Supplementary Appendix

The natural history of systemic AL Amyloidosis following upfront treatment with Bortezomib: An analysis of longitudinal data in a real-world setting.

Haematologic responses and survival do not significantly decrease with subsequent lines of therapy in systemic AL amyloidosis: Results from an analysis of real-world longitudinal data

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Table SA 1: Case mix of AL amyloidosis- 2009-2019

| Year | No. No. treated with | | Boretzomib cohort | | |
|---------------------------|----------------------|--------------|-------------------|----------|----------|
| in Bortezomib ALchemy (%) | Cardiac (%) | Renal (%) | Liver (%) | | |
| 2009 | 49 | 0 (0) | | | |
| 2010 | 111 | 8 (7) | 3 (38) | 7 (88) | 3 (38) |
| 2011 | 178 | 41 (23) | 38 (93) | 30 (73) | 6 (15) |
| 2012 | 195 | 90 (46) | 62 (69) | 52 (58) | 8 (9) |
| 2013 | 180 | 102 (57) | 76 (75) | 73 (72) | 17 (17) |
| 2014 | 233 | 172 (74) | 96 (56) | 126 (73) | 30 (17) |
| 2015 | 217 | 184 (85) | 113 (61) | 124 (67) | 24 (13) |
| 2016 | 234 | 186 (79) | 117 (63) | 135 (73) | 28 (15) |
| 2017 | 230 | 187 (81) | 119 (64) | 133 (71) | 14 (7) |
| 2018 | 246 | 203 (83) | 129 (64) | 141 (69) | 13 (6) |
| 2019 | 138 | 103 (75) | 56 (54) | 57 (56) | 11 (11) |
| Total | 2011 | 1276 (63.5) | 809 (63) | 878 (69) | 154 (12) |

Table SA 2: Baseline characteristics at start of 2nd, 3rd and 4th lines of treatment

| Characteristic, | 2nd line | 3rd line | 4th line |
|--------------------|--------------------|-----------------|-------------------|
| Median (Range) | | | |
| dFLC, mg/l | 91.5 (1.6-6064) | 96.5 (1.3-2500) | 136.4 (33.2-4076) |
| NT-ProBNP, ng/l | 1463.5 (42-117874) | 1260 (69-70000) | 906.5 (96-70000) |
| Creatinine, µmol/l | 107 (33-1051) | 105 (33-1211) | 119 (71-900) |
| Urine | 2.05 (0-22.2) | 0.8 (0.1-16.6) | 0.5 (0.1-10.4) |
| protein,gm/24 | | | |
| hours | | | |
| ALP, u/l | 86.5 (28-1203) | 85 (28-486) | 79.5 (32-516) |

NT-proBNP, N-terminal pro B-type natriuretic peptide; dFLC, difference between involved and uninvolved light chains; ALP, Alkaline phosphatase

Table SA3: Treatment agents

| Principle agent | 2 nd line | 3 rd line | 4 th line | 5 th line | 6 th line |
|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | N=376 | N=117 | N=32 | N=8 | N=2(%) |
| Bortezomib | 24 (6.4) | 2 (1.7) | 1 (3.1) | | |
| Lenalidomide | 175 (46.5) | 50 (42.6) | 8 (25) | 1 (12.5) | |
| Melphalan | 35 (9.3) | 2 (1.7) | 1 (3.1) | 1 (12.5) | |
| Daratumumab | 50 (13.3) | 26 (22.2) | 14 (43.8) | 2 (25) | 1 (50) |
| Autologous HSCT | 34 (9) | 10 (8.5) | 2 (6.3) | 2 (25) | |
| Panabinostat | | 4 (3.4) | | | 1 (50) |
| Pomalidomide | 6 (1.6) | 11 (9.4) | 5 (15.6) | 2 (25) | |
| Carfilzomib | 4 (1.1) | 2 (1.7) | | | |
| Bendamustine | 25 (6.6) | 5 (4.3) | | | |
| Rituximab | 3 (0.8) | | | | |
| Thalidomide | 12 (3.2) | 1 (0.9) | 1 (3.1) | | |
| Cyclophosphamide | 5 (1.3) | | | | |
| Ixazomib | 2 (0.6) | 1 (0.9) | | | |
| Venetoclax | 1 (0.3) | | | | |
| Ibrutinib | | 1 (0.9) | | | |
| Platinum | | 1 (0.9) | | | |
| Allogeneic HSCT | | 1 (0.9) | | | |

