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Impact of tumor microenvironment on efficacy of anti-CD19 CAR T cell therapy or chemotherapy and transplant in large B cell lymphoma

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SUPPLEMENTARY APPENDIX

Impact of Tumor Microenvironment on Efficacy of CD19 CAR T-Cell Therapy or Chemotherapy and Transplant in Large B-Cell Lymphoma

Locke* and Filosto*, et al. *Contributed equally to this work

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Supplementary Table 1. NanoString IO360™ panel gene signatures.

Cluster	Cell type signature, biological activity	Gene name			
	signature, or single				
	gene signature				
1: B-Cell Lineage and	APM loss	B2M, TAP1, TAP2, TAPBP, HLA-A, HLA-B, HLA-C			
Proliferation Index	B cells	BLK, CD19, MS4A1, TNFRSF17, FCRL2, FAM30A, PNOC, SPIB, TCL1A			
(BPI)	CD45	PTPRC			
	Glycolytic activity	AKT1, HIF1A, SLC2A1, HK2, TPI1, ENO1, LDHA, PFKFB3, PFKM, GOT1, GOT2, GLUD1, HK1			
	JAK-STAT loss	JAK1, JAK2 , IFNGR1, IRF1, IFNGR2			
	MSI predictor	MLH1, MSH2, MSH6, PMS2, EPM2AIP1, RNLS, SFXN1, SMAP1, SREBF1, TTC30A, TYMS, WDR76, WNT11, EIF5AL1			
	Proliferation	MKI67, CEP55, KIF2C, MELK, CENPF, EXO1, ANLN, RRM2 , UBE2C, CCNB1, CDC20			
2: Stromal and	Apoptosis	AXIN1, BAD, BAX, BBC3, BCL2L1			
Immunosuppressive Index (SII)	Endothelial cells	FAM124B, KDR, CLEC14A, CXorf36, ROBO4, MYCT1, CDH5, TIE1, BCL6B, PALMD, MMRN2			
	Нурохіа	BNIP3L, MXI1, ADM, PLOD2, P4HA1, ALDOC, SLC2A1, PDK1 , P4HA2, BNIP3			
	MAGE	MAGEA3/A6, MAGEA1, MAGEA12, MAGEA4, MAGEB2, MAGEC2, MAGEC1			
	Mast cells	MS4A2, CPA3, HDC, TPSAB1/B2			
	MMR loss	MLH1, PMS2, MSH2, MSH6			
	Myeloid inflammatory	CXCL1, CXCL3, CXCL2, CCL20, AREG, FOSL1, CSF3, PTGS2, IER3, IL6			
	Stroma	FAP, COL6A3, ADAM12, OLFML2B, PDGFRB, LRRC32			
	Single gene signatures	ARG1, CD276 (B7-H3), NOS2, TGFB1			
3	Dendritic cells	CCL13, CD209, HSD11B1			
		IFI16, IFI27, IFI35, IFIH1, IFIT1, IFIT2, IFITM1, IFITM2, IRF1, APOL6, TMEM140,			
	IFN downstream	PARP9, TRIM21, GBP1, DTX3L, PSMB9, OAS1, OAS2, ISG15, MX1, IFI6, IFIT3,			
		IRF9, STAT2			
	IFN-γ	STAT1, CXCL9, CXCL10, CXCL11			
	Immunoproteasome	PSMB8, PSMB9, PSMB10			
	Inflammatory	CCL2, CCL3/L1, CCL4, CCL7, CCL8			
	chemokines				
	Macrophages	CD163, CD68, CD84, MS4A4A			

