

Supplemental Material for Publication

Sorafenib or Placebo in Patients with Newly Diagnosed Acute Myeloid Leukemia: Long-Term Follow Up of the SORAML Trial

Christoph Röllig^{1*}, Hubert Serve^{2*}, Richard Noppeney³, Maher Hanoun³, Utz Krug⁶, Claudia D Baldus⁴, Christian H Brandts², Volker Kunzmann⁵, Hermann Einsele⁵, Alwin Krämer⁶, Carsten Müller-Tidow⁶, Kerstin Schäfer-Eckart⁷, Andreas Neubauer⁸, Andreas Burchert⁸, Aristoteles Giagounidis⁹, Stefan W Krause¹⁰, Andreas Mackensen¹⁰, Walter Aulitzky¹¹, Regina Herbst¹², Mathias Hänel¹², Norbert Frickhofen¹³, Johannes Kullmer¹⁴, Ulrich Kaiser¹⁵, Alexander Kiani¹⁶, Hartmut Link¹⁷, Thomas Geer¹⁸, Albrecht Reichle¹⁹, Christian Junghanß²⁰, Roland Repp²¹, Achim Meinhardt²², Heinz Dürk²³, Ina-Maria Klut²⁴, Martin Bornhäuser¹, Markus Schaich²⁵, Stefani Parmentier²⁵, Martin Görner²⁶, Christian Thiede¹, Malte von Bonin¹, Uwe Platzbecker²⁷, Johannes Schetelig¹, Michael Kramer¹, Wolfgang E Berdel^{28*}, and Gerhard Ehninger^{1*} for the Study Alliance Leukaemia (SAL)

The the full trial protocol can be accessed under

<https://www.sal-aml.org/sal/studien/abgeschlossene-studien/soraml-1>

Supplemental Table ST1. 5-year event-free survival, relapse-free survival and overall survival of study patients stratified according to FLT3-ITD mutation status.

	Sorafenib Arm		Placebo Arm	
	FLT3-ITD	FLT3wt/-TKD	FLT3-ITD	FLT3wt/-TKD
5-year EFS in % (95%-CI)	34.8 (19.9 – 60.9)	43.3 (34.7 – 54.1)	8.7 (2.3 – 32.7)	30.9 (23.4 – 40.9)
5-year RFS in % (95%-CI)	42.9 (26.2 – 70.2)	54.5 (45.0 – 66.0)	22.7 (10.5 – 49.1)	44.5 (35.5 – 55.8)
5-year OS in % (95%-CI)	59.7 (42.4 – 84.0)	62.4 (53.6 – 72.6)	39.1 (23.5 – 65.1)	55.6 (46.8 – 65.9)

