Complete response (CR)	Partial response (PR)	Stable disease (SD)	Progressive disease (PD)	
No evidence of non-CNS EMD identifiable on FDG PET-CT imaging.	Evidence of interval disease reduction with residual FDG- avid non-CNS EMD identifiable on FDG PET-CT imaging.	Evidence of persistent or unchanged FDG-avid non-CNS EMD seen at initial presentation to our institution identifiable on FDG PET-CT imaging.	Evidence of new or worsened sites of non-CNS EMD identifiable on FDG PET-CT imaging.	

Patient	Demographics; Non-CNS EMD at Presentation	Peripheral Blood CAR Expansion	Response to CAR	Pembrolizumab rationale	Pembrolizumab administration	Immune- related Adverse Events	Response to pembrolizumal
14	18yo M; retroperitoneal and pelvic wall lymph nodes, pancreas, testes	Max: 12.7% (d+13) 0.2% prior to pembrolizumab	PD: medullary MRD CR, worsened non-CNS EMD (lymph node, pancreas, testes)	Augment circulating CAR against CD19+/CD22+ new non-CNS EMD	Day +84	None	Non-CNS EMD PD 3 weeks after administration
40 <sup>#</sup> (2 <sup>nd</sup> )	30yo F; mandible, maxilla, breast, kidney, lymph nodes, bones	Max: 21% (d+6) 0% prior to pembrolizumab	MRD-negative CR, early loss of CAR	Induce re-expansion of CAR as bridge to HSCT	Day +22	None	Peripheral blood PD 11 days after administration
41 <sup>#</sup> (2 <sup>nd</sup> )	8yo M; mandible, kidney, scapula, sternum, costochondral region, femur	Max: 1.8% (d+13) 0% prior to pembrolizumab	PD: medullary PD, stable non-CNS EMD	Augment CAR expansion given suboptimal expansion and response to first CAR infusion	Day -16	Persistent fevers of unclear etiology	PD: stable non- CNS EMD with medullary PD

infusion of the same CAR T-cell product.