	MHC2	HLA-DRBD, HLA-DPAT, HLA-DPBT, HLA-DQBT, HLA-DRA, HLA-DRBT, HLA-			
		DMA, HLA-DOA			
		ITGAM, TLR4, IL1B, CSF1R, CSF3R, TLR2, TLR1, ITGAX, HCK, TLR8,			
		SLC11A1, CD47, CD14, CLEC4E, CLEC7A, FCAR, FCN1, LILRA5, LILRB2,			
	Myeloid	LYZ, NFAM1, P2RY13, S100A8, S100A9, SERPINA1, SIRPA, SIRPB2, TREM1,			
		CLEC5A, CSF1, CYBB, FCGR1A, MARCO, NLRP3, FPR1, FPR3, CCL3/L1,			
		DAB2, OLR1, C5AR1, TREM2, MRC1, CEBPB			
	Neutrophils	CSF3R, S100A12, CEACAM3, FCAR, FCGR3A/B, FPR1, SIGLEC5			
	NK cells	NCR1, XCL1/2			
	NK CD56dim cells	IL21R, KIR2DL3, KIR3DL1, KIR3DL2			
	Th1 cells	TBX21			
	Treg	FOXP3			
	Single gene signatures	IL10, CD274 (PD-L1), TIGIT			
4	APM	B2M, TAP1, TAP2, TAPBP, HLA-A, HLA-B, HLA-C			
	CD8 T cells	CD8A, CD8B			
	Cytotoxic cells	CTSW, GNLY, GZMA, GZMB, GZMH, KLRB1, KLRD1, KLRK1, PRF1, NKG7			
	Cytotoxicity	GZMA, GZMB, GZMH, PRF1, GNLY			
	Exhausted CD8	CD244, EOMES, LAG3, PTGER4			
		CXCL10, CXCR3, CX3CL1, PRF1, GZMK, GZMB, CD27, IL2RG, KLRK1,			
		CTLA4, GZMH, CD3D, KLRB1, KLRD1, LCK, CD5, IRF4, CD8A, CD38, EOMES,			
	Lymphoid	GZMM, GNLY, IFITM1, IDO1, MS4A1 , GZMA, CD2, CD3E, CD3G, CD40LG,			
	Lymphola	CD6, CD7, CD79A, CD8B, CXCL11, CXCL13, CXCL9, HLA-DOB, IFNG, LAG3,			
		LY9, PDCD1, TBX21, TIGIT, ZAP70, SLAMF7, CD96, PVR, STAT1, JAK1, JAK2,			
		STAT2, IRF9, IGF2R, CD48, ICOS			
	T cells	CD3D, CD3E, CD3G, CD6, SH2D1A, TRAT1			
	TIC	CCL5, CD27, CD274, CD276, CD8A, CMKLR1, CXCL9, CXCR6, HLA-DQA1,			
	115	HLA-DRB1, HLA-E, IDO1, LAG3, NKG7, PDCD1LG2, PSMB10, STAT1, TIGIT			
	Single gene signatures	CTLA4, IDO1, PDCD1LG2 (PD-L2), PDCD1 (PD-1)			

Genes that are negatively associated with the cluster in which they are found are shown in **bold**. All other genes demonstrated a positive association with the cluster. APM, antigen processing machinery; IFN, interferon; JAK, Janus kinase; MAGE, melanoma antigen gene; MHC, major histocompatibility complex; MMR, mismatch repair; MSI, microsatellite instability; NK, natural killer; STAT, signal transducer and activator of transcription; Th1, T helper type 1; TIS, tumor inflammation signature; Treg, regulatory T cells.

	Axi-Cel				
	(N=170)				
	Grade ≥3	Grade ≤2 or None			
	(N=11)	(N=159)	P value		
SII			•		
n	11	123			
Mean (SD)	23.53 (35.73)	18.02 (11.46)	0.0005		
Median (Q1, Q3)	12.89 (10.89, 17.72)	14.97 (11.98, 19.54)	0.2335		
Min, Max	8.22, 130.88	6.63, 89.68			
B-cell score					
n	11	123			
Mean (SD)	623.08 (520.68)	466.59 (288.17)	0.2640		
Median (Q1, Q3)	566.13 (225.35, 635.61)	432.03 (252.83, 612.26)	0.3640		
Min, Max	67.88, 2033.85	38.51, 1937.53			
CD19 H-score					
n	10	139			
Mean (SD)	152.00 (109.93)	143.35 (81.61)	0.7460		
Median (Q1, Q3)	165.00 (70.00, 270.00)	140.00 (85.00, 200.00)	0.7469		
Min, Max	0.00, 280.00	0.00, 300.00			
CD19 gene expression	I				
n	11	123			
Mean (SD)	2910.90 (3174.21)	1900.49 (1285.45)	0 3003		
Median (Q1, Q3)	2177.57 (1045.75, 3863.80)	1685.21 (850.23, 2706.14)	0.3902		
Min, Max	77.41, 11780.56	46.50, 6914.38			

Supplementary Table 2. Association of predictive biomarkers with grade ≥3 cytokine release syndrome following axi-cel treatment (safety analysis set).