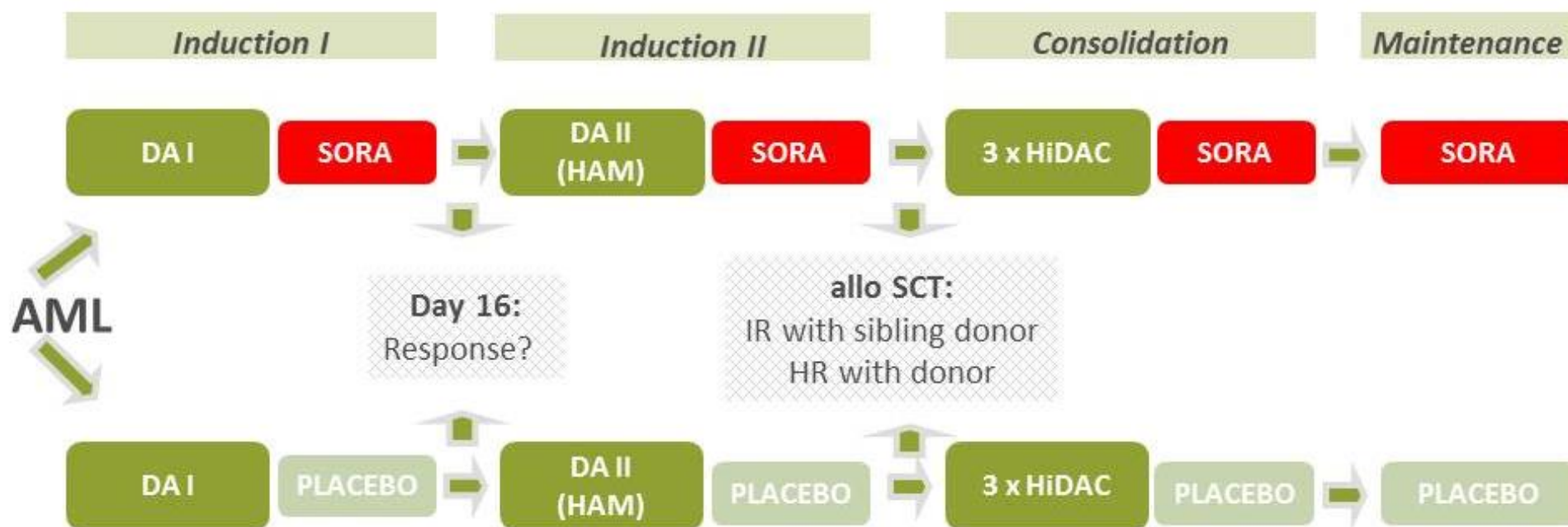
Supplemental Table ST2. 5-year event-free survival, relapse-free survival and overall survival of patients relapsed after study treatment, stratified according to FLT3-ITD mutation status.

n/% (95%-CI)	Sorafenib Arm	Placebo Arm
Relapse	30/81 37% (27 – 48%)	40/78 51% (40-63%)
Relapse treatment		
- Palliative	3/30 10% (2-27%)	2/40 5% (1-17%)
- Curative	27/30 90% (73-98%)	38/40 95% (83-99%)
Second CR (after curative salvage)	22/30 73% (54-88%)	33/40 82% (67-93%)
Salvage SCT	26/30 87% (69-96%)	35/40 88% (73-96%)
- Second SCT	4/30 13% (4-31%)	2/40 5% (1-17%)
Relapse after salvage SCT	13/26 50% (30-70%)	14/35 40% (24-58%)

