### Supplementary Table 1 Treatment regimen

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Days</th>
</tr>
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<tbody>
<tr>
<td><strong>Prephase</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prednisone (PO)</td>
<td>60 mg/m² divided in two doses</td>
<td>1-7</td>
</tr>
<tr>
<td>Methotrexate (IT)</td>
<td>15 mg</td>
<td>1</td>
</tr>
<tr>
<td>Clofarabin (only arm B)</td>
<td>30 mg/m²</td>
<td>1-5</td>
</tr>
<tr>
<td><strong>Induction</strong></td>
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</tr>
<tr>
<td>Prednisone (PO)</td>
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<tr>
<td>Vincristin (IV)</td>
<td>1.5 mg/m², max 2 mg</td>
<td>8, 15, 22, 29</td>
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<tr>
<td>Daunorubicin (IV)</td>
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</tr>
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<td>8, 15, (22 when CNS pos)</td>
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<tr>
<td><strong>Consolidation A</strong></td>
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</tr>
<tr>
<td>6-Thioguanin (PO)</td>
<td>60 mg/m²</td>
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<td>Etoposide (IV)</td>
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<tr>
<td>Drug</td>
<td>Dose</td>
<td>Schedule</td>
</tr>
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### Consolidation B

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<tr>
<td>6-mercaptopurine (PO)</td>
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<td>Methotrexate (IV)</td>
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#### Clofarabin consolidation course

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### Intensification IA

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<td>Doxorubicin (IV)</td>
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### Intensification IB

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<tr>
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<td><strong>Etoposide (IV)</strong></td>
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<td><strong>Reinduction courses (x12, in 1st year)</strong></td>
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Prephase

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Remission Induction 1

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<td>Vincristin (IV)</td>
<td>1 mg</td>
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<tr>
<td>Doxorubicin</td>
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</tr>
<tr>
<td>Methotrexate (IT)</td>
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<td>8, 15, 22</td>
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Consolidation 1

Abbreviations: HOVON, Dutch-Belgian cooperative trial group for Hematology Oncology. IV, intravenous. IT, intrathecal. PO, per os. CNS, central nervous system
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<th>Schedule</th>
<th>Notes</th>
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<td><strong>Clofarabin consolidation course</strong></td>
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<td>Doxorubicin</td>
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<tr>
<td>Cranial irradiation (if CNS positive)</td>
<td>24 Gy</td>
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<tr>
<td><strong>Maintenance (every months for 2 years)</strong></td>
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<td>6-mercaptopurin (PO)</td>
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<td><strong>Reinduction courses (x12, in 1st year)</strong></td>
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<tr>
<td>Methotrexate (IT)</td>
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</table>

Abbreviations: HOVON, Dutch-Belgian cooperative trial group for Hematology Oncology. CNS, Central Nervous System. IV, intravenous. IT, intrathecal. PO, per os. CNS, central nervous system
**Supplementary Table 3 Subgroup analyses**

