CXXC5 (Retinoid-Inducible Nuclear Factor, RINF) is a Potential Therapeutic Target in High-Risk Human Acute Myeloid Leukemia – Astori et al

Supplementary Table 1

Clinical and biological characteristics of the subset of Norwegian patients with newly diagnosed AML who received intensive chemotherapy (n=27).

Patient cha	Patient characteristics Age at diagnostic (years)		Mean / Median 53 / 58	Number of Patients 27
Age at diag				
Gender	(male/female	e)		17 / 10
FAB classi	fication			Number of Patients
MO				1
M1				4
M2				6
M3				0
M4				8
M4e				1
M5				7
Cytogeneti	cs*			Number of Patients
Normal				15
Good				4
Intermediate	е			1
Adverse				6
Not determi	ned			1
Gene Muta	tions			Number of Patients
FLT3-ITD-				16
FLT3-ITD+				10
Not determi	ned			1
NPM1-				12
NPM1+				13
Not determi	ned			2
				_

^{*} Cytogenetic abnormalities were classified according to the MRC guidelines and were available for 100 % of the patients. FLT3-ITD and NPM1 analyses were available for 26 (96%) and 25 (92%) patients, respectively. FAB classification was available for 100 % of the patients

Supplementary Table 2

Clinical and biological characteristics for the French AML patients receiving chemotherapy (n=20).

	Patient characteristics Age at diagnostic (years)		Range	Mean / Median 67.3 / 72.5	Number of Patients 20
			21-87		
	Gender (male/female	e)		13 / 7
	FAB classificati		Number of Patients		
	MO				0
	M1				7
	M2				3
	M3				0
	M4				4
	M4e				1
	M5				5
	Cytogenetics*				Number of Patients
	Normal				12
	Good				1
	Good Intermediate				1 5
	Intermediate	;			5
	Intermediate Adverse Gene Mutations	i			5 2 Number of Patients
	Intermediate Adverse	;			5 2
	Intermediate Adverse Gene Mutations FLT3-ITD- FLT3-ITD+	;			Number of Patients 13 7
	Intermediate Adverse Gene Mutations FLT3-ITD-	i			Number of Patients

 $^{^{\}ast}$ Cytogenetic abnormalities, FAB classification, FLT3-ITD and NPM1 analyses were available for all the patients.