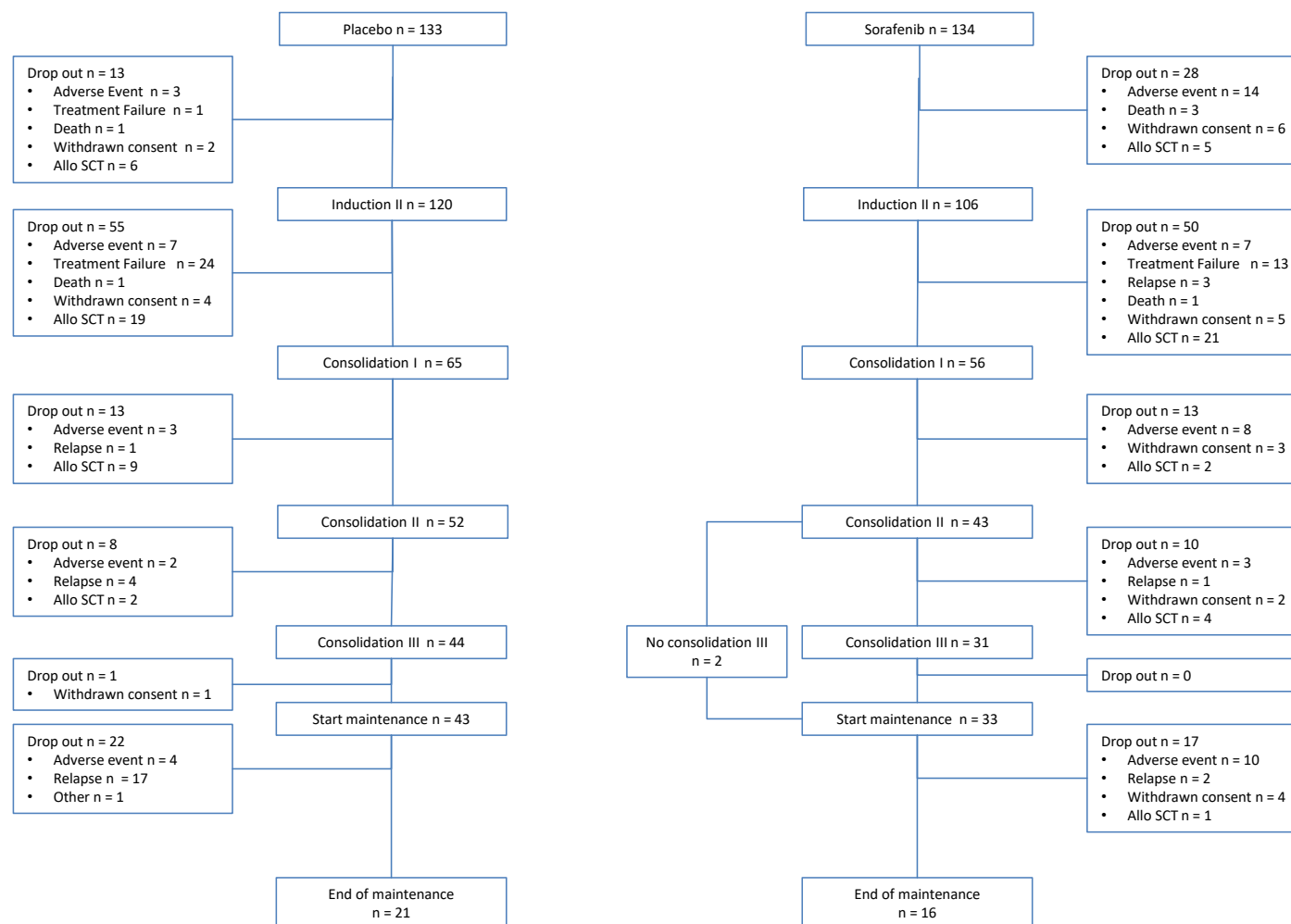
Supplemental Table ST3. Patient characteristics. Aberrations t(8;21), inv(16) and t(16;16) were considered favourable risk; -7, -5, -5q, inv(3), t(3;3), t(6;9), t(6;11), t(11;19) and ≥ 3 aberrations were categorized as high risk, whereas normal karyotype and all other aberrations were considered intermediate risk

Demographics		Placebo	Sorafenib
		n = 40	n = 30
Age (years), median [min, max]		49 [26, 60]	48 [20, 60]
Female, n (%)		16 (40.0)	12 (40.0)
Secondary AML, n (%)		4 (10.0)	3 (10.0)
ECOG status, n (%)			
	ECOG 0	15 (37.5)	8 (26.7)
	ECOG 1	19 (47.5)	20 (66.7)
	ECOG 2	-	-
	ECOG missing	6 (15.0)	2 (6.7)
Bone marrow blasts in %, median [min, max]		75 [24, 96]	67 [35, 90]
	missing, n (%)	1 (2.5)	1 (3.3)
White blood count in Gpt/l, median [min, max]		19.0 [0.4, 134.3]	12.8 [0.7, 277.8]
Platelet count in Gpt/l, median [min, max]		49 [7, 354]	72 [19, 291]
Lactate dehydrogenase in U/l, median [min, max]		513 [153, 859]	316 [115, 984]
	missing, n (%)	6 (15.0)	5 (16.7)
Cytogenetic risk group, n (%)			
	low risk (LR)	18 (45.0)	11 (36.7)
	intermediate risk (IR)	13 (32.5)	13 (43.3)
	high risk (HR)	7 (17.5)	5 (16.7)
	could not be assessed	2 (5.0)	1 (3.3)
Normal karyotype, n (%)		22 (55.0)	18 (60.0)
Stratification, n (%)			
	HR cytogenetics	7 (17.5)	5 (16.7)
	LR cytogenetics	5 (12.5)	3 (10.0)
	IR cytogenetics, NPM mut, FLT3-ITD wt	10 (25.0)	5 (16.7)
	IR cytogenetics, NPM mut, FLT3-ITD mut	7 (17.5)	5 (16.7)
	IR cytogenetics, NPM wt, FLT3-ITD mut	1 (2.5)	-
	IR cytogenetics, NPM wt, FLT3-ITD wt	10 (25.0)	12 (40.0)
NPM1 mutation, n (%)		18 (45.0)	11 (36.7)
	missing, n (%)	-	-
FLT3-ITD mutation, n (%)		9 (22.5)	6 (20.0)
	missing, n (%)	-	-
FLT3-ITD/wt ratio, median [min, max]		0.36 [0.07, 1.02]	0.45 [0.06, 14.3]