Table SA4: Reason for treatment

| | 2 nd line | 3 rd line | 4 th line |
|-----------------|----------------------|----------------------|----------------------|
| | (n=376) | (n=117) | (n=32) |
| Haematologic or | 243 (64.6%) | 60 (51.2%) | 21 (65.6%) |
| organ | | | |
| progression | | | |
| Inadequate | 113 (30.1) | 47 (40.2) | 10 (31.3) |
| response | | | |
| Toxicity | 14 (3.7) | 3 (2.6) | 0 |
| Maintenance | 3 (0.8) | 7 (6) | 1 (3.1) |

| Physician | 3 (0.8) | 0 | 0 |
|-----------|---------|---|---|
| Choice | | | |

Figure legends

Figure SA1: Kaplan-Meier curve comparing OS in patients (ITT cohort) with FLC ratio < 100 at diagnosis based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly better survival than those without any subsequent therapy after 1st line- median OS 74 months (95% CI 58.40-89.59 months) vs. 49 months (95% CI 36.91-61.09 months) (p < 0.005).

Figure SA2: Kaplan-Meier curve comparing OS in patients (ITT cohort) with FLC ratio ≥ 100 at diagnosis based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly better survival than those without any subsequent therapy after 1st line- median OS not reached vs. 8 months (95% CI 36.91-61.09 months) (p < 0.005).

Figure SA3: Kaplan-Meier curve comparing OS in patients (12-month landmark cohort) with FLC ratio < 100 at diagnosis based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between patients with > 1 line of treatment and those without any subsequent therapy after 1st line- median OS 80 months (95% CI 66.95-93.04 months) vs. 89 months (p = 0.070).

Figure SA4: Kaplan-Meier curve comparing OS in patients (12-month landmark cohort) with FLC ratio > 100 at diagnosis based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between patients with > 1 line of treatment and those without any subsequent therapy after 1st line- median OS not reached in both groups (p = 0.638).

Figure SA5: Kaplan-Meier curve comparing OS in Mayo stage I patients (ITT cohort) based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between patients with > 1 line of treatment and those without any subsequent therapy after 1st line- median OS 87 months vs not reached (p = 0.089).

Figure SA6: Kaplan-Meier curve comparing OS in Mayo stage II patients (ITT cohort) based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly better survival compared to patients without subsequent therapy after 1st line- median OS not reached vs 80 months (95% CI 66.14-93.86 months) (p = 0.043).

Figure SA7: Kaplan-Meier curve comparing OS in Mayo stage III patients (ITT cohort) based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly better survival compared to patients without subsequent therapy after 1st line- median OS 58 months (95% CI 48.19-67.80 months) vs 26 months (95% CI 19.03-32.96 months) (p < 0.005).

Figure SA8: Kaplan-Meier curve comparing OS in Mayo stage IIIb patients (ITT cohort) based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly better survival compared to patients without subsequent therapy after 1st linemedian OS not reached vs 4 months (95% CI 2.85-5.14 months) (p < 0.005).

Figure SA9: Kaplan-Meier curve comparing OS in Mayo stage I patients (12-month landmark cohort) based on lines of treatments (> 1 line vs only 1 line). Patients with > 1 line of treatment had a significantly poorer survival compared to patients without subsequent therapy after 1st line- median OS 87 months vs not reached (p = 0.001).

Figure SA10: Kaplan-Meier curve comparing OS in Mayo stage II patients (12-month landmark cohort) based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between the two groups- median OS 109 months (95% CI 61.48-156.52 months) vs not reached (p = 0.158).

Figure SA11: Kaplan-Meier curve comparing OS in Mayo stage III patients (12-month landmark cohort) based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between the two groups- median OS 61 months vs 60 months (95% CI 50.16-69.84 months) (p = 0.534).

Figure SA12: Kaplan-Meier curve comparing OS in Mayo stage IIIb patients (12-month landmark cohort) based on lines of treatments (> 1 line vs only 1 line). There was no significant difference in survival between the two groups- median OS not reached vs 71 months (95% CI 45.26-96.73 months) (p = 0.795).

