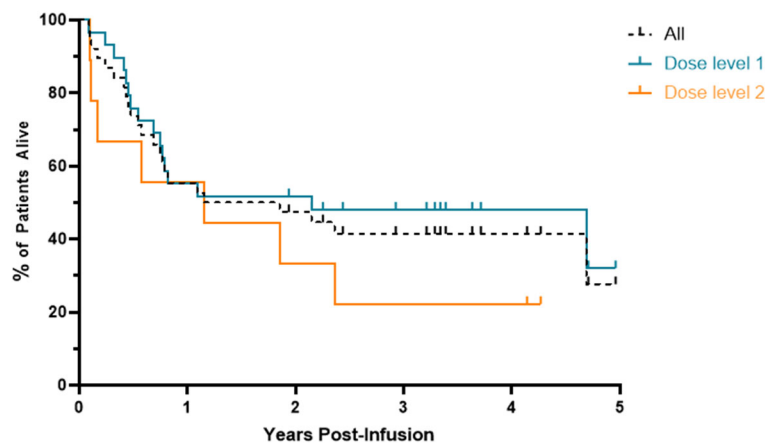


Extended data

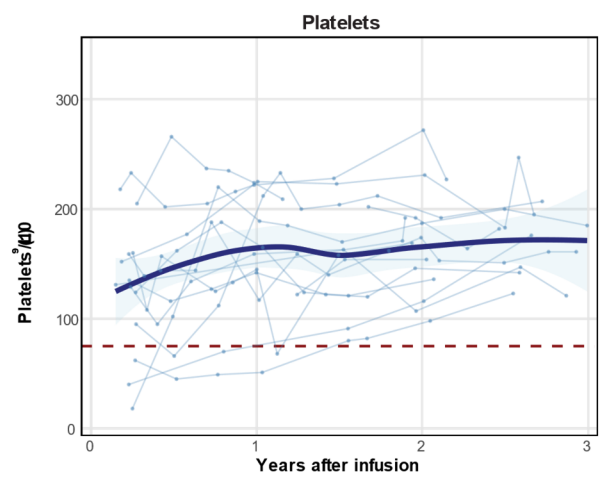
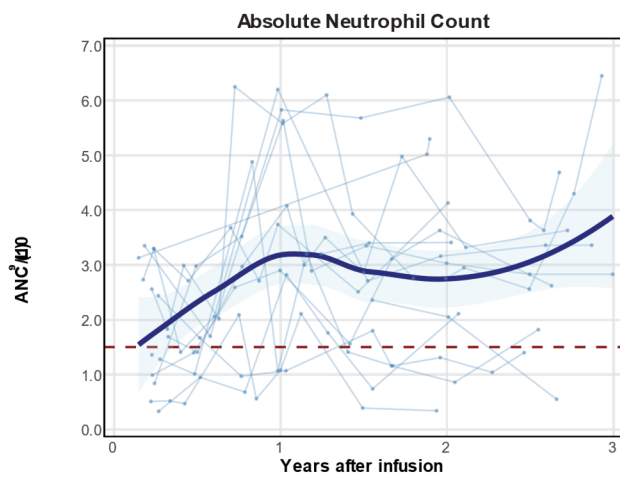
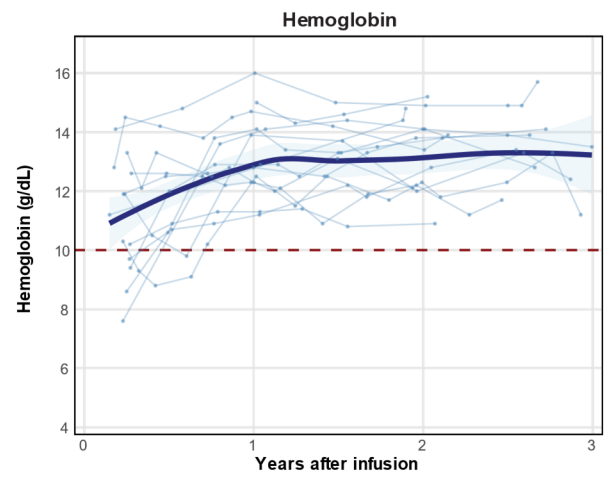
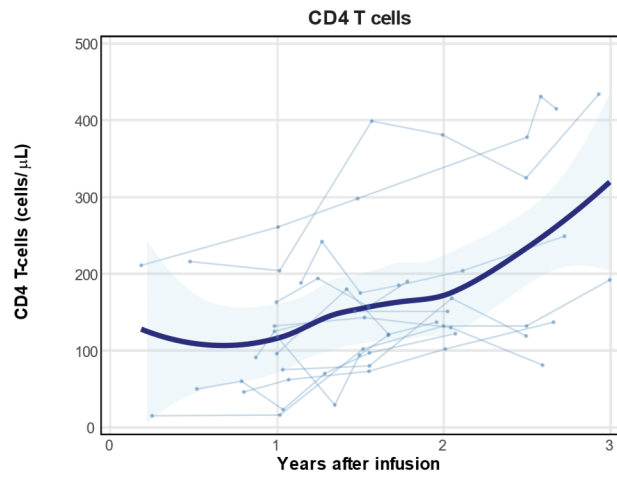
Extended data Figure 1 Survival outcomes by dose level and immunologic recovery post-infusion

(A) Kaplan-Meier curves showing overall survival (OS) stratified by CAR22 dose level. Patients treated at dose level 1 (1 million CAR+ T cells/kg, n=29) demonstrated a median OS of 25.7 months compared to 13.8 months for those treated at dose level 2 (3 million CAR+ T cells/kg, n=9). Vertical ticks indicate censored observations (B) Longitudinal analysis of hematological parameters in peripheral blood over 36 months post-infusion, including CD4 T cell counts, Hemoglobin levels, Absolute neutrophil count (ANC) and Platelet counts. For all panels, a generalized additive model (GAM) was employed for data smoothing and trend visualization (solid line), with individual patient measurements shown as data points. The shaded area represents the 95% confidence interval of the GAM prediction. Red dashed lines indicate thresholds for grade 2 hematotoxicity according to CTCAE criteria

(A)



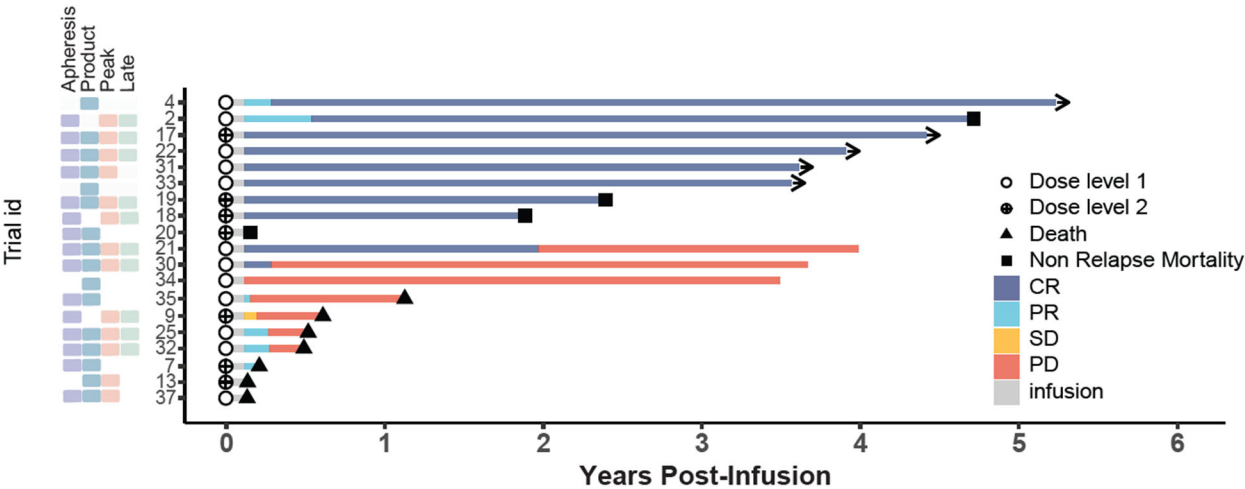
(B)



