# 1 SUPPLEMENTAL APPENDIX

- 2 **Supplement to:**
- 3 Neutralization of SARS-CoV-2 Omicron and variants of concern following second and
- 4 third vaccinations in patients with myelodysplastic syndromes and acute myeloid
- 5 *leukemia* by Lorenza Bellusci, PhD; Gabrielle Grubbs, BS; Pragya Srivastava, PhD, Michael
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### 27 MATERIALS AND METHODS

### 28 Study background, patient characteristics, vaccines

Patients with myeloid malignancy, including MDS and AML, are routinely vaccinated on the presumption that the potential benefits outweigh any risk, although the response to such vaccinations are not well documented. Moreover, such patients were prioritized for vaccination against the emergent pandemic viral infection caused by SARS-CoV-2. Despite these efforts, there remains a fundamental gap in clinical knowledge about whether patients with myeloid malignancy respond to routine vaccination or if the therapies we use for these diseases impact these antibody responses.

To address this gap in knowledge, we designed a clinical study to assess the 36 immunologic response following administration of the yearly influenza vaccination in patients 37 with myeloid malignancies who are receiving different types of chemotherapy compared to 38 age-matched controls. The study was registered with clinicaltrials.gov 39 healthy (#NCT04484532) and is conducted in accordance with the Declaration of Helsinki, approved 40 by the Roswell Park Cancer Institute Review Board. All patients provided written informed 41 consent. Consent on this study included agreement for the use of remnant material for 42 additional immunological assays at the time of study enrollment. Eligible patients carried a 43 44 diagnosis of myeloid malignancy and were receiving standard of care treatment for their disease, including watchful waiting, growth factor support, or hypomethylating agents 45 (including azacitidine or decitabine) either alone or in combination with venetoclax. Additional 46 47 enrollment criteria included willingness to undergo seasonal influenza vaccination, and estimated survival of at least 8 weeks following study enrollment. Patients enrolled to this 48 study received seasonal influenza vaccination for the year of enrollment and underwent 49

peripheral blood sampling prior to the vaccine and at serial time points following the influenza
 vaccination (baseline, 0-3m after vaccination, 3-6 months after vaccination).

Given the emergence of pandemic viral illness with SARS-CoV-2, the etiological agent of 52 COVID-19, we assessed whether these patients with myeloid disorders demonstrated 53 responses to COVID-19 vaccines received as standard of care. Medical records for these 54 patients were reviewed and the types of vaccine, dates of vaccine administration and clinical 55 characteristics of the patients were extracted. Table 1 lists the summary of patient 56 characteristics for this cohort. Supplementary Table S1 lists the extended clinical 57 58 characteristics, treatments summary, vaccine/booster types, and the time point of sampling relative to the most recent COVID-19 vaccination given. 59

60 Post-SARS-Cov-2 mRNA vaccination serum samples after the second vaccination and 61 third vaccination were also obtained from SARS-CoV-2 naïve 16 healthy adult healthcare 62 workers who work at research institution and are not exposed to COVID-19 patients as a 63 comparative control group.

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#### 65 **Neutralization assay**

Sera were evaluated in a qualified SARS-CoV-2 pseudovirion neutralization assay
(PsVNA) using SARS-CoV-2 WA-1 strain and the five variants of concern (VOCs): Alpha
variant (B.1.1.7; with spike mutations H69-V70del, Y144del, N501Y, A570D, D614G, P681H,
T716I, S982A, and D1118H), Beta variant (B.1.351; with spike mutations L18F, D80A,
D215G, L242-244del, R246I, K417N, E484K, N501Y, D614G, and A701V), Gamma variant
(P.1; with spike mutations L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y,
H655Y, T1027I, D614G, V1176F), Delta variant (B.1.617.2; with spike mutations

