LETTER TO THE EDITOR

Rituximab plus cyclophosphamide and dexamethasone *versus* bortezomib plus cyclophosphamide and dexamethasone in newly diagnosed symptomatic Waldenström macroglobulinemia: a randomized controlled trial

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Table S1: The key inclusion and exclusion criteria for patients in the study

Inclusion criteria	Exclusion criteria
(1) The gender of the patient is not limited, the age is ≥ 18 years old; (2) Must meet the diagnostic criteria of WM; (3) The patient is an untreated or untreated patient with initial treatment. The specific conditions are as follows: a) combined chemotherapy without CHOP, COP, etc. b) no treatment with fludarabine c) application of Chlorambucil or cyclophosphamide for less than 3 weeks (alone or in combination with adrenal glucocorticoids) d) Interferon application does not exceed 6 months e) The above treatment did not reach the therapeutic response (PR or CR) f) If the above treatment is applied, it is necessary to stop treatment for 2 weeks before entering the group to start treatment. (4) indications for the treatment of indolent lymphoma, including (at least one of the following conditions): a) hyperviscosity; b) symptomatic neuropathy; c) amyloidosis; d) cold agglutinin disease; cryoglobulinemia;	(1) Malignant tumors other than B-NHL (including active central nervous system lymphoma) have been diagnosed or treated in the past year; (2) There is clinical evidence that large cell lymphoma transformation occurs; (3) Non-lymphoma-related liver and kidney dysfunction: alanine aminotransferase (ALT)> three times the upper limit of normal value, aspartate aminotransferase (AST)> three times the upper limit of normal value, total bilirubin (TBIL)> upper limit of normal value 2 Times, serum creatinine clearance rate < 30ml / min; (4) Other serious medical conditions may affect the study (such as uncontrolled diabetes, gastric ulcer, other serious cardiopulmonary diseases, etc.). The judgment decision belongs to the researcher; (5) A known history of infection with human immunodeficiency virus (HIV) or active hepatitis B virus (HBV) infection, or any uncontrolled active systemic infection requiring intravenous antibiotics. Note: Active HBV infection is defined as: a. HBV DNA quantification ≥ 2000 IU / ml; b. ALT ≥ 2 times the normal upper limit; c. Exclude hepatitis due to the disease itself,

e) disease-related cytopenia (Hb < 100 g/L, PLT < 100 x 109/L); f) huge lymph nodes; g) those with systemic symptoms: persistent for two weeks/recurrent fever (above 38°C) and caused by non-infection, or night sweats and/or weight loss within 6 months >10%; h) rapid progression of the disease, such as a lymph node that increases by more than 50% within 2 months, and/or an absolute doubling time of peripheral blood lymphocytes <6 months, and/or a rapid decrease in hemoglobin or platelets caused by non-autoimmune causes; i) There may be evidence of disease conversion. (5) The patient is expected to have a survival period of ≥ 3 months;	drugs and other reasons, three conditions must be met at the same time. If the patient is active HBV infection at the time of initial diagnosis, the conversion to inactive HBV infection after anti-HBV treatment can be included in the study under the premise of adequate anti-HBV treatment. (6) Central nervous system dysfunction with clinical manifestations; (7) The patient has undergone major surgery (excluding lymph node biopsy) in the past 30 days; (8) Women of childbearing age who have not used contraception during pregnancy or lactation; (9) allergic to the drug used;
Study protocol The original study protocol (NCT02844322) in Chinese language is available upon written request to the corresponding author at yishuhua@ihcams.ac.cn	

Table S2:The treatment after progression and the reason of death

groups	The treatment after progression	The reason of death
RCD		
P1	Clinical trial（BGB3111）	
P2	Ibrutinib	
P3	No treatment	
P4	-	gastric cancer
P5	Ibrutinib	
BCD		
P1	RCD	
P2	Ibrutnib	progression
P3	Clinical trial（BGB3111）	progression
P4	RCD-ibrutnib	progression
P5	Ibrutnib	
P6	Ibrutnib-CART	progression
P7	Chlorambucil+pre	
P8	RCD	
P9	Clinical trial	
P10	-	Heart-related diseases
P11	No treatment	progression
P12	Ibrutinib	
P13	Ibrutinib	

Figure S1: The cellular components of bone marrow in RCD and BCD group before and after treatment in patients who achieved PR or VGPR. A. The blue cell represent abnormal B lymphocytes and the purple cell represent abnormal plasma cells. B. The comparation of the percentage of abnormal B lymphocytes before and after treatment in the RCD and BCD group. C. The comparation of the percentage of abnormal plasma cells before and after treatment in the RCD and BCD group.