16.1.9 DOCUMENTATION OF STATISTICAL METHODS

TIRHOL
A Phase 2, Multicenter, Open-Label Study of Tislelizumab (BGB-A317) in Patients with Relapsed or Refractory Classical Hodgkin Lymphoma
Statistical Analysis Plan

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Version 1.0 April, 12th 2023

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Initial Version and date of Protocol	v0.0 10JULY2019
Last version and date of Protocol	V5.0 27SEP2022
EudraCT Number	

BIOSTATISTICS	[redacted]

APPROVAL PAGE

[redacted]

Document History:

Version #	Effective Date	Author	Modification Description	Affected Paragraphs
1.0	12APR2023	[redacted]	Document creation	

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LIST OF ABBREVIATIONS

AE	Adverse Event
AESI	Adverse Event of Specific Interest
ALT	alanine aminotransferase
AST	aspartate aminotransferase
cHL	classical Hodgkin lymphoma
CI	Confidence Interval
CNS	Central Nervous System
CR	Complete Response
CT	Computed Tomography
CTCAE	Common Terminology Criteria for Adverse Events
ECG	electrocardiogram
ECOG	Eastern Cooperative Oncology Group
EoT	End of Treatment
ESR	Erythrocyte Sedimentation Rate
FDG	fluorodeoxyglucose
FFPE	formalin-fixed, paraffin-embedded
HBc	hepatitis B core
HBs	hepatitis B surface
HBs Ag	hepatitis B surface antigen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HSCT	Hematopoietic Stem Cell Transplantation
IR	indeterminate response
irAE	Immune-related Adverse Event
LDi	longest transverse diameter of a lesion
LYRIC	Lymphom Response to Immunomodulatory Therapy Criteria
MRI	Magnetic Resonance Imaging
MRT	Magnetic Resonance Tomography
NCI	National Cancer Institute
NMR	Nuclear Magnetic Resonance Imaging
ORR	Overall response Rate
OS	Overall Survival
PD	Progressive Disease
PD-1	programmed cell death-1
PD-L1	programmed death ligand-1, programmed death receptor ligand-1, programmed death-1 ligand-1
PET	18F-FDG Positron Emission Tomography
PFS	Progression Free Survival
PK	Pharmacokinetics
PPD	product of the LDi and perpendicular diameter
PT	Preferred Term
QoL	Quality Of Life
SAE	Serious Adverse Event
SAP	Statistical Analysis Plan
SMC	Safety Monitoring Comittee
SOC	System Organ Class
SPD	Sum of Product Diameters
TEAE	Treatment Emergent Adverse Event

ULN	Upper Limit of Normal

1 INTRODUCTION

This document describes the statistical analyses and the different layouts for tables and listings to be produced for the protocol TIRHOL titled "A Phase 2, Multicenter, Open-Label Study of Tislelizumab (BGB-A317) in Patients with Relapsed or Refractory Classical Hodgkin Lymphoma".
Interim safety review is presented in the Safety Monitoring Committee (SMC) charter.

The statistical analysis plan (SAP) provides a comprehensive and detailed description of the strategy, rationale, and statistical methods to be applied to assess the efficacy and safety of tislelizumab in patients with relapse or refractory classical Hodgkin Lymphoma (cHL).

The purpose of the SAP is to ensure the credibility of the study findings by pre-specifying the statistical approaches before database lock. Data will be regularly reviewed by the Safety Monitoring Committee (SMC) and Sponsor personnel.

The SAP is finalized and signed prior to the clinical database lock.

2 INVESTIGATIONAL PLAN

2.1 Rationale

PD-L1 overexpression in HL cells may indicate a genetically determined vulnerability of lymphoma cells to PD-1 blockade. Furthermore, clinical data from other PD-1 inhibitors, nivolumab and pembrolizumab, in cHL, coupled with early data of tislelizumab in Chinese patients with cHL, support the rationale to further explore tislelizumab in a broader population of patients with cHL.

The rationale for this study is further supported by *in vivo* tumor growth inhibition studies, which demonstrated that tislelizumab has significantly higher anti-tumor activities than nivolumab or pembrolizumab in mouse models carrying allogenic human cancer cells and peripheral blood mononuclear cells (BeiGene internal data).

The efficacy of tislelizumab has also been demonstrated in 70 Chinese patients with cHL. In these patients treated with tislelizumab monotherapy, the ORR was 85.7%, with a CR rate of 61.4%. Tislelizumab was generally well tolerated. The reported ORR and CR rates are higher than those observed with other PD-1 inhibitors. Therefore, study of this molecule in a global setting is warranted.

In light of these preliminary safety and efficacy results for monotherapy tislelizumab, coupled with the finding that patients' body weight is not a significant covariate in the clearance of tislelizumab, a fixed dose of tislelizumab at 200 mg once every 3 weeks will be explored in this study.

2.2 Study Design

This is a Phase 2, multicenter, open-label study of tislelizumab in patients with relapsed/refractory cHL. The primary efficacy endpoint is overall response rate (ORR), defined as the proportion of patients who achieve a best response of complete response (CR) or partial response (PR), as determined by the investigator per the Lugano Classification.

Approximately 42 patients with relapsed/refractory cHL will be enrolled into one of two cohorts based on prior therapies received: Cohort 1 will include patients who have failed to achieve a response or who have had disease progression after autologous hematopoietic stem cell transplantation (HSCT); Cohort 2 will include patients who have failed to achieve a response or who have had disease progression after at least 1 prior systemic regimen for cHL and are not candidates for autologous or allogeneic HSCT. The primary efficacy analysis will be performed for both cohorts combined, and subgroup analyses by cohorts will be performed.

All patients will receive tislelizumab 200 mg intravenously every 3 weeks until disease progression, unacceptable toxicity, or study withdrawal for other reasons. The end of the study is expected to occur after end of follow-up of last patient. Patients who remain on study treatment at the end of the study may have an opportunity to receive tislelizumab in a separate rollover or extension protocol. A patient in Cohort 2 who achieves a complete remission and is otherwise a candidate for autologous HSCT may proceed to autologous HSCT at the discretion of the investigator and with approval from the sponsor. The investigator should contact the sponsor to discuss autologous HSCT and tislelizumab maintenance therapy post-autologous HSCT.

Treatment with tislelizumab will be open label. Screening procedures must be performed within 28 days prior to the first dose of study treatment, unless noted otherwise. Once all screening assessments have been completed and study eligibility has been confirmed, study treatment must commence within 14 days of confirmation, which is within the 28-day screening window prior to the first dose of study treatment.

Study Assessments

At screening, written informed consent and medical history will be collected, and eligibility based on inclusion and exclusion criteria will be determined. Baseline assessments will include pulmonary function test, hepatitis B and C serologies (and DNA levels, if necessary), and echocardiogram or

multigated acquisition scan. HIV results will be recorded if previously known. Throughout the study, vital signs, physical examination, Eastern Cooperative Oncology Group (ECOG) performance status, complete blood count with differential, and serum chemistry panel will be monitored. Additional assessments will include height and weight, 12-lead electrocardiogram (ECG), erythrocyte sedimentation rate, pregnancy test (if applicable), and thyroid function evaluation.
Tumor assessments will be performed using PET-CT at screening, at Week 12 from Cycle 1 Day 1, every 12 weeks for 96 weeks, and every 24 weeks (± 14 days) thereafter until disease progression. Computed tomography (CT) with contrast will be performed at screening and every 24 weeks starting from Cycle 1 Day 1 until disease progression. Patient-reported outcomes (European Quality of Life 5-Dimensions 5-Levels health questionnaire [EQ-5D-5L] and European Organisation for Research and Treatment of Cancer Quality of Life cancer core questionnaire [EORTC QLQ-C30]) will also be assessed.

Pharmacokinetic (PK) and immunogenicity analyses will be conducted. For biomarker analyses, blood samples, archival and/or fresh tumor tissue samples will be collected.
Safety assessments will include a review of adverse events (AEs), serious adverse events (SAEs), clinical laboratory tests, physical examinations, pulmonary and cardiac function tests, electrocardiograms, ECOG performance status, and vital signs. All AEs and laboratory safety measurements will be graded per the National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE) v5.0.
A safety follow-up visit will be mandatory. All AEs and SAEs occurred within 90 days after the last dose of study treatment, regardless of relationship to study drug, will be reported. A Safety Monitoring Committee will review safety data after at least 20 patients have been on treatment for at least 9 weeks.

3 STUDY OBJECTIVES AND ENDPOINTS

3.1 Objectives

3.1.1 Primary objective

The primary objective of the study is to evaluate the efficacy of tislelizumab in patients with relapsed/refractory cHL, as measured by the overall response rate (ORR) per the Lugano Classification (Cheson et al 2014) and determined by the investigator.

3.1.2 Secondary objectives

The secondary objectives of the study are:

- To evaluate the efficacy of tislelizumab as measured per the Lugano Classification and determined by the investigator for the following:
  - Complete response rate
  - Duration of response
  - Time to response
- To evaluate the safety and tolerability of tislelizumab

3.1.3 Exploratory objectives

The exploratory objectives of the study are:

- To evaluate the efficacy of tislelizumab for the following:
  - Progression-free survival, as measured per the Lugano Classification (Cheson et al 2014) and determined by the investigator
  - Overall survival

3.2 Evaluation endpoints

3.2.1 Primary efficacy endpoint

The ORR is defined as the proportion of patients who achieve a best response of complete response or partial response by positron emission tomography-computed tomography (PET-CT) per the Lugano Classification (Cheson et al 2014) and determined by the investigator (= best overall response).
For each evaluation, the metabolic response (based on PET-CT) is used if available, otherwise the radiological response (based on CT) is used. Best overall response is defined as the best response recorded from the first dose of tislelizumab until data cut-off or the start of a new anti-lymphoma therapy, whichever occurs first. Patients with no post-baseline response assessment (due to any reason) will be considered as non-responders.

Subgroup analyses by cohorts will be performed for best overall response.

3.2.2 Secondary efficacy endpoints

They are assessed by the investigator using the Lugano Classification.

3.2.2.1 Complete response rate

Complete response rate (CRR) is defined as the proportion of patients who achieve a best response of complete response.
Patients with no post-baseline response assessment (due to any reason) will be considered non-responders.

3.2.2.2 Duration of response

Duration of response is defined as the time from the date that response criteria are first met to the date that disease progression is objectively documented or death, whichever occurs first. For patients with no event, the duration of response is censored at cut-off date or end of study date, whichever occurs first.
Only patients who have achieved an overall response according to primary efficacy endpoint definition will be included in the analysis of duration of response.
Patients who received other new anti-lymphoma therapies (NALT), including HSCT, before having an event (disease progression or death, whichever occurs first), will be censored.
In addition, sensitivity analyses will be performed using the European Medicines Agency (EMA) censoring rules and censoring only for HSCT.