T19R,G142D,E156del,F157del,R158G,L452R,T478K,D614G,P681R,D950N) and Omicron variant
(B.1.1.529; with spike mutations A67V, H69-70del, T95I, G142D, V143-145del, Y145D, N211del,
L212I, ins214EPE, G339D, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A,
Q493R, G496S, Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y,
N856K, Q954H, N969K, L981F). SARS-CoV-2 neutralizing activity measured by PsVNA
correlates with PRNT (plaque reduction neutralization test with authentic SARS-CoV-2 virus)
in previous studies <sup>1-3</sup>

Pseudovirions were produced as previously described<sup>3</sup>. Briefly, human codon-optimized 80 cDNA encoding SARS-CoV-2 spike glycoprotein of the WA-1 and variant strains were 81 synthesized by GenScript and cloned into eukaryotic cell expression vector pcDNA 3.1 82 between the *BamH* and *Xho* sites. The plasmid vector encoding spike for Omicron variant 83 was a gift from Vaccine Research Center, NIAID, NIH. Pseudovirions were produced by co-84 transfection Lenti-X 293T cells with psPAX2(gag/pol), pTrip-luc lentiviral vector and pcDNA 85 3.1 SARS-CoV-2-spike-deltaC19, using Lipofectamine 3000. The supernatants were 86 harvested at 48h post transfection and filtered through 0.45µm membranes and titrated using 87 293T-ACE2-TMPRSS2 cells (HEK 293T cells that express ACE2 and TMPRSS2 proteins)<sup>3</sup>. 88

Neutralization assays were performed as previously described <sup>1 4,5</sup>. For the neutralization assay, 50  $\mu$ L of SARS-CoV-2 S pseudovirions (counting ~200,000 relative light units) were pre-incubated with an equal volume of medium containing serial dilutions (20-, 60-, 180-, 540-, 1,620-, 4,860-, 14,580- and 43,740-fold dilution at the final concentration) of heat-inactivated serum at room temperature for 1h. Then 50  $\mu$ L of virus-antibody mixtures were added to 293T-ACE2-TMPRSS2 cells (10<sup>4</sup> cells/50  $\mu$ L) <sup>3</sup> in a 96-well plate. The input virus with all SARS-CoV-2 strains used in the current study were the same (2 x 10<sup>5</sup> relative light units/50  $\mu$ L/well).

After a 3 h incubation, fresh medium was added to the wells. Cells were lysed 24 h later, and luciferase activity was measured using One-Glo luciferase assay system (Promega, Cat# E6130). The assay of each serum was performed in duplicate, and the 50% neutralization titer was calculated using Prism 9 (GraphPad Software). Controls included cells only, virus without any antibody and positive sera. The limit of detection for the neutralization assay is 1:20. Two independent biological replicate experiments were performed for each sample and variation in PsVNA50 titers was <9% between replicates.

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# Seroreactivity of post-vaccination samples to SARS-CoV-2 receptor binding domain by ELISA

96 well Immulon plates were coated with 50 ng/100 µL of recombinant spike-RBD either 106 from vaccine-homologous WA1/2020 or the Omicron variant in PBS overnight at 4°C. Starting 107 at a 1:100 dilution, serum samples were serially diluted 5-fold and applied to the coated well 108 109 for 1 hr at ambient temperature. Serum samples were assayed in duplicate. After three washes with PBS/0.05% Tween 20, bound human IgG antibodies were detected with 1:5000 110 dilution of HRP-conjugated anti-human IgG Fc-specific antibody (Jackson Immuno 111 112 Research). After 1 hr, plates were washed PBST followed by PBS, and o-Phenylenediamine dihydrochloride (OPD) was added for 10 min. Absorbance was measured at 492 nm. End titer 113 was determined as 2-fold above the average of the absorbance values of the binding of serum 114 samples to blank control wells. The end-point titer is reported as the serum dilution that was 115 above this cutoff and was calculated using Prism 9 (GraphPad Software). 116

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### Quantification and statistical analysis

Descriptive statistics were performed to determine the geometric mean titer values and were calculated using GraphPad. All experimental data to compare differences among groups were analyzed using Ime4 and emmeans packages in R (RStudio version 1.1.463).

