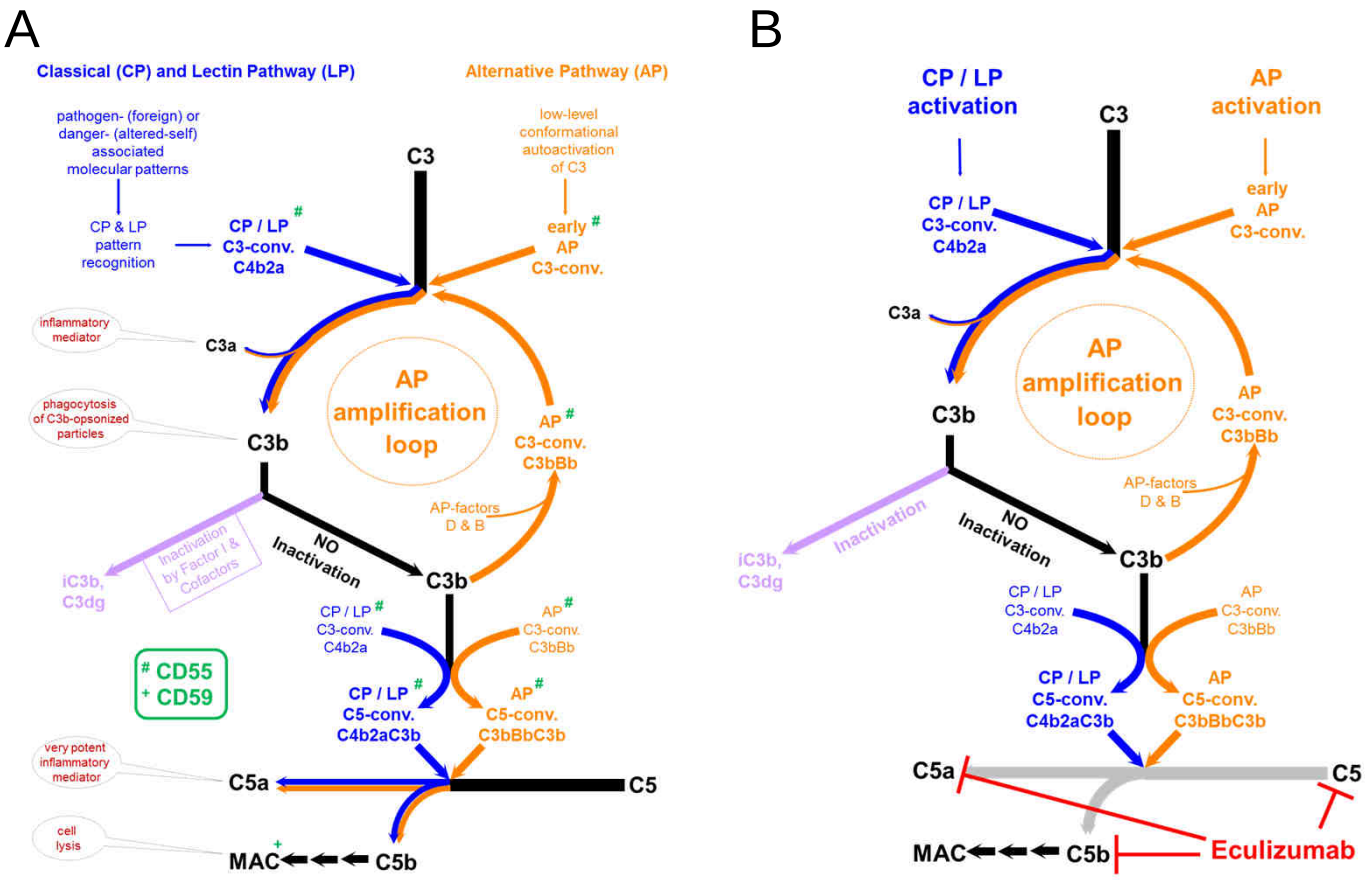
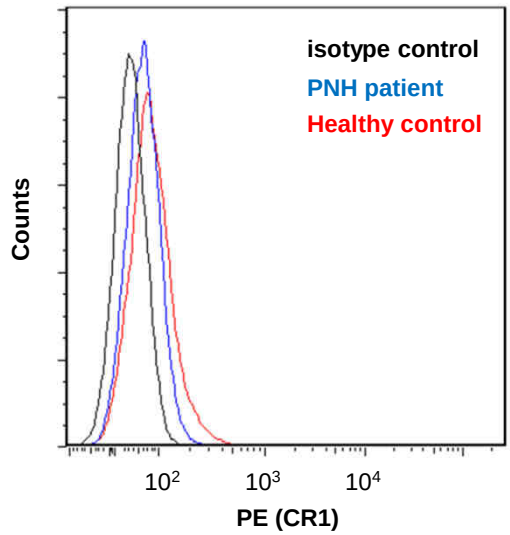
Supplemental Figure 1 SCHMIDT *et al* 2015



Supplemental Figure 1. The complement cascade. (A) The cascade can be initiated by any of the three activation pathways, the lectin (LP), the classical (CP) or the alternative pathway (AP). Activation of C3 into C3a and C3b via bimolecular C3-convertases is central to the cascade (proximal cascade). In presence of certain complement regulators (designated “cofactors”) C3b molecules can get inactivated by the plasma protease Factor I. Under conditions of suboptimal inactivation of C3b, the AP-amplification loop produces more C3b molecules, thus amplifying any initially produced C3b. Bimolecular C3-convertases can recruit freshly produced C3b molecules to form tri-molecular C5-convertases to initiate the terminal (lytic) pathway via proteolytic activation of C5 into C5a and C5b. The latter recruits other complement components in serum to form the membrane attack complex. Several regulators control the cascade. Here only the two PNH-associated, GPI-anchored complement regulators CD55 and CD59 are shown in green. CD55 efficiently controls all convertases of the cascade, while CD59 inhibits MAC formation. (B) Eculizumab binds C5 and prevents its activation, thereby completely blocking the terminal pathway. (C) C3-opsonin targeted inhibitors in this study specifically block the AP, but still allow progression into terminal pathway via the CP / LP route.

Supplemental Figure 2 SCHMIDT *et al* 2015



Supplemental Figure 2. Determination of CR1 (CD35) on erythrocyte surfaces. Erythrocytes of a healthy control subject and the PNH patient were stained with an anti-human CD35 antibody (clone E11; AbD Serotec) marked with RPE dyes. Both subjects were of heterozygous phenotype (high/low) in regards to the CR1 expression polymorphism.