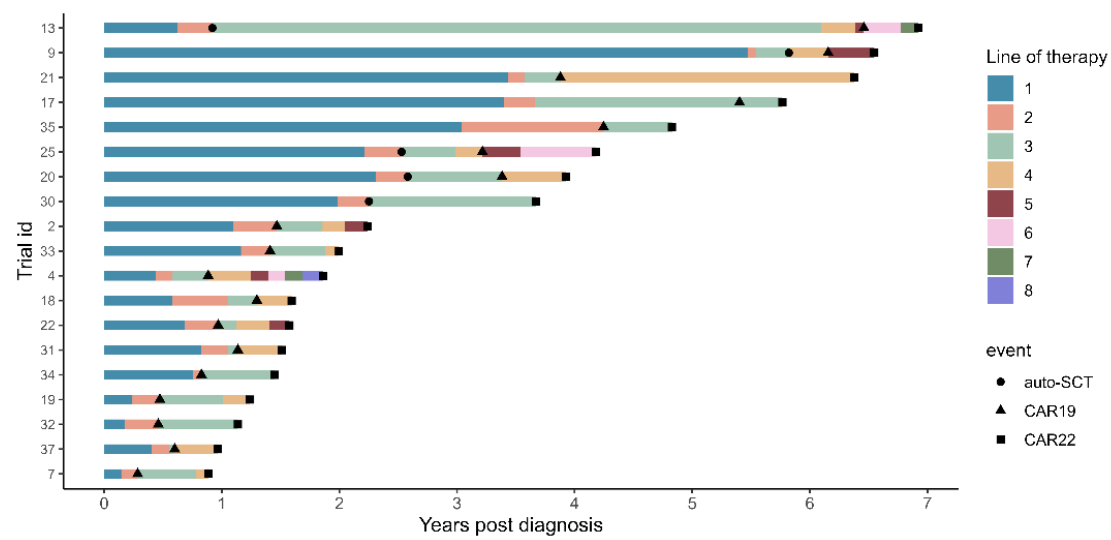
Extended data figure 2 Longitudinal Characterization of Immune Cell Composition and T Cell Dynamics Associated with Clinical Response to CAR-T Cell Therapy

(A) Longitudinal patient sampling timeline and clinical outcomes visualization showing treatment response duration and overall survival for individual patients included in single-cell RNA sequencing (scRNA-seq) and T cell receptor sequencing (scTCR-seq) analyses. (B) Response duration to prior lines of therapy, a median of four prior lines of therapy was applied (C) Gene expression heatmap of canonical markers used for T cell subset identification, aggregated by pseudobulk analysis. (D) CD4/CD8 T cell ratio quantified by scRNA-seq, stratified by timepoint, response status, and CAR mRNA detection. (E) Temporal dynamics of CD4+ and CD8+ CAR T cell populations following infusion as measured by flow cytometry. (F) B3GAT1 (CD57) expression pseudobulked per patient at timepoint apheresis, plotted in relation time since CAR19 infusion (G) Predicted CD57 protein expression levels across T cell subsets as a marker of terminal differentiation and senescence (H) Relative distribution of immune cell types at baseline stratified by clinical response status at 3 months post-infusion. (I) Pre-treatment lymphocyte-to-monocyte ratio (LMR) in peripheral blood measured prior to lymphodepleting chemotherapy, stratified by clinical response status at 3 months post-treatment. (J)Flow cytometry analysis of CAR T products (n=38) showing distribution of naïve & central memory cells compared to effector and TEMRA cells (K) T Stemness scores (based on combined SELL, CCR7, CD28, IL7R, LEF1 and TCF7 expression) across CD4+ and CD8+ CAR T cells

