

# Predictive value of minimal residual disease in Philadelphia-chromosome-positive acute lymphoblastic leukemia treated with imatinib in the European intergroup study of post-induction treatment of Philadelphia-chromosome-positive acute lymphoblastic leukemia, based on immunoglobulin/T-cell receptor and BCR/ABL1 methodologies

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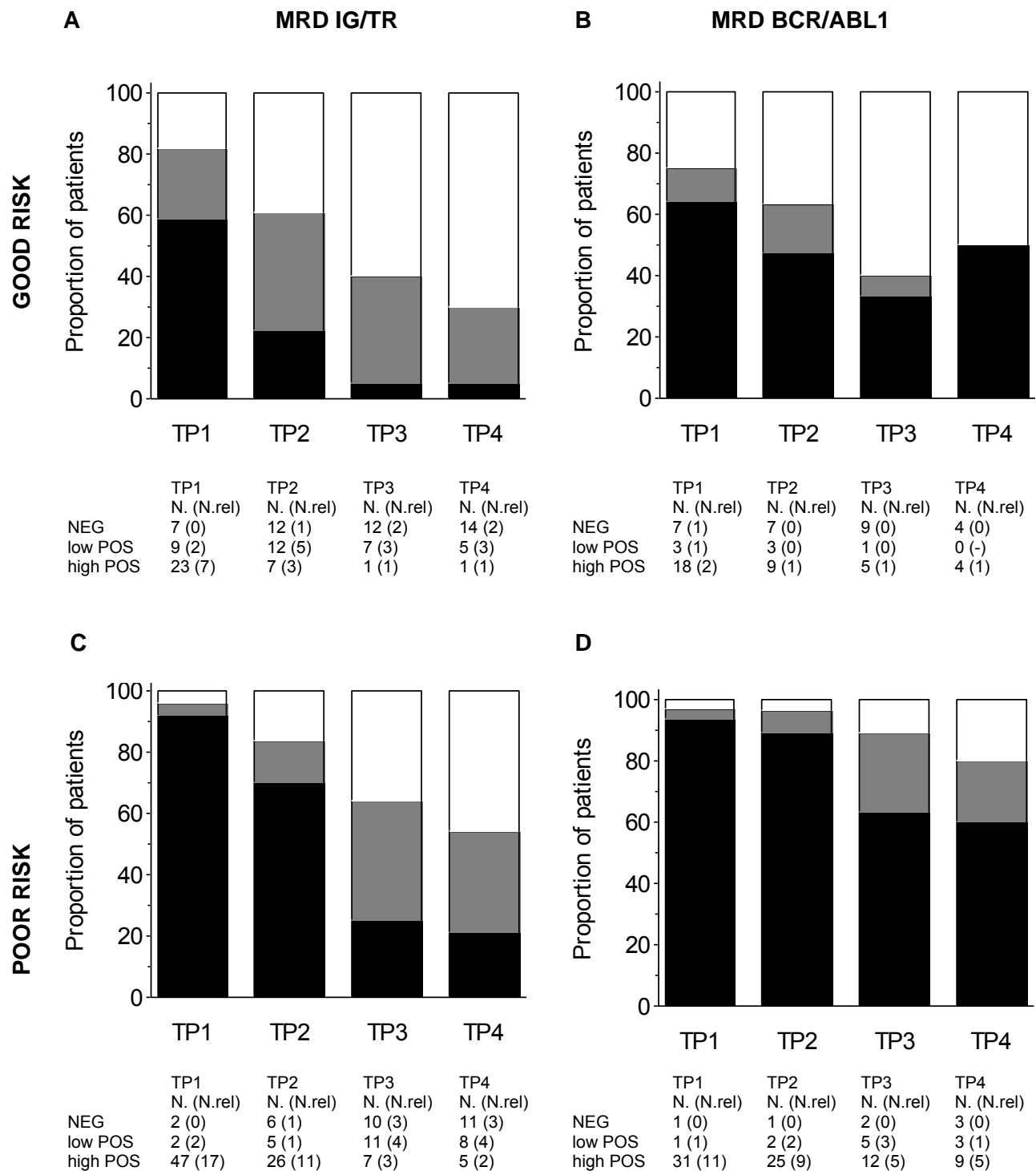
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	<b>Chemotherapy N=20</b>	<b>HSCT N=108</b>	<b>Overall N=128</b>
<b>First relapse</b>	10 (50%)	28 (26%)	38 (30%)
<b>Death in CCR</b>	2 (10%)	10 (9%)	12 (9%)
<b>Alive in CCR</b>	8 (40%)	70 (65%)	78 (61%)

**Supplementary Table 1.** Outcome of 128 patients treated with imatinib in the EsPhALL study, by treatment performed. Five out 10 relapses observed in chemotherapy occurred within 9 months from diagnosis. Both deaths in CCR were observed during the fourth month after diagnosis. HSCT= hematopoietic stem cells transplantation, CCR=continuous complete remission.

## Supplementary Figure 1



**Supplementary Figure 1, online only.** MRD load at different follow-up time-points, by risk group (Good vs. Poor) and MRD methodology (IG/TR vs. BCR/ABL): MRD negative (white), low positive ( $<5 \times 10^{-4}$ , grey) and highly positive ( $\geq 5 \times 10^{-4}$ , black). The table at the bottom of each panel shows the number of patients (N.) and the number of relapses (N. rel.) by MRD load and time-point. POS=MRD positive, NEG=MRD negative, TP1=time-point 1, TP2=time-point 2, TP3=time-point 3, TP4=time-point