

**Outcomes of relapsed or refractory acute myeloid leukemia after front-line hypomethylating agent and venetoclax regimens**

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## Supplemental Appendix

**Table S1.** Intensive chemotherapy regimens in historical cohort of 278 patients matched for age and European LeukemiaNet cytogenetic risk status

<b>Intensive Chemotherapy Regimens</b>	
BID FA – based (n=34) With or without gemtuzumab ozogamicin, sorafenib, or rituximab	Fludarabine 15 mg/m <sup>2</sup> IV every 12 hours on days 1 to 5 and Cytarabine 500 mg/m <sup>2</sup> IV over 2 hours every 12 hours on days 1 to 5
CLIA – based (n=7) With or without sorafenib	Cladribine 5 mg/m <sup>2</sup> IV daily on days 1-5, Cytarabine 1000-2000 mg/m <sup>2</sup> IV daily on days 1-5, and Idarubicin 10 mg/m <sup>2</sup> IV daily days 1-3. Consolidation consisted of up to 5 more cycles of cladribine 5 mg/m <sup>2</sup> IV over 30 minutes on days 1-3 with cytarabine 750-1500 mg/m <sup>2</sup> IV on days 1-3 and idarubicin 8 mg/m <sup>2</sup> IV on days 1-2.
CLOFA+HiDAC (n=21)	Clofarabine 40 mg/m <sup>2</sup> IV daily on days 2 to 6 Cytarabine 1000 mg/m <sup>2</sup> /d daily on days 1 to 5
FAI (n=8)	Fludarabine 30 mg/m <sup>2</sup> IV daily on days 1 to 5 Cytarabine 1000 mg/m <sup>2</sup> IV daily on days 1 to 5 Idarubicin 10 mg/m <sup>2</sup> IV daily on days 1-3
FLAG+IDA (n=3)	Fludarabine 30 mg/m <sup>2</sup> IV daily on days 2 to 6 Cytarabine 2000 mg/m <sup>2</sup> IV daily on days 2 to 6 Idarubicin 8 mg/m <sup>2</sup> IV daily on days 4 to 6 Filgrastim 263 mcg SC daily on days 1 to 7
IA–based (n=187) With or without Sorafenib or Interleukin-11 or Nivolumab or Pravastatin or Vorinostat or Tipifarnib	Idarubicin 12 mg/m <sup>2</sup> IV daily on days 1-3 Cytarabine 1000-2000 mg/m <sup>2</sup> IV daily on days 1-4
Liposomal daunorubicin + HiDAC (n=18) With or without thalidomide	Daunorubicin 100 mg/m <sup>2</sup> /day IV daily on days 1–3 Cytarabine 1000 mg/m <sup>2</sup> /day IV daily on Days 1–4.

**Table S2.** Salvage therapies and responses in 24 patients with refractory disease or relapse after frontline venetoclax and hypomethylating agent therapy

