Supplemental data

Suppl. Table 1. Reasons for hospitalization and onset of adverse events after end of blinatumomab treatment.

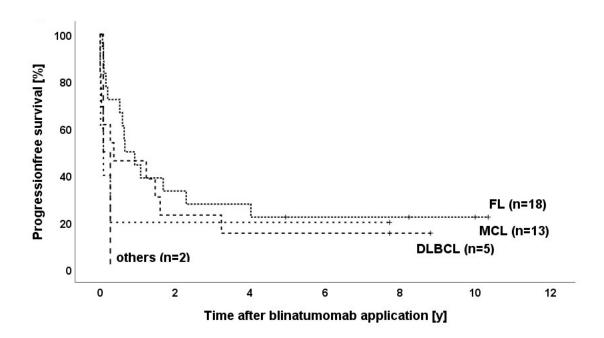
Patient ID	Adverse event	Time to onset after end of blinatumomab treatment (d)					
41	Infectious diarrhea						
42	Port infection	30					
	Atrial fibrillation	30					
	Cardiac decompensation	34					
44	Pancreatitis	14					
62	Fever of unknown origin	10					
66	Sepsis	122					
69	NSTEMI	5					
	Aortic valve stenosis	1367					
	Dyspnea	1398					
_	Cardiac insufficiency	1581					
_	Pneumonia	1704					
70	Infectious diarrhea	1224					
72	Preileus	2967					
	Cholecystitis	3151					
74	Pneumonia	66					
	Dyspnea	687					
76	Port infection	345					

Suppl. Table 2. Characteristics of patients evaluated by MoCA testing (n=9).

Scores on the MoCA range from zero to 30, with a score of 26 and higher generally being considered as normal. *Patient presented with slight impairment of visospatial cognition considered to be agerelated rather than related to blinatumomab. AE, adverse event

Patient ID		67	68	70	72	73	74	75	76
Sex (m/f)		m	f	m	m	m	m	f	m
Age (y)		42	52	62	70	68	58	64	66
Prior systemic therapies (n)		2	3	3	1	3	1	3	1
Duration of blinatumomab treatment (d)		58	15	57	35	57	57	56	57
Max. dose (μg/m²/d)		60	60	60	60	90	60	60	60
Neurological AE during treatment						Х	Χ		X
Responder (CR or PR)		Х		Χ	Χ	Χ	Χ	Χ	X
MoCA-Score	28	28	30	26	21*	26	30	30	26

Suppl. Figure 1



Legend to Suppl. Figure 1

Kaplan-Meier estimates for PFS with combined analysis of patients with relapsed or refractory FL, MCL or DLBCL as differentiated by histology who received blinatumomab. Abbreviations: FL, follicular lymphoma; MCL, mantle cell lymphoma; DLBCL, diffuse large B cell lymphoma; y, years.