Impact of hematopoietic cell transplantation and quizartinib in patients with newly diagnosed FLT3-internal tandem duplication-negative acute myeloid leukemia: results from the QUIWI study

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SUPPLEMENTARY METHODS

Study design

QUIWI was a randomized, double-blind, placebo-controlled, phase II trial conducted at Spanish PETHEMA group centers, evaluating quizartinib in combination with standard intensive induction and consolidation chemotherapy in adult patients with newly diagnosed FLT3 wild-type acute myeloid leukemia (AML). The study included an initial open-label safety run-in phase to assess tolerability and determine the recommended dose, followed by the randomized phase. After induction therapy, patients achieving remission could proceed to consolidation, allogeneic hematopoietic cell transplantation when indicated, and maintenance therapy according to the study protocol. Additional details of the study design and methodology are provided in the main study publication.[1]

Patients

Eligible patients were adults with newly diagnosed AML considered candidates for intensive induction chemotherapy. Key eligibility criteria included a confirmed diagnosis of newly diagnosed AML according to the World Health Organization 2008 and 2016 classification criteria, age ≥18 and ≤70 years at the time of screening, and absence of FMS-like tyrosine kinase 3 internal tandem duplication (FLT3-ITD; allelic ratio <0.03) at diagnosis. Patients with acute promyelocytic leukemia or other protocol-specified exclusion criteria were not eligible. All patients provided written informed consent prior to study enrollment, in accordance with local and institutional regulations.

The analyses presented in this report focus on patients randomized to quizartinib or placebo who achieved a first composite complete remission (CRc1) by the end of induction, defined as complete remission (CR) or CR with incomplete hematologic recovery (CRi), as assessed by the independent review committee (IRC). For analyses evaluating the impact of allogeneic hematopoietic cell transplantation (allo-HCT), only allo-HCT procedures performed in CRc1 were considered protocol-specified and included.

Randomization and masking

Patients were randomly assigned in a 2:1 ratio to receive quizartinib or placebo, in combination with standard induction and consolidation chemotherapy, according to the study protocol. Randomization was stratified by age at diagnosis (<60 vs ≥60 years) and was managed through an Interactive Web Response System (IWRS). Patients, investigators, and study personnel remained blinded to treatment assignment throughout the randomized phases of the trial. Matching placebo tablets were used to ensure masking.

Allo-HCT indications and transplant procedures

Allo-HCT was recommended for (i) NPM1-mutated or intermediate-risk cytogenetics AML with persistent MRD positivity after second consolidation, (ii) high-risk cytogenetics irrespective of MRD status (as per ELN 2017 but excluding NPM1 mutated), and (iii) non-CBF, non–NPM1-mutated AML requiring a second induction to achieve CRc1.

Allo-HCT was generally not recommended for CBF or biallelic CEBPA-mutated AML. These indications were protocol-recommended but not mandatory, and transplant decisions were ultimately made according to institutional practice and investigator criteria. Conditioning regimens, stem cell source, and graft-versus-host disease (GVHD) prophylaxis were used according to institutional practice at each participating center.

Safety analyses

Safety was evaluated in the safety analysis population, defined as all patients who received at least one dose of quizartinib or placebo. Adverse events were assessed in terms of incidence, severity (graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events [NCI CTCAE], version 5.0), duration, seriousness, and relationship to investigational therapy (quizartinib or placebo) and/or chemotherapy. Safety analyses were descriptive in nature.

SUPPLEMENTARY TABLES AND FIGURES

Supplementary Table 1. Indications for allo-HCT according treatment arm and ELN 2017 risk. [a]ELN 2017 risk was assessed by the IRC. [b]MRD-positive refers to MRD status after second cycle of consolidation. [c]Other refers to investigator-driven decision to proceed with allo-HCT in CRc1 despite not meeting the predefined protocol criteria. Note: Percentages displayed in the table refer to the proportion within each treatment arm (quizartinib n = 180; placebo n = 93). Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CRc1: first composite complete remission; Second induction: need for a second induction cycle to achieve CRc1; ELN: European LeukemiaNet; IRC: independent review committee; MRD+: measurable residual disease positivity.

	Allo-HCT in CRc1, n (%) n = 86					No allo-HCT, n (%) n = 187
	ELN 2017 risk[a]	**Adverse risk**	**MRD+[b]**	**Second induction**	**Other[c]**	
Quizartinib (n = 180)	Favorable	0 (0)	3 (2)	0 (0)	7 (4)	42 (23)
	Intermediate	0 (0)	2 (1)	4 (2)	15 (8)	28 (16)
	Adverse	27 (15)	0 (0)	0 (0)	0 (0)	52 (29)
Placebo (n = 93)	Favorable	0 (0)	2 (2)	0 (0)	0 (0)	22 (24)
	Intermediate	0 (0)	0 (0)	0 (0)	7 (8)	16 (17)
	Adverse	19 (20)	0 (0)	0 (0)	0 (0)	27 (29)

Supplementary Table 2. Cox regression model for OS and DFS including treatment arm and time-dependent allo-HCT in CRc1. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; DFS: disease-free survival; HR: hazard ratio; OS: overall survival.

Time-dependent Cox model	**HR (95% CI)**	**p-value**
Overall survival		
Quizartinib vs placebo	0.59 (0.40 – 0.87)	0.0078
Allo-HCT (time-dependent)	0.91 (0.62 – 1.33)	0.618
Disease-free survival		
Quizartinib vs placebo	0.67 (0.48–0.95)	0.025
Allo-HCT (time-dependent)	0.73 (0.52–1.03)	0.076
Allo-HCT (time-dependent) – Placebo arm	0.61 (0.35–1.06)	0.078
Allo-HCT (time-dependent) – Quizartinib arm	0.82 (0.52–1.28)	0.378

Supplementary Table 3. Multivariable time-dependent Cox models for OS and DFS including post–allo-HCT quizartinib maintenance. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; AML: acute myeloid leukemia; CI: confidence interval; DFS: disease-free survival; ECOG: Eastern Cooperative Oncology Group; ELN: European LeukemiaNet; FLT3-TKD: FMS-like tyrosine kinase 3 tyrosine-kinase domain; HR: hazard ratio; OS: overall survival; WBC: white blood cell count.