122 The demographic characteristics of these study participants are shown in Supplementary Table 1. Since age and sex can be biologically plausible confounders, data were analyzed for 123 statistical significance between groups to control for age and sex as covariates (predictor 124 variables) using a multivariate linear regression model. To ensure robustness of the results, 125 absolute measurements were log2-transformed before performing the analysis. For 126 127 comparisons between the vaccine groups (factor variable), pairwise comparisons were extracted using 'emmeans' and Tukey-adjusted p values were used for denoting significance 128 to reduce Type 1 error due to multiple testing. The tests were two-sided tests. The differences 129 were considered statistically significant with a 95% confidence interval when the p value was 130 less than 0.05. (\* ≤0.05, \*\* ≤0.01, \*\*\* ≤ 0.001, \*\*\*\* ≤0.0001). 131

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## 134 Acknowledgments

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   symptomatic SARS-CoV-2-infected individuals reveal unlinked immune signatures. *Sci Adv.* 2021;7(42):eabi6533.
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Supplementary Table S1: Participant's demographics, clinical characteristics, and vaccination type Vaccine. Data from text										
Patient ID	Age	Sex	Diagnosis	Karyotype	IPSS-R*/ELN/DIPSS	Treatment	Туре	Vaccination		
Post-2nd vac	81	se in AML Male	MDS patients MDS	Complex (del5q,	8 (Very High)	Azacitidine 9	Moderna	250		
P-2	45	Male	CMML	der/p, +21) Normal	1.5 (Very Low)	cycles Decitabine 10 cycles	Moderna	162		
P-3	77	Female	AML	Normal	Intermediate	Azacitidine/ Venetoclax 7	Moderna	219		
P.4	85	Mala	MDS	Normal	5.5 (High)	cycles Azacitidine 24	Ditter	186		
. 4	00	initian.	mbo		0.0 (1901)	cycles Decitabine/	1 11201	100		
P-5	76	Female	AML-MRC	Normal	Adverse (ASXL1)	Venetoclax <6 cycles	Moderna	228		
P-6	74	Male	AML-MRC	Normal	Favorable (NPM1)	Venetoclax <6	Moderna	153		
P-7	82	Female	MDS	Normal	1.5 (Very Low)	Observation	Moderna	184		
P-8	52	Male	MDS	Normal	2.5 (Low)	Observation	Pfizer	179		
P-9	74	Male	MDS	Normal 46,XY,del(12)	2 (Low)	Darbopeoitin Decitabine 10	Moderna	228		
P-10	(q15q24.1) (q15q24.1) Cycles Pilzei Decitabine/							194		
P-11	P-11 66 Male AML-MRC complex Adverse Venecolax 4 cycles					Pfizer	196			
P-12	74	Male	MDS	46,XY,del(3) (q12q25),del(7)(q2 2q36	7.5 (Very High)	Azacitidine 5 cycles	Pfizer	186		
P-13	P-13 70 Male AML-MRC		Normal	Adverse (FLT3-ITD)	Decitabine/ Venetoclax 2 Cycles	Janssen	195			
P-14	65	Male	MDS	46 XY [20]	3 (Low)	Decitabine/ Cedazuridine 20 cycles	Pfizer	56		