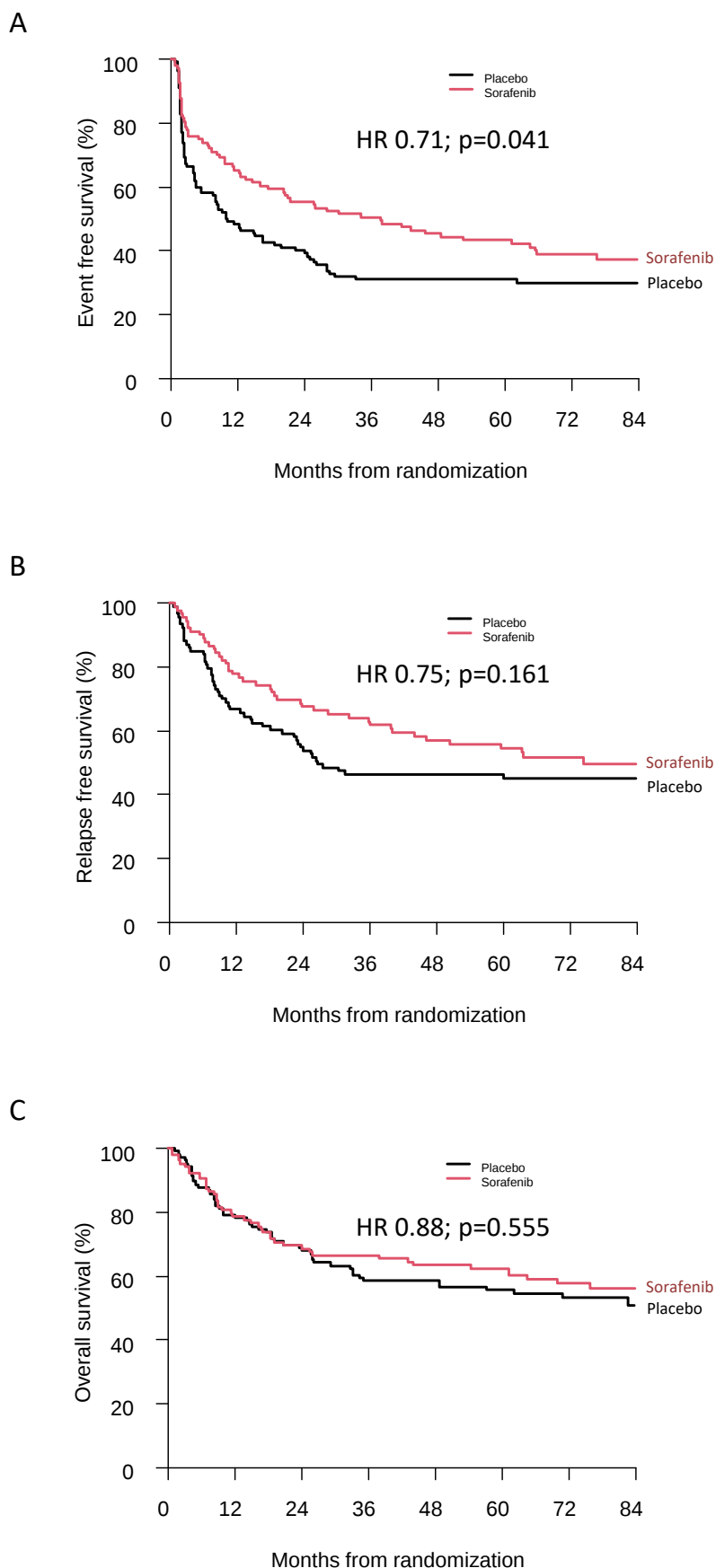
Supplemental Figure SF1. Trial design. AML, acute myeloid leukaemia; DA, daunorubicin plus cytarabine 7+3; HAM, high-dose cytarabine plus mitoxantrone; sora, sorafenib; allo SCT, allogeneic stem cell transplantation; HiDAC, high-dose cytarabine; favourable risk (FR): t(8;21), inv(16); high risk (HR): -7, -5, -5q, inv(3), t(3;3), t(6;9), t(6;11), t(11;19) or ≥ 3 aberrations or insufficient response on day 16 after DA I (in this case second induction with HAM); intermediate risk (IR): all cytogenetics not FR or HR