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<thead>
<tr>
<th>Subgroup</th>
<th>N</th>
<th>Allo N (%)</th>
<th>MT N (%)</th>
<th>CR N (%)</th>
<th>MRD N (%)</th>
<th>MRD neg N (%)</th>
<th>5-yr EFS % (95% CI)</th>
<th>5-yr DFS % (95% CI)</th>
<th>5-yr REL % (SE)</th>
<th>5-yr NRM % (SE)</th>
<th>5-yr OS % (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>166</td>
<td>70 (42)</td>
<td>56 (34)</td>
<td>148 (89)</td>
<td>99 (60)</td>
<td>76 (77)</td>
<td>50 (42-57)</td>
<td>56 (48-64)</td>
<td>28 (4)</td>
<td>16 (3)</td>
<td>60 (52-68)</td>
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<tr>
<td>Age 18-40 yr</td>
<td>79</td>
<td>32 (41)</td>
<td>30 (38)</td>
<td>71 (90)</td>
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<td>37 (79)</td>
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<td>Age 41-70 yr</td>
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<td>38 (44)</td>
<td>26 (30)</td>
<td>77 (89)</td>
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<td>39 (75)</td>
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<td>Age 61-70 yr</td>
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<td>30 (38)</td>
<td>72 (91)</td>
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<td>60 (47-71)</td>
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<td>5-yr DFS (%)</td>
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<td>5-yr NRM % (SE)</td>
<td>5-yr OS % (95% CI)</td>
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<td>22 (25)</td>
<td>78 (89)</td>
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<td>28 (5)</td>
<td>16 (4)</td>
<td>55 (44-65)</td>
</tr>
<tr>
<td><strong>B-ALL, Ph-positive</strong></td>
<td>29</td>
<td>18 (62)</td>
<td>3 (10)</td>
<td>28 (97)</td>
<td>17 (59)</td>
<td>17 (100)</td>
<td>62 (42-77)</td>
<td>64 (44-79)</td>
<td>7 (5)</td>
<td>29 (9)</td>
<td>72 (52-85)</td>
</tr>
<tr>
<td><strong>T-ALL</strong></td>
<td>45</td>
<td>16 (36)</td>
<td>13 (29)</td>
<td>35 (78)</td>
<td>21 (47)</td>
<td>16 (76)</td>
<td>51 (36-65)</td>
<td>66 (48-79)</td>
<td>26 (7)</td>
<td>9 (5)</td>
<td>64 (49-76)</td>
</tr>
<tr>
<td><strong>T-ALL, excluding T-LyLy</strong></td>
<td>28</td>
<td>8 (29)</td>
<td>6 (21)</td>
<td>21 (75)</td>
<td>16 (57)</td>
<td>12 (75)</td>
<td>39 (22-57)</td>
<td>52 (30-71)</td>
<td>38 (11)</td>
<td>10 (6)</td>
<td>50 (31-67)</td>
</tr>
<tr>
<td><strong>T-LyLy</strong></td>
<td>17</td>
<td>8 (47)</td>
<td>7 (41)</td>
<td>14 (82)</td>
<td>5 (29)</td>
<td>4 (80)</td>
<td>71 (43-87)</td>
<td>86 (54-96)</td>
<td>7 (7)</td>
<td>7 (7)</td>
<td>88 (61-97)</td>
</tr>
<tr>
<td><strong>Standard risk</strong></td>
<td>60</td>
<td>20 (33)</td>
<td>26 (43)</td>
<td>60 (100)*</td>
<td>40 (67)</td>
<td>35 (88)</td>
<td>65 (51-75)</td>
<td>65 (51-75)</td>
<td>25 (6)</td>
<td>10 (4)</td>
<td>68 (55-78)</td>
</tr>
<tr>
<td><strong>High risk</strong></td>
<td>108</td>
<td>50 (46)</td>
<td>18 (17)</td>
<td>89 (82)</td>
<td>61 (56)</td>
<td>53 (87)</td>
<td>46 (36-56)</td>
<td>56 (45-66)</td>
<td>23 (4)</td>
<td>21 (5)</td>
<td>56 (46-65)</td>
</tr>
</tbody>
</table>

CLO, clofarabin; N, number of patients; Allo, number of patients that received alloHSCT on protocol; MT, Maintenance, number of patients that received maintenance treatment; CR, number of patients that achieved CR on protocol; MRD data, number of patients with MRD data available; MRD neg, number of patients that achieved MRD negativity on protocol (percentage based on patients with MRD data); 5-yr, 5-year; EFS, event-free survival; DFS, disease free survival from CR; REL, cumulative incidence of relapse after CR; NRM, non-relapse mortality after CR; OS, overall survival; yr, year; Ph, Philadelphia; LyLy, lymphoblastic lymphoma. *By definition, patients with a late CR or no CR, were classified as high risk
### Supplementary Table 4 Outcome after alloHSCT and maintenance, separately for patients 18-40 and 41-70 years, and by randomization arm (standard versus CLO)

