Table S11. De-escalation or Intermittent Dosing of TKI

TKI	Study	Patient Characteristics	TKI Dose	Study Findings
Imatinib	**INTERIM**[252]	76 patients (≥ 65 years) on imatinib for ≥2 years with a stable CCyR and MMR; Minimum follow-up: 6 years	Intermittent imatinib (1 month ON/OFF)	21% of patients lost CCyR and MMR; All patients regained CCyR and MMR after resumption of imatinib
Imatinib, Dasatinib, or Nilotinib	**DESTINY**[255,256]	174 patients with CP-CML on TKI therapy for a median of 7 years (imatinib, n = 148; dasatinib, n = 10; nilotinib, n = 16)	De-escalation to half the standard dose for 12 months after achieving MMR (n = 49) or MR4 (n = 125), then stop for a further 24 months	During the dose reduction phase, loss of molecular response occurred in 3 (2%) patients with MR4 and 9 (19%) of patients with MMR. At 36 months, the RFS rates were 72% and 36% for patients with MR4 and MMR group, respectively. All recurrences regained MMR within 5 months of resumption of TKI therapy.
	OPTkIMA (Phase III study)[259]	Patients with CP-CML (≥60 years) in stable MMR or MR4.0 after ≥2 years of TKI therapy (imatinib, dasatinib, nilotinib) randomized to receive "fixed" (n = 99) or "progressive" (n = 86) intermittent dosing of TKI until loss of MMR	Intermittent dosing of TKI; "fixed" (1 month ON/OFF) vs "progressive" (1 month ON/OFF for the 1st year; 1 month ON/2 months OFF for the 2nd year; 1 month ON/3 months OFF for the 3rd year)	"Fixed" intermittent dosing of any TKI (1 month ON/OFF) maintained MMR /MR4.0 in 81% of the patients during the first 12–24 months. All 24% of patients who lost MMR regained after resumption of TKI therapy.