# Hematopoietic cell transplantation for older acute myeloid leukemia patients in first complete remission: results of a randomized phase III study

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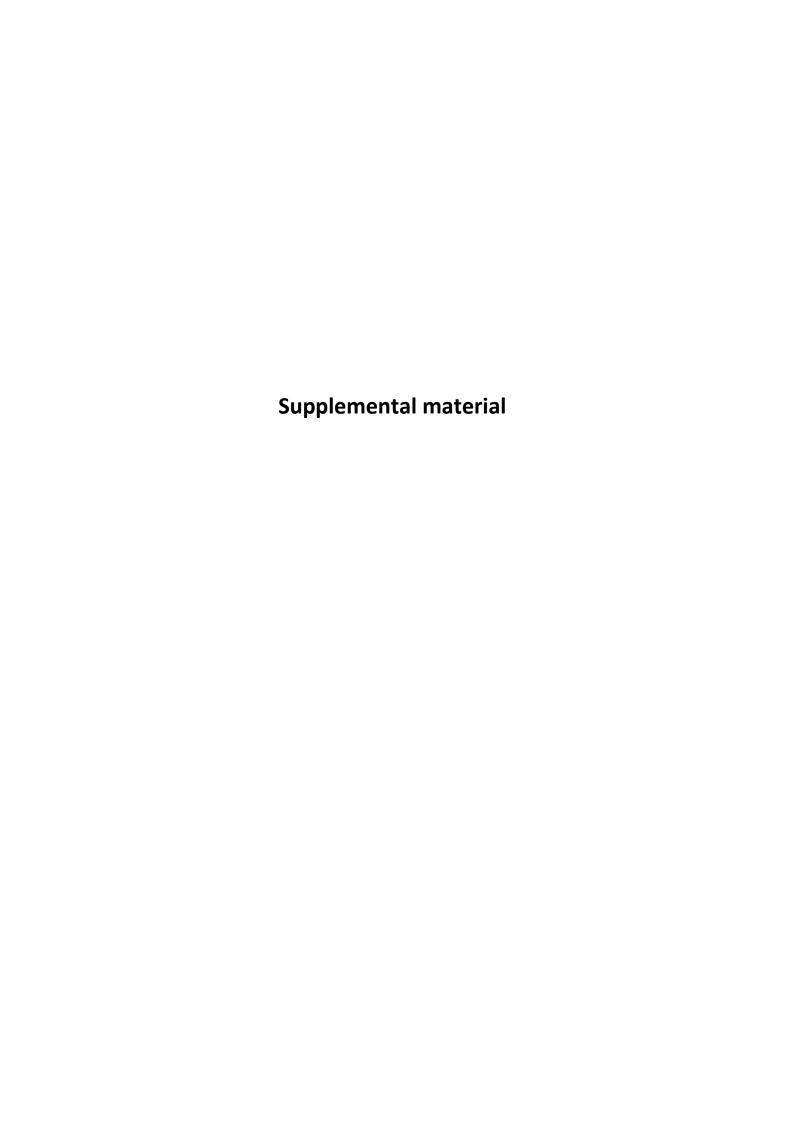
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### Supplemental material to methods

#### Observation arm:

Patients with no-matched donor (n=26), patients with a mismatched donor (n=15) and patients with a matched donor refusing to be randomized or treated before randomization (n=10) were allocated to an observation group and treated at the discretion of the local investigator including HCT with mismatched donors (Figure S10).

#### Inclusion and exclusion criteria:

Inclusion criteria at registration were age ≥60 and ≤75 years, *de novo* or secondary AML or refractory anemia with excess blasts 5-20% in bone marrow (RAEB), ≤2 induction chemotherapies to reach CR1, Karnofsky Index >70%, and written informed consent. Patients with acute promyelocytic leukemia and Human Immunodeficiency Virus (HIV) positivity were ineligible. Inclusion criteria at randomization were previous registration in the trial, CR after first consolidation and availability of an HLA-identical related or 10/10 unrelated donor. Excluded were patients with more than one consolidation, an interval of >5 months after diagnosis, creatinine clearance <50 ml/min, cardiac ejection fraction <40%, severe pulmonary dysfunction or poorly controlled hypertension (Table S1).