Axi-cel, axicabtagene ciloleucel; max, maximum; min, minimum; Q1, quarter 1; Q3, quarter 3; SD, standard deviation; SII, Stromal and Immunosuppressive Index.

Supplementary Table 3. Association of predictive biomarkers with grade ≥3 neurological events following axi-cel treatment (safety analysis set).

	Axi-Cel					
	(N=170)					
	Grade ≥3	Grade ≤2 or None				
	(N=36)	(N=134)	P value			
SII						
n	26	108				
Mean (SD)	24.24 (27.62)	17.08 (9.15)	0 5 1 5 9			
Median (Q1, Q3)	15.46 (12.19, 18.57)	14.45 (11.78, 19.00)	0.5156			
Min, Max	8.22, 130.88	6.63, 54.30				
B-cell score						
n	26	108				
Mean (SD)	478.53 (382.52)	479.66 (296.88)	0.6628			
Median (Q1, Q3)	494.58 (250.91, 574.44)	455.00 (268.37, 627.08)				
Min, Max	67.88, 2033.85	38.51, 1937.53				
CD19 H-score						
n	33	116				
Mean (SD)	127.58 (76.16)	148.59 (85.04)	0.0010			
Median (Q1, Q3)	130.00 (70.00, 190.00)	142.50 (90.00, 220.00)	0.2210			
Min, Max	0.00, 270.00	0.00, 300.00				
CD19 gene expression						
n	26	108				
Mean (SD)	1981.44 (2276.15)	1983.92 (1308.26)	0.2510			
Median (Q1, Q3)	1550.91 (801.44, 2630.19)	1795.93 (996.47, 2801.72)	0.0010			
Min, Max	77.41, 11780.56	46.50, 6914.38				

Axi-cel, axicabtagene ciloleucel; max, maximum; min, minimum; Q1, quarter 1; Q3, quarter 3; SD, standard deviation; SII, Stromal and Immunosuppressive Index.

Supplementary Table 4. Comparison of objective response per central assessment by CD19 protein expression (H-score as assessed by IHC) positivity and arm (safety analysis set).

	CD19	H-score pos	itive	CD19	H-score neg	ative
		(N=268)			(N=25)	
	Axi-cel SOC			Axi-cel	SOC	
	(N=136) (N=132) <i>P</i> value		(N=13)	(N=12)	P value	
Response, n (%)	118 (86.8)	70 (53.0)	< 0001	11 (84.6)	8 (66.7)	0.6299
No response, n (%)	18 (13.2)	57 (43.2)	<.0001	2 (15.4)	3 (25.0)	

Axi-cel, axicabtagene ciloleucel; SOC, standard of care.

Supplementary Table 5. Association of CCR7+CD45RA+ T cells (as a percentage of viable CD3+ cells) with tumor CD19 gene expression, B-cell GES, or SII (safety analysis set).

	Axi-Cel				
	(N=170)				
	Number of evaluable	Spearman correlation			
	patients	estimate (95% CI)	P value		
CD19 gene expression	132	-0.122 (-0.287, 0.050)	0.1610		
B-cell score	132	-0.071 (-0.239, 0.101)	0.4193		
SII	132	0.121 (-0.051, 0.286)	0.1658		

Axi-cel, axicabtagene ciloleucel; GES, gene expression signature; SII, Stromal and Immunosuppressive Index.

Supplementary Table 6. Collection timing of pretreatment tumor biopsies by treatment arm.

	Axi-cel	SOC	Overall
Before 1L (Diagnosis)	44	49	93
After 1L	90	70	160
Unknown	0	3	3
Biopsy not provided	36	46	82
Total	170	168	338

1L, first-line therapy; Axi-cel, axicabtagene ciloleucel; SOC, standard of care.

