

**Clinical features and outcome of *SIL/TAL1*-positive T-cell acute lymphoblastic leukemia in children and adolescents: a 10-year experience of the AIEOP group**

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**Table S1: AIEOP-BFM ALL 2000 and AIEOP ALL R2006 Treatment Phases**

Drug/Administration route	mg/m <sup>2</sup> /day	Day
<b>Prephase</b>		
Prednisone/po-iv	60	1-7
Methotrexate/it	By age**	1
<b>Induction: Protocol IA</b>		
Vincristine/iv	1.5 (max: 2 mg)	8, 15, 22, 29
Prednisone/po-iv (®*)	60	8-28 then tapered
or Dexamethasone/po-iv (®*)	10	8-28 then tapered
Daunorubicin/iv	30	8, 15, 22, 29
L-Asparaginase/im	5,000 IU/m <sup>2</sup>	12, 15, 18, 21, 24, 27, 30, 33
Methotrexate/it	By age**	1, 15, 29°
<b>Consolidation: Protocol IB</b>		
Cyclophosphamide/iv	1,000	36, 64
6-Mercaptopurine/po	60	36-63
Cytarabine/iv-sc	75	38-41, 45-48, 52-55, 59-62
Methotrexate/it	By age**	38, 52
<b>Protocol M</b>		
6-Mercaptopurine/po	25	1-56
Methotrexate/iv	5,000 <sup>§</sup>	8, 22, 36, 50
Methotrexate/it	By age**	8, 22, 36, 50
Leucovorin rescue (Levorotatory compound)	7.5 mg/m <sup>2</sup> /dose	42, 48, 54 h after start HD-MTX
<b>Reinduction (Protocol II)</b>		
Dexamethasone/po-iv <sup>§</sup>	10	1-21 then tapered
Vincristine/iv	1.5 (max: 2 mg)	8, 15, 22, 29
Doxorubicin/iv <sup>§</sup>	30	8, 15, 22, 29
L-Asparaginase/im	10,000 IU/m <sup>2</sup>	8, 11, 15, 18
6-Thioguanine/po	60	36-49
Cyclophosphamide/iv	1,000	36
Cytarabine/iv-sc	75	38-41, 45-47
Methotrexate/i.t.	By age**	38, 45°
Cranial irradiation^	By age	
<b>Reinduction (Protocol III)</b>		
Dexamethasone/po-iv	10	1-14 then tapered
Vincristine/iv	1.5(max: 2 mg)	1, 8
Doxorubicin/iv	30	1, 8
L-Asparaginase/iv <sup>§</sup>	10,000 IU/m <sup>2</sup>	1, 4, 8, 11
6-Thioguanine/po	60	15-28
Cyclophosphamide/iv	500	15
Cytarabine/iv-sc	75	17-20, 24-27
Methotrexate/it	By age**	17, 24
Cranial irradiation^	By age	

**Interim Maintenance**

6-Mercaptopurine/po	50	Daily
Methotrexate/po	20	Weekly

**HR Block 1**

Dexamethasone/po-iv	20	1-5
Vincristine/iv	1.5 (max 2 mg)	1, 6
HD Cytarabine/iv	2,000 x 2	5
Methotrexate/iv	5,000	1
Leucovorin rescue (Levorotatory compound)	7.5 mg/m <sup>2</sup> /dose	42, 48, 54h after start HD-MTX
Cyclophosphamide/iv	200 (q12h x 5)	2-4
L-Asparaginase/im	10,000 IU/m <sup>2</sup> §	6
MTX/it	By age**	1

**HR Block 2**

Dexamethasone/po-iv	20	1-5
Vindesine/iv	3	1, 6
Daunorubicin/iv	30	5
Methotrexate/iv	5,000	1
Leucovorin rescue(Levorotatory compound)	7.5 mg/m <sup>2</sup> /dose	42, 48, 54h after start HD-MTX
Ifosphamide/iv	800 (q12h x 5)	2-4
L-Asparaginase/im	10,000 IU/m <sup>2</sup> §	6
MTX/it	By age**	1

**HR Block 3**

Dexamethasone/po-iv	20	1-5
HD Cytarabine/iv	2,000 (q12h x 4)	1, 2
Etoposide/iv	100 (q12 h x 5)	3-5
L-Asparaginase/im	10,000 IU/m <sup>2</sup> §	6
MTX/it	By age**	5

**Continuation phase<sup>§</sup>**

6-Mercaptopurine/po	50†	Daily
Methotrexate/po	20†	Weekly

**Legend**

Abbreviations: im, intramuscular; iv, intravenous; po, per os; it, intrathecal; sc: subcutaneous

®\* According to first randomization in Study 2000; in R2006 Dexamethasone was recommended for all T-ALL patients, except for PPR.