#### Statistical Analysis

In the initial protocol, the analysis relied on the proportional hazard assumption by specifying a Cox regression adjusting for randomization strata. Assuming a 5-year LFS rate of 45% with HCT versus 25% with non-HCT and requiring 90% power with a two-sided significance level of 5%, the target sample size was 231 patients in order to observe 135 events with a 2:1 randomization. Two interim analyses after 1/3 and 2/3 of the expected events were scheduled using the O'Brien-Fleming sequential design. The time horizon was set at 5 years as initially planned. A conditional power analysis showed that with RM-LFS, reasonable power would be achieved already with a reduced target sample size of 150 randomized patients. The final analysis was performed using a nominal alpha = 5% significance level. The false positive error of the final analysis is practically not affected (Haybittle-Peto) since the first interim analysis was carried out at an alpha =0.0002 level. The changes were proposed to, and approved by, the DMC on occasion of the first planned interim analysis from 78 patients in 2014.

RM-LFS estimation and regression analyses for LFS and OS were performed using the R-package "pseudo".<sup>21–26</sup> As a supportive analysis, we present plots of the difference in RM-LFS as a function of

chosen time horizon.		

the time horizon in order to illustrate how the preference for the treatment options depends on the

# Legend to Figures

Figure S1:	Study design
Figure S2:	Accrual of patients to the study according to registration, assignment and randomization
Figure S3:	A: Time from diagnosis to randomization for all patients (n=125)
	B: Time from diagnosis to hematopoietic cell transplantation (HCT; n=66)
Figure S4:	Cumulative incidence of Non Relapse mortality (NRM) according to an integrated risk score combining the most dominant parameter from the HCT-CI and the EBMT score (Versluis et al <sup>25</sup> ) in the 66 patients with HCT
Figure S5:	Cumulative incidence of acute GvHD
Figure S6:	Cumulative incidence of chronic GvHD
Figure S7:	Leukemia Free Survival (LFS) in the control group after relapse according to related or unrelated HCT
Figure S8:	RM-LFS (A) and RM-OS (B) according to HCT vs. non-HCT. RM LFS quantifies the expected number of years alive in CR up to the time horizon with a given therapy; similarly, RM -OS gives the expected years alive at 5 years. The figure makes this phenomenon explicit depicting the difference in RM-LFS (A) and RM-OS (B) varying the time horizon. Due to early NRM, non-HCT is beneficial short term compared to HCT. For RM-LFS, HCT becomes beneficial after about 4 years.
Figure S9:	Overall Survival (OS) in the non-HCT group according to HCT vs. non-HCT after relapse
Figure S10:	Flow chart of the observation group
Figure S11:	OS according to age groups in patients <65, 65-70 and 70+ years.

Table S1: Eligibility criteria at registration and at randomization

a) at registration		b)at randomization
	inclusion criteria	
<ul> <li>Age ≥60 and ≤75 years</li> <li>De novo or sec. AML or RAEB</li> <li>CR1 ≤2 induction chemotherapies</li> <li>Karnofsky Index &gt;70%</li> <li>Written informed consent</li> </ul>		<ul> <li>Patient registered in the trial</li> <li>CR after first consolidation</li> <li>Matching related or unrelated donor (10/10)</li> </ul>
	exclusion criteria	
• AML FAB M3 • HIV positivity		<ul> <li>&gt;1 consolidation cycle</li> <li>&gt;5 months (&gt;150 days) after diagnosis</li> <li>Creatinine clearance &lt;50 ml/min</li> <li>Cardiac ejection fraction &lt;40%</li> <li>Severe pulmonary dysfunction or O<sub>2</sub> support</li> <li>Poorly controlled hypertension</li> </ul>

**Table S2: Randomization by trial site** 

					Registered	
Ntotal=245	Randomised	%	Observation	%	Only	%
UK Leipzig	35	45.5	21	27.3	21	27.3
UK Muenster	21	47.7	17	38.6	6	13.6
Erasmus MC Rotterdam	14	50	1	3.6	13	46.4
Hopitaux universitaires de Geneve	12	85.7	2	14.3	0	0
University Hospital Maastricht	8	61.5	0	0	5	38.5
VU University Medical Center Amsterdam	6	46.2	2	15.4	5	38.5
UK Dresden	9	75	2	16.7	1	8.3
Isala Klinieken, Locatie Sophia, Zwolle	2	28.6	3	42.9	2	28.6
UK Rostock	4	57.1	0	0	3	42.9
Klinikum Chemnitz gGmbH	4	100	0	0	0	0
UK Jena	1	25	0	0	3	75
UK Magdeburg	1	25	1	25	2	50
Academisch Ziekenhuis bij de Universiteit	3	100	0	0	0	0
Amsterdam						
Charite Berlin	2	66.7	0	0	1	33.3
University Hospital Basel	1	33.3	2	66.7	0	0
Klinikum E. v. Bergmann gGmbH, Potsdam	2	100	0	0	0	0
Centre Hospitalier Sud Amiens	0	0	0	0	1	100
CHU de Nantes	0	0	0	0	1	100
Kantonsspital Luzern	0	0	1	100	0	0
Med. UK Tuebingen	0	0	1	100	0	0
The Alfred Hospital, Melbourne Victoria	0	0	0	0	1	100
UK Aachen	0	0	0	0	1	100
University Medical Centre Utrecht	0	0	1	100	0	0
Nvalid	125	51	54	22	66	26.9

