

## Tocilizumab, tacrolimus and methotrexate for the prevention of acute graft-versus-host disease: low incidence of lower gastrointestinal tract disease

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## SUPPLEMENTAL METHODS

**Serum Cytokine Analysis.** Serum was isolated from patients prior to onset of conditioning, and on days 7, 14 and 28 post-transplantation. IL-2, IL-4, IL-6, IL-10, IFN- $\gamma$ , TNF- $\alpha$ , and IL-17A levels were measured using the BD Cytometric Bead Array Human Th1/Th2/Th17 Cytokine Kit (BD Biosciences), according to the manufacturer's instructions. Samples were acquired on a BD FACSCanto II flow cytometer (BD Biosciences) and analyzed using the FCAP Array v3.0.1 software (BD Biosciences). Soluble IL-6R levels were measured using the Human IL-6R alpha Quantikine ELISA Kit (R and D Systems, Minneapolis, MN). This assay has been reported to detect three forms of the sIL-6R; free sIL-6R, sIL-6R in complex with IL-6, and sIL-6R in an immune complex with Tocilizumab.<sup>44</sup>

**Immune Reconstitution.** Multi-parameter flow cytometry was utilized for the testing of T cells and NK after mononuclear cell enrichment by density gradient separation. The antibodies used included: CD3-HPC-H7, CD4-PE-Cy, CD8-APC, and CD56-PE. Regulatory T cells were detected using the BD Pharmingen (San Diego, CA) FoxP3 staining kit according to instructions, with the addition of CD127-PE-Cy7. Tregs were defined as CD3<sup>+</sup> CD4<sup>+</sup> CD25<sup>+</sup> FoxP3<sup>+</sup> and CD127<sup>-</sup>. Th17 cells were tested after activation with PMA and Ionomycin in the presence of brefeldin A, then fixed and permeabilized before intracellular antigen staining with IL-17-PE. B cell subsets were tested on whole blood samples (300  $\mu$ L) that were lysed and washed twice prior to the addition of antibodies so as to remove serum Ig that can inhibit surface Ig staining. The antibodies used included: IgD-FITC, IgM-APC, CD27-APC-H7, CD38-PE-Cy7, CD21-FITC, and CD69-APC, with initial gating on CD19<sup>+</sup> B cells. Minimally 300,000 debris-free events were collected. The following CD19<sup>+</sup> subsets were defined: Antigen inexperienced: CD27<sup>-</sup> IgD<sup>+</sup>, Pre-Switch Memory: CD27<sup>+</sup> IgD<sup>+</sup>, Post switch Memory: CD27<sup>+</sup> IgD<sup>-</sup>, Plasma cells: IgM<sup>-</sup> IgD<sup>-</sup> CD27<sup>+</sup> CD38<sup>hi</sup>; Immature/Transitional: CD21<sup>-</sup>, Activated: CD69<sup>+</sup>. All antibodies were obtained from BD Pharmingen and testing was performed on a BD Canto II cytometer within 24 hours of cell collection. Patients in hematological relapse at the time of sampling were not assessed.

**SUPPLEMENTAL TABLE 1. DEFINITION OF EVENTS AND COMPETING RISKS FOR SPECIFIC OUTCOMES**

| Outcome                     | Event(s)  | Competing risks       |
|-----------------------------|---|-----------------------|
| <b>Event-free survival</b>  |   |                       |
| Acute GVHD-free survival    | Grade II-IV aGVHD or death  | None                  |
| Disease-free survival       | Relapse or death  | None                  |
| Overall survival            | Death   | None                  |
| <b>Cumulative incidence</b> |   |                       |
| Treatment related mortality | Death   | Relapse               |
| Relapse                     | Relapse   | Death w/o relapse     |
| Acute GVHD                  | Grade II-IV aGVHD   | Relapse or death      |
| Chronic GVHD                | Chronic GVHD  | Relapse or death      |
| Neutrophil engraftment      | 1 <sup>st</sup> of 3 consecutive days with an ANC>500   | Death w/o engraftment |
| Platelet engraftment        | 1 <sup>st</sup> day of a sustained platelet count above 20,000 w/o any platelet transfusions for the preceding 7 days | Death w/o engraftment |