Multivariable time-dependent Cox model for OS				
Effect	**HR**	**Lower CI**	**Upper CI**	**p-value**
Treatment (quizartinib vs placebo)	0.56	0.31	0.99	0.046
Allo-HCT in CRc1 (yes vs no)	0.94	0.42	2.10	0.87
Quizartinib with allo-HCT in CRc1 vs placebo without allo-HCT in CRc1	0.61	0.301	1.22	0.16
Post-allo-HCT maintenance (quizartinib vs placebo)	0.43	0.18	1.05	0.062
Sex (male vs female)	2.52	1.49	4.26	<0.001
Age (≥60 years vs <60 years)	1.07	0.66	1.73	0.78
ECOG performance status (2 vs 0–1)	1.33	0.60	2.95	0.48
AML type (secondary vs de novo)	2.28	1.25	4.14	0.007
ELN 2022 risk (adverse vs favorable/intermediate)	3.35	1.90	5.93	<0.001
WBC (≥20 vs <20 $\times 10^9$/L)	1.08	0.56	2.063	0.82
FLT3-TKD (positive vs negative)	1.26	0.48	3.306	0.65
Multivariable time-dependent Cox model for DFS				
Effect	**HR**	**Lower CI**	**Upper CI**	**p-value**
Treatment (quizartinib vs placebo)	0.60	0.38	0.97	0.038
Allo-HCT in CRc1 (yes vs no)	0.58	0.26	1.27	0.17
Quizartinib with allo-HCT in CRc1 vs placebo without allo-HCT in CRc1	0.51	0.26	0.99	0.047
Post-allo-HCT maintenance (quizartinib vs placebo)	0.82	0.37	1.79	0.61
Sex (male vs female)	1.83	1.18	2.84	0.007
Age (≥60 years vs <60 years)	1.18	0.77	1.81	0.44
ECOG performance status (2 vs 0–1)	1.07	0.51	2.23	0.86
AML type (secondary vs de novo)	1.50	0.86	2.62	0.15
ELN 2022 risk (adverse vs favorable/intermediate)	2.81	1.76	4.48	<0.001
WBC (≥20 vs <20 $\times 10^9$/L)	1.24	0.73	2.11	0.42
FLT3-TKD (positive vs negative)	1.0	0.44	2.26	0.99

Supplementary Table 4. Multivariable subgroup Cox analyses comparing quizartinib versus placebo according to allo-HCT status. Subgroup analyses were performed using multivariable Cox proportional hazards models including allo-HCT as a time-dependent covariate, treatment arm, and their interaction. Models were adjusted for age category, AML type, ECOG performance status, ELN 2022 risk category, baseline white blood cell count, FLT3-TKD mutation status, and sex. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; AML: acute myeloid leukemia; CI: confidence interval; DFS: disease-free survival; ECOG: Eastern Cooperative Oncology Group; ELN: European LeukemiaNet; HR: hazard ratio; OS: overall survival.

Time-dependent Cox model	HR (95% CI)	p-value
Overall survival		
Quizartinib + allo-HCT vs placebo + allo-HCT	0.68 (0.32–1.45)	0.32
Quizartinib without allo-HCT vs placebo without allo-HCT	0.56 (0.31–0.99)	0.046
Disease-free survival		
Quizartinib + allo-HCT vs placebo + allo-HCT	0.89 (0.43–1.85)	0.75
Quizartinib without allo-HCT vs placebo without allo-HCT	0.60 (0.38–0.97)	0.038

Supplementary Table 5. MRD status after induction according to ELN 2017 risk and treatment arm.

	Quizartinib (n = 116)[a]		Placebo (n = 64)[a]		
ELN 2017 risk	**MRD-negative n (%)**	**MRD-positive n (%)**	**MRD-negative n (%)**	**MRD-positive n (%)**	**p-value**
Favorable	14 (34.1)	27 (65.9)	6 (27.3)	16 (72.7)	0.78
Intermediate	26 (78.8)	7 (21.2)	9 (60)	6 (40)	0.29
Adverse	25 (59.5)	17 (40.5)	16 (59.3)	11 (40.7)	1.00

[a]Patients in CRc1 with centrally assessed MRD status available after induction. Abbreviations: CRc1: first composite complete remission; ELN: European LeukemiaNet; MRD: measurable residual disease.

Supplementary Table 6. Exposure to quizartinib or placebo during maintenance therapy in patients who underwent protocol-specified allo-HCT in CRc1.

	Quizartinib	Placebo
Number of patients, n	**25**	**12**
Median (range), months	10.87 (0.66–13.83)	10.36 (0.46–12.48)
<12 cycles, n (%)	13 (52)	6 (50)
Completed 12 cycles, n (%)	12 (48)	6 (50)
Dose intensity, median (range), mg/day[a]	47.14 (25–58.94)	53.62 (44.9–58.92)
Relative dose intensity, median (range), %[b]	64.29 (29.52–99.74)	86.09 (71.43–97.7)

[a]Dose intensity was defined as the cumulative dose received divided by the adjusted treatment duration, and expressed as mg/day. [b]Relative dose intensity was defined as the ratio between dose intensity and the planned daily dose, expressed as a percentage. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CRc1: first composite complete remission.

Supplementary Table 7. Post–allo-HCT OS and DFS outcomes according to pre–allo-HCT MRD status and post–allo-HCT quizartinib maintenance. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; DFS: disease-free survival; MRD: measurable residual disease; OS: overall survival.

MRD status Pre–allo-HCT	Maintenance	n	OS events	DFS events	Median OS	Median DFS	OS (%) at 1/2/3/4-year	DFS (%) at 1/2/3/4-year
MRD-positive	**Quizartinib maintenance**	6	1	2	Not reached	Not reached	83 / 83 / 83 / 83	83 / 67 / 67 / 67
	No maintenance	6	4	4	24.8 months	2.8 months	83 / 50 / 25 / 25	33 / 33 / 33 / 33
MRD-negative	**Quizartinib maintenance**	13	2	3	Not reached	Not reached	92 / 85 / 85 / 85	77 / 77 / 77 / 77
	No maintenance	10	3	4	Not reached	Not reached	80 / 70 / 70 / 70	70 / 60 / 60 / 60

Supplementary Table 8. Overview of overall safety in patients who underwent protocol-specified allo-HCT in CRc1.

	Quizartinib n (%)	Placebo n (%)
Type of AE	**58 (100)**	**28 (100)**
Any AE[a]	47 (81)	24 (85.7)
SAE	17 (29.3)	10 (35.7)
AESI[b]	6 (10.3)	2 (7.1)
Outcome of AEs		
Resolved / resolving	45 (77.6)	21 (75)
Resolved with sequelae	2 (3.5)	1 (3.6)
Not resolved	15 (25.9)	6 (21.4)
Death	3 (5.2)	3 (10.7)
Maintenance phase post-allo-HCT[c]	**25 (100)**	**12 (100)**
Treatment-related AEs[d]	13 (52)	2 (16.7)
Dose modifications due to AE[e]		
Delay	7 (28)	2 (16.7)
Dose reduction	4 (16)	0 (0)
Discontinuation	3 (12)	3 (25)

If a patient had more than one event, the patient was counted only once. [a]Regardless of causality. [b]AESI included QTc prolongation and other ventricular arrhythmias, and combined elevations of transaminases and bilirubin (ALT/AST >3xULN with total bilirubin >2xULN), assessed by the IRC. [c]Treatment-related AEs and dose modifications due to AEs are reported only for patients who initiated maintenance therapy post-allo-HCT (n = 25 in the quizartinib arm; n = 12 in the placebo arm). [d]Based on investigator-reported causality. [e]Patients may be included in more than one category.
Abbreviations: AE: adverse event; AESI: adverse event of special interest; allo-HCT: allogeneic hematopoietic cell transplantation; CRc1: first composite complete remission; IRC: independent review committee; SAE: serious adverse event.

Supplementary Table 9. Summary of SAEs in all patients who underwent protocol-specified allo-HCT in CRc1 in either treatment arm.