\*\*Age-adjusted doses of intrathecal methotrexate: ≥1 and < 2 years: 8 mg; ≥2 and < 3 years: 10 mg; ≥3 years: 12 mg.

° Patients with initial CNS involvement receive additional it therapy: on day 8 and 22 during Protocol IA.

^ Cranial irradiation (CRT) was given at the following dosage: 1-2 years: 12 Gy (preventive) or 18 Gy (therapeutic for CNS involvement at diagnosis); age ≥2 years: 18 Gy (preventive) or 24 Gy (therapeutic for CNS involvement at diagnosis).

†Doses were adjusted to WBC (target range 2000-3000/μl).

§doxorubicin in Protocol II in HR patients: 25 mg/m<sup>2</sup>; dexamethasone in Protocol II in HR patients, age ≥10 years: 10 mg/m<sup>2</sup> days 1-7 and 15-21

## **APPENDIX – AIEOP Institutions which enrolled patients in the study:**

- Ancona, Div. Pediatria (Dr. P. Pierani)
- Bari, Clinica Pediatrica (Dr. N. Santoro)
- Bergamo, Div. Pediatria (Dr. M. Provenzi),
- Bologna, Clinica Pediatrica (Prof. A. Pession)
- Brescia, Clinica Pediatrica (Dott. F. Porta)
- Cagliari, Servizio Oncoematologia Pediatrica (Dr. R. Mura)
- Catania, Div. Oncoematologia Pediatrica (Prof. G. Russo)
- Catanzaro, Div. Ematologia (Dr. C. Consarino)
- Cosenza, U.O. Pediatria (Dott. D. Sperli)
- Firenze, Ospedale Meyer, Dip. Pediatria, U.O. Oncoematologia Pediatrica (Dott. F. Bambi)
- Genova, Ist. “G.Gaslini” (Dr. F. Frassoni)
- Modena, Clinica Pediatrica (Prof. P. Paolucci)
- Monza, Clinica Pediatrica (Prof. A. Biondi)
- Napoli, Divisione di Oncoematologia Pediatrica, Ospedale Pausilipon (Prof. V. Poggi)
- Napoli, II Università, Dip. Pediatria, Servizio Autonomo Oncologia Pediatrica (Prof. F. Casale)
- Padova, Clinica Pediatrica II (Prof. G. Basso)
- Palermo, Clinica Pediatrica I ( Dr. P D’Angelo)
- Parma, Clinica Pediatrica (Dr. G. Izzi)
- Pavia, Clinica Pediatrica (Dr. M. Zecca)
- Perugia, Div. Oncoematologia Pediatrica, Ospedale Silvestrini (Dr. M. Caniglia)
- Pesaro, Divisione di Pediatria (Dr. L. Felici)
- Pesaro, Ematologia, Ospedale di Muraglia (Dott. G. Visani)
- Pescara, Divisione di Pediatria (Dr. P. Di Bartolomeo)
- Pisa, Clinica Pediatrica III (Dr. C. Favre)
- Reggio Calabria, Div. Ematologia, Ospedali Riuniti (Prof. F. Nobile)
- Roma, Dipartimento di Onco-Ematologia Pediatrica, IRCCS Ospedale Pediatrico “Bambin Gesù” (Prof. F. Locatelli)
- Roma, Dipartimento Biotecnologie Cellulari ed Ematologia, Università La Sapienza (Prof. R. Foà)
- Roma, Oncologia Pediatrica, Policlinico Gemelli (Prof. R. Riccardi)
- San Giovanni Rotondo, Div. Pediatria, Ospedale Casa Sollievo della Sofferenza (Dr. S. Ladogana)
- Siena, Clinica Pediatrica (Dr. D. Galimberti)
- Sassari, Clinica Pediatrica (Prof. AM. Marinaro)
- Torino, Clinica Pediatrica (Prof. F. Fagioli)
- Trieste, Clinica Pediatrica (Prof. P. Tamaro)
- Varese, Clinica Pediatrica (Prof. L. Nespoli)
- Verona, Clinica Pediatrica (Dr. S. Cesaro)