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The GlaxoSmithKline group of companies 208749

Division	:	Worldwide Development
Information Type	:	Reporting and Analysis Plan (RAP)

Title	:	Reporting and Analysis Plan for A Pilot Open-Label Clinical Trial Evaluating the Safety and Efficacy of Autologous T Cells Expressing Enhanced TCRs Specific for NY-ESO-1 in Subjects with Stage IIIb or Stage IV Non-Small Cell Lung Cancer (NSCLC)
Compound Number	:	GSK3377794
Effective Date	:	Refer to Document Date

Description:

- The purpose of this RAP is to describe the planned analyses and output to be included in the Clinical Study Report for Protocol GSK208749
- This RAP is intended to describe the final analyses required for the study.
- This RAP will be provided to the study team members to convey the content of the Statistical Analysis Complete (SAC) deliverable.

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Approver	Date
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1. INTRODUCTION

The purpose of this reporting and analysis plan (RAP) is to describe the analyses to be included in the Clinical Study Report for Protocol:

Revision Chronology:		
ADP-0011-004	08-JUN-2015	Original protocol was provided by Adaptimmune
ADP-0011-004 Amendment 01	08-AUG-2016	This amendment was performed to address questions and comments from Institutional Review Boards and Regulatory Authorities. Additionally, revisions were made based on emerging data from Adaptimmune's clinical program and due to Adaptimmune's newly developed protocol template. Appendix 8 in the protocol contains a summary of and rationale for all revisions for Amendment 01. Key revisions included the following: Changed phase of trial from Phase I/II to Pilot Revised Background and Study Rationale sections to minimize information already provided in the NY-ESO-1c259T Investigator Brochure Revised primary, secondary, and exploratory endpoints to better characterize the safety and efficacy evaluations, and correlative studies to be performed in this study Changed lymphodepleting chemotherapy regimen from cyclophosphamide alone to cyclophosphamide and fludarabine based on emerging data from our ongoing clinical program Removed HLA and antigen expression screening since these tests will be performed in Adaptimmune's Screening Protocol (ADP-0000-001) Revised inclusion/exclusion criteria to provide more clarity on participant population Added guidance on second T cell infusion, including eligibility criteria and Schedule of Procedures table Added text around the administration of cyclophosphamide and fludarabine, including dose adjustments, prophylactic and supportive treatments Removed irRC criteria for tumor response assessments Added several sections on supportive care guidance, including infection, hematologic and blood product support, autoimmunity, GVHD, and pancytopenia

GSK208749 Amendment 02	16-July-2017	Subsequent to the licensing of Adaptimmune product NY-ESO by GSK, the purpose of this protocol amendment is to: Delete or replace references to Adaptimmune or its staff with that of GlaxoSmithKline (GSK) and its authorized agents to align with the change of sponsorship; Make administrative changes to align with GSK processes and procedures; Update language relating to serious adverse event (SAE) reporting and safety monitoring. - Changes to lymphodepletion regimen throughout
GSK208749 Amendment 03	17-October-2018	Changes made to the protocol were requested by the FDA as a result of safety events which included 2 reports of Guillain-Barré syndrome in participants who have received chemotherapy and GSK3377794 during clinical trials.
GSK208749 Amendment 04	26-September-2019	The overall rationale for this amendment is to clarify patient management with regards to treatment regimen and evaluation of encephalopathy and modification of lymphodepleting regimen for older participants, modification of target dose range for NY-ESO transduced cells and changes related to Health Canada requests including updates to both the Encephalopathy (now Immune Effector Cell-Associated Neurotoxicity or ICANS) and the CRS grading and management criteria.

2. SUMMARY OF KEY PROTOCOL INFORMATION

2.1. Changes to the Protocol Defined Statistical Analysis Plan

Changes from the originally planned statistical analysis specified in the protocol are outlined in Table 1.

Table 1 Changes to Protocol Defined Analysis Plan

Protocol	Reporting & Analysis Plan	
Statistical Analysis Plan	**Statistical Analysis Plan**	**Rationale for Changes**
None	None	None

According to GSK standards, Listing of Race (DM9) is required. Due to differences in Adaptimmune data collection, only Listing of Demographic Characteristics (DM2) will be displayed which will include race information.

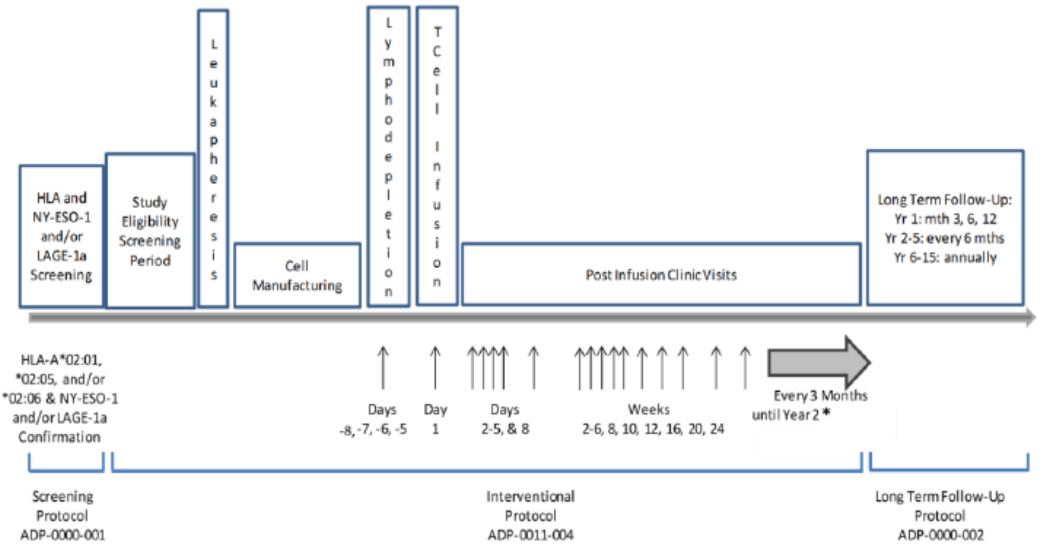
2.2. Study Objective(s) and Endpoint(s)

Objectives	Endpoints
Primary Objectives	**Primary Endpoints**
• To evaluate the safety and tolerability of autologous genetically modified T cells (NY-ESO-1^{c259}T) in human leukocyte antigen (HLA) HLA-A*02:01, HLA-A*02:05 and/or HLA-A*02:06 positive participants with NY-ESO-1 and/or LAGE-1a positive advanced NSCLC.	• Adverse events (AE), including serious adverse events (SAE); • Change of laboratory assessments, including chemistry, hematology, coagulation • Cardiac and pulmonary assessments, including electrocardiogram (ECG) and pulmonary function (pulse oximetry);
Secondary Objectives	**Secondary Endpoints**
• To evaluate the efficacy of NY-ESO-1^{c259}T	• Investigator-Assessed Overall Response Rate (ORR) • Time to response • Duration of response • Disease Control Rate (DCR) • Progression-free Survival (PFS)
Exploratory Objectives	**Exploratory Endpoints**
• To evaluate the persistence, phenotype and functionality of NY-ESO-1^{c259}T	• Correlate persistence, phenotype and functionality of NY-ESO-1^{c259}T in the peripheral blood and/or tumor with response to treatment • Correlate circulating cytokines with cytokine release syndrome (CRS)
• To understand mechanisms of resistance to NY-ESO-1^{c259}T	• Correlate changes in immunosuppressive myeloid cells and Tregs in peripheral blood versus tumor • Correlate changes in immunosuppressive myeloid cells and Tregs in peripheral blood and tumor with treatment response • Investigate the immune contexture of each participants' tumor over time and to understand mechanisms of tumor resistance, escape and treatment response • Determine whether loss of NY-ESO-1^{c259}T expression in tumor is a resistance mechanism
• To evaluate antigen spreading as a mechanism of response	• Correlate clonal outgrowth of T cell populations with response following T cell infusion
• To document the exposure and immunogenicity with NY-ESO-1^{c259}T	• Change of anti-NY-ESO-1c259T antibodies
• To evaluate the survival benefit of NY-ESO-1^{c259}T	• Overall Survival (OS)
• To evaluate the efficacy of NY-ESO-1^{c259}T per immune-related	• Overall Response Rate (ORR) per irRECIST • Time to response (irRECIST)

Objectives	Endpoints
Response Evaluation Criteria in Solid Tumors (irRECIST)	• Duration of response (irRECIST) • Progression-free Survival (PFS, irRECIST)

2.3. Study Design

Overview of Study Design and Key Features



*participants, who have a confirmed response (or have stable disease for >4 months) and subsequently have documented PD and whose tumors continue to express NY-ESO-1 as verified by assay performed in biopsied tissue, can be considered for a second infusion with engineered T cells

Design Features	• This is a pilot, open-label study of genetically engineered NY-ESO-1^{c259}T cells in HLA-A*02:01, HLA-A*02:05 and/or HLA-A*02:06 participants with advanced NSCLC. Approximately 10 participants will be enrolled in this study. Sample size was chosen based on clinical judgement and the study is not powered to conduct statistical hypothesis testing. • Participants will have been screened for the presence HLA-A*02:01, HLA-A*02:05 and/or HLA-A*02:06 and have NY-ESO-1 and/or LAGE-1a expression on the tumor to be eligible to enrol in the study. Prior to the administration of lymphodepleting chemotherapy, participants must have failed at least one prior platinum-containing regimen and have PD. All other eligibility criteria will be reconfirmed and baseline tumor measurements obtained. • The Screening Phase starts from the time the participant signs the ICF until leukapheresis. Eligible participants then enter the Interventional Phase 1 of the study (first T cell infusion) which runs from the day of leukapheresis until progressive disease (PD), death, or followed for 2 years post- T-cell infusion, whichever is shorter • Following Screening, participants meeting all eligibility criteria will undergo leukapheresis to obtain cells for the manufacture of autologous NY-ESO-1c259 TCR bearing T cells. • When the NY-ESO-1c259T cells are available, participants will receive lymphodepleting chemotherapy with cyclophosphamide and fludarabine, followed by infusion of NY-ESO-1c259 transduced T cells in the range of 1 x 10^9 to 6 x 10^9 transduced cells. • The time point for administration of lymphodepleting chemotherapy and subsequent infusion of NY-ESO-1c259 TCR bearing T cells will be staggered for the first 3 participants enrolled. Participants may receive lymphodepleting chemotherapy as defined in Table 2 (in protocol) only after the previously enrolled participant has had a minimum safety observation period of 21 days following their NY-ESO-1c259 T cell infusion. This 21-day observation period shall remain for the first 3 participants enrolled. If 2 or more participants among the first 3 participants enrolled experience a severe study-related toxicity, enrollment will be paused for evaluation by the Sponsor and Investigators, otherwise, an additional 7 participants will be entered.

Overview of Study Design and Key Features	
	• A participant will be considered completing the Interventional Phase 1 of the study when he/she has PD or has died prior to PD, or 2 years after the NY-ESO-1^{c259}T cell infusion, whichever is shorter. A participant will be considered completing the Interventional Phase 2 of the study when he/she has PD, or has died prior to PD, or 6 months after the NY-ESO-1^{c259}T cell infusion, whichever is shorter. All participants completing the Interventional Phase of the study will be rolled over to a long-term follow-up (LTFU) Protocol (GSK208756) for observation of delayed AEs for 15 years post-infusion in accordance Food and Drug Administration (FDA) and European Medicines Agency (EMA) requirements for gene therapy clinical trials. • Following the initial infusion, participants, who have a confirmed response (or have stable disease for >4 months) and subsequently have documented PD and whose tumors continue to express NY-ESO-1 and/or LAGE-1a as verified by assay performed in biopsied tissue, can be considered for a second infusion with engineered T cells.
Dosing	• When the NY-ESO-1c259T cells are available, participants will undergo lymphodepleting chemotherapy with cyclophosphamide and fludarabine, followed by infusion of NY-ESO-1c259 transduced T cells in the range of 1 x 10^9 to 6 x 10^9 transduced cells. The lymphodepleting regimen in this study consists of fludarabine 30mg/m^2/day at Days -8, -7, -6 and -5 and cyclophosphamide 900mg/m^2/day intravenously at Days -7, -6, and -5. • Participants that qualify for a second infusion will receive the same lymphodepleting chemotherapy regimen and T cell infusion as received during the first T cell infusion
Time & Events	• [Refer to Appendix 2: Schedule of Activities]
Treatment Assignment	• This is a single arm open-label unblinded study treated with autologous T cells transduced with lentivirus encoding enhanced TCR specific for NY-ESO-1.
Interim Analysis	• No formal interim analyses for efficacy or futility are planned for this study.

2.4. Statistical Analyses

The study is not powered to conduct any hypothesis testing on either primary and secondary endpoints. All analyses will be descriptive in nature. Continuous data will be summarized including means, medians, standard deviations, and ranges. Categorical data will be summarized using frequency counts and percentages. Graphical summaries of the data will be presented as appropriate. Time-to-event endpoints will be summarized as the median, and the 25th and 75th percentiles and displayed graphically using Kaplan-Meier method if data warrant.

3. PLANNED ANALYSES

3.1. Primary Analyses

The primary analyses will be performed after the completion of the following sequential steps:

1. All participants who have received the first NY-ESO-1^{c259}T cell infusion have progressed, or have died, or have been followed for 2 years, or the last participant who has received the second NY-ESO-1^{c259}T cell infusion has been followed 6 months after the NY-ESO-1^{c259}T cell infusion, progressed, or has died, whichever is later.
2. All required database cleaning activities have been completed and database release (DBR) and database freeze (DBF) has been declared by Data Management

If the primary analyses are expected to occur shortly before the final analyses, the study team may decide to conduct only the final analyses.

3.2. Final Analyses

The final analyses will be performed after the completion of the following sequential steps. If the primary analysis and final analysis occurs at the same time, only final analysis will be performed.

1. All participants who have received the first NY-ESO-1^{c259}T cell infusion have progressed, have died, have been followed 2 year after the first NY-ESO-1^{c259}T cell infusion, or have withdrawn from the study; the last participant who has received the second NY-ESO-1^{c259}T cell infusion either has been followed until disease progression or withdraws from the study. If LTFU protocol is not available when a participant completes the Interventional Phase, participant can be followed under this protocol until LTFU protocol becomes available. The final analyses will be conducted when all participants are off-study.

2. All required database cleaning activities have been completed and final database release (DBR) and database freeze (DBF) has been declared by Data Management.

4. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
Screened	• All participants that signed screening informed consent	• Screen Failures
Intent-to-Treat (ITT)	• All participants who were enrolled in the trial and met all eligibility criteria	• Primary Study Population • Primary Safety • Sensitivity Efficacy (ORR and DCR)
Modified Intent-To-Treat (mITT)	• All participants in the ITT population who receive NY-ESO-1^{c259}T cell infusion.	• Sensitivity Study Population

Population	Definition / Criteria	Analyses Evaluated
		• Primary Safety (where appropriate) • Sensitivity Safety (where appropriate) • Primary Efficacy
Modified Intent-to Treat 2 (mITT2)	• All participants that received a second T cell infusion	• Efficacy • Safety • Study Population

4.1. Protocol Deviations

Important protocol deviations (including deviations related to study inclusion/exclusion criteria, conduct of the trial, participant management or participant assessment) will be summarized and all protocol deviations, including both major and minor will be listed.

Protocol deviations will be tracked in accordance with the Protocol Deviation Specification Form by the study team throughout the conduct of the study and sent to Data Manger and Biostatistics Lead in a spreadsheet. There will be no data-driven protocol deviation tracked.

A separate summary and listing of all inclusion/exclusion criteria deviations will also be provided. This summary will be based on data as recorded on the inclusion/exclusion page of the eCRF.

5. CONSIDERATIONS FOR DATA ANALYSES AND DATA HANDLING CONVENTIONS

5.1. Study Treatment & Sub-group Display Descriptors

Treatment Group Descriptions	
Data Displays for Reporting	
Description	Order in TLF
GSK794	1

Note that all data displays (Tables, Figures, and Listings) will use the term "Subject" which reflects CDISC and GSK Data Display Standards terminology.

5.2. Baseline Definitions

Unless specified otherwise, baseline measurements should be the most recent value prior to initiating lymphodepletion and should occur within 7 days prior to initiating lymphodepletion. Initiation of lymphodepletion should start on Day -8, but may start on Day -7 if the participant was treated before consenting to Protocol Amendment 2 or after amendment 4 and is ≥ 60 years old. If an assessment is not available, then the last assessment prior to that visit would be used even if it occurred more than 7 days prior to initiation lymphodepletion. If time is not collected, assessments taken on the day of lymphodepleting chemotherapy are assumed to be taken prior to lymphodepletion and used as baseline.

For laboratory data, baseline will be defined as the most recent, non-missing value from a central laboratory within 7 days prior to the lymphodepleting chemotherapy. If there are no central labs collected for a participant and a lab test prior to the lymphodepletion, the most recent, non-missing value from a local laboratory within 7 days prior to the lymphodepletion will be defined as the baseline values.

Unless otherwise stated, if baseline data is missing no derivation will be performed and baseline will be set to missing.

For participants who did not receive lymphodepleting chemotherapy during the study, baseline will be defined as the latest, non-missing collected value.

For participants that receive a second T-cell infusion, a second baseline associated with second lymphodepletion and infusion will be derived and used for all Second Infusion Phase displays. For all endpoints, except laboratory data, the window for baseline will be <=28 days prior to the initiation of second lymphodepletion chemotherapy, instead of 7 days. For laboratory data (lymphocyte subset (CD3/CD4/CD8), hematology, chemistry, coagulation and urinalysis), baseline will be within 7 days of lymphodepletion as described above for the first infusion.

Parameter	Study Assessments Considered as Baseline	
	Screening Informed Consent	Within 7 days prior to initiating lymphodepletion
Target and Non-target lesions		X
Hematology, Chemistry, C-reactive protein (CRP), CMV PCR, Additional Lab		X
Vital Signs, Physical Exam, ECOG		X
Electrocardiograms		X
Cytokines		X
Demography	X	

5.3. Multicenter Studies

Data from all participating centers that enrol and treat patients will be pooled prior to analysis.

It is anticipated that participant accrual will be spread thinly across centers and summaries of data by center would be unlikely to be informative and will not, therefore, be provided

5.4. Examination of Covariates, Other Strata, and Subgroups

No covariates or strata will be use in analysis and no subgroup analysis will be performed.

5.5. Multiple Comparison and Multiplicity

No formal statistical testing will be performed; therefore, no adjustments for multiple comparisons or multiplicity are planned.

5.6. Other Considerations for Data Analyses and Data Handling Conventions

Other considerations for data analyses and data handling conventions are outlined in the appendices: Note that all data displays (Tables, Figures, and Listings) will use the term "Subject" which reflects CDISC and GSK Data Display Standards terminology.

Section	Component
14.3	Appendix 3: Assessment Windows
14.4	Appendix 4: Study Phases and Treatment Emergent Adverse Events
14.5	Appendix 5: Data Display Standards & Handling Conventions
14.6	Appendix 6: Derived and Transformed Data

Section	Component
14.7	Appendix 7: Reporting Standards for Missing Data
14.8	Appendix 8: Values of Potential Clinical Importance

6. STUDY POPULATION ANALYSES

6.1. Overview of Planned Study Population Analyses

The study population analyses will be based on the ITT population, unless otherwise specified. The mITT population is the secondary analysis population.

Study population analyses including analyses of participant's disposition, protocol deviations, demographic and baseline characteristics, concomitant medications, disease characteristics at initial diagnosis and at screening, prior and on-study anti-cancer therapy, surgical/medical procedures, substance use, and study treatment exposure will be based on GSK Core and Oncology Data Standards. Study population listings will include second infusion data. Details of the planned displays are presented in Appendix 10: List of Data Displays.

6.2. Disposition of Participants

A summary of the number of participants in each of the analysis populations described in Section 4 will be provided. A listing of participants excluded from analysis populations will also be provided.

A summary and listing of screening status and screen failures will be provided using the screened population.

Reason for discontinuation, completion of study, and primary reason for study withdrawal will be summarized in the order they are displayed in the eCRF. Participant status will be displayed with the categories and subcategories Completed study (death, progressive disease, completed 2 years of follow-up), Ongoing or did not complete study with reasons from the CRF. A summary of end of study status for ITT participants will be produced with the reasons Death, Moved to LTFU study, withdrew consent, lost-to-follow-up and death. For participants that are not dosed, end of study reason is equivalent to end of treatment phase reason. Participants dosed and that have a death date in the database are classified with end of study reason=Death. Otherwise, end of treatment phase reason is used as the end of study reason, unless end of treatment phase reason is Progression. If end of treatment phase reason is Progression, then End of Study reasons is not available.

Listing of reasons for study withdrawal for both Interventional Phase 1 and 2 will be provided. A listing of subject status will be generated, including participant number, lymphodepletion, date and dose of T cell infusion, study completion, and date and reason of discontinuation/completion of interventional phase.

6.3. Protocol Deviations

Only important protocol deviations will be summarized and listed and will include inclusion/exclusion deviations as well as other deviations. Protocol deviations will be classified as 'major' and 'minor' based on Protocol Deviation Specifications.

A separate summary and listing of inclusion/exclusion deviations will also be provided

6.4. Demographic and Baseline Characteristics

Disease characteristics at initial diagnosis, time since initial diagnosis in months, stage of lung cancer at initial diagnosis, disease stage at enrolment, and histology will be summarized and listed. In addition to those stated above, date of initial diagnosis will be listed. Refer to Section 14.6.2 for time since initial diagnosis derivation rules.

Disease characteristics at screening, tumor type, anatomical location, number of prior radiotherapy regimens, number of prior systemic therapy regimens, NY-ESO-1 status and HLA status will be summarized and listed. In addition to those stated above, date of blood collection date of biopsy for antigen testing will be listed.

A summary of disease burden at baseline, including number of organs involved and location of disease at baseline, will be produced. Both target and non-target lesions at baseline will be included.

The demographic characteristics at baseline (e.g., race, age, ethnicity, sex, height, body weight, and body mass index (kg/m^2)) will be summarized and listed. Age, height, weight, and bmi will be summarized using the mean, standard deviation, minimum, median and maximum. Age will be summarized by GSK IDSL standard as ≤18, 19-64, ≥65. The count and percentage will be computed for sex and ethnicity. Age at T-cell infusion will be reported for MITT subjects. If date of T-cell infusion is not available, age at study eligibility is reported for ITT subjects.

In a separate summary, age will also be categorized and summarized by 18-64, 65-84 and ≥85 using EudraCT.

Medical conditions will be listed and summarized.

A summary of substance use will be presented, including smoking history, years smoked, and packs per day. A supporting listing will be provided.

