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Version: Supplemental Material

**Article:**
Craven, B., Lester, W.A., Boyce, S. et al. (13 more authors) (2022) Natural history of PF4 antibodies in vaccine induced immune thrombocytopenia and thrombosis. Blood, 139 (16). pp. 2553-2560. ISSN 0006-4971

https://doi.org/10.1182/blood.2021014684

This research was originally published in Blood Online. Brian Craven, William A Lester, Sara Boyce, Will Thomas, Angela Kanny, Claire Davies, Sue Pavord, Joannes Hermans, Michael Makris, Emily Bart-Smith, Sarah Arnott, Beverly J Hunt, Pavel Chudakou, Anthony Calvert, Deepak Singh, Marie Scully; Natural history of PF4 antibodies in vaccine induced immune thrombocytopenia and thrombosis. Blood 2022; blood.2021014684. doi: https://doi.org/10.1182/blood.2021014684. © 2022 American Society of Hematology.

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**Supplementary material**

**Figure legends**

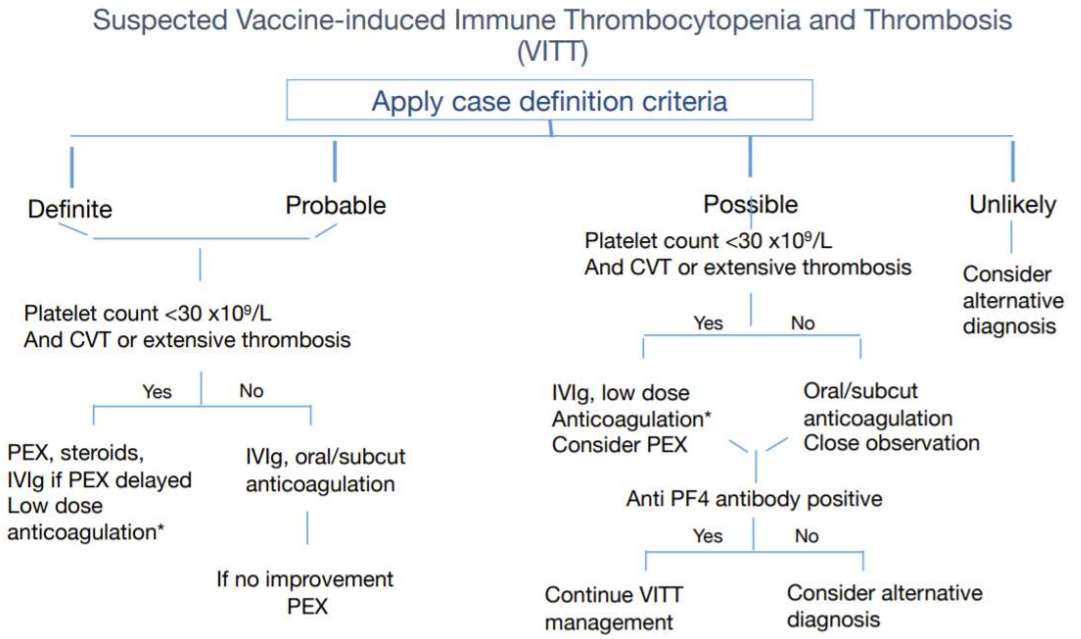
**Figure S1.** Suggested management algorithm for suspected VITT cases as proposed in Pavord S, Scully M, Hunt BJ, et al. Clinical Features of Vaccine-Induced Immune Thrombocytopenia and Thrombosis. N. Engl. J. Med. 2021; 385:1680-1689

**Figure S2.** Suggested clinical and laboratory follow up monitoring of VITT cases post discharge. Please note this represented the monitoring that was carried out on patients when little was known about the natural history of the condition and it is likely that less intensive monitoring can be implemented.

**Figure S3(a) and S3(b)** Representative graphs of individual relapse patient's PF4 OD values, platelet counts and D-dimer values over time. Figure S3(a) and 3(b) show a patient who was monitored by the Stago assay. The positivity cut-off for the Stago PF4 assay was an OD value of 0.238. Normal platelet values 150-400x$10^9$/L. D-dimer normal values 0-500 mcg/L (FEU).

**Figure S4** Representative graph of individual relapse patient's PF4 OD values and platelet counts over time who was monitored by the Immucor assay. The positivity cut-off for the Immucor PF4 assay was an OD value of 0.4. Normal platelet values 150-400x$10^9$/L.

