

Fig 1a

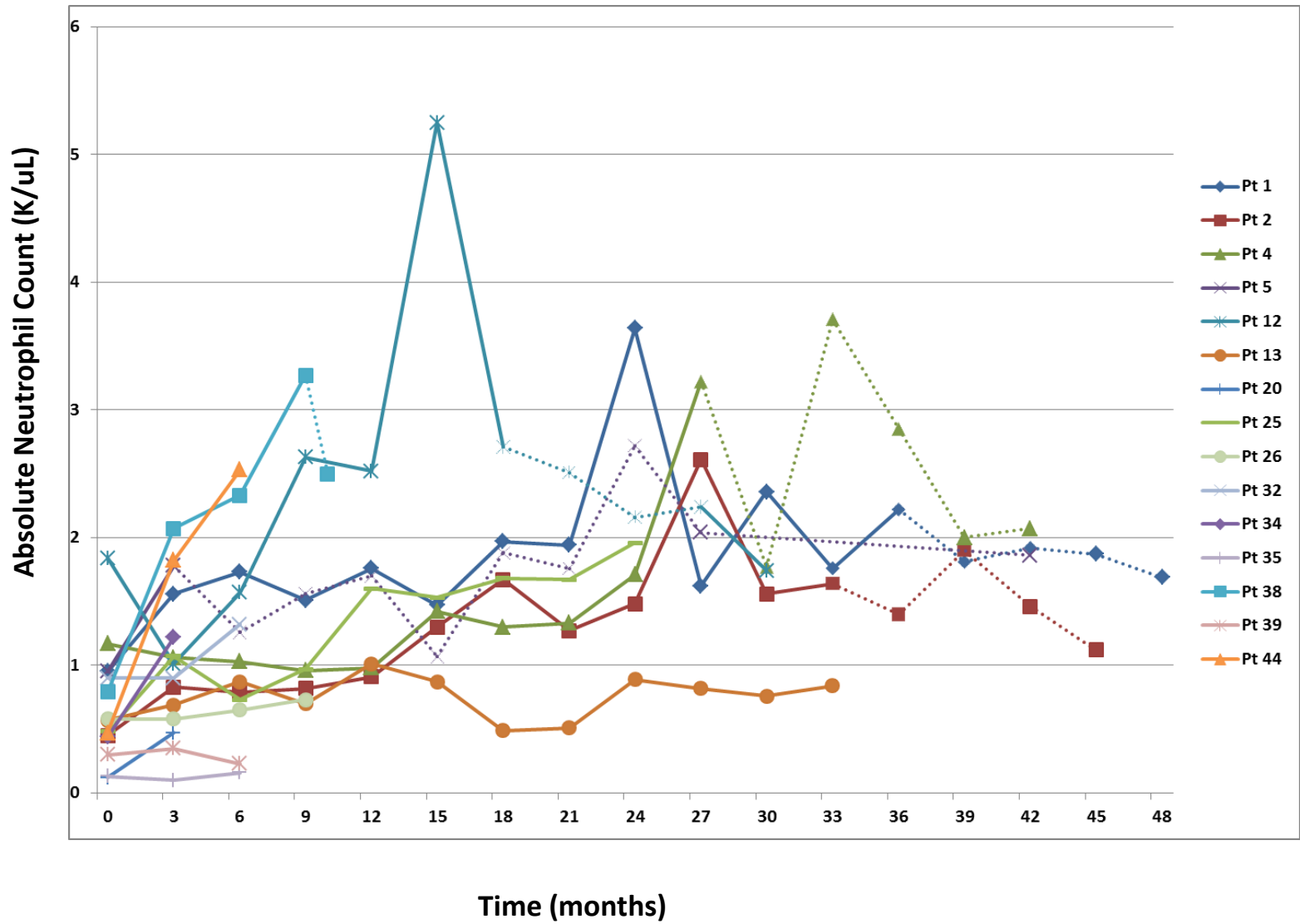


Fig 1b