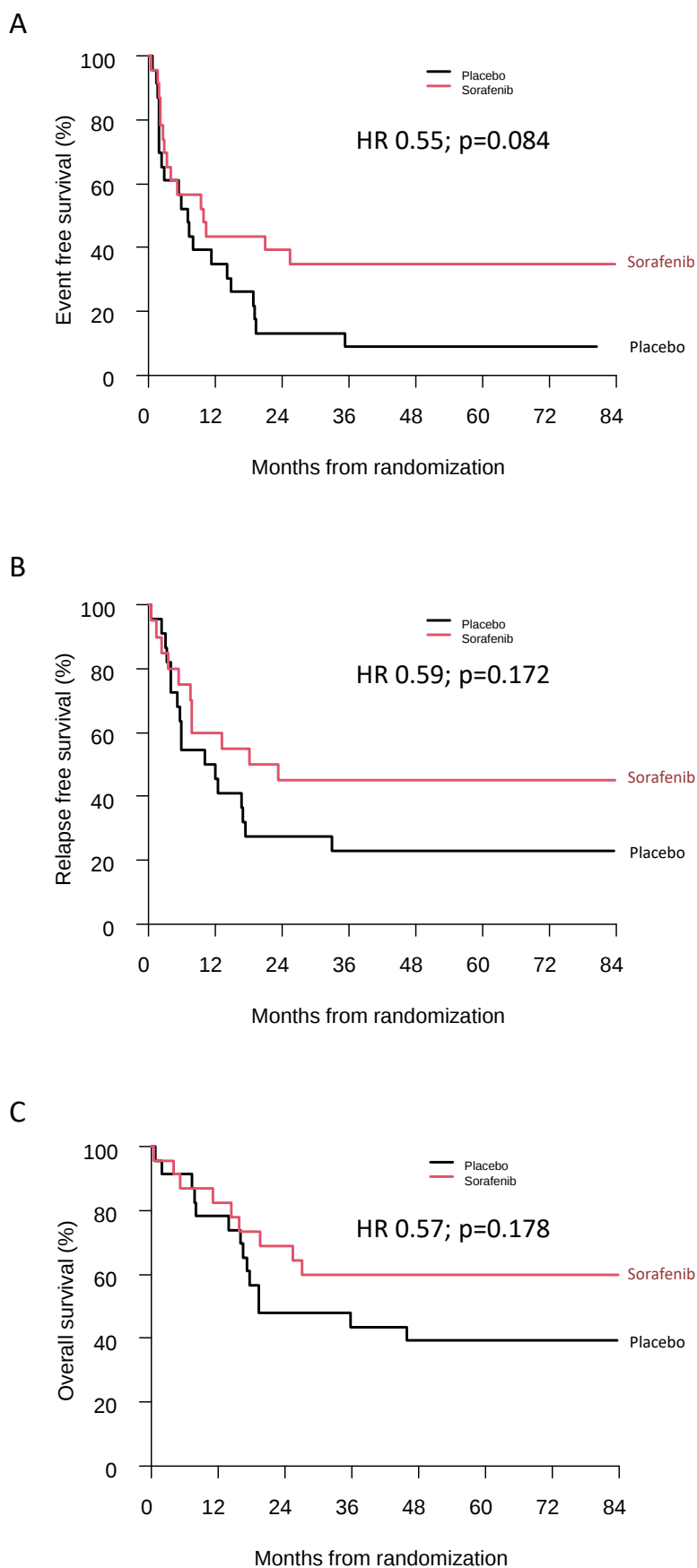
Supplemental Figure SF2. Patient flow according to the CONSORT statement. Allo SCT, allogeneic stem cell transplantation.



