

# Cyclophosphamide, thalidomide, and dexamethasone as induction therapy for newly diagnosed multiple myeloma patients destined for autologous stem-cell transplantation: MRC Myeloma IX randomized trial results

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Online Supplementary Table S1. Prevalence of cytogenetic abnormalities.

Cytogenetics	CVAD (n=556)	Prevalence CTD (n=555)	Total
Adverse, n/N (%)	141/307 (46)	152/319 (48)	293/626 (47)
gain 1q21	98/267 (37)	101/264 (38)	199/531 (37)
t(4;14)	35/305 (11)	41/314 (13)	76/619 (12)
del1p32.1	24/254 (9)	29/256 (11)	53/510 (10)
17p-	20/292 (7)	26/299 (9)	46/591 (8)
t(14;16)	12/300 (4)	7/312 (2)	19/612 (3)
t(14;20)	4/301 (1)	7/311 (2)	11/612 (2)
Favorable, n/N (%)	166/307 (54)	167/319 (52)	333/626 (53)
del13q	128/299 (43)	156/317 (49)	284/616 (46)
t(11;14)	46/304 (15)	46/313 (15)	92/617 (15)
del22q	30/250 (12)	26/242 (11)	56/492 (11)
t(6;14)	3/299 (1)	2/307 (1)	5/606 (1)

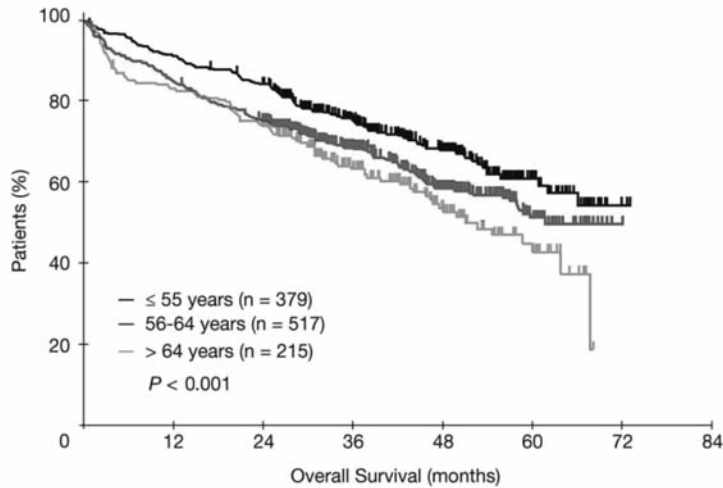
CTD: cyclophosphamide, thalidomide, and dexamethasone; CVAD: cyclophosphamide, vincristine, doxorubicin, and dexamethasone.

Online Supplementary Table S2. Thromboembolic events.

	CVAD (n=556)	CTD (n=555)
Any thromboembolic event		
Number of patients (%)	100 (18.0)	86 (15.5)
Number of events*	116	92
Central-line events	39	5
DVT	47	39
PE	31	39
DVT and PE	4	8
Other	1	1
Missing data	2	1

\*Multiple sites per event are possible; P=0.30, Fisher's exact test for difference in thromboembolic events between the groups. CTD: cyclophosphamide, thalidomide, and dexamethasone; CVAD: cyclophosphamide, vincristine, doxorubicin, and dexamethasone; DVT: deep-vein thrombosis; PE: pulmonary embolism.

**Online Supplementary Figure S1.** Overall survival according to age in the overall analysis. The age cut offs were based on cut-point analysis ( $\leq 55$  years, 56-64 years, and  $>64$  years).



$\leq 55$ years	379	344	316	225	130	42	6
56-64 years	517	441	387	261	154	61	1
$> 64$ years	215	178	159	99	52	21	0

**Online Supplementary Figure S2.** (A) Progression-free survival and (B) overall survival in patients who achieved a complete response following high-dose therapy with autologous stem-cell transplantation according to their cytogenetic profile.