	Quizartinib (n = 58)		Placebo (n = 28)	
SAE[a]	**All grades, n (%)**	**Grade ≥3, n (%)**	**All grades, n (%)**	**Grade ≥3, n (%)**
Sepsis	5 (8.6)	5 (8.6)	1 (3.6)	1 (3.6)
Lung infection	3 (5.2)	3 (5.2)	1 (3.6)	1 (3.6)
Febrile neutropenia	2 (3.5)	1 (1.7)	1 (3.6)	1 (3.6)
Graft versus host disease	2 (3.5)	2 (3.5)	3 (10.7)	3 (10.7)
Infections and infestations	2 (3.5)	2 (3.5)	2 (7.1)	2 (7.1)
Enterocolitis	2 (3.5)	1 (1.7)	0 (0)	0 (0)
Fever	1 (1.7)	0 (0)	1 (3.6)	0 (0)
Injury, poisoning and procedural complications	1 (1.7)	1 (1.7)	1 (3.6)	1 (3.6)
COVID-19 Infection	1 (1.7)	1 (1.7)	1 (3.6)	0 (0)
Febrile neutropenia	2 (3.5)	1 (1.7)	1 (3.6)	1 (3.6)
Acute kidney injury	0 (0)	0 (0)	1 (3.6)	1 (3.6)
Psychiatric disorders	0 (0)	0 (0)	1 (3.6)	0 (0)
Nausea and vomiting	0 (0)	0 (0)	1 (3.6)	1 (3.6)
Neoplasms benign and malignant	0 (0)	0 (0)	1 (3.6)	1 (3.6)
Gastrointestinal hemorrhage	1 (1.7)	1 (1.7)	0 (0)	0 (0)
Urinary tract infection	0 (0)	0 (0)	1 (3.6)	1 (3.6)
Cytomegalovirus infection reactivation	1 (1.7)	1 (1.7)	0 (0)	0 (0)
Pancytopenia	1 (1.7)	1 (1.7)	0 (0)	0 (0)
Cardiac disorders	1 (1.7)	1 (1.7)	0 (0)	0 (0)

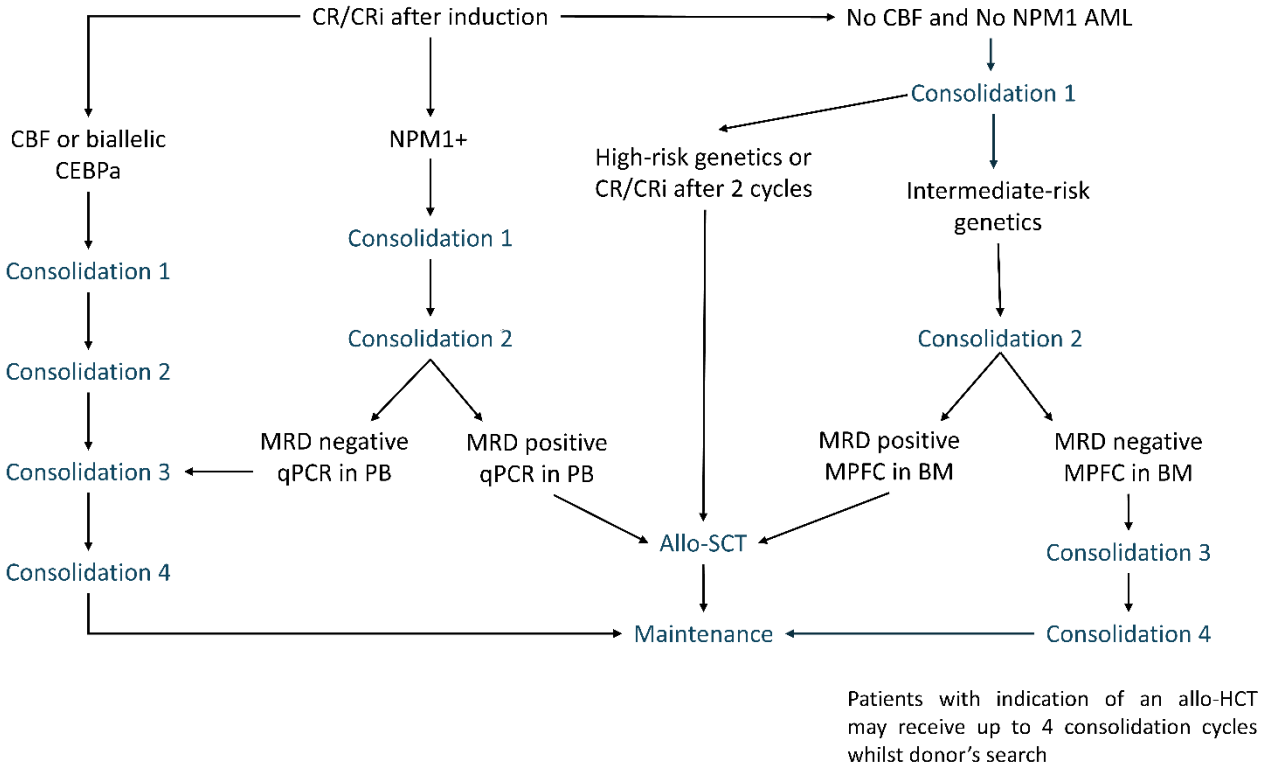
If a patient had more than one event, the patient was counted only once. [a]Regardless of causality. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CRc1: first composite complete remission; SAE: serious adverse event.

Supplementary Table 10. GVHD during the allo-HCT period in patients who underwent protocol-specified allo-HCT in CRc1.