Supplemental Figure SF3. Event-free survival (A), relapse-free survival (B) and overall survival (C) in FLT3wt/-TKD patients.

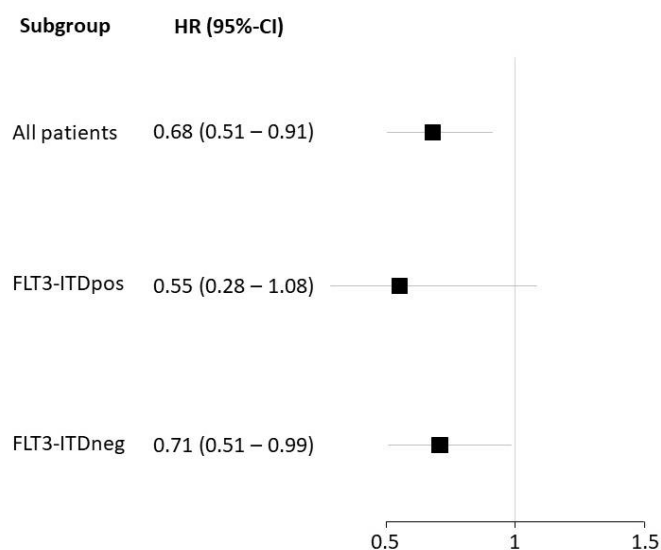


Supplemental Figure SF4. Event-free survival (A), relapse-free survival (B) and overall survival (C) in FLT3-ITD patients.

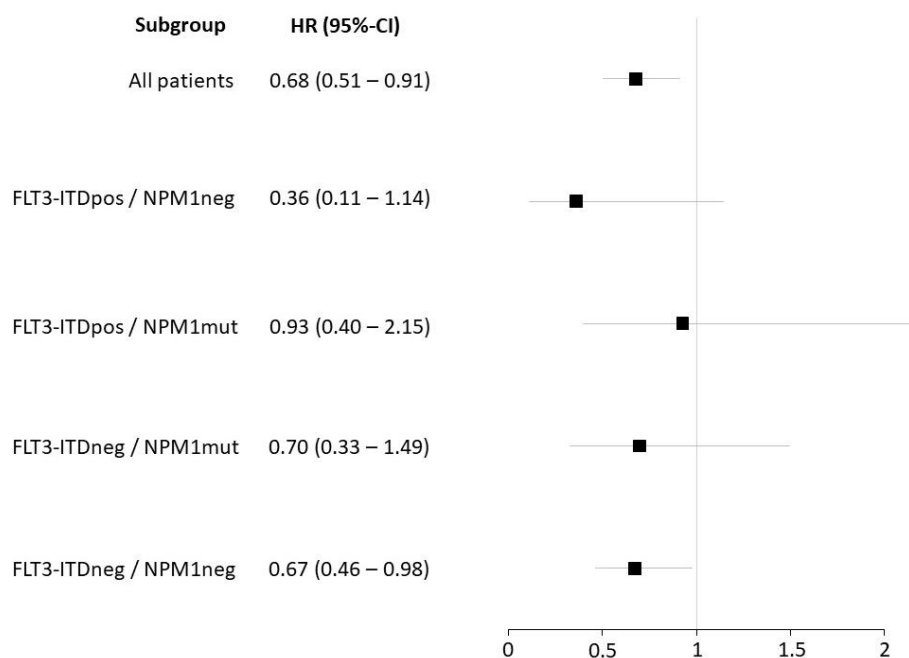


Supplemental Figure SF5. Forrest plot of sorafenib effect on EFS in patient subgroups defined by FLT3-ITD and NPM1 mutational status. (A) presence of FLT3-ITD mutation; (B) FLT3-ITD-NPM1 strata.