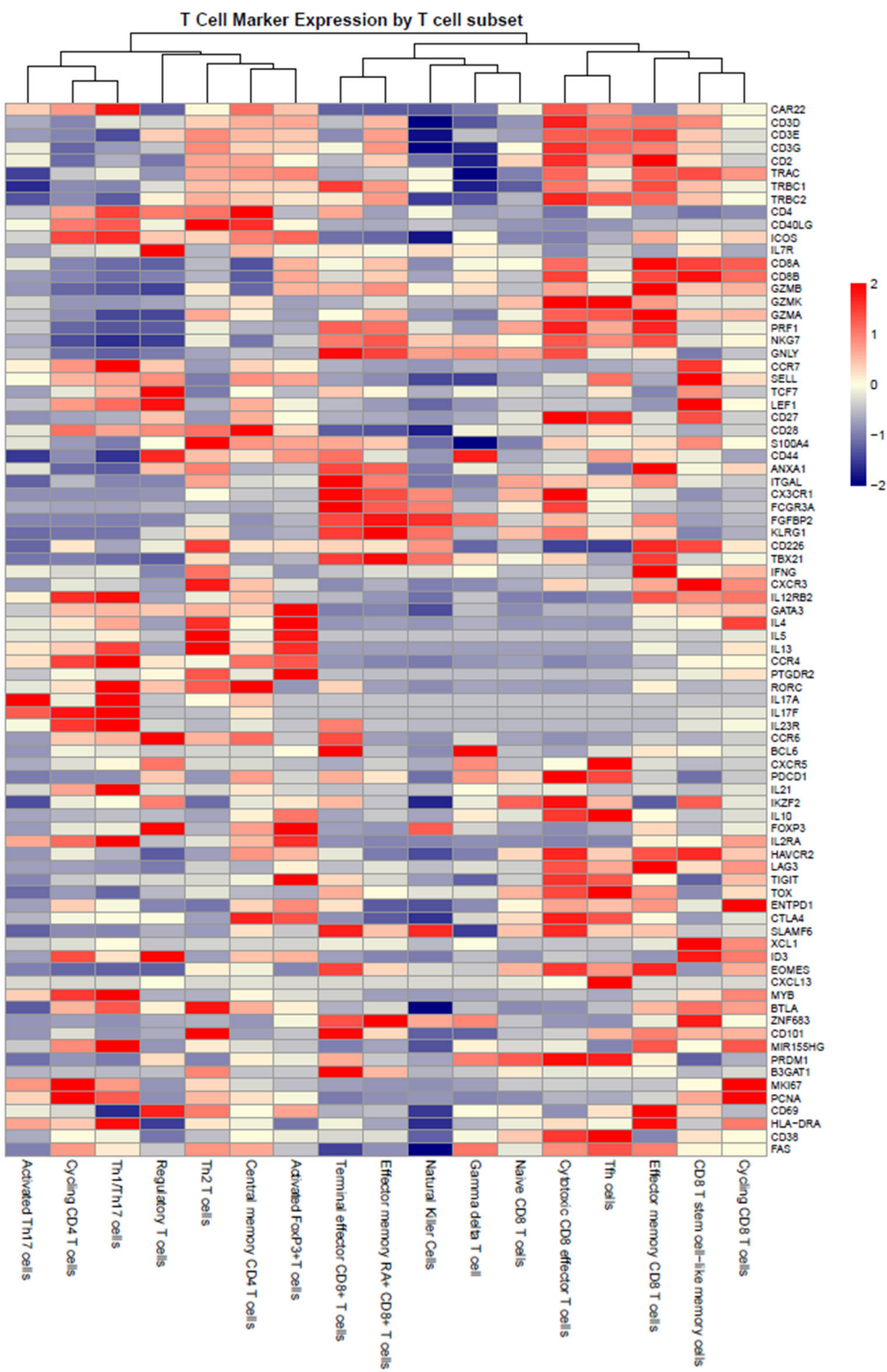
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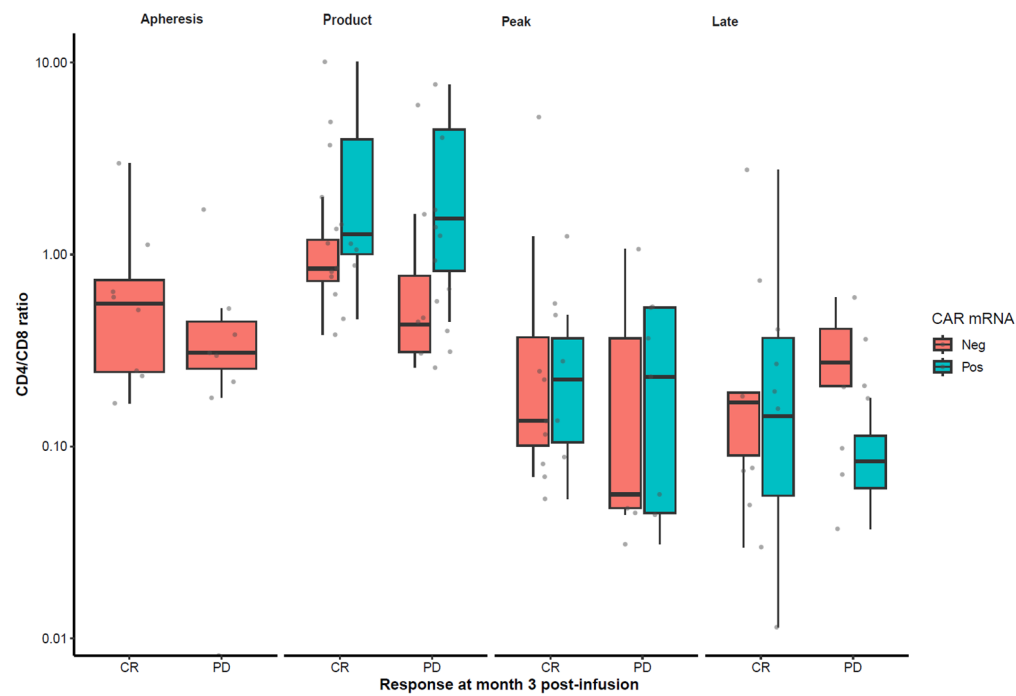
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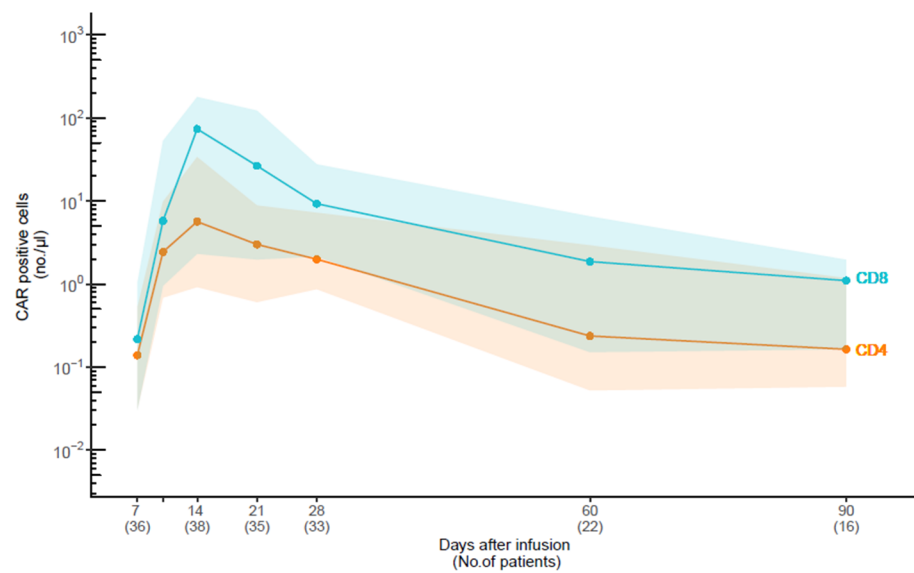
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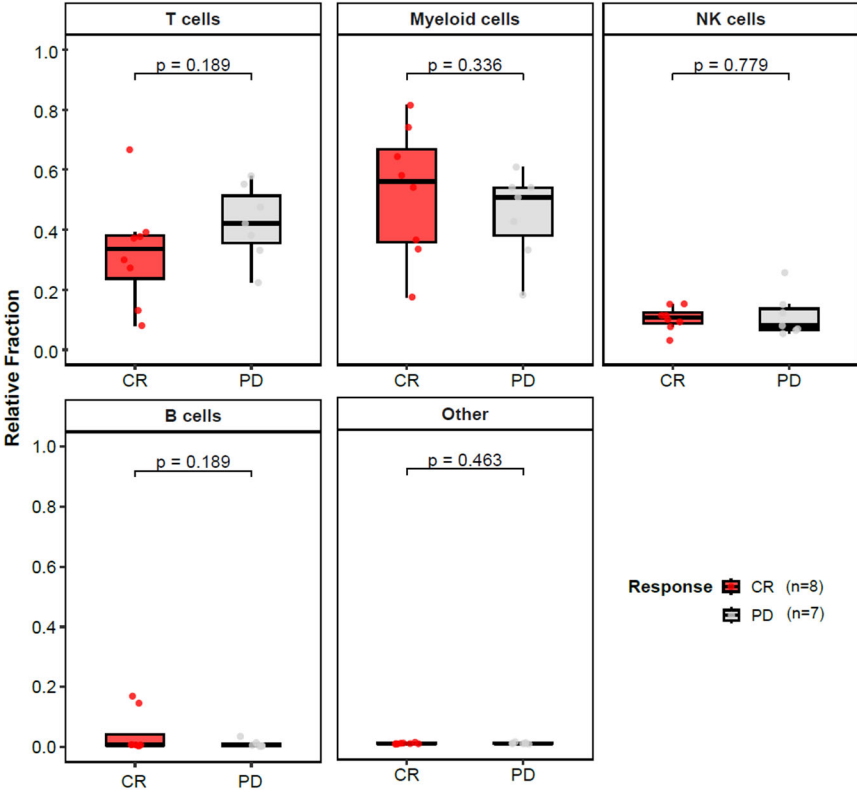
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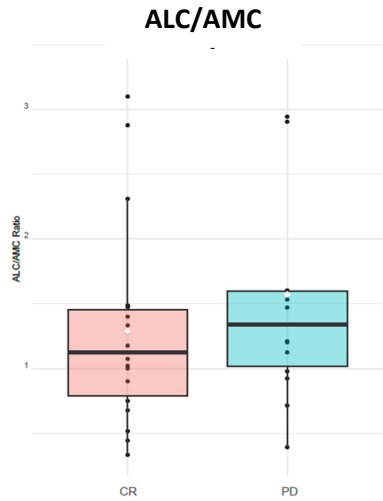