Supplementary Table 7. Baseline characteristics of patients from ZUMA-7; based on data availability, as indicated.

	ZUMA-7					
	Safety an	alysis set	CD19 H-	CD19 H-score set IO360 [™] set		
	(N=338)		N=293)		(N=256)	
	Axi-cel	SOC	Axi-cel	SOC	Axi-cel	SOC
	(N=170)	(N=168)	(N=149)	(N=144)	(N=134)	(N=122)
Median age (range),	58.5 (21,	60.0 (29,	59.0	60.0	57.5	60.0
у	80)	81)	(21, 77)	(29, 81)	(21, 77)	(29, 78)
≥65 years, n (%)	49 (29)	55 (33)	45 (30)	49 (34)	37 (28)	40 (33)
Male sex, n (%)	106 (62)	120 (71)	95 (64)	103 (72)	85 (63)	88 (72)
Race, n (%)						
American Indian	0	4 (4)	0	1 (1)	0	1 (1)
or Alaska Native	0	1(1)	0	1(1)	0	1(1)
Asian	11 (6)	8 (5)	11 (7)	8 (6)	8 (6)	5 (4)
Black or African	0 (5)	6 (4)	7 (5)	6 (4)	9 (6)	E (A)
American	9 (5)	0 (4)	7 (5)	6 (4)	0(0)	5 (4)
Native Hawaiian						
or Other Pacific	2 (1)	1 (1)	2 (1)	1 (1)	2 (1)	1 (1)
Islander						
White	138 (81)	145 (86)	120 (81)	125 (87)	107 (80)	106 (87)
Other	10 (6)	7 (4)	9 (6)	3 (2)	9 (7)	4 (3)
Ethnicity, n (%)						
Hispanic or Latino	8 (5)	8 (5)	5 (3)	7 (5)	6 (4)	5 (4)
Not Hispanic or	159 (94)	158 (94)	141 (95)	135 (94)	125 (93)	115 (94)
Latino						
Not reported	3 (2)	2 (1)	3 (2)	2 (1)	3 (2)	2 (2)
ECOG score of 1,	78 (46)	74 (44)	69 (46)	67 (47)	64 (48)	60 (49)
n (%)						
Disease stage, n (%)				1		
l or ll	40 (24)	33 (20)	36 (24)	29 (20)	30 (22)	21 (17)
III or IV	130 (76)	135 (80)	113 (76)	115 (80)	104 (78)	101 (83)
2L aalPl of 2 or 3*,	73 (43)	75 (45)	62 (42)	63 (44)	60 (45)	55 (45)
n (%)						
Derived 2L aalPI of	78 (46)	75 (45)	67 (45)	63 (44)	65 (49)	55 (45)
2 or 3, n (%)						
Molecular subgroup pe	er central labo	ratory, n (%)				
GCB-like	104 (61)	97 (58)	98 (66)	92 (64)	98 (73)	94 (77)
Activated B cell-	14 (8)	9 (5)	13 (9)	8 (6)	14 (10)	9 (7)
like						
Unclassified	17 (10)	13 (8)	16 (11)	11 (8)	17 (13)	12 (10)
Not applicable	10 (6)	16 (10)	8 (5)	14 (10)	5 (4)	6 (5)
Missing	25 (15)	33 (20)	14 (9)	19 (13)	0	1 (1)
Molecular subgroup pe	er investigator	', n (%)		1		
GCB-like	90 (53)	78 (46)	82 (55)	73 (51)	71 (53)	60 (49)
Non–GCB-like	44 (26)	49 (29)	39 (26)	39 (27)	36 (27)	33 (27)
Not tested	36 (21)	41 (24)	28 (19)	32 (22)	27 (20)	29 (24)