A

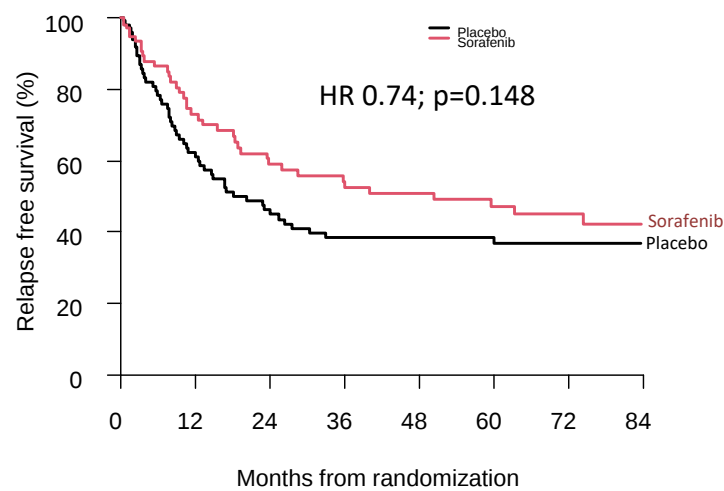


B

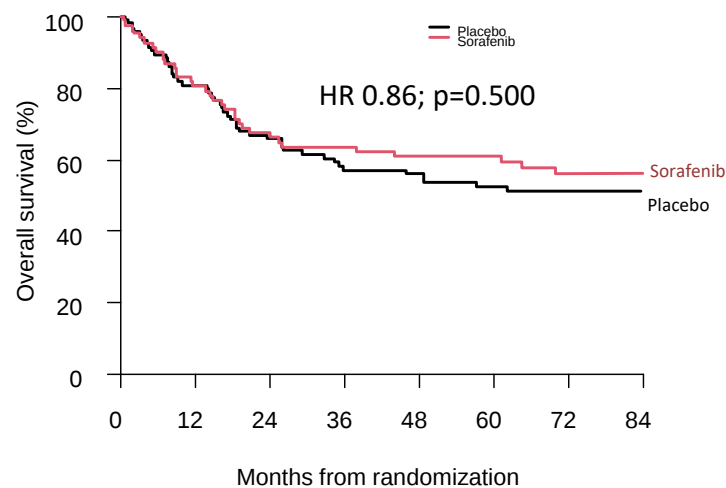


Supplemental Figure SF6. Relapse-free survival (A) and overall survival (B) censoring patients by the time of allogeneic SCT.

A

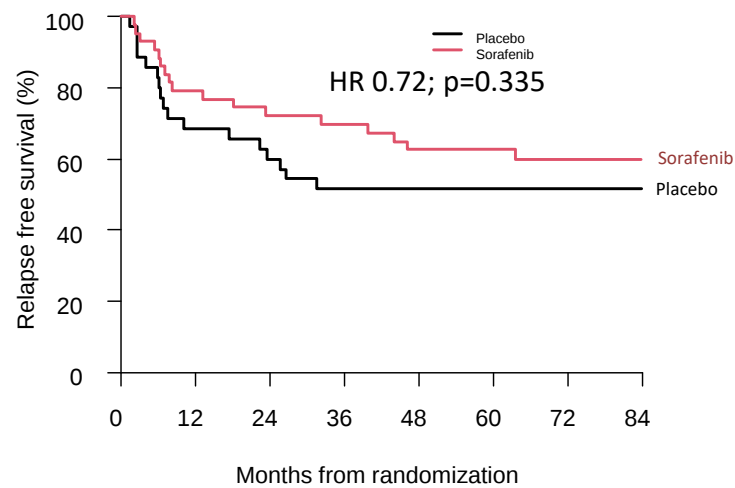


B



Supplemental Figure SF7. Relapse-free survival (A) and overall survival (B) only for transplanted patients.

A



B