Details of censoring rules:

Situation before the date of data cut-off	Censoring "at NALT"		Censoring "EMA"		Censoring "only for HSCT"	
	Date of event or censoring	Censored	Date of event or censoring	Censored	Date of event or censoring	Censored
Death from any cause without prior progression/relapse nor NALT (including HSCT)	Death	No	Death	No	Death	No
Death from any cause strictly after NALT but no HSCT started without progression/relapse	Last tumor assessment before NALT	Yes	Death	No	Death	No
Death from any cause strictly after HSCT started without progression/relapse	Last tumor assessment before HSCT	Yes	Death	No	Date of the HSCT	Yes
Progression/relapse without prior NALT (followed by death or not)	Progression/relapse	No	Progression/relapse	No	Progression/relapse	No
Progression/relapse strictly after start of NALT but no HSCT (followed by death or not)	Last tumor assessment before NALT	Yes	Date of progression/relapse	No	Date of progression/relapse	No
Progression/relapse strictly after HSCT (followed by death or not)	Last tumor assessment before HSCT	Yes	Date of progression/relapse	No	Date of HSCT	Yes
No progression/relapse, nor death, nor NALT	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes

No progression/relapse, nor death but start of NALT no HSCT	Last tumor assessment before NALT	Yes	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes
No progression/relapse, nor death but HSCT	Last tumor assessment before HSCT	Yes	Last tumor assessment* before cut-off	Yes	Date of HSCT	Yes
Lost to follow up with at least one tumor assessment post response	Last tumor assessment* before lost to follow-up	Yes	Last tumor assessment* before lost to follow-up	Yes	Last tumor assessment* before lost to follow-up	Yes
Lost to follow up without tumor assessment post response	Date of response	Yes	Date of response	Yes	Date of response	Yes

* defined as the date of last PET/CT scan

Note: if progression/relapse or death occurs the same day as start of a NALT, event is considered for survival analyses.

3.2.2.3 Time to response

Time to response is defined as the time from the date of the first dose of tislelizumab to the time the response criteria are first met.

Only patients who have achieved an overall response will be included in the analysis of time to response.

3.2.3 Secondary safety endpoints

Safety endpoints will include:

- Extent of exposure:
  - Number of cycles received, duration of exposure, cumulative dose received, dose intensity and relative dose intensity
  - Dose interruption, modification, or delay, drug discontinuation
- The incidence and severity of adverse events according to NCI-CTCAEv5.0
  - All Treatment Emergent Adverse Event (TEAE)
  - Immune-related Adverse Event (irAE)
  - SAEs
  - Deaths
  - TEAEs with Grade 3 or above
  - Treatment-related TEAEs
  - Treatment-related TEAEs with Grade 3 or above
  - TEAEs that led to treatment discontinuation or dose interruption

- Changes in vital signs:
  - descriptive summary by visit
- Physical findings
- Clinical laboratory results:
  - descriptive summary and their changes from baseline

Graphical displays may be provided where useful to assist in the interpretation of results

3.2.4 Exploratory endpoints

3.2.4.1 Progression-free survival

Progression-free survival is as assessed by the investigator using the Lugano Classification and defined as the time from the first dose of tislelizumab to the date of disease progression or death, whichever occurs first.
Patients who receive other anticancer therapies, including HSCT (in Cohort 2), before having an event (disease progression or death, whichever occurs first), will be censored.
In addition, sensitivity analyses will be performed using EMA censoring rules and censoring only for HSCT.

Details of censoring rules:

Situation before the date of data cut-off	Censoring "at NALT"		Censoring "EMA"		Censoring "only for HSCT	
	Date of event or censoring	Censored	Date of event or censoring	Censored	Date of event or censoring	Censored
Death from any cause without prior progression/relapse nor NALT (including HSCT)	Death	No	Death	No	Death	No
Death from any cause strictly after NALT but no HSCT started without progression/relapse	Start of the NALT	Yes	Death	No	Death	No
Death from any cause strictly after HSCT started without progression/relapse	Date of the HSCT	Yes	Death	No	Date of the HSCT	Yes
Progression/relapse without prior NALT (followed by death or not)	Progression/relapse	No	Progression/relapse	No	Progression/relapse	No
Progression/relapse strictly after start of NALT but no HSCT (followed by death or not)	Start of the NALT	Yes	Date of progression/relapse	No	Date of progression/relapse	No
Progression/relapse strictly after HSCT (followed by death or not)	Date of HSCT	Yes	Date of progression/relapse	No	Date of HSCT	Yes
No progression/relapse, nor death, nor NALT	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes
No progression/relapse, nor death but start of NALT no HSCT	Start of the NALT	Yes	Last tumor assessment* before cut-off	Yes	Last tumor assessment* before cut-off	Yes

No progression/relapse, nor death but HSCT	Date of HSCT	Yes	Last tumor assessment* before cut-off	Yes	Date of HSCT	Yes
Lost to follow up with at least one tumor assessment post baseline	Last tumor assessment* before lost to follow-up	Yes	Last tumor assessment* before lost to follow-up	Yes	Last tumor assessment* before lost to follow-up	Yes
Lost to follow up without tumor assessment post baseline	Date of first dose	Yes	Date of first dose	Yes	Date of first dose	Yes

* * defined as the date of last PET/CT scan
Note: if progression/relapse or death occurs the same day as start of a NALT, event is considered for survival analyses.

3.2.4.2 Overall survival

Overall survival is defined as the time from the first dose of tislelizumab to the date of death from any cause.
Overall survival will be censored at the last date known to be alive for patients alive at cut-off date. Last date known to be alive is last contact date (max of any exam, any treatment intake, progression, AE,EOS).

Censoring rules used for the OS analysis:

Situation	Date of event or Censoring	Outcome
Death from any cause	Date of death	Event
Patients with no post-baseline information	Date of first dose	Censored
Patient alive	Date of last known alive	Censored
Lost to follow-up	Date of last known alive	Censored

Note: A contact can just be phone call

3.3 Follow-up duration

The follow-up duration is defined as the time between the date of the the first dose of tislelizumab and the last contact date (max of any exam, any treatment intake, progression, AE,EOS). Deceased patients are censored at the date of death.

3.4 Extent of exposure

- Duration of treatment:

The duration of Tislelizumab treatment (weeks) is calculated as (date of last dose + 21 days – date of first dose)/7.

- Cycles administered
- Cumulative total dose
- Dose intensity:

The dose intensity is defined as: Cumulative total dose received / duration of treatment in days (duration of treatment = date of last dose + 21 days – date of first dose)

- Relative dose intensity:

The relative dose intensity is defined as: Dose intensity/Planned dose intensity (Planned dose intensity = 200mg/21 days)

- Modifications of scheduled Tislelizumab infusion

4 CHANGES FROM PROTOCOL

No changes from protocol

5 STATISTICAL CONSIDERATIONS

5.1 Sample size calculation

A total of approximately 42 patients will be enrolled.
The results from a previous clinical trial of tislelizumab (Song et al 2018) yielded an ORR of 85.7% in a predominantly brentuximab vedotin-naive population.
Assuming an alternative ORR of 65% compared to the null ORR of 45% in Cohort 1 and Cohort 2 combined, using a binomial exact test, the power to reject the null hypothesis with 42 patients at a 1-sided alpha of 0.05 is greater than 80%.
Power and boundary calculations were performed using East version 6.4.1.

5.2 Interim analyses

No interim analysis is planned for this study

5.3 Analyses of primary endpoint

One analysis is planned with both cohort combined.

The primary efficacy analysis for both cohorts combined will be conducted at least 12 weeks after the last patient has been dosed, either having undergone the first response assessment or having withdrawn prior to the first response assessment.

All data <= cutoff date will be analyzed, meaning that the data after the cutoff date will be neither analyzed nor displayed in the report.

Table 5.3-1 Content of analyses for primary endpoint

	Analysis of primary endpoint
Study summary	Yes
Study patients	Yes
Inclusion/exclusion criteria	Yes
Major protocol deviation	Yes
Demographics and other baseline characteristics	Yes
Evaluation during study	Yes
Efficacy analysis	
Primary efficacy endpoint	Yes
Secondary efficacy endpoints	Yes
Exploratory enpoints (PFS, OS)	Yes
Other exploratory endpoints	*No*
Progression/Relapse	Yes
New anti-cancer therapy given prior to progression/relapse	Yes

Extent of exposure	Yes
Safety analysis	Yes
Concomitant treatments	Yes

5.4 Final analysis

An end-of-study analysis will be performed. The end of the study will occur after end of follow-up of last patient.

At that time, all data will be analyzed.
Efficacy analyses will be performed by cohort, and safety analyses will be performed by cohort and overall.

Table 5.4-1 Content of final analysis

	Final analysis
Study summary	Yes
Study patients	Yes
Inclusion/exclusion criteria	Yes
Major protocol deviation	Yes
Demographics and other baseline characteristics	Yes
Evaluation during study	Yes
Efficacy analysis	
Primary efficacy endpoint	Yes
Secondary efficacy endpoints	Yes
Exploratory endpoint (PFS, OS)	Yes
Other exploratory endpoints	Yes but in separate report(s)
Progression/Relapse	Yes
New anti-cancer therapy given prior to progression/relapse	Yes
Extent of exposure	Yes
Safety analysis	Yes
Concomitant treatments	Yes

5.5 Analysis Sets

5.5.1 Enrolled Set

The Enrolled Set includes all patients enrolled in the combined cohorts with a signed informed consent.

5.5.2 Safety Analysis Set

The Safety Analysis Set includes all patients who receive at least one dose of tislelizumab.
This will be the primary analysis set for the efficacy and safety analyses.

5.5.3 Analysis subsets

The Confirmed cHL Set includes all patients included in the safety analysis set and with a central confirmation of diagnosis.

5.6 General statistical approach

5.6.1 Statistical analysis

Quantitative variables (including time to response) will be summarized in tables displaying number of observations, mean, standard deviation, median, range; quartiles will also be presented when considered relevant.

Qualitative variables will be expressed as frequencies and percentages (of non-missing data).

Response will be described as frequencies and percentages (including missing data).
Response rates will be expressed as percentages with 95% confidence limits according to Exact Pearson-Clopper method. Patients with no post-baseline response assessment (due to any reason) will be considered non-responders.
For primary endpoint:
A binomial exact test will be performed to test the null hypothesis (H_0: ORR = 0.45). If the one-sided p-value is less than or equal to 0.05 (which is equivalent to observing 25 or more responders out of 42 patients), it will be concluded that single agent tislelizumab statistically significantly increases ORR compared to the historical control.
A two-sided Clopper-Pearson 90% CI will also be constructed to be consistent with the one-sided 0.05 type 1 error.

Time to event variables
The median follow-up throughout the study will be calculated using a reverse Kaplan Meier plot of time to death with 95% CIs.
The distribution of DOR, PFS and OS will be estimated using the Kaplan-Meier method.
Median and other quartiles will be estimated with 95% CI using the Brookmeyer and Crowley method (Brookmeyer and Crowley 1982). Survival rate at selected time points will be estimated with its 95% CI using Greenwood's formula.

5.6.2 Statistical methods

Response rates will be estimated with its Pearson-Clopper 95% confidence intervals.

The Kaplan Meier method, also known as the "product-limit method", is a non-paramatric method for estimating the probability of survival at any given point in time. The kaplan-meier method handles both censored and uncensored data.

For survival, medians and quartiles will be estimated with its 95% confidence intervals using Brookmeyer and Crowley method and survival rates will be estimated with their confidence intervals using Greenwood's formula.

5.6.3 Statistical Approach for control of Alpha

No control of alpha is needed.

5.7 Handling of missing or off-schedule data

Missing data

Incomplete dates for "onset date of AE" and "date when AE became serious" will be imputed as follows:

- If only "day" is missing :
  - If "month/year" is the same as the first intake date of treatment, then "day" will be imputed by the day of first intake if first intake date is non-missing.
  - Otherwise "day" will be imputed by "01".
- If "month" and/or "year" is missing: No imputation will be done.