**Figure S1**




Platelet transfusion may be required for neurosurgery, and fibrinogen supplementation if concentration <1.5g/L
Current recommendation for anticoagulation is with non-heparin-based therapies; intravenous argatroban, subcutaneous fondaparinux or direct oral anticoagulants (DOACs).
*Low dose anticoagulation is usually with critical illness dose argatroban, initiated at 0.25 to 0.5mg/kg/hr
CVT: Cerebral venous thrombosis, PEX: plasma exchange, PF4: platelet factor 4

**Figure S2**

| | Month 1 | Month 2 | Months 2-6 | Month 6+ |
|---|---|---|---|---|
| **Clinical review** | Weekly | Fortnightly | Every 1-2 months | Every 3-6 months** |
| **Full blood count** | Weekly | Fortnightly | Every 1-2 months | Every 3-6 months |
| **D-dimer** | Weekly | Fortnightly | Every 1-2 months | Every 3-6 months |
| **Fibrinogen** | Weekly | Fortnightly | Clinician's discretion | Clinician's discretion |
| **PF4 ELISA** | Weekly* | Fortnightly | Every 1-2 months | Every 3-6 months |

***PF4 ELISA may not be available weekly in some centres and reasonable to proceed straight to fortnightly if no other concerns on clinical or laboratory parameters**

****Likely will be able to proceed to annual follow up as more data emerges, providing evidence of late relapses does not arise**