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>N</th>
<th>5-yr DFS, % (95% CI)</th>
<th>5-yr REL, % (SE)</th>
<th>5-yr NRM, % (SE)</th>
<th>5-yr OS, % (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard arm</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18-40, alloHSCT</td>
<td>31</td>
<td>77 (58-89)</td>
<td>13 (6)</td>
<td>10 (5)</td>
<td>77 (57-88)</td>
</tr>
<tr>
<td>Age 41-70, alloHSCT</td>
<td>38</td>
<td>53 (36-67)</td>
<td>21 (7)</td>
<td>26 (7)</td>
<td>55 (38-69)</td>
</tr>
<tr>
<td>Age 18-40, maintenance</td>
<td>29</td>
<td>57 (37-73)</td>
<td>36 (9)</td>
<td>7 (5)</td>
<td>62 (40-78)</td>
</tr>
<tr>
<td>Age 41-70, maintenance</td>
<td>26</td>
<td>62 (40-77)</td>
<td>23 (8)</td>
<td>15 (7)</td>
<td>64 (42-80)</td>
</tr>
<tr>
<td><strong>Clofarabine arm</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 18-40, alloHSCT</td>
<td>36</td>
<td>69 (52-82)</td>
<td>17 (6)</td>
<td>14 (6)</td>
<td>71 (52-83)</td>
</tr>
<tr>
<td>Age 41-70, alloHSCT</td>
<td>34</td>
<td>58 (39-73)</td>
<td>15 (6)</td>
<td>27 (8)</td>
<td>58 (39-73)</td>
</tr>
<tr>
<td>Age 18-40, maintenance</td>
<td>22</td>
<td>86 (63-95)</td>
<td>14 (7)</td>
<td>0</td>
<td>84 (58-95)</td>
</tr>
<tr>
<td>Age 41-70, maintenance</td>
<td>21</td>
<td>71 (46-86)</td>
<td>24 (10)</td>
<td>5 (5)</td>
<td>70 (44-85)</td>
</tr>
</tbody>
</table>

N indicates number of patients; 5-yr, 5-year; DFS, disease free survival; REL, cumulative incidence of relapse; NRM, non-relapse mortality; OS, overall survival; CI, confidence interval, SE, standard error.

DFS, REL, NRM and OS were calculated from date allo-SCT or date start maintenance, whichever applicable.
Supplementary Table 5 Multivariate Cox regression of DFS with alloHSCT as a time-dependent covariate

<table>
<thead>
<tr>
<th>Covariate</th>
<th>HR</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLO arm</td>
<td>0.90</td>
<td>0.64-1.28</td>
<td>0.57</td>
</tr>
<tr>
<td>AlloSCT</td>
<td>1.10</td>
<td>0.72-1.68</td>
<td>0.65</td>
</tr>
<tr>
<td>Age 41-70 years</td>
<td>2.13</td>
<td>1.47-3.09</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>High risk</td>
<td>1.10</td>
<td>0.74-1.62</td>
<td>0.64</td>
</tr>
</tbody>
</table>

CLO indicates clofarabin; HR indicates hazard ratio and CI, confidence interval
Supplementary Table 6 Adverse events occurring during treatment (CTCAE grade ≥3)

<table>
<thead>
<tr>
<th></th>
<th>Prephase</th>
<th>Induction</th>
<th>CLO</th>
<th>Consolidation 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>arm A</td>
<td>arm B</td>
<td>arm A</td>
<td>arm B</td>
</tr>
<tr>
<td>≤40y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;40y</td>
<td>N=79</td>
<td>N=87</td>
<td>N=80</td>
<td>N=88</td>
</tr>
<tr>
<td>≤40y</td>
<td>N=80</td>
<td>N=88</td>
<td>N=78</td>
<td>N=87</td>
</tr>
<tr>
<td>≤40y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;40y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any AE grade ≥3, N (%)</td>
<td>13 (16)</td>
<td>16 (18)</td>
<td>25 (31)</td>
<td>28 (32)</td>
</tr>
<tr>
<td>Infection, N (%)</td>
<td>3 (4)</td>
<td>0</td>
<td>4 (5)</td>
<td>7 (8)</td>
</tr>
<tr>
<td>Gastro-intestinal, N (%)</td>
<td>0</td>
<td>1 (1)</td>
<td>6 (8)</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Neurological event, N (%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Liver enzymes, N (%)</td>
<td>4 (5)</td>
<td>0</td>
<td>13 (16)</td>
<td>14 (16)</td>
</tr>
<tr>
<td>Thrombo-embolic event [CTCAE 2-4], N (%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (1)</td>
</tr>
</tbody>
</table>