Note: Chronological order of imputed dates of AE will be checked.

5.8 Software

All outputs will be produced using SAS version 9.3 or higher and AdClin version 3.2.2 or higher.

6 ANALYSIS PLAN

6.1 Study Summary

Study Summary will be performed on the Enrolled Set.

6.1.1 Overall description

- Number of patients
- Number of patients by country
- Number of patients by center
- Number of patients at each timepoint (cycle, evaluation, …)

6.1.2 Study dates

- First/Last Date of inclusion
- Date of last Visit Last Patient

6.1.3 Follow-up duration

- Follow-up duration (figure and table) based on OS follow-up

6.2 Study patients

6.2.1 Disposition of patients

Patient disposition will be based on the enrolled set and tabulated for the following categories:

- Number of patients enrolled;
- Number of patients who received at least one dose of Tislelizumab
- Number (percentage) of patients who permanently discontinued treatment;
- If permanent treatment discontinuation, number of last cycle performed
- Reason for treatment discontinuation;
- Patient status (treatment ongoing, efficacy follow up or end of study)

In addition, the listing of patients who permanently discontinued treatment will be displayed with reason.

6.2.2 Analysis Sets

- Number of patients in each set described in the section §5.5 will be computed. Listing of patients excluded from each set will be displayed with reason

Figure 6.2-1 Analysis Sets

6.2.3 Analysis subsets

In the event that some patients do not have central confirmation of cHL diagnosis:

- Number and percentage of patients in Confirmed cHL Set

6.3 Inclusion / Exclusion criteria

Description of the inclusion / exclusion criteria will be performed on the Enrolled set.
The following description will be performed:

- Inclusion criteria
- Exclusion criteria
- Patients with at least one inclusion/exclusion criterion not fulfilled will be presented and listed

6.4 Protocol deviations

6.4.1 Major protocol deviations

The following description will be performed on the Safety Analysis set:

- Patients with at least one major protocol deviation
- Inclusion/exclusion criterion not fulfilled
- Treatment withdrawal for major protocol devation

Listing of patients with at least one major protocol deviation will be displayed.

6.5 Demographic and other baseline characteristics

The following items will be described on the Safety Analysis set:

- Demographics
- Disease characteristics
  - Diagnosis
  - Disease assessment
  - Previous treatment lines
  - Nodal and extra-nodal involvement
  - PET scan (including bone marrow involvment)
  - Tumor assessement
- Serologies
- Vital signs (see Instruction $6.9.5)
- Cardiac exams
- Other clinical exams
- Relevant medical history

6.6 Evaluation during study

Assessments during treatment and follow-up will be described on safety set.
Two follow-up periods are considered:
Safety follow up: the mandatory Safety Follow-up Visit should be conducted within 30 days (+ 7 days) of the last dose of study treatment.
Efficay follow-up: Following completion of the Safety follow-up phase, every effort should be made to follow patients for survival and for SAEs approximately every 90 days (± 14 days) until PD, withdrawal of consent, death, loss to follow-up, or EOS, whichever occurs first.

6.6.1 Clinical examination

The following items will be described (each cycle during treatment; each visit during efficacy follow-up):

- Results of clinical examination
- Performance status

6.6.2 Tumor assessment

The following items will be described (At Week 12 from C1D1, then every 12 weeks for 96 weeks, and every 24 weeks thereafter, during treatment; every 90 days during efficacy follow-up):

- PET scan and bone marrow involvement
- CT scan
- Sites and methods used for tumor assessment
- Extra-nodal sites but not measurable
- Significant increase in size of non target lesion(s)
- New lymphoma lesion(s) from screening
- Spleen and liver assessment
- Response

6.7 Efficacy Analysis

Efficacy analysis will be performed on the Safety Analysis Set according to statistical methods defined in section §5.6.1.

6.7.1 Primary efficacy endpoint analyses

6.7.1.1 Main analysis

The following analyses will be performed:

- Number and percentage of patients falling into each of the response categories
- ORR and its corresponding Clopper-Pearson 95% confidence interval
- Corresponding 90% confidence interval
- Associated binomial test
- Listing of patients with best response Not evaluated

6.7.1.2 Sensitivity analysis

In the event that some patients do not have central confirmation of cHL diagnosis, a sensitivity analysis may be performed on the patients in the Safety Analysis Set with central confirmation of cHL diagnosis.

6.7.1.3 Subgroup analyses

Subgroup analyses will be performed by cohort:

- Number and percentage of patients falling into each of the response categories
- ORR and its corresponding Clopper-Pearson 95% confidence interval

6.7.2 Secondary efficacy endpoint analyses

6.7.2.1 Complete response rate

The following analyses will be performed:

- Number and percentage of patients falling into each of the response categories
- CRR and its corresponding Clopper-Pearson 95% confidence interval

6.7.2.2 Duration of response

The following analyses will be performed:

- Type of event
- Survival curve of duration of response
- Quartiles of survival
- Survival rates at timepoints

6.7.2.3 Time to response

The following analyses will be performed:

- Number of observations, mean, standard deviation, median, range, quartiles

6.7.3 Exploratory endpoint analyses

6.7.3.1 Progression free survival

Progression free survival may be performed on the Safety Analysis Set set according to statistical methods defined in section §5.6.1.

6.7.3.2 Overall survival

Overall survival may be performed on the Safety Analysis Set set according to statistical methods defined in section §5.6.1.

6.7.4 Progression / Relapse

The following items will be described by cohort and overall:

- Patients who progressed/relapsed
- For each progression/relapse
    - Treatment received for progression/relapse
    - Response after additional treatments

6.7.5 New anti-cancer therapy given prior to disease progression

New anti-cancer therapy given prior to disease progression for lymphoma will be described.

- Patients with at least one new anti-cancer therapy given prior to disease progression
- Type of treatment: Immunotherapy, Chemotherapy, Radiotherapy, Radio-immunotherapy, Transplant and Other treatment
- Listings will be displayed for each type of treatment

6.8 Extent of exposure

The extent of exposure to study treatment will be performed on the Safety Analysis Set according to statistical methods defined in the section §5.6.1. No statistical test will be performed.

6.8.1 Cycles

- Duration of treatment
- Cycles performed
- Number of cycles performed

6.8.2 Dose

The following items will be described:

- Cumulative total dose
- Dose intensity
- Relative dose intensity

6.8.3 Dose modifications

Dose delays, infusion interruptions, and drug withdrawals will be described by cycle and overall.

6.9 Safety analysis

Safety analysis will also be performed on the Safety Analysis Set according to statistical methods defined in the section §5.6.1. No statistical test will be performed.

6.9.1 Treatment Emergent Adverse Events

Treatment emergent adverse event (TEAE) is defined as an AE that had an onset date or a worsening in severity from baseline (pre-treatment) on or after the first dose of study drug up to 90 days following study drug discontinuation, regardless of whether or not the patient starts a new anti-lymphoma therapy. TEAEs also include all irAEs and drug-related serious AEs recorded up to 90 days after the last dose of study drug. Treatment-related AEs include those events considered by the investigator to be definitely, possibly, or probably related to study treatment or with missing assessment of the causal relationship.

- Patients with at least one event:
  - TEAEs
  - TEAEs of grade ≥ 3
  - TEAEs leading to treatment discontinuation or interruption
  - Fatal TEAEs
  - irAE
- Number of TEAEs by patient, overall and by cohort
- Patients with at least one event and number of events by SOC and PT:
  - TEAEs: overall and by highest grade
  - TEAEs of grade ≥ 3
  - TEAEs leading to treatment discontinuation or interruption: overall and by highest grade
  - Fatal TEAE (with listings)

- Patients with at least one treatment emergent AESI and number of events by type of special interest and PT (with listings)
- Patients with at least one irAE and number of events by type of irAE and PT:
  - with grade ≥ 3 (with listing)
  - all grade (with listing), only for final analysis
- Characteristics of TEAEs overall and cohort: onset intensity, highest intensity, outcome, relationship to study drug, action taken with study drug

6.9.2 Serious Adverse Events

- Patients with at least one event:
  - Serious TEAE
  - Serious TEAEs leading to treatment discontinuation or interruption
- Patients with at least one event and number of events by SOC and PT:
  - Serious TEAE: overall and by highest grade
  - Serious TEAEs leading to treatment discontinuation or interruption: overall and by highest grade
- Characteristics of serious TEAEs overall and cohort: onset intensity, highest intensity, outcome, relationship to study drug, action taken with study drug
- Listing of Serious TEAE

6.9.3 Secondary primary malignancies

The following items will be described:

- Patients with at least one other malignancy
- Other malignancies by SOC/PT
- Time to onset other malignancies from inclusion
- Narratives of other malignancies

6.9.4 Deaths

- Number of patients who died: overall and by period of death (before/during/after treatment)
- Cause of death and disease status by period of death
- Listing of patients who died
- Narratives of fatal SAEs

6.9.5 Clinical Laboratory / Vital signs

Shift from baseline to worst baseline grade will be presented for clinical laboratories.

Summary of Increase in 2 or More CTCAE Toxicity Grades as Compared with Baseline

Vital sign (temperature, blood pressure, and pulse) will be presented for treatment period and safety follow-up.

6.9.6 Pregnancies

Narratives of pregnancies will be displayed by cohort.

6.10 Concomitant treatments

6.10.1 Prior treatment reported at enrollment

Prior treatments reported at enrollment will be described.
Prior treatments are defined as medications that stopped before the first dose of study drug.

6.10.2 Concomitant treatments

Concomitant treatments during treatment period will be described.

- Patients with at least one concomitant treatment during treatment period
- Concomitant treatments received during treatment period will be listed

Concomitant treatments are defined as medications that

- started before the first dose of study drug and were continuing at the time of the first dose of study drug

or

- started on or after the date of the first dose of study drug up to 30 days after the patient's last dose.

7 STATISTICAL OUTPUTS

<u>All sections except subsections 7.1 Study sSummary, 7.4 Major protocol deviation</u>

Except mentionned otherwise, the header for all subsections will be as follows:

Safety Analysis Set		
Cohort 1 N=XX	Cohort 2 N=XX	Total N=XX

<u>Subsection 7.1 Study summary and 7.4 Major protocol deviation</u>

Except mentionned otherwise, the header will be as follows:

Enrolled Set		
Cohort 1 N=XX	Cohort 2 N=XX	Total N=XX

7.1 Study Summary

7.1.1 Overall description

Table 7.1-1 Number of patients by country and by center – Enrolled set

	Header
Number of patients	XXX (XX.X%)
Country	
XXXX	XXX (XX.X%)
XXXX	XXX (XX.X%)
XXXX	XXX (XX.X%)
Center name	
XXXX	XXX (XX.X%)
XXXX	XXX (XX.X%)
XXXX	XXX (XX.X%)

Table 7.1-2 Number of patients at each timepoint – Safety Analysis set

	Header
Baseline	XXX (XX.X%)
During treatment	XXX (XX.X%)
End of treatment evaluation	XXX (XX.X%)
Safety follow-up	XXX (XX.X%)
Efficacy follow-up	XXX (XX.X%)

7.1.2 Study dates

Table 7.1-3 Inclusion dates - Enrolled sets

	Header
Inclusion dates	
First inclusion	XX/XX/XXXX
Last inclusion	XX/XX/XXXX
Safety analysis set	
First cycle day 1 date	XX/XX/XXXX
Last cycle day 1 date	XX/XX/XXXX

Table 7.1-4 Date of last visit last patient - Enrolled set

	Header
Last Visit Last Patient	XX/XX/XXXX

Last visit includes visits performed during follow-up period.