All outcomes used loss to follow up / end of study as censoring

**SUPPLEMENTAL TABLE 2. PATIENT CHARACTERISTICS OF CYTOKINE CONTROL POPULATION**

| <b>Variable</b>                   | <b>Value</b>  |
|-----------------------------------|---------------|
| N                                 | 11            |
| Age, median (range)               | 61<br>(27-67) |
| Sex (M/F)                         | 7/4           |
| <b>Disease (n, %)</b>             |               |
| AML                               | 2 (18)        |
| MDS                               | 3 (27)        |
| Myelofibrosis                     | 2 (18)        |
| Myeloproliferative Disorder       | 1 (9)         |
| Hodgkin Lymphoma                  | 2 (18)        |
| Non-Hodgkin Lymphoma              | 1 (9)         |
| <b>Donor Type (n, %)</b>          |               |
| MRD                               | 9 (82)        |
| MUD                               | 2 (18)        |
| <b>Preparative Regimen (n, %)</b> |               |
| Myeloablative                     | 6 (55)        |
| Reduced Intensity                 | 5 (45)        |
| <b>Graft Source (n, %)</b>        |               |
| Bone Marrow                       | 0 (0)         |
| Peripheral Blood                  | 11 (100)      |

AML, acute myelogenous leukemia; MDS, myelodysplasia; MRD, matched related donor; MUD, matched unrelated donor

## SUPPLEMENTAL FIGURES

**Supplemental Figure 1: Acute GVHD outcomes by tissue site.** Cumulative incidence of grades II-IV acute GVHD in skin (panel A), liver (panel B), upper GI tract (panel C) and lower GI tract (panel D) of patients that received Tocilizumab for GVHD prophylaxis.

**Supplemental Figure 2: Effect of Tocilizumab administration on interleukin 6 and soluble interleukin 6 receptor levels based on conditioning regimen.** (A). Concentration of IL-6 in the serum on days 7, 14 and 28 from patients that were treated with Tocilizumab and received reduced intensity versus myeloablative conditioning. (B). Concentration of soluble IL-6 receptor in the serum on days 7, 14, and 28 from patients that were treated with Tocilizumab and received reduced intensity versus myeloablative conditioning. Statistics: \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

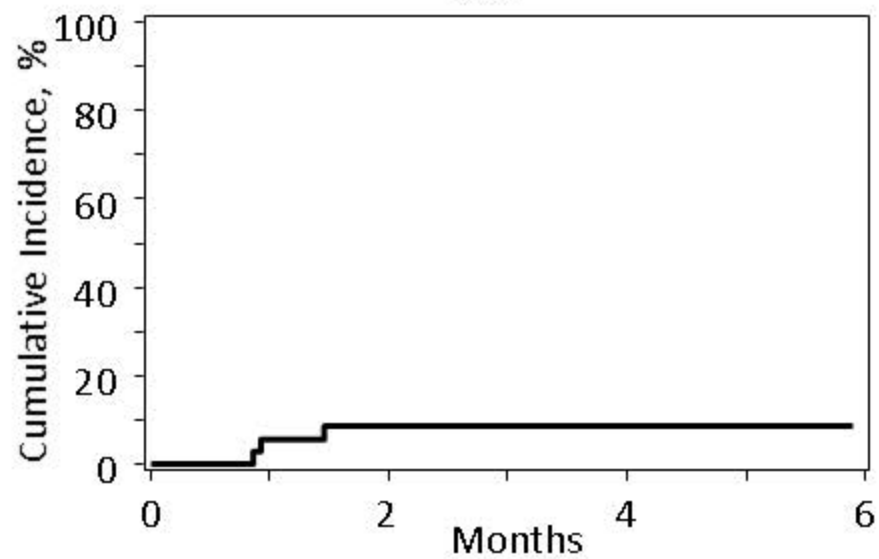
**Supplemental Figure 3: Effect of Tocilizumab administration on cytokine production.** Concentration of IL-2, IL-4, IL-10, TNF- $\alpha$ , IFN- $\gamma$ , and IL-17 in the serum of patients that were treated with Tocilizumab for the prevention of acute GVHD prior to the start of conditioning and at days 7, 14 and 28. Statistics: \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

