

Supplementary Materials:

Supplementary Table S1. Evidence from individual cases proposed by CIOMS working group VI and the investigated items in this study

Evidence from individual cases [37]		Investigation in this research
1.	Positive rechallenge	No
2.	Definitive (i.e., clearly defined, well documented specific case histories)	Yes
3.	Time to onset plausible	Yes
4.	Positive dechallenge	No
5.	Lack of confounding risk factors	Yes
6.	Amount and duration of exposure consistent/plausible with cause and effect	Yes
7.	Corroboration of the accuracy of the case history	No
8.	Case clear-cut, easily evaluated	No
9.	Co-medication unlikely to play a role	Yes
10.	Investigator's causality assessment	No
11.	Lack of alternative explanation	No

Abbreviation: CIOMS, Council for International Organizations of Medical Sciences.

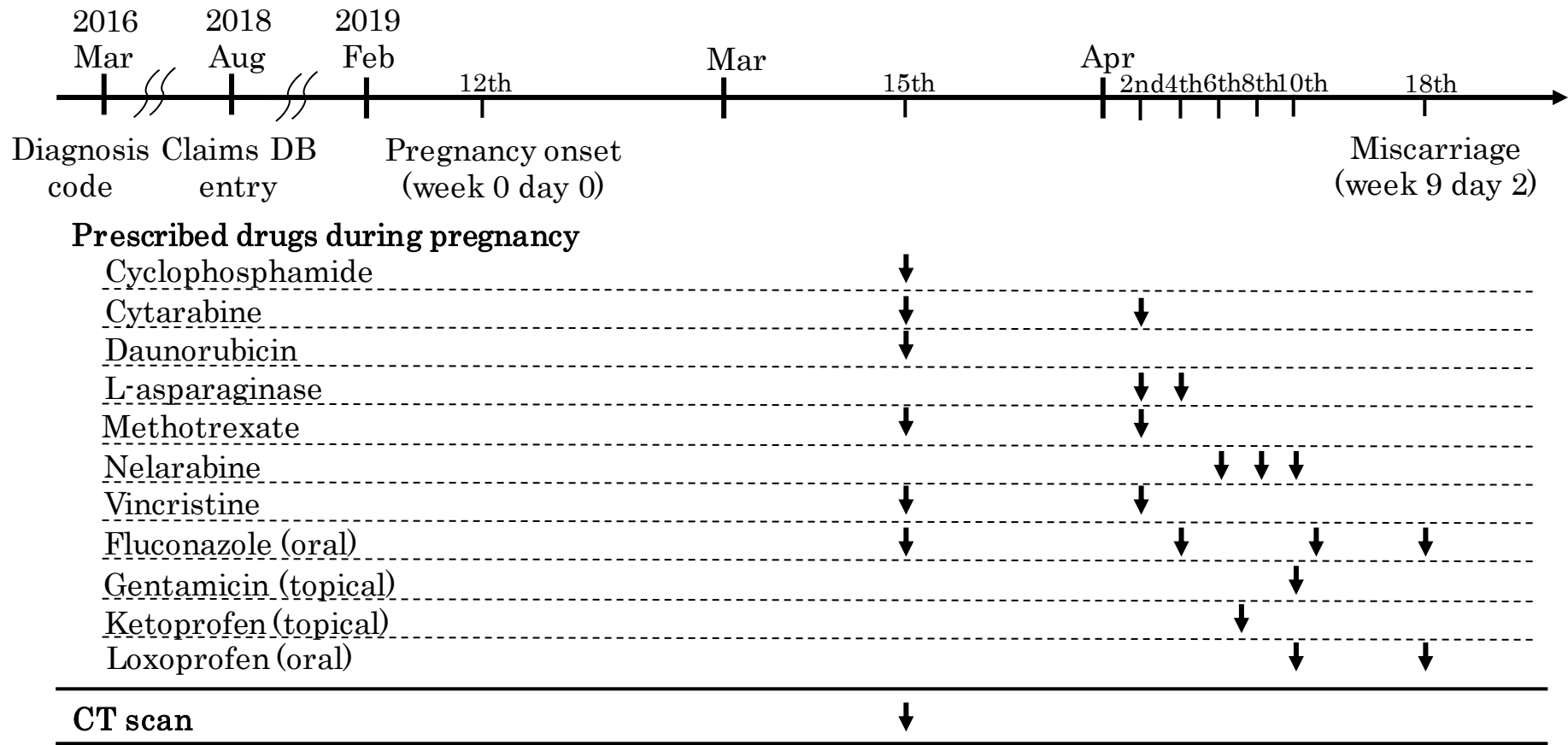
Supplementary Figure S1. Clinical course of four cases with adverse birth outcomes.

a) Case No.1 with miscarriage under cyclophosphamide, cytarabine, daunorubicin, l-asparaginase, methotrexate, nelarabine, and vincristine. b) Case No.3 with miscarriage under imatinib. c) Case No.7 with atrial/ventricular septal defect under cyclophosphamide and doxorubicin. d) Case No.11 with miscarriage under cisplatin and fluorouracil.

