LETTER TO THE EDITOR

Venetoclax combined with escalating doses of homoharringtonine, low-dose cytarabine, and granulocyte colony-stimulating factor demonstrates feasibility and tolerability for remission induction in pediatric acute myeloid leukemia

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Supplementary Tables

Supplementary Table 1. Chemotherapy regimens of V-HAG and indications for HSCT

	Drug	Dose	Schedule	Duration
Induction I/II	HHT	1 mg/m^2	Once daily, intravenously, infusion over ≥ 4 hours	Day1-10
		2 mg/m^2		
		3 mg/m^2		
	Cytarabine	10 mg/m^2	Every 12 hours, intravenously	Day1-10
	Venetoclax	120 mg/m^2 (max 400 mg)	Once daily, orally	Day 0
		240 mg/m^2 (max 400 mg)	Once daily, orally	Day1-10
	G-CSF	5 μg/kg	Once daily, subcutaneously	Day1-10
Consolidations				
I	Cytarabine	3 g/m^2	Every 12 hours, intravenously	Day 1-3
	HHT	3 g/m^2	Once daily, intravenously	Day 1-5
II	Cytarabine	3 g/m^2	Every 12 hours, intravenously	Day 1-3
	Etoposide	150 mg/m^2	Once per day, intravenously	Day1-3
III	Cytarabine	3 g/m^2	Every 12 hours, intravenously	Day 1, 2, 8, 9
	L-asparaginase	6000 U/m^2	Once per day, intramuscularly	Day 3,10
Criteria for HSCT	**Numeric changes:** Complex karyotype, or chromosome 5, 7 or 17p abnormalities. **Fusion genes:** *NUP98*-rearranged, *KMT2A*-rearranged (except *KMT2A*::*MLLT11* and *KMT2A*::*MLLT3*), *KMT2A*-PTD, *MECOM*-rearranged, *CBFA2T3*-rearranged, *DEK*::*NUP214*, *ETV6*::*HLXB9*, *BCR*::*ABL*, *KAT6A*::*CREBBP*, *FUS*::*ERG, PICALM*::*MLLT10.* **Pathogenic gene variants:** *FLT3-ITD, TP53, KIT* (exon 17), *UBTF-ITD, ASXL1, BCOR, EZH2, RUNX1*, *SF3B1, SRSF2, STAG2, U2AF1, ZRSR.* **MRD:** ≥ 0.1% after induction II.			After consolidation I or II

Abbreviations: HHT, homoharringtonine; V-HAG, venetoclax, HHT, cytarabine, granulocyte colony-stimulating factor; G-CSF; HSCT, hematopoietic stem cell transplantation; MRD, measurable residual disease.

Supplementary Table 2. Adverse events of HAGV treatment regimens during Induction I and II

	V-HAG group
Induction I (N)	12 cases
Hematological toxicity	
Time to recovery neutrophil count > 0.5 $\times 10^9$/L (days, median, range)	22 (14-38)
Time to recovery platelet count > 20×10^9/L) (days, median, range)	16 (10-28)
Non-hematological toxicity	
Gastrointestinal events (all grades, N, %)	7 (58.3%)
Cardiac events (all grades, N, %)	6 (50.0%)
Grade 3-5 Cardiac events (N, %)	0
Infection events (all grades, N, %)	11 (91.7%)
Grade 3-5 Infection events (N, %)	11 (91.7%)
Induction II (N)	11 cases
Hematological toxicity	
Time to recover neutrophil count > 0.5 $\times$ 10^9/L (days, median, range)	18 (7-34)
Time to recover platelet count > 20×10^9/L (days, median, range)	15 (0-29)
Non-hematological toxicity	
Gastrointestinal events (all grades, N, %)	5 (41.2%)
Cardiac events (all grades, N, %)	4 (33.3%)
Grade 3-5 Cardiac events (N, %)	0
Infection events (all grades, N, %)	6 (54.5%)
Grade 3-5 Infection events (N, %)	6 (54.5%)

Abbreviations: V-HAG, venetoclax, homoharringtonine, cytarabine, and granulocyte colony-stimulating factor.

Supplementary Table 3. Comparison of selected adverse events and treatment responses between low- and high-ratio venetoclax concentrations

	Induction I		**Induction II**	
	Low ratio concentration N=6	High ratio concentration N=6	Low ratio concentration N=6	High ratio concentration N=5
Gastrointestinal events	2	2	1	2
Cardiac events	3	3	0	1
Infection events	6	5	4	2
Grade 3-5 Infection events	6	5	4	2
Time to neutrophil recovery (> 0.5 x10^9/L), days	23.5 (16-38)	21(18-27)	16 (3-34)	16 (0-27)
Time to platelet recovery (>20 x10^9/L), in days	17.5 (11-28)	14 (10-19)	3 (0-29)	3 (0-13)
CR	4	6	6	5
Negative MRD♦	2	6	6	5

♦ During Induction I, the cut-off for negative MRD was set at <1%**,** while during Induction II, the threshold was <0.1% for negative MRD.