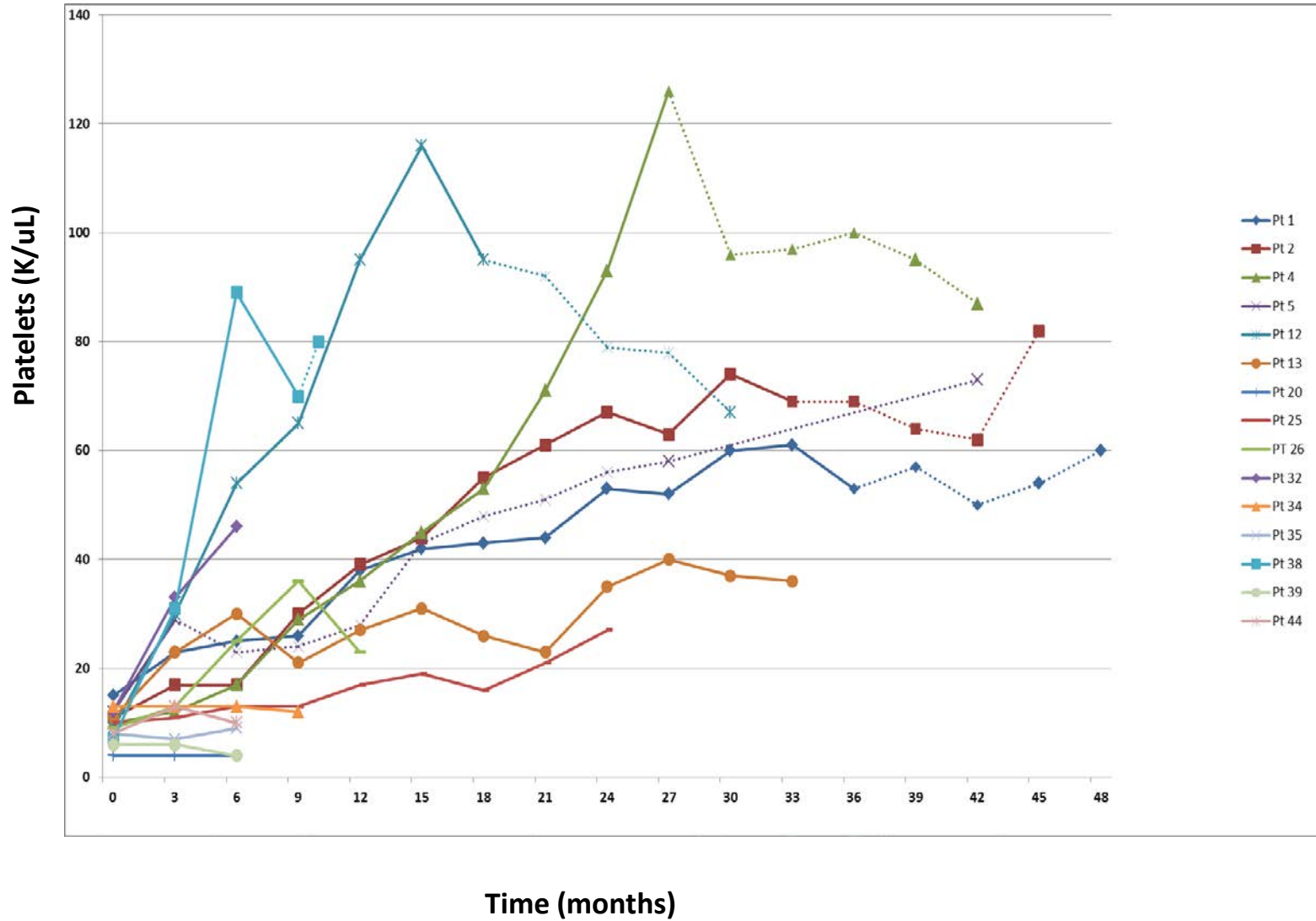


Fig 1c

