

Bone marrow megakaryocytic activation predicts fibrotic evolution of Philadelphia-negative myeloproliferative neoplasms

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Supplemental data

Table 1S

ET	Overall (n=23)
Age ¹	61.4 (42-75)
Male	9 (39.1%)
Female	14 (60.9%)
JAK2-RT > 50%	7(30.4%)
CALR mut.	2 (8.7%)
CALR type 1	1 (4.3%)
CALR type 2	1 (4.3%)
MPL mut.	0 (0%)
Hgb ³	14.3 (13.8-15.7)
LDH serum levels ⁴	245.1 (180-322)
Palpable splenomegaly	4 (17.4%)
WBC ⁵	9.8(7.1-11.8)
PLT ⁶	615.3 (453-811)
A/V thrombosis	6 (26.1%)
Major bleeding	3 (13.0%)

¹In years

²In months

³(g/dL)

⁴(UI/L)

⁵(x 10⁹ /L)

⁶(x 10⁹ /L)

Supplementary figure legend

Figure 1S

Kaplan-Meier curves for PFS of PV patients stratified for JAK2 status, bleeding and WBC count. Patients with JAK2 burden $\geq 50\%$ and history of bleeding (red line) had a significant correlation with a worse PFS (for JAK2 status, $P=.0225$, HR 2.1274, 95% CI from 1.1124 to 4.0683; for bleeding, $P=.0174$, HR 2.9615, 95% CI from 1.2104 to 7.2458) respect to those with JAK2 burden $< 50\%$ and without history of bleeding (blue-line). Patients with WBC count $\geq 11 \times 10^9/l$ (red line) showed a certain trend toward significance with a worse PFS ($P=.0823$; HR 0.5171, 95% CI from 0.2458 to 1.0880) respect to those with WBC count $< 11 \times 10^9/l$ (blue line).

Figure 2S

Kaplan-Meier curves for early/prefibrotic PMF stratified for CALR mutations (type 1 and type 2 mutation), PLT count, WBC count, splenomegaly, LDH level and gender. Patients with WBC count $\geq 11 \times 10^9/l$, CALR type 1 mutation, $PLT \geq 450 \times 10^9/l$, palpable splenomegaly, $LDH \geq 250 UI/l$ and female gender (red line) had a significant correlation with a worse PFS (for WBC count, $P < .0001$, HR 1.9458, 95% CI from 1.4395 to 2.6303; for PLT count, $P < .0001$, HR 1.9993, 95% CI from 1.4597 to 2.7384; for splenomegaly, $P < .0001$, HR 1.8993, 95% CI from 1.4132 to 2.5524; for LDH level, $P=.0025$, HR 1.5678, 95% CI from 1.1710 to 2.0991; for gender, $P=.0187$, HR 1.4125, 95% CI from 1.0592 to 1.8835; for CALR status; CALR type 1 mutation versus CALR wild type, $P < .0001$, HR 2.1476, 95% CI from 1.4040 to 3.2850) respect to those with WBC count $< 11 \times 10^9/l$, CALR wild-type, $PLT < 450 \times 10^9/l$, absence of palpable splenomegaly, $LDH < 250 UI/l$ and male gender (blue-line).

Figure 3S

Kaplan-Meier curves for PFS early/prefibrotic PMF and ET stratified for M-ACT parameter. ET patients that did not have a M-ACT in any case showed a significant correlation with a better PFS in comparison to both early/prefibrotic PMF with that without M-ACT ($P < .0001$).