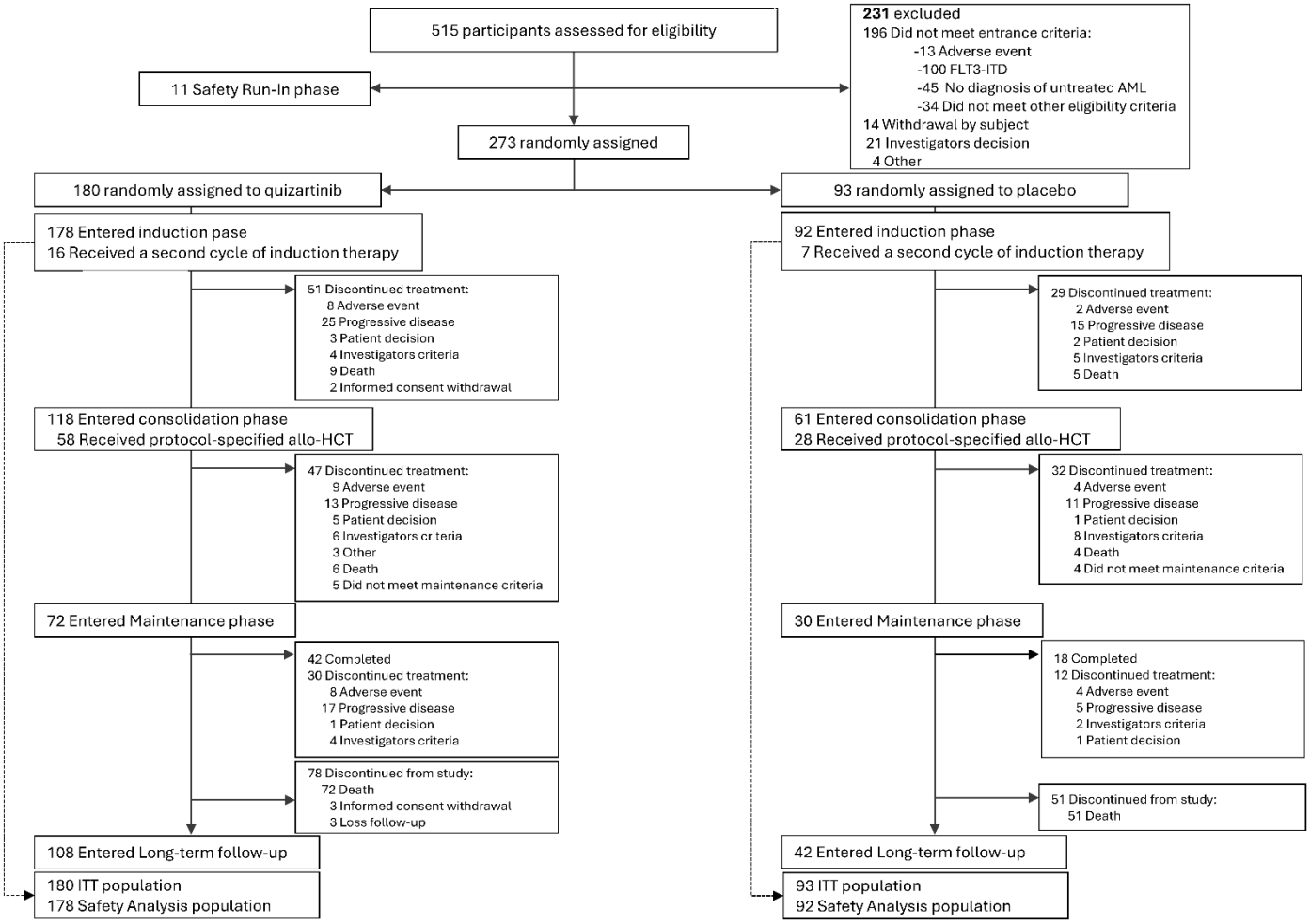
	Quizartinib (n = 58) n (%)	Placebo (n = 28) n (%)
Acute GVHD[a]	9 (15.5)	7 (25)
Time to onset, median (range), days[b]	28 (19–91)	40 (16–189)
Highest grade acute GVHD[c]		
Grade 1	3 (5.2)	1 (3.6)
Grade 2	3 (5.2)	3 (10.7)
Grade 3	3 (5.2)	1 (3.6)
Grade 4	0 (0)	1 (3.6)
Not applicable	0 (0)	1 (3.6)
Location[d]		
Skin involvement	7 (12.1)	3 (10.7)
GI involvement	3 (5.2)	3 (10.7)
Liver involvement	0 (0)	1 (3.6)
Eye involvement	0 (0)	0 (0)
Unknown	1 (1.7)	2 (7.1)
Chronic GVHD[a]	5 (8.6)	2 (7.1)
Time to onset, median (range), days[b]	258 (111–501)	186 (129–243)
Highest grade chronic GVHD[c]		
Grade 1	1 (1.7)	0 (0)
Grade 2	3 (5.2)	0 (0)
Grade 3	1 (1.7)	2 (7.1)
Grade 4	0 (0)	0 (0)
Not applicable	0 (0)	0 (0)

[a]GVHD subtype (acute vs. chronic) and organ involvement were classified based on investigator assessment. When this information was not available, acute GVHD was defined as onset within 100 days after allo-HCT, and chronic GVHD as onset occurring beyond day 100. [b]Event onset time (days) was calculated as the number of days from allo-HCT to the first documented GVHD onset (onset date – transplant date + 1). [c]GVHD severity was defined using the highest grade per patient (Grades 1-4). Grade 5 corresponds to a fatal outcome in CTCAE and was not considered a GVHD severity grade (not applicable). [d]A patient may present GVHD involvement in more than one organ, and such cases were counted in all applicable organ categories. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CRc1: first composite complete remission; GI: gastrointestinal; GVHD: graft-versus-host disease.

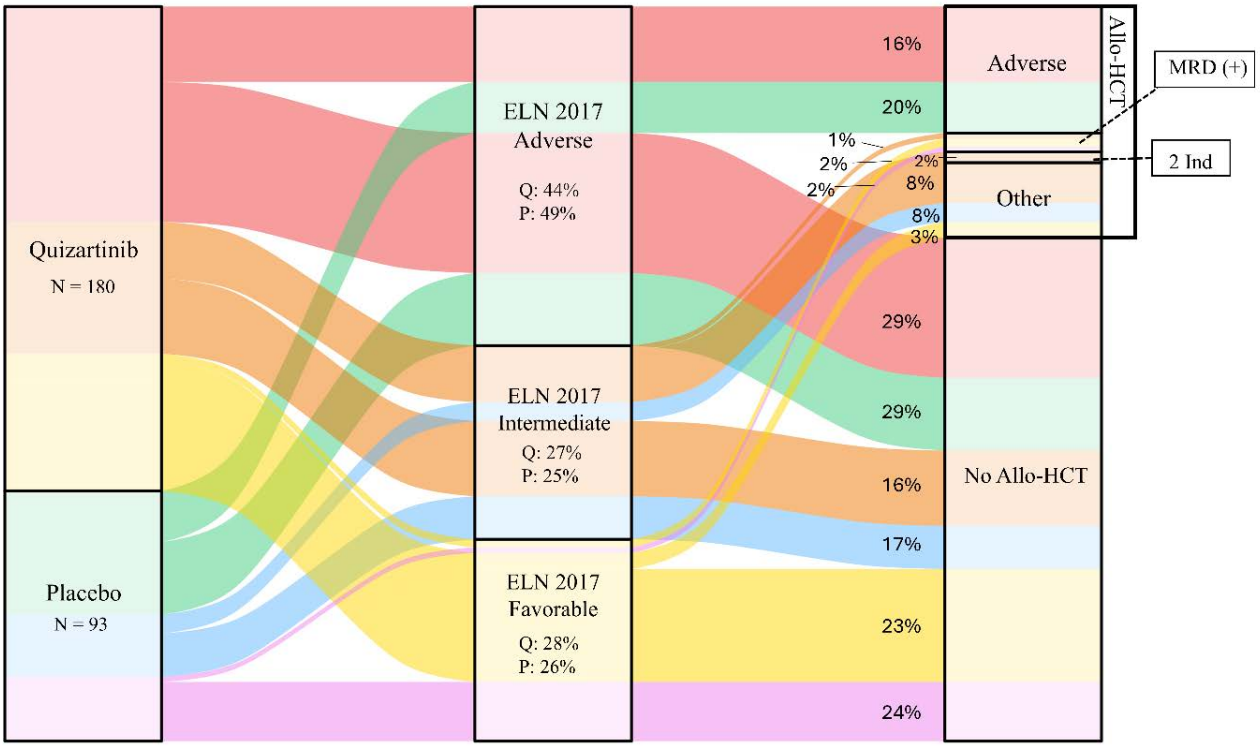
Supplementary Figure 1. Post-remission therapy flowchart and allo-SCT indications. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; BM: bone marrow; CBF: core-binding factor; CEBPa: CCAAT/enhancer-binding protein alpha; CR/CRi: complete remission/complete remission with incomplete hematologic recovery; MPFC: multiparameter flow cytometry; MRD: measurable residual disease; NPM1: nucleophosmin 1; PB: peripheral blood; qPCR: quantitative polymerase chain reaction.



