Pre-treatment circulating microRNA signatures predict outcomes of anti-CD19 CAR T-cell therapy

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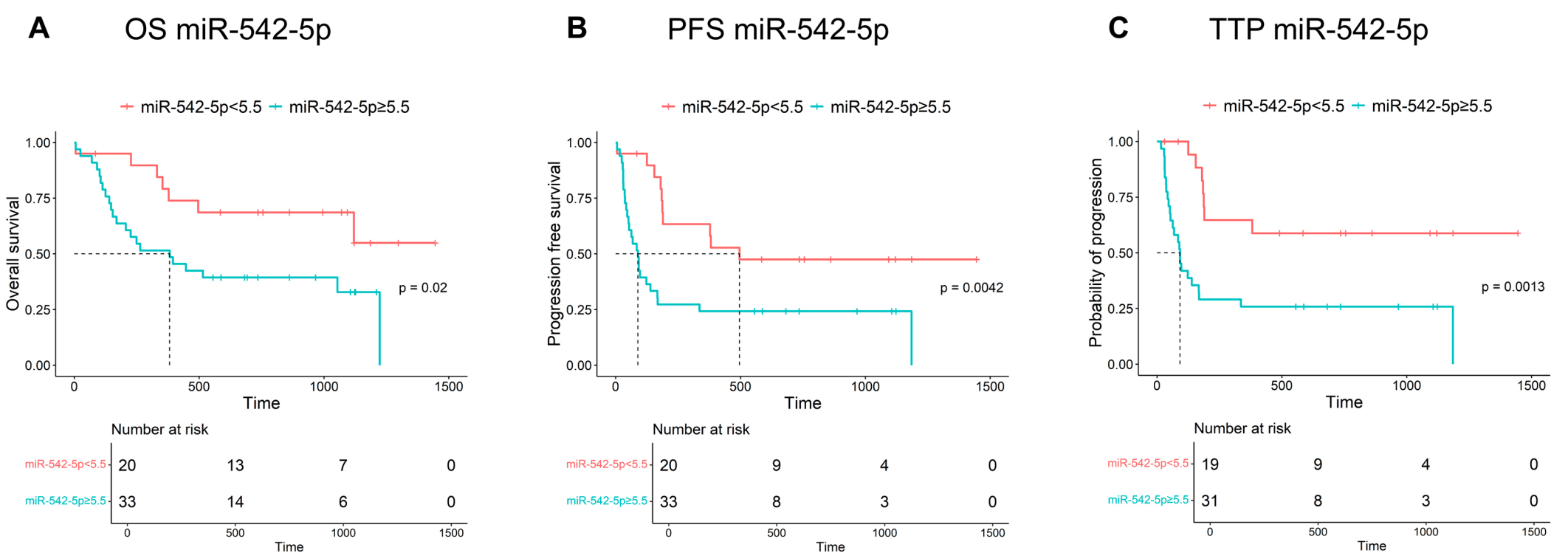
Supplementary Figure Legend

Supplementary Figure S1 - Kaplan–Meier survival analysis by PLD circulating miR-542-5p levels. Patients with high miR-542-5p levels (≥5.5 normalized counts; n = 33) showed significantly worse outcomes compared to those with low levels (<5.5 normalized counts; n = 20) in (A) overall survival (OS, p = 0.02), (B) progression-free survival (PFS, p = 0.0042), and (C) time to progression (TTP, p = 0.0013).

Supplementary Tables (see Excel file)

Supplementary Table 1 – A) Summary of patients' characteristics; B) Baseline clinical and biochemical characteristics of patients grouped according to CRS grade (0–1 vs. ≥2); C) Baseline clinical and biochemical characteristics of patients grouped according to ICANS (yes vs. no)

Supplementary Table 2 – A) MicroRNAs differentially abundant at PLD according to CRS grade (0–1 vs. ≥2); B) MicroRNAs differentially abundant at PLD in ICANS group (yes vs. no)



Supplementary figure S1.

Supplementary Figure S1. Kaplan–Meier survival analysis by PLD circulating miR-542-5p levels. Patients with high miR-542-5p levels (≥5.5 normalized counts; n = 33) showed significantly worse outcomes compared to those with low levels (<5.5 normalized counts; n = 20) in (**A**) overall survival (OS, p = 0.02), (**B**) progression-free survival (PFS, p = 0.0042), and (**C**) time to progression (TTP, p = 0.0013).