Toxicity is graded according to NCI Common Terminology Criteria for Adverse Events (CTCAE, version 3). N; number of patients. CLO; clofarabine.
## Continue Supplementary Table 6 Adverse events occurring during treatment (CTCAE grade ≥3)

<table>
<thead>
<tr>
<th></th>
<th>Consolidation II</th>
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<tbody>
<tr>
<td></td>
<td>arm A</td>
<td>arm B</td>
<td>arm A</td>
<td>arm B</td>
<td>arm A</td>
<td>arm B</td>
<td>arm A</td>
<td>arm B</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>≤40y</td>
<td>&gt;40y</td>
<td>≤40y</td>
<td>&gt;40y</td>
<td>≤40y</td>
<td>&gt;40y</td>
<td>≤40y</td>
<td>&gt;40y</td>
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<tr>
<td>N=30</td>
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<td>30 (45)</td>
<td>11 (48)</td>
<td>31 (53)</td>
<td>20 (63)</td>
<td>20 (53)</td>
<td>29 (81)</td>
<td>15 (44)</td>
<td>19 (63)</td>
<td>14 (52)</td>
<td>15 (68)</td>
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<tr>
<td>N=66</td>
<td>2 (7)</td>
<td>4 (6)</td>
<td>2 (9)</td>
<td>11 (19)</td>
<td>12 (38)</td>
<td>11 (29)</td>
<td>18 (50)</td>
<td>11 (32)</td>
<td>5 (17)</td>
<td>3 (11)</td>
<td>5 (23)</td>
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<tr>
<td>N=23</td>
<td>0</td>
<td>5 (8)</td>
<td>1 (4)</td>
<td>4 (7)</td>
<td>11 (34)</td>
<td>6 (16)</td>
<td>18 (50)</td>
<td>8 (24)</td>
<td>1 (3)</td>
<td>1 (4)</td>
<td>1 (5)</td>
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<td>1 (4)</td>
<td>4 (7)</td>
<td>2 (6)</td>
<td>2 (5)</td>
<td>2 (6)</td>
<td>0</td>
<td>3 (10)</td>
<td>1 (4)</td>
<td>1 (5)</td>
</tr>
<tr>
<td>&lt;=40y</td>
<td>1 (3)</td>
<td>6 (9)</td>
<td>1 (4)</td>
<td>2 (3)</td>
<td>1 (3)</td>
<td>2 (5)</td>
<td>4 (11)</td>
<td>3 (9)</td>
<td>1 (3)</td>
<td>1 (4)</td>
<td>0</td>
</tr>
<tr>
<td>N=32</td>
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<td>13 (20)</td>
<td>4 (17)</td>
<td>16 (27)</td>
<td>5 (16)</td>
<td>2 (5)</td>
<td>3 (8)</td>
<td>2 (6)</td>
<td>12 (40)</td>
<td>7 (26)</td>
<td>7 (32)</td>
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</tr>
</tbody>
</table>

Toxicity is graded according to NCI Common Terminology Criteria for Adverse Events (CTCAE, version 3). N; number of patients. CLO; clofarabine.
Supplementary Figure 1: CONSORT diagram of patients 18-40 years

Patients 18-40 years

Arm A
N = 80

not eligible n= 1

Pre-phase
N = 78 (99%)

Induction
N = 78 (99%)

Consolidation I
N = 67 (85%)

AlloSCT
N = 32 (41%)

N=32

Consolidation II
N = 30 (38%)

Maintenance
N = 30 (38%)

Off Protocol N=1
- intercurrent death n= 1

Off Protocol N=11
- no CR n= 7
- complications n= 2
- physician’s opinion n= 2

Off Protocol N=4
- relapse n= 2
- complications n= 1
- lost to follow-up n= 1

Off Protocol N=1
- relapse n= 1

Off Protocol N=30
- completion n=22
- relapse n= 3
- complications n= 3
- intercurrent death n= 1
- patient’s wish n= 1

N=1

Arm B
N = 82

not eligible n= 2

Pre-phase
N = 80 (100%)

Induction
N = 80 (100%)