**Supplemental Figure 4: Reconstitution of Treg and Th17 subsets.** The percentage of the indicated subset within CD4<sup>+</sup> T cells (upper panels) and the number of cells per mm<sup>3</sup> (microliter) of blood for regulatory T cells (Tregs) and T<sub>H</sub>17 cells. Data are shown for individual patients together with the median and 25<sup>th</sup> and 75<sup>th</sup> quartiles. The shaded area indicates the range of values for healthy controls. Samples were obtained at 1 month (n=33), 3 months (n=29), 6 months (n=22), and 12 months (n=13). The indicated subsets were defined as described in methods.

**Supplemental Figure 5: B cell reconstitution in patients that received Tocilizumab for GVHD prophylaxis.** (A,B). The number of cells per mm<sup>3</sup> (i.e., microliter) is shown in panel A, and the percentage of gated CD19<sup>+</sup> B cells is shown in panel B. The B cell subsets were defined as shown in Methods. Data are shown for individual patients together with the median and 25<sup>th</sup> and 75<sup>th</sup> quartiles. The shaded area indicates the range of values for healthy controls. Samples were obtained at 1 month (n=33), 3 months (n=29), 6 months (n=22), and 12 months (n=13).

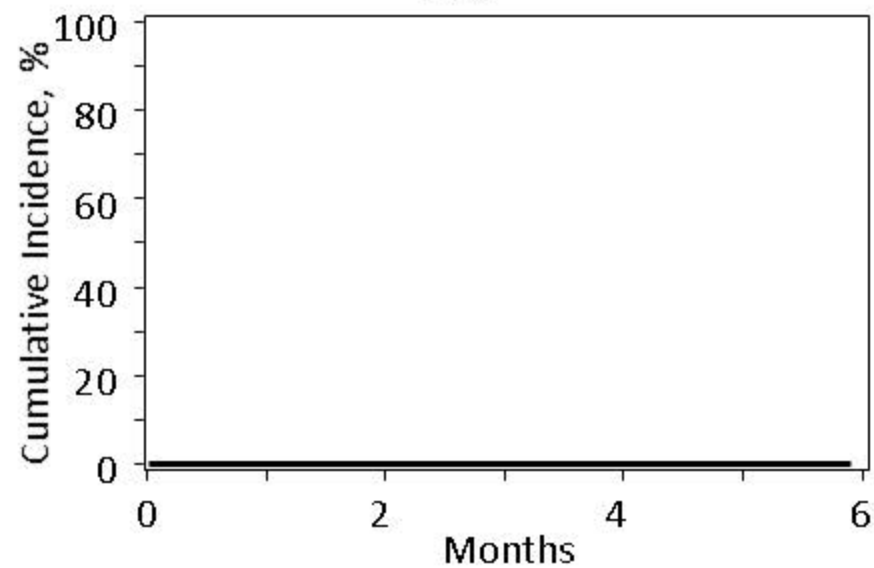