7.1.3 Follow-up duration

Table 7.1-5 Follow-up duration - Safety Analysis set

	Cohort	N	Median	95% Confidence Limits		Min	Max
				Lower	Upper		
Follow-up duration (months)	Cohort 1	XX	XX.X	XX.X	XX.X	XX.X	XX.X
	Cohort 2	XX	XX.X	XX.X	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX.X	XX.X	XX.X	XX.X	XX.X

Follow-up duration is based on OS since inclusion until last contact date and calculated with a reverse Kaplan Meier method.

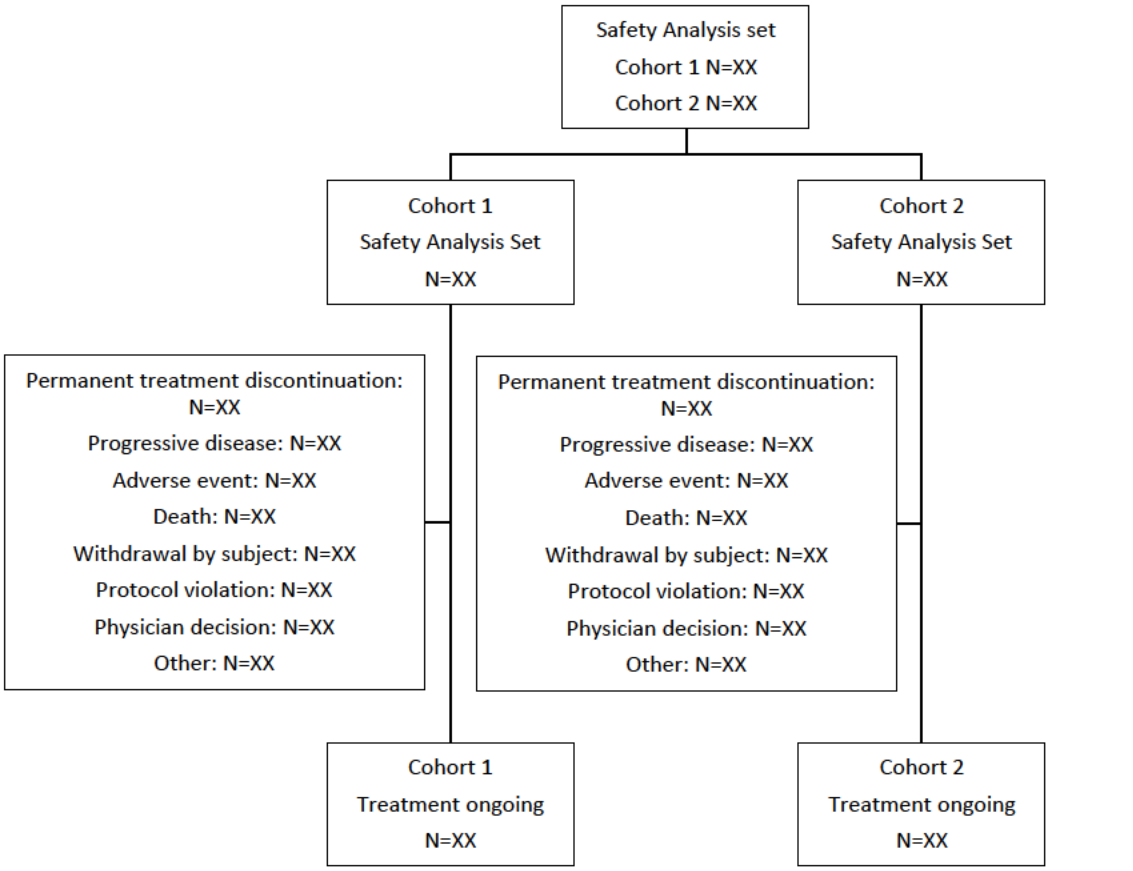
7.2 Study patients

7.2.1 Disposition of patients

Table 7.2-1 Permanent treatment discontinuation during the study – Safety Analysis set

	Header
Permanent treatment discontinuation	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, reason for permanent treatment discontinuation	
Progressive disease	XX (XX.X%)
Adverse event	XX (XX.X%)
Death	XX (XX.X%)
Withdrawal by subject	XX (XX.X%)
Protocol violation	XX (XX.X%)
Physician decision	XX (XX.X%)
Other	XX (XX.X%)
If yes, last cycle performed	
Cycle 1	XX (XX.X%)
...	XX (XX.X%)
Time between inclusion and withdrawal (months)	
Number	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

Figure 1: Disposition of patients



Listing 7.2-1 Permanent treatment discontinuation - Safety Analysis Set (XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Inclusion date	Number of cycles received	Permanent treatment discontinuation		
						Date	Reason	Specification
X	XXX	X	XX	XX/XX/XXXX	X	XX/XX/XXXX	XXXX	XX

Table 7.2-2 Patient status - Safety Analysis Set

	Header
Patient status	
Treatment ongoing	XX (XX.X%)
Efficacy follow-up	XX (XX.X%)
End of study	XX (XX.X%)
If end of study, reason	
Lost to Follow-Up	XX (XX.X%)
Withdrawal by subject	XX (XX.X%)
Death	XX (XX.X%)
Study termination	XX (XX.X%)
Physician decision	XX (XX.X%)
Major protocol violation	XX (XX.X%)
Other	XX (XX.X%)
If Other, Description of patient status other	
...	XX (XX.X%)

7.2.2 Analysis Sets

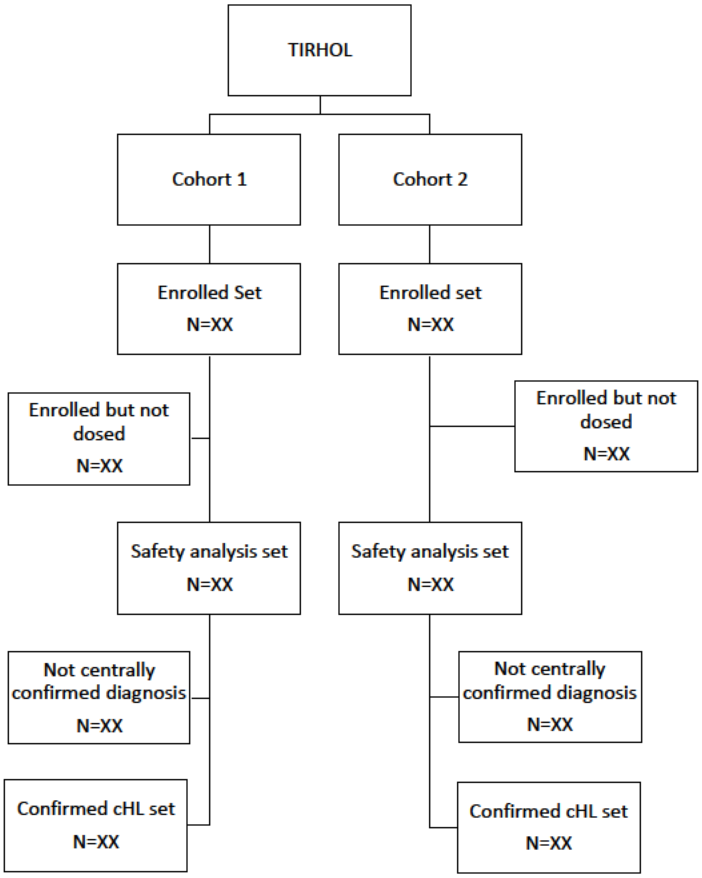
Table 7.2-3 Patients included in the trial - Enrolled Set

	Header
Enrolled set	XX (XX.X%)
Safety Analysis Set	XX (XX.X%)

Listing 7.2-2 Patients excluded from Safety Analysis Set (XX patients)

Cohort	Patient identification number	Safety Analysis Set	Inclusion date	Received at least one dose of Tislelizumab	Informed consent	Date of signature of consent
X	X	No		No	XXX	XX/XX/XXXX

Figure 2: Analysis Sets



7.2.3 Analysis subsets

If applicable:

Table 7.2-4 Patients included in the trial with central confirmation of cHL diagnosis - Enrolled Set

	Header
Confirmed cHL set	XX (XX.X%)

Listing 7.2-3 Patients excluded from Confirmed cHL Set (XX patients)

Cohort	Patient identification number	Safety Analysis Set	Confirmed Set	Inclusion date	Informed consent	Date of signature of consent	Local diagnosis	Central diagnosis
X	X	X	No		XXX	XX/XX/XXXX		

7.3 Inclusion / Exclusion criteria

Inclusion criteria:

Patients may be enrolled in the study only if they meet all of the following criteria:

1. Male or female ≥ 18 years of age at time of informed consent (or acceptable age according to local regulations, whichever is older)
2. Histologically confirmed diagnosis of relapsed or refractory cHL
3. Relapsed cHL (disease progression after PR or CR to the most recent therapy) or refractory cHL (failure to achieve PR or CR to most recent therapy). Patients will be allocated to one of two cohorts based on the following criteria:
   - Cohort 1: Relapsed or refractory to prior autologous hematopoietic stem cell transplant (HSCT)
     - Has failed to achieve a response or has had disease progression after autologous HSCT
     - Is not a candidate for additional autologous or allogeneic HSCT
   - Cohort 2: Relapsed or refractory to salvage chemotherapy and has not received prior autologous or allogeneic HSCT
     - Has received at least 1 prior systemic regimen for cHL
     - Is not a candidate for autologous or allogeneic HSCT
4. Measurable disease defined as ≥ 1 FDG-avid nodal lesion that is > 1.5 cm in the longest diameter, or ≥ 1 FDG-avid extra-nodal lesion (eg, hepatic nodules) that is > 1 cm in the longest diameter
5. Able to provide fresh or archival tumor tissues (formalin-fixed paraffin-embedded [FFPE] blocks or approximately 15 freshly cut, unstained FFPE slides) from an evaluable core or excisional biopsy with an associated pathological report
6. ECOG performance status of 0 or 1
7. Life expectancy ≥ 12 weeks
8. Adequate organ function, as indicated by the following laboratory values:
   a. Absolute neutrophil count (ANC) ≥ 1.0 x 109/L, independent of growth factor support within 7 days of first dose
   b. Platelet ≥ 75 x 109/L, independent of growth factor support within 7 days of first dose
   c. Hemoglobin (Hgb) ≥ 8 g/dL or ≥ 5 mmol/L
   d. Creatinine clearance > 30 mL/min
   e. AST (SGOT) and ALT (SGPT) ≤ 2.5 x the ULN or ≤ 5 x ULN if liver lymphoma involvement is present
   f. Serum total bilirubin ≤ 1.5 x ULN (total bilirubin level < 4 x ULN for patients with Gilbert syndrome)
9. No evidence of dyspnea at rest and a pulse oximetry of > 92% while breathing room air
10. DLCO (adjusted for alveolar volume) > 60% of predicted value; FEV1 and FVC, FEV1/ FVC all > 50% predicted value
11. Female patients of childbearing potential must be willing to use a highly effective method of contraception for the duration of the study and for ≥ 120 days after the last dose of tislelizumab, and have a negative urine or serum pregnancy test within 7 days before the first dose of study drug.
12. Males are eligible to enter and participate in the study if they have been vasectomized or if they agree to use barrier contraception with other highly effective methods during the study treatment period and for ≥ 120 days after the last dose of tislelizumab
13. Ability to provide written informed consent and can understand and comply with the requirements of the study

