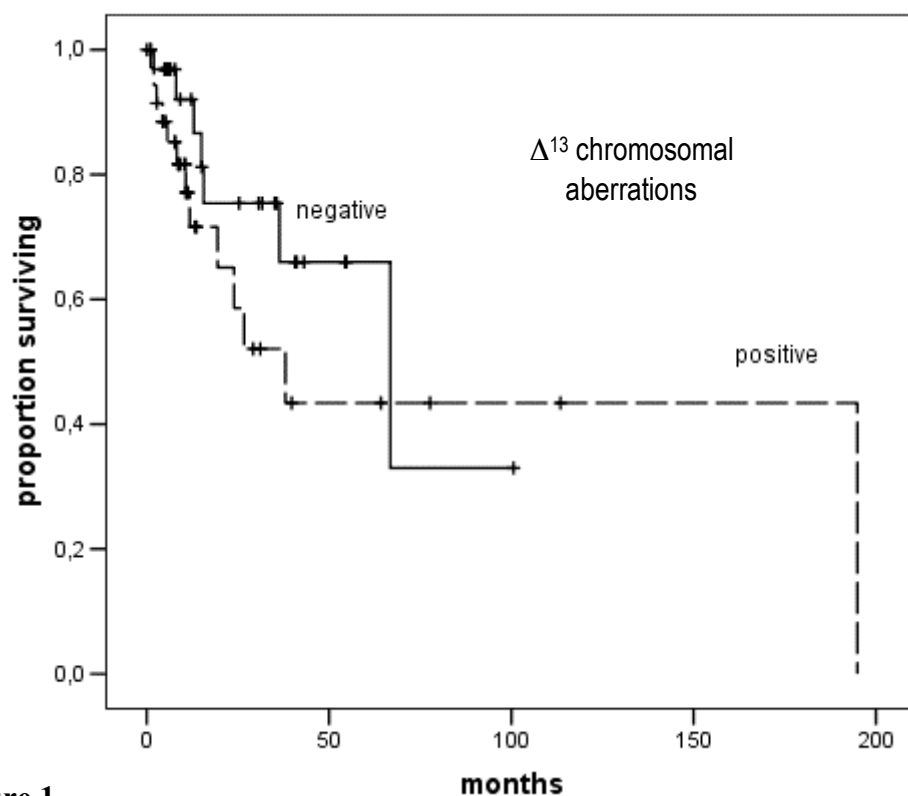


Supplemental data 2.

Survival analysis

Overall survival (OS) analysis was performed in order to verify whether the presence of Δ^{13} correlated with different prognoses in our dataset. Follow-up information was available for 70 of the 80 MM cases investigated and eligible for OS analysis. After a median follow-up of 9.2 months (range 1-194 months), 50 of the 70 patients were still alive and the estimated median overall survival of the entire cohort was 67 months (95% C.I. 20-113 months). Twenty-three of the 70 patients received alkylating agents, 16 Bortezomib and/or Thalidomide, 19 underwent autologous peripheral blood stem cell transplantation, and 12 were still untreated. No significant difference was observed in terms of the length of follow-up between the Δ^{13+} and Δ^{13-} cases (respectively 14 and 11 months; $p=0.2$). The actuarial risk of death was not significantly different between the 38 Δ^{13+} and the 32 Δ^{13-} patients ($p=0.2$) (Supplemental Figure 1).

The statistical calculations were made using SPSS for Windows software, release 11.5, 2002 (SPSS UK, Working, Surrey, UK). The non-parametric Mann-Whitney U-test was used to examine the difference in follow-up duration between the Δ^{13+} and Δ^{13-} cases. OS was calculated from the time of diagnosis to the time of the last follow-up or death using the Kaplan-Meier method. Statistical significance was calculated by means of the log-rank test. A p-value of ≤ 0.05 was considered significant.



Supplemental Figure 1.