

## Immune reconstitution and associated infections following axicabtagene ciloleucel in relapsed or refractory large B-cell lymphoma

Jennifer M. Logue,<sup>1,2\*</sup> Elisa Zucchetti,<sup>3\*</sup> Christina A. Bachmeier,<sup>1</sup> Gabriel S. Krivenko,<sup>1</sup> Victoria Larson,<sup>2</sup> Daniel Ninh,<sup>1</sup> Giovanni Grillo,<sup>3</sup> Biwei Cao,<sup>4</sup> Jongphil Kim,<sup>4</sup> Julio C. Chavez,<sup>2,5</sup> Aliyah Baluch,<sup>2,6</sup> Farhad Khimani,<sup>1,2</sup> Aleksandr Lazaryan,<sup>1,2</sup> Taiga Nishihori,<sup>1,2</sup> Hien D. Liu,<sup>1,2</sup> Javier Pinilla-Ibarz,<sup>2,5</sup> Bijal D. Shah,<sup>2,5</sup> Rawan Faramand,<sup>1,2</sup> Anna E. Coghil,<sup>7</sup> Marco L. Davila,<sup>1,2</sup> Bhagirathbhai R. Dholaria,<sup>1,8</sup> Michael D. Jain<sup>1,2#</sup> and Frederick L. Locke<sup>1,2#</sup>

<sup>1</sup>Department of Blood and Marrow Transplant and Cellular Immunotherapy, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA; <sup>2</sup>Morsani College of Medicine, University of South Florida, Tampa, FL, USA; <sup>3</sup>Divisione di Ematologia, Centro Trapianti di Midollo, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy; <sup>4</sup>Department of Biostatistics and Bioinformatics, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA; <sup>5</sup>Department of Malignant Hematology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA; <sup>6</sup>Department of Infectious Diseases, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA; <sup>7</sup>Cancer Epidemiology Program, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA and <sup>8</sup>Department of Hematology-Oncology, Vanderbilt University Medical Center, Nashville, TN, USA

\*JML and EZ contributed equally as co-first authors.

#MDJ and FLL contributed equally as co-senior authors

©2021 Ferrata Storti Foundation. This is an open-access paper. doi:10.3324/haematol.2019.238634

Received: September 21, 2019.

Accepted: April 2, 2020.

Pre-published: April 23, 2020.

Correspondence: *FREDERICK L. LOCKE* - frederick.locke@moffitt.org

*MICHAEL D. JAIN* - michael.jain@moffitt.org

---

**Supplementary data to:**

**Immune reconstitution and associated infections following axicabtagene ciloleucel in relapsed or refractory large B-cell lymphoma**

*Jennifer M Logue\**, *Elisa Zucchetti\**, *Christina A Bachmeier*, *Gabriel S Krivenko*, *Victoria Larson*, *Daniel Ninh*, *Giovanni Grillo*, *Biwei Cao*, *Jongphil Kim*, *Julio C Chavez*, *Aliyah Baluch*, *Farhad Khimani*, *Aleksandr Lazaryan*, *Taiga Nishihori*, *Hien D Liu*, *Javier Pinilla-Ibarz*, *Bijal D Shah*, *Rawan Faramand*, *Marco L Davila*, *Bhagirathbhai R Dholaria*, *Michael D Jain<sup>^</sup>*, *Frederick L Locke<sup>^</sup>*

*\*JML and EZ contributed equally*  
*<sup>^</sup>MDJ and FLL contributed equally*

*Moffitt Cancer Center*  
*12902 USF Magnolia Drive, Tampa, FL 33612*

*Corresponding authors:*  
*Frederick L Locke*  
*Frederick.Locke@Moffitt.org*  
*(813) 745-3509*

*Michael D Jain*  
*Michael.Jain@Moffitt.org*  
*(813) 745-3974*

**Supplementary Tables**

***Table S1.* Comparison of cellular and humoral immunity at baseline to up to 1 year post-axi-cel.**

***Table S2.* Details of infections experienced after axi-cel infusion**

***Table S3.* Microbiology of Blood Stream Infections**

***Table S4.* Patients with infections in the first 30 days by CRS, neurologic toxicity grade, tocilizumab use, and steroid treatment**