A

Skin



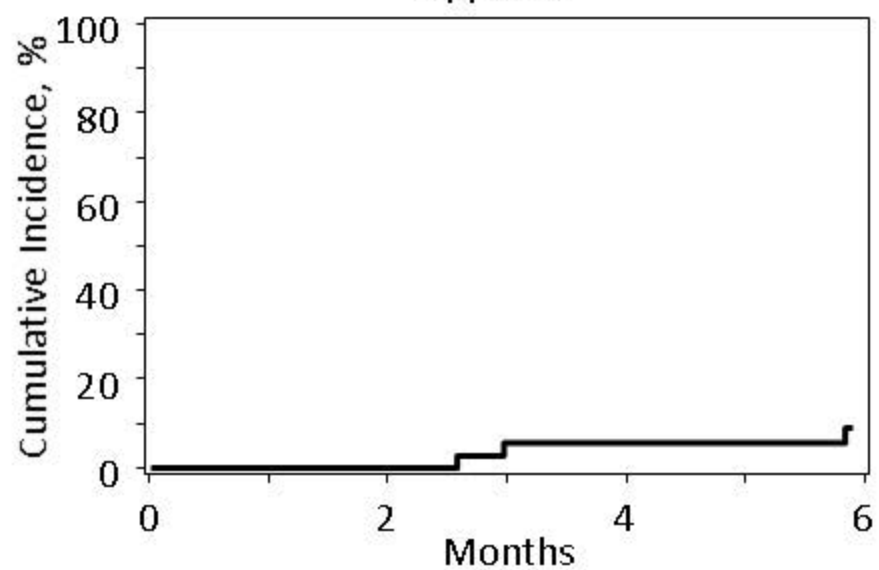
B

Liver



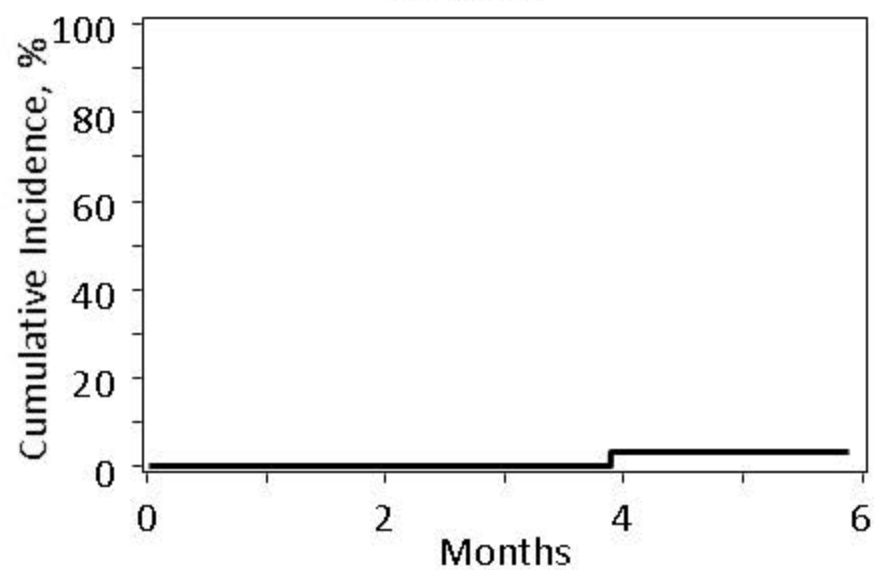
C

Upper GI



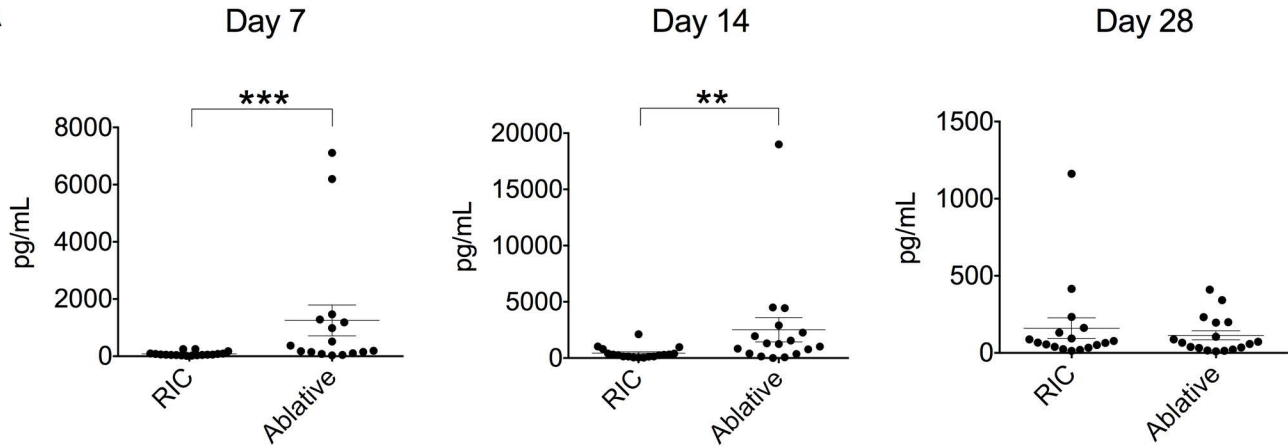
D

Lower GI

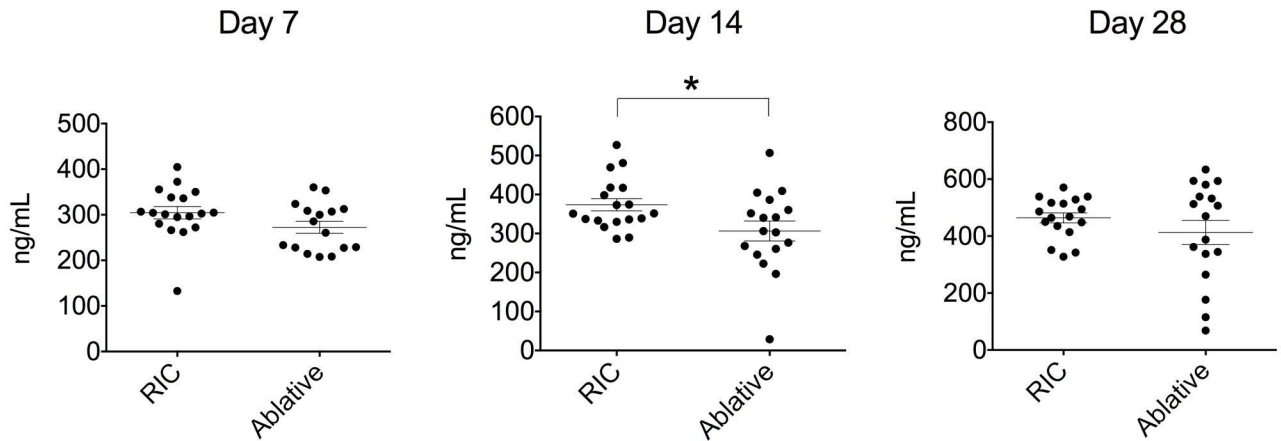


# Supplemental Figure 2

## A



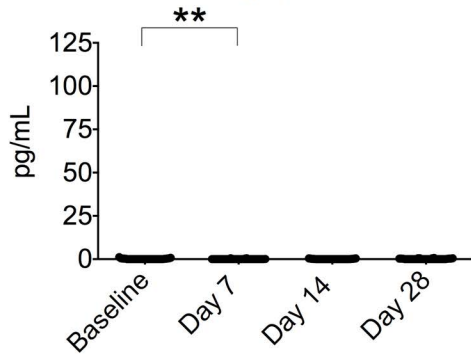
## B



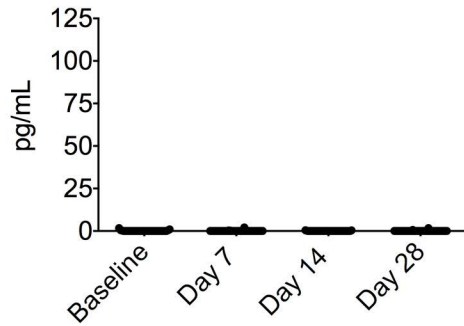


# Supplemental Figure 3

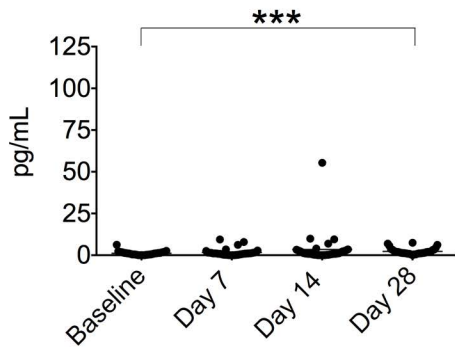
## IL-2



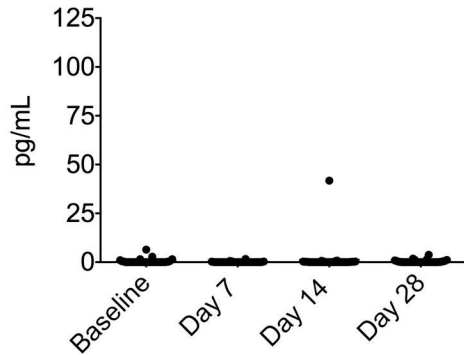
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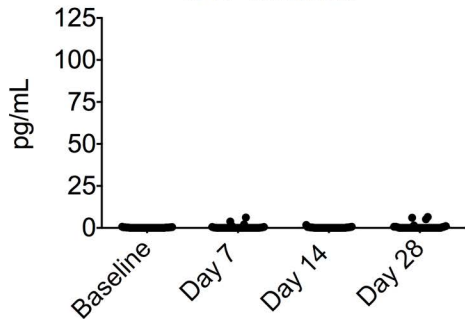
## IL-10



