

# Real-world outcomes and management strategies for venetoclax-treated chronic lymphocytic leukemia patients in the United States

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**Supplemental Data.****Supplemental Table 1. Venetoclax dosing and select toxicities**

Maximum dose achieved during ramp-up	85.1% achieved 400 mg (n=120/141)
Stable dose following ramp-up	75.2% achieved 400 mg (n=103/137)
Dose interruptions	29.6% required $\geq 1$ dose interruption (n=40/135)
Dose reductions	20.5% required $\geq 1$ dose reduction (n=24/117)
Neutropenia (ANC<1000)	47.4% (n=65/137)
Thrombocytopenia (platelets <50,000)	36.0% (n=49/136)
Diarrhea (>7 bowel movements/day)	7.3% (n=10/138)
Neutropenic fever	11.6% (n=16/138)
TLS (laboratory and clinical)	12.2% (n=17/139)

**Supplemental Table 2. Hospitalization during dose escalation**

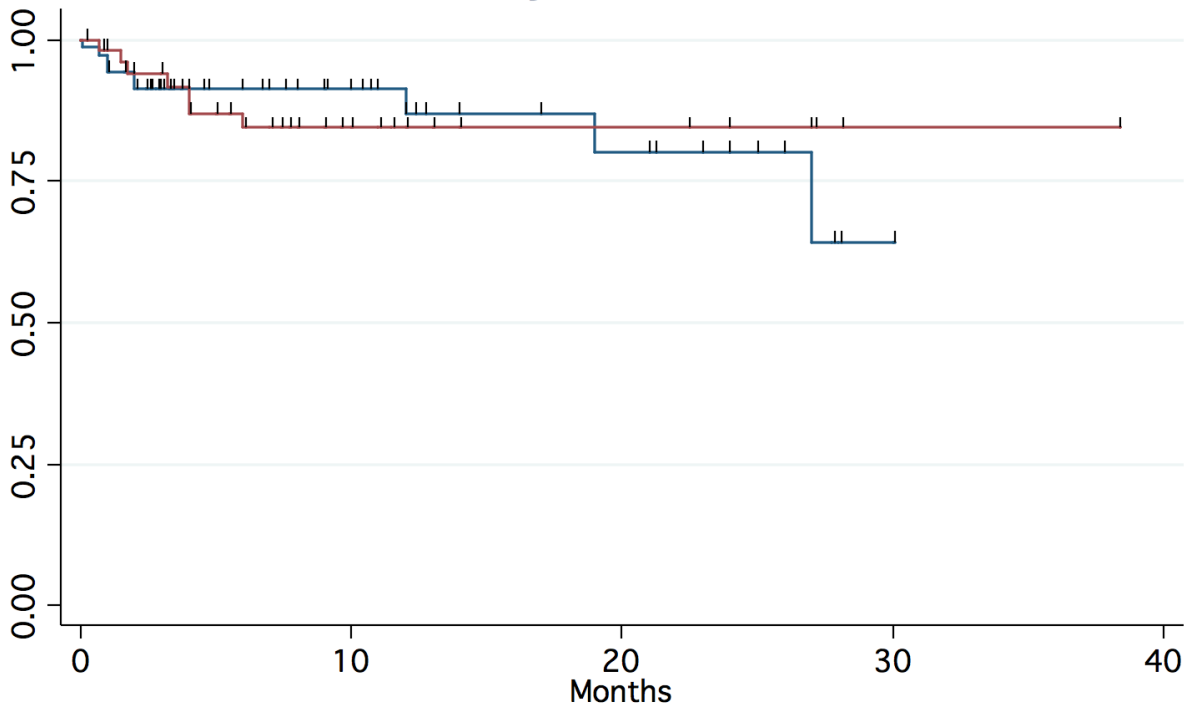
Number of hospitalization	Low risk N=58		Intermediate risk N=48		High risk N=25	
	%	n	%	n	%	n
<b>0</b>	34.5%	20	14.6%	7	0	0
<b>1</b>	20.7%	12	29.2%	14	12.0%	3
<b>2</b>	25.9%	15	41.7%	20	32.0%	8
<b>3</b>	5.2%	3	6.3%	3	20.0%	5
<b>4</b>	5.2%	3	4.2%	2	4.0%	1
<b>5</b>	8.6%	5	4.2%	2	32.0%	8

**Supplemental Table 3. Second and third treatments following venetoclax**

<p><b>Second treatment after venetoclax and response:</b> n=7 patients</p> <ul style="list-style-type: none"><li>• Allogeneic SCT: CR</li><li>• HyperCVAD: PD</li><li>• Venetoclax + ibrutinib + Obinutuzumab: PD</li><li>• Ibrutinib + venetoclax: PD</li><li>• CAR + ibrutinib: PD</li><li>• PI3K inhibitor: PD</li><li>• Other: SD</li></ul>
<p><b>Third treatment after venetoclax and response</b> n=5 patients</p> <ul style="list-style-type: none"><li>• CAR-T (2): 1 SD, 1 CR</li><li>• Venetoclax + ibrutinib + rituximab: SD</li><li>• R-CHOP: PD</li><li>• Other: PD</li></ul>

**Supplemental Figure 1. Overall survival by TP53 status.** OS is similar for patients with intact *TP53* and patients with *TP53* interruption, either *TP53* mutation or del(17p).

OS by TP53 status



— TP53 intact — TP53 interrupted