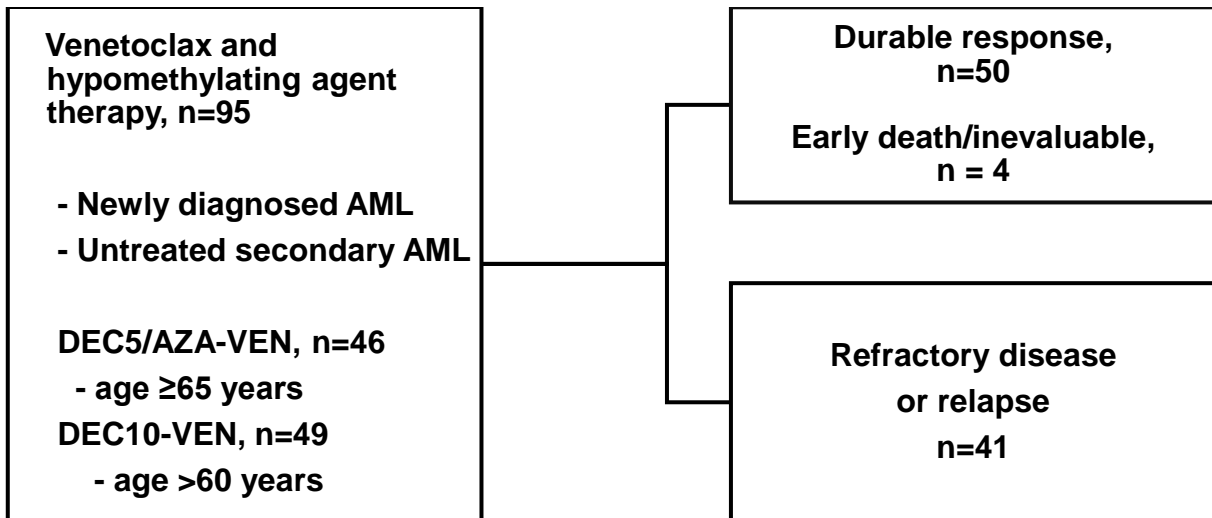
Regimens	n (%)	Responses (n/N)
<b>Subsequent venetoclax</b>	<b>1 (4)</b>	<b>0/1</b>
<b>Intensive chemotherapy-based</b>	<b>8 (32)</b>	<b>2/8</b>
CLIA (± GO or Venetoclax)	3 (13)	CR (n=1), CRi (n=1)
BID FA (± Prexasertib)	3 (13)	
CPX-351 + GO	1 (4)	
Clofarabine + HiDAC	1 (4)	
<b>Non-intensive chemotherapy-based</b>	<b>9 (38)</b>	<b>3/9</b>
FLT3i combination	4 (16)	
AZA + Quizartinib or Crenolanib	2 (8)	CRi (n=1)
LDAC + Quizartinib	2 (8)	MLFS (n=1)
Checkpoint inhibitor	4 (16)	
AZA + Nivolumab + Ipilimumab	2 (8)	MLFS (n=1)
AZA+ Nivolumab or Lirilumab	2 (8)	
AZA+ IDHi (Enasidenib)	1 (4)	
<b>Single agent targeted therapy</b>	<b>4 (16)</b>	<b>0/4</b>
IDHi (IDH305, FT-2102)	2 (8)	
OxPhos inhibitor (IACS-010759)	1 (4)	
Peg-arginine deiminase (ADI-PEG 20)	1 (4)	
<b>Immunotherapy</b>	<b>3 (14)</b>	<b>0/3</b>
BiTE (AMV564), ADC (IMGN632)	3 (13)	
<b>Allo-SCT</b>	<b>1/5</b>	

CLIA = cladribine idarubicin cytarabine, BID FA = twice daily fludarabine and cytarabine, GO = gemtuzumab ozogamicin, HiDAC = high dose cytarabine, FLT3i = FLT3 inhibitor, AZA = azacitidine, LDAC = low-dose cytarabine, IDHi = IDH inhibitor, BiTE = bispecific T-cell engager, allo-SCT = allogeneic stem cell transplantation.

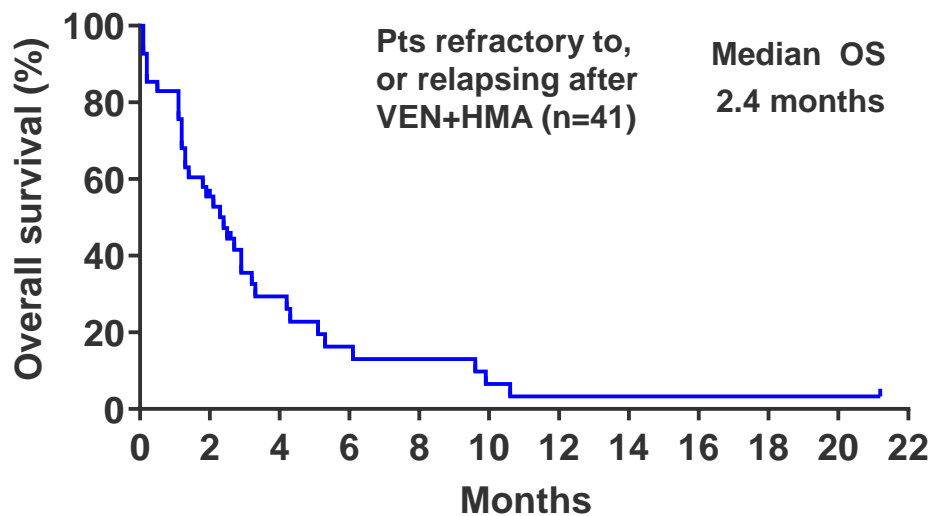
**Table S3.** Outcomes with salvage therapy in mutational subgroups after frontline venetoclax and hypomethylating agent failure

