**Supplementary clinical information on patients enrolled on SJCAR19** (A Phase I/II Study evaluating CD19-specific engineered autologous T cells in pediatric and young adult patients ≤ 21 years of age with relapsed or refractory CD19+ acute lymphoblastic leukemia; NCT03573700)

The clinical results of patients 1 to 12 have been reported elsewhere (*Talleur et al; Blood Adv 2022, Online ahead of print:* <https://doi.org/10.1182/bloodadvances.2021006293>*)*. In addition, the clinical course of patients 1 and 9 have been published (*Hines et al; Br J Haematol. 2021 Aug;194(4):701-707:* <https://doi.org/10.1111/bjh.17662>). For patient 0, a GMP CD19-CAR T cell product was manufactured, but he did not proceed to the treatment portion of the clinical study due to poor clinical status in the setting of rapidly progressive B-ALL. Patients 13 – 23 were enrolled on the Phase II portion of the clinical trial and received protocol prescribed treatment with lymphodepleting chemotherapy (fludarabine/ cyclophosphamide) followed by infusion of CD19-CAR T cells (3x10^6 CAR+ T cells/kg). These 11 patients were majority male (n=6), with a median age of 6.5 years old (range 2 – 9 years) at time of infusion. Pre-treatment disease burden in the marrow ranged from 0-61% blasts by morphology; none had detectable leukemia in the cerebrospinal fluid. The outcome of these patients was similar to the first 12 patients reported in our publication (*Talleur et al; Blood Adv 2022*): CAR T cell infusions were well tolerated with a low incidence of both cytokine release syndrome (any grade, n=7) and immune effector cell-associated neurotoxicity syndrome (ICANS; n=1). Ten out of 11 patients (patients 13 to 20 and 22 to 23) achieved a complete response (CR) at 4 weeks post infusion, of which two were MRD (measurable residual disease) positive. As with the initial patient cohort, patients who achieved a CR and proceeded to consolidative allogeneic HCT had excellent outcomes, with 5 out of 6 patients being alive and in CR at time of last follow-up.