SUPPLEMENTARY MATERIAL

Material and methods

Basophil activation test (BAT; BasoFlowExExbio, Prague, CzechRepublik) was

performed with the patient's blood sample and the blood from a non-atopic healthy

control following the instructions provided by the manufacturer of the kit. Both the blood

from the control and the blood from the patient received the same experimental treatments

(incubations with positive controls, and with the tested drugs but undiluted and in serial

1:10 dilutions, as described). Briefly, 100µL of whole blood collected in heparin tubes

was treated with 100µL of stimulation buffer for all conditions tested. The negative

control condition was left untreated, while the positive control tube was treated with 10µL

of a cross-linking anti-IgE antibody mixed with a stimulating peptide, N-formyl-Met-

Leu-Phe (fMLP). The rest of tubes were treated with 10µL of the drugs, starting at

undiluted concentration, and following by dose-response curves made by serial 1:10

dilutions in PBS solution of each compound. Blood cells were then incubated with either

the positive control or the drugs for 15 minutes at 37°C in a water bath. Then 20µL of the

antibodies (CD203c-PE and CD63-FITC) were added to each tube and incubation at 4°C

for 20 minutes was done. After this, red blood cells were lysed in 300µL of lysis solution

for 5 minutes, following by incubation with 3ml of double distilled water for ten minutes.

After this, cells were centrifuged at 300g or 5 minutes and resuspended in 300µL of FACS

flow solution, and processed in a flow cytometer FACS CANTO II (BD Biosciences) and

were analyzed by InfinicytTM software (BD Biosciences). The population of basophils

was defined as CD203cpos/ SSClow by flow cytometry. The results are expressed as the

percentage of CD63-positive basophils (activated basophils). A result over 5% of basophil activation is considered as positive result in drug allergy testing¹.

References.

 Santos AF, Alpan O, Hoffmann HJ. Basophil activation test: Mechanisms and considerations for use in clinical trials and clinical practice. Allergy. 2021 Aug;76(8):2420-2432.

J Investig Allergol Clin Immunol 2024; Vol 34(5): 348-349 doi: 10.18176/jiaci.1000