Mutational subgroups (n)	Received salvage therapy	TKI used in salvage regimen	CR/CRi/MLFS	Comment
<b>FLT3-ITD (5)</b>	4	3	2/4	Both responding patients received quizartinib
<b>IDH1/2 (6)</b>	4	3	0/4	All patients had concomitant mutations in either <i>N/KRAS</i> , <i>TP53</i> , <i>FLT3</i> , or <i>ASXL1</i>
<b>TP53 (6)</b>	5	–	1/5	The responding patient received azacitidine, nivolumab, ipilimumab
<b>N/KRAS (11)</b>	10	–	3/10	Intensive chemotherapy (2), hypomethylating agent (1)

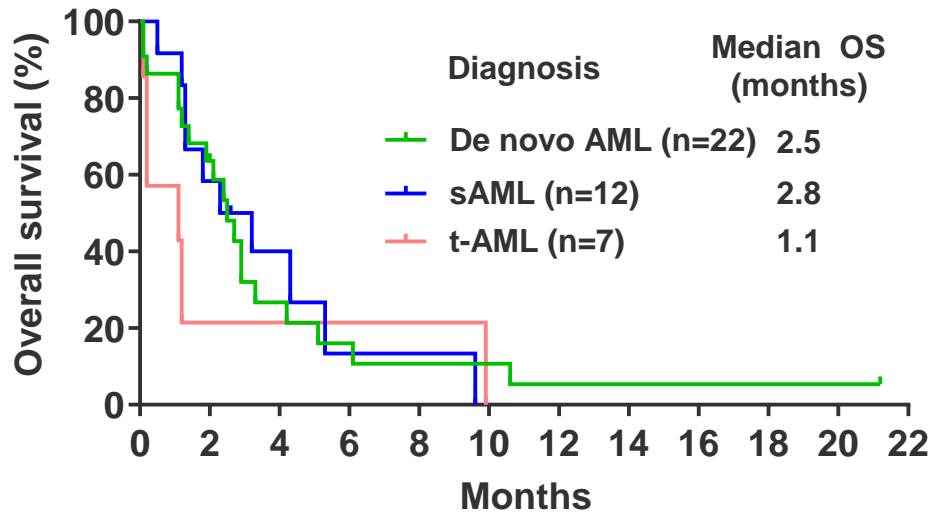
TKI = tyrosine kinase inhibitor



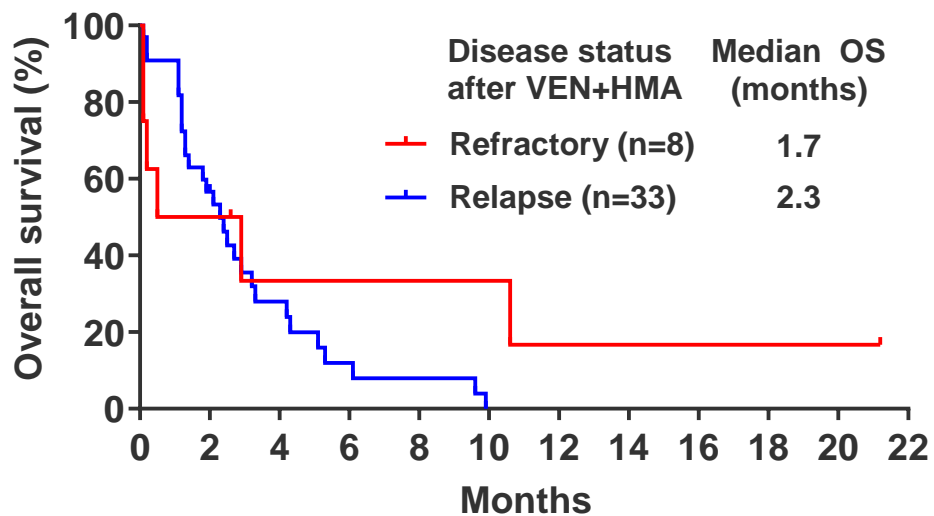
**Fig S1.** Flow diagram of patients treated with frontline venetoclax and hypomethylating agent-based therapy



**Fig S2.** Overall survival of 41 patients with refractory disease or relapse after frontline venetoclax and hypomethylating agent-based therapy



**Fig S3.** Overall survival of patients with refractory disease or relapse after frontline venetoclax and hypomethylating agent-based therapy according to diagnosis



**Fig S4.** Overall survival of patients with refractory disease versus relapse after frontline venetoclax and hypomethylating agent-based therapy