

Daratumumab in first-line treatment of patients with light chain amyloidosis and Mayo stage IIb improves treatment response and overall survival

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Supplementary

Best response regarding 1 st line regimen	CR	VGPR	PR	NR	N.a.	2 nd line due to insufficient hematologic response or progression
Dara-CyBorD	1	0	0	1	2	0
Dara-VMP	0	1	0	0	0	0
Dara-VD	3	2	0	0	0	0
Dara-CyD	1	0	0	0	0	0
DaraD	8	0	3	1	3	5 DVd
VD	6	11	6	11	18	3 DRd, 1 Dd, 8 DVd, 1 Md
CyBorD	1	1	1	1	1	1 DRd
PAD	0	0	0	1	0	1 KRd
MD	0	2	1	2	2	1 DVd, 1 Dd, 1 Vd
Bendamustine	0	0	0	0	1	0

Table S1. Best hematological responses after 1st line treatment and alternative treatment choices only in patients with insufficient response.

3 patients in Vd group, 2 patients in CyBorD group and 1 patient in DaraD group were not evaluable due to Low-dFLC values.

Bor, bortezomib; CR, complete response; Cy, cyclophosphamide; Dara, daratumumab; D, dexamethasone; DRd: Daratumumab, Lenalidomid, dexamethasone; KRd, Carfilzomib, Lenalidomid, dexamethasone; M, melphalan; N.a., not available; NR, no response; PR, partial response; VGPR, very good partial response; VMP, bortezomib, melphalan, prednisone; PAD, bortezomib, doxorubicin, dexamethasone; V, bortezomib.

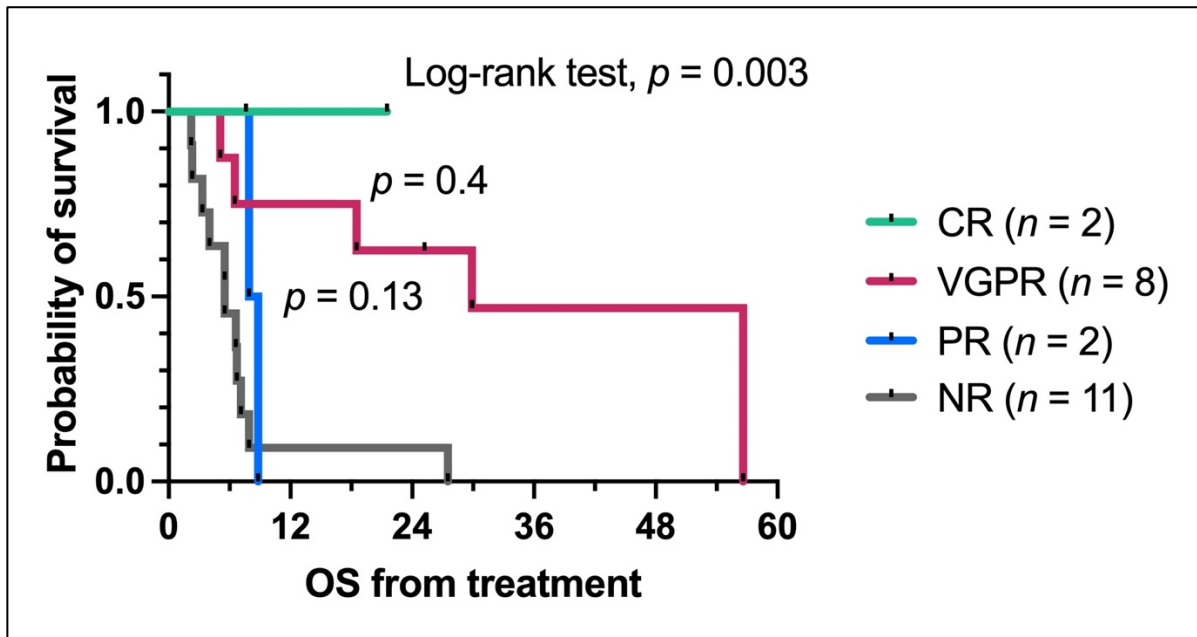


Figure S1. Kaplan-Meier landmark analysis of overall survival regarding hematologic response at 2 months in patients with AL amyloidosis and Mayo stage IIIb. Patients received daratumumab at first-line or later were excluded. CR, complete response; NR, no response; OS, overall survival; PR, partial response; VGPR, very good partial response.