Table S3: Molecular alterations in randomized patients and according to treatment allocation

			TOTAL			HCT	n	on-HCT	
Variable	-	n tested	% total	% positive	n=83	% positive	n=42	% positive	p-value
Molecular alterations	BCR::ABL1	41	32.8	0.0	29	0.0	12	0.0	n.a.
	PML::RARalpha	66	52.8	0.0	45	0.0	21	0.0	n.a.
	AML1::ETO	82	65.6	2.4	55	1.8	27	3.7	1
	FLT3-ITD	111	88.8	19.8	75	21.3	36	16.7	0.747
	FLT3-TKD	31	24.8	0.0	20	0.0	11	0.0	n.a.
	NPM1 mutation	109	87.2	33.9	74	28.4	35	45.7	0.117
	MLL-PTD	36	28.8	8.3	25	8.0	11	9.1	1
	inv 16;CBF- beta::NYH11	59	47.2	3.4	40	5.0	19	0.0	1
	CEBPA mutation	80	64.0	2.5	55	1.8	25	4.0	0.53
	EVI	27	21.6	3.7	19	0.0	8	12.5	0.296
	JAK2	24	19.2	8.3	17	11.8	7	0.0	1
	WT1	27	21.6	33.3	18	27.8	9	44.4	0.423
	ABL1	16	12.8	0.0	11	0.0	5	0.0	n.a.
	ASXL1	25	20.0	0.0	18	0.0	7	0.0	n.a.
	ATRX	25	20.0	0.0	18	0.0	7	0.0	n.a.
	BCOR	25	20.0	8.0	18	5.6	7	14.3	0.49
	BCORL1	25	20.0	4.0	18	5.6	7	0.0	1
	BRAF	16	12.8	0.0	11	0.0	5	0.0	n.a.
	CALR	25	20.0	4.0	18	0.0	7	14.3	0.28
	CBL	25	20.0	4.0	18	0.0	7	14.3	0.28

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CBLB	25	20.0	0.0	18	0.0	7	0.0	n.a.
CBLC	25	20.0	0.0	18	0.0	7	0.0	n.a.
CDKN2A	25	20.0	0.0	18	0.0	7	0.0	n.a.
CSF3R	25	20.0	0.0	18	0.0	7	0.0	n.a.
CUX1	25	20.0	0.0	18	0.0	7	0.0	n.a.
DNMT3A	26	20.8	34.6	19	31.6	7	42.9	0.661
ETV6/TEL	25	20.0	0.0	18	0.0	7	0.0	n.a.
EZH2	25	20.0	12.0	18	5.6	7	28.6	0.18
FBXW7	25	20.0	0.0	18	0.0	7	0.0	n.a.
FLT3	31	24.8	0.0	22	0.0	9	0.0	n.a.
GATA1	25	20.0	4.0	18	0.0	7	14.3	0.28
GATA2	25	20.0	0.0	18	0.0	7	0.0	n.a.
GNAS	25	20.0	0.0	18	0.0	7	0.0	n.a.
HRAS	27	21.6	0.0	19	0.0	8	0.0	n.a.
IDH1	35	28.0	5.7	26	7.7	9	0.0	1
IDH2	35	28.0	17.1	27	18.5	8	12.5	1
IKZF1	26	20.8	7.7	19	10.5	7	0.0	1
JAK3	25	20.0	0.0	18	0.0	7	0.0	n.a.
KDM6A	25	20.0	0.0	18	0.0	7	0.0	n.a.
KIT	25	20.0	4.0	18	5.6	7	0.0	n.a.
KRAS	25	20.0	4.0	18	0.0	7	14.3	1
MLL	25	20.0	0.0	18	0.0	7	0.0	n.a.
MPL	25	20.0	0.0	18	0.0	7	0.0	n.a.
MYD88	25	20.0	0.0	18	0.0	7	0.0	n.a.
NOTCH1	25	20.0	4.0	18	5.6	7	0.0	1
NRAS	25	20.0	4.0	18	5.6	7	0.0	1

