Supplemental Data File for Fanale, et al.

Five-Year Outcomes for Frontline Brentuximab Vedotin with CHP for CD30-Expressing Peripheral T-Cell Lymphomas

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Supplemental Table S1 Efficacy outcomes after frontline treatment with combination BV+CHP or sequential brentuximab vedotin followed by CHOP

	Combination treatment[a] (N=26)	Sequential treatment[b,c] (N=13)
Objective response rate	100%	100%
Complete remission, n (%)	24 (92%)	10 (77%)
Consolidative stem cell transplant, no. of patients	0	0
Median observation time, months	59.6	45.0
Min, max	4.6, 66.0	7.0, 68.8
Progression-free survival		
Patients with PD or death, n (%)	12 (46)	7 (54)
Estimated 5-year PFS[d] (95% CI[e])	52% (31, 69)	46% (19, 70)
Median PFS, months (95% CI)	NE (12.3, NE)	42.3 (8.8, NE)
Min, max	4.1+, 66.0+	3.5, 65.7+
Overall survival		
Patients with death, n (%)	5 (19)	6 (46)
Estimated 5-year OS[d] (95% CI[e])	80% (59, 91)	53% (23, 75)
Median OS, months (95% CI)	NE (NE, NE)	NE (23.8, NE)
Min, max	4.6, 66.0+	7.0, 68.8+

BV+CHP, brentuximab vedotin, 1.8 mg/kg, with CHP (standard dose CHOP without vincristine); CHOP, cyclophosphamide, doxorubicin, vincristine, and prednisone; CI, confidence interval; NE, not estimable; PD, progressive disease; PFS, progression-free survival; OS, overall survival.

a Combination BV+CHP therapy consisted of 6 cycles of brentuximab vedotin with CHP (standard dose CHOP without vincristine). Patients with objective response could receive up to 10 cycles of brentuximab vedotin monotherapy (maximum of 16 treatment cycles total).

b Sequential treatment consisted of 2 cycles of brentuximab vedotin monotherapy followed by up to 6 cycles of CHOP. Patients with objective response could subsequently receive up to 8 cycles of brentuximab vedotin monotherapy (maximum of 16 treatment cycles total).

c Despite a manageable safety profile, enrollment was terminated after patients who initially responded to brentuximab vedotin experienced disease progression while receiving CHOP.

d Estimated using Kaplan-Meier methods.

e Computed using the method of Collett.

Supplemental Table S2 Effect of brentuximab vedotin dose reductions on PFS and OS

		BV Dose Reduced[a] (N=9)	No BV reduction (N=17)
No. of treatment cycles	Median	15	12
	Min, max	3, 16	4, 16
Progression-free survival, months	Median	56.1	56.7
	Min, max	4.6, 64.0	4.1, 66.0
Overall survival, months	Median	59.0	63.2
	Min, max	4.6, 64.0	4.8, 66.0

BV, brentuximab vedotin; PFS, progression-free survival; OS, overall survival.

a Brentuximab vedotin dose was reduced from 1.8 mg/kg to 1.2 mg/kg. Once reduced, the dose remained at 1.2 mg/kg for all subsequent treatment cycles.

Supplemental Table S3 Cumulative incidence of disease progression

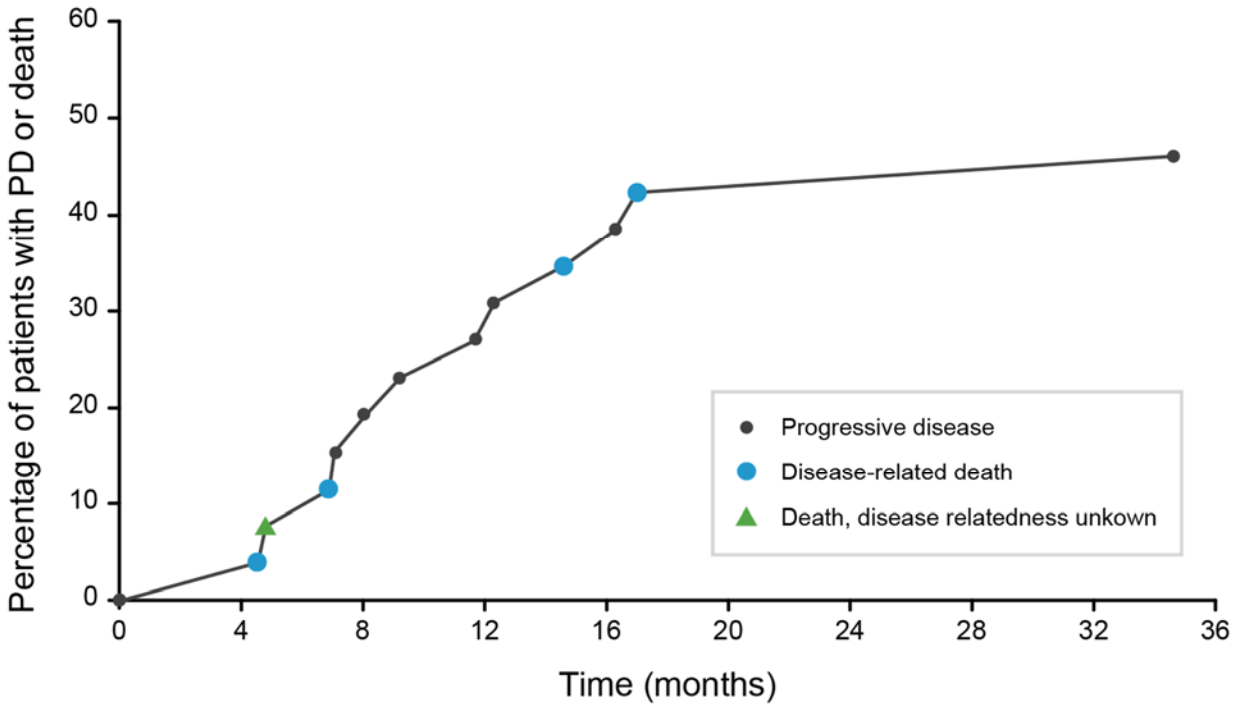
Patient	Progression-free Survival (months)	Cumulative No. of Patients with Event[a]	Incidence (%)
A	4.6[b]	1	3.8
B	4.9[c]	2	7.7
C	7.0[b]	3	11.5
D	7.1	4	15.4
E	8.1	5	19.2
F	9.2	6	23.1
G	11.7	7	26.9
H	12.3	8	30.8
I	14.6[b]	9	34.6
J	16.3	10	38.5
K	17.1[b]	11	42.3
L	34.6	12	46.2