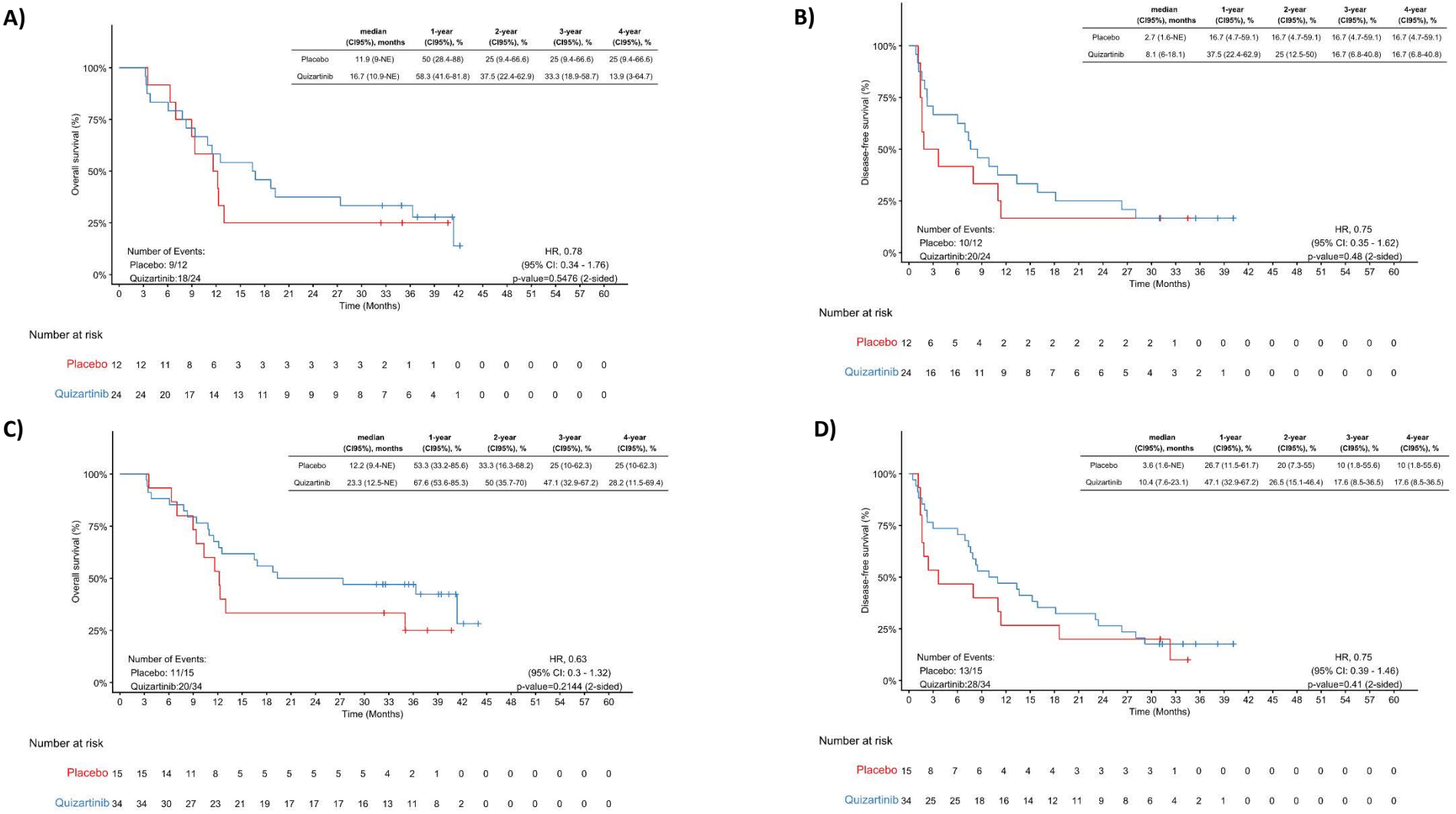
Supplementary Figure 2. CONSORT diagram of patient flow. Abbreviations: FLT3-ITD: FMS-like tyrosine kinase 3-internal tandem duplication; ITT: intent-to-treat.



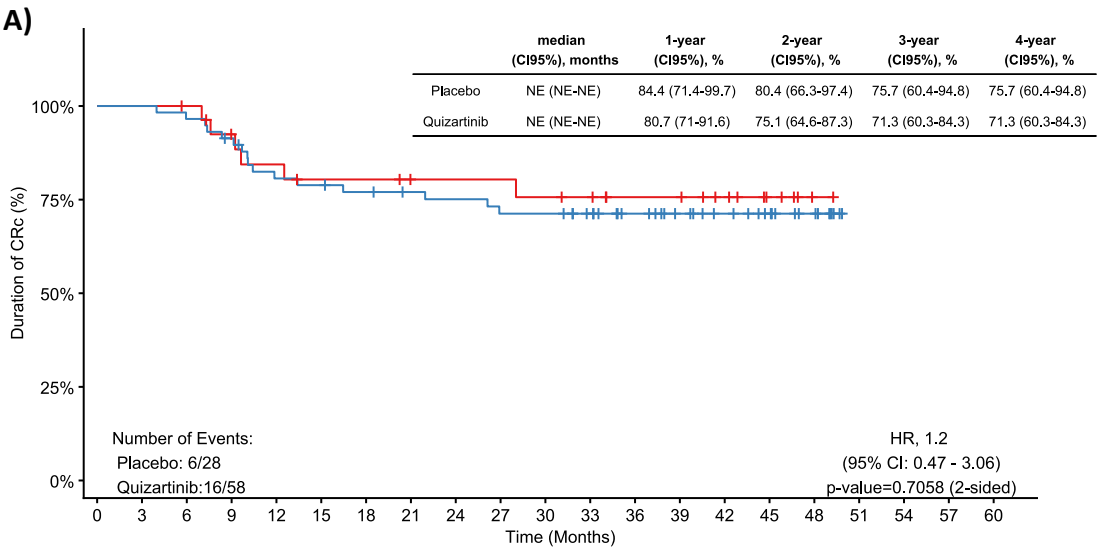
Supplementary Figure 3. Sankey diagram of allo-HCT according to protocol-specified indications. ELN 2017 risk was assessed by the IRC. MRD-positive refers to MRD status after second cycle of consolidation. "Other" refers to investigator-driven decision to proceed with allo-HCT in CR1c despite not meeting the predefined protocol criteria. Percentages displayed in the Sankey diagram refer to the proportion within each treatment arm (quizartinib n = 180; placebo n = 93). Abbreviations: 2 Ind: need for a second induction cycle to achieve CRc1; allo-HCT: allogeneic stem cell transplantation; CRc1: first composite complete remission; ELN: European LeukemiaNet; IRC: independent review committee; MRD (+): measurable residual disease positivity; P: placebo; Q: quizartinib.



Supplementary Figure 4. Kaplan-Meier plots of OS and DFS by treatment arm in patients with ELN 2017 (A and B) and ELN 2022 (C and D) adverse-risk AML who achieved CRc1 after induction per IRC and did not undergo allo-HCT. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CRc1: first composite complete remission; DFS: disease-free survival; HR: hazard ratio; NE: not estimated; OS: overall survival.