***Table S5.* Patients with infections by baseline cell counts and immunoglobulin levels**

**Supplementary Figures**

***Figure S1.* Progression free survival and overall survival for all patients**

***Figure S2.* HSV titers during the first year post axi-cel.**

***Figure S3.* Association of day 30 immune reconstitution and subsequent infection.**

**Table S1. Comparison of cellular and humoral immunity at baseline to up to 1 year post-axi-cel.**

	<b>Difference</b>	<b>Lower confidence interval</b>	<b>Upper confidence interval</b>	<b>P-value</b>
<b>WBC</b>				
30-0	-2927.0	-3682.3	-2171.7	<0.001
90-0	-2048.3	-2849.4	-1247.2	<0.001
180-0	-2202.8	-3074.9	-1330.7	<0.001
270-0	-1790.1	-2743.6	-836.6	<0.001
360-0	-1618.3	-2582.3	-654.4	<0.001
<b>CD3</b>				
30-0	-108.5	-369.0	152.1	0.769
90-0	-187.9	-455.5	79.7	0.280
180-0	-223.9	-506.3	58.5	0.177
270-0	-287.6	-595.7	20.5	0.077
360-0	-292.0	-605.7	21.6	0.079
<b>CD4</b>				
30-0	-169.7	-266.1	-73.4	<0.001
90-0	-172.8	-271.8	-73.8	<0.001
180-0	-163.3	-267.7	-58.8	<0.001
270-0	-163.1	-277.1	-49.1	0.002
360-0	-160.1	-276.1	-44.0	0.002
<b>CD8</b>				
30-0	76.9	-133.5	287.3	0.847
90-0	-15.4	-231.5	200.7	1.000
180-0	-57.4	-285.5	170.7	0.963
270-0	-131.4	-380.2	117.5	0.566
360-0	-128.9	-382.2	124.4	0.602
<b>CD56</b>				
30-0	40.5	-4.4	85.4	0.094
90-0	26.5	-19.6	72.7	0.479
180-0	14.0	-34.6	62.7	0.936
270-0	22.1	-31.0	75.2	0.770
360-0	43.9	-10.2	97.9	0.160
<b>CD19</b>				
30-0	-23.4	-65.3	18.6	0.512
90-0	-19.4	-62.5	23.6	0.707
180-0	-4.2	-49.6	41.3	1.000
270-0	35.9	-13.7	85.5	0.252
360-0	50.4	-0.0	100.9	0.050
<b>IgG</b>				
30-0	-85.4	-203.4	32.6	0.255
90-0	-159.1	-277.1	-41.2	0.003
180-0	-197.4	-331.2	-63.6	0.001
270-0	-141.3	-304.5	22.0	0.118
360-0	-17.3	-164.8	130.2	0.999
<b>N</b>				
30-0	-2434.6	-3109.1	-1760.1	<0.001
90-0	-1604.2	-2319.6	-888.8	<0.001
180-0	-1650.4	-2429.2	-871.5	<0.001
270-0	-1396.2	-2247.7	-544.7	<0.001
360-0	-1315.5	-2176.4	-454.6	0.001

Differences between baseline (0) and day 30 (30-0), 90 (90-0), 180 (180-0) and 360 (360-0) were assessed by Dunnett's test to control for multiple comparisons. Mean peripheral blood white blood cell (WBC), neutrophil (N), IgG, NK cells (CD56), B cells (CD19) and T cell subsets (CD3, CD4 and CD8) are shown. The data in the difference column represent the raw change in the mean value. The confidence level is 95%.

**Table S2. Details of infections experienced after axi-cel infusion**

<b>a) Infection prior to day 30*</b>	<b>Incidence, n(%)</b>
Clostridium Difficile	12 (14.1)
URTI	10 (11.8)
Rhinovirus	7
Influenza	2
Respiratory Syncytial Virus	1
Sepsis	6 (7.1)
Other bacterial site infections	6 (7.1)
Urinary tract infection***	4
Cellulitis	1
Acute cholecystitis	1
Fungi**	2 (2.4)
Viremia	2 (2.4)

\*38 infections in 31 patients. 5 patients had multiple infections

\*\* One case of fusariosis, one case of candidiasis

\*\*\* One case of pyelonephritis requiring IV antibiotics

<b>b) Infection after day +30*</b>	<b>Incidence, n</b>
Clostridium Difficile	1
URTI	19
Rhinovirus	4
Influenza	2
Parainfluenza	2
Respiratory Syncytial Virus	1
Viral infection**	10
Sepsis***	1
Other bacterial site infections	5
Neutropenic fever	1
Cellulitis	1
Abscess	1
Sinusitis	2
Pneumonia	6

\*32 infections in 31 patients.