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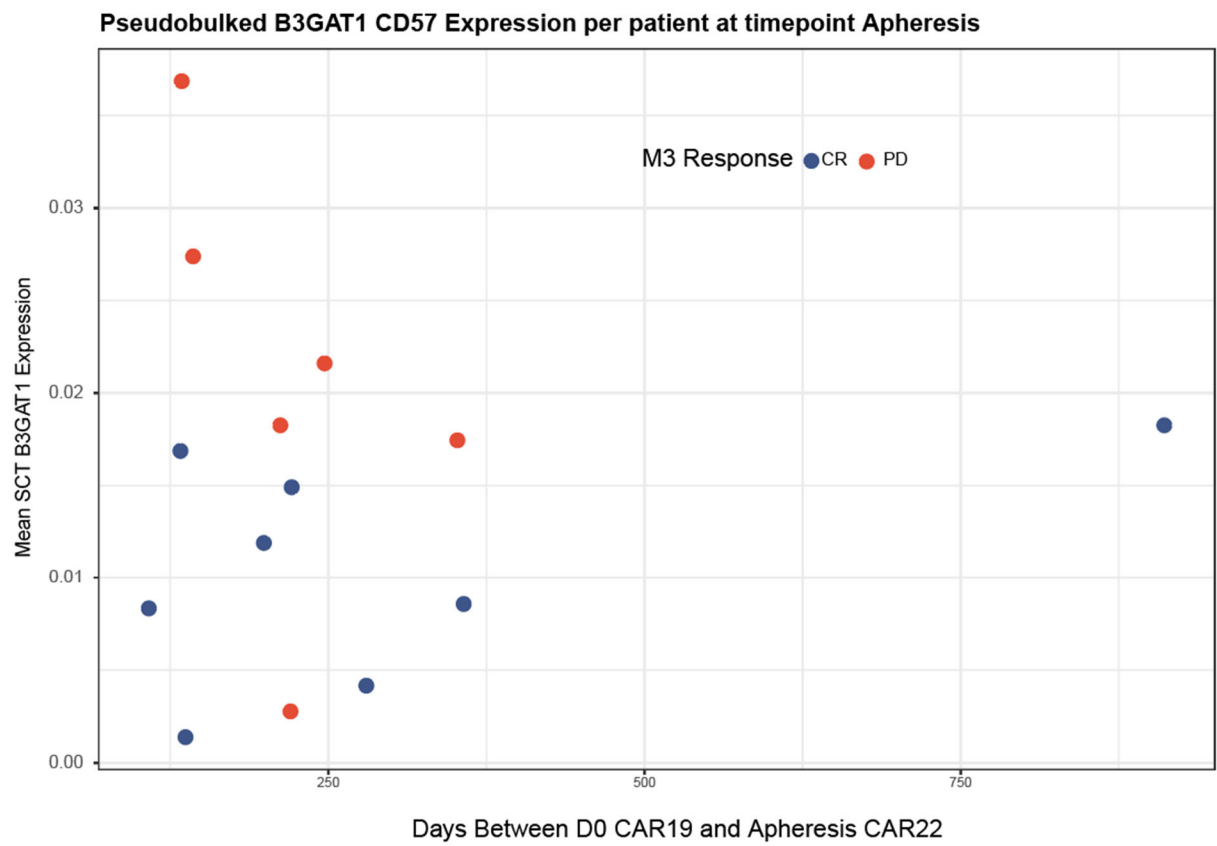
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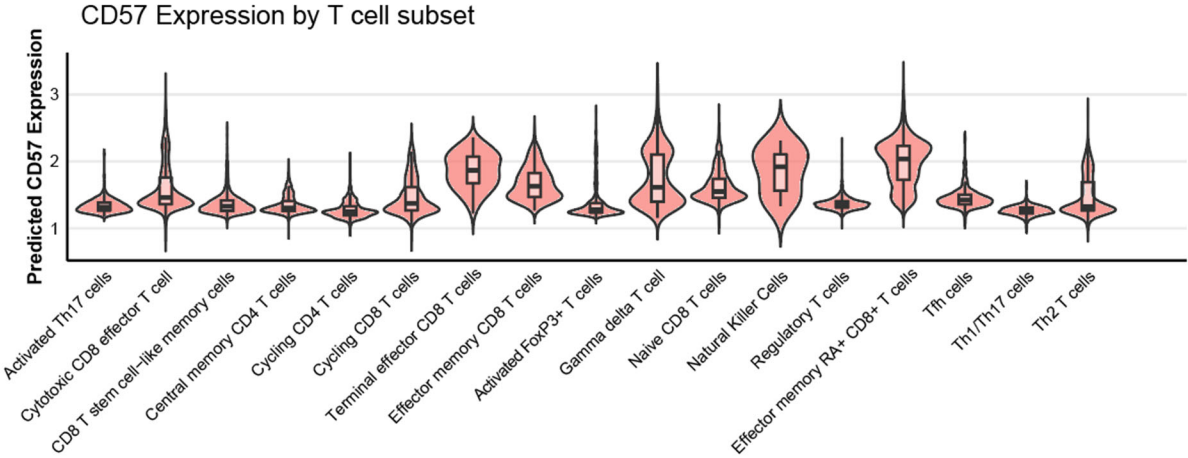
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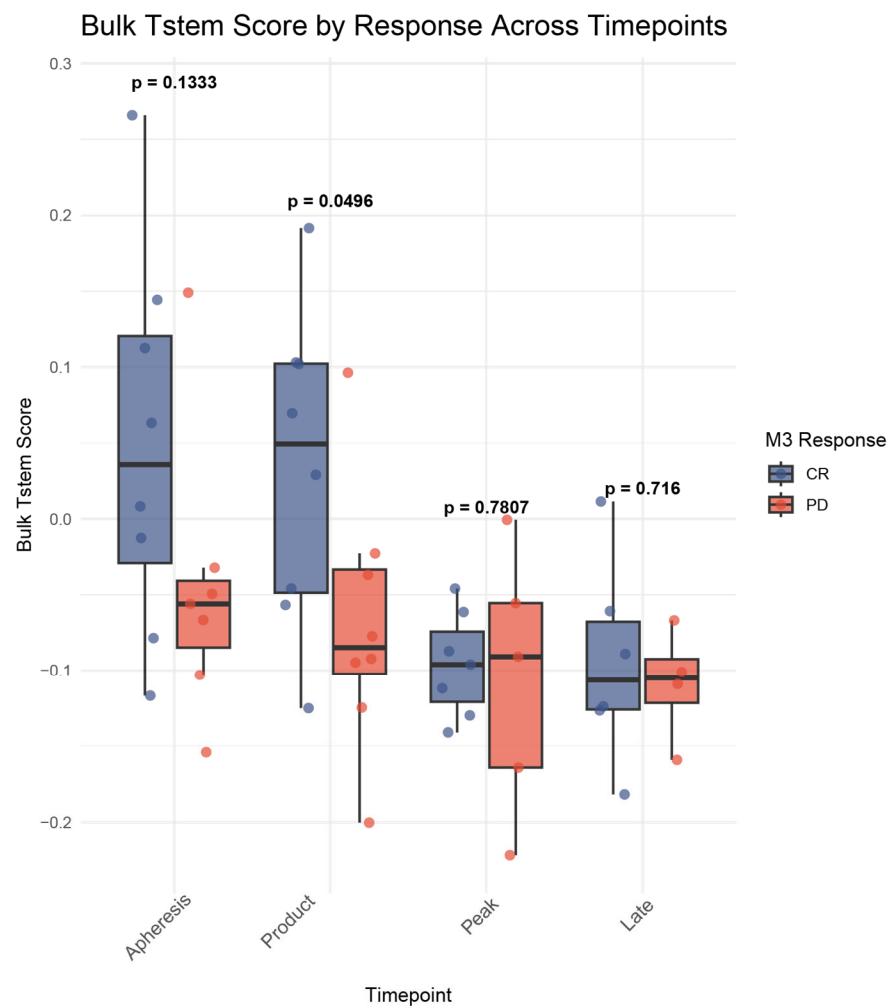
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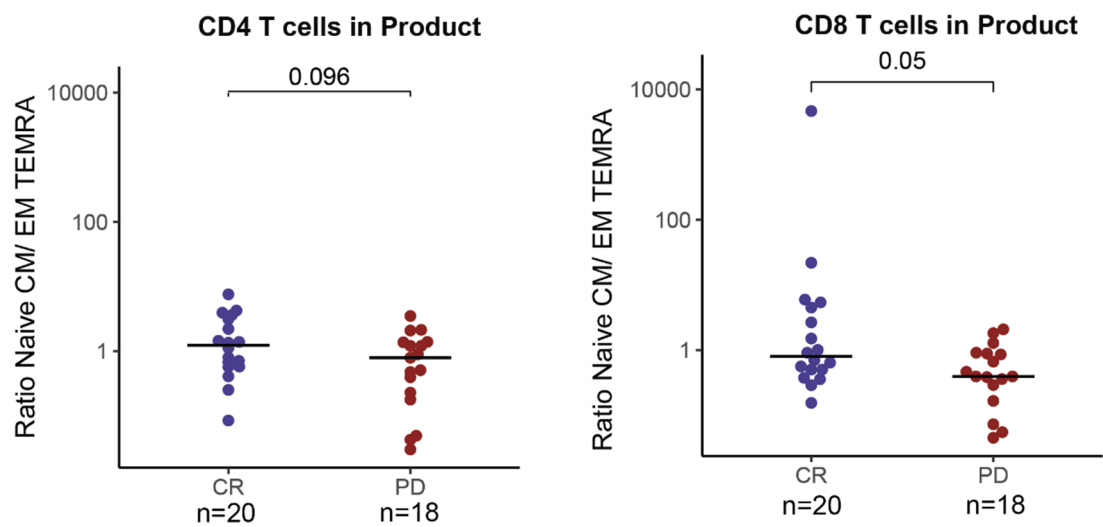
(I)