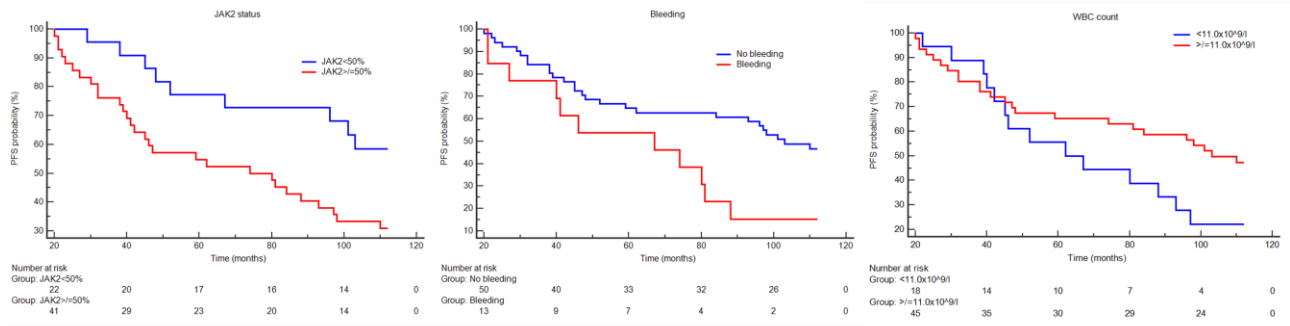


Figure 1S

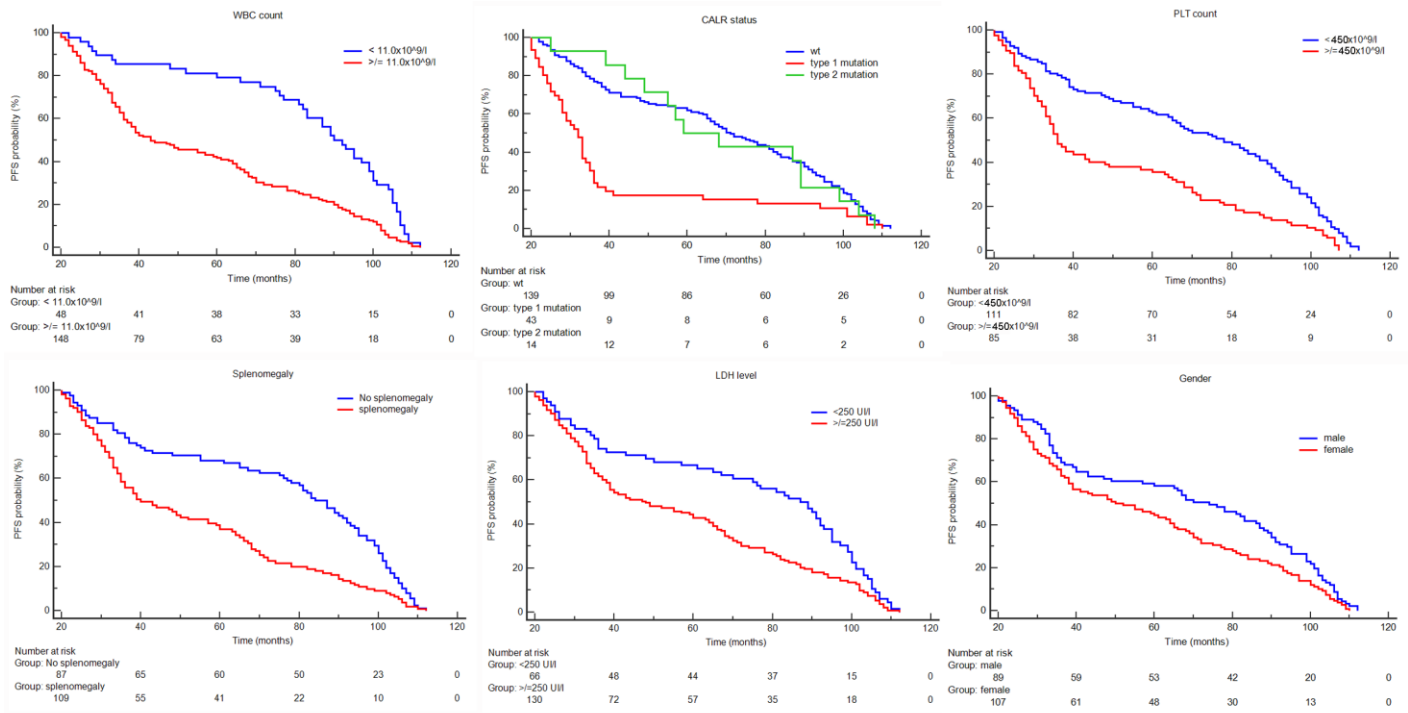
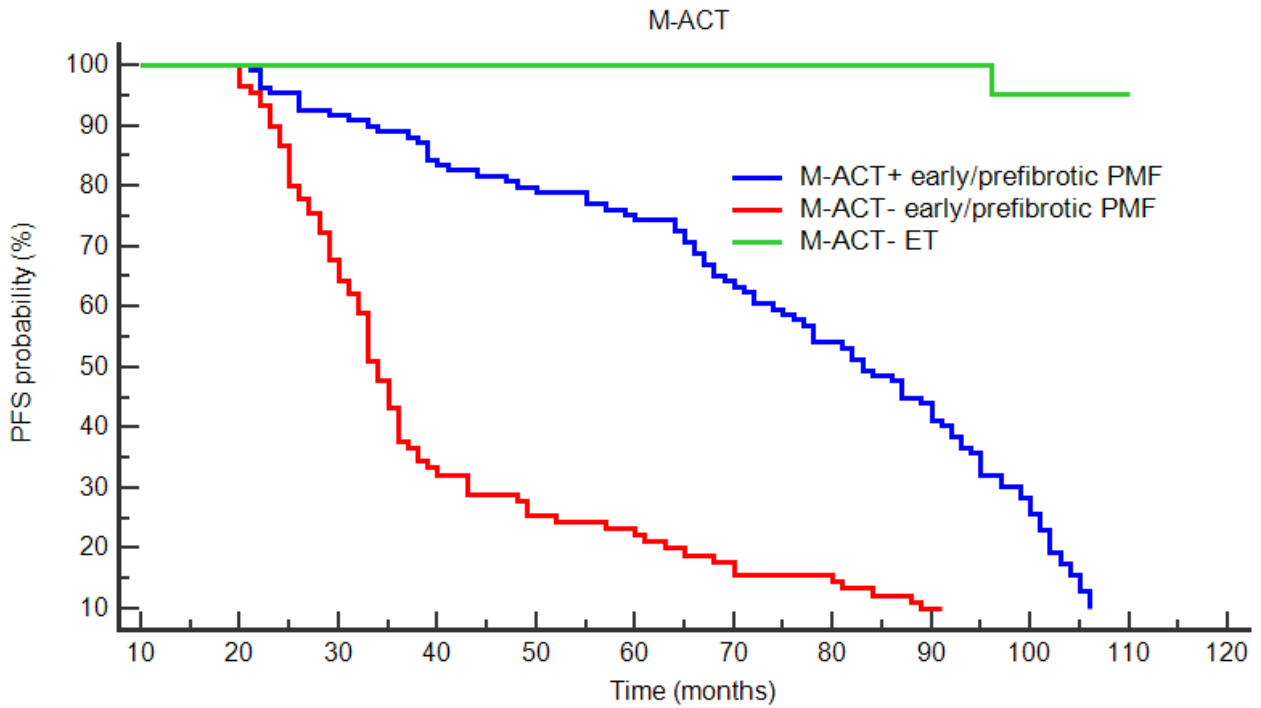


Figure 2S



Number at risk

Group: M-ACT+ early/prefibrotic PMF

109	109	100	91	86	81	69	59	45	28	2	0
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Group: M-ACT- early/prefibrotic PMF

90	87	58	29	23	20	14	13	9	5	0	0
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Group: M-ACT- ET

23	23	23	23	23	23	23	22	21	20	0	0
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Figure 3S