Table S1 CR/PR criteria for each disease category

Disease category	CR	PR	Source
Immune thrombocytopenia (idiopathic or post-hematopoietic stem cell transplant)	Platelet count ≥100×10^9/L and absence of bleeding (time to response dependent on the therapy)	Platelet count ≥30×10^9/L and at least 2-fold increase the baseline platelet count and absence of bleeding (time to response dependent on the therapy)	Neunert *et al.* (6) (for idiopathic, not post-HSCT ITP. Definitions for CR/PR are not available for post-HSCT ITP)
Autoimmune hemolytic anemia and cold agglutinin disease (idiopathic, malignancy-associated, post-hematopoietic stem cell transplant)	Normalization of hemoglobin for age, no evidence of hemolysis, transfusion independence + for CAD, resolution of acrocyanosis, absence of clonal B cells, and absence of clonal IgM	Increase in hemoglobin by >2 g/dL or normalization of hemoglobin without biochemical resolution of hemolysis; and absence of transfusion for the prior 7 days	Jäger *et al.* (10) (definitions for CR/PR are not available for post-HSCT AIHA)
Pure red cell aplasia (idiopathic or post-hematopoietic stem cell transplant)	Reticulocyte response commensurate to the level of hemoglobin after 8 weeks, and transfusion independence followed by normalization of hemoglobin	No appropriate rise in reticulocyte count after 8 weeks. Improvement in transfusion dependence, but with persistent anemia (non-response not declared until after 6 months of therapy)	Lobbes *et al.* (13) and Balasubramanian *et al.* (87) (definition for CR/PR are not available for post-HSCT PRCA)
Autoimmune neutropenia	ANC ≥1,500/μL without G-CSF	Improvement in ANC [but normalization not achieved] without G-CSF	Even-Or *et al.* (88) and Khandelwal *et al.* (37); author suggestion for PR
Thrombotic thrombocytopenic purpura	Sustained plt ct ≥150×10^9/L and LDH <1.5× ULN and no clinical evidence of new or progressive ischemic organ injury	Failure to resolve one of the following: plt ct, LDH, or ischemic organ injury with concurrent improvement of the other two in absence of confounding comorbidities	Cuker *et al.* (89); author suggestion for PR
Lupus nephritis	Proteinuria <0.5–0.7 g/24 hours by 12 months of initiation of therapy (time frames extended 6–12 months for patients with nephrotic-range proteinuria at baseline)	Improvement in proteinuria (with GFR normalization/stabilization) within 3 months, and at least 50% reduction in proteinuria by 6 months (time frames extended 6–12 months for patients with nephrotic-range proteinuria at baseline)	Aringer *et al.* (2)
Hemophilia A with inhibitors	≤2 spontaneous or traumatic bleeding events in 52 weeks in a joint previously defined as a target joint	Improvement from baseline but >2 spontaneous or traumatic bleeding events in 52 weeks in a joint previously defined as a target joint	Oldenburg *et al.* (90); author suggestion for PR
Antibody-mediated renal rejection	Decrease in serum creatinine to within 20–30% of the baseline level, decrease in proteinuria to the baseline, decrease in immunodominant donor specific antibody by >50%, resolution of changes associated with ABMR on repeat renal biopsy	Improvement in serum creatinine to within >30% of the baseline, improvement but not resolution of proteinuria, decrease in immunodominant donor specific antibody by <50%, improvement persistent changes associated with ABMR on repeat renal biopsy	Author suggestion for CR/PR
Antibody-mediated cardiac rejection	Recovered cardiac function to baseline	Improvement in cardiac function from diagnosis of ABMR but to less than baseline	Author suggestion for CR/PR

Post-HSCT, post-hematopoietic stem cell transplant; ITP, immune thrombocytopenia; CAD, cold agglutinin disease; ANC, absolute neutrophil count; AIHA, autoimmune hemolytic anemia; G-CSF, granulocyte colony stimulating factor; GFR, glomerular filtration rate; PRCA, pure red cell aplasia; LDH, lactate dehydrogenase; ABMR, antibody mediated rejection; CR, complete response; PR, partial response; NR, no response; Plt ct, platelet count.

References

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