6.5. Study Treatment Exposure

Number and percentage of participants receiving apheresis procedure, lymphodepleting therapy, and T cell infusion will be summarized for the first T-cell infusion.

A listing of study treatment will be provided, including participant number, total number of transduced cells, percent of cells transduced, T-cell infusion date, study day, start time and end time for first and second T-cell infusion.

The total number of first infusion transduced T cells will be summarized using mean, standard deviation, median and range. Also, the total number of transduced T cells will be categorized into < 1, >=1 to <=8, and >8 (x 10^9 cells).

All dose administration data for lymphodepletion, including cyclophosphamide/mesna and fludarabine, will be presented by participant in a data listing for first and second T-cell infusion.

6.6. Anti-Cancer Therapy and Surgery

Prior, bridging, and on-study anti-cancer therapy will be coded using GSK Drug coding dictionary. Anti-cancer therapy and cancer-related surgeries will be reported by the three classifications prior, bridging, and on-study, defined in Section 14.4.1.2.

All prior anti-cancer therapy will be summarized by therapy type using the ITT and mITT population. A summary of the number of prior anti-cancer therapy regimens will be provided. Prior anti-cancer surgeries, medications, and therapies will be summarized and anti-cancer therapy, radiotherapy, and surgeries will be listed. Listings of radiotherapy and surgeries will include all procedures that occur before lymphodepletion, and within the listings, bridging procedures will be flagged per Section 14.4.1.2. Prior anti-cancer therapy will be listed and bridging anti-cancer therapy will be provided in a separate listing.

On-study anti-cancer therapies will be summarized using the mITT population. A summary of the number of on-study anti-cancer therapy regimens will be provided. On-study anti-cancer surgeries, medications, and therapies will be summarized, and time from T-cell infusion to first post-treatment anti-cancer therapy will be included. On-study anti-cancer therapy and surgeries will be listed. On-study therapies occurring after second infusion, defined as start date on or after second lymphodepletion chemotherapy, will be flagged in the listings.

Tumor biopsies will be listed.

6.7. Concomitant Medications

Concomitant medications will be coded using GSK Drug coding dictionary, and will be summarized and listed. The summary of concomitant medications will show the number and percentage of participants taking concomitant medication by Ingredient. Multi-ingredient products will be summarized by their separate ingredients rather than as a combination of ingredients. Anatomical Therapeutic Chemical (ATC) classification Level 1 (Body System) information will be included in the dataset created but will not appear on the listing or summary.

In the summary of concomitant medications, each participant is counted once within each unique ingredient. For example, if a participant takes Amoxycillin on two separate occasions, the participant is counted only once under the ingredient ‘Amoxycillin’. In the summary of concomitant medications, the ingredients will be summarized by the base only.

Concomitant medications and blood products will also be listed. Concomitant medications and blood products occurring after second infusion, defined as start date on or after second lymphodepletion chemotherapy, will be flagged in the listings.

Definition of concomitant medication study phases are provided in Section 14.4.1.1.

7. EFFICACY ANALYSES

Lesion assessment method and timing, evaluation of disease, disease progression and response criteria for all efficacy analyses will be conducted according to RECIST (version 1.1) [Eisenhauer , 2009].

To be assigned a status of SD, follow-up disease assessment must have met the SD criteria at least once after T-cell infusion at a minimum of 7 weeks (49 days).

If a participant is found to have a tumor response by imaging, a follow-up confirmation scan must be done no earlier than 28 days following the scan when response or disease progression first seen.

Independent review of scans may be performed for participants at the sponsor's discretion. Analysis of independent reviewer data will not be included in the RAP, but may be conducted as an ad hoc exploratory analysis.

Anti-cancer therapy for efficacy censoring includes systemic therapy, radiotherapy, anti-cancer surgery, and tumor biopsy resections.

The efficacy analyses will be based on the mITT population, unless otherwise specified. Both ORR and DCR will also be summarized based on the ITT population. Analysis of ORR will also occur for second infusion efficacy based on the mITT2 population. Second infusion efficacy displays will summarize efficacy on or after second infusion baseline.

7.1. Secondary Efficacy Analyses

7.1.1. Endpoint / Variables

ORR

Overall Response Rate (ORR) is defined as the percentage of participants with a confirmed PR or CR as the BOR, as assessed by the RECIST 1.1 Criteria.

Best Overall Response **(**BOR) is defined as the best confirmed response (Complete Response (CR) > Partial Response (PR) > Stable Disease (SD) > Progressive Disease (PD) > Not Evaluable (NE)) from T cell infusion date until disease progression or initiation of new anti-cancer therapy, whichever is earlier, as assessed by the RECIST 1.1 Criteria.

DCR

Disease Control Rate (DCR), defined as the percentage of participants with a SD or better as the BOR (i.e., Confirmed PR, confirmed CR, or SD ≥ 12 weeks, as assessed by the RECIST 1.1 Criteria).

A status of SD durability will be assigned if follow-up disease assessment has met the SD criteria at least once after the first dose at a minimum of 12 weeks.

DOR

Duration of response (DoR), defined as the interval of time in months from first documented evidence of PR or better to the time when disease progression is documented as assessed by the RECIST 1.1, or death due to any cause among participants with a confirmed PR or CR as the BOR. Censoring rule will follow those for PFS as specified in Table 2.

TTR

Time to response (TTR), defined as the interval of time (in months) between the date of T-cell infusion and the first documented evidence of response (PR or CR) in the subset of participants with a confirmed PR or CR as the BOR as assessed by the RECIST 1.1.

PFS

Progression-free survival (PFS), defined as the interval of time (in months) between the date of T-cell infusion and the earlier of the date of disease progression as assessed by the investigator per RECIST 1.1 criteria and the date of death due to any cause. Determination of dates of PFS events and dates for censoring are described in Table 2.

If a participant has neither progressed nor died nor started new anti-cancer therapy, PFS will be censored at the date of the last adequate disease assessment. The acceptable imaging modalities for this study are:

- Diagnostic-quality computerized tomography (CT) scan with oral and/or IV iodinated contrast of the chest and abdomen/pelvis (CT is the preferred modality for tumor assessments);
- Magnetic resonance imaging (MRI) of the abdomen/pelvis acquired before and after gadolinium contrast agent administration and a non-contrast enhanced CT of the chest, if a participant is contraindicated for contrast enhanced CT;
- MRI of the extremities per site standard of care, if clinically indicated;
- Digital photographs of skin lesions including a ruler for estimating the size of the lesion.

For participants who receive subsequent anti-cancer therapy the following rules will apply:

- If anti-cancer therapy is started without documented disease progression or is started prior to documented disease progression, PFS will be censored at the date of the last adequate disease assessment that is no later than the date of initiation of anti-cancer therapy (i.e. if an assessment occurs on the same day as the start of new anti-cancer therapy the assessment will be used, as it will be assumed the assessment occurred prior to the administration of new anti-cancer therapy).

- If a participant has only a baseline visit or does not have an adequate disease assessment that is no later than the date of initiation of subsequent anti-cancer therapy, PFS will be censored at the date of T cell infusion.
- If the start date of the subsequent anti-cancer therapy is partial (i.e. either missing the day but has the month and year available or missing both day and month), the imputation rules described in Section 14.7.2 will be applied. No imputation will be made for completely missing dates.

Table 2 Assignments of Progression and Censoring Dates for PFS Analysis

Scenario	Date of Event (Progression/Death) or Censored	Event (Progression/Death) Or Censored
No baseline assessments[4] and the participant has not died	Day 1 (NY-ESO-1^{c259}T cell infusion)	Censored
No adequate post-baseline assessments before start of new anti-cancer therapy and the participant has not died	Day 1 (NY-ESO-1^{c259}T cell infusion)	Censored
Progression documented between scheduled visits	Date of assessment of progression[1]	Event
With adequate post-baseline assessment but no progression (or death)	Date of last 'adequate' assessment of response[2]	Censored
With adequate post-baseline assessment and new anticancer treatment started (prior to documented disease progression).[3]	Date of last 'adequate' assessment of response[2] (on or prior to starting anti-cancer therapy)	Censored
Death before first scheduled assessment	Date of death	Event
Death (regardless of having baseline assessment) before missing two scheduled assessments and no progression	Date of death (Use rule below to determine missing two scheduled assessments)	Event
Death (regardless of having baseline assessment) or progression after more than two missed scheduled assessment	Day 1 (NY-ESO-1^{c259}T cell infusion) if there is no adequate post-baseline assessment or date of last 'adequate' assessment of response (Prior to missed assessments): As the assessment schedule changes through the course of the protocol (i.e. every 8 weeks until week 24, then every 3 months from month 9 to month 24, and then every 6 months thereafter), the following rules will be used for identifying extended loss to follow up or extended time without an adequate assessment (i.e. two or more missed assessments). • If PFS event is on or prior to week 24 + 7 days (Day 175), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment	Censored

Scenario	Date of Event (Progression/Death) or Censored	Event (Progression/Death) Or Censored
	during the time period of 126 days (16 weeks+7 days+7 days) prior to PFS event; • Else if PFS event is after week 24 + 7 days (Day 175) and on or prior to the first scheduled disease assessment date (month 9 + 14 days, day 288), then a participant will be identified as an extended loss to follow up if the participant missed both week 16 and week 24 disease assessments: o If PFS event is after week day 175 (week 24 + 7 days) and on or prior to day 203 (week 28 + 7 days), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 126 days (16 weeks+7 days+7 days) prior to PFS event; o Else if PFS event is after day 203 (week 28 + 7 days) and on or prior to day 231 (week 32 + 7 days) then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 154 days (20 weeks+7 days + 7 days) prior to PFS event; o Else if PFS event is after day 231 (week 32 + 7 days) and on or prior to day 288 (month 9 + 14 days) then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 183 days (24 weeks+7 days + 7 days) prior to PFS event; • Else if PFS event is after day 288 (month 9 + 14 days) and on or prior to the second scheduled disease assessment date (month	

Scenario	Date of Event (Progression/Death) or Censored	Event (Progression/Death) Or Censored
	12 + 14 days, day 379), then a participant will be identified as an extended loss to follow up if the participant missed both week 24 and month 9 disease assessments: ○ If PFS event is after day 288 (month 9 + 14 days) and on or prior to day 318 (month 10 + 14 days), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 168 days (8 weeks + 3 months+7 days + 14 days) prior to PFS event; ○ Else if PFS event is day 318 (month 10 + 14 days) and on or prior to day 349 (month 11 + 14 days), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 199 days (8 weeks + 4 months+7 days + 14 days) prior to PFS event; ○ Else if PFS event is after day 349 (month 11 + 14 days) and on or prior to day 379 (month 12 + 14 days), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 219 days ((9mon-24 weeks=106 days) + 3 months +7 days + 14 days) prior to PFS event; • Else if PFS event is after day 379 (month 12 + 14 days) and on or prior to day 745 (month 24 + 14 days), then a participant will be identified as an extended loss to follow up if the participant	

Scenario	Date of Event (Progression/Death) or Censored	Event (Progression/Death) Or Censored
	did not have an adequate disease assessment during the time period of 211 days (6 months+14 days + 14 days); • Else if PFS event is after day 745 (month 24 + 14 days) then a participant will be identified as an extended loss to follow up if they missed 1 visit o Else if PFS event is day 745 (month 24 + 14 days) and on or prior to day 776 (month 27 +14 days),then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 211 days (6 months + 14 days + 14 days) prior to PFS event; o Else if PFS event is after day 776 (month 27 + 14 days), then a participant will be identified as an extended loss to follow up if the participant did not have an adequate disease assessment during the time period of 274 days (6 months + 3 months) prior to PFS event; PFS will be censored at the date of last adequate disease assessment of response or Day 1, whatever is later, prior to PD/death.	

[1] The earliest of (i) Date of radiological assessment showing new lesion (if progression is based on new lesion); or (ii) Date of radiological assessment showing unequivocal progression in non-target lesions, or (iii) Date of last radiological assessment of measured lesions (if progression is based on increase in sum of measured lesions)
[2] An adequate assessment is defined as an assessment where the Investigator determined response is CR, PR, or SD.
[3] If PD and New anti-cancer therapy occur on the same day assume the progression was documented first e.g., outcome is progression and the date is the date of the assessment of progression).
[4] No baseline assessment defined as baseline scan performed outside of the protocol defined window (>7 days before start of lymphodepletion) or no baseline scan at all.

7.1.2. Summary Measure

ORR

The number and percentage of participants with the BOR in the following response categories will be summarized: CR, PR, SD, PD, NE and overall response (CR+PR), The exact 95% CI for ORR will also be provided. Participants with unknown or missing responses will be treated as non-responders, i.e., these participants will be included in the denominator when calculating percentages of response. ORR will be summarized for the ITT, mITT, and mITT2 population.

Change in target lesions from baseline over time will be shown in a spider plot. A waterfall plot showing the maximum percent reduction from baseline in tumor measurement will be also produced.

ORR will be listed.

DCR

The number and percentage of participants with the BOR in the following response categories will be summarized: Confirmed CR, PR, or SD ≥ 12 weeks, clinical benefit response (Confirmed CR+PR+SD ≥ 12 weeks), PD and NE. The corresponding exact 95% CI for DCR will also be provided. Participants with unknown or missing responses will be treated as non-responders, i.e., these participants will be included in the denominator when calculating percentages of DCR. DCR will be summarized for the ITT and mITT population.

DOR

If there are sufficient number of responses at time of primary or final analysis, distribution of DOR will be summarized using the Kaplan-Meier method. The median, 25^{th} and 75^{th} percentiles of DOR will be estimated and corresponding 95% confidence intervals will be estimated using the Brookmeyer-Crowley method [Brookmeyer, 1982].

TTR

If there are sufficient number of responses at time of primary or final analysis, time to response at will be summarized descriptively using median, min, max and quartiles in the subset of participants with a confirmed response of PR or CR as the BOR.

PFS

The distribution of PFS will be estimated using the Kaplan-Meier method if data warrant. The median, 25^{th} and 75^{th} percentiles of PFS will be estimated and corresponding 95% confidence intervals will be estimated using the Brookmeyer-Crowley method [Brookmeyer, 1982].

For DOR and PFS, Kaplan-Meier quantiles along with two-sided 95% CIs will be listed and summarized in months if data warrant. A Kaplan-Meier curve will be produced with 95% confidence bands, if data warrant.

7.1.3. Population of Interest

The secondary efficacy analyses will be based on the mITT population. The ITT is the sensitivity analysis population for Disease Control Rate (DCR) and ORR. If the mITT and ITT populations are identical, only results associated with the mITT population will be reported.

7.1.4. Strategy for Intercurrent Events

For ORR, participants who are not evaluable or have missing response will be treated as non-responders; i.e. they will be included in the denominator when calculating the percentage

For PFS and DOR:

Intercurrent events, such as use of protocol prohibited medication, switching to a different treatment, or withdrawal of consent, are expected. Refer to Table 2 for censoring rules and intercurrent event strategy.

7.1.5. Statistical Analyses / Methods

Details of the planned displays are provided in Appendix 10: List of Data Displays and will be based on GSK data standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 7.1.1 will be summarised using descriptive statistics, graphically presented (where appropriate) and listed.

7.2. Exploratory Efficacy Analyses

The only exploratory efficacy endpoint that will be reported is overall survival (OS). Endpoints per irRECIST will not be reported.

7.2.1. Overall Survival

Overall Survival (OS), defined as the interval of time (in months) from T-cell infusion to the date of death due to any cause. For participants who have not died at the time of analysis they will be treated as censored and the last date of known contact derived per Section 14.6.3.

7.2.2. Summary Measure

The distribution of OS will be estimated using the Kaplan-Meier method if data warrant. The median, 25th and 75th percentiles of OS will be estimated and corresponding two-sided 95% confidence intervals will be estimated using the Brookmeyer-Crowley method [Brookmeyer, 1982].

Kaplan-Meier quantiles along with two-sided 95% CIs will be listed and summarized in months if data warrant. A Kaplan-Meier curve will be produced with 95% confidence bands, if data warrant.

7.2.3. Population of Interest

The exploratory efficacy analyses will be based on the mITT population.

7.2.4. Strategy for Intercurrent Events

Intercurrent events, such as use of protocol prohibited medication, switching to a different treatment, or withdrawal of consent, are expected. If a participant has an intercurrent event that precludes observation of the endpoint death, the patient will be censored at the date of last contact. If the patient has an intercurrent even that does not preclude the observation of the endpoint death, the patient's event will be included in the analysis and the intercurrent event will not be accounted for.

7.2.5. Statistical Analyses / Methods

Details of the planned displays are provided in Appendix 10: List of Data Displays and will be based on GSK data standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 7.2.1 will be summarised using descriptive statistics, graphically presented (where appropriate) and listed.

8. SAFETY ANALYSES

The safety analyses will be based on the Intent-To-Treat population except for displays that are treatment dependent. In those cases, the modified Intent-To-Treat population will be the primary safety, as detailed in Appendix 10: List of Data Displays. The mITT is the secondary analysis population.

8.1. Adverse Events Analyses

Adverse events analyses including the analysis of adverse events (AEs), Serious (SAEs) and other significant AEs will be based on GSK Core Data Standards. Details on treatment emergent AEs are provided in Section 14.4.2. The details of the planned displays are provided in Appendix 10: List of Data Displays.

AEs will be graded by the investigator according to the National Cancer Institute-Common Toxicity Criteria for Adverse Events (NCI-CTCAE) v4.03. AEs will be coded to the Preferred Term (PT) level using the Medical Dictionary for Regulatory Affairs (MedDRA) V23.0. Per Protocol V4 effective 26-Sept-2019, CRS events are graded using the American Society for Transplantation and Cellular Therapy grading system [Lee, 2019]. Previous versions of the protocol collected CRS events graded using 2014 criteria [Lee, 2014].

Per the request of the clinical team, various Preferred Terms were combined and will be reported together as one term. The combined terms for MedDRA Version 23.0 are listed in Appendix 12: Combined Preferred Terms. Changes to the MedDRA dictionary may occur between the start of the study and the time of reporting and/or emerging data from on-going studies may highlight additional combined terms, therefore the list of combined preferred terms will be based on the safety review team (SRT) agreements in place at the time of reporting. Tables that summarize AEs by SOC and PT will use MedDRA preferred terms, as well as any adverse event tables required for disclosure. Most other AE tables will summarized AEs by the combined terms in Appendix 12: Combined Preferred Terms, as detailed in the programming notes in Appendix 10: List of Data Displays.

Tables will summarize all AEs for the ITT population and Treatment Emergent AEs for the mITT population.

A summary of non-serious AEs that occurred in strictly 5% of the participants or above will be provided (no rounding for the percentage will be used in terms of 5% threshold, e.g. events with 4.9% incidence rate should not be included in this table). This summary will contain the number and percentage of participants and the number of occurrences of common non-serious adverse events. The summary table will be displayed by System Organ Class (SOC) and Preferred Term (PT).

A summary of number and percentage of participants with any AEs by maximum grade will be produced. AEs will be sorted by PT in descending order of total incidence. The summary will use the following algorithms for counting the participant:

- **Preferred term row**: Participants experiencing the same AE preferred term several times with different grades will only be counted once with the maximum grade.
- **Any event row**: Each participant with at least one AE will be counted only once at the maximum grade no matter how many events they have.

In addition, the frequency and percentage of AEs (all grades) will be summarized and displayed in descending order of total incidence by SOC and PT. In the SOC row, the number of participants with multiple events under the same system organ class will be counted once.

Three separate summaries will be provided for the study treatment related AEs displays. One table will be produced for each of the following: Lymphodepletion-related, T-cell related, and Any Study Treatment-related. A study treatment-related AE is defined as an AE for which the investigator classifies the relationship to study treatment as "Yes", which includes "Definitely Related", "Probably Related" or "Possibly Related". A worst-case scenario approach will be taken to handle missing relatedness data, i.e. the summary table will include events with the relationship to study treatment as 'Yes' or missing. The summary tables by maximum grade will be displayed in descending order of total incidence by PT only.

Second infusion adverse events are defined in Section 14.4.2 and will be identified with a flag in AE listings.

A listing of delayed AEs as-adjudicated by GSK will be provided. GSK adjudicated AEs will be provided as an additional data source.

All AEs will be listed. Additionally, a listing of participant IDs for each individual AE will be produced. Time from second T-cell infusion, Study Day 2, will be included in listings that list data Post-Second Infusion. Study Day 2 is defined in Section 14.6.1

8.2. Adverse Events of Special Interest Analyses

A comprehensive list of MedDRA terms based on clinical review will be used to identify each type of event including use of all SMQs where applicable. Changes to the MedDRA dictionary may occur between the start of the study and the time of reporting and/or emerging data from on-going studies may highlight additional adverse events of special interest, therefore the list of terms to be used for each event of interest and the specific events of interest will be based on the safety review team (SRT) agreements in place at the time of reporting. A focused and a comprehensive list of MedDRA terms was developed to identify the following AESIs. The details of the planned displays are provided in Appendix 10: List of Data Displays.

The events of special interest include the following categories

- Graft versus host disease
- Guillain-Barre syndrome
- Haematopoietic cytopenias (including pancytopenia and aplastic anaemia)
- Immune Effector-Cell Associated Neurotoxicity Syndrome (ICANS)

- Cytokine release syndrome
- Pneumonitis

AESI tables will be reported for the mITT population. All tables below will be summarized using the focused list for all AESI and for the Haematopoietic cytopenia AESI using both the comprehensive and focused list of preferred terms.

For each AESI, time from T cell infusion to first onset (in days) and duration of first occurrence and last occurrence will be summarized for all AESIs.

The number and percentage of participants with these events will be summarized by categories of AESI and preferred term in one table. The summary of event characteristics for each category of AESI will also be provided, including number of participants with any event, number of events, number of participants with any event that is serious, number of participants with any event that is related to study treatment, the outcome of the event, maximum grade and the action taken for the event. The percentage will be calculated in two ways, one with number of participants with event as the denominator and the other with total number of participants as the denominator. The worst-case approach will be applied at participant level for the event outcome and maximum grade, i.e. a participant will only be counted once as the worst-case from all the events experienced by the participant. For action taken to an event, participant will be counted once under each action.

A summary of onset and duration of the first occurrence and last occurrence of all AESIs will be created for each AESI separately. A summary of time to resolution will also be created for each AESI separately. The time to resolution displays summarizes participants with an AESI occurring before study day 28. Among all AESIs occurring before study day 28, the worst-case study day of resolution will be summarized. Additionally, the worst-case AESI duration of all recurrent AESIs will be summarized. Recurrent AESI is defined as additional occurrences of AESIs after initial occurrence before study day 28. Duration is defined as end date-start date+1.

Characteristics, Onset and Duration, and Time to Resolution summaries will not be created if there are 0 or 1 AESI.