Exclusion criteria:

Patients will not be enrolled in the study if they meet any of the following criteria:

1. Nodular lymphocyte-predominant Hodgkin lymphoma or gray zone lymphoma
2. Prior allogeneic hematopoietic stem cell transplantation
3. History of severe hypersensitivity reaction to monoclonal antibodies
4. New York Heart Association (NYHA) class III or IV heart failure, unstable angina, severe uncontrolled ventricular arrhythmia, electrocardiographic evidence of acute ischemia, or myocardial infarction within 6 months of first day of screening
5. Prior malignancy within the past 3 years except for curatively treated basal or squamous cell skin cancer, superficial bladder cancer, or carcinoma in situ of the cervix, breast, or other site for which in situ carcinoma has metastatic potential
6. Prior therapy targeting PD-1 or PD-L1, anti-PD-L2, or anti CTLA-4 pathways
7. Has received:
   - Systemic chemotherapy, targeted small molecule therapy, or radiation therapy within 4 weeks prior to Cycle 1 Day 1
   - Recent treatment with another monoclonal antibody within 4 weeks prior to Cycle 1 Day 1
   - Investigational treatment or device within 4 weeks (or 5 half-lives, whichever is shorter) prior to Cycle 1 Day 1
   - Or has not recovered from AEs (ie, ≤ Grade 1 or baseline level) due to prior therapy. (Note: Patients with alopecia or ≤ Grade 2 neuropathy are an exception to this criterion and may qualify for the study if all other criteria are met)
8. Active autoimmune disease or history of autoimmune disease that may relapse
   - Patients with the following are not excluded and may proceed to further screening: Vitiligo, eczema, type I diabetes mellitus, and endocrine deficiencies including thyroiditis managed with replacement hormone and/or physiologic corticosteroids
   - Patients with the following should be evaluated for the presence of target organ involvement and the potential need for systemic treatment, but should otherwise be eligible: Rheumatoid arthritis and/or other arthropathies, Sjögren's syndrome, or psoriasis controlled with topical medication, and patients with positive serology such as positive antinuclear antibody or anti-thyroid antibody
9. Conditions requiring systemic treatment with either corticosteroids (> 10 mg daily prednisone equivalent) or other immunosuppressive medications within 14 days of the first dose of tislelizumab
   Note: Patients with the following are not excluded and may proceed to further screening:
   - Adrenal replacement doses of ≤ 10 mg daily prednisone equivalent in the absence of active autoimmune disease
   - Topical, ocular, intra-articular, intranasal, and inhalational corticosteroid (with minimal systemic absorption)
   - A brief course of corticosteroid for prophylaxis (eg, contrast dye allergy) or for treatment of non-autoimmune conditions (eg, delayed-type hypersensitivity reaction caused by contact allergen)
10. History of interstitial lung disease or noninfectious pneumonitis or has evidence of interstitial lung disease or noninfectious pneumonitis
11. Serious acute or chronic infection requiring systemic therapy
12. Known central nervous system (CNS) lymphoma
13. Underlying medical conditions that, in the investigator's opinion, will render the administration of study drug hazardous or obscure the interpretation of toxicity or AEs
14. Known history of infection with HIV, human T-cell lymphotropic virus-1, or human T-cell lymphotropic virus-2
15. Serologic status reflecting active hepatitis B or C infection as follows:

- Presence of hepatitis B surface antigen (HBsAg) or hepatitis B core antibody (HBcAb). Patients with presence of HBcAb, but absence of HBsAg, are eligible only if hepatitis B virus (HBV) DNA is undetectable by an assay with sensitivity ≤ 20 IU/mL. If so, patients may either undergo regularly scheduled monitoring of HBV DNA or less frequent monitoring of HBV DNA while on prophylactic antiviral medication as defined by regional standard of care.
- Presence of hepatitis C virus (HCV) antibody. Patients with presence of HCV antibody are eligible only if HCV RNA is undetectable.

16. Autologous hematopoietic stem cell transplantation within 100 days of first dose of tislelizumab
17. CAR-T therapy within 12 months prior to the first dose of study drug
18. Use of any live vaccine against infectious diseases (eg, influenza, varicella, etc) within 4 weeks (28 days) of the first dose of tislelizumab, and any intended use within 60 days after the last dose of tislelizumab
19. Major surgery within 4 weeks of the first dose of tislelizumab
20. Pregnant or breastfeeding, or expecting to conceive or father children within the projected duration of the trial, starting with the pre-screening or screening visit through 120 days after the last dose of trial treatment
21. Has hypersensitivity to tislelizumab or any of its excipients
22. Concurrent participation in another therapeutic clinical trial

Table 7.3-1 Patients with at least one inclusion/exclusion criterion not fulfilled

	Header
Patients with at least one criterion not fulfilled	
No	XX (XX.X%)
Yes	XX (XX.X%)
Criterion not fullfilled	
Inclusion criterion 01	XX (XX.X%)
Inclusion criterion 02	XX (XX.X%)
Inclusion criterion 03	XX (XX.X%)
Inclusion criterion 04	XX (XX.X%)
Inclusion criterion 05	XX (XX.X%)
Inclusion criterion 06	XX (XX.X%)
Inclusion criterion 07	XX (XX.X%)
Inclusion criterion 08	XX (XX.X%)
Inclusion criterion 09	XX (XX.X%)
Inclusion criterion 10	XX (XX.X%)
Inclusion criterion 11	XX (XX.X%)
Inclusion criterion 12	XX (XX.X%)
Inclusion criterion 13	XX (XX.X%)
Exclusion criterion 01	XX (XX.X%)
Exclusion criterion 02	XX (XX.X%)
Exclusion criterion 03	XX (XX.X%)
Exclusion criterion 04	XX (XX.X%)
Exclusion criterion 05	XX (XX.X%)
Exclusion criterion 06	XX (XX.X%)
Exclusion criterion 07	XX (XX.X%)
Exclusion criterion 08	XX (XX.X%)
Exclusion criterion 09	XX (XX.X%)
Exclusion criterion 10	XX (XX.X%)
Exclusion criterion 11	XX (XX.X%)
Exclusion criterion 12	XX (XX.X%)
Exclusion criterion 13	XX (XX.X%)
Exclusion criterion 14	XX (XX.X%)
Exclusion criterion 15	XX (XX.X%)
Exclusion criterion 16	XX (XX.X%)
Exclusion criterion 17	XX (XX.X%)
Exclusion criterion 18	XX (XX.X%)
Exclusion criterion 19	XX (XX.X%)
Exclusion criterion 20	XX (XX.X%)
Exclusion criterion 21	XX (XX.X%)
Exclusion criterion 22	XX (XX.X%)

Listing 7.3-1 Patients with at least one eligibility criterion not fulfilled - Safety Analysis Set (XX patients)

Cohort	Patient identification number	Age (years)	Sex	Criteria not fulfilled		
				Number	Description	Value
X	XXX	XXX	XX	XX	XXXXXX	XX

7.4 Major protocol deviations

Table 7.4-1 Major protocol deviations – Enrolled set

	header
Patients with at least one major protocol deviation	XX
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, type of major protocol deviation	
XXX	XX (XX.X%)
XXX	XX (XX.X%)

Listing 7.4-1 Patients with at least one major protocol deviation – Enrolled Set (XX patients)

Cohort*	Patient identification number	Inclusion date	Major protocol deviation	Safety Analysis Set
x	xxxxx	xx/xx/xxxx	xxxx	xx

7.5 Demographic and other baseline characteristics

7.5.1 Demographic characteristics

Table 7.5-1 Demographic characteristics at inclusion

	Header
Age (years)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Age group (years)	
<45	XX (XX.X%)
>=45	XX (XX.X%)
Sex	
Male	XX (XX.X%)
Female	XX (XX.X%)
Weight (kg)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Height (cm)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Body Surface Area (m²)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.5.2 Disease characteristics

7.5.2.1 Diagnosis at inclusion

Table 7.5-2 Histological diagnosis according to local review

	Header
Time since initial diagnosis (months)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Initial histological diagnosis	
Classical Hodgkin Lymphoma	XX (XX.X%)
Other	XX (XX.X%)
Missing	XX
If Classical Hodgkin Lymphoma, subtype	
Nodular Sclerosis	XX (XX.X%)
Mixed Cellularity	XX (XX.X%)
Lymphocyte-depleted	XX (XX.X%)
Lymphocyte-rich	XX (XX.X%)
Unclassifiable	XX (XX.X%)
Missing	XX
If Other, specification	
XX	XX (XX.X%)
XX	XX (XX.X%)
Histological diagnosis at enrollment (local)	
Classical Hodgkin Lymphoma	XX (XX.X%)
Other	XX (XX.X%)
Missing	XX
If Classical Hodgkin Lymphoma, subtype	
Nodular Sclerosis	XX (XX.X%)
Mixed Cellularity	XX (XX.X%)
Lymphocyte-depleted	XX (XX.X%)
Lymphocyte-rich	XX (XX.X%)
Unclassifiable	XX (XX.X%)
Missing	XX
If Other, specification	
XX	XX (XX.X%)
XX	XX (XX.X%)

Table 7.5-3 Histological diagnosis according to central review

	Header
Histological diagnosis according to central review	
No	XX (XX.X%)
Yes	XX (XX.X%)
If Yes, diagnosis	
XXX	XX (XX.X%)
XXX	XX (XX.X%)

7.5.2.2 Disease assessment at inclusion

Table 7.5-4 Disease assessments and staging at inclusion

	Header
Patient status at time of enrollment	
Refractory	XX (XX.X%)
Relapse/Progressive	XX (XX.X%)
Ann Arbor stage	
I	XX (XX.X%)
II	XX (XX.X%)
III	XX (XX.X%)
IV	XX (XX.X%)
Unknown	XX (XX.X%)
Missing	XX
Performance Status (ECOG)	
Normal activities	XX (XX.X%)
Ambulatory able to carry out work	XX (XX.X%)
Ambulatory unable to carry out work	XX (XX.X%)
Confined to chair more than 50% of waking hours	XX (XX.X%)
Totally confined to chair	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Missing	XX
B symptoms	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
International Prognostic Score (Hasenclever)	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
6	XX (XX.X%)
7	XX (XX.X%)
Missing	XX
International Prognostic Score (Hasenclever) in class	
0-2	XX (XX.X%)
>= 3	XX (XX.X%)
Missing	XX
Bulky disease*	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Erythrocyte Sedimentation Rate (ESR) (mm/hr)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

*mediastinum/thorax ratio of 0.33 or size of any single node/nodal mass ≥ 10 cm in diameter

7.5.2.3 Prior therapy for cHL

Table 7.5-5 Number of prior lines of therapy for cHL

	Header
Number of prior lines of therapy for cHL	
1	XX (XX.X%)
...	XX (XX.X%)
Number of prior lines of therapy for cHL	
N	XX
Missing	
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Monoclonal antibody	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Other immunotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Chemotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Radiotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Autologous transplant	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX
Other anti-cancer therapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Missing	XX

7.5.2.4 Nodal / Extra-nodal involvement at baseline

Table 7.5-6 Overview of nodal/extra-nodal involvement at baseline

	Header
Patients with at least one nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)
Patients with at least one extra-nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)

