

Functional Classification of *TP53* Mutations in Acute Myeloid Leukemia

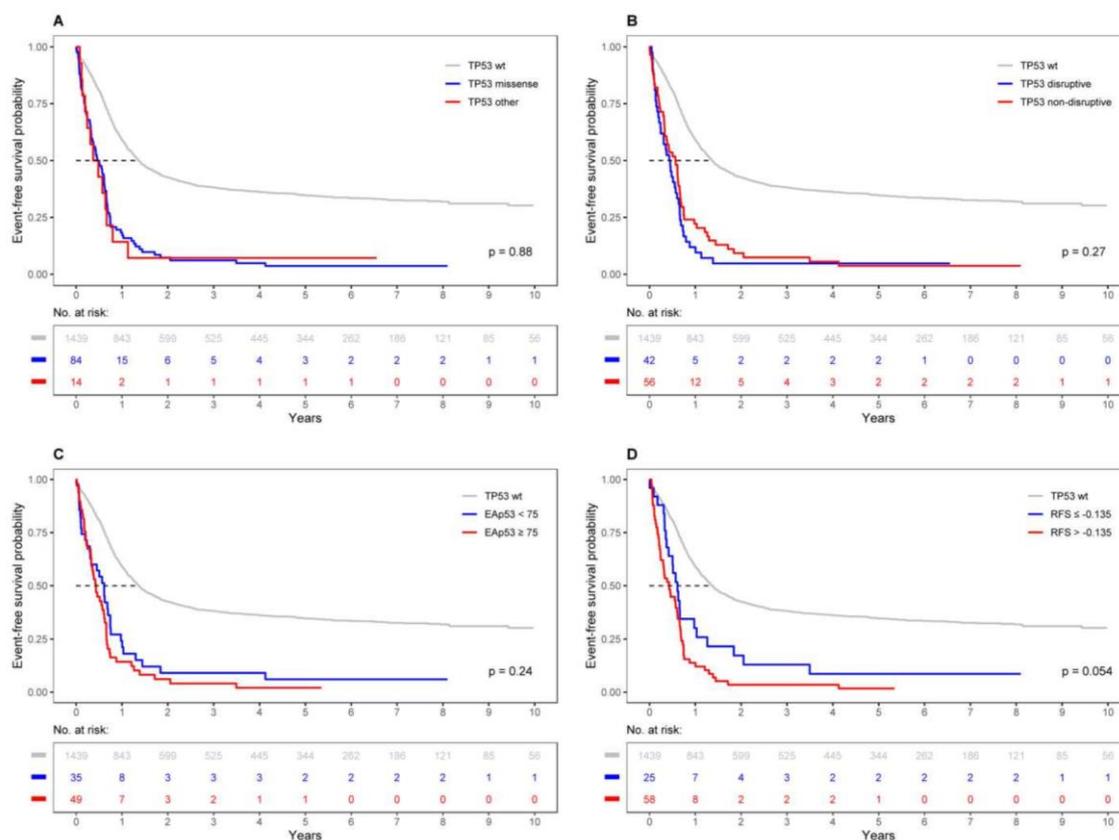


Figure S1. Event-free survival probabilities for patients with *TP53* mutated AML according to functional mutation scoring systems. **(A)** comparison of missense *TP53* mutations versus other types (nonsense and splice-site mutations, insertions and deletions). **(B)** comparison of disruptive versus non-disruptive mutations. **(C)** classification according to the “Evolutionary Action p53 Score” (EAp53). **(D)** classification based on the “Relative Fitness Score” (RFS) with the AML-specific threshold of -0.135. All P-values refer to the comparison of *TP53* mutated groups, survival of *TP53* wild-type patients is shown as a reference.