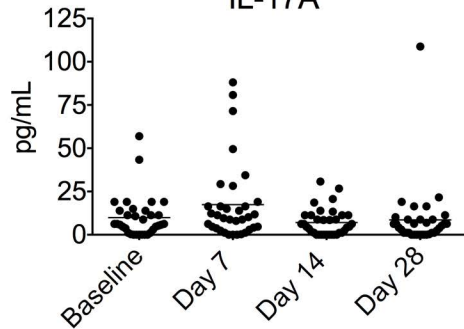
## TNF-Alpha



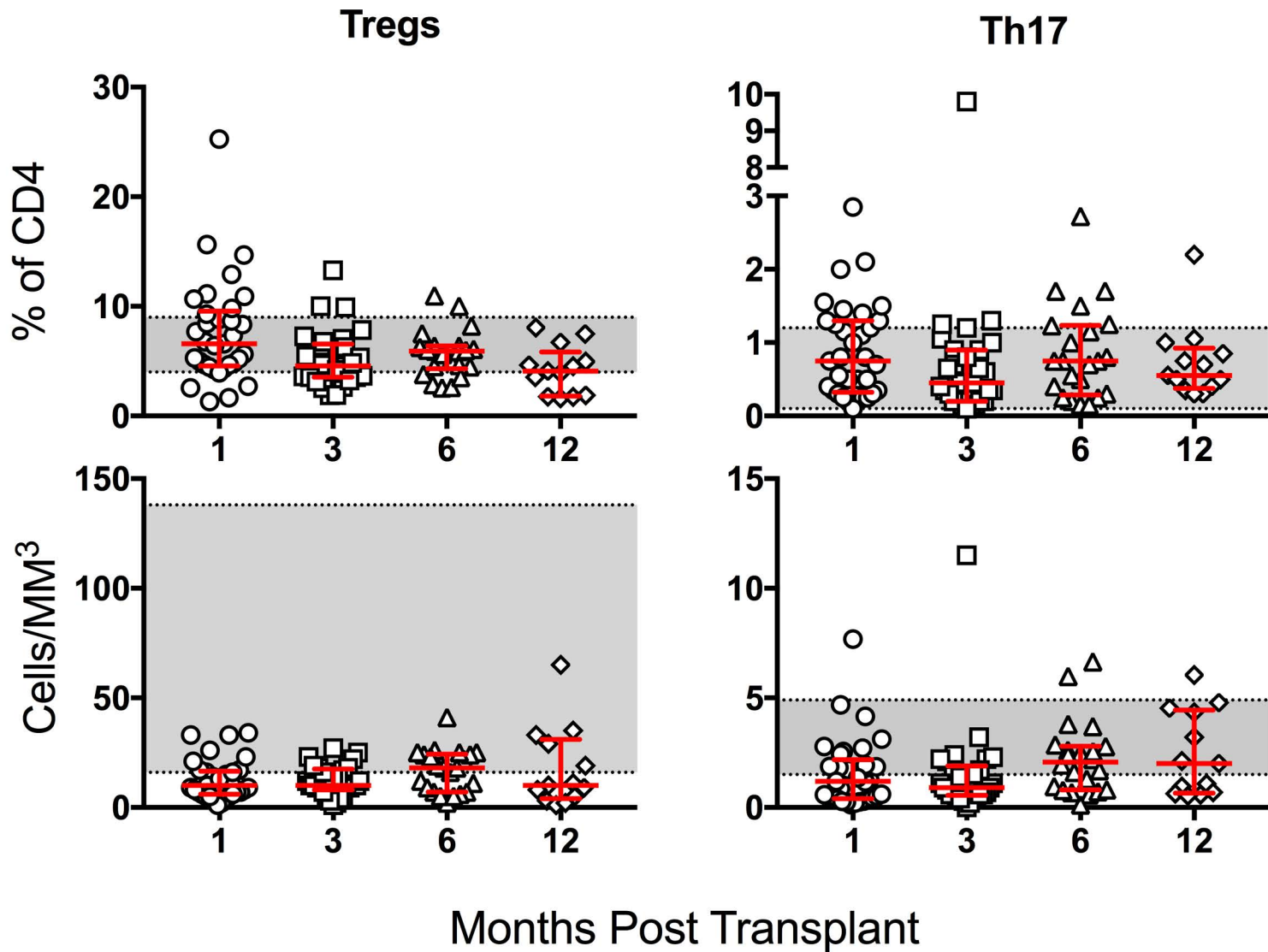
