

Characterization, outcome and identification of prognostic factors for patients with systemic immunoglobulin light-chain amyloidosis requiring dialysis prior to initial anti-clonal therapy

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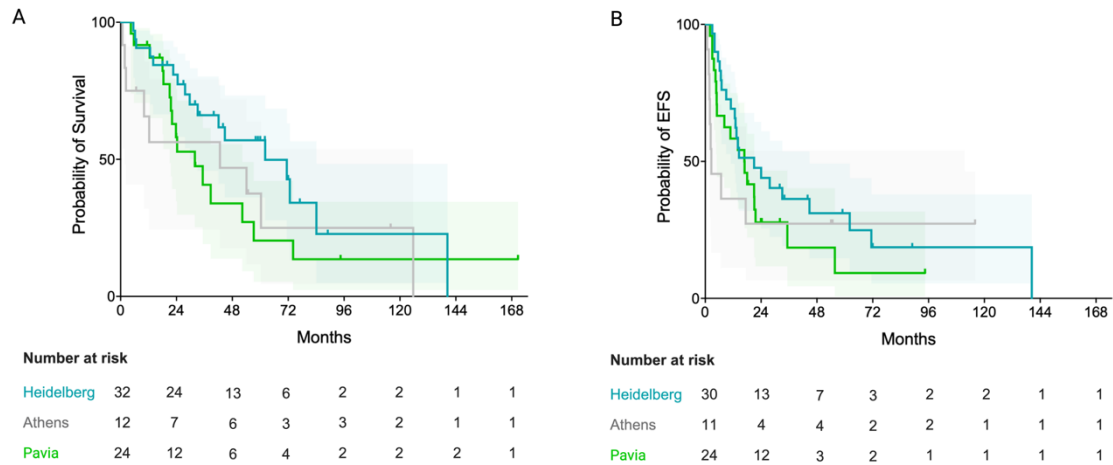
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Supplementary figures

