

Clinical relevance of MDM2 SNP 309 and TP53 Arg72Pro in follicular lymphoma

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References

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2. Pierce LM, Sivaraman L, Chang W, Lum A, Donlon T, Seifried A, et al. Relationships of TP53 codon 72 and HRAS1 polymorphisms with lung cancer risk in an ethnically diverse population. *Cancer Epidemiol Biomarkers Prev* 2000;9:1199-1204.

Supplementary Table 1. Clinical parameters assessed against MDM2 SNP 309 and TP53 Arg72Pro.

Clinical Parameter	Details
Age at diagnosis	Years
Gender	Male or Female
Stage at diagnosis	As two groups: Stages I+II and Stages III+IV
Response to first line therapy	Responses to therapy classified in three groups
Best response to therapy	as: Complete Response, Partial Response (good or poor partial responses) and no Response (stable disease or progression)
Progression free survival	Time from date of diagnosis to the first of relapse, transformation, progression or death
Relapse free survival	Time from date of best response to therapy until relapse or death from any cause
Overall survival	Time from date of diagnosis to death from any cause
Time to transformation	Time from date of diagnosis to date of transformation, with deaths censored

Supplementary Table 2. Median age at diagnosis for each SNP allelic combination and the allelic frequencies within the study cohort with historical controls for comparison.

SNP	SNP allelic combination	Median age at diagnosis in study population (years)	Frequency in study cohort (%)	Frequency in published controls ^{1,2} (%)
MDM2 SNP 309	TT	46	44	48
	TG	47	43	40
	GG	47	13	12
TP53 Arg72Pro	GG	47	46	50
	GC	46	46	44
	CC	46	8	6

In addition, there was no difference in the median age at diagnosis for each SNP allelic combination when assessed against gender. TT, TG, GG for MDM2 SNP 309 = the three possible base combinations at nucleotide 309 of intron one for both copies of this gene; GG, GC, CC for TP53 Arg72Pro = the three possible base combinations at nucleotide 466 of exon 4 for both copies of this gene.