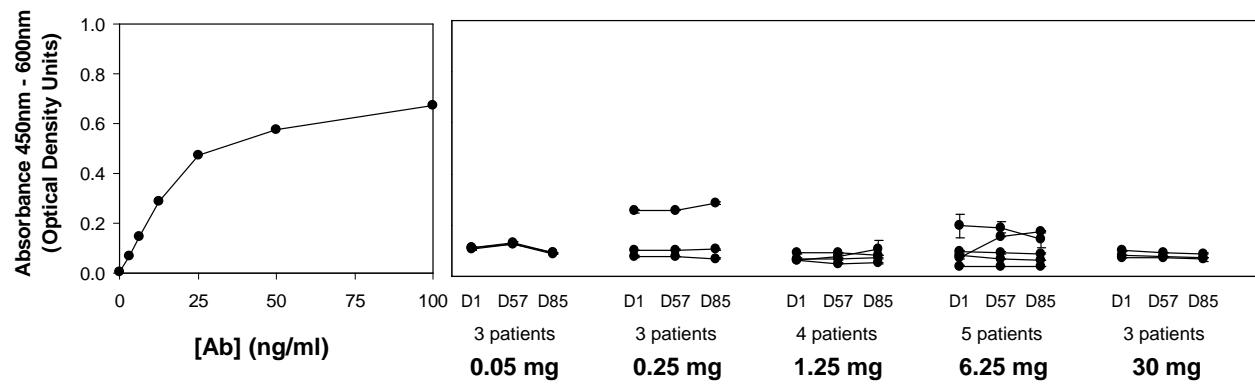


Suppl. Figure 1



Suppl. Figure 2

Suppl. Figure 1 Cytokine/chemokines in plasma samples following s.c. injection of 30 mg in three MRCC patients. Quantitative measurement of IFN- γ , IL-6, TNF- α , Eotaxin/CCL11, Eotaxin-3/CCL26, IL-8/CXCL8, IP-10/CXCL10, MCP-1/CCL2, MCP-4/CCL13, MDC/CCL22 MIP-1 β /CCL4 and TARC/CCL17 in undiluted plasma samples pre-dosing and at 0.5, 1, 2, 4 and 24 hrs following injection of the first dose of 30 mg IMP321 s.c., as determined using an electro-chemiluminescence assay. The limit of detection for IFN- γ is 2.9 pg/ml, IL-6 0.17 pg/ml, TNF- α 0.36 pg/ml, Eotaxin 39 pg/ml, Eotaxin-3 15 pg/ml, IL-8 0.7 pg/ml, IP-10 28 pg/ml, MCP-1 5 pg/ml, MCP-4 58 pg/ml, MDC 116 pg/ml, MIP-1 β 23 pg/ml and TARC 54 pg/ml. The baseline for patient 19 and the 2 hrs-time points for patient 21 were missing on the time of the assay.

Suppl. Figure 2 Anti-IMP321 antibodies. Serum collected at baseline and 2 weeks after the third and the sixth injection of each IMP321 dose are tested for the presence of anti-IMP321 antibody by direct ELISA. Absorbance values corresponding to various concentration of an anti-IMP321 recombinant human (Fab')₂ antibody fragment (left panel) are indicated. The data from dropped-out patients (Patient #8, #12 and #17) are not presented.

Adverse events associated with treatment

| Grade 1 (injection site) | 0.05 mg | 0.25 mg | 1.25 mg | 6.25 mg | 30 mg* |
|---------------------------------|----------------|----------------|----------------|----------------|---------------|
| Induration | 0 | 1 | 0 | 0 | 0 |
| Erythema | 0 | 1 | 1 | 0 | 8 |
| Nodule | 0 | 0 | 0 | 0 | 2 |
| Oedema | 0 | 0 | 1 | 0 | 1 |
| Pain | 0 | 0 | 0 | 0 | 2 |

* The 30 mg dose was split in four distinct injections sites. The number of injection sites under study is therefore 24 per patient and not only 6 as for the other groups.

Suppl. Table 1.