a Twelve patients (46%) experienced progressive disease or death. One patient (4%) in remission did not enter long-term follow-up, withdrew consent, and was censored after 4.1 months. The remaining 13 patients (50%) in long-term follow-up remained in remission with no subsequent anticancer therapy through the end of study.

b Death related to disease progression.

c Death due to respiratory failure (disease relatedness unknown).

Supplemental Figure S1 Cumulative incidence of disease progression



Supplemental Table S4 Efficacy outcomes for ALK-positive vs. ALK-negative ALCL patients

	ALK-positive ALCL (N=3)	ALK-negative ALCL (N=16)
Objective response rate	100%	100%
Complete remission rate	100%	14/16 (87.5%)
n (%) remaining in remission at end of study	3 (100%)	6 (37.5%)
Median observation time	62.1	60.4
Min, max	51.1, 64.0	4.6, 66.0
Progression-free survival		
Number of patients with PD or Death, n (%)	0	10 (63)
Median PFS, months (95% C.I.[b])	NE (NE, NE)	16.7 (9.2, NE)
Min, max	44.3+, 61.7+	4.6, 66.0+
Estimated 5-year PFS (95% C.I.)	100% (100,100)	38% (15,60)
Overall survival		
Number of patients with Death, n (%)	0	4 (25)
Median OS, months (95% C.I.[b])	NE (NE, NE)	NE (21.5, NE)
Min, max	51.1+, 64.0+	4.6, 66.0+
Estimated 5-year OS (95% C.I.)	100% (100,100)	75% (46,90)

ALCL, anaplastic large cell lymphoma; ALK, anaplastic lymphoma kinase; CI, confidence interval; NE, not estimable; PD, progressive disease; PFS, progression-free survival; OS, overall survival.

a As estimated using Kaplan-Meier methods.

b Computed using the method of Collett.

Supplemental Table S5 Characterization of patients in long-term follow-up who remained in remission through end of study

Patient No.[a]	Age	Gender	Diagnosis	Stage at Diagnosis	ECOG Status	IPI Score	Baseline SPD (cm^2)[b]	No. of Treatment Cycles[c]	PFS[d] (months)	OS[e] (Months)
1	69	Female	ALCL (ALK-)	II	0	1	68.4	14	66.0+	66.0+
2	29	Male	ALCL (ALK+)	IV	1	2	17.3	16	61.7+	64.0+
3	56	Male	ALCL (ALK-)	I	0	0	20.6	16	64.0+	64.0+
4	81	Male	ALCL (ALK-)	II	0	1	20.3	6	63.2+	63.2+
5	48	Female	ALCL (ALK-)	I	1	0	20.8	16	58.8+	63.1+
6	53	Female	ALCL (ALK-)	I	0	0	5.5	12	62.7+	62.7+
7	40	Female	ALCL (ALK+)	IV	2	2	36.3	7	52.5+	62.1+
8	47	Female	ALCL (ALK-)	III	0	2	45.6	15	37.8+	54.4+
9	21	Female	ALCL (ALK+)	III	2	2	19.0	16	44.3+	51.1+
10	63	Female	ATLL	IV	1	5	36.4	16	56.7+	64.1+
11	67	Female	PTCL-NOS	III	0	3	36.7	16	56.0+	59.0+
12	52	Female	AITL	IV	1	2	3.6	16	56.1+	56.1+
13	37	Female	PTCL-NOS	IV	1	2	12.2	16	48.6+	48.6+

AITL, angioimmunoblastic T-cell lymphoma; ALCL, anaplastic large cell lymphoma; ALK, anaplastic lymphoma kinase; ATLL, adult T-cell leukemia/lymphoma; ECOG, Eastern Cooperative Oncology Group; IPI, International Prognostic Index; OS, overall survival; PFS, progression-free survival; PTCL-NOS, peripheral T-cell lymphoma not otherwise specified; SPD, sum of the products of the diameters.

a Patients are listed in the order shown in Figure 1E (from top to bottom).

b SPD of up to 6 of the largest dominant nodes or nodal masses

c Includes up to 6 cycles of combination therapy and up to 10 additional cycles of brentuximab vedotin maintenance therapy.

d PFS was calculated from the start of treatment to first documentation of tumor progression or death due to any cause. Patients were censored at the last radiologic or clinical assessment that documented the absence of progressive disease.

e OS was calculated from the start of treatment to date of death due to any cause. Patients were censored at the last date the patient was known to be alive.