Supplementary figure 1

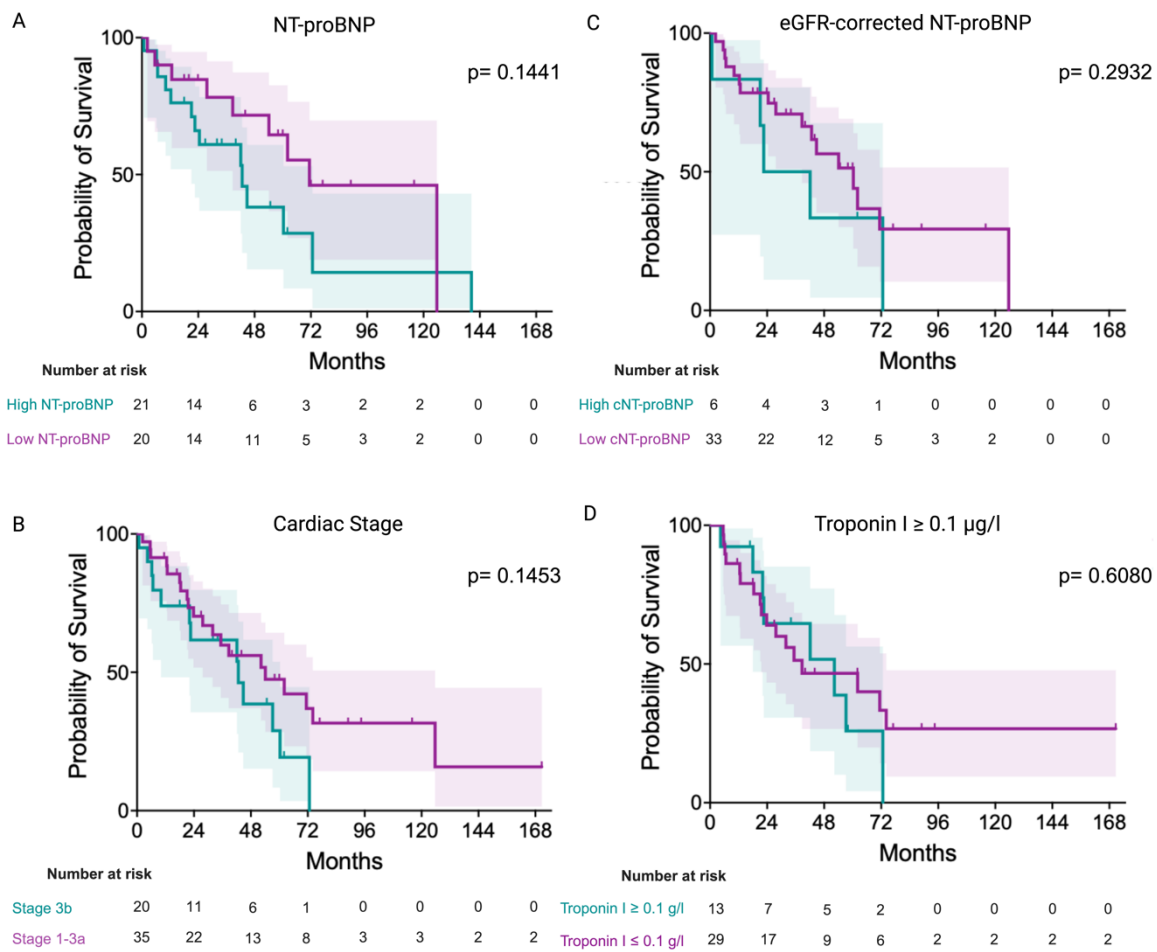


Kaplan-Meier analysis of overall survival and event-free survival in patients with systemic immunoglobulin light chain amyloidosis across three amyloidosis centers.

(A) Overall survival: the median survival was 62.1 months in the Heidelberg cohort, 42.7 months in the Athens cohort, and 31.9 months in the Pavia cohort ($p = 0.260$).

(B) Event-free survival: the median event-free survival was 21.0 months in the Heidelberg cohort, 2.6 months in the Athens cohort, and 16.85 months in the Pavia cohort ($p = 0.375$).

