Impact of vincristine dose reduction on outcomes of patients with aggressive B-cell lymphoma treated with (R)-CHOP

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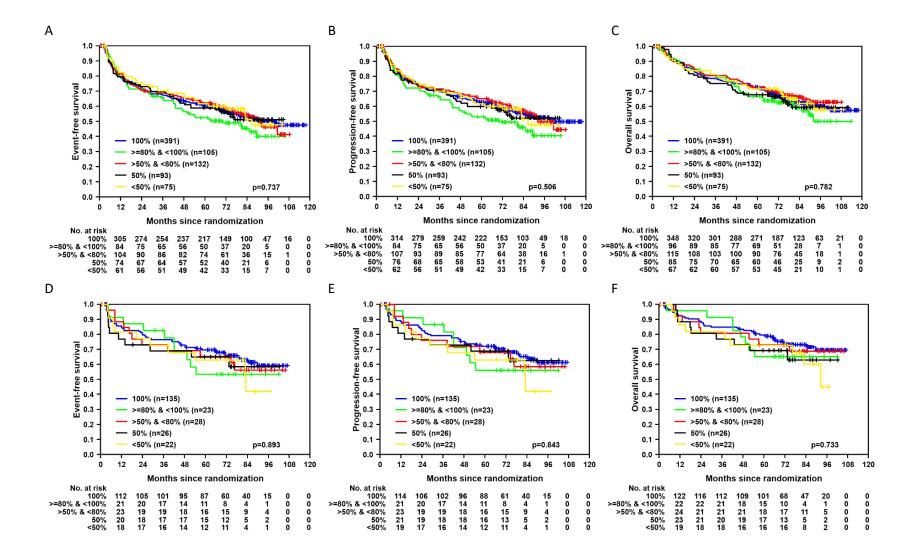
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Supplemental Table 1: Vincristine reduction of patients treated with 6xCHOP-14 + 8xR according to PNP grade (maximum)

	Number of patients (%)		
PNP grade (maximum)	0	1	2, 3
Patients without VCR reduction (n=135*)	78	36	19
	(76%)	(61%)	(28%)
Patients with VCR reduction (n=99*)	24	23	50
	(24%)	(39%)	(72%)
All patients (n=234*)	102	59	69
	(44%)	(26%)	(30%)

^{* 2/2/4} patients with missing values for PNP

Supplemental Figure 1: Survival outcomes according to received VCR doses. Event-free (A, D), Progression-free (B, E) and Overall survival (C, F) of all 796 patients (A – C) and of 234 patients treated with the best treatment arm 6xCHOP-14 + 8xR (D – F) participating in the RICOVER-60 trial according to their cumulative Vincristine dose (100 %, \geq 80% - < 100 %, > 50 % - < 80 %, 50 % and < 50 %). Global log-rank p-values are presented.



Supplemental Figure 2: Influence of VCR reduction on outcomes according to IPI and age groups. Progression-free survival of all 796 patients participating in the RICOVER-60 trial for IPI groups (IPI 1 (A), IPI 2 (B), IPI 3 (C), IPI 4-5 (D)) and age groups (61 - 65 years (E), 66 - 70 years (F), 71 - 75 years (G), 76 - 80 years (H)) is shown. Log-rank p-values are presented. PFS did not differ in patients with reduced vs. not reduced VCR dosage in any IPI group. A PFS difference in favor of patients with reduced VCR doses was observed in the group of patients aged 76 - 80 years.