PDGFRA	25	20.0	8.0	18	5.6	7	14.3	0.49
PHF6	25	20.0	12.0	18	16.7	7	0.0	0.534
PTEN	25	20.0	0.0	18	0.0	7	0.0	n.a.
PTPN11	25	20.0	4.0	18	5.6	7	0.0	1
RAD21	25	20.0	0.0	18	0.0	7	0.0	n.a.
RUNX1	25	20.0	16.0	18	16.7	7	14.3	1
SETBP1	25	20.0	0.0	18	0.0	7	0.0	n.a.
SF3B1	25	20.0	4.0	18	0.0	7	14.3	0.28
SMC1A	25	20.0	0.0	18	0.0	7	0.0	n.a.
SMC3	27	21.6	0.0	19	0.0	8	0.0	n.a.
SRSF2	29	23.2	10.3	21	9.5	8	12.5	1
STAG2	27	21.6	0.0	20	0.0	7	0.0	n.a.
TET2	24	19.2	4.2	18	5.6	6	0.0	0.49
TP53	24	19.2	25.0	18	16.7	6	50.0	0.0664
U2AF1	25	20.0	4.0	18	5.6	7	0.0	1
ZRSR2	25	20.0	8.0	18	0.0	7	28.6	0.07

Table S4A: Pretreatment [Induction(s) and 1st consolidation]

		Induction 1			Induction	2		consolidation	
drug 1	drug 2	drug 3	n (%)	drug 1	drug 2	n (%)	drug 1	drug 2	n (%)
cytarabine	Dauno	No drug/ Azacitidine/ Lena/Temsirolimus/Tosedostat	99 (40.4)	none		173 (70.6)	cytarabine		93 (38.0)
cytarabine	Mito		73 (29.8)	cytarabine	Mito	30 (12.2)	cytarabine	Mito ± PEG	76 (31.0)
cytarabine	Ida	no drug/ATRA	43 (17.5)	cytarabine		12 (4.9)	cytarabine	Amsacrine±Clofarabine	30 (12.2)
Azacitidine	no	If no response day 14 cytarabine/Mito	21 (8.6)	cytarabine	Dauno ± Azacitidine	11 (4.5)	cytarabine		20 (8.2)
cytarabine			7 (2.8)	cytarabine	± Lena	5 (2.0)	cytarabine	Dauno ± Tosedostat or Azacitidine	8 (3.3)
cytarabine	Thio	Amsacrine	2 (0.8)	cytarabine	Ida	5 (2.0)	cytarabine	Ida	5 (2.0)
				cytarabine	Amsacrin	4 (1.6)	cytarabine	Lena	4 (1.6)
				cytarabine		4 (1.6)	cytarabine	Eto	4 (1.6)
				cytarabine	Tosedostat	1 (0.4)	cytarabine	Tosedostat	3 (1.2)
							cytarabine	Cladribine+Midost	1 (0.4)
							Busulfan	Cyclo	1 (0.4)
Total			245 (100)			245 (100)			245 (100)

Abbreviations: ATRA, all-trans-retinoic acid; Cyclo, cyclophosphamide; Dauno, Daunorubicin; Eto, etoposide; Ida, idarubicin; Lena, Lenalidomide; Midost, midostaurin; Mito, Mitoxantrone; Thio, thioptepa; PEG, pegfilgrastim

## Table S4B: Consolidation therapy of the non-HCT arm

Therapy	n (%)
High dose Cytarabine ± Mitoxantrone	20 (57.1)
Busulfan+Cyclophosphamide followed by autologous HCT	3 (8.6)
Etoposid and Mitoxantrone	3 (8.6)
Azacytidine	1 (2.9)
Not documented	8 (22.9)
Total	35 (100)

## **Table S5: Multivariate analysis of Restricted Mean LFS up to 5 years**

### Linear model on RM-LFS up to 5 years adjusting for cytogenetic risk and donor type

	mean RM-LFS in months	95% CI lower	95% Cl upper	P Value
(intercept)	27.41	10.73	44.09	0.0013
HCT arm	11.05	2.68	19.41	0.0096
intermediate cytogenetic risk	-11.09	-26.44	4.26	0.157
high cytogenetic risk	-19.16	-35.12	-3.20	0.0186
donor unrelated	0.85	-9.56	11.26	0.873