P-15	79	Female	JAK2 <sup>V617F+</sup> Post ET-MF		DIPSS-3	Hydroxyurea	Pfizer	189		
P-16	52	Male	JAK2 <sup>VS17F+</sup> PV	46 XY [20]		Hydroxyurea	Pfizer	79		
P-17	63	Male	AML-MRC	46 XY [20] 46,XX,der(7)add(7 )(o12)add(7)(o11)	Adverse (AML- MRC/Secondarv)	Post-Allo BMT	Pfizer	228		
P-18 <sup>a</sup>	73	Female	MDS	2)[4] 46 XX der(7)add(7)(p12) add(7)(q11.2)[4]; 46,XX[4]	3 (Intermediate)	Observation	Pfizer	146		
P-19	82	Female	MDS	46 XX [17]	3.5 (Intermediate)	Cyclosporine/ Eltrombopag	Pfizer	42		
P-20	39	Female	JAK2 <sup>VS17F+</sup> PV	46, XX [20]		Peginterferon	Pfizer	58		
P-21	59	Male	JAK2 <sup>V617F+</sup> Post ET-MF			Ruxolitinib	Moderna	15		
P-22	77	Male	AML	47 XY +8, del(7q)	Adverse	Azacitidine/ Venetoclax 9	Moderna	65		
P-23	76	Male	MDS	Complex	7.5 (Very High)	Decitabine/ Venetoclax 8	Pfizer	31		
P-24	56	Female	JAK2 <sup>VE175</sup> * ET	46 XX [20]		Anagrelide	Pfizer	31		
P-25	28	Male	AML	46 XY [20]	Adverse	Post-Allo BMT	Pfizer	201		
P-26	63	Female	JAK2 <sup>V617F+</sup>		DIPSS-0	Observation	Pfizer	30		
P-27	70	Male	MDS	46 XY [20]	3.5 (Intermediate)	Decitabine/ Cedazuridine 38	Moderna	68		
P-28	76	Female	MDS	46,XX,del(13)(q12 q21)[6]	2 (Low)	Observation	Moderna	64		
P.29	55	Female	IAK2 <sup>V017F+</sup> PV/	46,XX[14]		Phiebotomy	Pfizer	141		
P-30 <sup>+</sup>	70	Female	MDS	46, XX [20]	1.5 (Low)	Observation	Moderna	70		
P-31	89	Female	MDS	46 XX, del(5q)	2 (Low)	Darbopoeitin	Moderna	155		
P-32	69	Female	MDS	46,XX[20]	1 (Low)	G-CSF	Moderna	66		
P-33	71	Female	Primary MF	47 XX, +8 [20]	DIPSS-4	Ruxolitinib	Moderna	73		
P-34	81	Male	JAK2 <sup>V017F+</sup> PV			Hydroxyurea	Moderna	101		
P-35 P-36	64 69	Male	MDS	46 XY [25]	3 (Intermediate)	Observation Ruxolitinib/	Pfizer	134		
P-37	83	Female	AMI_MRC	46,XX,del(20)(q11	Adverse (AML-	Hydroxyurea Azacitidine 14	Moderna	286		
P-38	66	Male	JAK2 <sup>VE17F+</sup> PV	.2q13.3)[2]	MRC/Secondary)	cycles Ruxolitinib	Moderna	272		
Post-3rd vac	cine do	se in AML	/MDS patients			Azacitidine/				
P-48	78	Male	AML	Trisomy 8	Intermediate (FLT3 ITD/NPM1)	Gliteritinib 25 cycles	Moderna	24		
P-49	82	Male	AML	Trisomy 8	Intermediate	Azacitidine/ Venetoclax >6 cycles	Pfizer	27		
P-50	77	Male	AML MRC	Del (7q), +8,	Adverse (ASXL1/RUNX1)	Azacitidine/ Venetoclax 7	Moderna	27		
P-51	79	Male	MDS	Normal	1.5 (Very Low)	Observation	Moderna	22		
P-52	64	Male	MDS	Normal	1 (Very Low)	Observation Azacitidine/	Pfizer	39		
P-53°	65	Male	MDS	46,XY,del(7) (q22q36)	8 (Very High)	Glasdegib 31 cycles	Pfizer	53		
P-54	70	Female	MDS	Normal	1.5 (Very Low)	Observation Azacitidine /	Moderna	40		
P-55	76	Female	AML-MRC	Normal	Intermediate	Venetoclax 5 cycles Azacitidine P	Unknown	Unknown		
