

Response to treatment with azacitidine in children with advanced myelodysplastic syndrome prior to hematopoietic stem cell transplantation

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Received: March 16, 2016.

Accepted: August 18, 2016.

Pre-published: August 18, 2016.

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SUPPLEMENTAL FILE

Original Article

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Supplemental Table 1. Hematopoietic stem cell transplantation data.

	Azacitidine treatment group (n=8)	No azacitidine treatment group (n=14)	<i>p</i>-value
Time from presentation to HSCT			
(days, median; range)	152 (83-528)	78.5 (50-241)	<i>p</i> =0.01#
Conditioning regimen			
Myeloablative Bu/ Cy*	5	10	<i>p</i> =1.0‡
Other conditioning regimen	3	4	
Donor matching degree			
Fully matched donor	3	10	<i>p</i> =0.19‡
(of those: matched family donor)	(0)	(5)	
Mismatched donor	5	4	
Donor source			
Bone marrow graft	4	9	<i>p</i> =0.66‡
Other graft source	4	5	
Engraftment			
Neutrophil engraftment (days, median; range)	28.5 (12-34)†	24 (12-48)	<i>p</i> =0.64#

*Bu/ Cy: myeloablative busulfan IV (targeted to myeloablative area under the curve) and cyclophosphamide IV (200mg/kg); †two patients not included in this analysis: one patient with primary graft failure and one prior to engraftment early in the HSCT procedure; #Mann-Whitney U test; ‡Fisher's exact test.

Supplemental Figure 1. Bone marrow blast percentages at diagnosis and at either progression or hematopoietic stem cell transplantation (HSCT) of 13 patients not having received azacitidine treatment; one patient was excluded from this analysis as there was no repeat bone marrow assessment of sufficient quality to interpret bone marrow blast percentages.