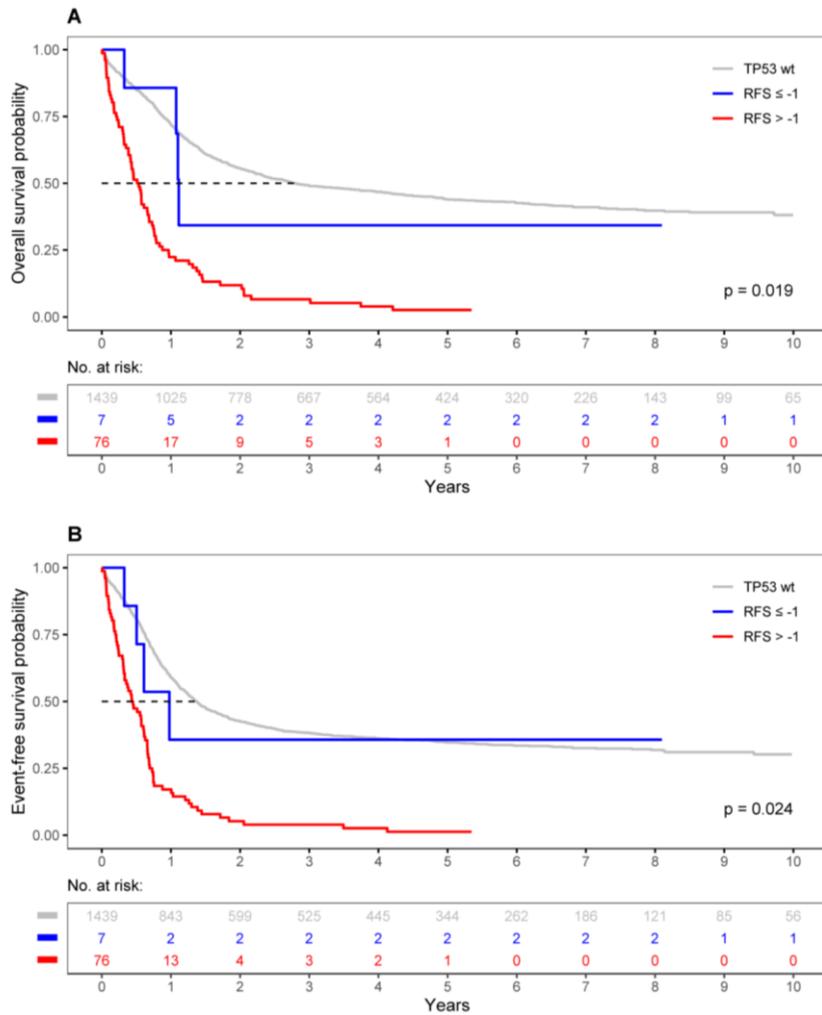


Figure S2. Overall and event-free survival probabilities for patients with *TP53* mutated AML according to the RFS with a cut-off set at -1.

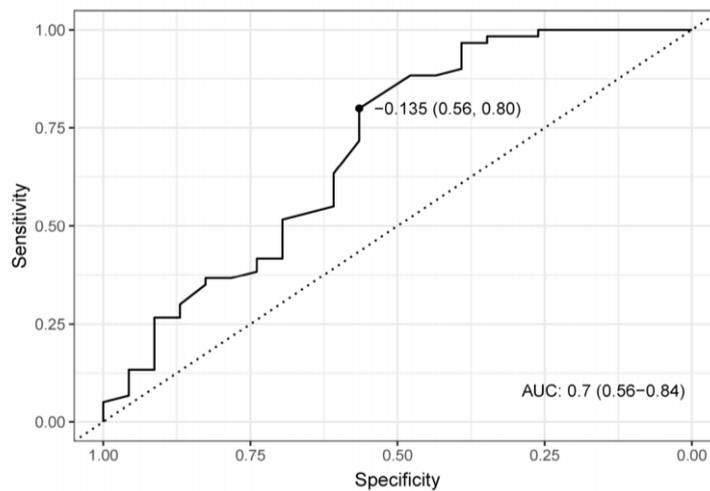


Figure S3. Receiver operating characteristics analysis for the “Relative Fitness Score” as a predictor for 1-year mortality. Abbreviation: AUC, area under the curve.

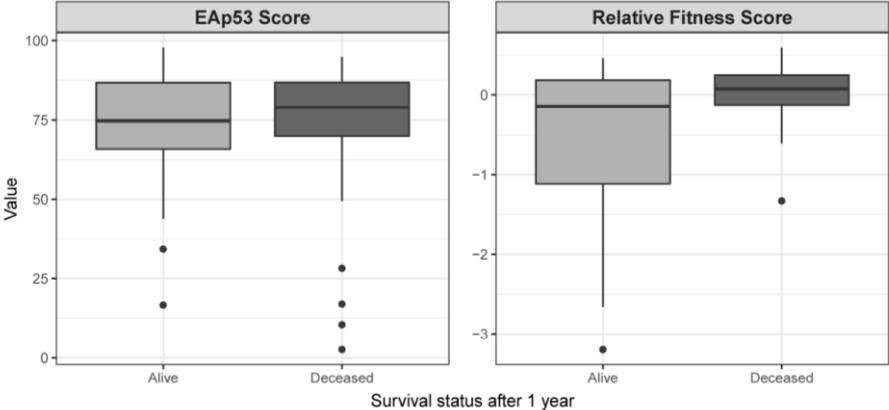


Figure S4. Box plots of the “EAp53 Score” and the “Relative Fitness Score” for patients with *TP53* mutated AML according to the survival status at 1 year.