P-56	63 70	Female	MDS	complex >3	6.5 (Very High)	cycles	Moderna Med	24		
P-30R†	70	Female	MDS	46, XX [20]	2 (LOW) 1.5 (Low)	Observation	Moderna	34 40		
Post-2nd vac	ccine do 24	se in Adu Female	It Controls Healthy	N/A**	N/A	N/A	Pfizer	38		
C-2 C-3	38 31	Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Moderna Pfizer	38 38		
C-4 C-5	34 35	Female Female	Healthy Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	38 57		
C-6 C-7	47 24	Male Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Moderna Pfizer	31 27		
C-8 C-9	71 75	Female Male	Healthy Healthy	N/A N/A	N/A N/A	N/A N/A	Moderna Moderna	58 58		
C-10 C-11	21 34	Female Male	Healthy Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer Pfizer	29 36		
C-12 C-13	70 43	Female Male	Healthy	N/A N/A	N/A N/A	N/A N/A	Moderna Moderna	29 41		
C-14 C-15	28 35	Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Moderna Pfizer	38 43 57		
Post-3rd vac	26 cine do:	male se in Adul	t Controls	N/A	N/A.	N/A	per	51		
C-2	24 38 24	Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	51 64 37		
C-4 C-6	31 34 47	Female Male	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	42		
C-8	71 75	Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	79 83		
C-10 C-11	73 21 34	Female Male	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	56 62		
C-12 C-13	34 70 43	Female Male	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	02 33 45		
C-13 C-14 C-15	43 28 35	Female	Healthy	N/A N/A	N/A N/A	N/A N/A	Pfizer	40 29 51		
C-16 * Revised inte	26 smations	Male I prognosti	Healthy ic scoring system	N/A n (IPSS-R) as per G	N/A reenberg PL, et al. Blood. 2012-1	N/A 20(12):2454-2485	Pfizer	39		
European Leukemiatel (EU) ga per Dahne, H., et al., Blood. 2017;23(4):624-447. Dynamic International Propristics Scoring System (DRPS) as per Samsonk, F., et al., Blood. 2010;115(9);1703-1708 et al., Blood. 2010;115(9);1703-1708 et al., Partiel Table Goumented treatmost activation fail and at different time points a Partier had documented treatmost providence 78 days per of and uncentations prolonged hosphalization and visit shedding. Kuly recovered										
c: Patient had documented breakthrough infection 126 days post 2nd vaccination: prolonged hospitalization and viral shedding; fully recovered MDS: Mvelotysplatic Syndromes										
AML: Acute N AML: Acute N	ysplatic Ayeloid L MI was	oyndrome eukemia Myelochar	s Jacia-Dalet-4 ~	hanges						
Post ET-MF: PV: Polyeuter	Post Ess emia Ver	ential Thro a	ombocytopenia-l	Myelofibrosis						
ET: Essential Thrombocytopenia MF: Mveld/brosis										
		MF: Myelofibrosis								

