

**Supplemental Table 1 Dose Modifications for Cytopenias**

Event	Action
ANC nadir on any cycle $<500/\text{mm}^3$ on 2 nonconsecutive days at least 3 d apart and/or platelets $<25,000/\text{mm}^3$ in the previous cycle	<ol style="list-style-type: none"> <li>For subjects on vorinostat: <ul style="list-style-type: none"> <li>Reduce vorinostat by 100 mg daily (to a minimum of 200 mg daily). Give chemotherapy at dose in previous cycle (do not escalate cyclophosphamide).</li> <li>If event recurs after vorinostat dose reduction, reduce vorinostat again by 100 mg daily (to a minimum of 200 mg daily). Give chemotherapy at dose in previous cycle (do not escalate cyclophosphamide during vorinostat dose reduction).</li> <li>If event recurs after a minimum vorinostat dose of 200 mg, discontinue vorinostat permanently.</li> <li>If event recurs again after no vorinostat, reduce cyclophosphamide by <math>187 \text{ mg}/\text{m}^2</math>.</li> </ul> </li> <li>If subject has never received vorinostat, reduce cyclophosphamide by <math>187 \text{ mg}/\text{m}^2</math>.</li> </ol>
ANC $<500/\text{mm}^3 \times \geq 3 \text{ d}$ or platelets $<25,000/\text{mm}^3 \times \geq 3 \text{ d}$ , AND subject is receiving no cyclophosphamide or vorinostat in the previous cycle	Reduce doxorubicin and etoposide by 25% of the full dose.
ANC nadir $\geq 500/\text{mm}^3$ AND platelet nadir $\geq 50,000/\text{mm}^3$ in the previous cycle	Increase cyclophosphamide dose by $187 \text{ mg}/\text{m}^2$ each cycle to maximum dose of $750 \text{ mg}/\text{m}^2$ .

Abbreviation: ANC = absolute neutrophil count.

**Supplemental Table 2 EPOCH Dose Modification for Day 1 Counts After a 2-Week Delay**

Platelets	ANC (2-wk Delay)		
	$\geq 1000/\text{mm}^3$	750-999/ $\text{mm}^3$	$<750/\text{mm}^3$
$\geq 75,000/\text{mm}^3$	Full-dose	Reduce cyclophosphamide by $187 \text{ mg}/\text{m}^2$ . Do not administer cyclophosphamide if previous dose was $187 \text{ mg}/\text{m}^2$ . If the participant received no cyclophosphamide in the previous cycle, reduce doxorubicin and etoposide by 25% of previous dose.	Hold treatment and remove participant from study
50,000-75,000/ $\text{mm}^3$	Reduce cyclophosphamide by $187 \text{ mg}/\text{m}^2$ . Do not administer cyclophosphamide if previous dose was $187 \text{ mg}/\text{m}^2$ . If the participant received no cyclophosphamide in the previous cycle, reduce doxorubicin and etoposide by 25% of previous dose.		Hold treatment and remove participant from study
$<50,000/\text{mm}^3$	Hold treatment and remove participant from study.		

If ANC  $\geq 750/\text{mm}^3$  but  $< 1000/\text{mm}^3$ , or platelets  $\geq 50,000/\text{mm}^3$  but  $< 75,000/\text{mm}^3$  after 2-week delay, participant could be treated only after dose modifications per table above. Abbreviations: ANC = absolute neutrophil count; EPOCH = etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin.

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**Supplemental Table 3** Doxorubicin, Etoposide, and Vincristine Clearance in the Presence or Absence of cART

	n	Doxorubicin (L/hr)	Etoposide (L/hr)	Vincristine (L/hr)
<b>Vorinostat doses</b>				
1500 mg	6	78.6 ± 48.0	3.0 ± 1.6	22.4 ± 10.2
2000 mg	5	76.0 ± 47.9	2.4 ± 0.7	16.8 ± 8.9
<b>cART-containing regimen</b>				
None or noninteracting	6	77.7 ± 45.2	3.0 ± 1.5	17.9 ± 11.8
CYP3A4 inducer	3	97.2 ± 49.0	2.5 ± 0.7	21.9 ± 9.1
CYP3A4 inhibitor	2	10.6, 83.1	1.6, 2.8	20.1, 25.3
Overall	11	77.4 ± 45.5	2.7 ± 1.2	19.9 ± 9.6

Abbreviation: cART = combination antiretroviral therapy.