LETTER TO THE EDITOR

First-line tagraxofusp leads to durable responses and prolonged survival in adults with blastic plasmacytoid dendritic cell neoplasm regardless of fitness level

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Supplemental Material

Supplemental Table 1. Baseline distribution of HCT-CI criteria in patients treated with first-line tagraxofusp. Anonymized data from treatment-naïve adults with BPDCN prospectively treated with tagraxofusp 12 µg/kg/day on days 1-5 of each 21-day cycle were used. Available medical history, concomitant medications, and laboratory values were used to determine the HCT-CI scores by assigning points for 16 HCT-CI criteria. It was not possible to assess the "severe pulmonary disease" HCT-CI criterion since these patients were excluded from the study, and lung function tests were not collected to determine this post hoc.

Criterion, n (%)	**Score value**	**(N=65)**
Arrhythmia	1	13 (20)
Cardiac disease	1	8 (12)
Inflammatory bowel disease	1	0
Diabetes	1	15 (23)
Cerebrovascular disease	1	3 (5)
Psychiatric disturbance	1	13 (20)
Hepatic, mild	1	4 (6)
Obesity	1	13 (20)
Infection	1	5 (8)
Rheumatologic disease	2	4 (6)
Peptic ulcer	2	1 (2)
Moderate/severe renal disease	2	5 (8)
Moderate pulmonary disease	2	8 (12)
Prior solid tumor	3	9 (14)
Heart valve disease	3	5 (8)
Moderate/severe hepatic disease	3	1 (2)

CI, comorbidity index; HCT, hematopoietic cell transplantation.

Supplemental Table 2. Primary Reasons for Study Discontinuation

	Low risk (n=15)	**Intermediate risk (n=22)**	**High risk (n=28)**
Disease recurrence/progression	6 (40)	5 (23)	13 (46)
Physician decision	4 (27)	1 (5)	6 (21)
Lost to follow-up	3 (20)	11 (50)	6 (21)
Withdrawal of consent	2 (13)	1 (5)	1 (4)
Adverse event	0	4 (18)	2 (7)
Other	3 (20)	11 (50)	6 (21)

Supplemental Table 3. Baseline and treatment characteristics by HCT-CI risk groups of patients bridged to transplant after treatment with first-line tagraxofusp.

	Low risk (n=5)	**Intermediate risk (n=10)**	**High risk (n=6)**
Age, median years (range)	40 (22-69)	58 (22-75)	69 (57-78)
Gender, n (%)			
Male	4 (80)	5 (50)	6 (100)
Race, n (%)			
White	5 (100)	10 (100)	6 (100)
Ethnicity, n (%)			
Not Hispanic or Latino	4 (80)	9 (90)	6 (100)
ECOG performance status, n (%)			
0	4 (80)	6 (60)	4 (67)
1	1 (20)	4 (40)	2 (33)
BMI, median kg/m^2 (range)	28 (24-35)	30 (22-48)	32 (26-38)
Time since BPDCN diagnosis, median months (range)	1.4 (0-2.9)	0.8 (0-3.2)	0.7 (0.4-2.9)
Disease involvement at baseline, n (%)			
Bone marrow	0	3 (30)	4 (67)
Lymph node	2 (40)	4 (40)	5 (83)
Peripheral blood	0	2 (20)	3 (50)
Skin	5 (100)	10 (100)	6 (100)
Visceral	0	0	2 (33)
≥2 disease sites	2 (40)	5 (50)	6 (100)
Median number of cycles from start of tagraxofusp to HCT, mo (range)	4 (3-7)	4 (2-7)	4 (2-8)
Median time from diagnosis to HCT, mo (range)	5.4 (4.2-7.7)	5.8 (2.8-8.4)	5.4 (3.6-8.0)
Median time from first dose of tagraxofusp to HCT, mo (range)	3.9 (3.0-5.5)	3.5 (2.4-6.5)	4.1 (2.5-6.7)

BMI, body mass index; BPDCN, blastic plasmacytoid dendritic cell neoplasm; CI, comorbidity index; ECOG, Eastern Cooperative Oncology Group; HCT, hematopoietic cell transplantation.

Supplemental Table 4. Capillary leak syndrome by HCT-CI risk groups in patients treated with first-line tagraxofusp.

	Low risk (n=15)	**Intermediate risk (n=22)**	**High risk (n=28)**
CLS TRAE, (n %)	1 (7)	5 (23)	6 (21)
Grade 1-2	1 (7)	1 (5)	5 (18)
Grade 3-4	0	2 (9)	1 (4)
Gade 5	0	2 (9)	0
CLS leading to dose interruption, n (%)	1 (7)	1 (5)	2 (7)
Resolution of CLS TRAE, n (%)[a]	1 (100)	3 (60)	6 (100)
Time to resolution of resolved CLS TRAE, median days (range)	4 (4-4)	5 (2-9)	6 (3-69)

[a]The percentage of patients with a resolved CLS TRAE was calculated using as the denominator the total number of patients with that TRAE.

CI, comorbidity index; CLS, capillary leak syndrome; HCT, hematopoietic cell transplantation; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.