

Supplementary information to Materials and Methods not appearing in parent article

Details of disease definition: IMHA

Immune-mediated hemolytic anemia was defined according to the diagnostic guidelines established in the ACVIM Consensus Statement on the diagnosis of IMHA in dogs and cats⁶, evaluating for signs of immune-mediated destruction of circulating red blood cells and for evidence of hemolysis, after ruling out other causes of anemia. Signs of immune-mediated mechanism included a prominent spherocytosis, a positive saline agglutination test, or a positive direct Coombs' test. Signs of hemolysis included the presence of hyperbilirubinemia (in the absence of hepatic and post-hepatic causes or sepsis), hemoglobinemia, or hemoglobinuria. The presence of ≥ 2 signs of immune-mediated destruction and ≥ 1 sign of hemolysis was considered diagnostic of IMHA. The presence of ≥ 2 signs of immune-mediated destruction without signs of hemolysis or 1 sign of immune-mediated destruction with ≥ 1 sign of hemolysis was considered supportive of a diagnosis of IMHA. The presence of 1 sign of immune-mediated destruction without sign of hemolysis was considered suspicious of IMHA. The absence of any sign of immune-mediated destruction was considered non-diagnostic for IMHA.

Specifics of the mTPE therapy as described previously

The mTPE therapy was performed as described previously.⁴ Briefly, vascular access was provided with a double-lumen central venous catheter placed in the right external jugular vein and dedicated solely for the blood purification procedures. Between treatments, both lumina of the catheters were locked with unfractionated heparin (100-1000 U/ml, Heparin Bichsel, Dr G. Bichsel Pharmacy, Interlaken, Switzerland) or trisodium citrate (46.7%, DuraLock, Medcomp, Euromed Swiss AG, Frauenfeld, Switzerland). The mTPE treatments were performed using a Prismaflex platform and TPE 1000 sets (Baxter Healthcare, Glattpark, Switzerland). These filters have a polypropylene membrane with an effective filtration surface area of 0.15 m² and a blood volume of 23 mL. The treatment schedule consisted of 2 treatments on consecutive days followed by additional treatments every other day, as estimated necessary. The intensity of the TPE treatments was calculated in plasma volume exchanges (PVE), estimated using the formula: $1 \text{ PVE} = 0.08 \times \text{body weight (BW)} \times (1 - \text{hematocrit})$, assuming a blood volume of 8% of the BW. Standard prescription of treatment intensity was 1.0-1.2 PVE per treatment.