## IFN-Gamma



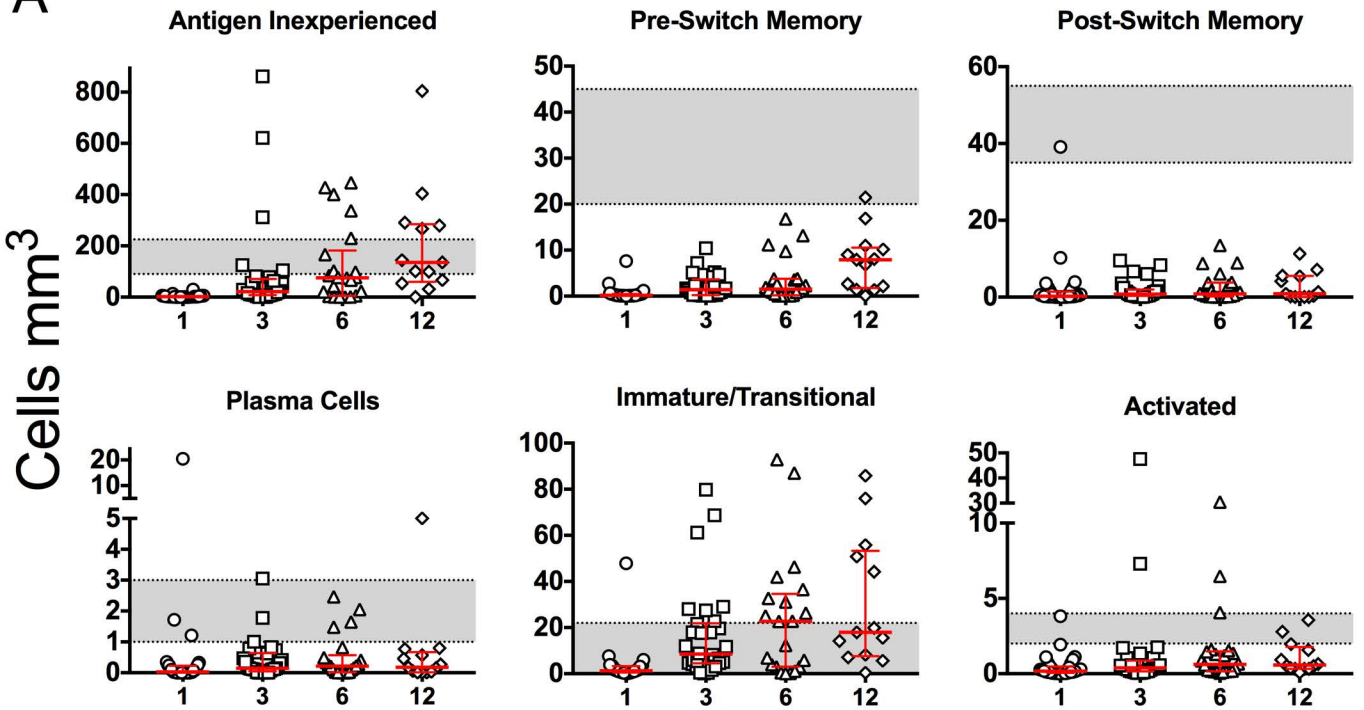
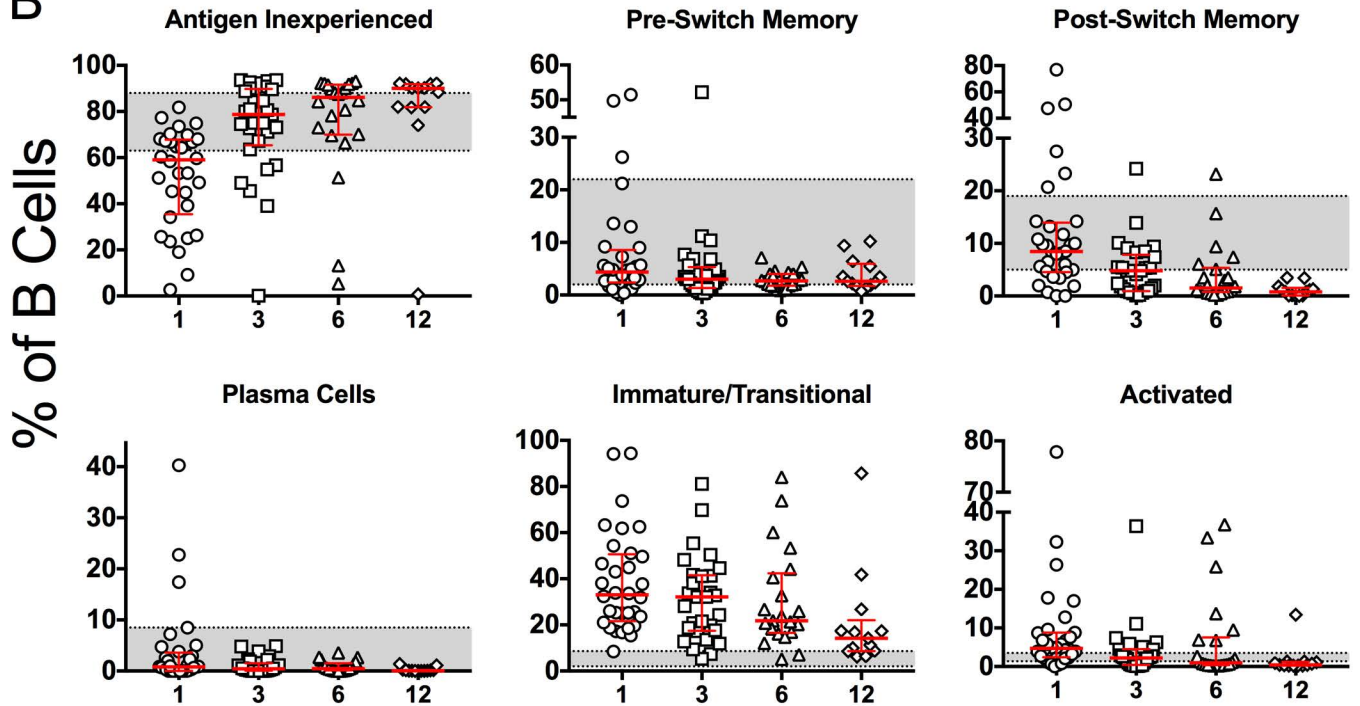
## IL-17A



# Supplemental Figure 4



# Supplemental Figure 5

**A****B**

Months Post Transplant