Supplementary	/ Table S2	Demographics	and neutralization	titers of pos	t-vaccination s	erum used in t	his stud

Supplementary Table S2. Demographics and neutralization titers of post-vaccination serum used in this study										
Donor ID	Diagnosis	Type of COVID-19	Sex	Age (in		50	% Neutral	ization titer	r	
20110110	Diagnosis	Vaccine	364	years)	WA1/2020	Alpha	Beta	Gamma	Delta	Omicron
Post-2nd v	accine dose in AM	L/MDS patient	s							
P-1	MDS	Moderna	M	81	52.8	21.7	10.0	10.0	10.0	10.0
r-∠ P-3	MDS	Moderna	F	45 76	42.0 66.2	18.5 10.0	10.0	10.0	10.0	10.0
P-4	AML	Moderna	M	77	10.0	10.0	10.0	10.0	10.0	10.0
P-5	MDS	Pfizer	F	65	36.9	20.2	10.0	10.0	10.0	10.0
P-6	AML-MRC	Moderna	М	76	10.0	10.0	10.0	10.0	10.0	10.0
P-7	MDS	Moderna	F	82	10.0	10.0	10.0	10.0	10.0	10.0
P-8	MDS	Moderna	M	/6	326.2	94.8 192.6	116.0	114.8	105.7	10.0
P-9 P-10	MDS	Plizer	M	52 73	39.6	102.0	45.4	10.0	10.0	10.0
P-11	AML-MRC	Moderna	M	74	2172.2	326.5	10.0	10.0	10.0	10.0
P-12	MDS	Moderna	М	66	10.0	10.0	10.0	10.0	10.0	10.0
P-13	AML-MRC	Janssen	М	74	2477.5	736.8	22.3	64.3	105.1	10.0
P-14	MDS	Pfizer	M	65	72.0	33.0	33.0	25.0	64.0	10.0
P-15 P-16	Post ET MF	Pfizer	F M	79 52	10.0	10.0	10.0	10.0	10.0	10.0
P-10 P-17	AMI	Pfizer	M	63	58.0	10.0	10.0	10.0	10.0	10.0
P-18	MDS	Pfizer	F	73	10.0	10.0	10.0	10.0	10.0	10.0
P-19	MDS	Pfizer	F	82	12762.0	4754.0	1508.0	1893.0	648.0	648.0
P-20	PV	Pfizer	F	39	820.0	383.0	354.0	405.0	10.0	10.0
P-21	Post ET MF	Moderna	м	59	2401.0	260.0	302.0	302.0	1558.0	62.0
P-22	AML	Moderna	M	76	472.0	10.0	32.0	32.0	213.0	10.0
P-23 P-24	FT	Pfizer	F	70 56	154.0	10.0	59.0	59.0	42.0	10.0
P-25	AML	Pfizer	M	28	167.3	52.7	28.9	34.7	34.9	10.0
P-26	MF	Pfizer	F	63	592.0	344.0	10.0	76.0	219.0	10.0
P-27	MDS	Moderna	М	70	313.0	242.0	63.0	164.0	10.0	10.0
P-28	MDS	Moderna	F	76	322.0	280.0	117.0	202.0	10.0	10.0
P-29	PV	Pfizer	F	55	/18.1	293.8	317.7	183.0	183.2	50.3
P-30 P-31	MDS	Moderna	F	89	566.2	357.2	105.6	23.0 93.5	136.3	10.0
P-32	MDS	Moderna	F	69	304.0	127.0	10.0	73.0	10.0	10.0
P-33	MF	Moderna	F	71	63.0	36.0	10.0	10.0	45.0	10.0
P-34	PV	Moderna	М	81	55.0	28.0	10.0	10.0	48.0	10.0
P-35	MDS	Pfizer	M	64	51.0	10.0	10.0	10.0	10.0	10.0
P-30 P-37		Moderna	F	69 83	138.0	59.0 165.0	10.0	40.0	140.0	10.0
P-38	PV	Moderna	м	66	10.0	10.0	10.0	10.0	140.0	10.0
		Geo	ometric	mean titer	138.7	64.2	30.5	38.8	39.2	13.1
Post-3rd va	accine dose in AM	L/MDS patients	\$							
P-48	AML	Moderna	M	78	10.0	10.0	10.0	10.0	10.0	10.0
P-49		Moderna		82	29.7	10.0	10.0	10.0	10.0	10.0
P-51	MDS	Moderna	M	79	291.4	273.4	24.0	59.8	55.0	10.0
P-52	MDS	Pfizer	M	64	4109.4	3989.5	605.0	1142.2	1316.8	51.5
P-53	MDS	Pfizer	М	65	304.6	272.5	37.3	32.2	287.6	10.0
P-54	MDS	Moderna	F	70	1510.9	1466.0	694.0	618.5	1099.4	29.7
P-55	AML-MRC	Moderna	F	74	9075.0	7139.7	4685.3	5056.8	4056.1	169.4
P-56	MDS	Moderna	F	63	112.6	37.6	10.0	10.0	10.0	10.0
P-37 P-30R	MDS	Moderna	F	76	3556.0	3135.0	1016.0	934.8	1683.0	256.9
1 0010	MBO	Geo	metric	mean titer	304.5	233.9	69.4	77.9	122.8	22.3