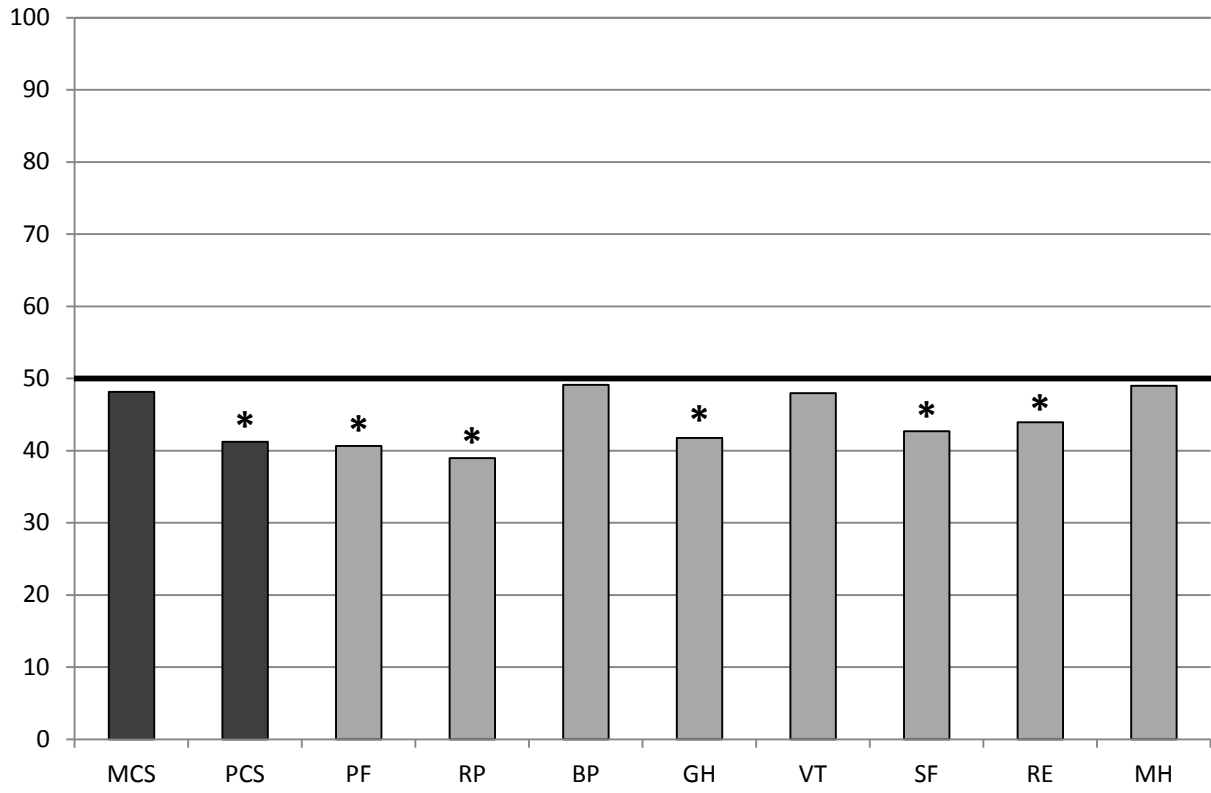
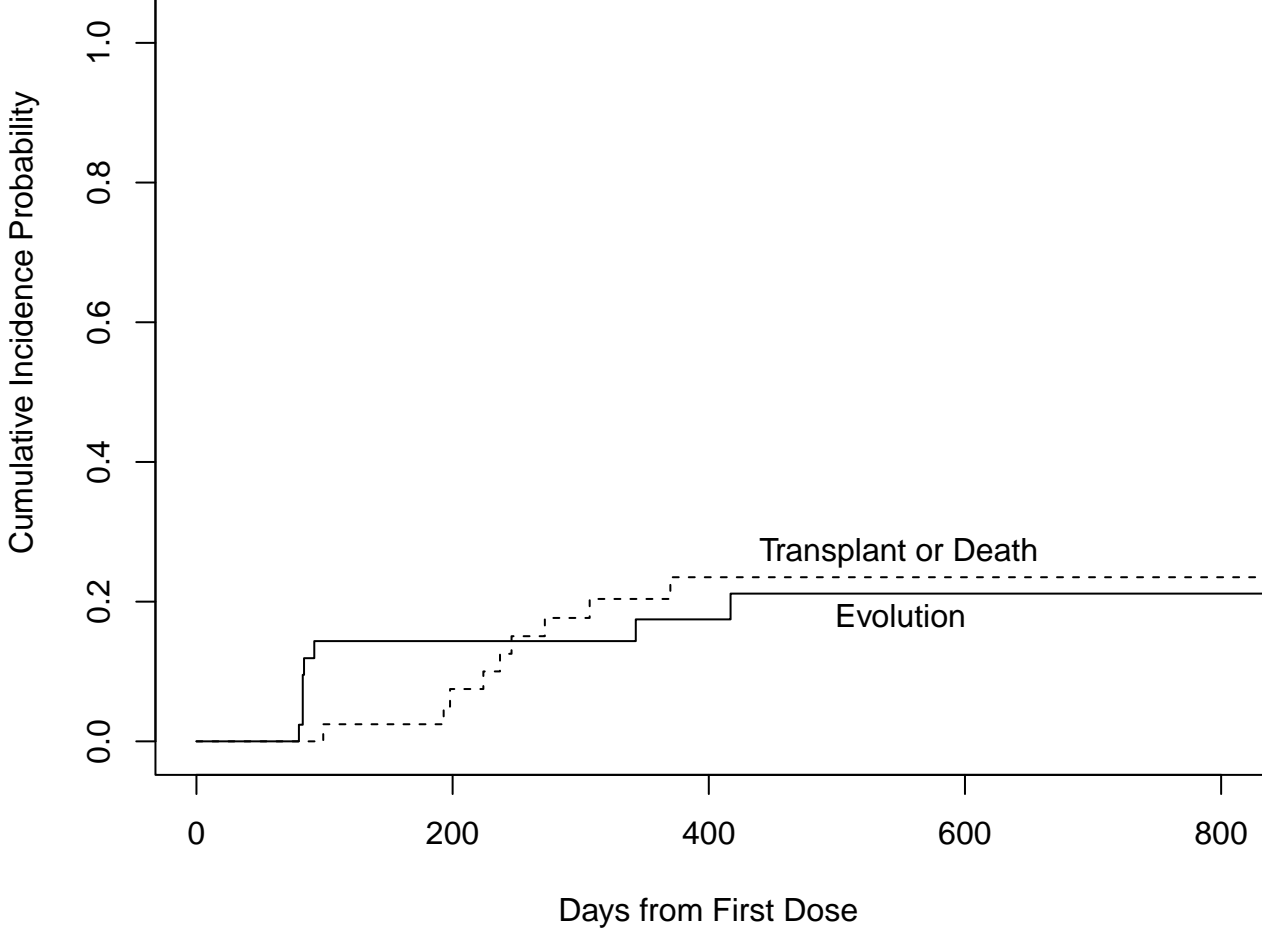


