

Supporting Information

Table S1. Time to response in Chinese patients with relapsed/refractory B-cell malignancies.

Response Category	CLL/SLL (n=9)	MCL (n=2)	WM (n=2)	FL (n=26)	MZL (n=5)	Total (N=44)
Time to response, months*						
<i>n</i>	9	1	1	12	0	23
Median	2.8	2.8	2.8	2.8		2.8
Min, max	2.7–2.9	2.8–2.8	2.8–2.8	2.6–16.4		2.6–16.4

*Time to response is summarized for responders (ie, those who achieved an overall response) only.

Table S2. Patients with AEs leading to dose interruption.

Patient number	AE leading to dose interruption	Outcome	Recurrence after restarting treatment (Yes/No/ Not available)
1	Grade 3 cholesterin granuloma of middle ear	Resolved	No
2	Grade 4 neutropenia	Resolved	Yes, recurred 3.5 months after treatment re-initiation. But latter event resolved without dose interruption
3	Grade 3 febrile neutropenia	Resolved	No

4	Grade 3 purpura	Resolving	Not available. Treatment was not restarted due to disease progression
5	Grade 2 cough and Grade 1 productive cough	Resolved	No
6	Grade 3 anemia	Resolving	Not available. Treatment was not restarted due to disease progression
7	Grade 1 leukopenia and Grade 3 neutropenia	Grade 1 leukopenia didn't resolve, and Grade 3 neutropenia was resolving	No. Treatment was discontinued very soon after re-initiation due to disease progression
8	Grade 3 anemia	Resolved	Not available. Treatment was not restarted due to disease progression

Figure S1. Mutational landscape of 14 zanubrutinib-progressive patients. A NGS panel that included 175 hematological malignancy-related genes, and a NGS panel containing 475 lymphoma-related genes were tested in 3 and 11 samples, respectively. All the genes listed in the heatmap were detectable by the lymphoma-related genes panel; three genes (*ATP6V182*, *CYLD*, *DDX3X*) were not included in the hematological malignancy-related genes panel. BOR, best

