Supplemental Figure 1. Depletion of B and T cells in blood after αCD20 therapy. Cardiac transplant recipients were treated with αCD20 treatment (rituximab, 20 mg/kg; days -1, 7, 14, and 21) either alone, or in combination with αCD154 or αCD154+rATG. (Left) Peripheral blood B cells are generally efficiently depleted for over 2 months after αCD20 treatment ends. In the αCD20+αCD154 group, relative earlier recovery was seen for DL1K2 (24% on d84), DJ2F1 (30% on d84), MB301 (6% on d42) and MB621 (10% on d42). In the αCD20+αCD154+rATG group, relative earlier recovery was seen for MB621 (7.6% on d40), M9387 (15-11% on d7-28), M9412 (97% on d56) and MB030 (60% on d84). (Right) T cell numbers in peripheral blood are not decreased by αCD20 treatment and tend to generally increase in the post-transplant period in absence of additional immunosuppression or with αCD154 alone. In contrast, T cell numbers are dramatically decreased by additional rATG therapy and remain low for about two months after which they slowly recover. Blood cell levels are expressed as percentage of baseline levels (mean ± SEM).