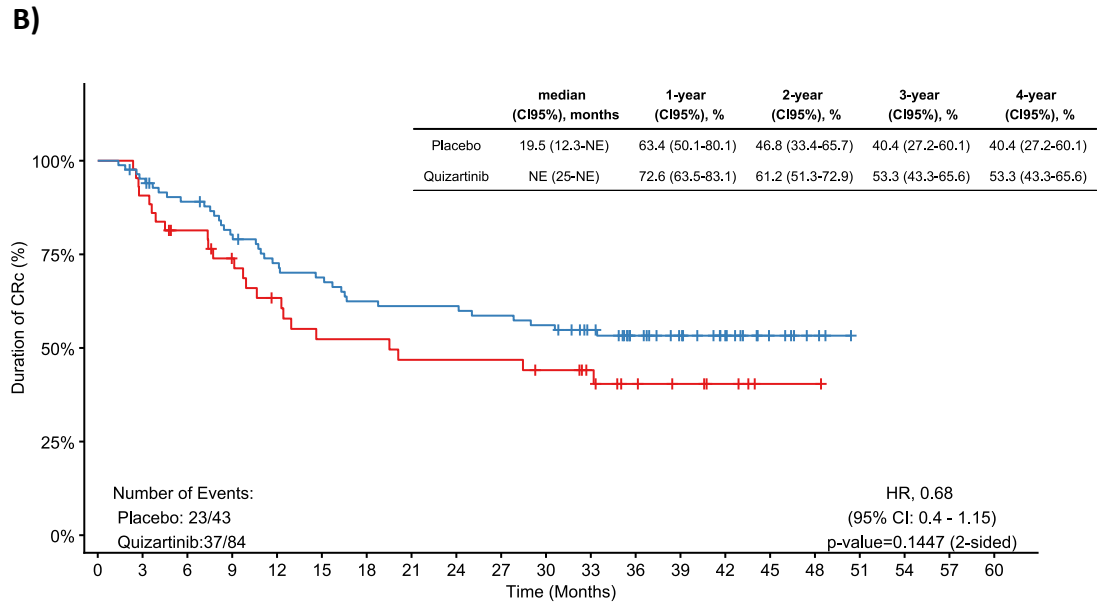


Supplementary Figure 5. Kaplan-Meier plot of DoR by treatment arm in patients who achieved CRc1 after induction per IRC by allo-HCT. A) DoR in patients who received allo-HCT in CRc1. B) DoR in patients who did not receive allo-HCT in CRc1. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CRc1: first composite complete remission; DoR: Duration of response; HR: hazard ratio; IRC: independent review committee; NE: not estimated.



Number at risk

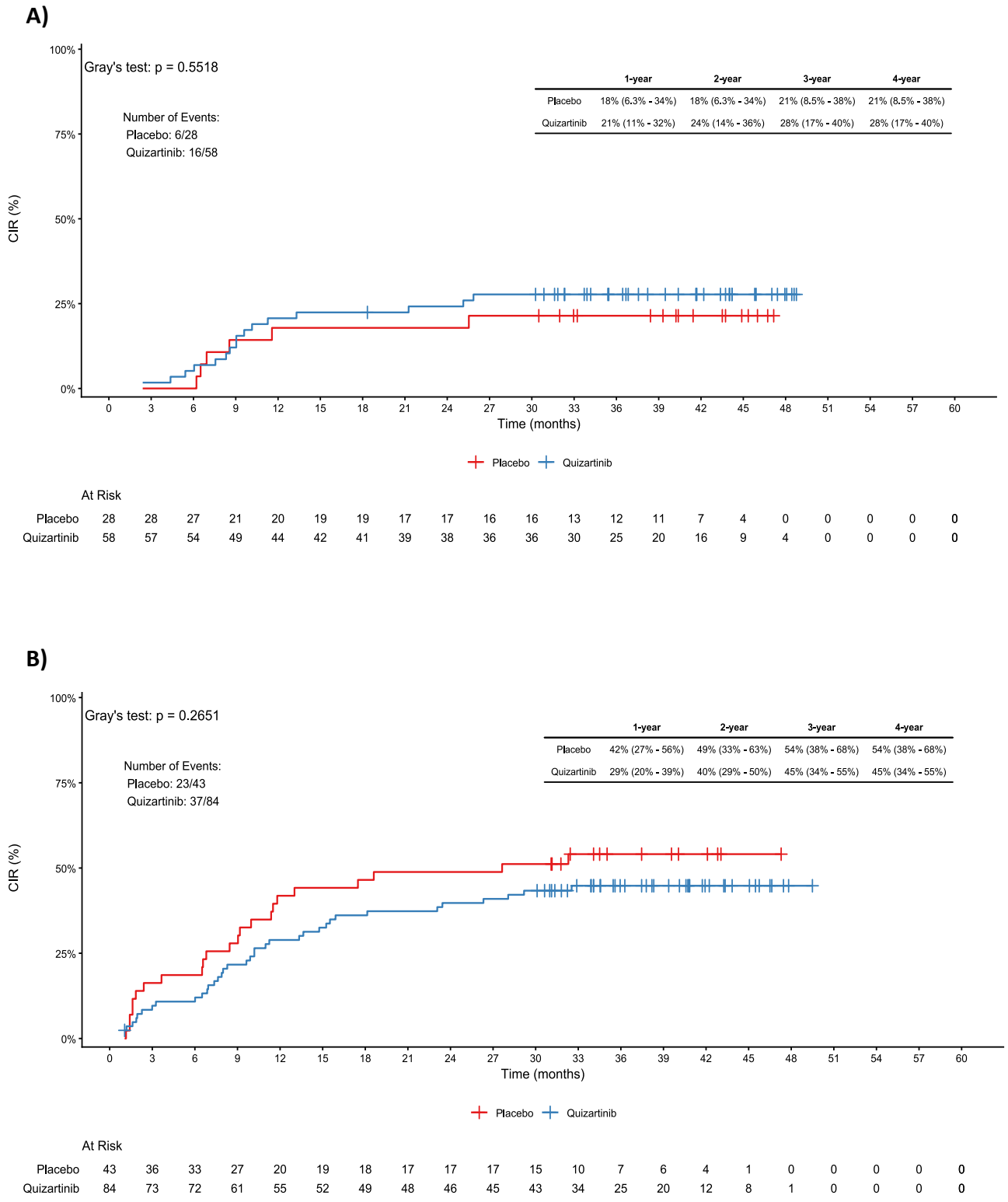
Placebo	28	28	27	23	21	19	19	17	17	17	16	15	12	12	9	5	1	0	0	0	0
Quizartinib	58	58	56	52	45	44	42	40	39	37	37	33	27	22	18	13	8	0	0	0	0