8.2.1. Cytokine Release Syndrome (CRS) and Graft versus Host Disease (GvHD)

Refer to Section 8.5 and Section 8.6 of the Protocol for the definitions and the grading of CRS and GvHD. Listing for participants experiencing AE of GVHD will be provided, which will include leukapheresis date, chemo start date, T cell infusion date, AE start date, time since infusion (days), AE end date, SAE code, severity, relationship to T cell infusion, and outcome of event. Listing for participants experiencing AE of CRS will also include time from infusion to first CRS (days) and time from infusion to max CRS (days). If data warrant, time from infusion to first occurrence and duration of CRS (days) will be summarized using mean, standard deviation, median, and range. The mock-up shells are in Appendix 11: Example Mock Shells for Data Displays.

8.3. Deaths and Serious Adverse Events

In the event that a participant has withdrawn consent, no data after the withdrawal of consent date from this participant including death is supposed to appear in the database, which should be part of the data cleaning process. All deaths will be summarized based on the number and percentage of participants. This summary will classify participants by time of death relative to the date of T cell infusion as a categorical (>30 days or ≤30 days) and primary cause of death (disease under study, treatment related toxicity, or other). A supportive listing will be generated to provide participant-specific details on participants who died.

All SAEs will be tabulated based on the number and percentage of participants who experienced the event. Summaries will be displayed by System Organ Class (SOC) and Preferred Term (PT). Another table will summarize the frequency and percentage of fatal AEs in descending order of total incidence by PT only.

Three separate summaries will be provided for the study treatment related SAEs displays. One table will be produced for each of the following: Lymphodepletion-related, T-cell related, and Any Study Treatment-related. These three summaries will also be reported for Fatal Adverse Events if there are at least 5 participants with fatal study treatment-related AEs. A study treatment-related SAE is defined as an SAE for which the investigator classifies the relationship to study treatment as “Yes”, which includes “Definitely Related”, “Probably Related” or “Possibly Related”. A worst-case scenario approach will be taken to handle missing data, i.e. the summary table will include events with the relationship to study treatment as ‘Yes’ or missing.

SAEs are included in the listing of all adverse events. Separate supportive listings with participant-level details will be generated for

- Fatal SAEs
- Non-fatal SAEs.

A plot of study duration including study days of any SAE, death, progression, and response will be produced.

8.4. Clinical Laboratory Analyses

Laboratory evaluations including the analyses of Chemistry laboratory tests, Hematology laboratory tests, Urinalysis, and liver function tests will be based on GSK Core Data Standards. The details of the planned displays are in Appendix 10: List of Data Displays.

Clinical Chemistry:	Calcium Phosphorus Magnesium Albumin Bilirubin Alanine aminotransferase Aspartate aminotransferase Alkaline phosphatase Lactic acid dehydrogenase Sodium Potassium Bicarbonate Creatinine* Chloride Glucose Urea * In participants <65 years of age creatinine clearance will be calculated using the Cockcroft-Gault Method: *Participants ≥65 years of age must have renal function measured either by 24-hour urine creatinine collection or by nuclear medicine EDTA GFR measurement, according to standard practice at the treating institution.
Coagulation Screen:	Prothrombin time or International Normalized Ratio Activated partial tissue thromboplastin time
ECG Parameters:	Heart Rate Heart Rhythm PR Interval RR Interval QRS Interval QTc Interval (Fridericia's or Bazett's correction)

Hematology:	Red cell count Hemoglobin Hematocrit Mean cell volume Mean corpuscular hemoglobin Mean corpuscular hemoglobin concentration Platelet count White blood cell count & differential count (percent & absolute)
Lymphocyte subset	Absolute cell count and percentage of CD3, CD4, and CD8
Pregnancy Test:	Serum beta-HCG or Urine test
Thyroid Function Tests:	TSH with reflex free T4
Urinalysis:	Glucose Ketones Specific gravity Protein Blood Microscopy Bilirubin pH
Infectious disease markers:	HIV 1+2 antibody Hepatitis B core antibody – if positive, test for HBV DNA Hepatitis C antibody – if positive, test for HCV RNA HTLV 1+2 IgG CMV IgG / DNA PCR Epstein-Barr virus (EBV) (EBNA) Syphilis (spirochaete bacterium) rapid plasma regain
Other Tests:	Uric Acid C-reactive protein

Laboratory grades will be reported using the CTCAE v4.03.

Summary of the post-baseline change of lab values for each visit (including cytomegalovirus (CMV) by polymerase chain reaction (PCR), and C-reactive protein

(CRP)) using mean, median, standard deviation, minimum, and maximum will be provided. Labs that do not have post-baseline values will not be included in the table.

Summaries of worst case grade increase from baseline grade will be provided for all the lab tests that are gradable by CTCAE v4.03. These summaries will display the number and percentage of participants with a maximum post-baseline grade increasing from their baseline grade. Missing baseline grade will be assumed as grade 0. For laboratory tests that are graded for both low and high values, summaries will be done separately and labeled by direction, e.g. sodium will be summarized as hyponatremia and hypernatremia.

For lab tests that are not gradable by CTCAE v4.03, summaries of worst-case changes from baseline with respect to normal range will be generated. The worst case will be chosen from all available tests, including scheduled and unscheduled visits. Decreases to low, changes to normal or no changes from baseline, and increases to high will be summarized for the worst case post-baseline. If a participant has a decrease to low and an increase to high during the same time interval, then the participant is counted in both the "Decrease to Low" categories and the "Increase to High" categories.

Separate summary tables for hematology, chemistry, urinalysis, and other laboratory tests will be produced. Unless otherwise specified, the denominator in percentage calculation at each scheduled visit will be based on the number of participants with non-missing value at each particular visit.

A supporting listing of laboratory data for participants with any value outside normal range or any value of potential clinical importance will be provided. All laboratory values, including pre-baseline values, will be included in the listing. A separate listing of laboratory data with character values will also be provided.

Detailed derivation of baseline assessment is specified in Section 5.2.

Second infusion lab assessments will be excluded from "worst-case post baseline" in tables. Lab tables will only summarize first-infusion lab values. First infusion displays will summarize lab assessments before second infusion baseline. All listings will include first infusion and second infusion assessments.

8.4.1. Analyses of Liver Function Tests (LFT)

Summaries of hepatobiliary laboratory events including possible Hy's law cases will be provided.

Possible Hy's law cases are defined as any elevated (ALT≥3×ULN **and** total bilirubin≥2×ULN (with direct bilirubin ≥35% of total bilirubin, if direct bilirubin is measured)) **OR** (ALT ≥3×ULN **and** INR >1.5, if INR is measured). Note that INR measurement is not required and the threshold value stated will not apply to participants receiving anticoagulants.

A scatter plot of maximum total bilirubin versus maximum ALT will be generated. Also a scatter plot of maximum vs baseline for ALT will be produced. Both plots will be produced for first infusion only.

8.5. Other Safety Analyses

The analyses of non-laboratory safety test results including ECGs, pregnancies, and vital signs will be based on GSK Core Data Standards, unless otherwise specified. Performance status will be summarized and listed based on GSK Oncology Data Standard. The details of the planned displays are presented in Appendix 10: List of Data Displays.

Second infusion assessments will be excluded from "worst-case post baseline" in tables. Tables will be produced for first infusion only. First infusion displays will summarize safety assessments before second infusion baseline. All listings will include first infusion and second infusion assessments.

8.5.1. Performance Status

ECOG performance status will be summarized at baseline and last-assessment for first infusion. Summaries will use frequency and percentage of participants at each planned assessment time. A summary of change from baseline by scheduled visits will be performed, as well as the worst case post-baseline and the best case post-baseline changes during the study (improved, no change, deteriorated).

A supporting listing will also be provided that includes both first infusion and second infusion visits.

8.5.2. ECG

A summary of the number and percentage of participants who had normal and abnormal (clinically significant and not clinically significant) ECG findings will be displayed by scheduled visits as well as for the worst case post-baseline. The worst case will be chosen from all available ECG findings, including scheduled and unscheduled visits.

A summary of change from baseline in ECG values will be produced. QtcB and QtcF will be summarized separately.

The number of participants with maximum QTc values (i.e., worst case) post-baseline relative to baseline will be summarized by test (e.g., QTcF Interval, Aggregate) and category. Also, a summary by a categorization of participants' maximum increase (i.e., worst case) in QTc value (e.g., QTcF Interval, Aggregate) post-baseline relative to baseline will be produced. Both QTcB and QTcF are collected, and will be summarized separately.

Listings of abnormal ECG findings and a listing of ECG values of PCI will be provided.

8.5.3. Vital Signs

A summary of change from baseline in vital signs will be provided. Also, a summary of worst case vital signs results by CTCAE criteria and normal range post-baseline relative to baseline will be generated.

A listing of all vital signs data for participants with any value of PCI will be provided. Also there will be a listing of vital signs of PCI.

8.5.4. Pregnancies

Pregnancy (or pregnancy of a male participant's partner) is not considered an AE/SAE unless there is reason to believe that the pregnancy may be the result of failure of the contraceptive being used due to interaction with the study drug. However, the investigator shall report all pregnancies immediately to the Sponsor. If participants or participants' partner become pregnant while on the study, the information will be included in the narratives and no separate table or listing will be produced.

8.5.5. Replication Competent Lentivirus (RCL) and Persistence of NY-ESO-1^{c259}T

The proportion of participants showing >1% gene marked PBMCs one year post-first infusion or one year post-second infusion will be summarized. Only persistence measurements collected before occurrence of second infusion will be considered for one year post-first infusion derivation.

For any patient who has greater than 1% gene marked PBMCs at at least 1 year or beyond post-infusion, integration site analysis will be performed on PBMCs to assess clonality and possible insertional oncogenesis. The proportion of participants who are RCL positive will also be summarized, if data warrant.

The proportion of participants who are RCL positive will also be summarized for all infusions.

RCL results will also be presented in a data listing.

9. BIOMARKER ANALYSES

9.1. Exploratory Biomarker Analyses

9.1.1. Endpoint / Variables

Persistence, cytokines, and immunohistochemistry data described in this RAP will be reported if data warrant. Any additional exploratory biomarker, including anti-NY-ESO antibodies, and persistence analyses will not be included in this RAP, but may be described in a separate RAP and included in the CSR if data warrant.

9.1.2. Summary Measure

9.1.2.1. Persistence of NY-ESO-1^{c259}T

Spider plots will be used to graphically summarize persistence (copies/µg DNA) over time for each participant by responders and non-responders for first infusion and second infusion separately. Maximum persistence during the study and time to maximum persistence will be summarized overall and for responders and non-responders using descriptive statistics and boxplots for first infusion. If the reported result is Negative, then the value 0 will be used for values deemed < lower limit of quantitation or > upper limit of quantitation. If the reported result is Detectable, Laboratory specified lower limit of quantitation, and upper limit of quantitation values will be used for values deemed < lower limit of quantitation or > upper limit of quantitation.

The following calculations will be performed:

copies/cell is calculated with the following formula:

copies/cell=(copies/µg)x(0.0000063 µg DNA/cell)

Percent gene marked peripheral blood mononuclear cells (PBMCs) =(copies/cell) *100

The final reported result of copies/µg DNA is calculated as follows:

copies/µg DNA=copies per well/µg DNA per well

A listing of persistence will be provided and will include coefficient of variation, number of positive replicates, copies/cell, copies/DNA, percent gene marked PBMCs (%), detectable result and time to loss of 25%/50%/75% peak persistence, and duration of detectable persistence. Time to loss of 25% of peak persistence will be calculated as the time since T-cell infusion corresponding to observing at least 25% loss of peak persistence. If time to 25% loss of peak persistence is not observed, the last observed time is reported with a "+" appended to the numerical result. The same procedure will be followed for 50% and 75%. Duration of detectable persistence is derived as time from T-cell infusion until persistence is no longer detectable (persistence falls below the detection limit and interpretive result is "Negative"). If persistence remains detectable for the given participant on study, the last observed time is reported with a "+" appended to the numerical result. Peak persistence, duration of detectable persistence and time to loss

of peak persistence will be derived separately for second infusion and presented in the listing.

First infusion figures and tables will summarize persistence collected before second infusion baseline and second infusion figures will summarize persistence on or after second infusion baseline.

9.1.2.2. Cytokines

If data warrant, boxplots of the maximum post-baseline value and spider plots for select cytokines including but not limited to IL-1β, IL-10, IL-6, TNF-α, and IFN-γ will be provided for participants with none or non-serious CRS vs. serious CRS for the overall cohort and for responders vs. non-responders if data warrant. Boxplots and spider plots by responders vs. non-responders will also be created for cytokines IL-7 and IL-15. One spider plot and boxplot will be presented per cytokine.

Cytokine results will be presented by participant in a data listing if data warrant. Pre-baseline cytokines will also be included in the listing. Participants with an adverse event of serious CRS will be flagged in the listing. If the reported result is "Fail QC" or "CV>25%", then the value will be set to missing for values deemed < lower limit of quantitation or > upper limit of quantitation. If the reported result is "<LLOQ (ex. <0.25)", the laboratory specified lower limit of quantification/3 will be used. If the reported result is ">ULOQ (ex >2.5)", the laboratory specified upper limit of quantification will be used. If there are multiple baseline values, the value analyzed first will be used as the baseline value.

Only cytokine associated with first infusion will be plotted.

9.1.3. Population of Interest

The primary biomarker analyses will be based on the mITT population, unless otherwise specified.

10. PHARMAKOKINETIC ANALYSES

N/A

11. POPULATION PHARMACOKINETIC (POPPK) ANALYSES

N/A

12. PHARMACOKINETIC / PHARMACODYNAMIC ANALYSES

N/A

13. REFERENCES

Brookmeyer R, Crowley J. A confidence interval for the median survival time. *Biometrics.* 1982;38:29-41.

Eisenhauer EA, Therasse P, Bogaerts J, Schwartz LH, Sargent D, Ford R, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *European Journal of Cancer.* 2009;45(2):228-247.

Lee DW, Gardner R. Current concepts in the diagnosis and management of cytokine release syndrome. *Blood.* 2014;124(2):188-195.

Lee DW, Santomasso BD, Locke FL. ASTCT Consensus Grading for Cytokine Release Syndrome and Neurologic Toxicity Associated with Immune Effector Cells. *Biology of Blood and Marrow Transplantation.* 2019;25:625-38.

14. APPENDICES

14.1. Appendix 1: Protocol Deviation Management and Definitions for Per Protocol Population

Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Specification document.

14.2. Appendix 2: Schedule of Activities

14.2.1. Protocol Defined Schedule of Events Interventional Phase I

Table 3 Schedule of Procedure (Interventional Phase 1)

	Screening Phase[1]	Interventional Phase 1																											Completion/ Withdrawal[5]
		Leukapheresis	Baseline	Lymphodepleting Chemotherapy[2]				T-cell infusion[3]	Post-T-cell Infusion																				
Day (D) / Week (W)	**- 28 D[4] of Leukapheresis**		**D -14 to -9**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D 2**	**D 3**	**D 4**	**D 5**	**D 8**	**W 2**	**W 3**	**W 4**	**W 5**	**W 6**	**W8**	**W 10**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/ a**	**n/a**	**n/a**	**±1 day**					**±3 days**					**±7 days**						**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25-30**	**31+**	
Clinical Assessments and Procedures[6] (refer to Section 7.4 in the Protocol for details)																											
Informed Consent[7]	X_{EDC}																										
Demographics	X_{EDC}																										
Inclusion/ Exclusion	**8** X_{EDC}		X[9]																								
Medical History10, and Tobacco Use	X		X																								
Physical Exam	X		X					X					X	X										X	X	X		
Prior/Concomitant Medications11	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ECOG	X		X					X					X	X	X	X		X	X		X	X		X	X	X	X
Vital Signs / Height/ Weight12	X		X					X[13]	X	X	X	X	X	X													X
ECG	X		X					X			X		X														

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	Screening Phase[1]	Interventional Phase 1																													Completion/ Withdrawal[5]
		Leukapheresis	Baseline	Lymphodepleting Chemotherapy[2]				T-cell infusion[3]	Post-T-cell Infusion																						
Day (D) / Week (W)	**- 28 D[4] of Leukapheresis**		**D -14 to -9**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D 2**	**D 3**	**D 4**	**D 5**	**D 8**	**W 2**	**W 3**	**W 4**	**W 5**	**W 6**	**W8**	**W 10**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/ a**	**n/a**	**n/a**	**±1 day**					**±3 days**					**±7 days**						**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25-30**	**31+**	
ECHO/MUGA	**4 X_{EDC}**																										
CT / MRI[14]	X[4]		X																X			X		X	X	X	X
Brain MRI [28]	X		X					See footnote 28																			
ICE[29]								See footnote 29																			
Chest X-ray			X																								
PFTs[15]	X_{EDC}																										
Lymphocyte Subset (CD3/CD4/CD8)	X_{EDC}																										
Hematology	**4 X_{EDC}**		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Chemistry	X[4]		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X		X	X	X	X
Coagulation Tests	X[4]		X																								
Pregnancy Test[16]	X		X					X								X			X		X	X	X	X	X	X	X
Urinalysis	X[4]		X																								
Infectious disease markers[17]	X_{EDC}																										

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	Screening Phase[1]	Interventional Phase 1																												Completion/ Withdrawal[5]
		Leukapheresis	Baseline	Lymphodepleting Chemotherapy[2]				T-cell infusion[3]	Post-T-cell Infusion																					
Day (D) / Week (W)	**- 28 D[4] of Leukapheresis**		**D -14 to -9**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D 2**	**D 3**	**D 4**	**D 5**	**D 8**	**W 2**	**W 3**	**W 4**	**W 5**	**W 6**	**W8**	**W 10**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/ a**	**n/a**	**n/a**	**±1 day**					**±3 days**					**±7 days**						**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25-30**	**31+**	
CMV IgG and PCR[18]			X					X						X		X		X	X								
TSH with free T4[19]			X																								
CRP[20]			X					X			X		X	X		X											
Uric acid			X					X											`								
GFR or 24h urine[21]	X		X																								
Adverse Events[22]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vector Copies (Persistence for Safety)[23]								X													X			X	X[23]	X[23]	
VSV-G DNA (RCL)[24]								X													X			X	X[24]	X[24]	
	Leukapheresis, Lymphodepleting Chemotherapy & Investigational Product Administration																										
Leukapheresis		X																									
Fludarabine				X	X	X	X																				

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	Screening Phase[1]	Interventional Phase 1																												Completion/ Withdrawal[5]
		Leukapheresis	Baseline	Lymphodepleting Chemotherapy[2]				T-cell infusion[3]	Post-T-cell Infusion																					
Day (D) / Week (W)	**- 28 D[4] of Leukapheresis**		**D -14 to -9**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D 2**	**D 3**	**D 4**	**D 5**	**D 8**	**W 2**	**W 3**	**W 4**	**W 5**	**W 6**	**W8**	**W 10**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/ a**	**n/a**	**n/a**	**±1 day**					**±3 days**					**±7 days**						**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25-30**	**31+**	
Cyclophosphamide					X	X	X																				
NY-ESO-1[c259]T								X																			
Correlative Studies and Research Assessments (refer to Section 7.5 in the protocol for details)																											
Pharmacogenetic analysis			X[25]																								
Tumor biopsy[26]			X[26a]																X								X
Liquid biopsy[26b]			X																X								X
Cell phenotype and Functional Assays,			X					X			X		X	X		X			X		X						X
Cytokine Analyses[20] & Humoral Anti-Infused Cell Responses			X					X[27]	X	X	X	X	X	X	X	X			X[27]		X						X

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	Screening Phase[1]	Interventional Phase 1																													Completion/ Withdrawal[5]
		Leukapheresis	Baseline	Lymphodepleting Chemotherapy[2]				T-cell infusion[3]	Post-T-cell Infusion																						
Day (D) / Week (W)	**- 28 D[4] of Leukapheresis**		**D -14 to -9**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D 2**	**D 3**	**D 4**	**D 5**	**D 8**	**W 2**	**W 3**	**W 4**	**W 5**	**W 6**	**W8**	**W 10**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/ a**	**n/a**	**n/a**	**±1 day**					**±3 days**					**±7 days**						**±14 days**	**±3 mos**	**n/a**
Visit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25-30	31+	
Vector Copies (Persistence) for Research			X					X	X		X		X	X		X			X		X						X

Abbreviations: CARTOX = CAR T-Cell Treatment Toxicities ; CMV = cytomegalovirus; CRP = C-reactive protein; CRS = cytokine release syndrome; CT = computerized tomography; ECG = electrocardiogram; ECHO = echocardiogram; ECOG = Eastern Cooperative Oncology Group; EDC = electronic data capture; FPCP = female patient of childbearing potential; GFR = glomerular filtration rate; MRI = magnetic resonance imaging; MUGA = multigated acquisition; n/a=not applicable; PCR = polymerase chain reaction; PFT = pulmonary function test; RCL = replication competent lentivirus; TSH = thyroid-stimulating hormone; VSV-G =vesicular stomatitis virus G protein

1. Participants must have completed screening under Screening Protocol, ADP-0000-001, and confirmed as HLA-A*02:01, HLA-A*02:05, and/or HLA-A*02:06 positive and have NY-ESO-1 and/or LAGE-1a positive tumor prior to conducting the procedures in this visit. All clinical assessments and procedures in this visit must be performed as indicated and recorded in source documents; however, only those assessments/procedures indicated with bold $\mathbf{X_{EDC}}$ will be recorded in the EDC at this visit.
2. Refer to Section 5.2 (in protocol) for details on prophylaxis therapies, pre-medications, fludarabine dose adjustments according to renal function, and supportive treatments.
3. All samples will be collected and assessments performed prior to T-cell infusion, unless otherwise specified.
4. All clinical assessments required at the Screening visit must be performed within 28 days of leukapheresis, with the exception of lymphocyte subset (CD3/CD4/CD8), hematology, chemistry, coagulation and urinalysis which must be done within 7 days of leukapheresis. ECHO/MUGA, MRI/CT scan and laboratory assessments performed as standard of care prior to study consent will be acceptable as long as assessment is done within required time period before leukapheresis.
5. If a participant withdraws consent or completes the Interventional Phase 1, all procedures and assessments listed at this visit must be performed, unless done within the previous 30 days.
6. All clinical assessments and procedures must be performed as indicated; however, any clinical assessment or procedure can be performed if clinically indicated at any time
7. Written participant informed consent must be obtained prior to performing any assessment or procedures, unless otherwise specified.
8. Participants must meet all eligibility prior to leukapheresis as specified in Section 4.2 (in protocol).

