

Profound and sustained response with next-generation ALK inhibitors in patients with relapsed or progressive ALK-positive anaplastic large cell lymphoma with central nervous system involvement

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Supplementary table 1: Summary of treatment lines received by each patient before initiation of next generation ALK inhibitors

Patient	Previous treatment lines
1	1/ALCL99 protocol 2/ & 3/ Vinblastine 2 years x2
2	1/HR T-ALL protocol 2/ALCL99 + crizotinib 3/Vinblastine
3	1/ Radiotherapy (54Gy) of the intracranial mass (misdiagnosed as HGG)
4	1/ALCL99 protocol prephase followed by vinblastine (2 months) 2/LMB2001 protocol group C (major toxicity)
5	1/ALCL99 protocol with 3 vinblastine injections (for wound dehiscence) between BM1 and AM2 courses
6	1/ALCL99 protocol
7	1/ALCL99 protocol 2/crizotinib
8	1/ALCL99 protocol
9	1/crizotinib (2.9 month due to initial clinical poor status) followed by ALCL99 protocol 2/ vinblastin (6 injections) then switch to crizotinib (because of still positive MRD)
10	1/ALCL99 protocol 2/vinblastin then switch to crizotinib (because of still positive MRD)

Legend: MRD: minimal residual disease

Supplementary figure 1: Brain magnetic resonance imaging of patient #1 with T1 weighted axial images showing, a. contrast-enhanced paramedial left parietal mass with peripheral edema at diagnosis of CNS relapse; b. a sequelar porencephaly after 6 months on lorlatinib

