

Blinatumomab restores asparaginase activity in pediatric B-cell acute lymphoblastic leukemia patients with PEG-asparaginase hypersensitivity

Authors

Xue Tang,^{1*} Lingying Zhao,^{2*} Wujiao Li,^{2*} Shilin Liu,¹ Xuejuan Li,³ Lixiang Zhu,³ Duocai Wang,² Shiyang Chen,² Zhaonan Liu,⁴ Sixi Liu,¹ Feiqiu Wen,¹ Oussama Abla,⁵ Ying Wang,¹ Huirong Mai¹ and Xiaoying Fu²

¹Department of Hematology and Oncology, Shenzhen Children's Hospital, Shenzhen, China; ²Department of Laboratory Medicine, Shenzhen Children's Hospital, Shenzhen, China; ³Department of Pharmacology, Shenzhen Children's Hospital, Shenzhen, China; ⁴Department of Statistics, University of Toronto, Toronto, Ontario, Canada and ⁵Division of Hematology and Oncology, Department of Pediatrics, The Hospital for Sick Children, University of Toronto, Toronto, Ontario, Canada

**XT, LZ and WL contributed equally as first authors.*

Correspondence:

H. MAI - maihuirong@163.com

X. FU - xiaoying_fu@foxmail.com

Y. WANG - 18938690228@163.com

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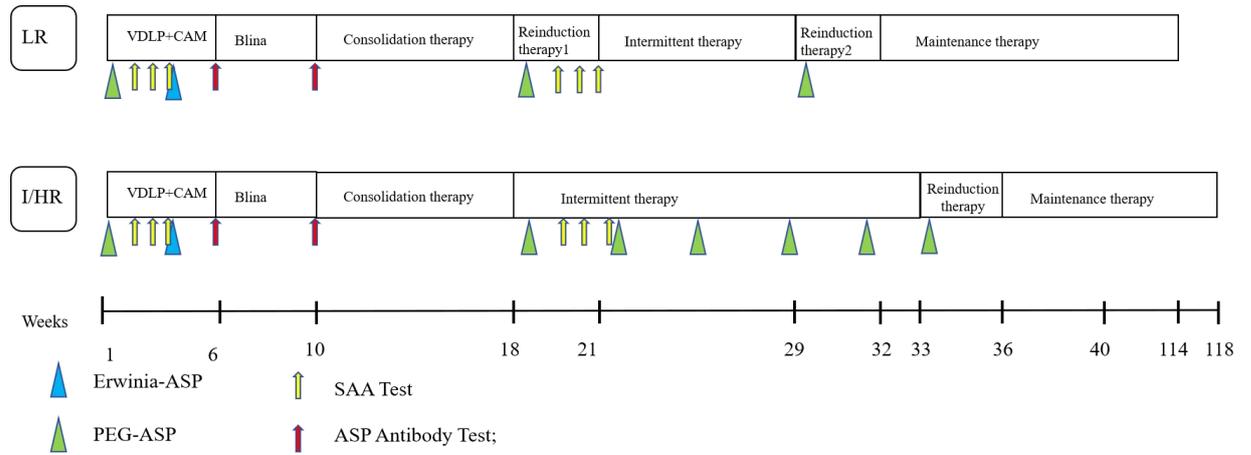
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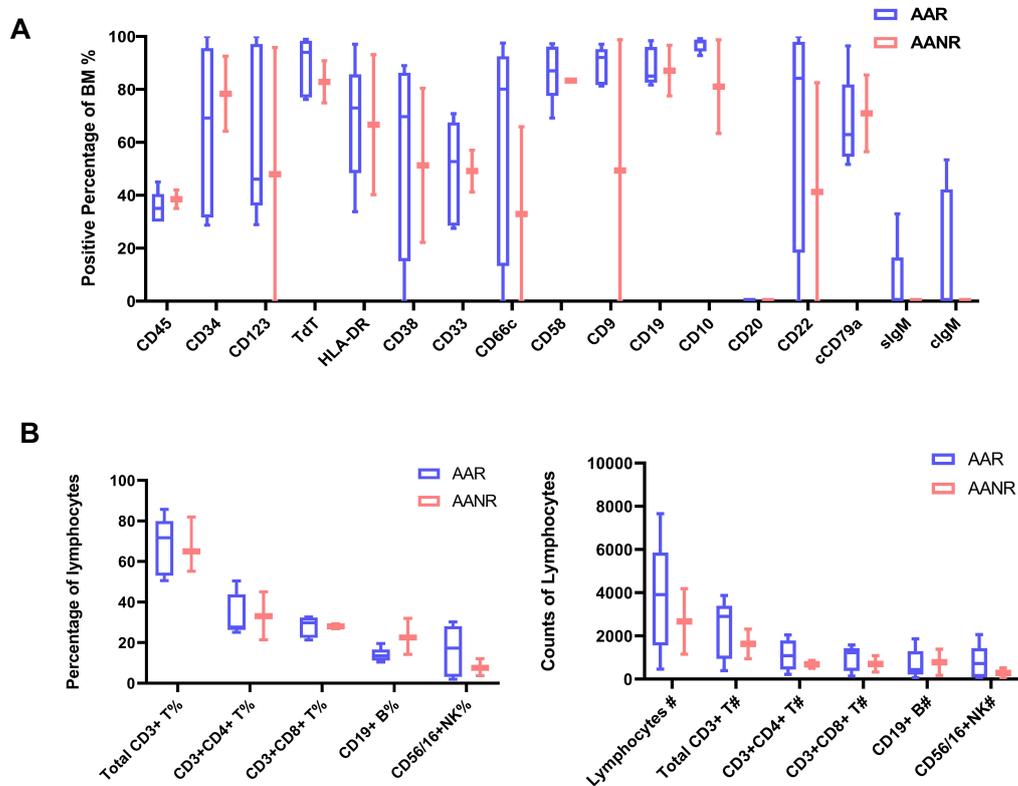
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Supplementary Figures



Supplementary Figure 1. Schema of treatment protocols and SAA measurement point. SAA, serum asparaginase activity; LR, low risk; I/HR, intermediate/high risk; Blina, blinatumomab; Blue triangle, planned administration of Erwinia at a dose of 20000 U/m², with a total of six doses; Green triangle, planned administration of PEG-ASP at a dose of 2000 U/m²; Yellow arrow, sampling timing of SAA; Red arrow, sampling timing of ASP antibody.



Supplementary Figure 2. Immune Assessment of Patient at the initial diagnosis of B-ALL both in bone marrow and pleura blood. (A) Analysis of diagnostic bone marrow samples from AAR and AANR pediatric cohorts by flow cytometry. Box plots depict the percentage distribution of key immunophenotypic markers (CD10, CD19, CD20, CD22, CD24, CD34, CD38, CD45, CD123, HLA-DR, and IgM) within leukemic blasts. Central lines represent medians, boxes span interquartile ranges (IQR), and whiskers extend to $1.5 \times \text{IQR}$. Individual outliers are plotted as points. (B) Peripheral blood lymphocyte subset distribution at B-ALL diagnosis. Left panel: proportional representation of lymphocyte subsets in peripheral blood. Right panel: absolute counts (cells/ μL) for corresponding subsets. Results showed as box plot construction.