

Impact of letermovir on cytomegalovirus-specific T-cell reconstitution after allogeneic hematopoietic stem cell transplantation in the post-transplant cyclophosphamide era

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Supplementary Material for

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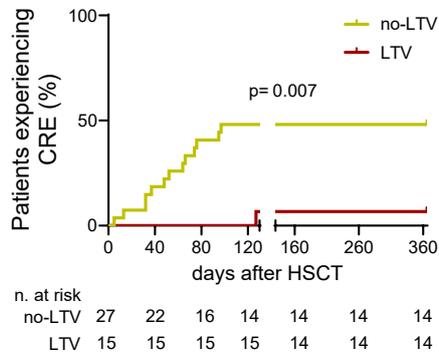
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#CB and RG co-last authors

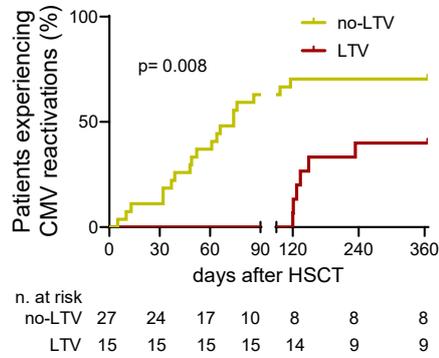
Supplementary Figures

Supplementary Figure 1

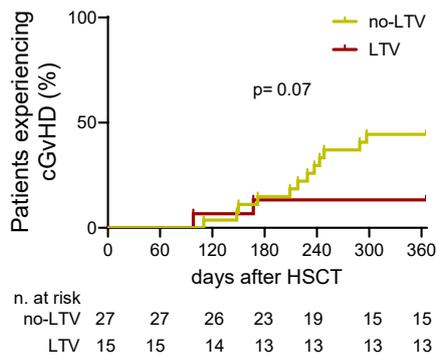
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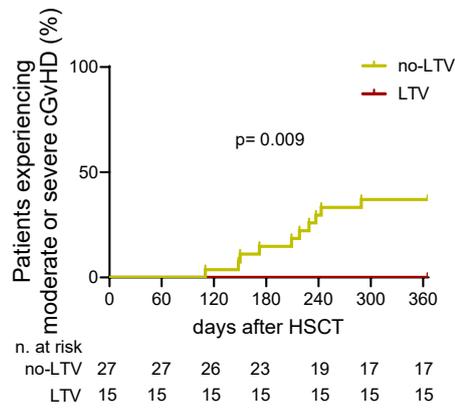
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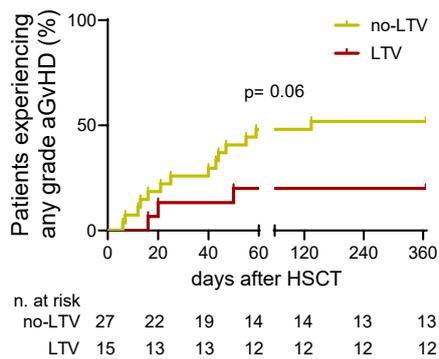
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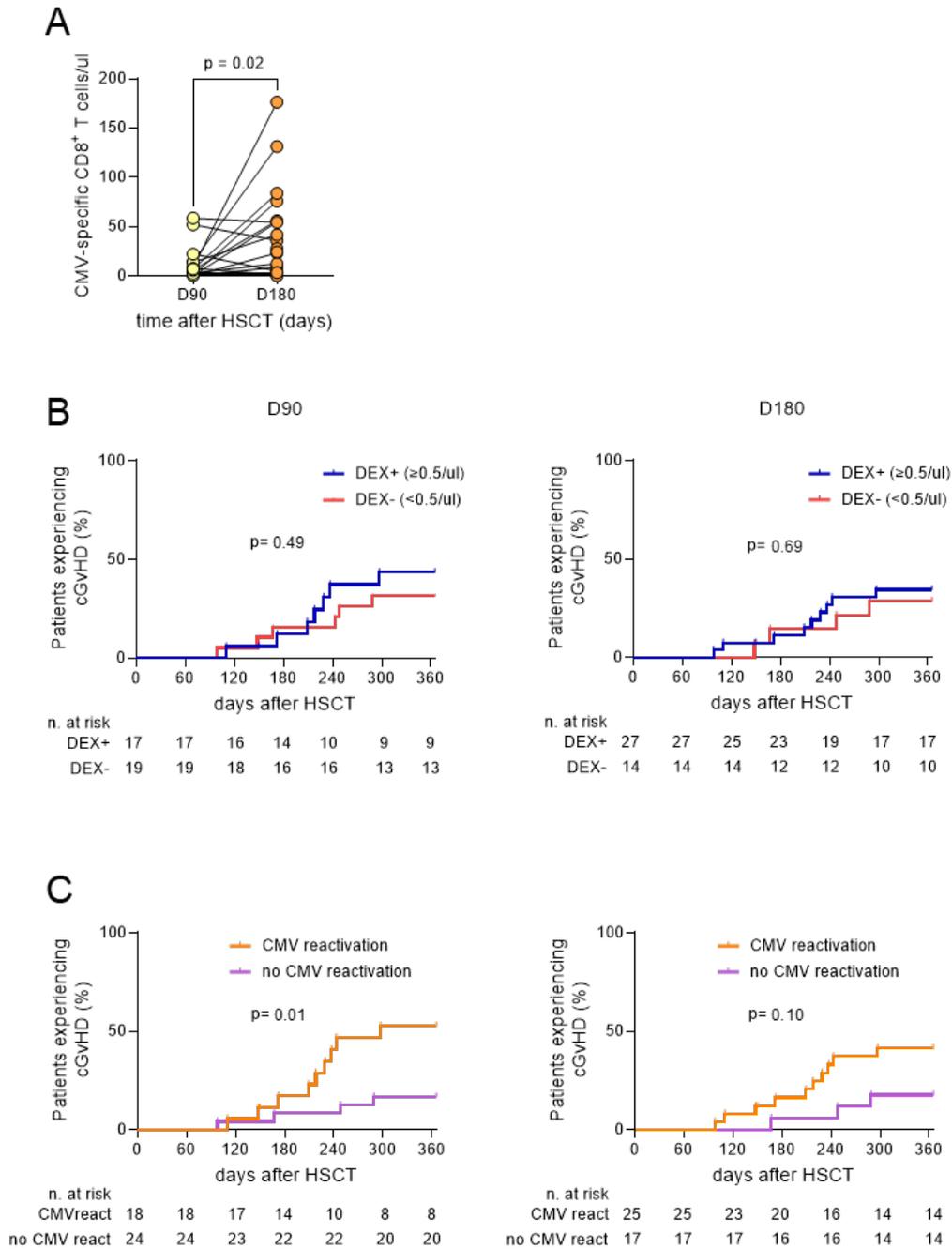
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E