9. Participants must continue to meet all eligibility criteria (Section 4.2 (in protocol)) in addition to meeting those prior to lymphodepleting chemotherapy specified in Section 4.3 (in protocol)
10. Medical history will be recorded in the EDC at Screening and Baseline visits; however, any changes in medical history must be recorded in source documents throughout the conduct of the study.
11. Includes all prescription, over-the-counter medications, and herbal remedies. Any use of mutagenic agents or investigational agents must also be reported.
12. Includes temperature, blood pressure, pulse rate, respiratory rate, and oxygen saturation. Height will be collected at the Screening visit only.
13. Vital signs on day of T cell infusion should be taken pre-infusion, and at 5, 15 and 30 minutes, and 1, 1.5, 2, and 4 hours after the infusion has started
14. If a participant is found to have a tumor response or PD by imaging, a follow-up confirmation scan must be done no earlier than 4 weeks following the scan when response or PD first seen. A participant is not considered to have a response or PD until follow-up scan confirms the finding.
15. Includes FEV1, FVC, TLC, and DLCO parameters to determine eligibility as described in Exclusion criterion #23.
16. FPCP must have a negative urine or serum pregnancy test.
17. Includes HIV, HBV, HCV, HTLV, EBV, and syphilis (spirochaete bacterium). Refer to Exclusion criterion #25 for details on required testing for eligibility. Testing for infectious disease markers is required only at Screening and does not need to be repeated at Baseline to satisfy eligibility criteria.
18. Only participants who are CMV IgG seropositive at Baseline will continue to be monitored for CMV viremia by CMV DNA PCR post Baseline.
19. A free T4 test should be performed in participants who have an abnormal TSH function test (high or low).
20. If CRS is suspected, cytokine and C-reactive protein levels should be measured approximately every other day until symptoms are improving or an alternative diagnosis is confirmed.
21. Only to be done in participants ≥65 years of age to measure renal function.
22. Adverse events should be reported as noted in Section 9 (in protocol)
23. Persistence of gene modified cells in participants will be monitored at Months 3, 6, and 12 post-infusion, then every 6 months until 5 years post-infusion and annually from year 6-15 post infusion. If no gene modified cells are detected for 3 consecutive assessments post-infusion, and participant is ≥5 years post-infusion, then sample collection may stop.
24. If RCL tests are negative at all time points during the first year, then samples will be collected annually and archived for up to 15 years post infusion or until assessments for persistence have ended However, if VSV-G DNA copies are detected at any time point in the first year post-infusion, refer to the safety monitoring procedures in Section 10.1.2 (in protocol)
25. If pharmacogenetic sample collection is not done at Baseline, it may be done at any other subsequent visit in the Interventional Phase 1. Collection of a pharmacogenetic sample is optional and all participants must provide consent for sample collection and analysis.
26. Core needle biopsies for research are at Baseline, week 8, and at confirmation of PD, with the exception of participants for whom there is no safely accessible tumor tissue. 26a.) If a fresh biopsy was taken for NY-ESO-1and/or LAGE-1a confirmation screening in Screening Protocol, ADP-0000-001, and there is sufficient tumor sample left remaining, this sample may be used as the baseline sample. Otherwise, the Baseline biopsy may be collected anytime between two months and two weeks prior to the start of lymphodepleting chemotherapy, with preference closer to the time of infusion. 26b.) Exosome/cfDNA samples should match tumor biopsy time points.
27. Pre-infusion and Week 8 blood collection is for both Cytokine and Humoral anti-infused cell responses, and is collected in one 3 ml tube.
28. Brain MRI (or CT Scan if MRI not feasible) should be obtained in all participants at the time of screening. Baseline brain MRI should be repeated if more than 4 months have elapsed prior to lymphodepletion.
29. CARTOX-10 should be measured on the day of NY-ESO-1c259T cell infusion prior to receiving treatment and then at least through Day 8 according to the schedule of procedures. Participants with known brain metastases should be monitored at least twice per day for the first 5 days following NY-ESO-1c259T cell infusion. If a participant is found to have ES, the CARTOX-10 should be used at least twice per day until resolution or stable. It can also be used at later visits if indicated.

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14.2.2. Protocol Schedule of Events Interventional Phase II

Table 4 Schedule of Procedures for Second T Cell Infusion (Interventional Phase 2)

	Baseline[1]		Interventional Phase 2																	Completion/ Withdrawal[5]
			Lymphodepleting Chemotherapy[2]			T-cell in-fusion[3]	Post-T-cell Infusion													
Day (D) / Week (W)	**-28 D[4] of Chemo-therapy**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D2**	**D3**	**D4**	**D5**	**D8**	**W 2**	**W 4**	**W 8**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafte r**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**±1 day**					**±3 days**			**±7 days**				**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**14**	**17**	**19**	**20**	**21**	**22**	**23-28**	**29+**	
	Clinical Assessments and Procedures[6] (refer to Section 7.4 of the protocol for details)																				
Informed Consent[7]	X																				
Inclusion/ Exclusion	X[8]																				
Medical History[9]	X																				
Physical Exam	X					X					X	X									
Prior/Concomi-tant Medications[10]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ECOG	X					X					X	X	X	X	X	X		X	X	X	X
Vital Signs / Height/ Weight[11]	X					X[12]	X	X	X	X	X	X									X
ECG	X					X			X		X										

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	Baseline[1]		Interventional Phase 2																	Completion/ Withdrawal[5]
			Lymphodepleting Chemotherapy[2]			T-cell in-fusion[3]	Post-T-cell Infusion													
Day (D) / Week (W)	**-28 D[4] of Chemo-therapy**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D2**	**D3**	**D4**	**D5**	**D8**	**W 2**	**W 4**	**W 8**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**±1 day**					**±3 days**			**±7 days**				**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**14**	**17**	**19**	**20**	**21**	**22**	**23-28**	**29+**	
ECHO/MUGA	X																				
CT / MRI [13]	X													X		X		X	X	X	X
Brain MRI	X		See footnote 27																		
Chest X-ray	X																				
PFTs[14]	X																				
Lymphocyte subset (CD3/CD4/CD8)	X																				
Hematology	X[4]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Chemistry	X[4]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
Coagulation Tests	X[4]																				
Pregnancy Test[15]	X	X				X							X	X	X	X	X	X	X	X	X
Urinalysis	X[4]																				
Infectious disease markers[16]	X																				

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	Baseline[1]		Interventional Phase 2																		Completion/ Withdrawal[5]
			Lymphodepleting Chemotherapy[2]			T-cell in-fusion[3]	Post-T-cell Infusion														
Day (D) / Week (W)	**-28 D[4] of Chemo-therapy**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D2**	**D3**	**D4**	**D5**	**D8**	**W 2**	**W 4**	**W 8**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**±1 day**					**±3 days**			**±7 days**				**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**14**	**17**	**19**	**20**	**21**	**22**	**23-28**	**29+**	
Fludarabine		X	X	X	X																
Cyclophos-phamide			X	X	X																
NY-ESO-1[c259]T						X															
	Correlative Studies and Research Assessments (refer to Section 7.5 of the Protocol for details)																				
Tumor biopsy[25]	X[25a]													X							X
Liquid biopsy[25]	X					X					X		X	X		X					X
Cell phenotype and Functional Assays,						X			X		X	X	X	X	X				X[28]	X[28]	X
Cytokine Analyses[19] & Humoral Anti-Infused Cell Responses						X[26]	X	X	X	X	X	X	X	X[26]	X				X[28]	X[28]	X

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	Baseline[1]		Interventional Phase 2																		
			Lymphodepleting Chemotherapy[2]			T-cell infusion[3]	Post-T-cell Infusion														Completion/ Withdrawal[5]
Day (D) / Week (W)	**-28 D[4] of Chemo-therapy**	**D -8**	**D -7**	**D -6**	**D -5**	**D1**	**D2**	**D3**	**D4**	**D5**	**D8**	**W 2**	**W 4**	**W 8**	**W 12**	**W 16**	**W 20**	**W 24**	**Every 3 Mos Until Yr 2.**	**Every 6 Mos Thereafter**	
Visit Window		**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**±1 day**					**±3 days**				**±7 days**			**±14 days**	**±3 mos**	**n/a**
Visit	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**14**	**17**	**19**	**20**	**21**	**22**	**23-28**	**29+**	
Vector Copies (Persistence) for Research	X[1]					X	X		X		X	X	X	X	X	X					X

Abbreviations: CMV = cytomegalovirus; CRP = C-reactive protein; CRS = cytokine release syndrome; CT = computed tomography; ECG = electrocardiogram; ECHO = echocardiogram; ECOG = Eastern Cooperative Oncology Group; FPCP = female patient of childbearing potential; MRI = magnetic resonance imaging; n/a=not applicable; PCR = polymerase chain reaction; PFT = pulmonary function test; RCL = replication competent lentivirus; TSH = thyroid-stimulating hormone; VSV-G =vesicular stomatitis virus G protein

1. Participants must have been considered eligible for a second infusion (refer to Section 4.4 (in protocol)) before initiating any screening procedures or assessments for Interventional Phase 2.
2. Refer to Section 5.2 (in protocol) for details on prophylaxis therapies, pre-medications, fludarabine dose adjustments according to renal function, and supportive treatments.
3. All samples will be collected and assessments performed prior to T-cell infusion, unless otherwise specified.
4. Clinical procedures or assessments do not need to be repeated at this Baseline visit if they were be performed within 28 days of planned leukapheresis, with the exception of lymphocyte subset (CD3/CD4/CD8), hematology, chemistry, coagulation and urinalysis which must be done within 7 days of leukapheresis.
5. If a participant withdraws consent or completes the Interventional Phase 2, all procedures and assessments listed at this visit must be performed, unless done within the previous 30 days.
6. All clinical assessments and procedures must be performed as indicated; however, any clinical assessment or procedure can be performed if clinically indicated at any time.
7. An additional written participant informed consent for a second infusion must be obtained prior to performing any Baseline assessments or procedures, unless otherwise specified.

8. Participants must continue to meet all eligibility criteria (Section 4.2 and Section 4.3 (in protocol)) in addition to meeting those prior to second infusion specified in Section 4.4 (in protocol)).
9. Any new or changes in medical history will be recorded in the EDC at Baseline visit; however, any additional changes in medical history must be recorded in source documents throughout the conduct of the study.
10. Includes all prescription, over-the-counter medications, and herbal remedies. Any use of mutagenic agents or investigational agents must also be reported.
11. Includes temperature, blood pressure, pulse rate, respiratory rate, and oxygen saturation. Height will be collected at the Screening visit only.
12. Vital signs on day of T cell infusion should be taken pre-infusion, and at 15 and 30 minutes, and 1, 1.5, 2, and 4 hours after the infusion has started.
13. If a participant is found to have a tumor response or PD by imaging, a follow-up confirmation scan must be done no earlier than 4 weeks following the scan when response or PD first seen. A participant is not considered to have a response or PD until follow-up scan confirms the finding.
14. Includes FEV1, FVC, TLC, and DLCO parameters to determine eligibility as described in Exclusion criterion #23.
15. FPCP must have a negative urine or serum pregnancy test.
16. Includes HIV, HBV, HCV, HTLV, EBV, and syphilis (spirochaete bacterium). Refer to Exclusion criterion #25 for details on required testing for eligibility.
17. Only participants who are CMV IgG seropositive at baseline will continue to be monitored for CMV viremia by CMV DNA PCR post baseline.
18. A free T4 test should be performed in participants who have an abnormal TSH function test (high or low).
19. If CRS is suspected, cytokine and C-reactive protein levels should be measured approximately every other day until symptoms are improving or an alternative diagnosis is confirmed.
20. Only to be done in participants ≥65 years of age to measure renal function.
21. Adverse events should be reported as noted in Section 9 (in protocol).
22. Persistence of gene modified cells in participants will be monitored at Months 3, 6, and 12 post-infusion, then every 6 months until 5 years post-infusion and annually from year 6-15 post infusion. If no gene modified cells are detected for 3 consecutive assessments post-infusion, and participant is >5 years post-infusion, then sample collection may stop.
23. If RCL tests are negative at all time points during the first year, then samples will be collected annually and archived for up to 15 years post or until assessments for persistence have ended However, if VSV-G DNA copies are detected at any time point in the first year post-infusion, refer to the safety monitoring procedures in Section 10.1.2 (in protocol).
24. CARTOX-10 should be measured on the day of NY-ESO-1c259T cell infusion prior to receiving treatment and then at least through Day 8 according to the schedule of procedures. Participants with known brain metastases should be monitored at least twice per day for the first 5 days following NY-ESO-1c259T cell infusion. If a participant is found to have ES, the CARTOX-10 should be used at least twice per day until resolution or stable. It can also be used at later visits if indicated.
25. Core needle biopsies are at baseline, week 8, and at confirmation of PD, with the exception of participants for whom there is no safely accessible tumor tissue. 24a.) If a fresh biopsy was taken to confirm continued expression of NY-ESO-1 and/or LAGE-1a at the time of PD after the first T cell infusion and there is sufficient tumor sample left remaining, this sample may be used as the baseline sample. Otherwise, the baseline biopsy may be collected anytime between two months and two weeks prior to the start of lymphodepleting chemotherapy, with preference closer to the time of infusion. 24b.) Exosome/cfDNA samples should match tumor biopsy time points.
26. Pre-infusion and Week 8 blood collection is for both Cytokine and Humoral anti-infused cell responses, and is collected in one 3 ml tube.
27. Brain MRI will be performed at baseline for all participants and as clinically indicated thereafter (see Section 8.9.2 (in protocol)).

14.2.3. Protocol Defined Schedule of Events Long Term Follow-up

Table 5 Schedule of Procedures – Long Term Follow- up

Time post-infusion												
	Year 1			Year 2		Year 3		Year 4		Year 5		Years 6-15
Months	3	6	12	18	24	30	36	42	48	54	60	Annually
Visit window	± 2 weeks		± 3 month									± 6 months
Safety Assessments												
Medical History and Physical Exam[1]		X	X	X	X	X	X	X	X	X	X	X
Mutagenic agents, other investigational agents or anti-cancer therapies		X	X	X	X	X	X	X	X	X	X	X
Delayed adverse Events and Serious Adverse Events[2]		X	X	X	X	X	X	X	X	X	X	X
Pregnancy test for WOCBP[3]	<==========X[3]==========											>
Hematology		X	X		X		X		X		X	X[4]
Serum chemistry		X	X		X		X		X		X	X[4]
Allogeneic SCT	X	X	X	X	X							
Laboratory Assessments												
VSV-G DNA (RCL) for safety	X	X	X		X		X		X		X	X[4]
Transgene Copies (Persistence) for safety	X	X	X	X	X	X	X	X	X	X	X	X
Other Assessments												
Survival Status	X	X	X	X	X	X	X	X	X	X	X	X

Abbreviations: RCL=replication competent lentivirus; SCT=stem cell transplant; VSV-G =vesicular stomatitis virus G protein

1. New medical history/medications/chemotherapies.
2. Delayed adverse Event and Serious Adverse Event collection is limited to:
   - New malignancies

- New incidence or exacerbation of a pre-existing neurologic disorder
- New incidence or exacerbation of a prior rheumatologic or other autoimmune disorder
- New incidence of immune-related hematologic disorder
- Serious infections (including opportunistic)
- Unanticipated illness and/or hospitalization deemed related to gene modified cell therapy

3. For women of child bearing potential (WOCBP), pregnancy testing should be conducted during contraception period only as defined in Section 5.1 (in protocol). When pregnancy testing is performed at visits where hematology sample is collected, blood pregnancy testing will be done. At visits where hematology sample is not collected, urine pregnancy test is acceptable unless serum testing is required by local regulation or IRB/IEC.
4. In year 6-15, these assessments are performed for as long as persistence is analyzed. If persistence samples are discontinued (Section 10.3 (in protocol)) then laboratory assessments are discontinued

14.3. Appendix 3: Assessment Windows

Assessment windows will not be used.

14.4. Appendix 4: Study Phases and Treatment Emergent Adverse Events

14.4.1. Study Phases

14.4.1.1. Study Phases for Concomitant Medications

Study Phase	Definition
Prior	End date of medication is not missing and is before the start date of lymphodepletion OR lymphodepletion start date is missing
Concomitant	Medication is not a prior

NOTES:

- Please refer to Appendix 7: Reporting Standards for Missing Datafor handling of missing and partial dates for concomitant medication. Use the rules in this table if concomitant medication date is missing.

14.4.1.2. Study Phases for Anti-Cancer Therapy/Surgery

Study Phase	Definition
Prior	Start date is prior to first day of leukapheresis or leukapheresis start date is missing
Bridging	Start date is on or after the day of apheresis to the day before initiation of lymphodepletion chemotherapy
On-Study	Start date is on or after the first day of lymphodepletion chemotherapy

NOTES:

- Please refer to Appendix 7: Reporting Standards for Missing Data for handling of missing and partial dates for anti-cancer therapy

14.4.2. Treatment Emergent Flag for Adverse Events

Flag	Definition
Treatment Emergent	• If AE onset date is on or after first lymphodepletion chemotherapy start date. (Lymphodepletion Start Date ≤ AE Start Date) until end of study, include AEs onset on or after the second lymphodepletion for participants who receive a second T-cell infusion. • Treatment emergence for second infusion will be defined as: If AE onset date is on or after second lymphodepletion chemotherapy start date. (Lymphodepletion Start Date ≤ AE Start Date) until end of study. • If AE onset date is missing and AE end date is before the lymphodepletion start date, then the AE *will not* be classified as Treatment-Emergent. If AE onset date is missing and AE end date is either missing or on or after lymphodepletion start date, then the AE will be classified as treatment-emergent • Missing AE Start Date will be imputed following rules in Section 14.7.2.1 for determining Treatment Emergent AEs.

14.5. Appendix 5: Data Display Standards & Handling Conventions

14.5.1. Reporting Process

Software	
• The currently supported versions of SAS software will be used.	
Reporting Area	
HARP Server	: US1SALX00259
HARP Compound	: arprod\GSK3377794\mid208749
Analysis Datasets	
• Analysis datasets will be created according to CDISC standards (SDTM IG Version 3.2 & ADaM IG Version 1.1].	
Generation of RTF Files	
• RTF files will be generated for SAC upon request.	

14.5.2. Reporting Standards

General

• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated (IDSL Standards Location: https://spope.gsk.com/sites/IDSLLibrary/SitePages/Home.aspx):
  • 4.03 to 4.23: General Principles
  • 5.01 to 5.08: Principles Related to Data Listings
  • 6.01 to 6.11: Principles Related to Summary Tables
  • 7.01 to 7.13: Principles Related to Graphics
• Do not include participant level listings in the main body of the GSK Clinical Study Report. All participant level listings should be located in the modular appendices as ICH or non-ICH listings

Formats
• GSK IDSL Statistical Principles (5.03 & 6.06.3) for decimal places (DP's) will be adopted for reporting of data based on the raw data collected, unless otherwise stated. • Numeric data will be reported at the precision collected on the eCRF. • The reported precision from non eCRF sources will follow the IDSL statistical principles but may be adjusted to a clinically interpretable number of DP's.
Planned and Actual Time

• Reporting for tables, figures and formal statistical analyses:
  ○ Planned time relative to dosing will be used in figures, summaries, statistical analyses and calculation of any derived parameters, unless otherwise stated.
  ○ The impact of any major deviation from the planned assessment times and/or scheduled visit days on the analyses and interpretation of the results will be assessed as appropriate.
• Reporting for Data Listings:
  ○ Planned and actual time relative to study drug dosing will be shown in listings (Refer to IDSL Statistical Principle 5.05.1).
  ○ Unscheduled or unplanned readings will be presented within the participant's listings.

Unscheduled Visits	
• Unscheduled visits will not be included in summary tables and/or figures, except in cases where worse-case post-baseline is calculation. • All unscheduled visits will be included in listings.	
Descriptive Summary Statistics	
Continuous Data	Refer to IDSL Statistical Principle 6.06.1
Categorical Data	N, n, frequency, %
Graphical Displays	
• Refer to IDSL Statistical Principals 7.01 to 7.13.	

14.6. Appendix 6: Derived and Transformed Data

14.6.1. General

Multiple Measurements at One Analysis Time Point
• Mean of the measurements will be calculated and used in any derivation of summary statistics but if listed, all data will be presented. • For character variables, if multiple assessments on different days are reported for the same scheduled assessment, then the worst case assessment for that scheduled assessment will be analyzed • Participants having both High and Low values for Normal Ranges at any post-baseline visit for safety parameters will be counted in both the High and Low categories of "Any visit post-baseline" row of related summary tables. This will also be applicable to relevant Potential Clinical Importance summary tables.
Study Day
• Calculated as the number of days from T cell infusion date: o Ref Date = Missing → Study Day = Missing o Ref Date < T cell infusion Date → Study Day = Ref Date – T cell infusion Date o Ref Data ≥ T cell infusion Date → Study Day = Ref Date – T cell infusion Date + 1 Second study day (Study Day 2) will be calculated for participants with second T-cell infusion as below o Ref Date = Missing → Study Day = Missing o Ref Date < Second T cell infusion Date → Study Day = Ref Date – Second T cell infusion Date o Ref Data ≥Second T cell infusion Date → Study Day = Ref Date – Second T cell infusion Date + 1
Change from Baseline
• Change from Baseline = Post-Baseline Visit Value – Baseline • % Change from Baseline= 100 x (Post-Baseline Visit Value – Baseline) / Baseline • Maximum Increase/Decrease from Baseline = maximum (Increase/Decrease from Baseline) • If either the Baseline or Post-Baseline Visit Value is missing, Change from Baseline and % Change from Baseline is set to missing
Date of Response
• For post-baseline disease assessments, the date of response (PR,CR) is assigned to the latest date of disease assessments; for other response categories (SD, NE, PD), the date of response is assigned to the earliest date of disease assessments.
Date of New On-study Anti-Cancer Therapy
• Derived as the earliest date of new on-study anti-cancer therapy, radiotherapy (where applicable) or cancer-related surgical procedure (where applicable) • Missing or partial dates will be imputed for derivation of new anti-cancer therapy following rules specified in Section 14.7.2.1.

14.6.2. Study Population

Age
• For participants with a T-cell infusion date, age is derived using T-cell infusion date as the reference date. For ITT participants without a T-cell Infusion date, date of eligibility for apheresis is used as the reference date.
BMI
• (Weight in kg) / (Height in meters)^2
Time from Screening to Initial Diagnosis

• Calculated as the number of months from the Date of Initial Diagnosis:
  ○ Informed Consent Date = Missing → Elapse Time = Missing
  ○ Date of Initial Diagnosis = Completely/partially Missing → Elapse Time = Missing
• Otherwise → Elapse Time = (Informed Consent Date – Date of Initial Diagnosis + 1)/30.4375

14.6.3. Efficacy

Refer to Section 7 for endpoint derivation information.

