

Supp. Figure 1: Frequency of comorbidities/comorbidity groups for patients of the Augsburg subcohort ( $\mathrm{n}=564$ ).





$$
\begin{gathered}
\text { RAI } \\
\text { RAI O: } \\
\text { RAl >0: } \\
\text { R14 }
\end{gathered}
$$

E


B2MG
low:
high:
hin
$\begin{array}{lll}\text { Dell7p13 } \\ \text { No: } & \\ \text { Nes: } & & \\ \text { Yes }\end{array}$
G


| CIRS |  |  | Time |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| low: | 237 | 143 | 94 | 62 | 37 | 22 |
| high: | 327 | 212 | 129 | 69 | 35 | 19 |

Supp. Figure 2: (A) OS stratified by age (>65 years) with a median OS 16.8 years vs. 6.7 years [HR 3.00 (Cl 2.41-3.72); $\mathrm{p}=4.4 \mathrm{e}-23$ ]. ( B ) OS stratified by sex with a 5 -year survival rate of $75.4 \%$ (CI 70.2\%-80.5\%) and 74. 7\% (CI 70.9\%-78.6\%) [HR 0.97 (CI 0.79-1.20); p=0.811]. (C) Stratification of OS by clinical Rai stages. Patients with Rai 0 vs. Rai I-IV had a 5 -year survival probability of $87 \%$ (CI 83\%-91\%) and $70.9 \%$ (CI 66.4\% 75.4\%) years [HR 1.64 (CI 1.31-2.07); $p=2.0 \mathrm{e}-5$ ]. (D) Patients with stage Binet $A$ had a superior median survival with 13.3 years compared to 6.7 years for Binet $B / C$ patients [HR 1.71 (CI 1.38-2.13); $\mathrm{p}=1.3 \mathrm{e}-6$ ]. ( E ) Elevated B2MG serum levels are highly indicative for dismal outcome with a 5 -year survival probability of $90.9 \%$ (CI 86.1\%-95.6\%) compared to $77.4 \%$ (CI 70.1\%-84.6\%) for patients with normal range B2MG [HR 2.86 (CI 1.97-4.14); p=2.9e-8]. (F) Patients with del(17)(p13) formed the patient subgroup with the poorest survival within our cohort with a 5 -year survival probability of $61.1 \%$ (CI 38.6\%-83.6\%) compared to $87.6 \%$ (CI 83.5\%-91.8\%) in patients with intact TP53 [HR 1.90 (Cl 1.16-3.11); $\mathrm{p}=0.011$ ]. (G) 5 -year survival probabilities according to CIRS score [HR 1.40 (CI 1.07-1.84); p=0.013].



Supp. Figure 3: (A) 5-year conditional survival of the entire CLL cohort ( $\mathrm{n}=880$ ) patients incorporating medical center (Augsburg versus Freiburg) as a co-variable (B) 5-year conditional survival of the entire CLL cohort ( $\mathrm{n}=880$ ) patients adding age ( $\leq 65$ years versus $>65$ years at diagnosis) as a further co-variable.


Supp. Figure 4: (A) Conditional survival of the entire CLL cohort ( $n=880$ ), stratified by age ( $\leq 65$ years versus $>65$ years at diagnosis), given as the 5 year-survival rate depending on the s years already survived. (B) 5-year conditional survival of the entire CLL cohort ( $\mathrm{n}=880$ ) stratified by sex. (C) 5-year conditional survival over the course of 10 years after diagnosis stratified by cytogenetic risk (presence versus absence of del(17)(p13)) for $n=357$ CLL patients with available cytogenetics. (D) 5 -year conditional survival stratified by extent of comorbidities (CIRS $\leq 6$ versus $>6$ at diagnosis) for $n=564$ CLL patients with available information on comorbidities.


Supp. Figure 5: 5-year CS probability over the landmarks $s=0$ to $s=10$ years from baseline for patients having received treatment (treated) versus patients not having received any treatment over the observation period (untreated).