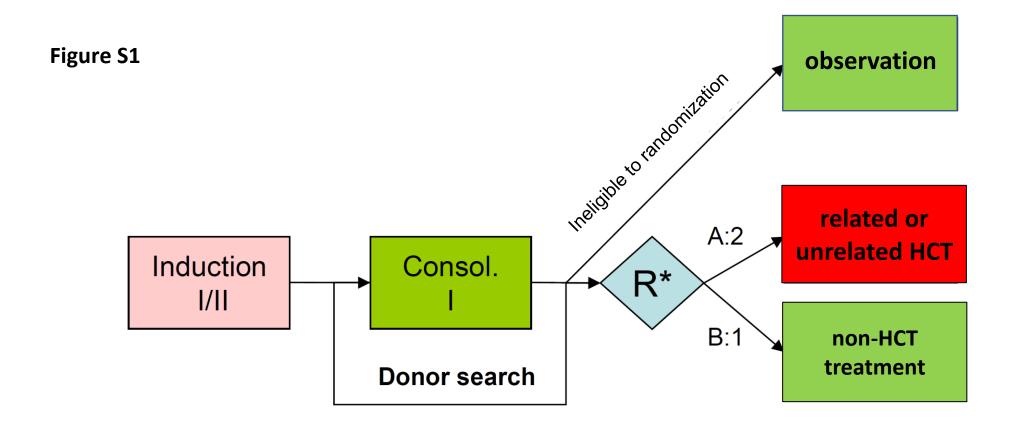
Table S6: Number of patients in continuous CR, relapse and NRM according to NPM1 mutation

Total	HC	Т	H	СТ	non-	-HCT	Non-HCT		
IOtal	NPM1 m	nut neg	NPM1 r	nut pos.	NPM1 n	nut neg.	NPM1 n	nut pos.	
n= 125	n	%	n	%	n	%	n	%	
CCR1	15	28.3	8	38.1	4	21.1	4	25	
Relapse	22	41.5	6	28.6	15	78.9	12	75	
NRM	16	30.2	7	33.3	0	0	0	0	

Abbreviations: CCR, continuous complete remission; NRM, non-relapse mortality

Table S7: Causes of death in all patients and according to treatment allocation

		Total		ı	НСТ	Non-HCT	
		n	%	n	%	n	%
Relapse		58	67.4	29 (7)	50.9 (12.3)	29	100.0
Infection	bacterial	11	12.8	11	19.3	0	
mection	viral	2	2.3	2	3.5	0	
GvHD (acute/chronic)		6	7.0	6	10.5	0	
Hemorrhage		4	4.7	4	7.0	0	
Others		3	3.5	3	5.3	0	
Secondary neoplasm		1	1.2	1	1.8	0	
Graft failure		1	1.2	1	1.8	0	
Total		86	100.0	57	100.0	29	100.0