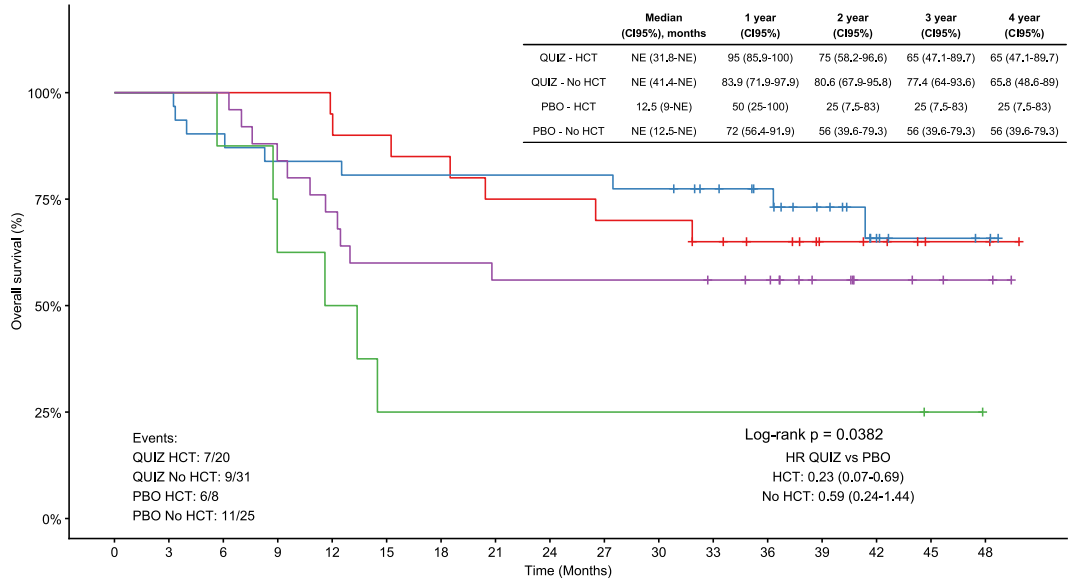
Number at risk

Placebo	43	39	33	28	23	19	19	17	17	17	15	12	8	6	4	1	1	0	0	0	0
Quizartinib	84	79	72	64	57	54	49	48	48	46	44	37	28	22	15	8	3	0	0	0	0

Supplementary Figure 6. CIR by treatment arm in patients who achieved CRc1 after induction per IRC by allo-HCT. A) CIR in patients who received allo-HCT in CRc1. B) CIR in patients who did not receive allo-HCT in CRc1. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CIR: cumulative incidence of relapse CRc1: first composite complete remission; IRC: independent review committee.

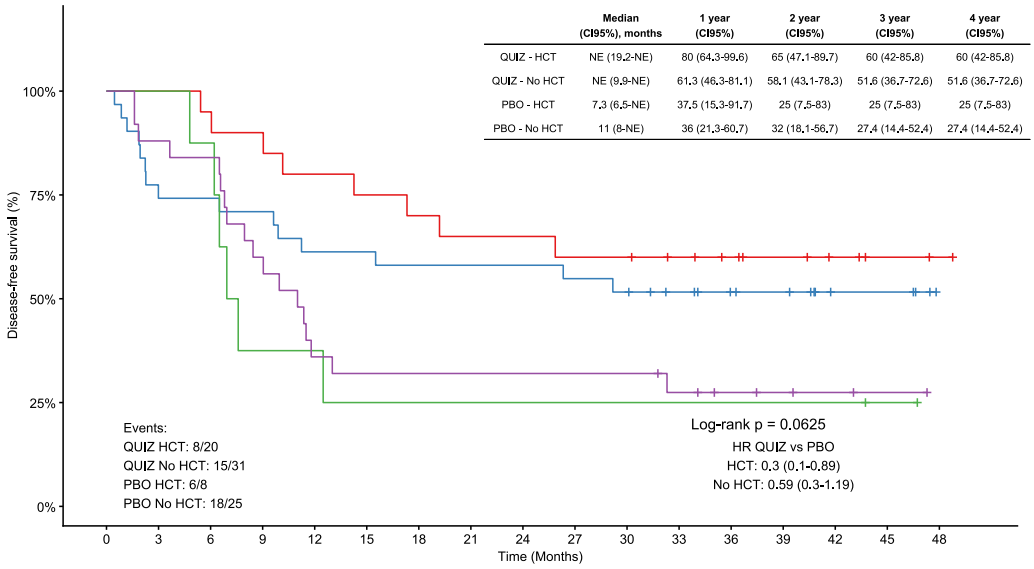


Supplementary Figure 7. Kaplan-Meier plot of OS and DFS by treatment arm among patients in CRc1 with MRD positivity after induction, stratified by allo-HCT status. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CRc1: first composite complete remission; DFS: disease-free survival; HR: hazard ratio; IRC: independent review committee; NE: not estimated; MRD: measurable residual disease; OS: overall survival; PBO: placebo; QUIZ: quizartinib.



Number at risk

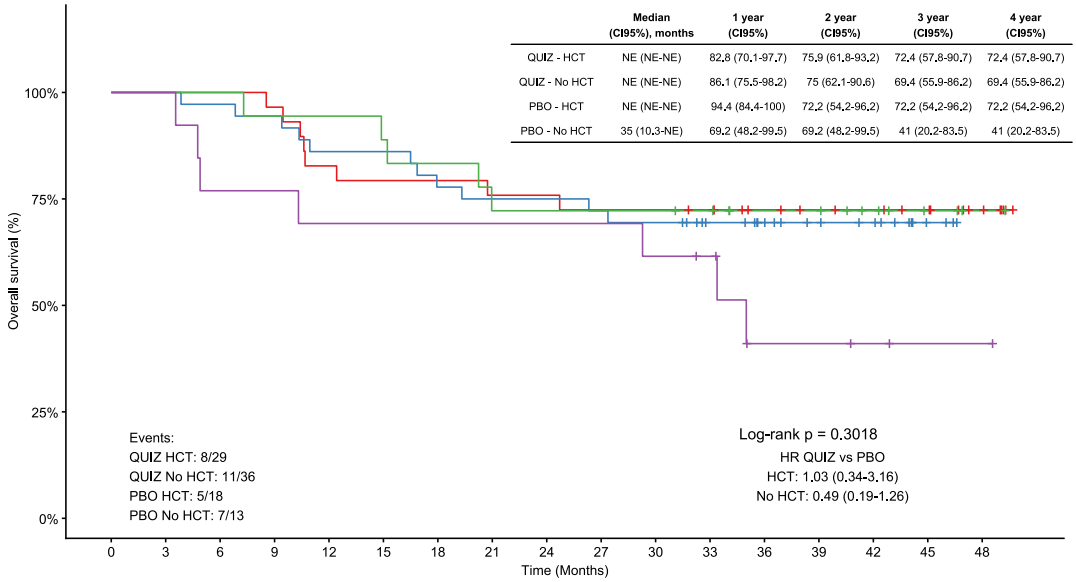
QUIZ- HCT	20	20	20	20	19	18	17	15	15	14	14	12	10	6	5	2	2
QUIZ- No HCT	31	31	28	26	26	25	25	25	25	25	24	21	18	13	6	4	2
PBO - HCT	8	8	7	5	4	2	2	2	2	2	2	2	2	2	2	1	0
PBO - No HCT	25	25	25	21	18	15	15	14	14	14	14	13	12	7	4	3	2