Clofarabine
N = 59 (74%)

Consolidation I
N = 63 (79%)

AlloSCT
N = 36 (45%)

N=67

Consolidation II
N = 23 (29%)

Maintenance
N = 22 (28%)

Off Protocol N=15
- no CR n= 7
- complications n= 4
- intercurrent death n= 3
- other n= 1

Off Protocol N=2
- relapse n= 1
- complications n= 1

Off Protocol N=2
- relapse n= 1

Off Protocol N=5
- relapse n= 1
- complications n= 2
- misdiagnosis n= 1
- other n= 1

Off Protocol N=1
- physician’s opinion n= 1

Off Protocol N=21
- completion n=16
- relapse n= 2
- complications n= 2
- lost to follow-up n= 1

Off Protocol N=11
- no CR n= 7
- complications n= 2
- physician’s opinion n= 2

N=80

N=6

N=59

N=6

N=78

N=80

N=57
Supplementary Figure 2: CONSORT diagram of patients 41-70 years

Patients 41-70 years

Arm A
N = 88

not eligible n = 1

Pre-phase
N = 87 (100%)

Induction
N = 87 (100%)

Consolidation I
N = 68 (78%)

AlloSCT
N = 38 (44%)

Consolidation II
N = 66 (76%)

Maintenance
N = 26 (30%)

Off Protocol
N = 18
- relapse n = 3
- complications n = 1
- intercurrent death n = 1
- misdiagnosis n = 1

Off Protocol
N = 2
- complications n = 2

Off Protocol
N = 6
- relapse n = 2
- intercurrent death n = 1

Off Protocol
N = 23
- completion n = 17
- relapse n = 4
- complications n = 1
- withdrawal consent n = 1

Arm B
N = 90

not eligible n = 2

Pre-phase + Clofarabine
N = 88 (100%)

Induction
N = 88 (100%)

Consolidation I
N = 63 (72%)

AlloSCT
N = 34 (39%)

Consolidation II
N = 59 (67%)

Maintenance
N = 22 (25%)

Off Protocol
N = 21
- no CR n = 4
- relapse n = 2
- complications n = 7
- intercurrent death n = 6
- physician’s opinion n = 2

Off Protocol
N = 2
- relapse n = 2

Off Protocol
N = 4
- relapse n = 1
- intercurrent death n = 1
- misdiagnosis n = 1

Off Protocol
N = 5
- relapse n = 1
- physician’s opinion n = 1

Off Protocol
N = 4
- relapse n = 1
- complications n = 1

Off Protocol
N = 22
- completion n = 9
- relapse n = 3
- complications n = 6
- physician’s opinion n = 4
Supplementary Figure 3: CONSORT diagram of Ph-positive patients

Phi-positive patients

<table>
<thead>
<tr>
<th>Arm A</th>
<th>Arm B</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 38</td>
<td>N = 31</td>
</tr>
</tbody>
</table>

Not eligible n = 0

**Pre-phase**
N = 38 (100%)

Induction
N = 38 (100%)

Clofarabine
N = 24 (80%)

Consolidation I
N = 34 (89%)

AlloSCT
N = 28 (74%)

Consolidation II
N = 24 (63%)

Maintenance
N = 5 (13%)

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- misdiagnosis n = 1

Off Protocol N = 3
- relapse n = 1
- complications n = 1
- lost to follow-up n = 1

Off Protocol N = 1
- intercurrent death n = 1

Maintenance
N = 4 (13%)

Consolidation II
N = 15 (50%)

AlloSCT
N = 18 (60%)

Consolidation I
N = 25 (83%)

Clofarabine
N = 24 (80%)

Induction
N = 30 (100%)

Pre-phase + Clofarabine
N = 30 (100%)

Not eligible n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 2
- completion n = 1

Off Protocol N = 1
- physician's opinion n = 1
- misdiagnosis n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1

Off Protocol N = 4
- no CR n = 1
- complications n = 1
- intercurrent death n = 1
- physician's opinion n = 1

Off Protocol N = 3
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- intercurrent death n = 1

Off Protocol N = 2
- completion n = 1
- physician's opinion n = 2

Off Protocol N = 1
- physician's opinion n = 1