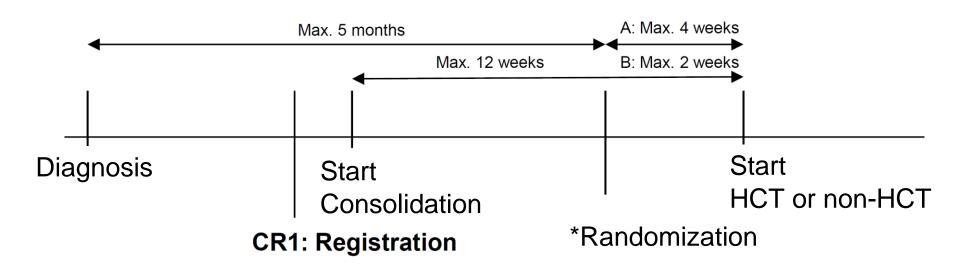


Figure S2

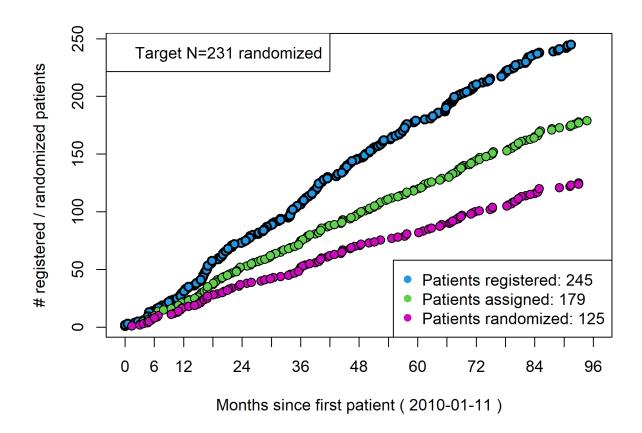


Figure S3 A

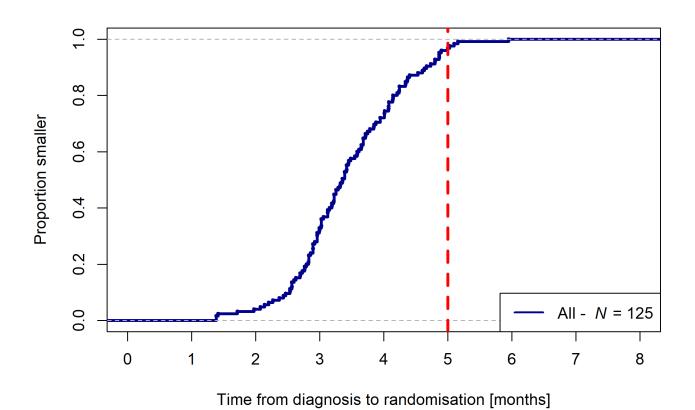
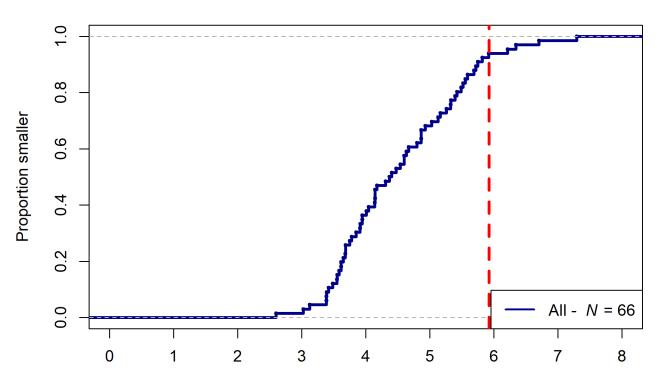


Figure S3 B



Time from diagnosis to transplant [months]