(J)



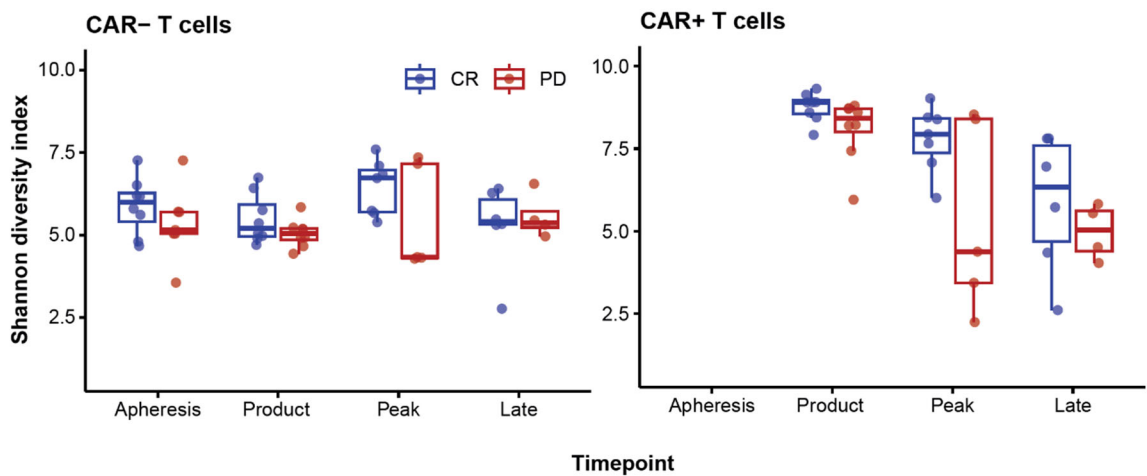
(K)



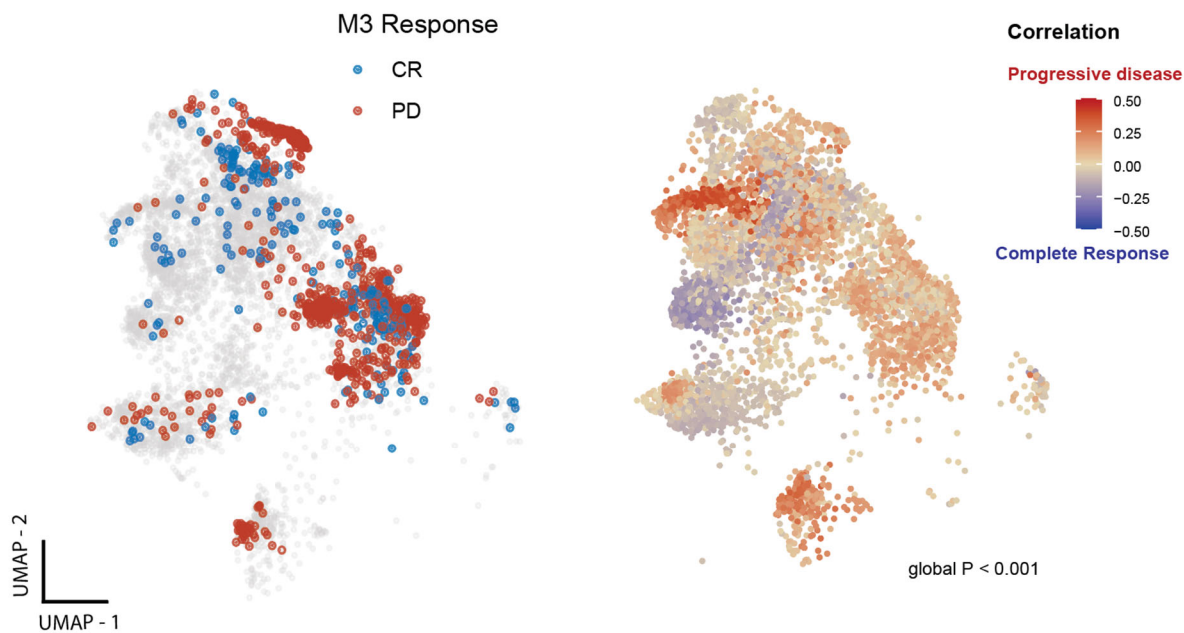
Extended data figure 3 TCR repertoire by response