Figure SA13: Kaplan-Meier curve showing the impact of haematologic response after 3rd line on OS after 3rd line treatment. Patients with CR or VGPR had a significantly better survival than those with a PR or NR- median OS not reached / non reached vs. 31 months (95% CI 15.52-46.47 months) / 19 months (95% CI 16.85-21.14 months) (p < 0.005). There was no difference in survival between CR and VGPR (p = 0.596).

Figure SA14: Kaplan-Meier curve showing the impact of haematologic response after 3rd line on TNT after 3rd line treatment. Patients with CR or VGPR after 3rd line had a significantly longer TNT than those with PR/NR- median TNT 32 months (24.46-39.53) / 44 months vs. 36 months / 13 months (95% CI 5.11-20.88 months) (p=0.008). There was no difference in TNT between CR and VGPR (p = 0.436).

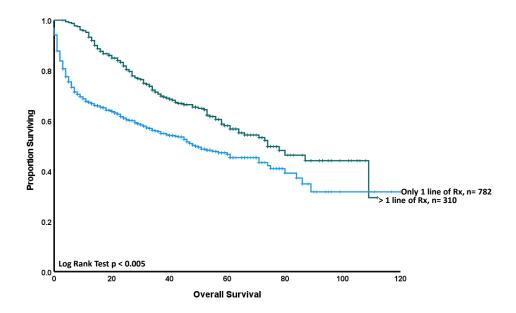


Figure SA2

Overall Survival in patients with FLC ratio > 100: > 1 line vs only 1 line (ITT cohort)

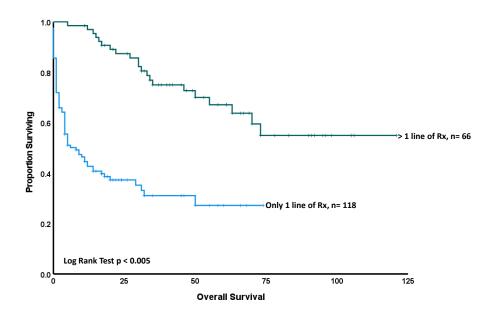


Figure SA3 Overall Survival in patients with FLC ratio < 100: > 1 line vs only 1 line (12-month cohort)

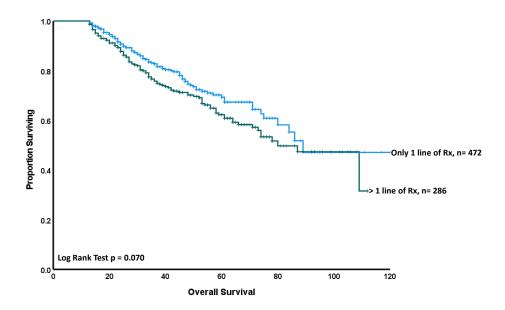
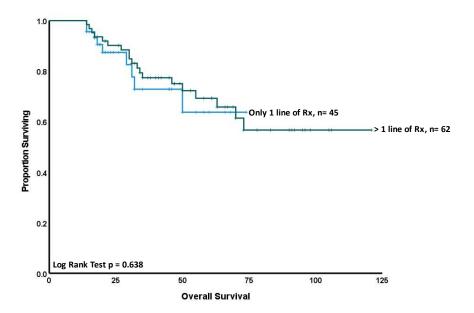


Figure SA4

Overall Survival in patients with FLC ratio > 100: > 1 line vs only 1 line (12 -months landmark cohort)



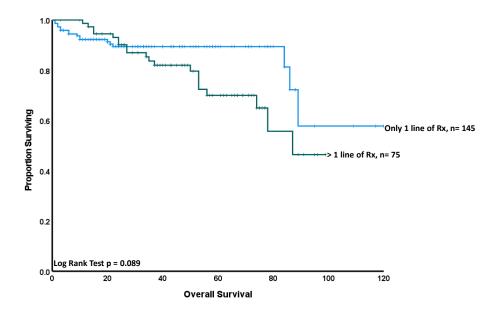
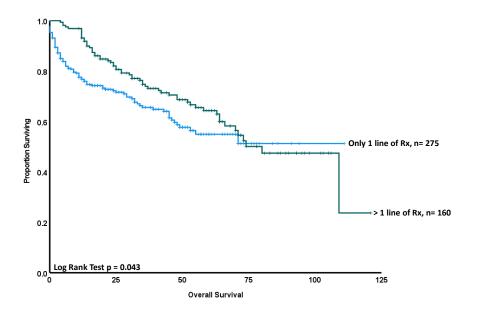


