

Figure 1

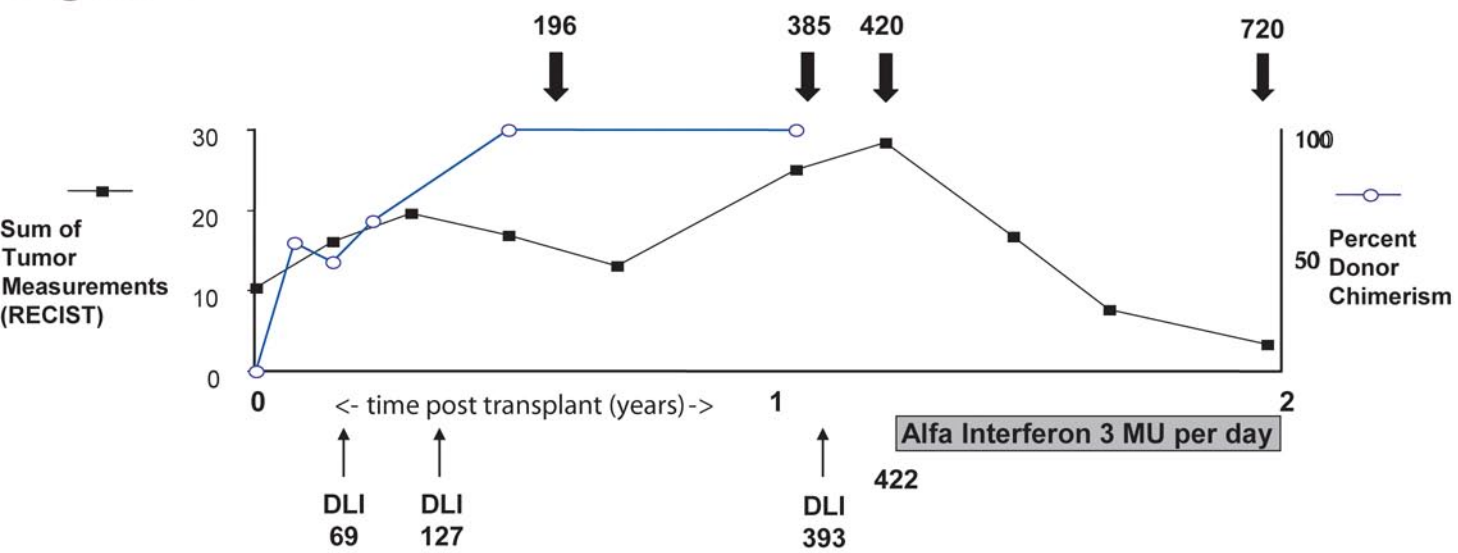
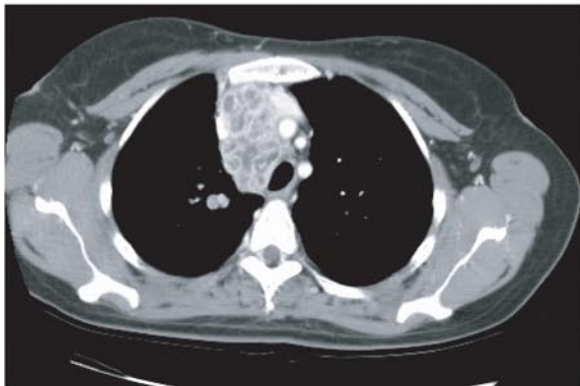