Table 7.5-7 Supra-diaphragmatic nodal involvement at baseline

	Header
Cervical right	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Cervical left	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Supraclavicular right	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Supraclavicular left	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Axillary right	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Axillary left	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Mediastinal	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Table 7.5-8 Infra-diaphragmatic nodal involvement at baseline

	Header
Retroperitoneal	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Mesenteric	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Iliac right	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Iliac left	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Inguinal right	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Inguinal left	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Table 7.5-9 Other nodal involvement at baseline

	Header
Other nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Listing 7.5-1 Patients with other nodal involvement localizations at baseline – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Other nodal involvement	Other nodal involvement - localization
		Yes	

Table 7.5-10 Extra-nodal involvement in the Head and Neck Area at baseline

	Header
Tonsil	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Cavum	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Parotid	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Orbit	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Sinus	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Table 7.5-11 Extra-nodal involvement in Central Nervous System Area at baseline

	Header
Meningeal	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Other CNS	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Table 7.5-12 Extra-nodal involvement in the Digestive Tract Area at baseline

	Header
Stomach	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Duodenum	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Small Intestine	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Ileo-caecal junction	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Colon	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Rectum	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)

Table 7.5-13 Other extra-nodal involvement at baseline

	Header
Liver	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Pancreas	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Pleura	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Lung	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Ascites	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Pericardium	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Breast	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Gonadal	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Kidney	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Adrenal	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Thyroid	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Skin	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Soft Tissues	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Bone	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Blood	
Normal	XX (XX.X%)
Involved	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Other extra-nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)

Listing 7.5-2 Patients with other extra-nodal involvement localizations at baseline – Safety Analysis Set (XX patients)

Cohort*	Patient identification number	Other extra-nodal involvement	Other extra-nodal involvement - localization
		Yes	

7.5.3 Tumor assessment

7.5.3.1 PET scan at baseline

Table 7.5-14 PET scan at baseline

	Header
PET scan performed at baseline	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, bone marrow involved :	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, presence of hypermetabolic lesion :	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
If yes, SUVmax :	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.5.3.2 CT scan at baseline

Table 7.5-15 Sites and methods used for tumor assessment at baseline

Tumor assessment	Header
CT scan performed at baseline	
Not Done	XX (XX.X%)
Done	XX (XX.X%)
If yes, number of sites used for esponse evaluation	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

SPD: Sum of the Product of the Diameters

Table 7.5-16 Methods of measurements at baseline

	Header
Methods of measurements at baseline	
Clinical Examination	XX (XX.X%)
CT Scan	XX (XX.X%)
Ultrasound	XX (XX.X%)
NMR/MRT/MRI	XX (XX.X%)
CT/PET Scan	XX (XX.X%)
Other	XX (XX.X%)

N : Number of sites

Table 7.5-17 Extra-nodal sites evaluable but not measurable at baseline

	Header
Patients with at least one extra-nodal site evaluable but not measurable	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Number of extra-nodal sites evaluable but not measurable per patient	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.5.4 Medical history

Table 7.5-18 Medical history

	Header
At least one medical history	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, category*	
Prior cancer history	XX (XX.X%)
Other relevant medical history	XX (XX.X%)
If other prior cancer, at least one persisting other cancer history	
No	XX (XX.X%)
Yes	XX (XX.X%)
If other medical history, at least one persisting other relevant medical history	
No	XX (XX.X%)
Yes	XX (XX.X%)

* The sum of category can be > 100% because categories are not mutually exclusive

Table 7.5-19 Relevant medical history (including prior cancer) by SOC/PT

System Organ Class **Preferred Term**	Header	
Patients with a least one relevant medical history	**XX**	**(XX.X%)**
SOC1	XX	(XX.X%)
PT1	XX	(XX.X%)
PT2	XX	(XX.X%)
...	XX	(XX.X%)
SOC2	XX	(XX.X%)
PT1	XX	(XX.X%)
PT2	XX	(XX.X%)
...	XX	(XX.X%)

Listing 7.5-3 Relevant medical history (including prior cancer) - Safety Analysis Set (XX patients)

Cohort	Patient identification number	Inclusion date	Category	Type of prior cancer/disease	Disease onset date	Persisting	Grade	End date
X	XX	XX/XX/XXXX	XX	XX	XX/XX/XXXX	XX	XX	XX/XX/XXXX

7.5.5 Vital signs

Table 7.5-20 Vital signs at baseline

	Header
Vital sign examination performed	
No	XX (XX.X%)
Yes	XX (XX.X%)
Systolic blood pressure (mmHG)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Diastolic blood pressure (mmHG)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Pulse (beats/min)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Body temperature (°C)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.5.6 Other clinical exams

Table 7.5-21 Clinical examination at baseline

	Header
Clinical examination	
Not done	XX (XX.X%)
Done	XX (XX.X%)
If done, result	
Abnormal	XX (XX.X%)
Normal	XX (XX.X%)
If abnormal, due to active lymphoma	
No	XX (XX.X%)
Yes	XX (XX.X%)
If abnormal, due to study treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If abnormal, due to other reason	
No	XX (XX.X%)
Yes	XX (XX.X%)

Listing 7.5-4 Patients with abnormal clinial exam at baseline – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Inclusion date	Clinical exam		
			Date	Result	Specify reason
				Abnormal	

Table 7.5-22 Serologies at baseline

	Header
HIV Serology	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
Not done / Missing	XX
HCV Serology	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
Not done / Missing	XX
HBV serology	
HBs Ag	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
Not done / Missing	XX
Anti HBs	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
Not done / Missing	XX
Anti HBc	
Negative	XX (XX.X%)
Positive	XX (XX.X%)
Not done / Missing	XX
Vaccination	
No	XX (XX.X%)
Yes	XX (XX.X%)
Unknown	XX

Table 7.5-23 Cardiac exam at baseline

	Header
Electrocardiogram	
Not done	XX (XX.X%)
Done	XX (XX.X%)
If done, result	
Normal	XX (XX.X%)
Clinically significant abnormality	XX (XX.X%)
Non clinically significant abnormality	XX (XX.X%)
Echocardiography / Isotopic method	
Not done	XX (XX.X%)
Done	XX (XX.X%)
If done, result	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
If done, LVEF (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Cardiac biomarkers	
Not done	
Done	
If done, Troponin I	
Normal	XX (XX.X%)
Above limit	XX (XX.X%)
If done, Troponin T	
Normal	XX (XX.X%)
Above limit	XX (XX.X%)

Listing 7.5-5 Patients with abnormal cardiac exam at baseline – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Inclusion date	Echocardiography / Isotopic method		
			Date	Result	If abnormal, specify

Table 7.5-24 Childbearing potential

	Header
Female of childbearing potential	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, pregnancy test	
Done	XX (XX.X%)
Not done	XX (XX.X%)
If done, result	
Negative	XX (XX.X%)
Positive	XX (XX.X%)

Table 7.5-25 Pulmonary function test

	Header
Pulmonary test performed	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, FEV1 (L)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, FEV1 Best/Pred (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, FVC (L)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, FVC Best/Pred (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, DLCOc-SB Best/Pred (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, FEV1/FVC (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, pulse oximetry (%)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.6 Evaluation during study

7.6.1 Clinical examination

7.6.1.1 During treatment

Table 7.6-1 Clinical examination by cycle during treatment

Clinical Examination	Header
Cycle 1	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
Not done / Missing	XX
Cycle 2	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
Not done / Missing	XX
...	

Listing 7.6-1 Patients with abnormal clinial exam due to active lymphoma during treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Age at inclusion (years)	Inclusion date	Clinical exam		
				Date	Result	Specify reason
					Abnormal	

Table 7.6-2 Performance status (ECOG) by cycle during treatment

Performance Status (ECOG)	Header
Cycle 1	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
Missing	XX
Cycle 2	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
Missing	XX
...	

7.6.1.2 At end of treatment (safety follow-up)

Table 7.6-3 Clinical examination by cycle at end of treatment

Clinical Examination	Header
End of treatment – Safety follow-up	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
Not done / Missing	XX

Listing 7.6-2 Patients with abnormal clinial exam due to active lymphoma at end of treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Age at inclusion (years)	Inclusion date	Clinical exam		
				Date	Result	Specify reason
					Abnormal	

Table 7.6-4 Performance status (ECOG) by cycle at end of treatment

Performance Status (ECOG)	Header
End of treatment – Safety follow-up	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
Missing	XX

7.6.1.3 During Efficacy follow up

Table 7.6-5 Clinical examination by cycle during efficacy follow-up

Clinical Examination	Header
EFFICACY FOLLOW-UP 1	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
Not done / Missing	XX
EFFICACY FOLLOW-UP 2	
Normal	XX (XX.X%)
Abnormal	XX (XX.X%)
Not done / Missing	XX
...	

Listing 7.6-3 Patients with abnormal clinial exam due to active lymphoma during efficacy follow-up – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Age at inclusion (years)	Inclusion date	Clinical exam		
				Date	Result	Specify reason
					Abnormal	

Table 7.6-6 Performance status (ECOG) by cycle during efficacy follow-up

Performance Status (ECOG)	Header
Visit 1	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
Missing	XX
Visit 2	
0	XX (XX.X%)
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
Missing	XX
...	

7.6.2 Tumor assessment

7.6.2.1 During treatment and efficacy follow-up

Table 7.6-7 PET scan at each visit during treatment

PET scan	Header
PET scan done at evaluation 1	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, bone marrow involved	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Deauville criteria	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
Not evaluated	XX (XX.X%)
If yes, localization of most hypermetabolic lesion :	
...	XX (XX.X%)
SUVmax of most hypermetabolic lesion :	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

Table 7.6-8 Sites and methods used for tumor assessment treatment

Tumor assessment	Header
Evaluation 1	
Not Done	XX (XX.X%)
Done	XX (XX.X%)
If yes, number of sites used for response evaluation	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, SPD difference from baseline (%)	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

SPD: Sum of the Product of the Diameters

Table 7.6-9 Methods of measurements during treatment

	Header
Methods of measurements at evaluation 1	
Clinical Examination	XX (XX.X%)
CT Scan	XX (XX.X%)
Ultrasound	XX (XX.X%)
NMR/MRT/MRI	XX (XX.X%)
CT/PET Scan	XX (XX.X%)
Other	XX (XX.X%)
...	

N : Number of sites

Table 7.6-10 Extra-nodal sites evaluable but not measurable during treatment

Patients with at least one extra-nodal site evaluable but not measurable	Header
At evaluation 1	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Number of extra-nodal sites evaluable but not measurable per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

Table 7.6-11 Significant increase in size of non target lesion(s) during treatment

Significant increase in size of non target lesion(s)	Header
Significant increase in size of non target lesion(s) at evaluation 1	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, number of significant increase in size of non target lesion(s) per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

Table 7.6-12 New lymphoma lesion(s) during treatment

New lymphoma lesion(s)	Header
New lymphoma lesion(s) from screening at evaluation 1	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Number of new lymphoma lesion(s) per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

Table 7.6-13 Spleen and liver assessment during treatment

	Header
Evaluation at evaluation 1	
Not done	XX (XX.X%)
Done	XX (XX.X%)
If yes, spleen enlarged	
Yes	XX
No	XX
If yes, liver enlarged	
Yes	XX
No	XX
...	