Figure SA6

ITT cohort, Mayo stage II: > 1 line vs only 1 line



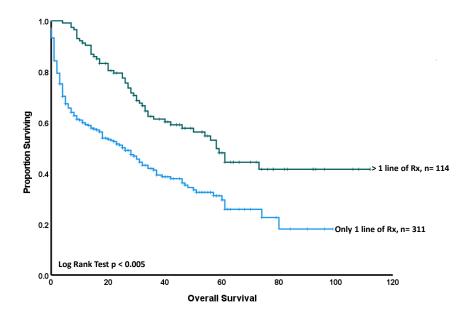
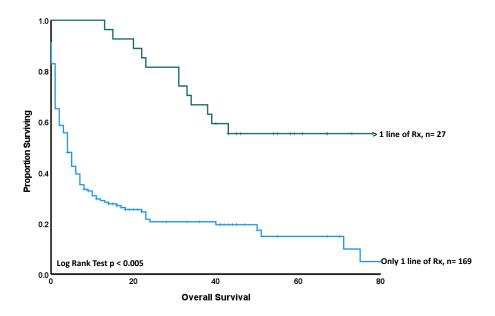


Figure SA8

ITT cohort, Mayo stage IIIb: > 1 line vs only 1 line



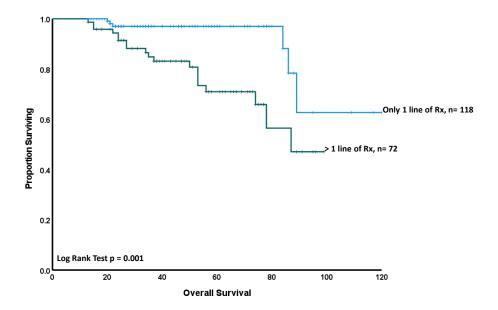
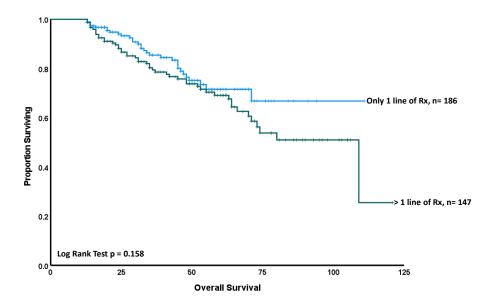


Figure SA10

12-month landmark cohort, Mayo stage II: > 1 line vs only 1 line



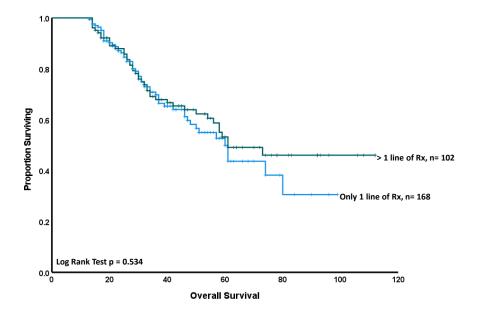


Figure SA12

12-month landmark cohort, Mayo stage IIIb: > 1 line vs only 1 line

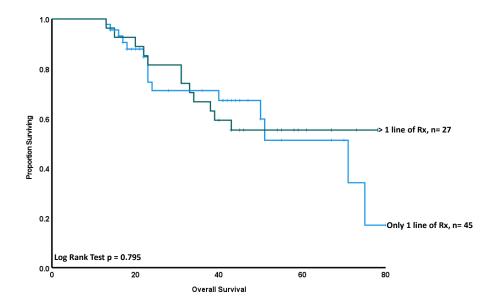


Figure SA13

Impact of haematologic response (after 3rd line) on OS from 3rd line

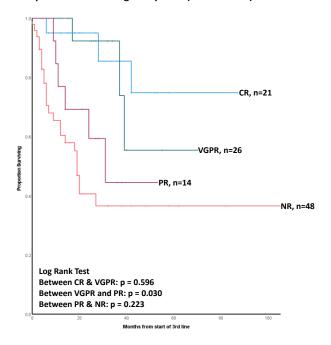


Figure SA14

Impact of haematologic response (after 3rd line) on TNT from 3rd line