Supplementary figure 2

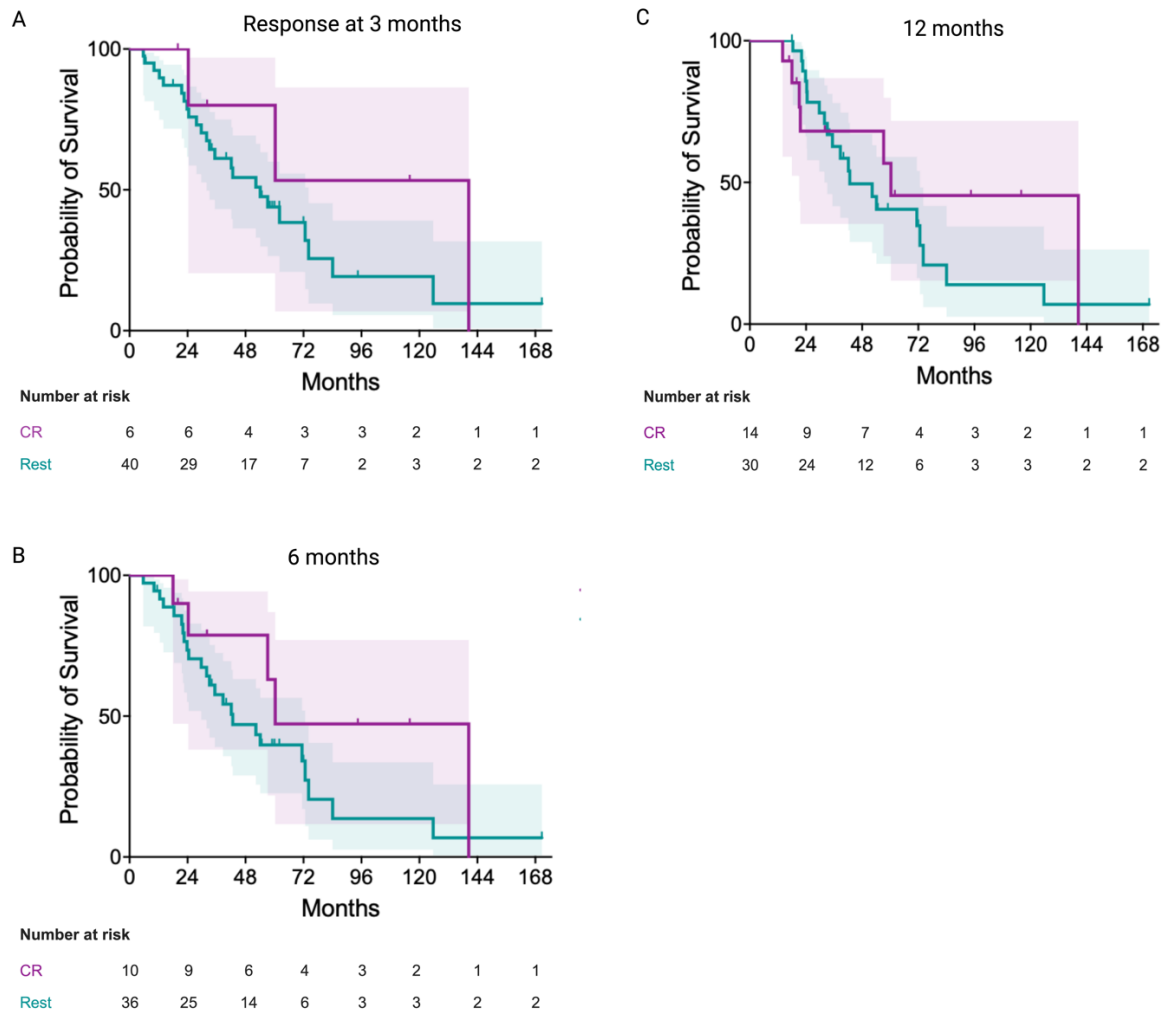


Kaplan-Meier analysis of overall survival in patients with systemic immunoglobulin light chain amyloidosis according to cardiac biomarkers and cardiac staging.

(A) Patients with N-terminal pro-B-type natriuretic peptide (NT-proBNP) levels below 8500 ng/l versus those with levels ≥ 8500 ng/l did not differ in overall survival. (B) Cardiac staging based on the 2004 Mayo criteria (stage 1–3a versus stage 3b) showed no significant difference in overall survival. (C) N-terminal pro-B-type natriuretic peptide values corrected for kidney function (cNT-proBNP < 8500 ng/l versus ≥ 8500 ng/l) did not impact overall survival.

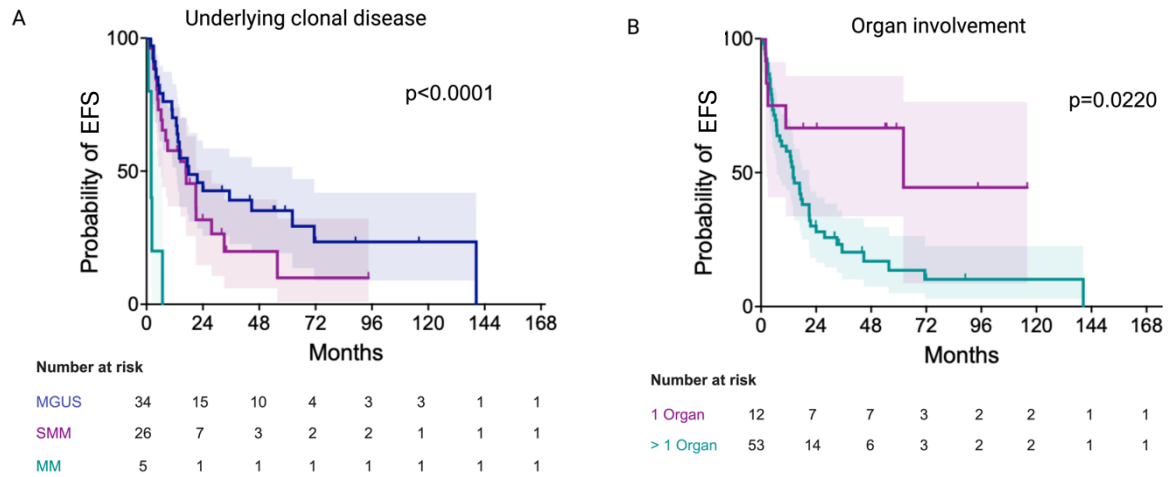
(D) Cardiac troponin I values above or below the amyloidosis-specific cut-off of 0.1 µg/l did not result in different overall survival outcomes.

Supplementary figure 3



Kaplan-Meier landmark analysis of overall survival based on hematologic treatment response in patients with systemic immunoglobulin light chain amyloidosis. (A) After 3 months, (B) after 6 months, and (C) after 12 months of anti-clonal therapy, patients who achieved complete remission showed a trend toward improved survival compared to those with very good partial remission, partial response, stable disease, or progressive disease. The respective p-values were 0.3062 (A), 0.1919 (B), and 0.4863 (C).

Supplementary figure 4



Kaplan-Meier analysis of event-free survival in patients with systemic immunoglobulin light chain (AL) amyloidosis. (A) Patients with monoclonal gammopathy of clinical significance, smoldering multiple myeloma, and multiple myeloma had significantly different event-free survival. (B) Patients with involvement of more than one organ showed significantly shorter event-free survival than those with only one organ involved.