Figure S4

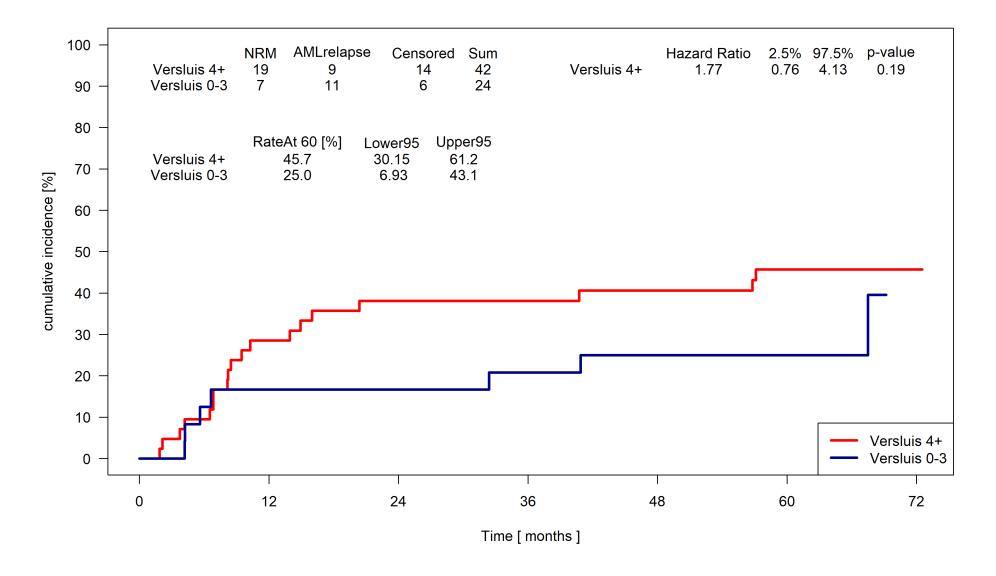


Figure S5

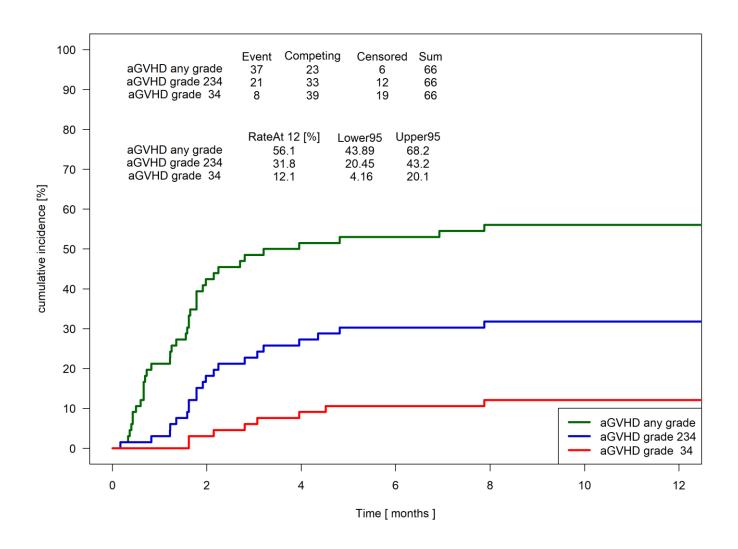


Figure S6

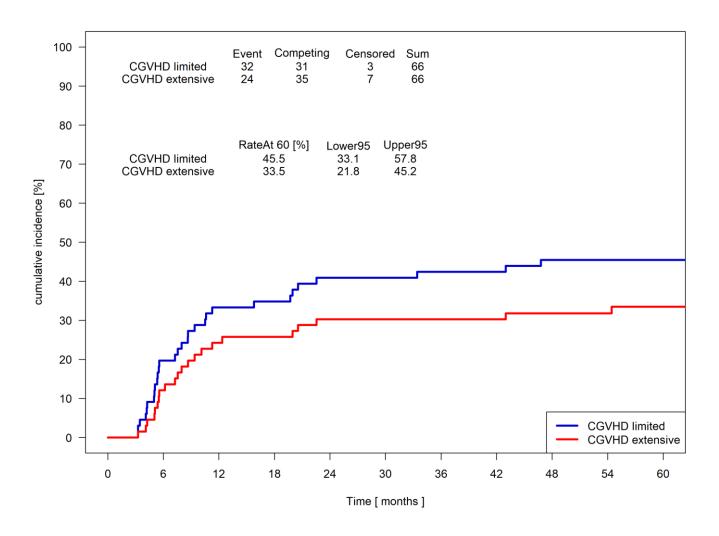


Figure S7

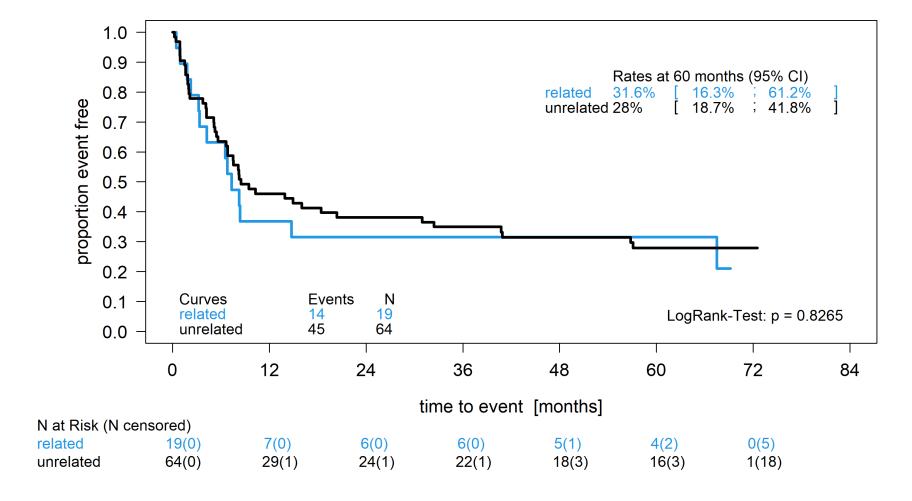


Figure S8 A

