Autoimmune cytopenias following alemtuzumab-induced renal transplant: clinical features and treatment outcomes

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Supplementary Table 1

Adverse Events:

Type of Adverse Event	Total (n)	ITP n (%)	AIHA n (%)	Evans n (%)
Cardiovascular Events:				
Atrial Fibrillation	8	6 (75)	1 (12.5)	1 (12.5)
Worsening Heart Failure	2	1 (50)	1 (50)	
Ventricular Fibrillation	1	1 (100)		
Abdominal aortic aneurysm	1	1 (100)		
Transient ischemic attack	1	1 (100)		
Ischemic stroke	3	2 (66.7)		1 (33.3)
Atrial thrombus	1	1 (100)		
Cardiac arrest	1	1 (100)		
Major bleeding events:				
Cerebrovascular bleeding	2	1 (50)	1 (50)	
Native kidney hematoma	1	1 (100)		
Melena	1	1 (100)		
Post Transplant Lymphoproliferative Disorders:				
PTLD	5	4 (80)		1 (20)
Other Malignancies:				
Prostate cancer	1		1 (100)	
Anal squamous cell carcinoma	1	1 (100)		

Clear cell renal cell carcinoma	1	1 (100)		
Papillary renal cell carcinoma	1	1 (100)		
Squamous cell carcinoma of the skin	2	1 (50)	1 (50)	
Basal cell carcinoma	2	1 (50)	1 (50)	
Breast carcinoma	1	1 (100)		
Death:	7	4 (57)		3 (43)

Supplementary Table 2:

Recommended Baseline Investigations/Workup:

Baseline Work-Up for all patients:
• Physical examination • Complete blood count with differential cell count • Peripheral blood smear • Liver and kidney function • Coagulation panel • Serum protein electrophoresis with immunoglobulins • Viral testing: EBV and CMV-DNA PCR blood titers • Antiphospholipid antibodies (anti-beta2-glicoprotein1 IgG and IgM, anti-cardiolipin IgG and IgM, lupus anticoagulant) and • Antinuclear antibodies • Lymphocyte subsets
For patients presenting with anaemia:
• Direct Antiglobulin Test (DAT) • Paroxysmal Nocturnal Hemoglobinuria if DAT negative
Causes of anemia and thrombocytopenia to consider and exclude:
• Bone marrow suppression due to immunosuppressive therapy • Infections • Acute rejection • Microangiopathy • Hematinic deficiency (iron, folate and B12) • Inadequate renal production of erythropoietin

Recommended PTLD Work-Up:
• Baseline bone marrow aspirate and trephine • Cytogenetic analysis • Blood EBV-DNA PCR • CT scan of thorax, abdomen and pelvis
Regular monitoring for the following infections:
• EBV • CMV • Parvovirus • Hepatitides: A, B, C and E • Atypical infections **infections can complicate the recovery from ITP and AIHA, and should be continually reviewed, especially for those on continued immune suppression*