

Real-life management of 476 older adults with Philadelphia-negative acute lymphoblastic leukemia: a Campus ALL study

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Supplementary appendix

Supplementary Table 1. Pediatric-inspired regimens vs other approaches

Supplementary Tables 1a. Patients' characteristics according to the treatment strategy (pediatric-inspired vs other regimens)

Characteristics	N (%) or median (range)	N (%) or median (range)	N (%) or Median (range)	P°
	Whole cohort	Pediatric-inspired regimens*	Other regimens*	
Age years	66 (55-91)	62 (55-83)	73 (56-91)	<0.001
Gender, female	246 (52)	165 (52)	76 (50)	0.62
ECOG PS, 2-4	153 (33)	80 (26)	65 (45)	<0.001
B-lineage	369 (77)	233 (74)	130 (85)	0.009
Disease features				
WB, $\times 10^9/L$	7.1 (0.5-937)	7.1 (0.4-937)	6.5 (0.6-373)	0.76
CNS +	23 (5)	15 (5)	8 (6)	0.65
Very High Risk (GIMEMA)	171 (39)	123 (41)	46 (34)	0.17

* 8 palliative patients are excluded

° By Fisher exact test or Mann-Whitney U test

Supplementary Table 1b. Multivariate analysis for overall survival (main and censored at allo-HCT)

Variable	Main analysis			Analysis censored at allo-HCT		
	HR	95% CI	P	HR	95%CI	P
Age	1.04	1.02-1.06	0.001	1.03	1.01 – 1.05	0.009
ECOG PS				1.4	1.04 - 1.89	0.026
VHR	1.45	1.11-1.89	0.006	1.53	1.15 – 2.04	0.004
CNS+	3.01	1.83-4.93	<0.001	2.78	1.69 – 4.58	<0.001
Pediatric-inspired regimens	0.63	0.45-0.89	0.009	0.67	0.47 - 0.94	0.022

°VHR, very high risk According to the GIMEMA LAL1913 classification

ASP, asparaginase; CNS, central nervous system; HR, hazard ratio; PS, performance status

* Potential prognostic variable considered were age (continuous), sex, PS (0-1 vs 2-4), CNS positivity, treatment (pediatric-inspired vs other regimens), lineage (BCP vs others), VHR. Cox proportional hazards models were followed by backward stepwise selection. The impact of treatment regimens on outcomes was analyzed by intention to treat, i.e. according to the schema that was chosen for each patient even if it was interrupted or modified prematurely.

Supplementary Table 1c. Multivariate analyses for RFS and CIR

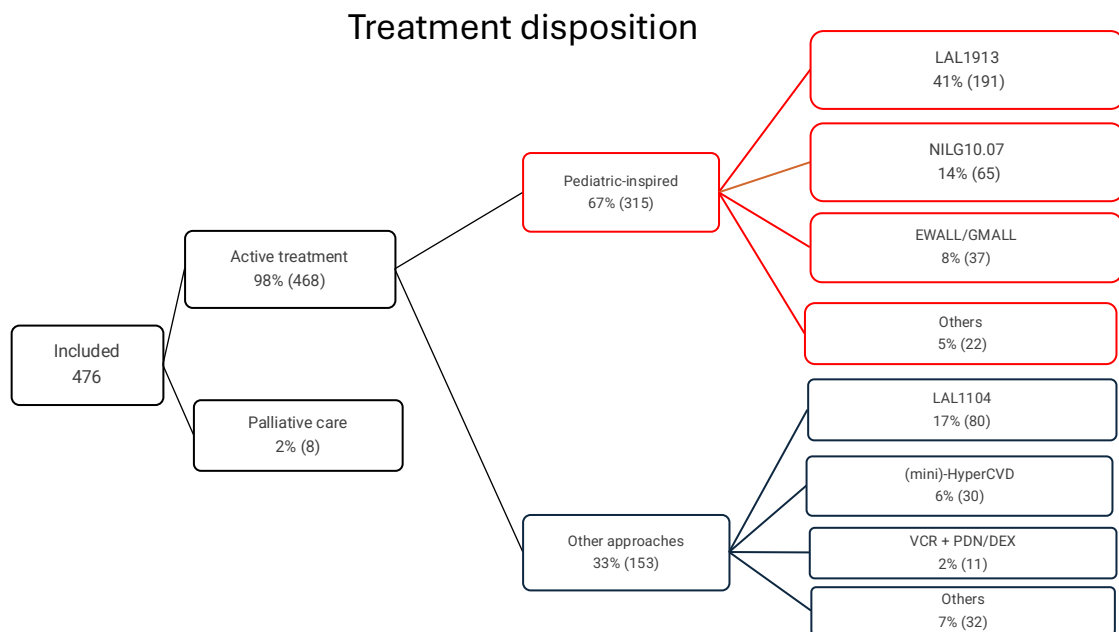
	RFS			CIR		
Variable*	HR	95%CI	P	sHR	95%CI	P
CNS+	3.05	1.66-5.60	<0.001			
Pediatric-inspired regimens	0.49	0.33-0.73	<0.001			
MRD negativity	0.46	0.32-0.67	<0.001	0.51	0.34-0.75	0.001