Table S1. Median event-free survival rates of AMLSG patients with and without *TP53* mutated AML and with respect to *TP53* functional scoring systems. Abbreviations: mut, *TP53* mutated; wt, *TP53* wild-type; CI, confidence interval; EAp53, “Evolutionary Action p53 Score”; RFS, “Relative Fitness Score”; RFS AML, AML-specific RFS; NA, not applicable—median survival not reached.

Variable	Group	Median	95% CI
<i>TP53</i>	mut	5.7	4.3–7.4
	wt	16.5	15.0–18.2
Disruptive	no	6.8	4.0–8.0
	yes	5.3	3.0–7.7
Missense	no	5.1	2.9–13.6
	yes	5.8	4.0–7.5
EAp53	<75	7.3	3.7–9.1
	≥75	5.2	4.0–7.5
RFS	≤−1	11.7	6.0–NA
	>−1	5.3	4.0–7.4
RFS AML	≤−0.135	7.3	5.0–15.1
	>−0.135	5.2	3.6–7.4

Table S2. Cox proportional hazards regression analysis of the different functional mutation scoring systems and patient characteristics on overall survival—univariable analysis. The *TP53* variant allele frequency (VAF) is assessed as a continuous and a binary variable. Abbreviations: HR, hazard ratio; CI, confidence interval; EAp53, “Evolutionary Action p53 Score”; RFS, “Relative Fitness Score”; RFS AML, AML-specific RFS.

Variable	Category	HR (95% CI)	<i>p</i>
Disruptive	no	1 (Ref.)	0.064
	yes	1.49 (0.98–2.26)	
Missense	no	1 (Ref.)	0.492
	yes	0.81 (0.45–1.47)	
EAp53 score	<75	1 (Ref.)	0.488
	≥75	1.17 (0.75–1.84)	
RFS	≤−1	1 (Ref.)	0.026
	>−1	3.15 (1.15–8.67)	
RFS AML	≤−0.135	1 (Ref.)	0.018
	>−0.135	1.83 (1.11–3.02)	
Age		1.05 (1.02–1.07)	<0.001
Gender	male	1 (Ref.)	0.460
	female	1.17 (0.77–1.78)	
White blood cell count		1.01 (1.00–1.02)	0.045
Cytogenetic risk	high	1 (Ref.)	0.161
	intermediate	0.47 (0.21–1.02)	
	low	0.83 (0.20–3.41)	
Type of AML	AML	1 (Ref.)	0.193
	secondary AML	1.47 (0.53–4.04)	
	Therapy-related AML	0.58 (0.30–1.13)	
VAF		1.00 (1.00–1.01)	0.428
VAF	<20	1 (Ref.)	0.398
	≥20	0.79 (0.46–1.36)	

Table S3. Cox proportional hazards regression analysis of the different functional mutation scoring systems and patient characteristics on event-free survival—univariable analysis. The *TP53* variant allele frequency (VAF) is assessed as a continuous and a binary variable. Abbreviations: HR, hazard ratio; CI, confidence interval; EAp53, “Evolutionary Action p53 Score”; RFS, “Relative Fitness Score”; RFS AML, AML-specific RFS.

Variable	Category	HR	<i>p</i>
Disruptive	no	1 (Ref.)	0.274
	yes	1.26 (0.83–1.91)	
Missense	no	1 (Ref.)	0.882
	yes	0.96 (0.53–1.72)	
EAp53 score	<75	1 (Ref.)	0.240
	≥75	1.31 (0.83–2.06)	
RFS	≤−1	1 (Ref.)	0.032
	>−1	3.05 (1.10–8.43)	
RFS AML	≤−0.135	1 (Ref.)	0.056
	>−0.135	1.63 (0.99–2.68)	
Age		1.05 (1.03–1.08)	<0.001
Gender	male	1 (Ref.)	0.715
	female	1.08 (0.71–1.64)	
White blood cell count		1.01 (1.00–1.02)	0.004
Cytogenetic risk	high	1 (Ref.)	0.122
	intermediate	0.44 (0.20–0.97)	
	low	0.74 (0.18–3.06)	
Type of AML	AML	1 (Ref.)	0.099
	secondary AML	1.31 (0.48–3.60)	
	therapy-related AML	0.50 (0.26–0.97)	
VAF		1.00 (0.99–1.01)	0.915
VAF	<20	1 (Ref.)	0.357
	≥20	0.78 (0.46–1.33)	

Table S4. Sensitivity and specificity values of the various thresholds for the “EAp53 Score” and the “Relative Fitness Score” (RFS). For each of the investigated thresholds, we stated the number of patients that were below and above the threshold in the groups “alive” and “deceased” after 1 year. The resulting sensitivity and specificity values are presented with their respective 95% confidence intervals (CI).