Number at risk

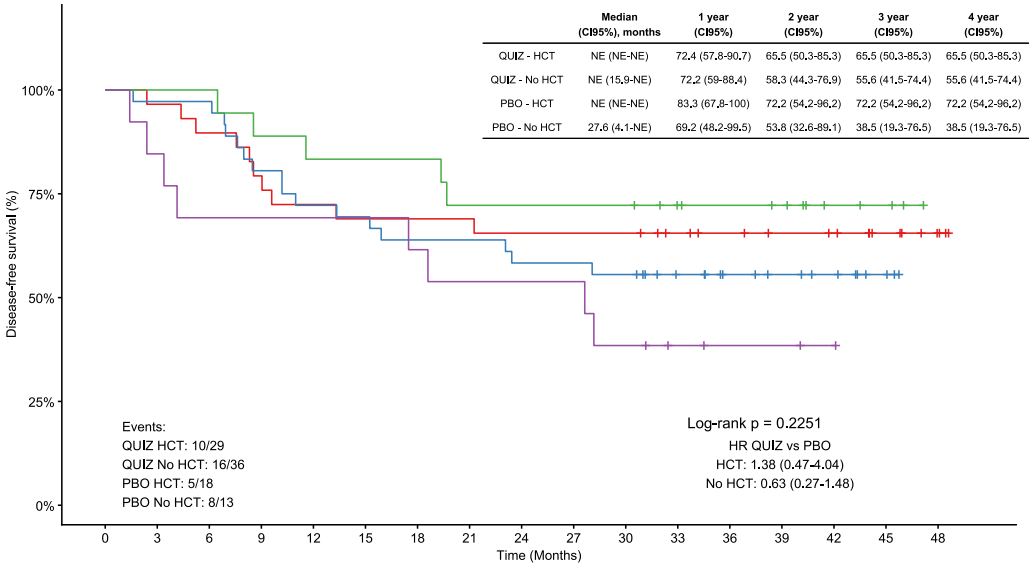
QUIZ - HCT	20	20	19	18	16	15	14	13	13	12	12	10	8	6	4	2	1
QUIZ - No HCT	31	23	23	22	19	19	18	18	18	17	16	13	10	9	4	4	0
PBO - HCT	8	8	7	3	3	2	2	2	2	2	2	2	2	2	2	1	0
PBO - No HCT	25	22	21	15	9	8	8	8	8	8	8	6	4	3	2	1	0

Supplementary Figure 8. Kaplan-Meier plot of OS and DFS by treatment arm among patients in CRc1 with MRD negativity after induction, stratified by allo-HCT status. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CRc1: first composite complete remission; DFS: disease-free survival; HR: hazard ratio; IRC: independent review committee; NE: not estimated; MRD: measurable residual disease; OS: overall survival; PBO: placebo; QUIZ: quizartinib.



Number at risk

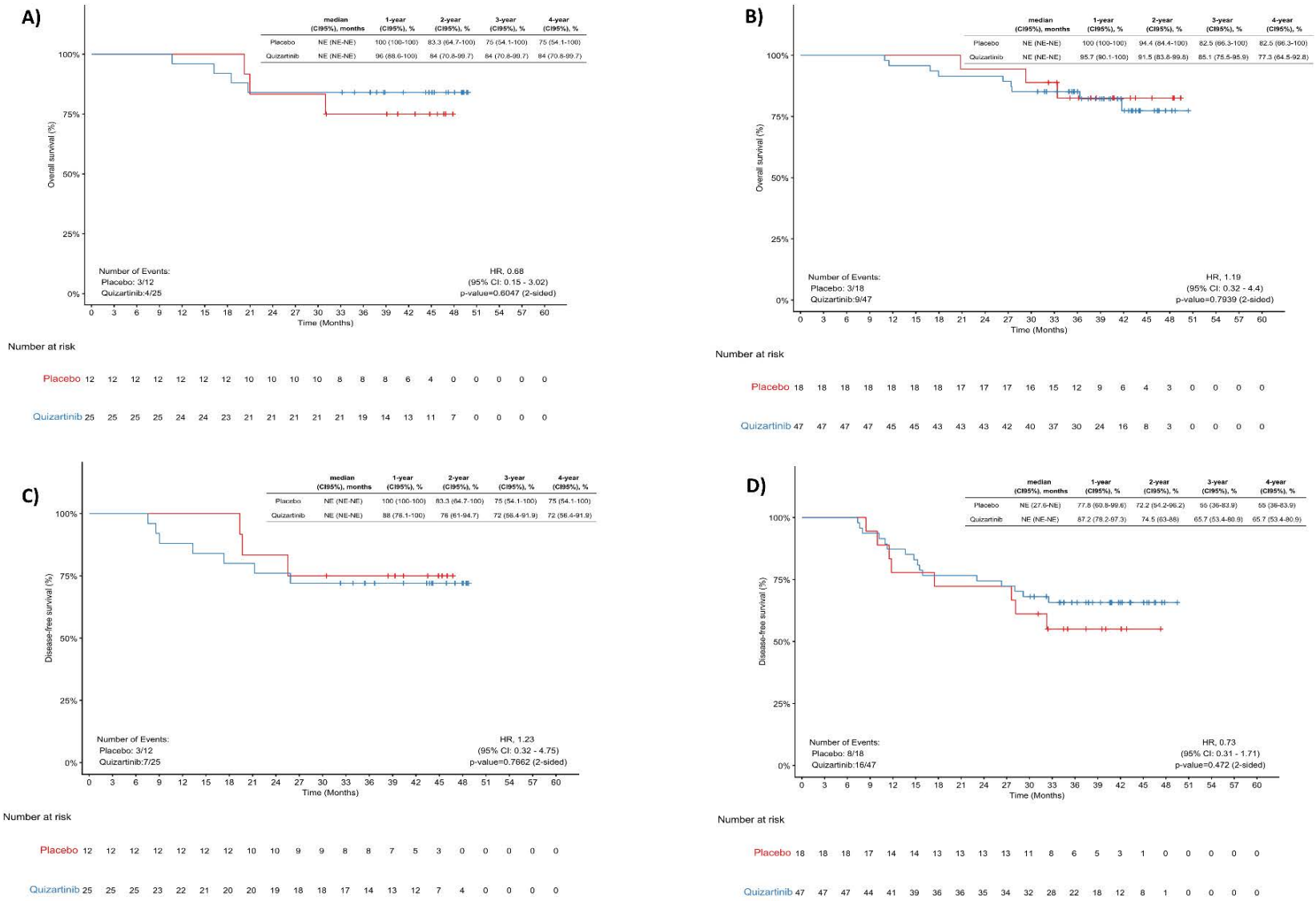
QUIZ- HCT	29	29	29	28	24	23	23	22	22	21	21	20	16	14	13	11	6
QUIZ- No HCT	36	36	35	34	31	31	28	27	27	26	25	20	16	12	10	3	0
PBO - HCT	18	18	18	17	17	16	15	13	13	13	13	12	9	9	6	3	1
PBO - No HCT	13	13	10	10	9	9	9	9	9	9	8	7	3	3	2	1	1



Number at risk

QUIZ - HCT	29	28	26	23	21	20	20	20	19	19	19	16	14	12	11	7	3
QUIZ - No HCT	36	35	35	29	26	25	23	23	21	21	20	15	11	9	7	3	0
PBO - HCT	18	18	18	16	15	15	15	13	13	13	13	10	9	8	4	3	0
PBO - No HCT	13	11	9	9	9	9	8	7	7	7	5	3	2	2	1	0	0

Supplementary Figure 9. Kaplan-Meier plot of OS and DFS by prior allo-HCT status at start of maintenance. A) OS in patients who received allo-HCT in CRc1 prior to start maintenance. B) OS in patients who did not receive allo-HCT in CRc1 prior to start maintenance. C) DFS in patients who received allo-HCT in CRc1 prior to start maintenance. D) DFS in patients who did not receive allo-HCT in CRc1 prior to start maintenance. Abbreviations: allo-HCT: allogeneic hematopoietic cell transplantation; CI: confidence interval; CRc1: first composite complete remission; DFS: disease-free survival; HR: hazard ratio; NE: not estimated; OS: overall survival.



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