(A) TCR diversity as measured by Shannon entropy index across timepoints, stratified by month 3 clinical response status and CAR transgene expression (B) UMAP visualization with the top 10 most abundant clonotypes per patient highlighted at peak timepoint, stratified by response. Covarying neighborhood analysis reveals regions with high relative abundance associated with treatment response

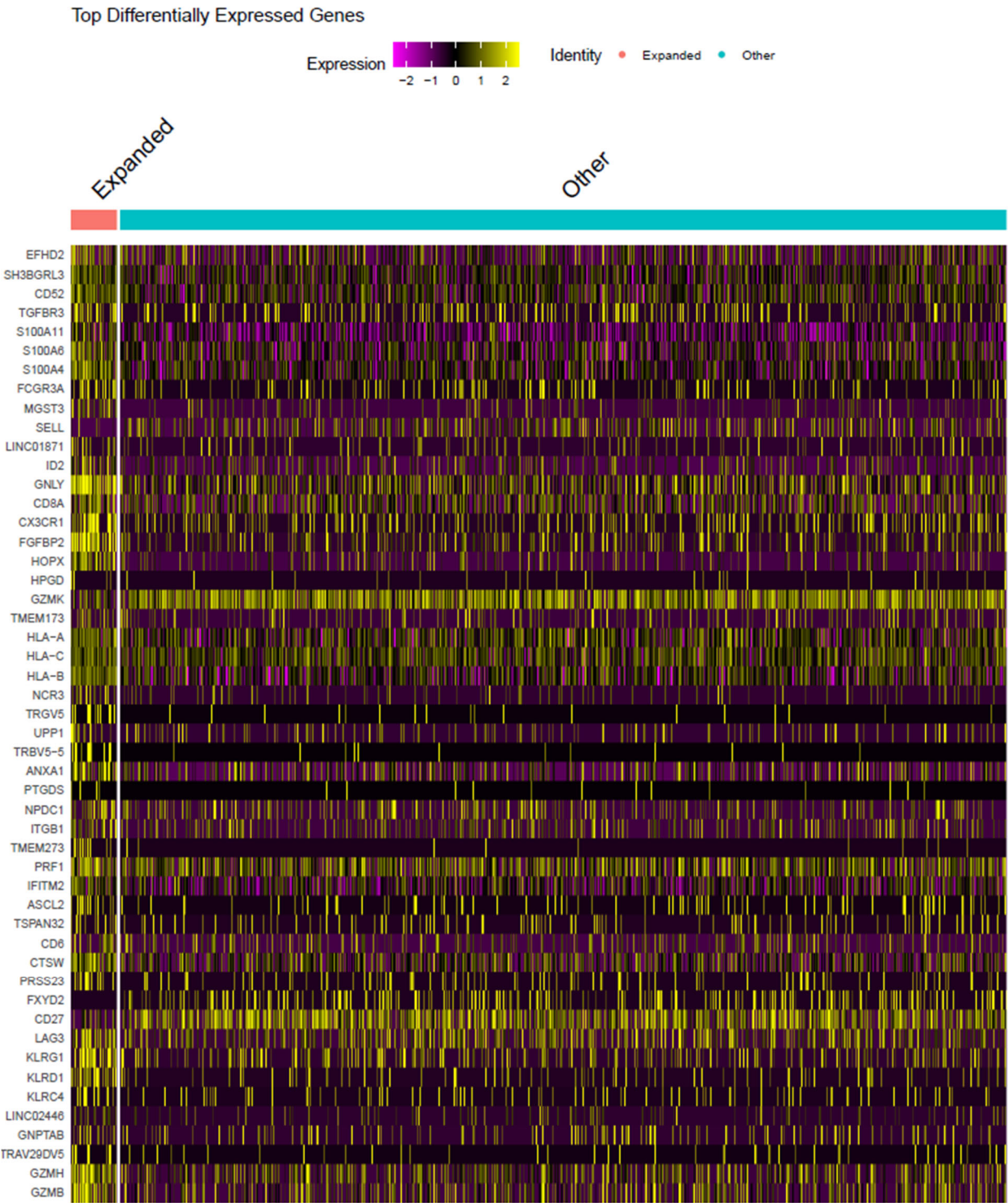
(A)



(B)