Fig 2



Supplementary Fig 1 (a,b,c)

Longitudinal blood counts are shown for the 14 responders who continued in the extension arm of the study and the patient who was taken off study early because of diagnosis of a cataract (Pt 5). Figures 1a,b and c show hemoglobin, neutrophil, and platelet counts respectively. Dotted lines denotes time off eltrombopag.

Supplementary Fig 2

Baseline SF-36 component summary and subscale scores in patients.

Abbreviations: MCS=Mental Component Score; PCS=Physical Component Score; PF=Physical Functioning; RP=Role Physical; BP=Bodily Pain; GH=General Health; VT=Vitality; SF=Social Functioning; RE=Role Emotional; MH=Mental Health. Note: $\gamma=50$ horizontal line represents the US population norm as described in Ware Jr et al., 2007. *Scores significantly different ($p<0.05$) as compared to US norm.

Supplementary Fig 3

Cumulative incidence functions for “evolution” (solid lines) and “transplant or death” (dashed lines). Subjects whose first event were “censored”, “evolution” or “transplant or death” were coded as 0, 1 and 2, respectively. “Transplant or death” was treated as a competing risk for “evolution” in the competing risk model. Among the 43 patients with median follow-up of 462 days (min = 79 days, max = 1539 days), there were 8 patients whose first event was “evolution”, and 9 patients whose first event was “transplant or death”. The remaining 26 patients were censored at the last day of follow-up. The cumulative incidence function (CIF) for “evolution” represents the probability of a patient whose time-to-first-event was “evolution” in the presence of “transplant or death” as a competing risk. Cumulative incidence function (CIF) for time to evolution was computed using the “cmprsk” package in R based on the method of Fine and Gray⁵⁰ with transplantation or death treated as competing risk.