Overall Survival
Date of Last Contact
• Last date in all SDTM domains • If patient died, the last contact date should be death date. • Dates after date of death will be excluded. Future dates will be excluded. • SDTM domain SE and SUPPBE will be excluded and SDTM variables DM.BRTHDTC, MH.MHSTDTC, SV.SVENDTC, SV.SVSTDTC, DM.RFPENDTC, _ALL_.ANALDTC, DV.DVDTC, DV.DVSTDTC,and RS.RSDTC where RSEVAL='INDEPENDENT ASSESSOR' will be excluded • Partial and missing dates will not be imputed for the purpose of deriving date of last contact

14.6.4. Safety

Adverse Events
AE'S of Special Interest
• Cytokine Release Syndrome • Pneumonitis • Graft vs Host Disease • Haematopoietic cytopenias (including pancytopenia and aplastic anaemia) • Immune Effector-Cell Associated Neurotoxicity Syndrome (ICANS) • Guillain-Barre Syndrome
Duration of AE
• Calculated as the number of days from AE Start Date to AE Stop Date: o AE Start Date = Missing → Elapse Time = Missing o AE Stop Date = Missing → Elapse Time = Missing Otherwise → Elapsed Time = AE Stop Date – AE Start Date + 1 Imputed dates will not be used to calculated AE duration
Corrected Calcium for Albumin
• Corrected Calcium [mg/dL]= Total Calcium [mg/dL] + 0.8 * (4.0 – serum albumin [g/dL]) • Corrected Calcium [mmol/L] = Total Calcium [mmol/L] / .2495 + 0.8 * .2495 * (4.0 - serum albumin [g/L]/10)

14.7. Appendix 7: Reporting Standards for Missing Data

14.7.1. Premature Withdrawals

Element	Reporting Detail
General	• Participant study completion (i.e. as specified in the protocol) was defined as when he/she has PD or has died prior to PD, or 2 years after the NY-ESO T-cell infusion, whichever is shorter for participants that receive one T-cell infusion. For participants that receive a second T-cell infusion, study completion is defined as when he/she has PD or has died prior to PD, or 6 months after the second T-cell infusion, whichever is shorter. • Withdrawn participants were not replaced in the study. • All available data from participants who were withdrawn from the study will be listed and all available planned data will be included in summary tables and figures, unless otherwise specified.

14.7.2. Handling of Missing Data

Element	Reporting Detail
General	• Missing data occurs when any requested data is not provided, leading to blank fields on the collection instrument: ○ These data will be indicated by the use of a "blank" in participant listing displays. Unless all data for a specific visit are missing in which case the data is excluded from the table. ○ Answers such as "Not applicable" and "Not evaluable" are not considered to be missing data and should be displayed as such.
Outliers	• Any participants excluded from the summaries and/or statistical analyses will be documented along with the reason for exclusion in the clinical study report.

14.7.2.1. Handling of Missing and Partial Dates

Element	Reporting Detail
General	• Partial dates will be displayed as captured in participant listing displays. However, where necessary, display macros may impute dates as temporary variables for sorting data in listings only. In addition, partial dates may be imputed for 'slotting' data to study phases (see Section 14.4.1) or for specific analysis purposes as outlined below. • Imputed partial dates will not be used to derive study day, duration (e.g., duration of adverse events), or elapsed time variables unless otherwise specified. In addition, imputed dates are not used for deriving the last contact date in overall survival analysis dataset. • Imputed partial dates for anti-cancer therapy, surgery, and radiotherapy will be used for plotting therapies in Figure 3.010, only if the day is missing.
Adverse Events	• Imputations in the adverse events dataset are used for slotting events to the appropriate study time periods and for sorting in data listings. ○ This includes identifying an AESI as first or last occurrence. • Partial dates for AE recorded in the CRF will be imputed using the following conventions:

Element	Reporting Detail	
	Missing start day	• If lymphodepletion start date is missing (i.e. participant did not start lymphodepletion), then set start date = 1st of month. • Else if lymphodepletion start date is not missing: o If month and year of start date = month and year of lymphodepletion start date then ▪ If stop date contains a full date and stop date is earlier than lymphodepletion start date then set start date= 1st of month. ▪ Else set start date = lymphodepletion start date. o Else set start date = 1st of month.
	Missing start day and month	• If lymphodepletion start date is missing (i.e. participant did not start lymphodepletion), then set start date = January 1. • Else if lymphodepletion start date is not missing: o If year of start date = year of lymphodepletion start date then ▪ If stop date contains a full date and stop date is earlier than lymphodepletion start date then set start date = January 1. ▪ Else set start date = lymphodepletion start date. o Else set start date = January 1.
	Missing stop day	Last day of the month will be used.
	Missing stop day and month	No Imputation
	Completely missing start/end date	No imputation.
Concomitant Medications	• These imputation rules will be used for classifying a medication as prior or concomitant • Completely missing start dates will not be imputed • Partial dates for any concomitant medications recorded in the CRF will be imputed using the following convention: • Rules will be applied for second infusion separately	
	Missing start day	• If lymphodepletion start date is missing (i.e. participant did not receive lymphodepletion), then set start date = 1st of month. • Else if lymphodepletion start date is not missing: o If month and year of start date = month and year of lymphodepletion start date then ▪ If stop date contains a full date and stop date is earlier than lymphodepletion start date then set start date= 1st of month. ▪ Else set start date = lymphodepletion start date. o Else set start date = 1st of month.
	Missing start day and month	• If lymphodepletion start date is missing (i.e. participant did not receive lymphodepletion), then set start date = January 1.

Element	Reporting Detail	
		• Else if lymphodepletion start date is not missing: ○ If year of start date = year of lymphodepletion start date then ▪ If stop date contains a full date and stop date is earlier than lymphodepletion start date then set start date = January 1. ▪ Else set start date = lymphodepletion start date. • Else set start date = January 1.
	Missing end day	A '28/29/30/31' will be used for the day (dependent on the month and year)
	Missing end day and month	A '31' will be used for the day and 'Dec' will be used for the month.
	Completely missing start/end date	No imputation
Anti-Cancer Therapy and Radiotherapy	• Completely missing start or end dates will remain missing, with no imputation applied. • If partial start date contains a year only set to January 1st. • If partial start date contains a month and year set to the 1st of the month. • No imputation for partial end dates will be performed.	
Surgical Procedures	• No Imputation for completely missing dates • If partial date contains a year only set to January 1st. • If partial date contains a month and year set to the 1st of the month	
New On-study Anti-Cancer Therapy/ Radiotherapy/ Surgical Procedures for Efficacy Evaluation	• Start dates for on-study anti-cancer therapy, radiotherapy (where applicable), and surgical procedures (where applicable) will be temporarily imputed in order to define event and censoring rules for progression-free survival, response rate, or duration of response (i.e. start date for new anti-cancer therapy). Dates will only be imputed when a month and year are available but the day is missing. The following rules will be used to impute the date when partial start dates are present on anti-cancer therapy radiotherapy, and/or surgical procedures datasets. • Completely missing start dates will remain missing, with no imputation applied; • Partial start dates will be imputed using the following convention: • If both month and day are missing, no imputation will be applied; • If only day is missing: ○ If the month of partial date is the same as the month of T-cell infusion, minimum of (T-cell infusion + 1, last day of the month) will be used for the day; ○ If the month of partial date is the same as the month of last disease assessment and the last disease assessment is PD, minimum of (last date of disease assessment + 1, last day of the month) will be used for the day; ○ If both conditions above are met, the later date will be used for the day; ○ Otherwise, a '01' will be used for the day; • Completely or partial missing end dates will remain missing, with no imputation applied; Rules will be applied for second infusion separately	

14.8. Appendix 8: Values of Potential Clinical Importance

To identify laboratory values of potential clinical importance, National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE v 4.03) will be used to assign grades for laboratory parameters including clinical chemistry, hematology, liver function tests, thyroid function tests, pancreatic enzyme tests, QTc (Bazett's or Fridericia's) values, and vital signs (heart rate, blood pressure, temperature).

14.8.1. Laboratory Values

Reference ranges for all laboratory parameters collected throughout the study are provided by the laboratory. A laboratory value that is outside the reference range is considered either high abnormal (value above the upper limit of the reference range) or low abnormal (value below the lower limit of the reference range). Note: a high abnormal or low abnormal laboratory value is not necessarily of clinical concern. The laboratory reference ranges will be provided on the listings of laboratory data. Clinical laboratory test results outside of the reference range will be flagged in the listings.

To identify laboratory values of potential clinical importance, National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE v4.03) will be used to assign grades to the relevant laboratory parameters. NCI-CTCAE v4.03 can be found at http://ctep.cancer.gov/reporting/ctc.html.

For laboratory data which are not listed in the NCI CTCAE v4.03, a summary of values outside the normal range will be provided.

For lab test values that can be graded, values of grade 1 or above are defined as values of potential clinical concern. For lab test values that cannot be graded, values out of the normal range are defined as values of potential clinical concern. Abnormal, clinically significant Urinalysis labs will be also be considered PCI values.

14.8.2. ECG Parameters

To identify QTc (Bazett's or Fridericia's) values of potential clinical importance, NCI-CTCAE v4.03 will be used to assign grades (see adverse event 'Electrocardiogram QT corrected interval prolonged'). The CRF collects either QTcB or QTcF. Note that there is a slight inconsistency between CTCAE v4.03 and ICH E14 (Absolute QTc interval prolongation). It was decided to align with CTCAE for the oncology standard categories.

The following criteria will be used to flag electrocardiogram (ECG) values that are values of potential clinical importance:

PCI Flag	Potential Clinical Importance (PCI) Range	
High (H)	Grade 2 or Higher (QTc>480) or QTc increase from baseline of >30msec	

14.8.3. Vital Signs

To identify heart rate values of potential clinical importance, NCI-CTCAE v4.03 will be used to assign categories that align with the grades for 'Sinus bradycardia', 'Sinus tachycardia', 'Supraventricular tachycardia', and 'Ventricular tachycardia'.

The following criteria will be used to flag vital sign values that are values of potential clinical importance:

Vital Sign Parameter	Potential Clinical Importance (PCI) Range	Unit
Decrease from baseline Heart Rate	Decrease to <60	bpm
Increase from baseline Heart Rate	Increase to >100	bpm

To identify blood pressure values of potential clinical importance, NCI-CTCAE v4.03 will be used to assign categories that align with the grades for 'Hypertension'.

Vital Sign Parameter	Potential Clinical Importance (PCI) Range	Unit
Increase from baseline Systolic Blood Pressure	≥120 to <140 (Grade 1) ≥140 to <160 (Grade 2) ≥160 (Grade 3)	mmHg
Increase from baseline Diastolic Blood Pressure	≥80 to <90 (Grade 1) ≥90 to <100 (Grade 2) ≥100 (Grade 3)	mmHg

To identify temperature values of potential clinical importance, NCI-CTCAE v4.03 will be used to assign categories that align with the grades for 'Hypothermia' and 'Fever'.

Vital Sign Parameter	Potential Clinical Importance (PCI) Range	Unit
Increase from baseline temperature	Increase to ≥38	Degrees C
Decrease from baseline Diastolic Blood Pressure	Decrease to ≤35	Degrees C

To identify oxygen saturation values of potential clinical importance, NCI-CTCAE v4.03 will be used to assign categories that align with “Hypoxia”

Vital Sign Parameter	Potential Clinical Importance (PCI) Range	Unit
Decrease for baseline oxygen saturation	Decrease to <88	%

14.9. Appendix 9: Abbreviations & Trade Marks

14.9.1. Abbreviations

Abbreviation	Description
ADaM	Analysis Data Model
AE	Adverse Event
A&R	Analysis and Reporting
CDISC	Clinical Data Interchange Standards Consortium
CI	Confidence Interval
CRS	Cytokine Release Syndrome
CS	Clinical Statistics
CSR	Clinical Study Report
CTCAE	Common Toxicity Criteria for Adverse Events
CTR	Clinical Trial Register
DBF	Database Freeze
DBR	Database Release
DOR	Duration of Response
DP	Decimal Places
ECOG	Eastern Cooperative Oncology Group
eCRF	Electronic Case Record Form
EMA	European Medicines Agency
FDA	Food and Drug Administration
FDAAA	Food and Drug Administration Clinical Results Disclosure Requirements
GSK	GlaxoSmithKline
GvHD	Graft versus Host Disease
IA	Interim Analysis
ICH	International Conference on Harmonization
IDSL	Integrated Data Standards Library
IMMS	International Modules Management System
IP	Investigational Product
ITT	Intent-To-Treat
LVEF	Left Ventricular Ejection Fraction
MedDRA	Medical Dictionary for Regulatory Affairs
ORR	Overall Response Rate
OS	Overall Survival
PCI	Potential Clinical Importance
PFS	Progression Free Survival
PP	Per Protocol
PT	Preferred Term
QC	Quality Control
QTcF	Frederica's QT Interval Corrected for Heart Rate
QTcB	Bazett's QT Interval Corrected for Heart Rate
RAP	Reporting & Analysis Plan
SAC	Statistical Analysis Complete
SDTM	Study Data Tabulation Model

Abbreviation	Description
SOC	System Organ Class
SOP	Standard Operation Procedure
TA	Therapeutic Area
TFL	Tables, Figures & Listings
TTR	Time to Response
WHO	World Health Organization

14.9.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
NONE

Trademarks not owned by the GlaxoSmithKline Group of Companies
SAS

14.10. Appendix 10: List of Data Displays

14.10.1. Mock Example Shell Referencing

Non IDSL specifications will be referenced as indicated and if required example mock-up displays provided in Appendix 11: Example Mock Shells for Data Displays. Shells are subject to some minor formatting modifications post RAP approval.

Section	Figure	Table	Listing
Study Population	POP_Fn	POP_Tn	POP_Ln
Efficacy	EFF_Fn	EFF_Tn	EFF_Ln
Safety	SAFE_Fn	SAFE_Tn	SAFE_Ln
Biomarker	BIO_Fn	BIO_Tn	BIO_Ln

NOTES:

- Non-Standard displays are indicated in the 'IDSL / Example Shell' or 'Programming Notes' column as '[Non-Standard] + Reference.'

14.10.2. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.010 to 1.320	NA
Efficacy	2.010 to 2.080	2.010 to 2.050
Safety	3.010 to 3.670	3.010 to 3.040
Pharmacodynamic and / or Biomarker	6.010 to 6.020	6.010 to 6.290
Section	**Listings**	
ICH Listings	10 to 580	
Other Listings	590 to 680	

14.10.3. Deliverables

Delivery	Description
SAC	Statistical Analysis Complete

14.10.4. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Subject Disposition					
1.010.	ITT	POP_T2	Summary of Subject Status- Interventional Phase 1 (ITT Population)	ICH E3, FDAAA, EudraCT	SAC
1.020.	mITT	POP_T2	Summary of Subject Status- Interventional Phase 1 (mITT Population)	ICH E3, FDAAA, EudraCT	SAC
1.030.	ITT	POP_T3	Summary of Subject Status- End of Study	ICH E3, FDAAA, EudraCT	SAC
1.040.	Screened	ES6	Summary of Screening Status and Reasons for Screen Failure	Journal Requirements Add a footnote that we only have data from about 40 subjects and x subjects were screened under Adaptimmune and why	SAC
1.050.	ITT	NS1	Summary of Number of Subject by Country and Site ID	EudraCT/Clinical Operations Include Site Name	SAC
1.060.	ITT	Non-Standard	Summary of Apheresis, Lymphodepletion, and T cell Infusion	Use POP_T1	SAC
Protocol Deviation					
1.070.	ITT	DV1	Summary of Important Protocol Deviations	ICH E3	SAC
Population Analysed					
1.080.	ITT	SP1A	Summary of Study Populations	IDSL ITT, mITT, Second T-cell Infusion	SAC

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Demographic and Baseline Characteristics					
1.090.	ITT	DM1	Summary of Demographic Characteristics (ITT Population)	ICH E3, FDAAA, EudraCT Report baseline height, weight, and BMI, Report Race not Race Detail	SAC
1.100.	mITT	DM1	Summary of Demographic Characteristics (mITT Population)	ICH E3, FDAAA, EudraCT Report screening height, weight, and BMI Report Race not Race Detail	SAC
1.110.	ITT	DM11	Summary of Age Ranges	EudraCT	SAC
Prior and Concomitant Medications					
1.120.	ITT	MH1	Summary of Medical Conditions (ITT Population)	ICH E3	SAC
1.130.	mITT	MH1	Summary of Medical Conditions (mITT Population)	ICH E3	SAC
1.140.	mITT	CM8	Summary of Concomitant Medications	ICH E3 Use GSKDRUG	SAC
Exposure and Treatment Compliance					
1.150.	mITT	OEX1	Summary of Total Transduced T cells (First Infusion)	Report total number of transduced T cells in 10^9 cells and categorize it into < 1, >=1 to <=8, and >8	SAC

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
Disease Characteristics					
1.160.	ITT	DC1	Summary of Disease Characteristics at Initial Diagnosis (ITT Population)	ICH E3 Time since initial diagnosis in months Stage of lung cancer at initial diagnosis Histology	SAC
1.170.	mITT	DC1	Summary of Disease Characteristics at Initial Diagnosis (mITT Population)	ICH E3 Time since initial diagnosis in months Stage of lung cancer at initial diagnosis Histology	SAC
1.180.	ITT	DC2	Summary of Disease Characteristics at Screening (ITT Population)	ICH E3 Disease stage at enrolment Tumor type Anatomical location NY-ESO-1 status HLA status Number of prior radiotherapy regimens (prior to leukapheresis – see study phase) Number of prior systemic therapy regimens (prior to leukapheresis- see study phase)	SAC

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
1.190.	mITT	DC2	Summary of Disease Characteristics at Screening (mITT Population)	ICH E3 Disease stage at enrolment Tumor type Anatomical location NY-ESO-1 status HLA status Number of prior radiotherapy regimens (prior to leukapheresis – see study phase) Number of prior systemic therapy regimens (prior to leukapheresis- see study phase)	SAC
1.200.	mITT	LA1	Summary of Disease Burden at Baseline-First Infusion	ICH E3 Include target and non target lesions	SAC
Anti-Cancer Therapy					
1.210.	ITT	AC1	Summary of Prior Anti-Cancer Therapy (ITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC
1.220.	mITT	AC1	Summary of Prior Anti-Cancer Therapy (mITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC
1.230.	mITT	FAC1	Summary of On-Study Anti-Cancer Therapy	IDSL Add time from T-cell infusion to first post-treatment anti-cancer therapy, min, 25th Q, median, 75th Q, max	SAC
1.240.	ITT	CM1	Summary of Prior Dictionary Coded Anti-Cancer Therapy (ITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
1.250.	mITT	CM1	Summary of Prior Dictionary Coded Anti-Cancer Therapy (mITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC
1.260.	mITT	CM1	Summary of On-Study Dictionary Coded Anti-Cancer Therapy	IDSL	SAC
1.270.	ITT	AC3	Summary of Number of Anti-Cancer Therapy Regimens Prior to Leukapheresis (ITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC
1.280.	mITT	AC3	Summary of Number of Anti-Cancer Therapy Regimens Prior to Leukapheresis (mITT Population)	IDSL Therapy before leukapheresis-see study phase	SAC
Surgical/Medical Procedures					
1.290.	ITT	OSP1	Summary of Prior Cancer-Related Surgical Procedures (ITT Population)	IDSL Summarize like below; Any surgery Surgery Intent Curative,diagnostic,palliative, other Site of surgery Lobectomy,etc,other. Surgery before leukapheresis	SAC

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable**
1.300.	mITT	OSP1	Summary of Prior Cancer-Related Surgical Procedures (mITT Population)	IDSL Summarize like below; Any surgery Surgery Intent Curative,diagnostic,palliative, other Site of surgery Lobectomy,etc,other. Surgery before leukapheresis	SAC
1.310.	mITT	OSP1	Summary of On-Study Cancer-Related Surgical Procedures	IDSL Summarize like below; Any surgery Surgery Intent Curative,diagnostic,palliative, other Site of surgery Lobectomy,etc,other.	SAC
Substance Use					
1.320.	mITT	SU1	Summary of Substance Use	IDSL Cigarette use: smoking history, years smoked, packs per day	SAC

14.10.5. Efficacy Tables

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Response Rate					
2.010.	mITT	RE1a	Summary of Investigator-Assessed Best Response with Confirmation (RECIST 1.1 Criteria) (mITT Population) – First Infusion	First infusion Do not keep: Best Response-Non-CR/Non-PD , Response Rate-p-value, or the last three sections (response rate, odds ratio, test for homogeneity). Include footnote identify subject that does not have target lesion at baseline	SAC
2.020.	ITT	RE1a	Summary of Investigator-Assessed Best Response with Confirmation (RECIST 1.1 Criteria) (ITT Population)– First Infusion	First infusion Do not keep: Best Response-Non-CR/Non-PD , Response Rate-p-value, or the last three sections (response rate, odds ratio, test for homogeneity). Include footnote identify subject that does not have target lesion at baseline	SAC
2.030.	mITT	RE1c	Summary of Investigator-Assessed Disease Control Rate with Confirmation (RECIST 1.1 Criteria) (mITT Population)– First Infusion	First infusion Do not keep any optional sections: Non-CR/Non-PD, P-value, or last 3 sections Include footnote identify subject that does not have target lesion at baseline	SAC

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.040.	ITT	RE1c	Summary of Investigator-Assessed Disease Control Rate with Confirmation (RECIST 1.1 Criteria) (ITT Population)– First Infusion	First infusion Do not keep any optional sections: Non-CR/Non-PD, P-value, or last 3 sections Include footnote identify subject that does not have target lesion at baseline	SAC
Time-to-Event Endpoints					
2.060.	mITT	TTE1	Summary of Progression-Free Survival by Investigator (RECIST 1.1 Criteria)– First Infusion	Only present Endpoint(Event) and Censored, do not include follow-up ended/ongoing. Remove hazard ratio, and log rank sections. Include footnote identify subject that does not have target lesion at baseline	SAC
2.080.	mITT	TTE1	Summary of Overall Survival	Only present Endpoint(Event) and Censored, do not include follow-up ended/ongoing. Remove Event summary, hazard ratio, and log rank sections.	SAC

14.10.6. Efficacy Figures

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Response Rate					
2.010.	mITT	RE8b	Investigator-Assessed Maximum Percent Reduction from Baseline in Tumor Measurement (RECIST 1.1 Criteria)– First Infusion	Label with subject ID Include footnote identify subject that does not have target lesion at baseline	SAC
2.020.	mITT	Non-Standard	Spider Plot of Percent Change from Baseline in Target Lesion Diameter– First Infusion	Label with subject ID Use EFF_F1 Include footnote identify subject that does not have target lesion at baseline	SAC
Time-to-Event Endpoints					
2.030.	mITT	TTE10	Graph of Kaplan Meier Survival Curves of Progression-Free Survival with 95% Confidence Bands (RECIST 1.1 Criteria) – First Infusion	Include footnote identify subject that does not have target lesion at baseline	SAC
2.050.	mITT	TTE10	Graph of Kaplan Meier Survival Curves of Overall Survival with 95% Confidence Bands		SAC