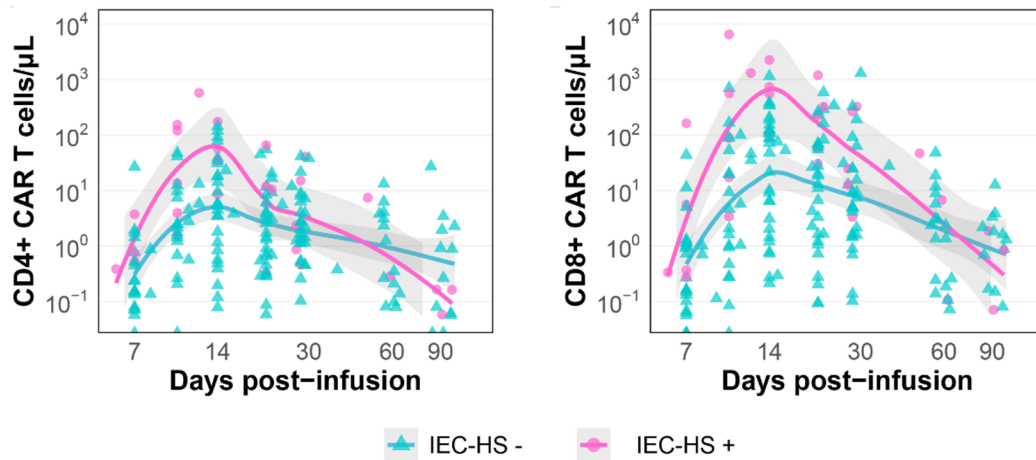
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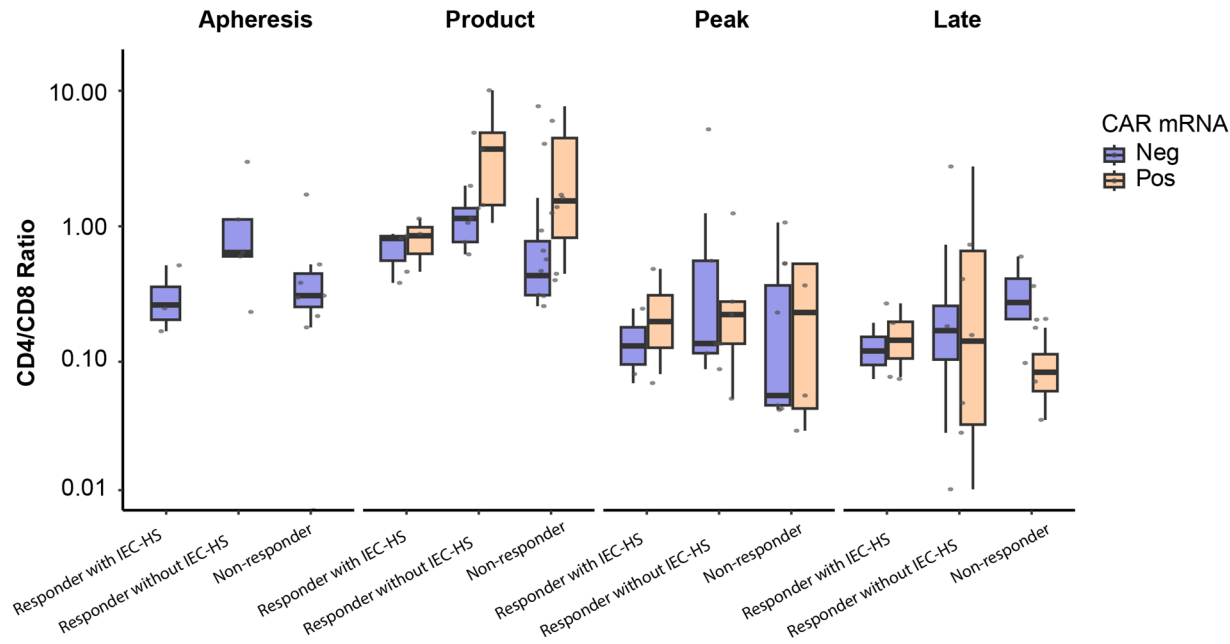
Extended data figure 4 Immune Cell Dynamics and Transcriptional Profiles Associated with Immune Effector Cell-Associated Hematopoietic Syndrome (IEC-HS) in CAR-T Cell Therapy

(A) Post-infusion dynamics of CD4+ and CD8+ T cell expansion measured by flow cytometry in all treated patients, stratified by IECHS development status (B) CD4/CD8 T cell ratio quantified by scRNA-seq, stratified by timepoint, response and IEC-HS status, and CAR mRNA detection (C) Clonotype frequency and density at peak expansion in responding patients with and without IEC-HS, highlighted the region as identified by covarying neighborhood analysis (D) Single-cell RNA sequencing analysis of myeloid cell subset composition in apheresis material, stratified by subsequent IECHS development status (E) Type I interferon gene expression profiles across myeloid cell subsets in apheresis material (F) Gene Set Enrichment Analysis (GSEA) showing hallmark pathways upregulated in myeloid cells from patients who later developed IECHS

(A)

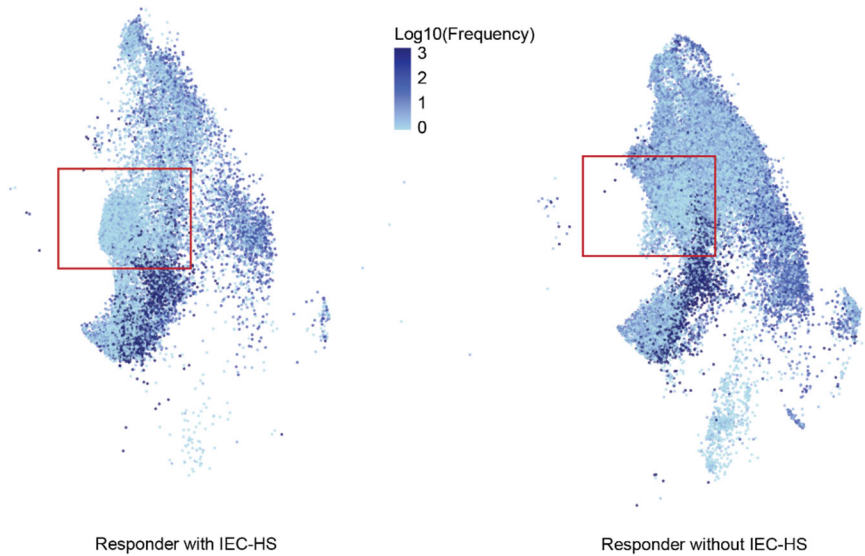


(B)