\*\*Clinical diagnosis without microbiological confirmation

\*\*\* MRSA bacteremia

A) Details on early infections (before day +30) after axi-cel

B) Details on late infections (after day +30) after axi-cel

**Table S3. Microbiology of Blood Stream Infections\***

Organism (n=11)	Incidence, n (%)
<b>Gram Positive Bacteria</b>	
Coagulase negative Staphylococcus species	3 (27%)
<i>Staphylococcus aureus</i> (MRSA)	1 (9%)
<i>Streptococcus species</i>	1 (9%)
<i>Enterococcus faecalis</i>	1 (9%)
<i>Clostridium sporongenes</i>	1 (9%)
<b>Gram Negative Bacteria</b>	
<i>Escherichia coli</i> (Fluoroquinolone resistant)	1 (9%)
<i>Bacteroides species</i>	1 (9%)
<b>Fungi</b>	
<i>Candida krusei</i>	1 (9%)
<i>Fusarium species</i>	1 (9%)

\*Seven patients experienced a bacteremia. One patient had three bacterial isolates grow and one patient had a bacteremia and a separate fungemia.

**Table S4. Patients with infections in the first 30 days by CRS, neurologic toxicity grade, tocilizumab use, and steroid treatment**

<b>a)</b>	<b>Infection (n=31)</b>	<b>No infection (n=54)</b>	<b>P-value overall</b>
<b>CRS</b>			0.486
Grade 0	3 (9.7%)	3 (5.6%)	
Grade 1-2	24 (77.4%)	47 (87.0%)	
Grade 3-4	4 (12.9%)	4 (7.4%)	
<b>Neurotoxicity</b>			0.161
Grade 0	7 (22.6%)	21 (38.9%)	
Grade 1-2	11 (35.5%)	20 (37.0%)	
Grade 3-4	13 (41.9%)	13 (24.1%)	
<b>Tocilizumab use</b>	16 (51.6%)	23 (42.6%)	0.564
<b>Steroid use*</b>	17 (54.8%)	22 (40.7%)	0.303
<b>Bridging therapy</b>	21 (67.7%)	27 (50.0%)	0.174

<b>b)</b>	<b>Severe infection (n=11)</b>	<b>No severe infection (n=74)</b>	<b>P-value overall</b>
<b>CRS</b>			0.007
Grade 0	1 (9.1%)	5 (6.8%)	
Grade 1-2	6 (54.5%)	65 (87.8%)	
Grade 3-4	4 (36.4%)	4 (5.4%)	
<b>Neurotoxicity</b>			0.007
Grade 0	1 (9.1%)	27 (36.5%)	
Grade 1-2	2 (18.2%)	29 (39.2%)	
Grade 3-4	8 (72.7%)	18 (24.3%)	
<b>Tocilizumab use</b>	9 (81.8%)	30 (40.5%)	0.025
<b>Steroid use*</b>	10 (90.9%)	29 (39.2%)	0.004
<b>Bridging therapy</b>	10 (90.9%)	38 (51.4%)	0.020

\* steroid use indicates the use of any dose of corticosteroids to manage CAR T-associated toxicity (CRS or neurotoxicity)

A) Association of all patients experiencing infections in the first 30 days with cytokine release syndrome (CRS), neurotoxicity, tocilizumab use, steroid use, and bridging therapy.

B) Association of patients experiencing severe infections in the first 30 days with cytokine release syndrome (CRS), neurotoxicity, tocilizumab use, steroid use, and bridging therapy.

**Table S5. Patients with infections by baseline cell counts and immunoglobulin levels**

a)	<b>Infection (n=31)</b>	<b>No infection (n=54)</b>	<b>P-value</b>
<b>IgG</b>	489 (305-829)	629 (302-1081)	0.153
<b>IgA</b>	109 (61-165)	116 (53-951)	0.631
<b>IgM</b>	50 (30-115)	52 (28-372)	0.541
<b>WBC</b>	6340 (1290-12800)	4640 (1880-14800)	0.030
<b>Neutrophils</b>	4300 (490-10760)	3090 (640-13480)	0.023
<b>Lymphocytes</b>	640 (70-2940)	635 (90-2080)	0.819
<b>Eosinophils</b>	60 (0-380)	100 (0-1690)	0.277
<b>Monocytes</b>	720 (130-1920)	650 (20-1600)	0.228
<b>CD3</b>	574 (199-2092)	475 (66-2250)	0.340
<b>CD4</b>	269 (73-609)	214 (34-1720)	0.815
<b>CD8</b>	293 (50-1522)	178 (22-1673)	0.304
<b>CD56</b>	64 (17-330)	100 (10-368)	0.225
<b>CD19</b>	1 (0-512)	0 (0-127)	0.242