Table 7.6-14 Methods of spleen and liver assessment during treatment

	Header
Methods of measurements at evaluation 1	
Clinical Examination	XX (XX.X%)
CT Scan	XX (XX.X%)
Ultrasound	XX (XX.X%)
NMR/MRT/MRI	XX (XX.X%)
CT/PET Scan	XX (XX.X%)
Other	XX (XX.X%)
If other, specification	
...	XX (XX.X%)
...	

Table 7.6-15 Metabolic response during treatment

Metabolic response (PET -CT-based)	Header
Metabolic response according to Lugano classification (PET-CT-scan) at evaluation 1	
Complete metabolic response	XX (XX.X%)
Partial metabolic response	XX (XX.X%)
No metabolic response	XX (XX.X%)
Progressive metabolic disease	XX (XX.X%)
Not evaluated	XX (XX.X%)
If progressive metabolic disease, Response according to LYRIC classification (PET-CT-based)	
Complete response	XX (XX.X%)
Partial response	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Indeterminate response	XX (XX.X%)
Not evaluable	XX (XX.X%)
If indeterminate response	
IR1 - >=50% increase in SPD in first 12 weeks	XX (XX.X%)
IR2 - <50% increase in SPD with new lesion or ≥50% increase in PPD of a lesion or set of lesions at any time during treatment	XX (XX.X%)
IR3 - increase in FDG uptake without a concomitant increase in lesion size meeting criteria for PD	XX (XX.X%)
...	

Table 7.6-16 Radiologic response according to Lugano classification (CT-based) during treatment

Radiologic according to Lugano (CT-based)	Header
Radiologic response at evaluation 1	
Complete radiologic response	XX (XX.X%)
Partial remission	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Not evaluated	XX (XX.X%)
If progressive radiologic disease, Response according to LYRIC classification (CT-based)	
Complete response	XX (XX.X%)
Partial response	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Indeterminate response	XX (XX.X%)
Not evaluable	XX (XX.X%)
If indeterminate response	
IR1 - >=50% increase in SPD in first 12 weeks	XX (XX.X%)
IR2 - <50% increase in SPD with new lesion or ≥50% increase in PPD of a lesion or set of lesions at any time during treatment	XX (XX.X%)
...	

7.6.2.2 At end of treatment (safety follow-up)

Table 7.6-17 PET scan at each visit at end of treatment

PET scan	Header
PET scan done at end of treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, bone marrow involved	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Deauville criteria	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
Not evaluated	XX (XX.X%)
If yes, localization of most hypermetabolic lesion:	
...	XX (XX.X%)
SUVmax of most hypermetabolic lesion:	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

Table 7.6-18 Sites and methods used for tumor assessment treatment at end of treatment

Tumor assessment	Header
Evaluation at end of treatment	
Not Done	XX (XX.X%)
Done	XX (XX.X%)
If yes, number of sites used for esponse evaluation	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
If yes, SPD difference from baseline (%)	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

SPD: Sum of the Product of the Diameters

Table 7.6-19 Methods of measurements at end of treatment

	Header
Methods of measurements at end of treatment	
Clinical Examination	XX (XX.X%)
CT Scan	XX (XX.X%)
Ultrasound	XX (XX.X%)
NMR/MRT/MRI	XX (XX.X%)
CT/PET Scan	XX (XX.X%)
Other	XX (XX.X%)

N : Number of sites

Table 7.6-20 Extra-nodal sites evaluable but not measurable at end of treatment

Patients with at least one extra-nodal site evaluable but not measurable	Header
Evaluation at end of treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Number of extra-nodal sites evaluable but not measurable per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

Table 7.6-21 Significant increase in size of non target lesion(s) at end of treatment

Significant increase in size of non target lesion(s)	Header
Significant increase in size of non target lesion(s) at end of treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, Significant increase in size of non target lesion(s) per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

Table 7.6-22 New lymphoma lesion(s) at end of treatment

New lymphoma lesion(s)	Header
New lymphoma lesion(s) from screening at end of treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, New lymphoma lesion(s) per patient	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

Table 7.6-23 Spleen and liver assessment at end of treatment

	Header
Evaluation at end of treatment	
Not done	XX (XX.X%)
Done	XX (XX.X%)
If yes, spleen enlarged	
Yes	XX
No	XX
If yes, liver enlarged	
Yes	XX
No	XX

Table 7.6-24 Methods of spleen and liver assessment at end of treatment

	Header
Methods of measurements at end of treatment	
Clinical Examination	XX (XX.X%)
CT Scan	XX (XX.X%)
Ultrasound	XX (XX.X%)
NMR/MRT/MRI	XX (XX.X%)
CT/PET Scan	XX (XX.X%)
Other	XX (XX.X%)
If other, specification	
...	XX (XX.X%)

Table 7.6-25 Metabolic response at end of treatment

Metabolic response (PET -CT-based)	Header
Metabolic response according to Lugano classification (PET-CT-scan) at end of treatment	
Complete metabolic response	XX (XX.X%)
Partial metabolic response	XX (XX.X%)
No metabolic response	XX (XX.X%)
Progressive metabolic disease	XX (XX.X%)
Not evaluated	XX (XX.X%)
If progressive metabolic disease, Response according to LYRIC classification (PET-CT-based)	
Complete response	XX (XX.X%)
Partial response	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Indeterminate response	XX (XX.X%)
Not evaluable	XX (XX.X%)
If indeterminate response	
IR1 - >=50% increase in SPD in first 12 weeks	XX (XX.X%)
IR2 - <50% increase in SPD with new lesion or ≥50% increase in PPD of a lesion or set of lesions at any time during treatment	XX (XX.X%)
IR3 - increase in FDG uptake without a concomitant increase in lesion size meeting criteria for PD	XX (XX.X%)

Table 7.6-26 Radiologic response according to Lugano classification (CT-based) at end of treatment

Radiologic according to Lugano (CT-based)	Header
Radiologic response at end of treatment	
Complete radiologic response	XX (XX.X%)
Partial remission	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Not evaluated	XX (XX.X%)
If progressive radiologic disease, Response according to LYRIC classification (CT-based)	
Complete response	XX (XX.X%)
Partial response	XX (XX.X%)
Stable disease	XX (XX.X%)
Progressive disease	XX (XX.X%)
Indeterminate response	XX (XX.X%)
Not evaluable	XX (XX.X%)
If indeterminate response	
IR1 - >=50% increase in SPD in first 12 weeks	XX (XX.X%)
IR2 - <50% increase in SPD with new lesion or ≥50% increase in PPD of a lesion or set of lesions at any time during treatment	XX (XX.X%)

7.6.2.3 During efficacy follow-up

Table 7.6-27 Disease status during efficacy follow-up

	Header
EFFICACY FOLLOW-UP 1	
Change of diseasestatus since last visit	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, specification of change	
Progression	XX (XX.X%)
Improvement	XX (XX.X%)
If improvement, specification	
Complete response	XX (XX.X%)
Partial response	XX (XX.X%)

7.7 Efficacy Analysis

7.7.1 Primary efficacy endpoint analyses

7.7.1.1 Main analysis

Table 7.7-1 ORR* evaluation – Safety Analysis Set

	Safety set
Best response according to Lugano classification*	
Complete Response	XX (XX.X%)
Partial Remission	XX (XX.X%)
Stable Disease	XX (XX.X%)
Progressive Disease	XX (XX.X%)
Not Evaluated	XX (XX.X%)
ORR according to Lugano classification**	
Patients with ORR	XX (XX.X%)
IC 90% for ORR rate	[XX.X% - XX.X%]
IC 95% for ORR rate	[XX.X% - XX.X%]
Binomial test ***	
Z test value	XX
One-sided p-value	X.XX

Response of patients with no post-baseline response assessment (due to any reason) will be considered Not evaluated and patients will be considered non-responders.

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise

**ORR is defined as the proportion of patients who achieve a best response of CR or PR per the Lugano Classification (Cheson et al 2014) from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

*** For analyses of primary endpoint

Listing 7.7-1 Patients with best response "Not Evaluated" according to Lugano classification – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Inclusion date	Number of cycles received	Confirmed cHL	Permanent treatment discontinuation			Evaluation				New anti-lymphoma therapy	
					Date	Reason	Specification	Periode	Date	Metabolic response according to Lugano Classification (PET-CT based)	Radiologic response according to Lugano Classification (CT based)	Date	Type
X	XXX	XX/XX/XXXX	XX	XXX	XX/XX/XXXX	XXXX	XXXX	XXX	XX/XX/XXXX	XXX	XXX	XX/XX/XXXX	XXXXXX
								XXX	XX/XX/XXXX	XXX	XXX	XX/XX/XXXX	XXX

7.7.1.2 Sensitivity analysis

Table 7.7-2 ORR* evaluation – Confirmed cHL Set

	Confirmed cHL set
Best response according to Lugano classification*	
Complete Response	XX (XX.X%)
Partial Remission	XX (XX.X%)
Stable Disease	XX (XX.X%)
Progressive Disease	XX (XX.X%)
Not Evaluated	XX (XX.X%)
ORR according to Lugano classification**	
Patients with ORR	XX (XX.X%)
IC 90% for ORR rate	[XX.X% - XX.X%]
IC 95% for ORR rate	[XX.X% - XX.X%]

Response of patients with no post-baseline response assessment (due to any reason) will be considered Not evaluated and patients will be considered non-responders.

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise

**ORR is defined as the proportion of patients who achieve a best response of CR or PR per the Lugano Classification (Cheson et al 2014) from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

Listing 7.7-2 Patients with best response "Not Evaluated" according to Lugano classification – Confirmed cHL Set (XX patients)

Cohort	Patient identification number	Inclusion date	Number of cycles received	Confirmed cHL	Permanent treatment discontinuation			Evaluation				New anti-lymphoma therapy	
					Date	Reason	Specification	Periode	Date	Metabolic response according to Lugano Classification (PET-CT based)	Radiologic response according to Lugano Classification (CT based)	Date	Type
X	XXX	XX/XX/XXXX	XX	XXX	XX/XX/XXXX	XXXX	XXXX	XXX	XX/XX/XXXX	XXX	XXX	XX/XX/XXXX	XXXXXX
								XXX	XX/XX/XXXX	XXX	XXX	XX/XX/XXXX	XXX

7.7.1.3 Subgroup analyses

Table 7.7-3 ORR* evaluation – Safety Analysis Set

	Safety Analysis Set	
	Cohort 1	Cohort 2
Best response according to Lugano classification*		
Complete Response	XX (XX.X%)	XX (XX.X%)
Partial Remission	XX (XX.X%)	XX (XX.X%)
Stable Disease	XX (XX.X%)	XX (XX.X%)
Progressive Disease	XX (XX.X%)	XX (XX.X%)
Not Evaluated	XX (XX.X%)	XX (XX.X%)
ORR according to Lugano classification**		
Patients with ORR	XX (XX.X%)	XX (XX.X%)
IC 95% for ORR rate	[XX.X% - XX.X%]	[XX.X% - XX.X%]

Response of patients with no post-baseline response assessment (due to any reason) will be considered Not evaluated and patients will be considered non-responders.