14.10.7. Safety Tables

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events (AEs)					
3.010	ITT	AE1	Summary of All Adverse Events by System Organ Class and Preferred Term	ICH E3 Do not use combined PT Terms	SAC
3.020	mITT	AE1	Summary of All Treatment Emergent Adverse Events by System Organ Class and Preferred Term	ICH E3 Do not use combined PT Terms	SAC
3.030	ITT	AE1	Summary of Adverse Events Grouped by Similarity of Preferred Terms	Only include combined PT term AEs -Remove “Any Event” row -SOC from AE1 should be Combined Term -PT term from AE1 should Preferred Term Label column “Synoymn/Preferred Term” If combined AE does not appear, include a 0 count.	SAC
3.040	ITT	OAE07	Summary of All Adverse Events by Maximum Grade	Use Combined PT list **FOR ALL COMBINED PT TABLES FOOTNOTE=Adverse Events are combined as showed in Table 3.40”** **COLUMN LABEL=Adverse Events** **All tables by maximum grade should only include Grade 3+4+5 column as in OAE01, not Grade 3+4 columns**	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.050	mITT	OAE07	Summary of All Treatment Emergent Adverse Events by Maximum Grade	Use Combined PT list	SAC
3.060	mITT	OAE07	Summary of All Study-Treatment Related Adverse Events by Maximum Grade	ICH E3 Use Combined PT list Treatment related including all lymphodepletion regimens and T-cell Infusion	SAC
3.070	mITT	OAE07	Summary of All T-Cell Related Adverse Events by Maximum Grade	ICH E3 Use Combined PT list	SAC
3.080	mITT	OAE07	Summary of All Lymphodepletion-Related Adverse Events by Maximum Grade	ICH E3 Use Combined PT list	SAC
3.090	ITT	AE15	Summary of All Common (>=5%) Non-serious Adverse Events by System Organ Class and Preferred Term (Number of Subject and Occurrences)	FDAAA, EudraCT Do not combine PT Terms	SAC
3.100	mITT	AE3	Summary of All Non-Serious Study-Treatment Related AEs by Overall Frequency	Do not combine PT Terms	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events of Special Interest					
3.110	mITT	ESI1	Summary of Characteristics of Cytokine Release Syndrome-First Infusion	Use Focused Scope List Report for all subjects and for all subjects with event Report characteristics, outcome, number of occurrences and max grade Do not create if 1 or less people have event, default to listing Footnote – "Preferred terms identified in the Focused list are summarized" Exclude AEs after second lymphodepletion	SAC
3.140	mITT	ESI1	Summary of Characteristics of Haematopoietic Cytopenias (Comprehensive List)-First Infusion	Use Comprehensive Scope List Footnote – "Preferred terms identified in the Comprehensive list are summarized " See above	SAC
3.180	mITT	ESI2a	Summary of Onset and Duration of the First Occurrence of Cytokine Release Syndrome-First Infusion	Time to onset (days) (-8- -1, 1-14, 15-28, 29-56, >56) Remove subject at risk Duration (days) (1-28, 29-90, >90) Onset from first T-cell infusion Do not create if 1 or less people have event, default to listing Focused Scope reporting list Footnote – "Preferred terms identified in the Focused list are summarized	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.210	mITT	ESI2a	Summary of Onset and Duration of the First Occurrence of Haematopoietic Cytopenias (Comprehensive List)-First Infusion	See note above- use comprehensive list Footnote – "Preferred terms identified in the Comprehensive list are summarized	SAC
3.270	mITT	ESI2a	Summary of Onset and Duration of the Last Occurrence of Haematopoietic Cytopenias (Comprehensive List)-First Infusion	See note above- use comprehensive list Footnote – "Preferred terms identified in the Comprehensive list are summarized	SAC
3.290	mITT	SAFE_T1	Summary of Time to Resolution of Grade 3 and Above Cytokine Release Syndrome-First Infusion	Do not create if 1 or less people have event, default to listing Focused list	SAC
3.320	mITT	SAFE_T1	Summary of Time to Resolution of Grade 3 and Above Haematopoietic Cytopenias (Comprehensive List)-First Infusion	Do not create if 1 or less people have event, default to listing	SAC
3.360	mITT	OAE01	Summary of All Treatment Emergent Adverse Event of Special Interest by Maximum Grade (Focused List)-All Infusions	Replace SOC with AESI category Use Combined PT	SAC
3.370	mITT	OAE01	Summary of All Treatment Emergent Adverse Event of Special Interest by Maximum Grade (Comprehensive List)-All Infusions	Replace SOC with AESI category Use preferred term, not combined PT	SAC
Serious and Other Significant Adverse Events					
3.380	ITT	AE16	Summary of All Serious Adverse Events by System Organ Class and Preferred Term (Number of Subjects and Occurrences)	FDAAA, EudraCT Do not use Combined PT term	SAC
3.390	ITT	OAE07	Summary of All Serious Adverse Events by Maximum Grade	Use Combined PT	SAC
3.400	mITT	OAE07	Summary of All Treatment Emergent Serious Adverse Events by Maximum Grade	Use Combined PT	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.410	mITT	OAE07	Summary of All Study Treatment Related Serious Adverse Events by Maximum Grade	Use Combined PT Treatment related including all lymphodepletion regimens and T-cell Infusion	SAC
3.420	mITT	OAE07	Summary of All T-cell Related Serious Adverse Events by Maximum Grade	Use Combined PT	SAC
3.430	mITT	OAE07	Summary of All Lymphodepletion-Related Serious Adverse Events by Maximum Grade	Use Combined PT	SAC
3.440	ITT	AE3	Summary of Fatal Adverse Events	Use Combined PT Don't produce if <5 subjects have fatal AE	SAC
3.450	mITT	AE3	Summary of Study-Treatment Related Fatal Adverse Events	Don't produce if < 5 subjects have study treatment related fatal AE Use Combined PT	SAC
3.460	mITT	AE3	Summary of All Serious Study-Treatment Related AEs by Overall Frequency	Don't use Combined PT	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Deaths					
3.470	mITT	DD1	Summary of Deaths	IDSL Only report Alive at Last Contact, not follow up ended/ongoing Report as collected on the CRF -Disease Under study -Treatment related toxicity -Other Report time from T-cell infusion to death with median, min, max, 1st Q, 3rd Q in months, >30 days or <=30 days	SAC
Laboratory: Chemistry					
3.480	mITT	LB1	Summary of Chemistry Changes from Baseline (First Infusion)	ICH E3	SAC
3.490	mITT	OBL9A	Summary of Worst Case Chemistry Results by Maximum Grade Increase Post-Baseline Relative to Baseline (First Infusion)	ICH E3 Do not report by visit For labs that are gradeable by CTCAEv4.03	SAC
3.500	mITT	OLB11A	Summary of Worst Case Chemistry Results Relative to Normal Range Post-Baseline Relative to Baseline (First Infusion)	ICH E3 Do not report by visit For labs that are not gradeable by CTCAE	SAC
Laboratory: Hematology					
3.510	mITT	LB1	Summary of Hematology Changes from Baseline (First Infusion)	ICH E3	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.520	mITT	OBL9A	Summary of Worst Case Hematology Results by Maximum Grade Increase Post-Baseline Relative to Baseline (First Infusion)	ICH E3 Do not report by visit For labs that are gradeable by CTCAEv4.03	SAC
3.530	mITT	OLB11A	Summary of Worst Case Hematology Results Relative to Normal Range Post-Baseline Relative to Baseline (First Infusion)	ICH E3 Do not report by visit For labs that are not gradeable by CTCAE	SAC
Laboratory: Other Tests					
3.540	mITT	LB1	Summary of Urinalysis Laboratory Changes from Baseline (First Infusion)	ICH E3	SAC
ECG					
3.570	mITT	EG1	Summary of ECG Findings (First Infusion)	IDSL "Clinically significant change from baseline" in this standard shell is not collected in this study so cannot be reported: drop from display.	SAC
3.580	mITT	OECG1A	Summary of Maximum QTc Values Post-Baseline Relative to Baseline by Category (First Infusion)	IDSL Do not report by visit QTcF and QTcB reported in one table	SAC
3.590	mITT	EG2	Summary of Change from Baseline in ECG Values by Visit (First Infusion)	IDSL QTcF and QTcB reported separately	SAC
3.600	mITT	OECG2A	Summary of Maximum Increase in QTc Values Post-Baseline Relative to Baseline by Category (First Infusion)	IDSL Do not report by visit QTcF and QTcB in one table	SAC

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Vital Signs					
3.610	mITT	VS1	Summary of Change from Baseline in Vital Signs (First Infusion)	ICH E3 Include weight, bmi, temp, BP, pulse rate, respiratory rate, oxygen saturation	SAC
3.620	mITT	OVT1A	Summary of Worst Case change in Heart Rate Relative to Normal Range Post-Baseline Relative to Baseline (First Infusion)	IDSL Do not summarize by visit	SAC
3.630	mITT	OVT2A	Summary of Worst Case Increase in Blood Pressure by Maximum Grade Increase Post-Baseline Relative to Baseline (First Infusion)	IDSL Do not summarize by visit	SAC
Performance Status					
3.640	mITT	PS1A	Summary of ECOG Performance Status (First Infusion)	ICH E3 Just summarize at baseline and last-assessment	SAC
3.650	mITT	PS3A	Summary of Change in ECOG Performance Status from Baseline (First Infusion)	ICH E3 Include best and worst case	SAC
Replication Competent Lentivirus Positive (RCL)					
3.660	mITT	SAFE_T3	Summary of Replication Competent Lentivirus Positive	All infusions	SAC
3.670	mITT	SAFE_T3	Summary of Subjects Showing >1% Gene Marked PBMCs 1 Year Post-treatment	Label- >1% Gene Marked PBMCs 1 Year Post-treatment All infusions	SAC

14.10.8. Safety Figures

No.	Population	IDSL / Example Shell	Title	Programming Notes	Deliverable [Priority]
Duration Plots					
3.010.	mITT	SAFE_F1	Plot of Prior Therapy Information	.	SAC
3.020.	mITT	SAFE_F2	Plot of Duration on Interventional Phase 1	.	SAC
Laboratory					
3.030.	mITT	LIVER14	Scatter Plot of Maximum vs. Baseline for ALT (First Infusion)	IDSL	SAC
3.040.	mITT	LIVER9	Scatter Plot of Maximum ALT vs. Maximum Total Bilirubin – eDISH (First Infusion)	IDSL	SAC

14.10.9. Biomarker Tables

Biomarker: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Persistence of NY-ESO-1^{c259}T					
6.010.	mITT	BIO_T1	Summary of Peak Persistence (First Infusion)	Only report maximum persistence (i.e. not by scheduled visits). Report overall cohort and by responders vs. non-responders	SAC
6.020.	mITT	BIO_T2	Summary of Time to Peak Persistence (First Infusion)	Report overall cohort and by responders vs. non-responders	SAC

14.10.10. Biomarker Figures

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Cytokines					
6.010.	mITT	BIO_F4	Profile of IL-6 by CRS Status and Subject (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Make CRS start red triangle, make CRS stop red square. Add legend labels for start and stop of CRS event. Add label of CRS start and stop date Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.020.	mITT	BIO_F4	Profile of IL-6 by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.030.	mITT2	BIO_F4	Profile of IL-6 by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use Log10 for y axis and same x axis length as first infusion display	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.040.	mITT	BIO_F4	Profile of IL-10 by CRS Status and Subject (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Make CRS start red triangle, make CRS stop red square. Add legend labels for start and stop of CRS event. Add label of CRS start and stop date Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.050.	mITT	BIO_F4	Profile of IL-10 by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.060.	mITT2	BIO_F4	Profile of IL-10 by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use Log10 for y axis and same x axis length as first infusion display	SAC
6.070.	mITT	BIO_F4	Profile of TNF-alpha by CRS Status and Subject (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Make CRS start red triangle, make CRS stop red square. Add legend labels for start and stop of CRS event. Add label of CRS start and stop date Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.080.	mITT	BIO_F4	Profile of TNF-alpha by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.090.	mITT2	BIO_F4	Profile of TNF-alpha by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use Log10 for y axis and same x axis length as first infusion display	SAC
6.100.	mITT	BIO_F4	Profile of IFN-gamma by CRS Status and Subject (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Make CRS start red triangle, make CRS stop red square. Add legend labels for start and stop of CRS event. Add label of CRS start and stop date Add dot at each cytokine measurement One color per subject Use Log10 for y axis	SAC
6.110.	mITT	BIO_F4	Profile of IFN-gamma by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject Use Log10 for y axis.	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.120.	mITT2	BIO_F4	Profile of IFN-gamma by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use Log10 for y axis and same x axis length as first infusion display	SAC
6.130.	mITT	BIO_F4	Profile of IL-1beta by CRS Status and Subject (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Make CRS start red triangle, make CRS stop red square. Add legend labels for start and stop of CRS event. Add label of CRS start and stop date Add dot at each cytokine measurement One color per subject	SAC
6.140.	mITT	BIO_F4	Profile of IL-1beta by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject	SAC
6.150.	mITT2	BIO_F4	Profile of IL-1beta by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use same x axis length as first infusion display	SAC
6.151	mITT	BIO_F4	Profile of IL-7 by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.152	mITT2	BIO_F4	Profile of IL-7 by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use same x axis length as first infusion display	SAC
6.153	mITT	BIO_F4	Profile of IL-15 by Response and Subject (First Infusion)	By responder and non-responder per investigator-assessed best response with confirmation. Include footnote per mock programming note. Add dot at each cytokine measurement One color per subject	SAC
6.154	mITT2	BIO_F4	Profile of IL-15 by Subject (Second Infusion)	Do not separate by responder status Add dot at each cytokine measurement Use same x axis length as first infusion display	SAC
6.160.	mITT	BIO_F5	Peak Cytokine Expression of IL-6 by CRS Status (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Add mean in legend	SAC
6.170.	mITT	BIO_F5	Peak Cytokine Expression of IL-6 by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.180.	mITT	BIO_F5	Peak Cytokine Expression of IL-10 by CRS Status (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Add mean in legend	SAC
6.190.	mITT	BIO_F5	Peak Cytokine Expression of IL-10 by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.200.	mITT	BIO_F5	Peak Cytokine Expression of TNF-alpha by CRS Status (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Add mean in legend	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.210.	mITT	BIO_F5	Peak Cytokine Expression of TNF-alpha by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.220.	mITT	BIO_F5	Peak Cytokine Expression of IFN-gamma by CRS Status (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Add mean in legend	SAC
6.230.	mITT	BIO_F5	Peak Cytokine Expression of IFN-gamma by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.240.	mITT	BIO_F5	Peak Cytokine Expression of IL-1beta by CRS Status (First Infusion)	By CRS (None or Non-Serious CRS vs. Serious CRS) Add mean in legend	SAC
6.250.	mITT	BIO_F5	Peak Cytokine Expression of IL-1beta by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.251	mITT	BIO_F5	Peak Cytokine Expression of IL-7 by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
6.252	mITT	BIO_F5	Peak Cytokine Expression of IL-15 by Response (First Infusion)	By responder and non-responder Add mean in legend	SAC
Persistence of NY-ESO-1^{c259}T					
6.260.	mITT	BIO_F3	Persistence Profile by Subject (First Infusion)	Do not separate responder and non-responder Create a new display for each subject All subjects should not be on the same plot. Use same x and y axis for all plots	SAC
6.270.	mITT	BIO_F3	Persistence Profile by Subject and Responder Status (First Infusion)	Separate by responder and non-responder All subjects in the same display	SAC

Biomarker: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.271	mITT	BIO_F3	Persistence Profile by Subject and Responder Status Truncated at 6 Months (First Infusion)	Separate by responder and non-responder All subjects in the same display Truncate at day 180 and show tick mark every 30 days	SAC
6.280.	mITT2	BIO_F3	Persistence Profile by Subject (Second Infusion)	Do not separate by responder-non-responder Use x axis length in display 6.260	SAC
6.290.	mITT	BIO_F5	Distribution of Peak Persistence (First Infusion)	By responder and non-responder Add mean in legend	SAC

14.10.11. ICH Listings

Add mITT and mITT2 flags to all ITT listings and mITT2 flags to all mITT listings.

Replace Study Day in all listings to Time from 1st Infusion/ Time from 2nd Infusion

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
10.	Screened	ES7	Listing of Reasons for Screen Failure	Journal Guidelines Only include subjects that were screen failures Do not include "Type of Failure"	SAC
20.	ITT	ES2	Listing of Reasons for Study Withdrawal (Interventional Phase 1)	ICH E3 Do not include columns "Reason Term(s)", "Was a follow-up phone contact attempted 3 times?" & " Was a follow-up certified letter mailed?" from GSK standard mock as not collected in this study.	SAC
30.	Second T-cell Infusion	ES2	Listing of Reasons for Study Withdrawal (Interventional Phase 2)	ICH E3Do not include columns "Reason Term(s)", "Was a follow-up phone contact attempted 3 times?" & " Was a follow-up certified letter mailed?" from GSK standard mock as not collected in this study.	SAC
40.	mITT	POP_L5	Listing of Subject Status		SAC
Protocol Deviations					
50.	ITT	DV2	Listing of Important Protocol Deviations	ICH E3	SAC
60.	ITT	IE3	Listing of Subjects with Inclusion/Exclusion Criteria Deviations	ICH E3	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Populations Analysed					
70.	Screened	SP3	Listing of Subjects Excluded from Any Population	ICH E3 ITT, mITT, mITT2	SAC
Demographic and Baseline Characteristics					
80.	ITT	DM2	Listing of Demographic Characteristics	ICH E3 Add BMI and Race	SAC
Prior and Concomitant Medications					
90.	ITT	BP4	Listing of Blood Products	IDSL Include flag for blood product occurring on or after second lymphodepletion	SAC
100.	ITT	CM3	Listing of Medications	IDSL Include all collected medications, do not subset on concomitant medications study phase Replace “Started Pre-Trial” column with “Prior / Concomitant” Include flag for conmed occurring on or after second lymphodepletion	SAC
Exposure and Treatment Compliance					
110.	ITT	Non-standard/POP_L3	Listing of Leukapheresis, Lymphodepletion, and T-cell Infusion Dates	ICH E3 Include both first and second infusion exposures	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
120.	ITT	POP_L1	Listing of Exposure to T-cell Infusion	ICH E3 Start date, study day, start time, end time, total cell dose, total number of transduced cells, percentage of cells transduced, lot number. Report cell dose as 10^9 Include both first and second infusion exposures	SAC
130.	ITT	POP_L2	Listing of Exposure to Lymphodepletion Chemotherapy	ICH E3 Include both first and second infusion exposures	SAC
Response					
140.	ITT	RE5	Listing of Investigator-Assessed Responses at Each Visit with Confirmation (RECIST 1.1 Criteria)- First Infusion	Include Target and Non-Target Lesion column Do not keep measureable disease at baseline ,CA, or organs of PD columns Include footnote identify subject that does not have target lesion at baseline	SAC
150.	mITT2	RE5	Listing of Investigator-Assessed Responses at Each Visit with Confirmation (RECIST 1.1 Criteria)- Second Infusion	Include Target and Non-Target Lesion column Do not keep measureable disease at baseline ,CA, or organs of PD columns	SAC
160.	mITT	TTE9	Listing of Time To Response -First Infusion	Change randomization date to T-cell Infusion Date,	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
170.	mITT	TTE9	Listing of Time To Response -Second Infusion	Change randomization date to 2nd T-cell Infusion Date,	SAC
180.	mITT	TTE9	Listing of Progression-Free Survival-First Infusion	Use T-cell infusion date Include footnote identify subject that does not have target lesion at baseline	SAC
190.	mITT	TTE9	Listing of Progression-Free Survival-Second Infusion	Use T-cell infusion date	SAC
200.	mITT	TTE9	Listing of Duration of Response-First Infusion	Change randomization date to T-cell Infusion Date. Add date of confirmed response	SAC
210.	mITT	TTE9	Listing of Duration of Response-Second Infusion	Change randomization date to 2nd T-cell Infusion Date. Add date of confirmed response	SAC
220.	mITT	TTE9	Listing of Overall Survival	Change randomization date to T-cell Infusion Date.	SAC
Adverse Events					
230.	ITT	AE8	Listing of Adverse Events	ICH E3 Use "Time Since 1st T-Cell Infusion/Time Since 2nd T-cell Infusion" MITT flag Include all AEs on study and display flag for second infusion treatment emergent AE (Y/N)	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
240.	mITT	SAFE_L1	Listing of Delayed Adverse Events	ICH E3 Use "Time Since 1st T-Cell Infusion/Time Since 2nd T-cell Infusion" Display second infusion treatment emergent AE flag	SAC
250.	ITT	AE7	Listing of Subject Numbers for Individual Adverse Events	ICH E3 All AEs	SAC
260.	ITT	AE2	Listing of Relationship Between Adverse Event System Organ Classes, Preferred Terms, and Verbatim Text	IDSL	SAC
Adverse Events of Special Interest					
270.	mITT	SAFE_L1	Listing of Cytokine Release Syndrome Adverse Events	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2 Add column Medications/Procedures	SAC
280.	mITT	SAFE_L2	Listing of Symptoms, Concomitant Medications, and Procedures Related to Cytokine Release Syndrome		SAC
290.	mITT	SAFE_L1	Listing of Graft versus Host Disease Adverse Events	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
300.	mITT	SAFE_L1	Listing of Immune Effector-Cell Associated Neurotoxicity Syndrome (ICANS)- Adverse Events	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC
310.	mITT	SAFE_L1	Listing of Haematopoietic Cytopenias Adverse Events (Focused List)	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC
320.	mITT	SAFE_L1	Listing of Haematopoietic Cytopenias Adverse Events (Comprehensive List)	Comprehensive scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC
330.	mITT	SAFE_L1	Listing of Guillain-Barre Syndrome Adverse Events	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC
340.	mITT	SAFE_L1	Listing of Pneumonitis Adverse Events	Focused scope Sort by USUBJID, AEDECOD, ASTDT, AENDT Display all AESIs, 1st and 2nd inf. Display start and end study day 2	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Serious and Other Significant Adverse Events					
350.	ITT	AE8	Listing of Fatal Serious Adverse Events	ICH E3 Use "Time Since 1st T-Cell Infusion/Time Since 2nd T-cell Infusion" Display all AEs MITT Flag Display second infusion treatment emergent AE flag	SAC
360.	ITT	AE8	Listing of Non-Fatal Serious Adverse Events	ICH E3 Use "Time Since 1st T-Cell Infusion/Time Since 2nd T-cell Infusion" MITT Flag Display all AEs Display second infusion treatment emergent AE flag	SAC
370.	ITT	AE14	Listing of Reasons for Considering as a Serious Adverse Event	ICH E3 Display second infusion treatment emergent AE flag	SAC
371.	ITT	PAN12	Listing of Covid-19 Assessments and Symptoms Assessments	If data exists	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Deaths					
380.	ITT	DTH3	Listing of Deaths	ICH E3 Include "Time from 1st T-cell infusion/ Time from 2nd T-cell infusion" MITT Flag Exclude "No. of Cycles/ Last Dose (unit)".	SAC
381	ITT	DD3	Death Profile	ICH E3 MITT Flag If data warrant	SAC
Hepatobiliary (Liver)					
390.	ITT	LIVER5	Listing of Liver Monitoring/Stopping Event Reporting	IDSL Update columns "Time Since First Dose", "Time Since Last Dose (days)" of LIVER5 mock with "Time Since First T-Cell Infusion" & "Time Since Second T-Cell Infusion".	SAC
400.	mITT	LIVER13	Listing of Subjects Meeting Hepatobiliary Laboratory Criteria Post-Baseline	IDSL	SAC
410.	ITT	LIVER15	Liver Stopping Event Profile	IDSL Date of Start of Treatment and Date of End of Treatment change to Date of First T-cell Infusion, Date of Second T-cell Infusion	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
All Laboratory					
420.	ITT	LB5A	Listing of All Chemistry Data for Subjects with Any Value of Potential Clinical Importance/Outside Normal Range	ICH E3	SAC
430.	ITT	LB5A	Listing of All Hematology Data for Subjects with Any Value of Potential Clinical Importance/Outside Normal Range	ICH E3	SAC
440.	ITT	LB5A	Listing of All Other Laboratory Data for Subjects with Any Value of Potential Clinical Importance/Outside Normal Range	ICH E3	SAC
450.	ITT	LB5A	Listing of Chemistry Values of Potential Clinical Importance		SAC
460.	ITT	LB5A	Listing of Hematology Values of Potential Clinical Importance		SAC
470.	ITT	LB5A	Listing of Other Laboratory Values of Potential Clinical Importance		SAC
480.	ITT	LB14	Listing of Laboratory Data with Character Results	ICH E3	SAC
490.	ITT	UR2A	Listing of Urinalysis Data	ICH E3	SAC
500.	mITT	LB5	Listing of Cytokine Data	Include flag for subjects with serious CRS event Include all infusions	SAC
510.	mITT	BIO_L1	Listing of Persistence Data	Raw and Derived All infusions included with second infusion info derived separately	SAC
520.	mITT	LB5	Listing of VSV-G DNA (RCL) Data		SAC
531.	mITT	LB5	Listing of ICE Score	Date, Time, ICE Points	SAC