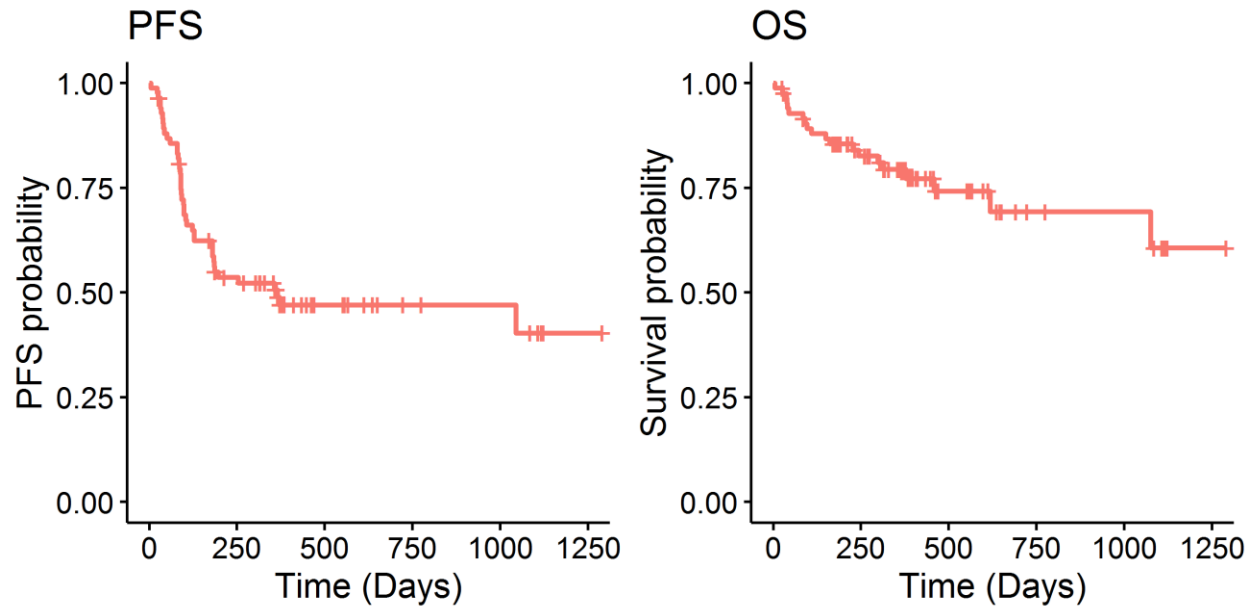
b)	<b>Severe infection (n=11)</b>	<b>No severe infection (n=74)</b>	<b>P-value</b>
<b>IgG</b>	479 (305-731)	618 (302-1081)	0.170
<b>WBC</b>	9180 (1290-12800)	5175 (1880-14800)	0.091
<b>Neutrophils</b>	7390 (490-10760)	3435 (640-13480)	0.083
<b>Lymphocytes</b>	640 (70-1410)	655 (70-2940)	0.547
<b>Eosinophils</b>	40 (0-200)	100 (0-1690)	0.076
<b>Monocytes</b>	720 (130-1360)	660 (20-1920)	0.395
<b>CD3</b>	593 (231-1332)	504 (66-2250)	0.472
<b>CD4</b>	216 (73-459)	223 (34-1720)	0.298
<b>CD8</b>	320 (114-1164)	167 (22-1673)	0.130
<b>CD56</b>	103 (33-209)	92 (10-368)	0.577
<b>CD19</b>	1 (0-174)	0 (0-512)	0.414

Shown is the median (range).

A) Association of any patient experiencing infection with baseline cellular and immune parameters.

B) Association of patients experiencing severe infection with baseline cellular and immune parameters.