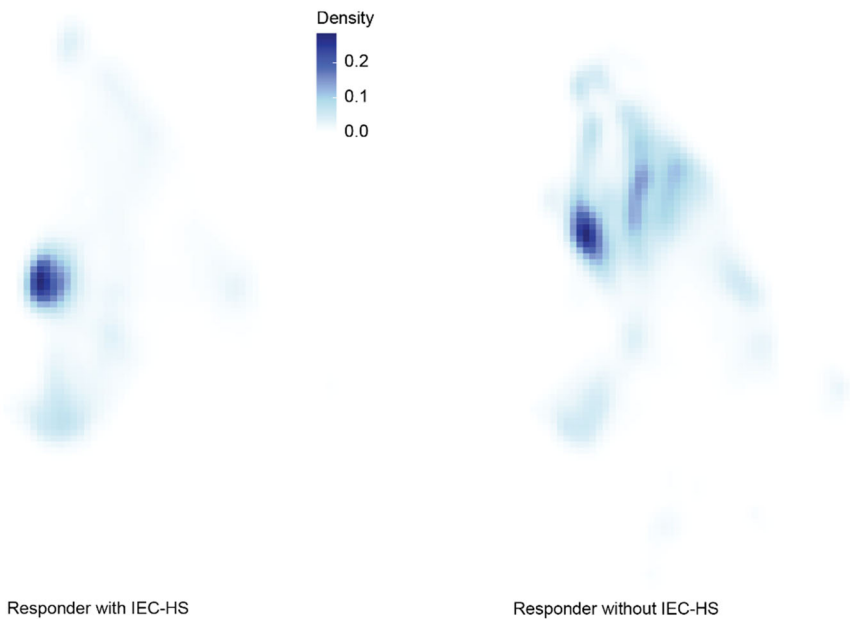


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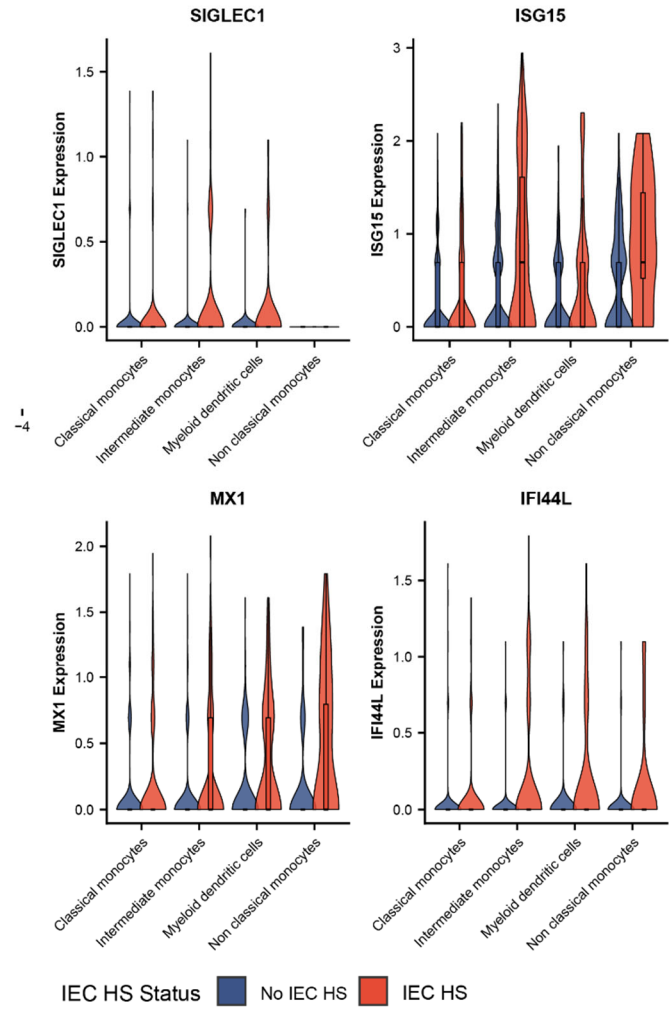
Clonotype frequency at peak timepoint



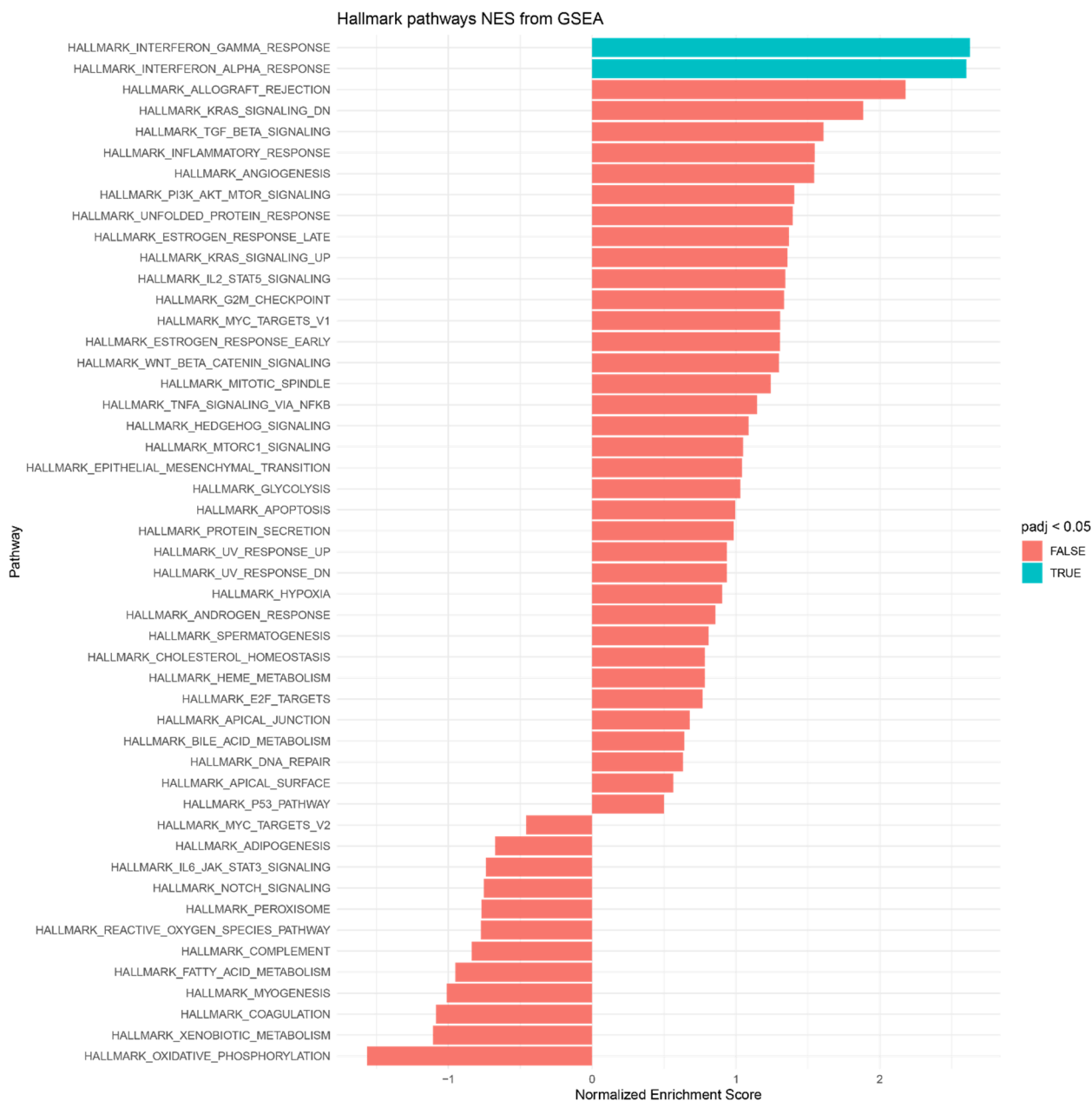
Clonotype density at peak timepoint



(D)



(E)



Extended data table 1

Baseline demographic and clinical characteristics of all treated patients and scRNAseq cohort

Baseline demographic and clinical characteristics of all treated patients		
Characteristics	All patients (n=38)	scRNAseq cohort (n=19)
Age		
Median - year [range]	65 [25 - 84]	65 [25-76]
≥ 65yr - no. (%)	19 (50)	9 (47)
Female sex - no. (%)	17 (45)	9 (47)
ECOG performance status score of 0-1 - no. (%) §	38 (100)	19 (100)
Prior therapies		
Median number of lines [range]	4 [3-8]	4 [3-8]
Relapse after CAR T-cell therapy - no. (%) ¶	37 (97)	18 (95)
Disease status at infusion		
Median tumor burden - mm ² [range] †	1705 [252-11165]	1805 [252-8971]
Elevated Lactate Dehydrogenase level - no. (%) ^	32 (84)	15 (79)
Elevated Ferritin level - no. (%) ^	16 (42)	9 (47)
Elevated CRP level - no. (%) ^	27 (71)	13 (68)
Toxicity post CAR T infusion, any grade		
CRS	36 (95)	18 (95)
ICANS	4 (11)	1 (5)
IEC-HS	5 (13)	4 (21)

§ Eastern Cooperative Oncology Group (ECOG) performance-status scores are assessed on a 5-point scale, with a score of 0 indicating no symptoms and higher scores indicating greater disability. A score of 1 indicates that the patient is ambulatory but restricted from strenuous activity.

CRS= Cytokine Release Syndrome, ICANS =immune effector cell-associated neurotoxicity syndrome; IEC-HS=immune effector cell-associated HLH-like syndrome