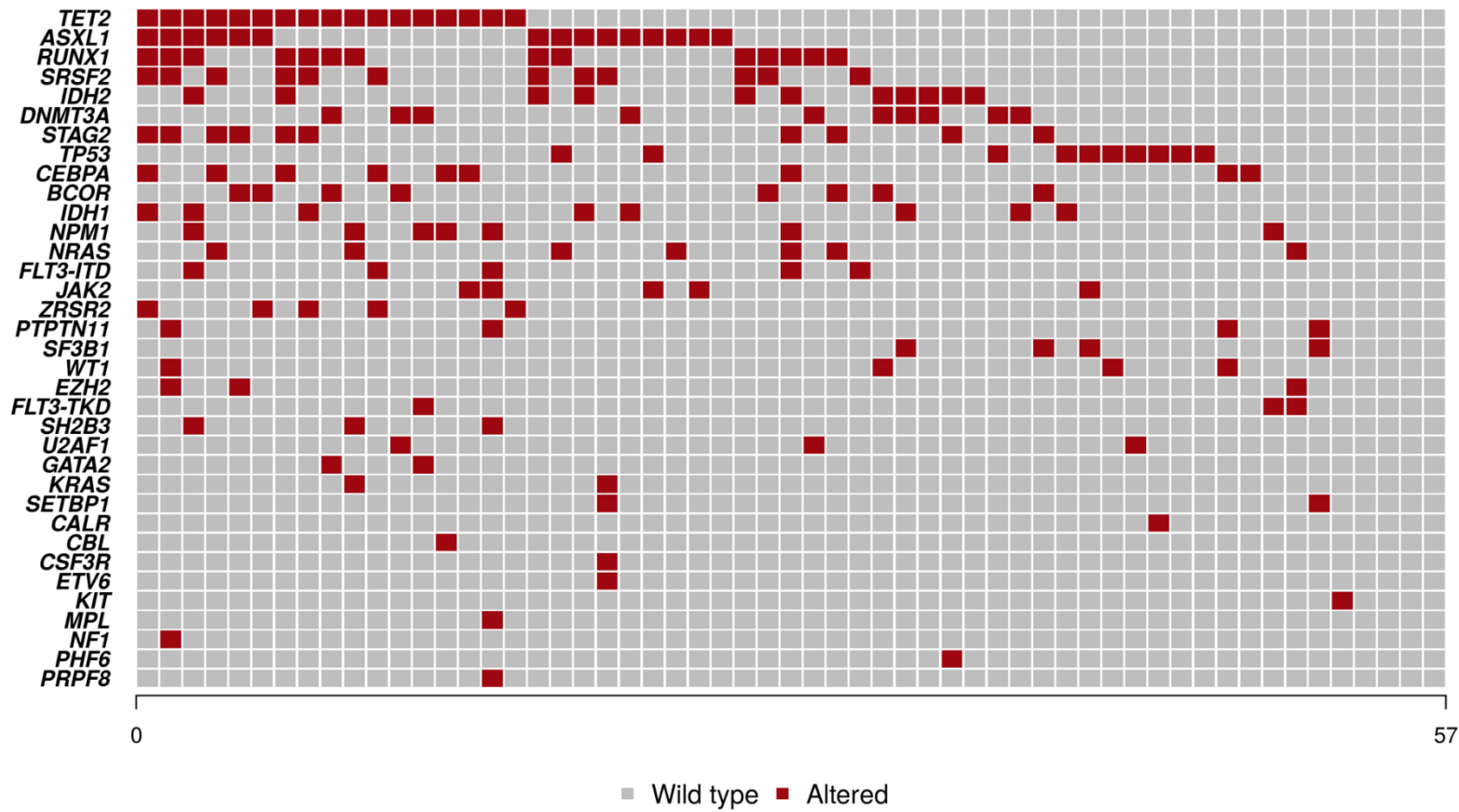
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3 Figure 1S. Mutational landscape of the patients, both refractory and relapsed, included in the study who had undergone a next generation sequencing
 4 (NGS) assessment at diagnosis.

Overall response rate, n (%)	Response (n = 42)
CR + CRi	39 (92.9)
Complete response with negative MRD	7 (16.7)
Complete response with positive MRD	4 (9.5)
CRi with negative MRD	4 (9.5)
CRi with positive MRD	24 (57.1)
Partial response	3 (7.1)
Cycles to achieve any response, median (range)	1 (1-3)
Total cycles administered, median (range)	6 (2-16)
Hospice care active after PD, n (%)	19 (45.3)
Death at home after progressive disease, n (%)	9 (21.4)

Table 1S. Response characteristics to frontline treatment with VenHMA before end of treatment. CR: Complete Response, CRi: Complete Response without Hematological Recovery. MRD: Measurable residual disease. PD: Progressive disease

Salvage treatment after VenHMA, number (%)	13 (30.1)
Clinical trial enrollment	6 (14.3)
IDH inhibitors	2 (4.8)
Cereblon E3 Ligase Modulator	2 (4.8)
Myeloid kinase inhibitor	1 (2.4)
Menin inhibitor	1 (2.4)
Standard chemotherapy	3 (7.1)
Gilteritinib	2 (4.8)
Low-dose cytarabine	1 (2.4)
Magrolimab + azacitidine	1 (2.4)
ORR after salvage treatment, number (%)	3/13 (23.1)
IDH inhibitor in CT	2 (66.6)
Gilteritinib	1 (33.3)
LFS after second response, median (months, range)	8 (3-12)
Best supportive care after VenHMA	29 (69)
Lack of suitable treatment	19 (65.5)
Lack of available CT	2 (4.8)
Comorbidities	7 (16.7)
CT screening failure	1 (2.4)

Table 2S. Salvage therapeutical options in the patients included in the study. VenHMA: Venetoclax in combination with hypomethylating agents. ORR: Overall response rate. LFS: Leukemia-free survival. PD: Progressive disease. CT: Clinical trial.