

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Attiyeh EF, London WB, Mossé YP, et al. Chromosome 1p and 11q deletions and outcome in neuroblastoma. *N Engl J Med* 2005;353:2243-53.

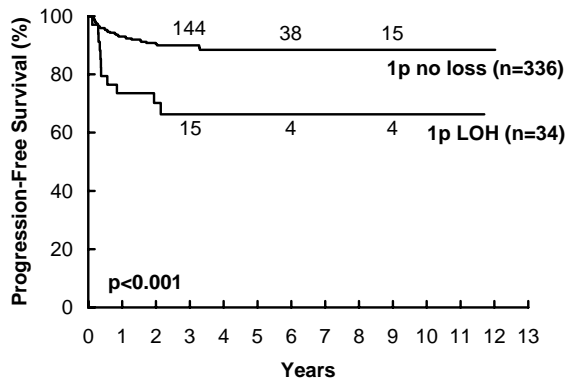
Supplemental Table 1. Microsatellite markers used.

<p>Chromosome 1</p>	<p><i>D1S243, D1S468, D1S2145, D1S1646, D1S3720, GGAA30B06, D1S76,</i> <i>D1S80, D1S50, D1S2845, D1S2660, D1S2795, D1S2633, D1S2870, D1S253,</i> <i>D1S214, D1S2694, D1S548, D1S160, D1S503, D1S450, D1S244, D1S2667,</i> <i>D1S489, D1S434, D1S228, D1S507, D1S436, D1S2697, D1S170, D1S3669,</i> <i>D1S2644, D1S199, D1S1622, D1S247, D1S164, D1S201, D1S1596, D1S1669,</i> <i>D1S1643, D1S481</i></p>
<p>Chromosome 11</p>	<p><i>D11S1760, D11S1338, D11S4090, D11S908, D11S4127, D11S925,</i> <i>D11S4094, D11S4191, D11S1363, D11S1984, D11S4046, D11S1318,</i> <i>D11S4146, D11S2362, D11S1999, D11S902, D11S928, D11S1392, D11S905,</i> <i>D11S1368, D11S987, D11S1314, D11S2371, D11S4186, D11S1976,</i> <i>D11S2002, D11S901, D11S1365, D11S4147, D11S1367, D11S4175,</i> <i>D11S1358, D11S919, D11S1366, D11S917, D11S920, D11S1384, D11S4100,</i> <i>D11S898, D11S2000, D11S1793, D11S1986, D11S1987, D11S3179,</i> <i>D11S4111, D11S4142, D11S1340, D11S4092, D11S1998, D11S1356,</i> <i>D11S1341, D11S1364, D11S4129, D11S924, D11S1299, D11S4132,</i></p>

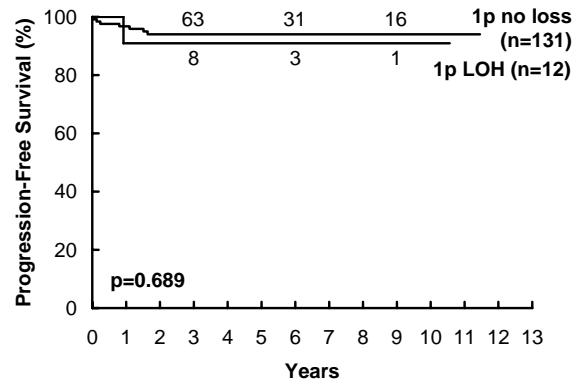
	<i>D11S4167, D11S1345, D11S1377, D11S1353, D11S4464, D11S1328,</i> <i>D11S912, D11S4126, D11S4198, D11S968, D11S2359</i>
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Supplemental Figure 1.

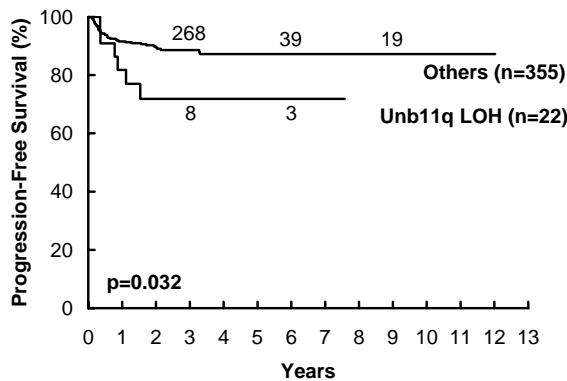
A. Progression-free survival of cases with COG low-risk disease stratified by 1p36 LOH



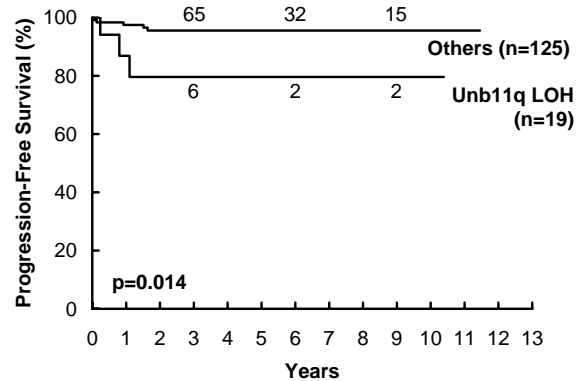
B. Progression-free survival of cases with COG intermediate-risk disease stratified by 1p36 LOH



A. Progression-free survival of cases with COG low-risk disease stratified by Unb11q LOH



B. Progression-free survival of cases with COG intermediate-risk disease stratified by Unb11q LOH



Supplemental Figure 1. Kaplan-Meier progression-free survival curves for (A, C) low- and (B, D) intermediate-risk cases stratified by 1p36 (A, B) and unb11q (C, D) LOH. P-value by two-sided logrank test. Numbers of patients at risk for an event are shown along the curves.