Response to 1L thera	py at randomiz	zation, n (%)				
Primary refractory disease	123 (72)	123 (73)	107 (72)	107 (74)	91 (68)	86 (70)
Relapse at 12 mo after the initiation or completion of 1L	47 (28)	45 (27)	42 (28)	37 (26)	43 (32)	36 (30)
Derived response to 1	L therapy at ra	andomization,	, n (%)			
Primary refractory disease	124 (73)	125 (74)	108 (72)	109 (76)	92 (69)	89 (73)
Relapse at 12 mo after the initiation or completion of 1L	46 (27)	43 (26)	41 (28)	35 (24)	42 (31)	33 (27)
Disease type per cent	ral read or lab	oratory, n (%)				
DLBCL	121 (71)	119 (71)	118 (79)	118 (82)	103 (77)	94 (77)
High-grade B-cell lymphoma, not otherwise specified	0	1 (1)	0	1 (1)		1 (1)
High-grade B-cell lymphoma, including rearrangement of MYC with BCL2 or BCL6 or both	28 (16)	24 (14)	28 (19)	24 (17)	26 (19)	20 (16)
Not confirmed or missing data	16 (9)	19 (11)	0	0	2 (1)	4 (3)
Other	5 (3)	5 (3)	3 (2)	1 (1)	3 (2)	3 (2)
Disease type per inves	stigator, n (%)		· · · · · ·	· · · · · ·		, , , , , , , , , , , , , , , , ,
TFL [†]	19 (11)	25 (15)	14 (9)	24 (17)	15 (11)	21 (17)
LBCL, not otherwise specified	103 (61)	110 (65)	93 (62)	92 (64)	84 (63)	79 (65)
T cell or histiocyte-rich LBCL	5 (3)	5 (3)	5 (3)	3 (2)	4 (3)	2 (2)
Epstein-Barr virus-positive DLBCL	2 (1)	0	2 (1)	0		
High-grade BCL, including rearrangement of MYC with BCL2 or BCL6 or both	40 (24)	25 (15)	34 (23)	24 (17)	30 (22)	18 (15)
Primary cutaneous diffuse large B-cell lymphoma, leg type	1 (1)	0	1 (1)	0	1 (1)	

Other	0	3 (2)	0	1 (1)		2 (2)
Prognostic market per	central labora	atory, n (%)				
High-grade BCL,	28 (16)	24 (14)	28 (19)	24 (17)	26 (19)	20 (16)
double-/triple-hit						
Double-expressor	55 (32)	62 (37)	54 (36)	61 (42)	48 (36)	50 (41)
lymphoma						
MYC	13 (8)	7 (4)	13 (9)	7 (5)	11 (8)	7 (6)
rearrangement						
Not applicable	71 (42)	68 (40)	54 (36)	52 (36)	49 (37)	45 (37)
Missing data	3 (2)	7 (4)	0	0		
CD19 positivity [‡] , n (%))					
Yes	136 (80)	132 (79)	136 (91)	132 (92)	119 (89)	107 (88)
No	13 (8)	12 (7)	13 (9)	12 (8)	8 (6)	8 (7)
Missing	21 (12)	24 (14)	0	0	7 (5)	7 (6)
Bone marrow involven	nent, n (%)					
Yes	16 (9)	14 (8)	15 (10)	12 (8)	12 (9)	12 (10)
No	154 (91)	154 (92)	134 (90)	132 (92)	122 (91)	110 (90)
Elevated LDH, n (%)	92 (54)	90 (54)	81 (54)	75 (52)	77 (57)	65 (53)
Median tumor	2122.9	2135.1	2108.7	2167.3	2137.3	2326.2
burden (range), mm ²	(181,	(252,	(181,	(252,	(181,	(270,
	22538)	20117)	22538)	20117)	22538)	20117)

*As determined by IxRS; [†]In ZUMA-7, values indicate large-cell transformation from FL; [‡]CD19 positivity was assessed by immunohistochemical testing.