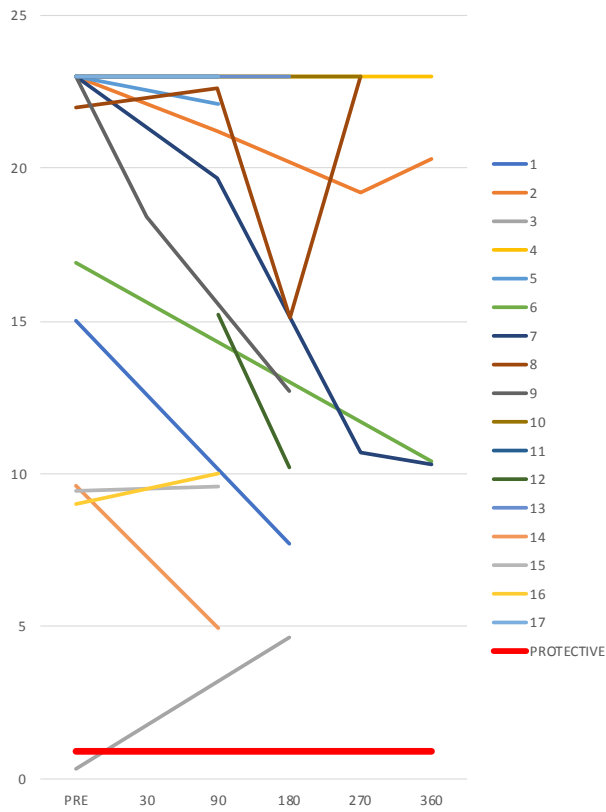
Figure S1. Progression free survival and overall survival for all patients



A. Progression free survival (PFS) for all 85 patients from time of axi-cel infusion. B. Overall Survival (OS) for all 85 patients.

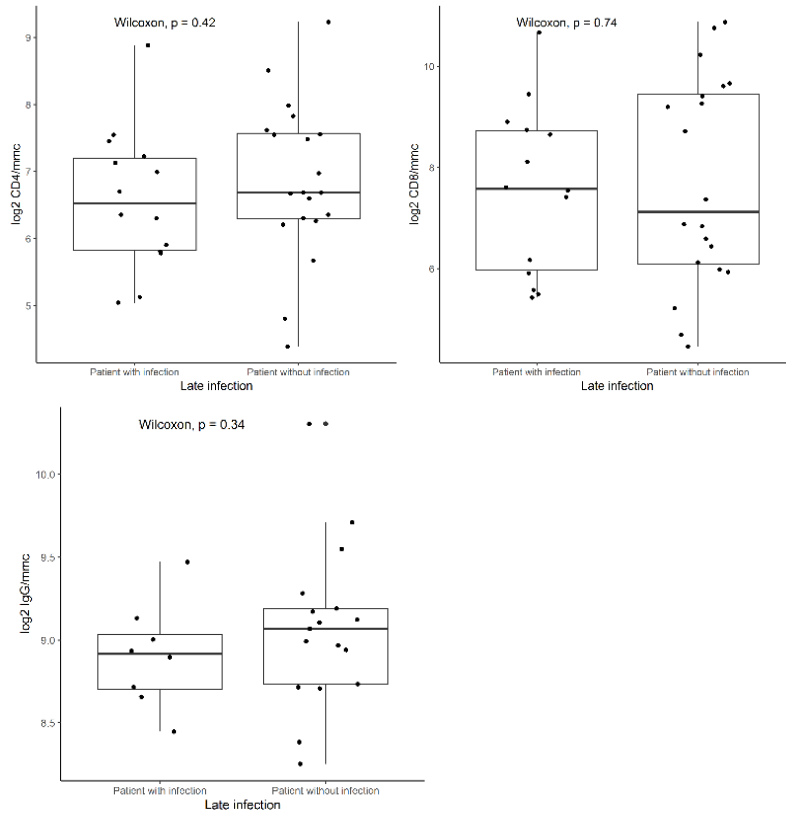


**Figure S2. HSV titers during the first year post axi-cel.**



Changes in HSV (herpes simplex virus 1 and 2 combined IgG) titers (IV units) in 17 patients monitored during the first year following treatment with axi-cel. “Protective” indicates the minimum titre that indicates a positive test describing a history of HSV infection.

**Figure S3. Association of day 30 immune reconstitution and subsequent infection.**



Comparison of cellular and humoral immune parameters at day 30 post-axi-cel for patients with or without any infection beyond day 30 (“late infection”). Shown are day 30 CD4, CD8 and IgG levels.