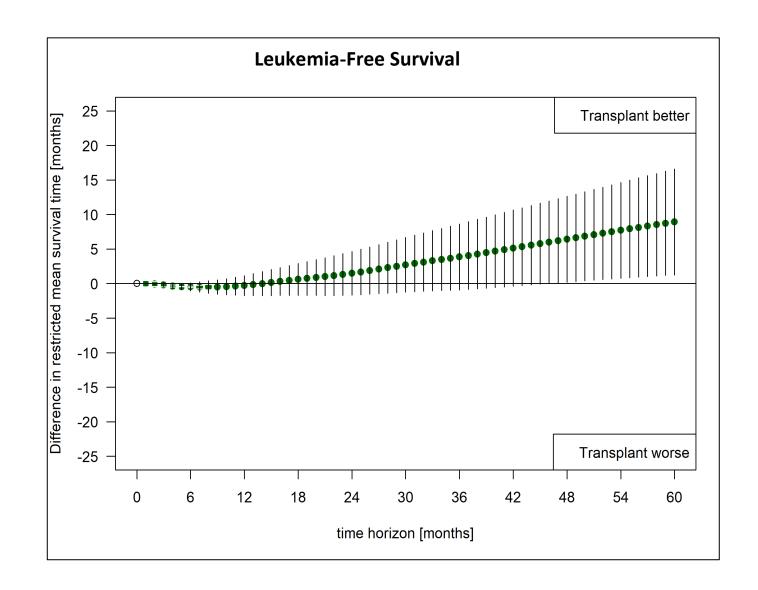


Figure S8 B

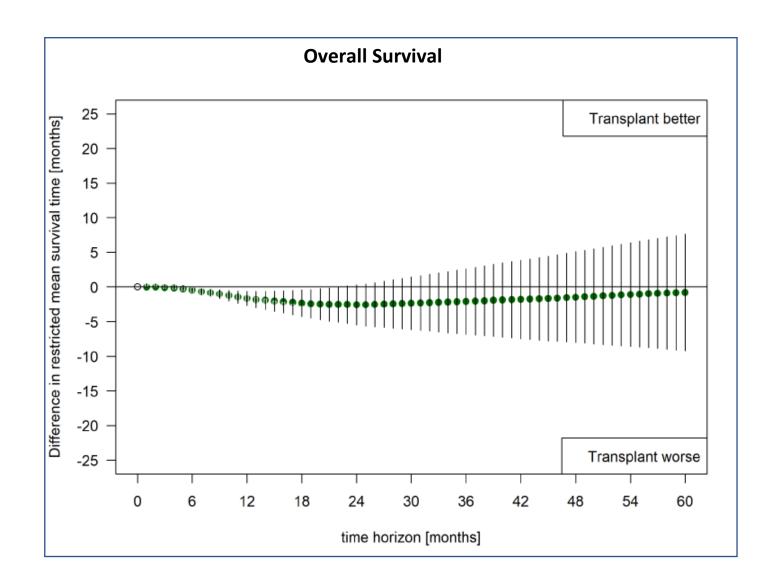


Figure S9

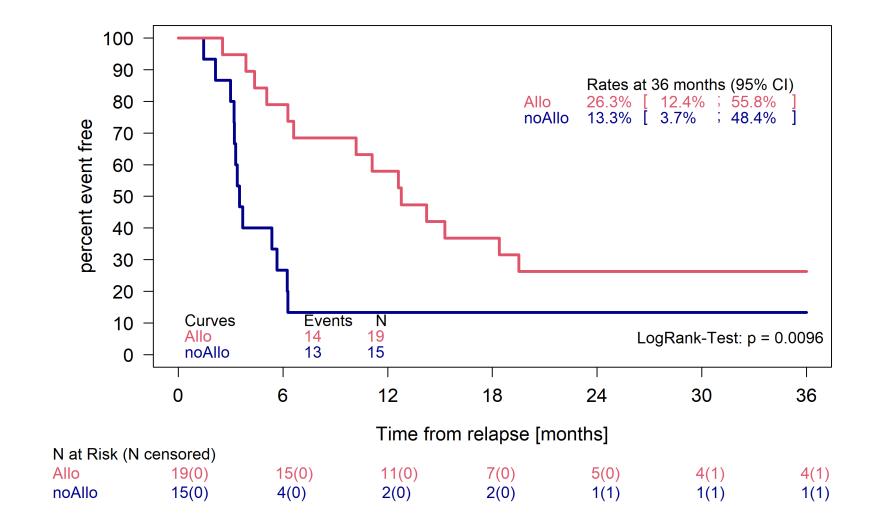


Figure S10

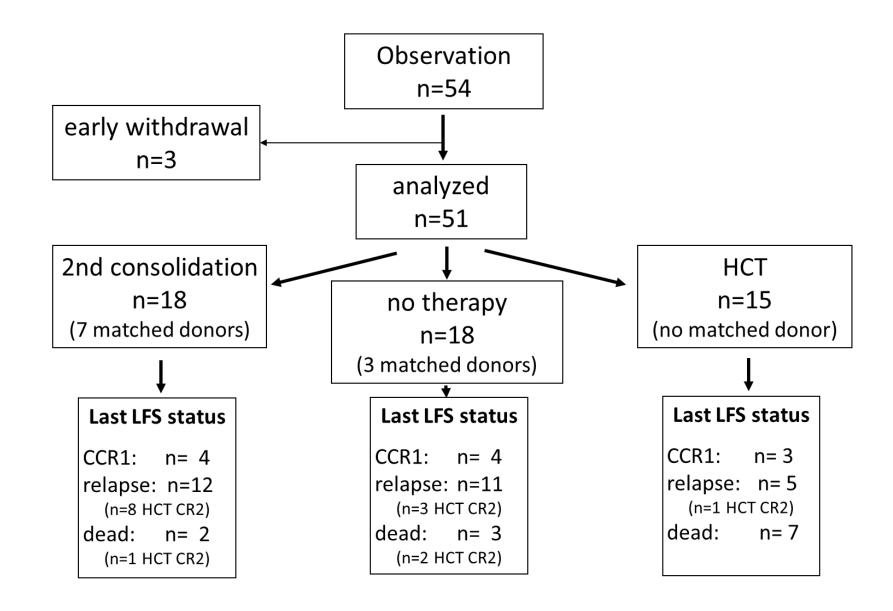


Figure S11