-, not available; 1L, first line; 2L, second line; 3L, third line; aaIPI, age-adjusted International Prognostics Index; ASCT, autologous stem cell transplantation; Axi-cel, axicabtagene ciloleucel; BCL, B cell lymphoma; DLBCL, diffuse large B cell lymphoma; ECOG, European Cooperative Oncology Group; FL, follicular lymphoma; GCB-like, germinal center B cell-like; IPI, International Prognostics Index; IxRS, interactive voice or Web-based response system; mo, months; LBCL, large B cell lymphoma; LDH, lactate dehydrogenase; Non–GCB-like; non-germinal center B celllike; PMBCL, primary mediastinal large B cell lymphoma; SOC, standard of care; y, years; TLF, transformed follicular lymphoma. Supplementary Table 8. Baseline characteristics of patients from ZUMA-1 Cohorts 1+2; based on data availability, as indicated.

	ZUMA-1 Cohorts 1+2				
	Cohort 1+2	Pre-3L biopsy			
	(N=101)	(N=25)			
Median age (range), y	58.0	60.0			
	(23, 76)	(27, 76)			
≥65 vears. n (%)	24 (24)	6 (24)			
Male sex. n (%)	68 (67)	15 (60)			
Race, n (%)					
American Indian or					
Alaska Native	0	0			
Asian	3 (3)	0			
Black or African					
American	4 (4)	0			
Native Hawaiian or					
Other Pacific	0	0			
Islander					
White	87 (86)	23 (92)			
Other	7 (7)	2 (8)			
Ethnicity, n (%)					
Hispanic or Latino	18 (18)	5 (20)			
Not Hispanic or	83 (82)	20 (80)			
Latino					
Not reported	0	0			
ECOG score of 1,	59 (58)	13 (52)			
n (%)					
Disease stage, n (%)					
l or ll	15 (15)	8 (32)			
III or IV	86 (85)	17 (68)			
IPI, n (%)					
0	2 (2)	5 (20)			
1	23 (23)	5 (20)			
2	30 (30)	7 (28)			
3	27 (27)	4 (16)			
4	19 (19)	4 (16)			
Molecular subgroup per	central laboratory, n (%)				
GCB-like	49 (49)	12 (48)			
Activated B cell-like	17 (17)	4 (16)			
Unclassified	3 (3)	0			
Not applicable	1 (1)	0			
Missing	31 (31)	9 (36)			
Molecular subgroup per	investigator, n (%)				
GCB-like	46 (46)	14 (56)			
Non–GCB-like	Û Û	Û Û			
Not tested	0	0			
Activated B cell-like	10 (10)	1 (4)			

Unknown	44 (44)	10 (40)					
Missing	1 (1)	0					
Refractory subgroup, n (%)							
Primary refractory	3 (3)	1 (4)					
Refractory to 2 nd or	77 (76)	16 (64)					
greater line therapy							
Relapse post ASCT	21 (21)	7 (28)					
Disease type per central read or laboratory, n (%)							
DLBCL	69 (68)	21 (84)					
DLBCL and small	1 (1)	1 (4)					
BCL							
DLBCL to TFL and	1 (1)	0					
small BCL							
PMBCL	3 (3)	1 (4)					
TFL	9 (9)	0					
Not confirmed or	1 (1)	0					
missing data	1 (1)	ě					
Other							
Disease type per investigator, n (%)							
DLBCL	77 (76)	20 (80)					
PMBCL	8 (8)	2 (8)					
TFL	16 (16)	3 (12)					
CD19 positivity [‡] , n (%)							
Yes	74 (73)	22 (88)					
No	8 (8)	2 (8)					
Bone marrow involvement, n (%)							
Yes	8 (8)	1 (4)					
No	87 (86)	24 (96)					
Median tumor burden	58.0	60.0					
(range), mm ²	(23, 76)	(27, 76)					

[‡]CD19 positivity was assessed by immunohistochemical testing.

1L, first line; 2L, second line; 3L, third line; aalPI, age-adjusted International Prognostics Index; ASCT, autologous stem cell transplantation; Axi-cel, axicabtagene ciloleucel; BCL, B cell lymphoma; DLBCL, diffuse large B cell lymphoma; ECOG, European Cooperative Oncology Group; FL, follicular lymphoma; GCB-like, germinal center B cell-like; IPI, International Prognostics Index; IxRS, interactive voice or Web-based response system; mo, months; LBCL, large B cell lymphoma; LDH, lactate dehydrogenase; Non–GCB-like; non-germinal center B cell-like; PMBCL, primary mediastinal large B cell lymphoma; SOC, standard of care; y, years; TLF, transformed follicular lymphoma.