Post-2nd v	accine dose in Hea	althy Adults								
C-1	Healthy Control	Pfizer	F	24	5848.8	4184.5	986.3	916.4	1277.5	230.6
C-2	Healthy Control	Moderna	F	38	542.9	411.8	347.0	273.1	527.0	10.0
C-3	Healthy Control	Pfizer	F	31	944.9	616.5	219.2	278.8	828.0	21.4
C-4 C-5	Healthy Control	Pfizer	F	34 35	3393 3	2429.8	962.8	405.0	2073.4	194 5
C-6	Healthy Control	Moderna	M	47	4746.7	4145.4	1120.1	998.0	1804.0	209.3
C-7	Healthy Control	Pfizer	F	24	853.7	796.6	318.9	376.5	840.6	34.9
C-8	Healthy Control	Moderna	F	71	5659.7	5199.9	3015.4	3578.1	3520.3	212.8
C-9	Healthy Control	Moderna	M	75	1696.1	987.6	184.2	286.9	1328.1	10.0
C-10	Healthy Control	Pfizer	F M	21	1594.1	701.0	231.8	100.3	1448.2	10.0
C-12	Healthy Control	Moderna	F	34 70	367.8	261.2	152.2	295.9	42.8	10.0
C-13	Healthy Control	Moderna	M	43	9543.7	8439.4	1134.0	953.524	6636.1	311.5
C-14	Healthy Control	Moderna	F	28	1146.3	814.0	507.524	635.029	794.7	75.9
C-15	Healthy Control	Pfizer	F	35	1601.0	1136.9	576.815	585.7	762.5	77.2
C-16	Healthy Control	Moderna	M	26	2146.9	1671.2	395.3	484.4	925.4	83.5
Post 2rd w	accine doso in Hos	Geo Geo	metric	mean titei	1713.0	1364.0	485.5	504.2	956.5	44.4
C-1	Healthy Control	Pfizer	F	24	4176 1	2253.9	1223.8	937 1	2536 1	350.5
C-2	Healthy Control	Pfizer	F	38	1989.1	716.0	488.5	501.7	1533.3	491.0
C-3	Healthy Control	Pfizer	F	31	1533.6	1336.9	659.3	792.9	1142.1	536.6
C-4	Healthy Control	Pfizer	F	34	1616.1	1365.9	824.0	887.6	1261.4	138.9
C-6	Healthy Control	Pfizer	М	47	3782.5	2239.6	1119.5	1325.6	2261.4	305.6
C-8	Healthy Control	Pfizer	F	71	2802.1	1422.5	752.6	1014.2	1193.1	485.5
C-9 C-10	Healthy Control	Pfizer	IVI F	/5 21	1 108.5 3745 0	3482.5	570.0 1747 1	700.5 2216 6	004./ 2971 0	71.7 246.2
C-11	Healthy Control	Pfizer	M	34	822.6	791.0	256.187	295.9	353.1	106.3
C-13	Healthy Control	Pfizer	M	43	12771.9	10199.5	4363.9	3978.0	7150.5	987.6
C-14	Healthy Control	Pfizer	F	28	5040.3	3537.2	985.2	1408.9	2221.0	293.4
C-15	Healthy Control	Pfizer	F	35	6579.0	3663.0	1170.0	1586.4	3468.9	646.5
C-16	Healthy Control	Pfizer	М	26	9171.3	7333.3	2877.2	3575.8	6705.8	942.5
		Geo	ometric	mean titer	3141.0	2209.0	<u>10</u> 01.0	1155.0	1917.0	334.0

# **Supplementary Figure S1**



Supplementary Figure S1: Relationship of post-vaccination SARS-CoV-2 serum neutralizing antibodies in AML/MDS patients and healthy controls with SARS-CoV-2 RBD binding antibodies. Correlation analysis between serum PsVNA50 neutralization antibody titers generated following second (panels A & C) and third (panels B & D) vaccination of 48 AML/MDS patients (in red) or 16 healthy controls (in blue) against vaccine-matched SARS-CoV-2 WA1 or the Omicron variant, and binding antibodies against either SARS-CoV-2 WA1 RBD (panels A-B) or Omicron RBD (panels C-D). Correlation analysis was performed using non-linear regression model and associated Spearman's correlation coefficients (r) and regression significance (p) are shown.