

## **Bortezomib before and after autologous stem cell transplantation overcomes the negative prognostic impact of renal impairment in newly diagnosed multiple myeloma: a subgroup analysis from the HOVON-65/GMMG-HD4 trial**

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## Response assessments and end points

Evaluation of response was performed according to modified European Group for Blood and Marrow Transplantation (EBMT) criteria. Near CR (nCR) and Very Good Partial Response (VGPR) were added as additional response categories. nCR was defined as CR with positive or missing immunofixation, while VGPR was defined as  $\geq 90$  % reduction of serum M-protein. CR required negative serum/urine immunofixation and bone marrow evaluation with  $<5\%$  plasma cells.

Adverse events were graded according to the NCI Common Terminology Criteria for Adverse Events, CTCAE version 3.0. Assessment of cytogenetic risk factors was performed by FISH on CD138-selected bone marrow cells as previously described (Neben et al. Blood 2012 119:940-8)

Progression free survival (PFS) was calculated from randomization until progression, relapse or death, whichever came first. Patients who received a reduced-intensity allogeneic SCT after HDM were censored for PFS, at the date of AlloSCT. Overall survival (OS) was measured from randomization until death from any cause. Patients still alive at the date of last contact were censored.