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
532.	ITT	BIO_L2	Listing of Immunohistochemistry Data		SAC
ECG					
540.	ITT	EG3	Listing of All ECG Values for Subjects with Any Value of Potential Clinical Importance	IDSL	SAC
550.	ITT	EG5	Listing of All ECG Findings for Subjects with an Abnormal ECG Finding	IDSL Remove clinically significant change from baseline and clinically significant abnormality	SAC
560.	ITT	OECG5A	Listing of QTc Values of Potential Clinical Importance	Specify if Bazett's or Fridericia	SAC
Vital Signs					
570.	ITT	OVT7A	Listing of Vital Signs with any Value of Potential Clinical Importance	Add oxygen saturation column with category defined in PCI section	SAC
Performance Status					
580.	ITT	PS5A	Listing of ECOG Performance Status		SAC

14.10.12. Non-ICH Listings

Add mITT and mITT2 flags to all ITT listings and mITT2 flags to all mITT listings

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Disease Characteristics					
590.	ITT	DC3	Listing of Disease Characteristics at Initial Diagnosis	Date of diagnosis/ time from diagnosis to screening (months), stage of lung cancer at initial diagnosis, type of histology	SAC
600.	ITT	POP_L4	Listing of Disease Characteristics at Screening	Number of prior systemic therapy regimens before enrolment, number of radiotherapy therapy before enrolment,*, stage of lung cancer at time of enrolment, Tumor Type, Anatomical Location, HLA Allele 1 status, HLA Allele 2 status, NY-ESO-1 status	SAC
Anti-Cancer Therapy					
610.	ITT	AC6	Listing of Prior Anti-Cancer Therapy	Include amount/scheduled or cumulative dose, regimen number, and best response per mock Therapy before leukapheresis-see study phase	SAC
611.	ITT	AC6	Listing of Bridging Anti-Cancer Therapy	Include amount/scheduled or cumulative dose and regimen number, and best response per mock	SAC

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
				see study phase for definition of bridging therapy	
620.	mITT	FAC3	Listing of On-Study Anti-Cancer Therapy	Include flag for on-study anti-cancer therapy occurring on or after second lymphodepletion Include amount/scheduled or cumulative dose and regimen number per mock	SAC
630.	ITT	AC7	Listing of Prior and Bridging Anti-Cancer Radiotherapy	Include prior and bridging and flag bridging therapy	SAC
Medical Conditions					
640.	ITT	MH2	Listing of Medical Conditions	Remove Past/Current category and replace with “Ongoing?” flag	SAC
Surgical Procedures					
650.	ITT	OSP3	Listing of Prior and Bridging Cancer-Related Surgical Procedures	List Surgery Intent and Site and Date of Surgery Include prior and bridging and flag bridging therapy	SAC
660.	mITT	OSP3	Listing of On-Study Cancer-Related Surgical Procedures	List Surgery Intent and Site and Date of Surgery Include flag for on-study surgery occurring on or after second lymphodepletion	SAC
661.	ITT	OSP3	Listing of Tumor Biopsies	Use listing 650 as mock and remove timepoint, classification, and bridging therapy column. Rename “Surgery Intent”=”Type of Sample Obtained”, “Site of Surgery”	SAC

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
				= “Anatomical Location”	
Substance Use					
670.	ITT	SU2	Listing of Substance Use	List cigarette use, years smoked, packs per day	SAC
Responses					
680.	mITT	LA5	Listing of Investigator-Assessed Lesion Assessments (RECIST 1.1 Criteria)	Include second infusion lesion assessments	SAC

14.11. Appendix 11: Example Mock Shells for Data Displays

14.11.1. POP_T1 Exposure Mock-Up Summary

Example POP_T1
Protocol: 208479 Page 1 of 1
Population: Intent-To-Treat (Data as of: 24APR2018)

Table X.X
Summary of Exposure

	GSK794 (N=15)
Apheresis Performed	13 (87%)
Received Lymphodepleting Therapy	12 (80%)
Received T-cell Infusion	10 (67%)
Received Second T-cell Infusion	2 (13%)

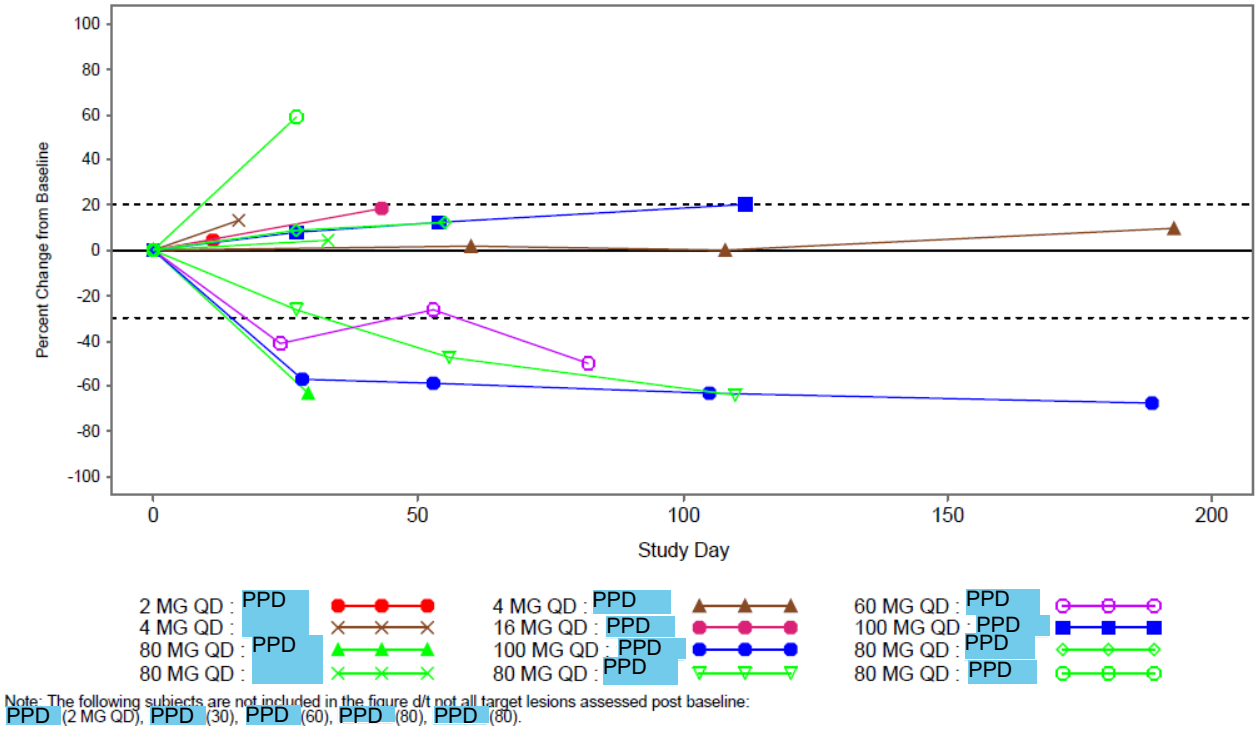
Note:
1: ITT population comprises of all subjects who enrolled in the trial and met all eligibility criteria..

PPD

14.11.2. EFF_F1 Spider Plot Mock-Up Figure

Example EFF_F1
Protocol: 208479 Page 1 of 1
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

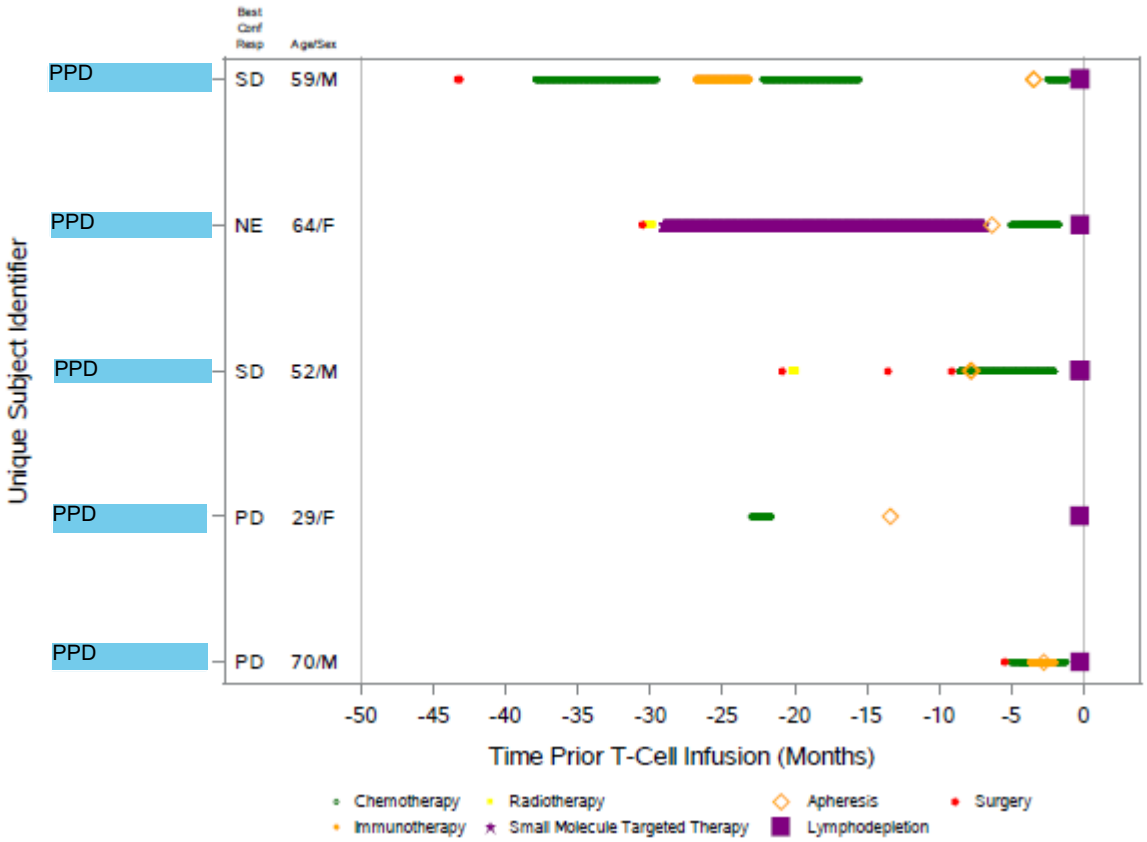
Figure X
Spider Plot of Percent Change from Baseline in Target Lesion Diameter



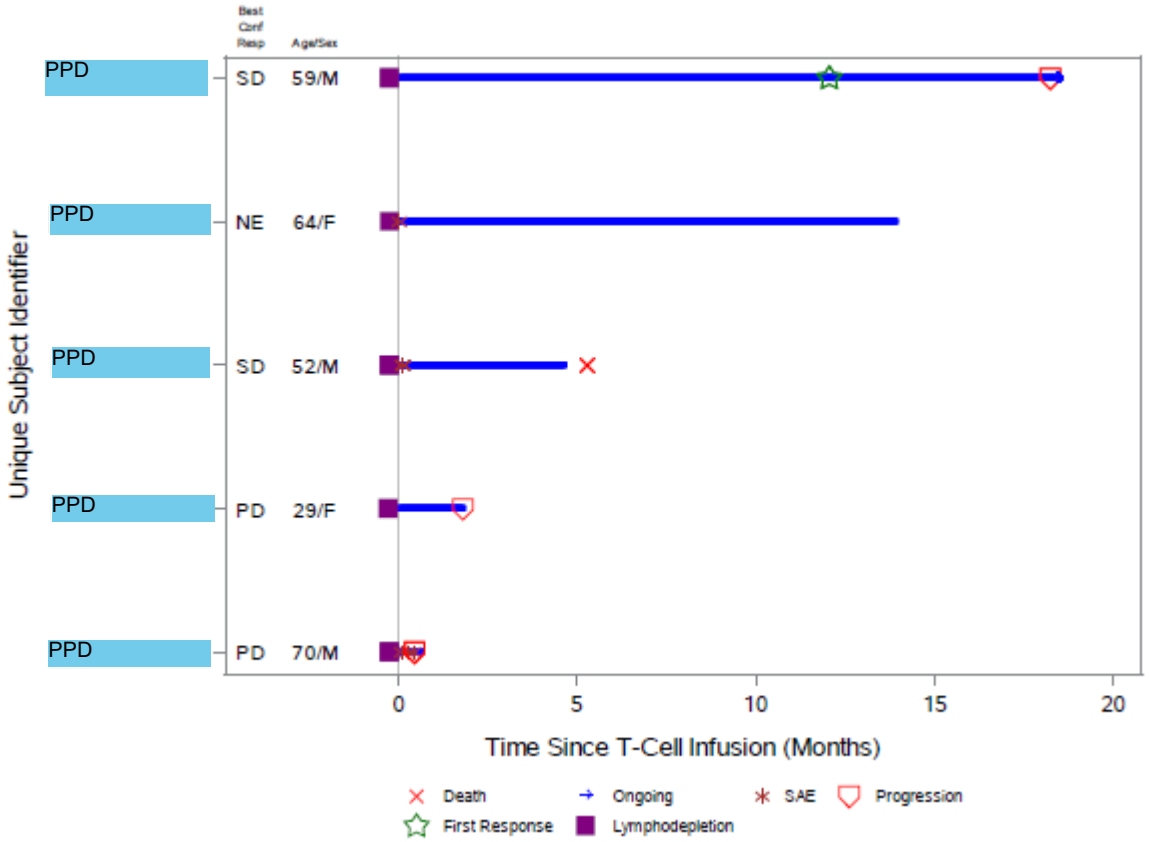
Note:
1: mITT population includes all ITT subjects who received T cell infusion.

14.11.3. SAFE_F1 Prior Therapy Mock-Up Figure

Figure 1.15
Plot of Prior Therapy Information



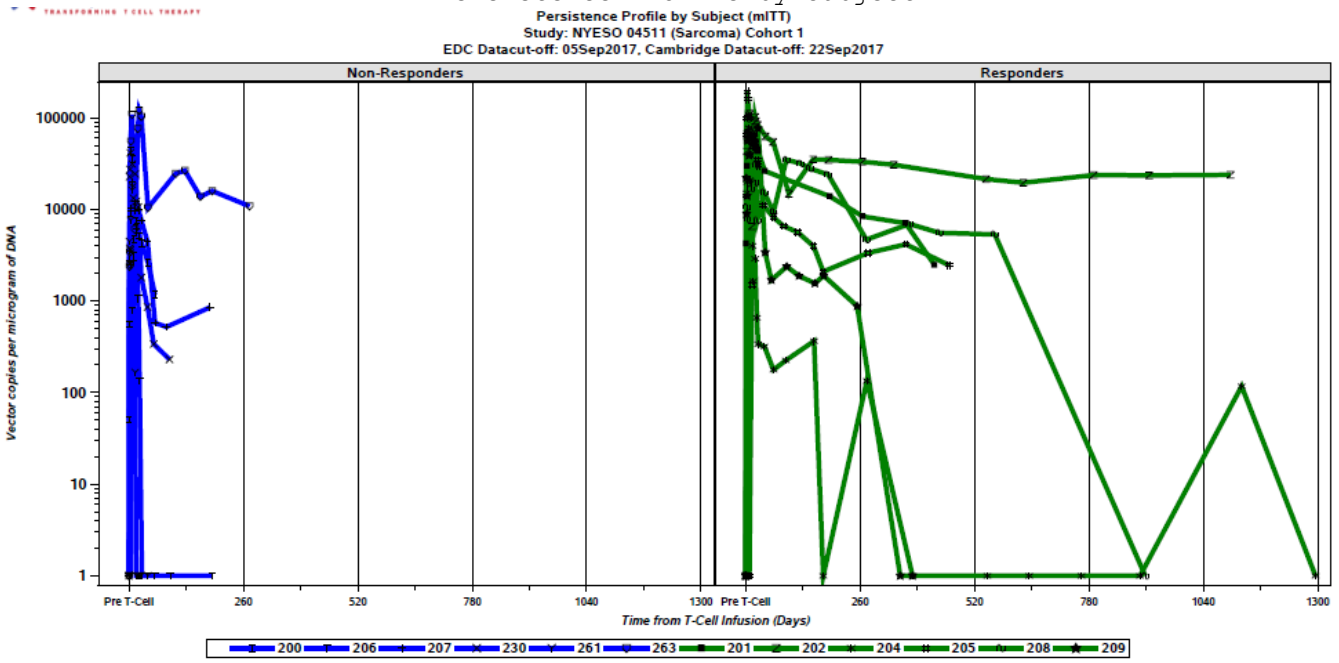
14.11.4. SAFE_F2 Study Duration Mock Up Figure



14.11.5. BIO_F3 Persistence Profile Mock-Up Figure

Example BIO_F3
Protocol: 208479 Page 1 of 1
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Figure X
Persistence Profile by Subject



Note 1: mITT (modified Intent to Treat) is defined as all eligible subjects who received T-Cell therapy.
Note 2: Y axis is Log Transformed. Values that are <xx are set to 1.

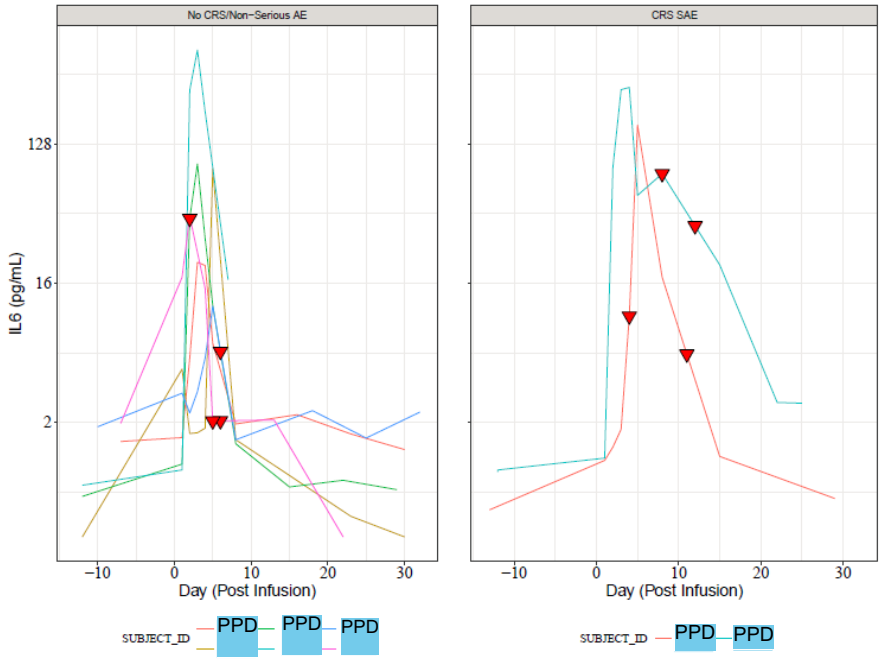
Source: P:\Biometrics\05Sep2017Datacutoff\04511\Programs\perplt_coh1.sas Run Date\Time: 10/18/2017 16:03

Note:
1: mITT population includes all ITT subjects who received T cell infusion.