Scoring System	Threshold	Below/above (deceased)	Below/above (alive)	Sensitivity (95% CI)	Specificity (95% CI)
EAp53	75	23/38	12/11	62.3 (49.0–74.4)	52.2 (30.6–73.2)
RFS	−1	1/59	6/17	98.3 (91.1–100)	26.1 (10.2–48.4)
RFS AML	−0.135	12/48	13/10	80.0 (70.0–90.0)	56.5 (34.8–73.9)

Investigators and centers of the German-Austrian AML Study Group.

Karin T. Mayer M.D.	Universitätsklinikum Bonn, Bonn Germany
Bernd Hertenstein, M.D.	Klinikum Bremen Mitte, Bremen, Germany
Thomas Schroeder, M.D.	Universitätsklinikum Düsseldorf, Düsseldorf, Germany
Mohammed Wattad, M.D.	Kliniken Essen Süd, Ev. Krankenhaus Essen Werden GmbH, Essen, Germany
Swen Wessendorf, M.D.	Klinikum Esslingen, Esslingen, Germany
Hans Gunter Derigs, M.D.	Klinikum Frankfurt Höchst GmbH, Frankfurt, Germany
Michael Lübbert, M.D.	Universitätsklinikum Freiburg, Freiburg, Germany
Alexander Burchardt, M.D.	Universitätsklinikum Giessen, Giessen, Germany
Volker Runde, M.D.	Wilhelm Anton Hospital, Goch, Germany
Gerald Wulf M.D.	Universitätsklinikum Göttingen, Göttingen, Germany
Walter Fiedler, M.D.	Universitätsklinikum Hamburg Eppendorf, Hamburg, Germany
Hans Salwender, M.D.	Asklepios Klinik Altona, Hamburg, Germany
Elisabeth Lange, M.D.	Evangelisches Krankenhaus Hamm, Hamm, Germany
Andrea Sendler, M.D.	Klinikum Hanau, Hanau, Germany
Arnold Ganser, M.D.	
Michael Heuser, M.D.	Medizinische Hochschule Hannover, Hannover, Germany
Felicitas Thol M.D.	
Hartmut Kirchner, M.D.	KRH Klinikum Siloah, Hannover, Germany
Uwe Martens, M.D.	SLK Kliniken GmbH Heilbronn, Heilbronn, Germany
Jörg-Thomas Bittenbring, M.D.	Universitätsklinikum des Saarlandes, Homburg, Germany
David Nachbaur, M.D.	Universitätsklinikum Innsbruck, Innsbruck, Austria
Mark Ringhoffer, M.D.	Städtisches Klinikum Karlsruhe GmbH, Karlsruhe, Germany
Heinz A. Horst, M.D.	Universitätsklinikum Schleswig Holstein–Campus Kiel, Kiel, Germany
Stephan Kremers, M.D.	Caritas Krankenhaus Lebach, Lebach, Germany
Andreas Petzer, M.D.	Krankenhaus der Barmherzigen Schwestern Linz, Linz, Austria
Gerhard Heil, M.D.	Klinikum Ludenscheid, Ludenscheid, Germany
Thomas Kindler, M.D.	Universitätsklinikum Mainz, Mainz, Germany
Katharina Götze, M.D.	Klinikum rechts der Isar der Technischen Universität München, München, Germany
Sabine Struve, M.D.	Klinikum Schwabing, München, Germany
Peter Schmidt, M.D.	Städtisches Klinikum Neunkirchen, Neunkirchen, Germany
Ali Nuri Hünerliturkoglu, M.D.	Lukaskrankenhaus GmbH Neuss, Neuss; Germany
Claus Henning Köhne, M.D.	Klinikum Oldenburg, Oldenburg, Germany
Gregg Frost, M.D.	Caritas Klinik St. Theresia, Saarbrücken, Germany
Richard Greil, M.D.	Universitätsklinikum der Paracelsus Medizinischen Universität Salzburg, Salzburg, Austria

Jochen Greiner, M.D.

Heinz Kirchen, M.D.

Hans Gernot Biedermann, M.D.

Helmut Salih, M.D.

Hartmut Döhner, M.D.

Paul Graf La Rosée, M.D.

Elisabeth Koller, M.D.

Aruna Raghavachar, M.D.,

Diakonie Klinikum Stuttgart, Stuttgart, Germany

Krankenhaus der Barmherzigen Brüder, Trier, Germany

Kreisklinik Trostberg, Trostberg, Germany

Universitätsklinikum Tübingen, Tübingen, Germany

Ulm, Ulm, Germany

Schwarzwald Baar Klinikum Villingen Schwenningen GmbH, Villingen Schwenningen, Germany

Hanuschkrankenhaus, Wien, Austria

Helios Klinikum Wuppertal, Wuppertal, Germany