ASP, asparaginase; CIR, cumulative incidence of relapse; CNS, central nervous system; HR, hazard ratio; MRD, measurable residual disease; RFS, relapse-free survival; sHR, sub-hazard ratio

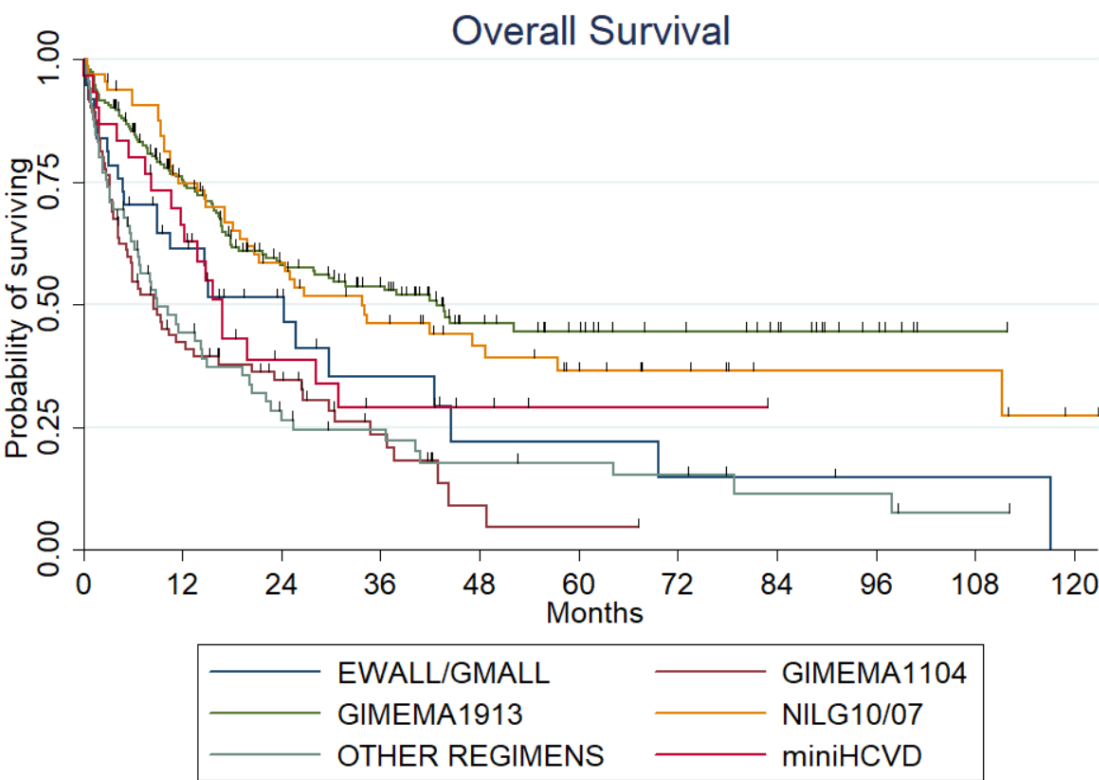
* Potential prognostic variable considered were age (continuous), sex, PS (0-1 vs 2-4), CNS positivity, treatment (pediatric-inspired vs other regimens), lineage (BCP vs others), VHR, MRD. Cox proportional hazards models and competitive risk models were followed by backward stepwise selection.

Supplementary Figure 1. Treatments and outcomes

Supplementary Figure 1a. Treatment disposition



Supplementary Figure 1b. Overall survival according to the different treatment regimens



Supplementary Figure 2. Outcome of Ph- B-ALL and T-ALL according to the year of diagnosis.

