

Supplementary Table 1. Details of chemotherapy.

Drugs	Dose	Schedule
A. ALL-type regimen (modified CCG-1882)		
Induction (4 wk)		
Cyclophosphamide	1,200 mg/m ² IV	D-2
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D 0, 7, 14, 21
Prednisolone	60 mg/m ² /day PO	D 0-27
L-asparaginase	6,000 IU/m ² IM × 3 times/wk	D3-3 times/wk (9 doses)
Daunomycin	25 mg/m ² IV	D0, 7, 14, 21
IT Ara-C	30 mg (1-2 yr), 50 mg (2-3 yr), 70 mg (≥ 3 yr)	D0
IT MTX	8 mg (1-2 yr), 10 mg (2-3 yr), 12 mg (≥ 3 yr)	D14 & 28 (if CNS(-) at Dx)
Consolidation		
Cyclophosphamide	1,000 mg/m ² IV	D0 & 28
6-MP	50 mg/m ² /day PO	D0-13, D28-41
Ara-C	75 mg/m ² IV or SC × 16 doses	D0-3, 7-10, 28-31, 35-38
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D14, 21, 42, 49
L-asparaginase	6,000 IU/m ² IM	D14, 16, 18, 21, 23, 25, 42, 44, 46, 49, 51, 53
IT MTX	8 mg (1-1.99 yr), 10 mg (2-2.99 yr), 12 mg (3-8.99 yr), 15 mg (≥ 9 yr)	D0, 7, 14, 21
Interim maintenance		
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D0, 10, 20, 30, 40
MTX	100 mg/m ² (initial dose) IV	D0, 10, 20, 30, 40
L-asparaginase	15,000 IU/m ² IM	D1, 11, 21, 31, 41
IT MTX	8 mg (1-1.99 yr), 10 mg (2-2.99 yr), 12 mg (3-8.99 yr), 15 mg (≥ 9 yr)	D0 & 20
Delayed intensification		
Dexamethasone	10 mg/m ² /day PO	D0-6 & D14-20
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D0, 7, 14, 42, 49
Adriamycin	25 mg/m ² IV over 5 min	D0, 7, 14
L-asparaginase	6,000 IU/m ² × 12 doses IM	3 times/wk
Cyclophosphamide	1,000 mg/m ² IV	D28
6-TG	50 mg/m ² /day PO	D28-41
Ara-C	75 mg/m ² /day IV or SC	D28-31, 35-38
IT MTX	8 mg (1-1.99 yr), 10 mg (2-2.99 yr), 12 mg (3-8.99 yr), 15 mg (≥ 9 yr)	D0, 28, 35
Maintenance		
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D0, 28, 56
Prednisolone	40 mg/m ² /day PO for 5 days	D0-4, 28-32, 56-60
6-MP	50 mg/m ² /day PO	D0-83
MTX	20 mg/m ² /dose PO	D7, 14, 21, 28 ^a , 35, 42, 49, 56, 63, 70, 77
IT MTX	8 mg (1-1.99 yr), 10 mg (2-2.99 yr), 12 mg (3-8.99 yr), 15 mg (≥ 9 yr)	D0 & 28 ^b
B. NY regimen (CCG 1901 regimen)		
Induction (4 weeks)		
IT Ara-C	30 mg (1-2 yr), 50 mg (2-3 yr), 70 mg (≥ 3 yr)	D0
IT MTX	8 mg (1-2 yr), 10 mg (2-3 yr), 12 mg (≥ 3 yr)	D15 (If CNS(-) at Dx) ^a
Cyclophosphamide	1,200 mg/m ² IV	D0
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D1, 8, 15, 22
Presnisolone	60 mg/m ² /day (max. 60 mg) PO	D1-29, then taper over 10 days ^b
Daunomycin	60 mg/m ² IV	D2, 3
L-asparaginase	6,000 IU/m ² IM	D15-28 (Monday, Wednesday, Friday for 2 wk) (total 6 doses)
Consolidation (D0 = D29 of Induction)		
Ara-C	150 mg/m ² /day IV or SC	D0-7
6-MP	75 mg/m ² /day PO	D0-7
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D0
L-Asparaginase	6,000 IU/m ² /day IM	D8-19
MTX	10 mg/m ² IV	D20-24

Supplementary Table 1. Continued.

Drugs	Dose	Schedule
IT MTX	8 mg (1–2 yr), 10 mg (2–3 yr), 12 mg (≥ 3 yr)	D0, 7, 14, 21 (If CNS(-) at Dx), D0, 7 (If CNS(+) at Dx), D14, 21; omit if CNS(+) at Dx
RT: begin together D0–4 of consolidation		
CNS(-) at Dx - cranial RT 1800 cGy		
CNS(+) at Dx - craniospinal RT 2400 cGy to cranium midplane and 600 cGy to spinal cord.		
Testiculomegaly at Dx - bilateral testis RT 2400 cGy		
Maintenance (D0=D31 of Consolidation)		
6-MP	150 mg/m ² /day PO	D0-3
6-MP	35 mg/m ² q12 hrs (6 doses) PO	D41–43
Cyclophosphamide	1,200 mg/m ² (600 mg/m ² on 1st cycle only)	D4
Vincristine	1.5 mg/m ² (max. 2 mg) IV	D11, 18, 25
PD	180 mg/m ² /day, three divided doses, PO	D11–17, no tapering
MTX	150 mg/m ² IV	D25
Doxorubicin	15 mg/m ² IV	D39 & 40 for the first 10 cycles
Ara-C	40 mg/m ² q12 hr (6 doses) IV	D41–43
IT MTX	8 mg (1–2 yr), 10 mg (2–3 yr), 12 mg (≥ 3 yr)	D0

^aIf CNS (+) at diagnosis, additional doses are needed on D8, 15, and 22. ^b30 mg/m²/day \times 2 days, 15 mg/m²/day \times 2 days, 7.5 mg/m²/day \times 3 days, 3.75 mg/m²/day \times 3 days.

Supplementary Table 2. Patient characteristics according to chemotherapy protocol.

		AD-COMP	ALL-type regimen	LSA2-L2	NY regimen	POG regimen
		N				
Sex	Male	3	8	3	16	4
	Female	3	6	4	11	3
Mediastinal mass	(+)	3	6	4	14	2
	(-)	3	8	0	13	5
Initial CNS involvement	(+)	0	1	0	0	1
	(-)	6	1	7	27	6
	Unknown	0	12	0	0	0
Initial BM involvement	(+)	1	4	4	9	1
	(-)	5	10	3	18	6

There was no statistically significant difference in age, sex, immunophenotypes, stages, initial CNS or BM involvement between patients in the NY protocol group, and those in the ALL-type protocol group.