Supplementary Figure 2



Legends to Supplementary Figures

Supplementary Figure 1. LTV prophylaxis is associated with reduced incidence of CRE, CMV reactivations and moderate-to-severe cGvHD. Incidence of CRE (A), overall CMV reactivations (B), cGvHD of any grade (C) or moderate-to-severe (D) and of aGvHD of any grade (E) in patients receiving or not LTV as CMV prophylaxis. Statistical analyses by Log-rank test, lines indicate censored data.

Supplementary Figure 2. Dynamics of CMV-specific T cells in the overall population without impact on cGvHD. **A**, longitudinal variation in the absolute values of CMV-specific CD8⁺ T cells between D90 and D180 in the overall patients' cohort (n=35). Only patients with evaluable samples ($\geq 15'000$ CD8⁺ T cells acquired) at both D90 and D180 were included. Means of CMV-specific T cells: 5.7 cells/ μ l at D90 and 20.3 cells/ μ l at D180. Statistical analysis by Wilcoxon test. **B**, incidence of overall cGvHD according to the presence of protective levels of CMV-specific T cells (DEX+ $\geq 0.5/\mu$ l) at D90 (left graph) or D180 (right graph). **C**, incidence of overall cGvHD according to the occurrence of CMV reactivations before D90 (left graph) or D180 (right graph). B and C, statistical analyses by Log-rank test. Lines indicate censored data.