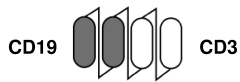
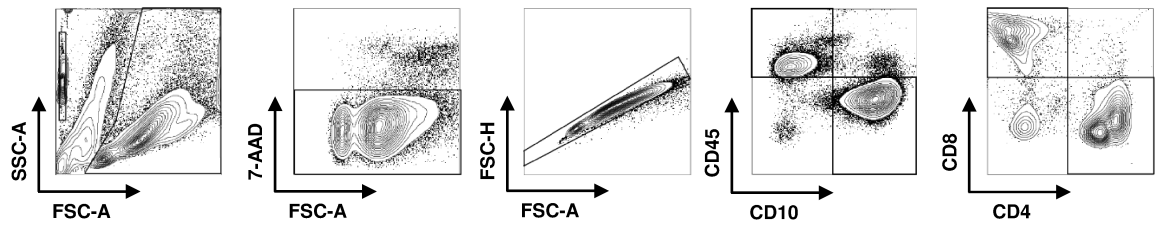


Additional File 2 Figure S2: In vitro T cell proliferation and tumor cell lysis with the CD19xCD3 bsAb blinatumomab in the presence of dexamethasone or tocilizumab.

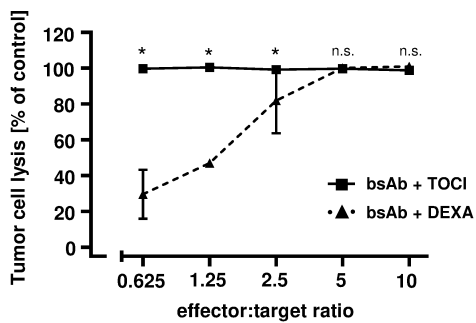
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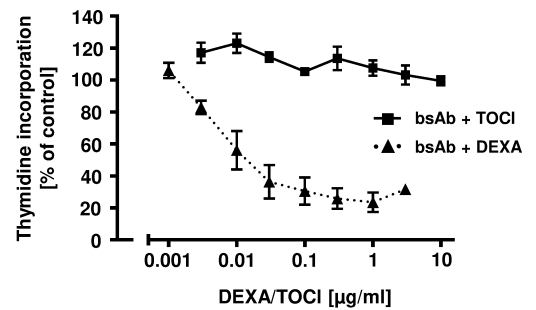
B



C



D



E

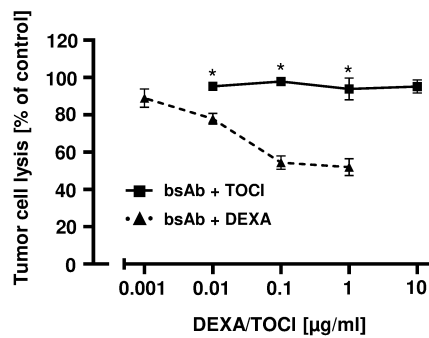


Figure S2: In vitro T cell proliferation and tumor cell lysis with the bispecific CD19xCD3 antibody blinatumomab in the presence of dexamethasone or tocilizumab.

(A) A schematic representation of the BsAb blinatumomab in the BiTE/bssc format (CD19xCD3 specificity) is depicted. (B) The gating strategy for the flow cytometry-based kill assay is depicted: cells or beads, viable cells (7AAD⁻), singlets, lymphocytes (CD45⁺CD10⁻) or Nalm-16 cells (CD45⁻CD10⁺), T cells (CD45⁺CD4⁺/CD8⁺). (C) Tumor cell lysis was assessed in a 3 day flow cytometry-based kill assay with PBMC of healthy donors (n= 4) and CD19⁺ Nalm-16 cells with indicated E:T ratios and blinatumomab (1 ng/ml) combined with tocilizumab (TOCI, 10µg/ml) or dexamethasone (DEXA, 0.1 µg/ml). (D) T cell proliferation during a 3 day ³H-thymidine proliferation assay with PBMC of healthy donors (n=3) and CD19⁺ Nalm-16 cells treated with blinatumomab (1 ng/ml) in combination with the indicated concentrations of TOCI or DEXA is shown. (E) Tumor cell lysis was assessed in a flow cytometry-based 3 day kill assay with PBMC of healthy donors (n=3) and CD19⁺ Nalm-16 cells (E:T 2:1) and blinatumomab (1 ng/ml) combined with tocilizumab (TOCI) or dexamethasone (DEXA) at the indicated concentrations. Statistical analysis was performed using Mann-Whitney U tests. * p<0.05, n.s. not significant.