14.11.6. BIO_F4 Cytokine Spider Plot Mock-Up Figure

Example BIO_F4
Protocol: 208479
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Figure X
IL-6 Profile by Subject

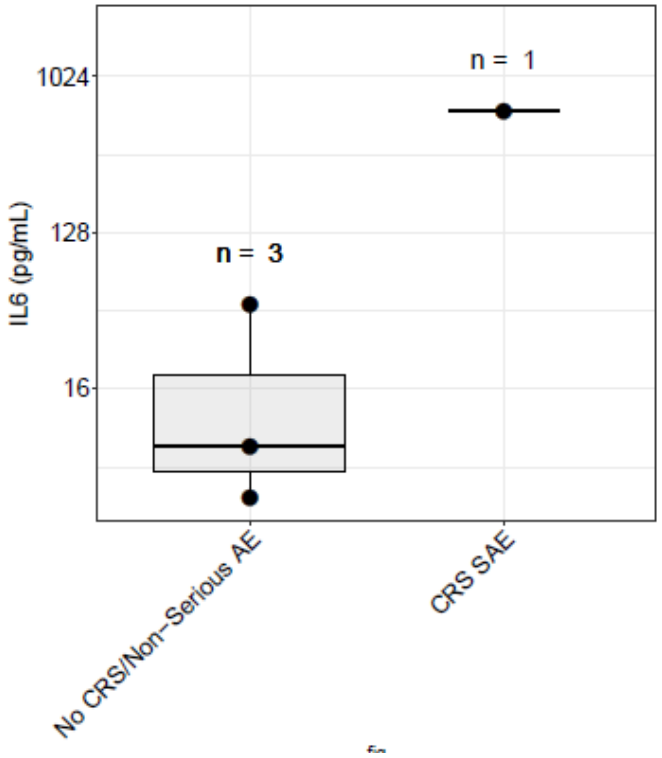


Note:
1: mITT population includes all ITT subjects who received T cell infusion
Where plotting split by responder and non-responder include footnote "Note: Responders are subjects with investigator-assessed best response with confirmation (per RECIST 1.1 criteria) of Partial Response or Complete Response."

14.11.7. BIO_F5 Cytokine Box Plot Figure

Example BIO_F5
Protocol: 208479 Page 1 of 1
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Figure X
Peak Cytokine Expression by CRS Status



Note:
1: mITT population includes all ITT subjects who received T cell infusion

14.11.8. SAFE_L1 CRS Mock-Up Listing

Example SAFE_L1
Protocol: GSK208479
Population: Intent-to-Treat (Data as of: 24APR2018)

Listing XX
Listing of Adverse Events of Special Interest

Treatment: GSK794
Infusion: First Infusion

Site Id./ Unique Subject Id.	Date of Apheresis/ Date of Lymphodepletion/ Date of T-cell Infusion	Preferred Term	Total Event Duration (Days)	AE Start Date/Start Study Day/ AE End Date/End Study Day/ Event Duration (Days)	SAE Code	Grade	Relationship to Study Treatment	Outcome of Event
PPD / PPD	PPD / /	Cytokine release syndrome	9	PPD / 3 PPD / 10/ 8	Not applicable	Grade 2	Yes: T-Cell	Recovered/resolved
				PPD / 5 PPD / 11 7	Not applicable	Grade 3	Yes: T-Cell	Recovered/resolved

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208749

				PPD / 6 PPD / 11/ 6	Not applicable	Grade 1	Yes: T-Cell	Recovered/resolved
		Cytokine release syndrome	3/ Y	PPD / 379 PPD / 380/ 2	Not applicable	Grade 1	Yes: T-Cell	Recovered/resolved
				PPD / 380 PPD / 381/ 2	Not applicable	Grade 3	Yes: T-Cell	Recovered/resolved
PPD / PPD	PPD / PPD / PPD	Cytokine release syndrome	8/ N	PPD / 5 PPD / 12/ 8	Hospitalization	Grade 3	Yes: T-Cell	Recovered/ resolved

Note:
1: ITT population comprises of all subjects who enrolled in the trial and met all eligibility criteria.
2: The second infusion section of the listing includes all AE starting after second lymphodepletion. In the section, the study day is in reference to second T-cell infusion, and the apheresis, lymphodepletion, and T-cell dates are for second infusion.
USER ID:directory/program.sas 01JAN2002 12:01

14.11.9. BIO_T1 Summary of Peak Persistence

Example BIO_T1
Protocol: 208749
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Table X
Summary of Peak Persistence

Test (units)	Group	N	n	Mean	SD	Median	Min.	Max.
Peak Persistence (Cell number/ µL)	Overall	202	180	74.3	9.82	74	51	96
	Non-Responders	100	90	70.4	8.51	62	51	80.4
	Responders	102	90	80.4	6.41	92	30	96

Note:
1: mITT population comprises of all subjects in the ITT population that received T-cell infusion

PPD

14.11.10. BIO_T2 Summary of Time to Peak Persistence

Example: BIO_T2
Protocol: 208749
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Table X
Summary of Time to Peak Persistence

			Time (Days) to Peak Persistence (Cell number/ µL)				
Group	N	n	Mean	SD	Median	Min.	Max.
Overall	100	99	25.0	4.52	25.0	20	34
Non-Responders	50	49	21.0	3.25	22.0	20	28
Responders	50	50	30.0	3.51	29.5	36	34

Note:
1: mITT population comprises of all subjects in the ITT population that received T-cell infusion

14.11.11. SAFE_T3 Summary of Replication Competent Lentivirus Positive

Example: BIO_T3
Protocol: 208749
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Table X
Summary of Replication Competent Lentivirus Positive

	GSK794 (N=40)
Replication Competent Lentivirus Positive	
n	4
Count	2 (50%)

Note:
1: mITT population comprises of all subjects in the ITT population that received T-cell infusion
PPD

14.11.12. BIO_L1 Listing of Persistence

Example: BIO_L1

Listing of Persistence Results

Treatment=Treatment A

Site ID/Subject ID	Age (YEARS)/ Sex/ Race	Planned Time	Date/Study Day	Total Number of Transduced Cells (10^9 cells)	Coefficient of Variation / Number of Positive Replicates	Copies per Cell/ Percent gene marked PBMCs (%)	Copes per ug DNA	Interpretive Result	Peak Persistence/ Time to Peak Persistence (days)	Time to 25% Loss of Peak Persistence (days)/50%/75%/ Duration of Detectable Persistence
PPD / PPD	65/ F/ MULTIPLE	Baseline	PPD PPD -11		N/A/ 1	<.0003/ 0%	<50.0	NEGATIVE	67852.7/ 2	3/ 14/ 14/ 28+
		Day 1	PPD PPD / 1		N/A/ 1	<.0016	<250.0	NEGATIVE		
		Day 2	PPD PPD/ 2		.2/ 2	.4275/ 42.75%	67852.7	POSITIVE		

Day 4	PPD PP / 4	.1/ 4	.2544 / 25.44 %	40383 .5	POSITIVE
Day 8	PPD PP / 8	.2/ 8	.4226 / 42.26 %	67080 .7	POSITIVE
Week 2	PPD PP / 14	.3/ 14	.0173 / 1.73%	2742. 5	POSITIVE
Week 4	PPD PP / 28	.2/ 28	.0041 / .41%	644.2	POSITIVE

14.11.13. POP_L1 Listing of Exposure to T-cell Infusion

Example: POP_L1
Protocol: 208749
Population: Intent-to-Treat (Data as of: 24APR2018)

Listing X
Listing of Exposure to T-cell Infusion

Treatment: GSK794

Centre Id./ Subject	Start Date/Start Time/ Study Day	Stop Date/Stop Time/ Study Day	Total Number of Transduced Cells (10^9 cells)	Percentage of Cells Transduced (%)
PPD /	PPD / 14:30/ 1	PPD / 15:30/ 1	1.21	35.4
PPD /	PPD / 10:30/ 1	PPD / 13:15/ 1	2.52	28.3

Note:
1: ITT population comprises of all subjects who enrolled in the trial and met all eligibility criteria.
USER ID:directory/program.sas 01JAN2002 12:01

14.11.14. POP_L2 Listing of Exposure to Cyclophosphamide/Mesna

Example: POP_L2
Protocol: 208749
Population: Intent-to-Treat (Data as of: 24APR2018)

Listing X
Listing of Exposure to Lymphodepletion Chemotherapy Medicine

Treatment: LOW LYMPHO DOSE + GSK794

Centre Id./Unique Subject	Age	Visit	Cyclophosphamide Administration		Fludarabine Administration	
			Infusion Date/Study Day	Dose/Unit	Infusion Date/Study Day	Dose/Unit
PPD / PPD			PPD / -7			

1: ITT population comprises of all participants who enrolled in the trial and met all eligibility criteria.
USER ID:directory/program.sas 01JAN2002 12:01

14.11.15. POP_L3 Listing of Leukapheresis, Lymphodepletion, and T-cell Infusion Dates

Example: POP_L3
Protocol: 208749
Population: Intent-to-Treat (Data as of: 24APR2018)

Listing X
Listing of Leukapheresis, Lymphodepletion, and T-cell Infusion Dates

Treatment: GSK794

Centre Id./ Subject	Visit	Treatment	Date / Study Day
PPD / PPD	Screening	APHERESIS	PPD / -60
		FLUDARABINE	PPD / -8
		FLUDARABINE	PPD / -7
		CYCLOPHOSPHAMIDE	PPD / -7
		MESNA	PPD / -7
		FLUDARABINE	PPD / -6

CYCLOPHOSPHAMIDE	PPD	/ -6
MESNA	PPD	/ -6
FLUDARABINE	PPD	/ -5
CYCLOPHOSPHAMIDE	PPD	/ -5
MESNA	PPD	/ -5
T-CELL	PPD	/ 1

Note:
1: ITT population comprises of all subjects who enrolled in the trial and met all eligibility criteria.
USER ID:directory/program.sas 01JAN2002 12:01

14.11.16. POP_L4 Listing of Disease Characteristics at Screening

Example: POP_L4
Protocol: 208749 Page 1 of 1
Population: Intent-to-Treat (Data as of: 24APR2018)

Listing X
Listing of Disease Characteristics at Screening

Treatment: GSK794

Centre Id./ Subject	Number of Prior Anti-Cancer Therapy Regimens[1]	Stage of Lung Cancer at Time of Enrollment	Tumor Type	Anatomical Location	Date of Blood Collection for HLA Testing	HLA Allele 1	HLA Allele 2	Date of Biopsy for Antigen Testing	NY-ESO-1 Status
PPD / PPD	2	STAGE IIIB	METASTATIC	LUNG	PPD	HLA-A*02:01	OTHER, NOT HLA-A*02	PPD	POSITIVE
PPD / PPD	3	STAGE 4	PRIMARY	LUNG	PPD	HLA-A*02:01	HLA-A*02:01	PPD	NEGATIVE

Note:
1: Number of regimens includes all regimens before start of lymphodepleting chemotherapy
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14.11.17. POP_L5 Subject Status Mock-Up Listing

Example POP_L5
Protocol: GSK208749 Page 1 of n
Population: Intent-to-Treat

Listing XX
Listing of Subject Status

Site Id./ Unique Subject Id.	Lymphodepletion (Y/N)	1st T Cell Infusion Date/Time between Leukapheresis and 1st T-cell Infusion/ 2nd T Cell Infusion Date	1st Transduced Dose (10^9 cells)/ 2nd Transduced Dose (10^9 cells)	Completed Interventional Phase 1/ 2 (Y/N)	Date of Discontinuation or Completion of Interventional Phase 1/ 2	Reason for Discontinuation or Completion of Interventional Phase 1/ 2	End of Study Reason
PPD / PPD	Y	PPD /	4.52/ 3.24	Y/ N	PPD /	Progressive disease/ Death	Death
PPD / PPD	Y	PPD	6.24	N	PPD	Withdrew consent	Withdrew consent

Note:
1: ITT population comprises of all subjects who enrolled in the trial and met all eligibility criteria..
PPD

14.11.18. EFF_T1 Summary of Time to Response by Investigator (RECIST 1.1 Criteria)

Example EFF_T1
Protocol: 208749
Population: eg, Intent to Treat/Safety/Other Study Specific

Table X
Summary of Time to Response by Investigator (RECIST 1.1 Criteria)

	GSK749 (N=100)
Number of Subjects with Confirmed Response	50/100 (50%)
Time to Response (months)	
Min	3
1st Quartile	4.3
Median	5.4
3rd Quartile	10.8
Max.	12

Note:
1: mITT population comprises of all subjects in the ITT population that received T-cell infusion
PPD

14.11.19. SAFE_T1 Summary of Time to Resolution

SAFE_T1

Table 3.5610
Summary of Time to Resolution of Grade 3 and Above Adverse Event of Special Interest - Haematopoietic Cytopenias (Comprehensive List - First Infusion)

		GSK749 (N=5)
Initial Occurence <= Study Day 28	n	4
	<= Study Day 28	4 (100%)
	Study Day 29 - 90	0
	Study Day >90	0
	Unresolved	0
Recurrence > Study Day 28	n	0
	<= 28 Days	0
	29 - 90 Days	0
	>90 Days	0
	Unresolved	0

Segment 1: Any subject with events starting on or before Day 28 are considered for the first segment.
Time to resolution in relation to T-cell infusion is being summarized
Ex: Subject with one AE starting on Study Day 27 that resolved on Study Day 29 will be summarized in the "Study Day 29-90" row.
Segment 2: Recurrent events starting after Day 28 for those subset of subjects in segment 1
Time to resolution in relation to overall duration of the event is summarized
If a subject has multiple events that fall within the time of interest, the worst case is summarized.
Unresolved is worst case.
Modified Intent-to-Treat population includes all subjects who received T-cell infusion.

14.11.20. POP_T2 Summary of Subject Status

Example POP_T2
Protocol: 208749
Population: Intent-to-Treat (Data as of: 24APR2018)

Table X.X
Summary of Subject Status

	GSK794 (N=300)
INTERVENTIONAL PHASE 1 STATUS	
COMPLETED	XX (XX%)
NOT PROGRESSED AT 2 YEARS POST T-CELL INFUSION	XX (XX%)
PROGRESSIVE DISEASE	XX (XX%)
DIED	XX (XX%)
ONGOING	XX (XX%)
DID NOT COMPLETE	XX (XX%)
WITHDREW CONSENT	XX (XX%)
FAILED TO MEET ELIGIBILITY PRIOR TO CYTOREDUCTIVE CHEMOTHERAPY	XX (XX%)
FAILED TO MEET ELIGIBILITY PRIOR TO LEUKAPHERESIS	XX (XX%)
LOST TO FOLLOW-UP	XX (XX%)
INVESTIGATOR DISCRETINOY	XX (XX%)
STUDY TERMINATED BY SPONSOR	XX (XX%)
DID NOT RECEIVE T-CELL INFUSION	XX (XX%)
DEATH (PRIOR TO T-CELL INFUSION)	XX (XX%)
OTHER	XX (XX%)

14.11.21. POP_T3 Summary of Subject Status- End of Study

Example POP_T2
Protocol: 208749
Population: Intent-to-Treat (Data as of: 24APR2018)

Table X.X
Summary of Subject Status

	GSK794 (N=300)
DEATH	XX (XX%)
WITHDREW CONSENT	XX (XX%)
MOVED TO LTFU STUDY	XX (XX%)
LOST TO FOLLOW-UP	XX (XX%)
OTHER	XX (XX%)

14.11.22. SAFE_L2 Listing of Symptoms, Concomitant Medications, and Procedures Related to Cytokine Release Syndrome

Example SAFE_L2
Protocol: GSK208749 Page 1 of n
Population: Modified Intent-to-Treat (Data as of: 24APR2018)

Listing XX
Listing of Concomitant Medications and Procedures Related to Cytokine Release Syndrome

Site Id./ Unique Subject Id.	Date of Apheresis/ Date of Lymphodepletion/ Date of T-cell Infusion	Date CRS Assessed / Time from 1st T-cell Infusion/ Time from 2nd T-cell Infusion	Symptoms	Medications	Procedures
PPD / PPD	PPD / /	PPD / 3/	HYPOXIA, OTHER: ventricular tachycardia	IV FLUIDS, OTHER:ACETAMINOPHEN	VENTILATION ASSISTANCE
PPD / PPD	PPD / /	PPD / 5/		CORTICOSTEROIDS, TOCILIZUMAB, OTHER:ACETAMINOPHEN, POTASSIUM CHLORIDE	
PPD / PPD	PPD	PPD / 5/			OXYGEN

Note: Modified Intent-to-Treat (mITT) population includes all enrolled subjects who were dosed
Note: Medications and procedures as recorded on "CYTOKINE RELEASE SYNDROME" form.
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14.11.23. BIO_L2 Listing of Immunohistochemistry Data

Listing of Persistence Results

Treatment=Treatment A

Site ID/Subject ID	Age (YEARS)/ Sex/ Race	Planned Time	Date/Study Day	Location of Biopsy	Interpretation	Percentage of Cells with 0 Intensity Staining/ 1+/ 2+/ 3+
PPD / PPD	65/ F/ MULTIPLE	Baseline	PPD PPD / -11	OTHER: Liver	POSTIIVE	0/ 30/ 10/ 5
		Completion/Withdrawal	PPD / 1	OTHER: Liver	POSTIIVE	0/ 30/ 10/ 5

14.12. Appendix 12: Combined Preferred Terms

Combined Term	MedDRA Preferred term	PT Code
		MedDRA version 23.0 for PT codes
Anemia/Red blood cell count decreased	Anemia	10002034
	Red blood cell count decreased	10038153
Cytokine Release Syndrome (CRS)	Cytokine release syndrome	10052015
	Cytokine storm	10050685
Acute GVHD - Skin%	Acute graft versus host disease in skin	10066262
Acute GVHD - Gut (Liver and Intestine)%	Acute graft versus host disease in liver	10066263
	Acute graft versus host disease in intestine	10066264
Acute GVHD - Other (Lung, Bone Marrow, not specified)%	Acute graft versus host disease	10066260
Chronic GVHD - Skin%	Chronic graft versus host disease in skin	10072159
Chronic GVHD - Gut (Liver and Intestine)%	Chronic graft versus host disease in liver	10072160
	Chronic graft versus host disease in intestine	10072158
Chronic GVHD Other - (Lung, Bone Marrow, not specified)%	Chronic graft versus host disease	10066261
Unspecified GVHD - Skin%	Graft versus host disease in skin	10064675
Unspecified GVHD - Gut (Liver and Intestine)%	Graft versus host disease in liver	10064676
	Graft versus host disease in gastrointestinal tract	10075160
Unspecified GVHD - Other (Lung, Bone Marrow, not specified)%	Graft versus host disease	10018651
	Graft versus host disease in eye	10074563
	Graft versus host disease in lung	10067742

Combined Term	MedDRA Preferred term	PT Code
		MedDRA version 23.0 for PT codes
	Prophylaxis against graft versus host disease	10053239
	Transfusion associated graft versus host disease	10070895
	Engraftment syndrome	10050684
Leukopenia/White blood cell decreased	White blood cell count decreased	10047942
	Leukopenia	10024384
Lymphopenia/Lymphocyte count decreased	Lymphocyte count decreased	10025256
	CD4 lymphocytes decreased	10007839
	CD8 lymphocytes decreased	10056283
	Lymphopenia	10025327
Neutropenia/Neutrophil count decreased	Neutrophil count decreased	10029366
	Neutropenia	10029354
Rash/Rash maculo-papular	Rash maculo-papular	10037868
	Rash	10037844
	Rash erythematous	10037855
Thrombocytopenia/Platelet count decreased	Platelet count decreased	10035528
	Thrombocytopenia	10043554

* Preferred Term "RBC decreased" originally from MedDRA version 18 in Adaptimmune IB version 7 . Not in current MedDRA versions

14.13. Appendix 13: AE Collapsing Rules

Segments with a Common AE Preferred Term (PT) into Unique Events based on the Start and End Dates

For each unique subject, the AE records (segments) with the same AE preferred term will be collapsed into one unique AE event based on the start and end dates below.

Step 1 : Multiple AE Segments with Overlapped or Continuous Start/End Dates

Multiple AE segments with a common preferred term (PT, variable=ADAE.AEDECOD) that occurred around the same time; defined as:

If a segment starts no more than one day (i.e., ≤ 1 day) prior, on, or after the previous segment's end date, it is considered as an 'event'.

If the gap between the start date of a segment and the end date of previous segment is greater than one complete day (i.e., > 1 day), then consider these segments as different events.

If partial start or end dates for any AE segments, then consider these segments as separate events.

*** **NOTE: Handling of partial dates or completely missing dates**

Partial dates or completely missing dates will not be imputed.

The reason for not using imputed dates is due to the small number of partial / or completely missing dates. Furthermore, using imputed dates might create additional error of up to 30 days off for the AE start or AE end dates, and can be up to 60 days off for the duration of AE.

Step 2: Sort Adverse Events (AE)

For any AE event identified above:

Sort the AEs segments by study ID (ADAE.STUDYID), unique subject ID (ADAE.USUBJID), AE preferred term (ADAE.AEDECOD), AE start date (ADAE.AESTDTC), and AE end date (ADAE.AEENDTC). The sorting will include all AE segments with complete or partial start / end dates.

Step 3: Create Derived Variables in ADAE ADaM SAS Dataset

Based on the ADAE dataset sorted above under Step 2 for each unique subject, create the following derived variables in the ADAE ADaM SAS data set:

1) **ANL01FL: Flag for the unique AE**

a) **Collapsed AE Segments**

For collapsed AE segments. based on the ADAE data set sorted above under Step 2:

- derive the flag variable: **ANL01FL="Y" on the first record for each collapsed AE (i.e. the earliest segment within each collapsed AE with the same ADAE.AEDECOD)** . In case if the AE segment of the collapsed AEs started before Lymphodepletion and ending after it, then populate the ANL01FL='Y' on very first Treatment emergent record. If there is only one record (segment) which started before lymphodepletion and ended after lymphodepletion then populate ANL01FL='Y' on that record only.
- **Otherwise ANL01FL="" (Missing)**

b) **AE Events Comprised of a Single Row (No Collapsing Needed)**

- derive the flag variable: **ANL01FL="Y" for each single segment AE event**.

2) EVTSEQ: Sequence number of each unique AE with the same PT

Create a sequence number, EVTSEQ, for each unique AE within the same ADAE.AEDECOD.

For each unique subject within each unique AE preferred term, this variable will be recorded as **the sequential number to identify all unique adverse events (including both single segment events (i.e., no collapsing**

needed) and collapsed events from multiple segments) based on the sorting order chronologically addressed above under Step 2.

a) **Collapsed AE Segments**

Each collapsed AE and its corresponding composed segments will have the same sequence numbers (i.e., if multiple segments/records are qualified for being collapsed into one unique AE (i.e., all those records will have same value for the derived variable EVTSEQ for that corresponding subject within the same collapsed AE).

b) **Single Segment AE Records**

Each single segment AE event (i.e., un-collapsed event) will have different unique sequence number separately

c) AE Segments with partial start or end dates

Each AE segment with partial start or end dates will have different unique sequence number starting from 99XXX, where XXX=001, 002, ...

*** NOTE:**

For those subjects who received 2 T-cell infusions, the sequential number will be based on both infusion periods combined

(i.e., the assigned sequential number will be independent of T-cell infusion periods).

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