



Supplemental Material to:

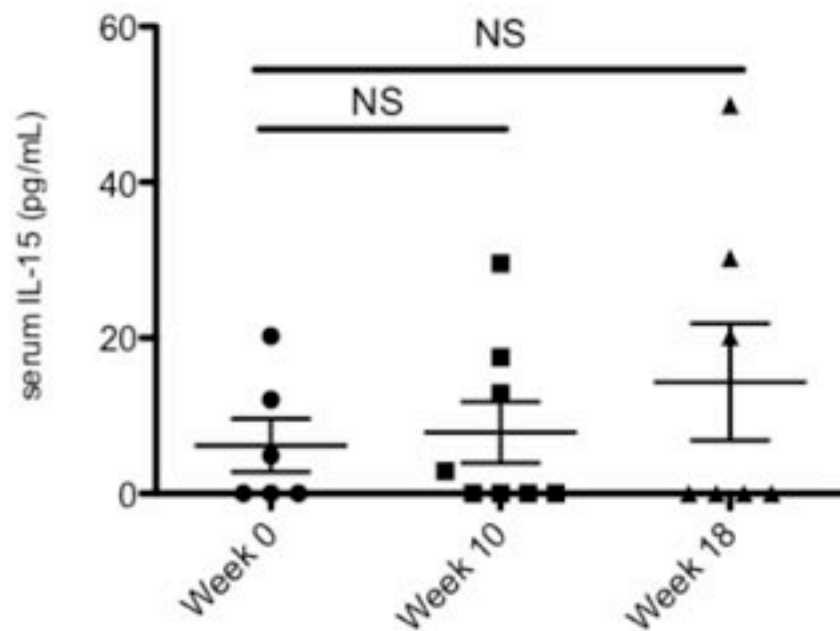
Susannah Ellsworth, Ani Balmanoukian, Ferdynand Kos, Christopher J Nirschl, Thomas R Nirschl, Stuart A Grossman, Leo Luznik, and Charles G Drake

Sustained CD4+ T cell-driven lymphopenia without a compensatory IL-7/IL-15 response among high-grade glioma patients treated with radiation and temozolomide

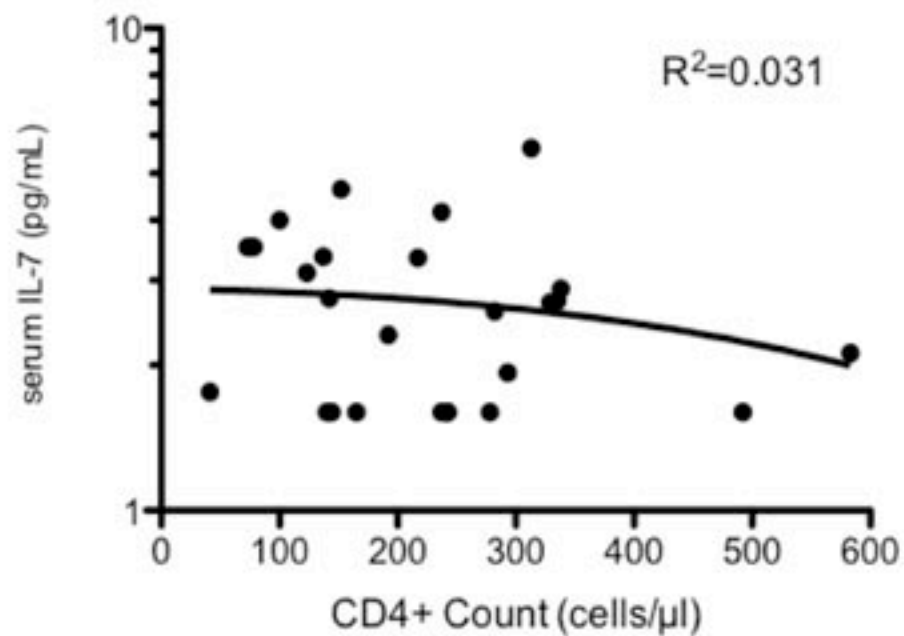
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**[http://www.landesbioscience.com/journals/oncoimmunology/
article/27357/](http://www.landesbioscience.com/journals/oncoimmunology/article/27357/)**



Supplemental Figure 1: Serum IL-15 levels after RT/TMZ treatment for malignant glioma.
A) Serum IL-15 levels (pg/mL) at baseline, 10, and 18 weeks after completing treatment, showing no significant change.



Supplemental Fig. 2. Scatterplot showing a lack of correlation between serum IL-15 levels (y-axis; pg/mL) and absolute peripheral CD4⁺ lymphocyte counts (x-axis; cells/μL).

Supplemental Figure 1. Serum IL-15 levels after RT/TMZ treatment for malignant glioma. Serum interleukin (IL)-15 levels (pg/mL) in Grade III and IV glioma patients subjected to radiation therapy (RT) and temozolomide (TMZ) treatment, at baseline, week 10 (4 weeks after completing RT/TMZ) and week 18 (12 weeks after completing RT/TMZ).

Supplemental Figure 2. Lack of correlation between circulating IL-15 levels and CD4⁺ -cell counts after RT/TMZ treatment for malignant glioma. Scatterplot of serum interleukin-15(IL-15) levels (y-axis; pg/mL) and absolute peripheral CD4⁺ T lymphocyte counts from **Figure 2C** (x-axis; cells/ μ L), as monitored in Grade III and IV glioma patients subjected to radiation therapy (RT) and temozolomide (TMZ) treatment.