Supplementary Figure 1. Nanostring IO360[™] gene clustering reveals distinct TME

immune contextures.

Heatmap representation of Spearman rank-order correlation values between NanoString IO360[™] GESs and genes used in the creation of the NanoString IO360[™] GES scores. The NanoString IO360[™] GES ordering is matched with the unsupervised clustering order from the heatmap in Figure 3a while unsupervised clustering was performed for the rows of the heatmap (genes). Row-side annotation coloring corresponds to the NanoString IO360[™] GES(s) associated with each gene (row); in cases where a gene is associated with more than one signature, it was assigned to the Multiple IO360 Signatures annotation. Row names were colored purple if the gene was significantly associated with ongoing response versus others (response followed by progressive disease and no response) by the Wilcoxon rank sum test in either treatment arm. APM, antigen processing and presentation machinery; axi-cel, axicabtagene ciloleucel; ARG1, arginase1; BPI, B Cell and Proliferation Index; DC, dendritic cell: EFS. event-free survival; HGBL, high-grade B-cell lymphoma; HR, hazard ratio; IDO1, indoleamine 2,3-dioxygenase 1; IFN, interferon; IL10, interleukin 10; JAKSTAT, Janus kinasesignal transducer and activator of transcription; MAGE, melanoma antigen gene; MHC, major histocompatibility complex; MMR, mismatch repair; MSI, microsatellite instability; NK, natural killer; NOS, nitric oxide synthase; PD, programmed death; PD-L, programmed death-ligand: SII. Stromal and Immunosuppressive Index; SOC, standard of care; TGF, transforming growth factor; Th1, T helper type 1; TIS, tumor inflammation signature; Treg, regulatory T cell.





Supplementary Figure 2. EFS and DOR by median of cluster 3 and cluster 4 and

treatment arm.

Panels a and b show the Kaplan-Meier estimate of EFS by median of cluster 3 and cluster 4, respectively, and treatment arm (axi-cel versus SOC). Panels c and d show the Kaplan-Meier estimate of DOR by median of cluster 3 and cluster 4, respectively, and treatment arm (axi-cel versus SOC). For panels a-d, patients who did not meet the criteria for an event had their data censored (tick marks). Unstratified Cox proportional hazards *P* values (two-sided) are presented. Axi-cel, axicabtagene ciloleucel; DOR, duration of response; EFS, event-free survival; SOC, standard of care.

a EFS by Median of Cluster 3, High vs Low (Safety Analysis Set)

C DOR by Median of Cluster 3, High vs Low (Safety Analysis Set)

b EFS by Median of Cluster 4, High vs Low (Safety Analysis Set)





d DOR by Median of Cluster 4, High vs Low (Safety Analysis Set)

	Cluster 3 High (Axi-Cel vs SOC)	Cluster 3 Low (Axi-Cel vs SOC)	Axi-Cel Cluster 3 (High vs Low)	SOC Cluster 3 (High vs Low)
Unstratified HR (95% CI)	0.827 (0.412, 1.659)	0.739 (0.401, 1.361)	0.854 (0.498, 1.465)	0.687 (0.324, 1.456)
Unstratified	0.5000		0.5000	0.0000



	Cluster 4 High	Cluster 4 Low	Axi-Cel Cluster 4	SOC Cluster 4
	(Axi-Cel vs SOC)	(Axi-Cel vs SOC)	(High vs Low)	(High vs Low)
Unstratified HR	0.696	0.813	0.806	0.878
(95% CI)	(0.363, 1.336)	(0.423, 1.561)	(0.469, 1.386)	(0.417, 1.849)
Unstratified <i>P</i> value	0.2758	0.5335	0.4358	0.7313
100-	<i>F</i>			



Supplementary Figure 3. CD19 H-score correlated with CD19 gene expression and

B-cell IO360[™] signature.

