Vaccine-induced immune thrombotic thrombocytopenia: a possible pathogenic role of ChAdOx1 nCoV-19 vaccine-encoded soluble SARS-CoV-2 spike protein

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Supplementary Information

This	appendix	has	been	provided	by	the	authors	to	give	readers	additional	information	about	their
work	ζ.													

Supplement to:

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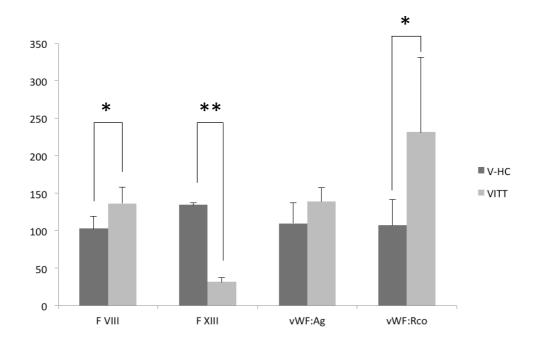


Figure S1. Coagulation is activated in VITT patients compared to vaccinated healthy controls.

Factor VIII and XIII were respectively significantly increased and decreased in VITT patients within 72 h from hospital admission compared to vaccinated healthy controls (V-HC). All VITT patients showed evidence of endothelial activation with significantly elevated VWF:RCo compared to V-HC. Statistical analyses were performed using unpaired Student's test. *P < 0.05; **P < 0.01.



Figure S2. Macroscopic aspect of the «white» (platelet-rich) thrombus retrieved during the first endovascular thrombectomy from middle cerebral artery in Patient 1. Thrombus length: 4 mm.

Supplementary Tables

Time from vaccination (days)	9	11	21	24	35	45
Time from admission/stroke (days)	0	2	12	15	26	36
PLT count (per mm³) (reference value 150,000-450,000)	44,000	23,000	344,000	94,000	47,000	72,000
D-dimer* μg/L (0-550)	NA	>4318	13617	1939	2825	993
INR (0.80-1.20)	1.16	1.17	1.21	1.54	1.94	1.10
FBG mg/dL (200-400)	405	250	NA	>555	312	280
SP (pg/ml)	0.868	0.7177	NA	0.853	0.798	NA
sACE2 (ng/ml)	2.843	0.565	NA	3.575	0.85	NA
Anti-PF4 (OD ₄₅₀)	NA	Neg (0.5)	NA	Pos (1.68)	NA	Neg (0.35)
Platelet activation (ATP release)	NA	- (6%)	NA	++ (22%)	NA	++ (20%)
NETs (OD ₄₅₀)	0.231	0,0	NA	0.91	0.104	NA

Table S1. Patient 1 laboratory findings over time, during her hospital stay. Note that soluble SARS-CoV-2 Spike protein (SP) was found up to 35 days after vaccination. Anti-PF4 antibodies were detected for the first time only at day 15 from admission. On day 45, despite negativity of anti-PF4 antibodies, serum patient continued to activate platelets from healthy donors and this activation was inhibited by both low and high dose of heparin (6% and 3% respectively). Platelet count reached normal values on day 12 after admission, 3 days after intravenous high dose immunoglobulin administration but decreased short after. Plasma exchange on 3 consecutively days

(3 l exchange with 5 % albumin replacement) was performed on day 15^{th} from admission with a low response on PLT count. PLT: platelet; NETs: Neutrophil Extracellular Traps. NA: not available *D-dimer was dosed by Emergency Department laboratory with a cut-off of 4318 μ g/L except on day 12^{th} when D-dimer was dosed by Hematology Laboratory with no cut-off.