**Figure S3(a)**

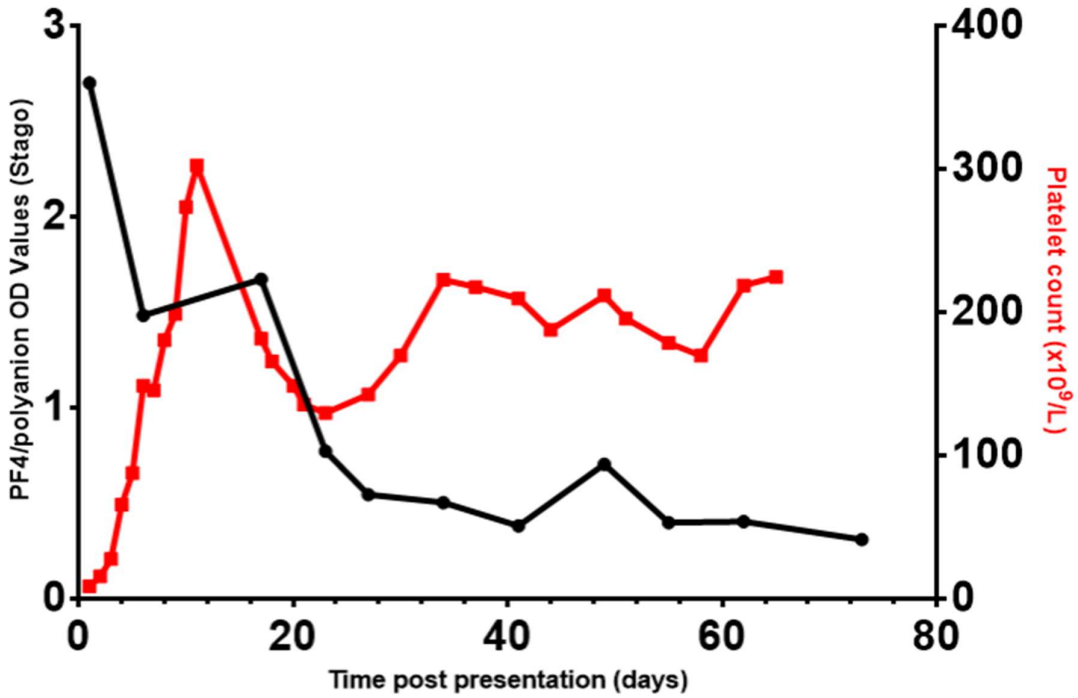



**Figure S3(b)**

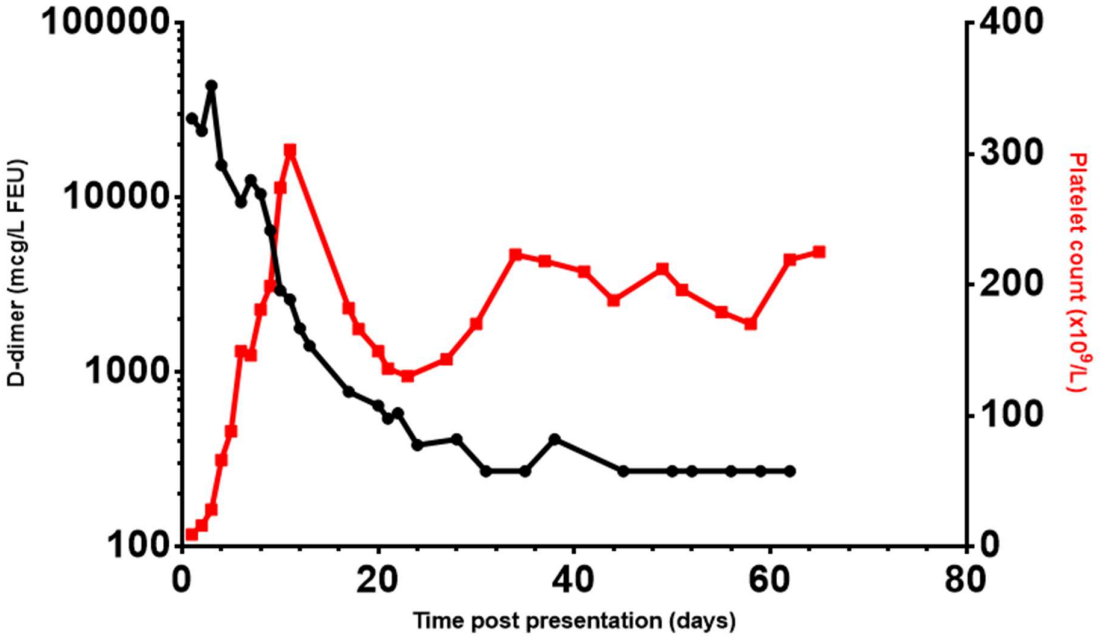
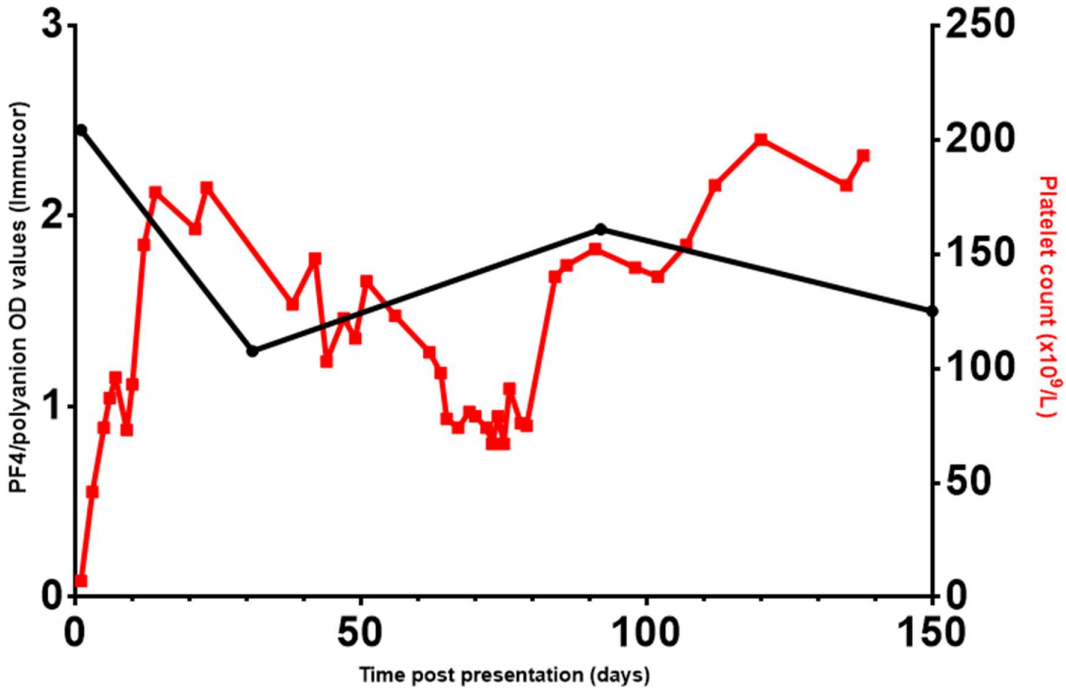


**Figure S4**


PF4/polyanion OD values (Immucor)
Platelet count (x10⁹/L)
Time post presentation (days)
0
1
2
3
0
50
100
150
0
50
100
150
200
250