Panel a shows the relation between CD19 H-score and CD19 gene count, as assessed by Spearman rank-sum correlation. Panel b shows the association between CD19 H-score and B-cell signature (by $IO360^{TM}$), as assessed by Spearman rank-sum correlation. For both panels, statistical significance of the Spearman correlation coefficient (two-sided *P* value), as shown, was calculated. Blue dots represent individual patient data from 127 (panel A) and 127 (panel B) patients.



Supplementary Figure 4. Gating strategy used to derive T cell phenotypes.

Singlets/Viable/CD3+ cells were gated to identify T cells. Further subsets were identified by CD8, CCR7, CD45RA markers.



Supplementary Figure 5. Logistic regression curves of responses by SPD.

Panels a–f show logistic regression curves of responses in the axi-cel (Panels a–c) and SOC (Panels d–f) arms by tumor burden, as measured by SPD. Responses shown include best overall response per central assessment (Panels a and d), objective response per central assessment (Panels b and e), and ongoing response per central assessment (Panels c and f). For panels a-f, statistical significance was calculated via logistic regression and reported as two-sided *P* values; the blue ribbons represent the 95% confidence interval of the regression line. Axi-cel, axicabtagene ciloleucel; SOC, standard of care; SPD, sum of product diameters.





b Objective Response (Central) in Axi-Cel Arm



C Ongoing Response (Central) in Axi-Cel Arm





f Ongoing Response (Central) in SOC Arm

e Objective Response (Central) in SOC Arm



Supplementary Figure 6. Increased thresholds for tumor burden (by SPD) and

LDH did not impact axi-cel EFS.

Panel a shows the Kaplan-Meier estimate of EFS by 3721 mm² as the cutoff value for high versus low SPD and treatment arm (axi-cel versus SOC). Panel b shows the Kaplan-Meier estimate of EFS by two times ULN (upper limit of normal) LDH and treatment arm (axi-cel versus SOC). For panels a and b, patients who did not meet the criteria for an event had their data censored (tick marks); unstratified Cox proportional hazards *P* values (two-sided) are presented. Panel c shows the logistic regression of ongoing response for ZUMA-7 axi-cel patients in the top quartile of SPD. Panel d shows the logistic regression of ongoing response for ZUMA-7 axi-cel patients with >median SPD. For panels c-d, statistical significance was calculated via logistic regression and reported as two-sided *P* values; the gray ribbons represent the 95% confidence interval of the regression line. axi-cel, axicabtagene ciloleucel; CI, confidence interval; EFS, event-free survival; HR, hazard ratio; LDH, lactate dehydrogenase; SOC, standard of care; SPD, sum of product diameters; ULN, upper level of normal.





C Top Quartile SPD Patients (ZUMA-7)



d >Median SPD Patients (ZUMA-7)



Supplementary Figure 7. Principal Component Analysis of Gene Expression

Derived Features Significantly Associated with Clinical Outcome

Principal Component Analysis (PCA) of all genomic features derived from Nanostring expression profiling which were significantly associated with clinical efficacy in the Axi-cel or SOC arm (p-value < 0.05; Ongoing Response, EFS, or DOR). Subjects included in this analysis were those with Nanostring expression profiling of pretreatment tumor biopsies which passed QC (N = 256). (a) PCA loadings plot where the gray arrows represent the Pearson correlation between the listed variable and the two principal components plotted. (b-ad) PCA plots where patients are represented as dots and their location on the plot corresponds to the first two principal component values for each subject. (b-f) Categorical information related to the patient's treatment arm, subtype of disease, or ongoing response status was overlayed on PCA patient plots with category colors indicated in the figure legends. Subjects without data for the corresponding feature are shown in gray. (g-z) Continuous variables derived from Nanostring expression profiling such as Cluster scores, IO360 signature scores, and single gene expression, were log10 transformed and dot colors reflect the subject's value for that feature relative to the median value across all subjects included; gray represents the median value, blue represents values below the median, and red represents values above the median. (aa-ad) Continuous variables which were not derived from Nanostring expression profiling and were associated with efficacy in either treatment arm were log10 transformed and dot colors reflect the subject's value for that feature relative to the median value across all subjects included; gray represents the median value, blue represents values below the median, and red represents values above the median.