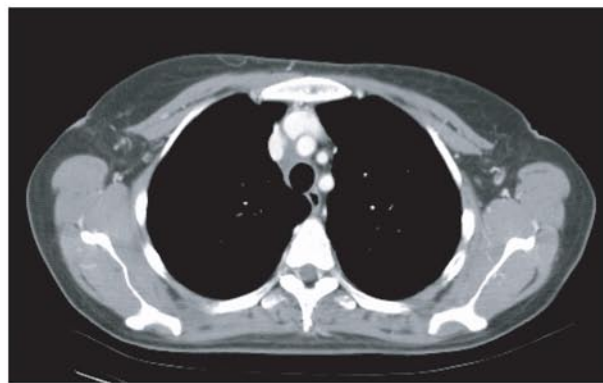
Figure 2

A



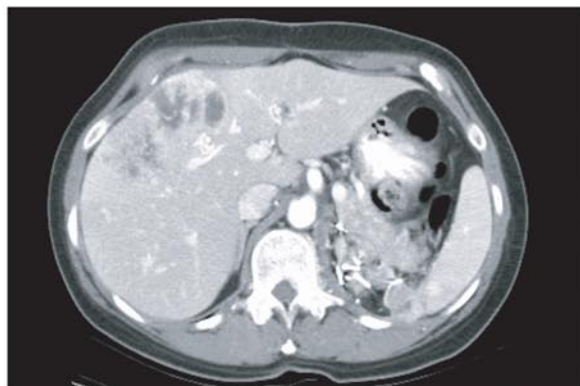
1.25 years posttransplant

B



2 years posttransplant

C



D

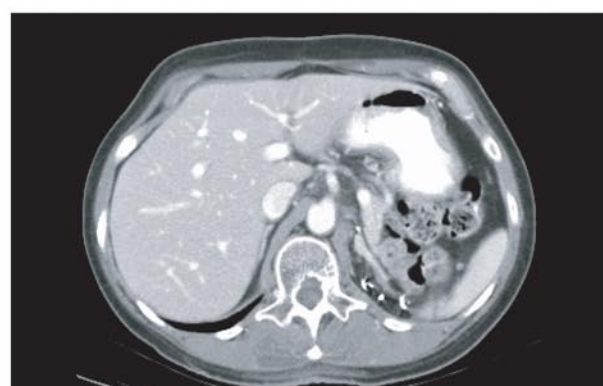


Figure 1. Schematic Representation of the Clinical Course for Patient #2 (UPN 18473) to Two

Years Posttransplant. The patient had presented for allogeneic HCT from an HLA-identical sibling donor for metastatic RCC with mediastinal lymphadenopathy, pulmonary nodules, and a single liver lesion prior to transplant. The patient tapered immune suppression off at posttransplant day 56 (cyclosporine plus mycophenolate mofetil) with persistence of mixed chimerism of CD3⁺ cells and disease progression. DLI was administered at posttransplant day +69 at 1×10^6 CD3⁺ cells/kg and again at posttransplant day +127 at 3.2×10^6 CD3⁺ cells/kg achieving a mixed response. Metastatic lesions decreased in size in liver and lung, but increased in size in the left nephrectomy bed and mediastinum. For disease progression, a third DLI was administered at posttransplant day + 393. IFN-alpha treatment was begun at posttransplant day 422. An epidural paraspinal tumor mass was diagnosed at posttransplant day+448 and treated with local external beam radiation therapy. The patient subsequently had dramatic regression of metastatic lesions durable to 30 months posttransplant at the point in time of last disease restaging. At 21 months posttransplant and 10 months after receiving radiation therapy the patient developed progressive lower extremity paresthesia and weakness secondary to radiation myelitis. Neurological dysfunction was complicated by sacral decubitus ulceration and soft tissue abscess. The patient died at 31 months posttransplant from presumed sepsis. Dates that PBMC were obtained are indicated by the filled arrows at the top of the schematic. Results of immunologic studies to detect the presence of *C19orf48*-reactive CD8⁺ T cells in PBMC samples are noted in the main text. The patient did not have clinical evidence of graft-versus-host disease throughout her posttransplant treatment course.

Figure 2. CT Imaging Studies. CT imaging studies of Patient #2 through the chest (A and B) and liver (C and D) are compared from the time of a third DLI and start of IFN-alpha treatment at 15 months posttransplant (A and C) to imaging obtained at two year posttransplant (B and D) following a period of substantial disease regression.