Abbreviation: CT, computed tomography; DB, database.

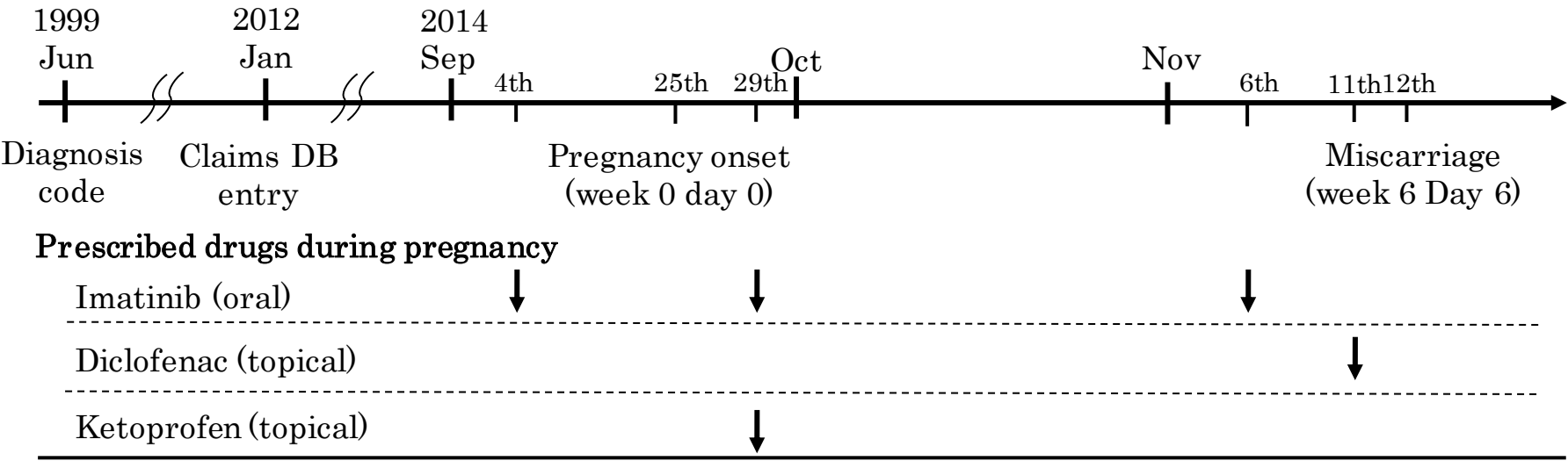
a) No.1 (miscarriage)

Age 25, acute lymphoblastic leukemia



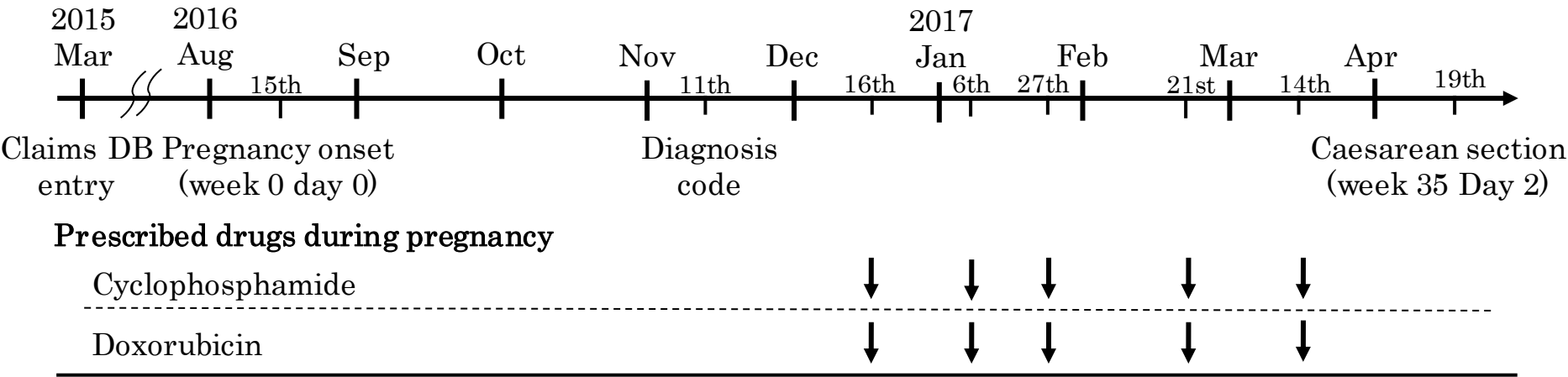
b) No.3 (miscarriage)

Age 42, chronic myeloid leukemia



c) No.7 (atrial/ventricular septal defect)

Age 38, breast cancer



d) No.11 (miscarriage)

Age 28, cervical cancer