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise

**ORR is defined as the proportion of patients who achieve a best response of CR or PR per the Lugano Classification (Cheson et al 2014) from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

Table 7.7-4 ORR* evaluation – Confirmed cHL Set

	Confirmed cHL Set	
	Cohort 1	Cohort 2
Best response according to Lugano classification*		
Complete Response	XX (XX.X%)	XX (XX.X%)
Partial Remission	XX (XX.X%)	XX (XX.X%)
Stable Disease	XX (XX.X%)	XX (XX.X%)
Progressive Disease	XX (XX.X%)	XX (XX.X%)
Not Evaluated	XX (XX.X%)	XX (XX.X%)
ORR according to Lugano classification**		
Patients with ORR	XX (XX.X%)	XX (XX.X%)
IC 95% for ORR rate	[XX.X% - XX.X%]	[XX.X% - XX.X%]

Response of patients with no post-baseline response assessment (due to any reason) will be considered Not evaluated and patients will be considered non-responders.

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise

**ORR is defined as the proportion of patients who achieve a best response of CR or PR per the Lugano Classification (Cheson et al 2014) from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

7.7.2 Secondary efficacy endpoint analyses

7.7.2.1 Complete response rate

Table 7.7-5 CRR evaluation

	Header
Best response according to Lugano classification*	
Complete Response	XX (XX.X%)
Partial Remission	XX (XX.X%)
Stable Disease	XX (XX.X%)
Progressive Disease	XX (XX.X%)
Not Evaluated	XX (XX.X%)
CRR according to Lugano classification**	
Patients with CRR	XX (XX.X%)
IC 95% for CRR rate	[XX.X% - XX.X%]

Response of patients with no post-baseline response assessment (due to any reason) will be considered Not evaluated and patients will be considered non-responders.

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise

**CRR is defined as the proportion of patients who achieve a best response of CR per the Lugano Classification (Cheson et al 2014) from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

7.7.2.2 Duration of response

7.7.2.2.1 Duration of response events according to each censoring rule

Table 7.7-6 Events according to Duration of response definitions

	Header
Patients with ORR as best response*	**XXX**
Event according to Duration of response definition with censoring on NALT	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)
Event according to Duration of response definition based on EMA censoring rules	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)
Event according to Duration of response definition with censoring on HSCT	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise, from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

7.7.2.2.2 Main analysis: censoring on NALT

Table 7.7-7 Reasons for censoring DOR with censoring on NALT

	Header
Censored patients	XXX (XX.X%)
Reason for Censoring	
No event	XXX (XX.X%)
NALT without event	XXX (XX.X%)
NALT before progression or death	XXX (XX.X%)

Figure 7.7-1 Duration of response with censoring on NALT

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-8 Duration of response with censoring on NALT –Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
Duration of response (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-9 Duration of response with censoring on NALT – Survival Estimates

Cohort	Time Point (years)	Duration of response (%)	95% Confidence Interval		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

7.7.2.2.3 Sensitivity analysis: censoring according to EMA censoring rules

Figure 7.7-2 Duration of response according to EMA censoring rules

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-10 Duration of response according to EMA censoring rules – Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
Duration of response (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-11 Duration of response according to EMA censoring rules – Survival Estimates

Cohort	Time Point (years)	Duration of response (%)	95% Confidence Interval		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

7.7.2.2.4 Sensitivity analysis: censoring on HSCT only

Table 7.7-12 Reasons for censoring DOR with censoring on HSCT

	Header
Censored patients	XXX (XX.X%)
Reason for Censoring	
No event	XXX (XX.X%)
HSCT without event	XXX (XX.X%)
HSCT before progression or death	XXX (XX.X%)

Figure 7.7-3 Duration of response with censoring on HSCT

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-13 Duration of response with censoring on HSCT –Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
Duration of response (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

Table 7.7-14 Duration of response with censoring on HSCT– Survival Estimates

Cohort	Time Point (years)		95% Confidence Interval	Patients at risk

		Duration of response (%)	Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

Duration of response will be measured from the time of attainment of CR or PR to the date of first documented disease progression/relapse or death

7.7.2.3 Time to response

Table 7.7-15 Time to response

	Header
Patients with ORR as best response*	**XXX**
Time to response (months)	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise, from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

7.7.3 Exploratory endpoint analyses

7.7.3.1 Progression free survival (PFS)

7.7.3.1.1 PFS events according to each censoring rule

Table 7.7-16 Events according to PFS definitions

	Header
Event according PFS definition with censoring on NALT	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)
Event according to PFS definition based on EMA censoring rules	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)
Event according to PFS definition with censoring on HSCT	
No	XXX (XX.X%)
Yes	XXX (XX.X%)
If yes, type of event	
Progression/relapse	XXX (XX.X%)
Death from any cause	XXX (XX.X%)

*Lugano classification: for each evaluation, metabolic response (PET-CT based) if available, radiologic response (CT-based) otherwise, from the first dose of Tislelizumab until data cut or the start of a new anti-lymphoma therapy and determined by the investigator

7.7.3.1.2 Main analysis : censoring on NALT

Table 7.7-17 Reasons for censoring PFS with censoring on NALT

	Header
Censored patients	XXX (XX.X%)
Reason for Censoring	
No event	XXX (XX.X%)
NALT without event	XXX (XX.X%)
NALT before progression or death	XXX (XX.X%)
No baseline reviewed tumor assessment	XXX (XX.X%)

Figure 7.7-4 PFS with censoring on NALT

Table 7.7-18 PFS with censoring on NALT – Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
PFS (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
		XX	XX	Q1	XX.X	XX.X	XX.X

	Total Safety Analysis Set			Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Table 7.7-19 PFS with censoring on NALT – Survival Estimates

Cohort	Time Point (years)	PFS (%)	95% Confidence Limits		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

7.7.3.1.3 Sensitivity analysis: censoring according to EMA censoring rules

Figure 7.7-5 PFS with censoring according to EMA censoring rules

Table 7.7-20 PFS with censoring according to EMA censoring rules – Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
PFS (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Table 7.7-21 PFS with censoring according to EMA censoring rules– Survival Estimates

Cohort	Time Point (years)	PFS (%)	95% Confidence Limits		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

7.7.3.1.4 Sensitivity analysis: censoring on HSCT

Table 7.7-22 Reasons for censoring PFS with censoring on HSCT

	Header
Censored patients	XXX (XX.X%)
Reason for Censoring	
No event	XXX (XX.X%)
HSCT without event	XXX (XX.X%)
HSCT before progression or death	XXX (XX.X%)
No baseline reviewed tumor assessment	XXX (XX.X%)

Figure 7.7-6 PFS with censoring on HSCT

Table 7.7-23 PFS with censoring on HSCT – Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
PFS (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Table 7.7-24 PFS with censoring on HSCT – Survival Estimates

Cohort	Time Point (years)	PFS (%)	95% Confidence Limits		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

7.7.3.2 Overall survival (OS)

Table 7.7-25 Events according to OS definition

	Header
Event according OS definition	
No	XXX (XX.X%)
Yes	XXX (XX.X%)

Figure 7.7-7 OS

Table 7.7-26 OS – Survival Summary

	Cohort	N	Number of event	Quartile	Estimate	95% Confidence Interval	
						Lower	Upper
OS (years)	Cohort 1	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Cohort 2	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X
	Total Safety Analysis Set	XX	XX	Q1	XX.X	XX.X	XX.X
				Median	XX.X	XX.X	XX.X
				Q3	XX.X	XX.X	XX.X

Table 7.7-27 OS – Survival Estimates

Cohort	Time Point (years)	OS (%)	95% Confidence Limits		Patients at risk
			Lower	Upper	
Cohort 1	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Cohort 2	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX
Total Safety Analysis Set	0	XX.X	XX.X	XX.X	XX
	1	XX.X	XX.X	XX.X	XX
	2	XX.X	XX.X	XX.X	XX
	...	XX.X	XX.X	XX.X	XX

7.7.4 Progression / Relapse

7.7.4.1 Patients presenting with progression/relapse

Table 7.7-28 Patients presenting with progression/relapse

	Header
Progression/Relapse	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, initial involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, new involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, extra-nodal involvement	
No	XX (XX.X%)
Yes	XX (XX.X%)

7.7.4.2 Progression/relapse documentation

Table 7.7-29 Progression/relapse documentation

	Header
Histological documentation	
No	XX (XX.X%)
Yes	XX (XX.X%)
Cytological documentation	
No	XX (XX.X%)
Yes	XX (XX.X%)

Note : N corresponds to patients presenting with progression

7.7.4.3 New anti-cancer therapy for progression/relapse

Table 7.7-30 New anti-cancer therapy for progression/relapse

	Header
Progression/relapse treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
Monoclonal antibody	
No	XX (XX.X%)
Yes	XX (XX.X%)
Other immunotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Chemotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Radiotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Autologous transplant	
No	XX (XX.X%)
Yes	XX (XX.X%)
Allogenic transplant	
No	XX (XX.X%)
Yes	XX (XX.X%)
IMiD agents	
No	XX (XX.X%)
Yes	XX (XX.X%)
Epigenetic modifiers agents	
No	XX (XX.X%)
Yes	XX (XX.X%)
Kinase inhibitor	
No	XX (XX.X%)
Yes	XX (XX.X%)
Other anti-cancer therapy	
No	XX (XX.X%)
Yes	XX (XX.X%)

Note : N corresponds to patients presenting with progression

Listing 7.7-3 Patients with monoclonal antibody therapy as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Monoclonal antibody	Drug(s) name of monoclonal antibody	Start date of monoclonal antibody	End date of monoclonal antibody
X	X	X	X	Yes			

Listing 7.7-4 Patients with other immunotherapy as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Other immunotherapy	Drug(s) name of other immunotherapy	Start date of other immunotherapy	End date of other immunotherapy
X				Yes			

Listing 7.7-5 Patients with chemotherapy as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Chemotherapy	Drug(s) name of chemotherapy	Start date of chemotherapy	End date of chemotherapy
X				Yes			

Listing 7.7-6 Patients with radiotherapy as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Radiotherapy	Anatomic site of radiotherapy	Dose of radiotherapy (Gy)	Start date of radiotherapy	End date of radiotherapy
X				Yes				

Listing 7.7-7 Patients with autologous transplant as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Autologous transplant	Autologous transplant conditioning regimen before HSCT	Date of autologous transplant
X				Yes		

Listing 7.7-8 Patients with allogenic transplant as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Allogenic transplant	Allogenic transplant conditioning regimen before HSCT	Type of allogenic transplant	Date of allogenic transplant
X				Yes			

Listing 7.7-9 Patients with IMiD agents as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Allogenic transplant	Allogenic transplant conditioning regimen before HSCT	Type of allogenic transplant	Date of allogenic transplant
X				Yes			

Listing 7.7-10 Patients with epigenetic modifiers agents as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Epigenetic modifiers agents	Drug(s) name of epigenetic modifiers agents	Start date of epigenetic modifiers agents	End date of epigenetic modifiers agents
X				Yes			

Listing 7.7-11 Patients with kinase inhibitor as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Epigenetic modifiers agents	Drug(s) name of epigenetic modifiers agents	Start date of epigenetic modifiers agents	End date of epigenetic modifiers agents
X				Yes			

Listing 7.7-12 Patients with Other anti-cancer therapy as progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Other anti-cancer therapy	Drug(s) name of other anti-cancer therapy	Start date of other anti-cancer therapy	End date of other anti-cancer therapy
X				Yes			

7.7.4.4 Response after additional treatment(s)

Table 7.7-31 Response after additional treatment(s)

	Header
If progression/relapse, Response after additional treatment(s)	
Complete Response	XX (XX.X%)
Partial Response	XX (XX.X%)
Stable Disease	XX (XX.X%)
Progressive Disease	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Missing	XX (XX.X%)

Note : N corresponds to patients presenting with progression/relapse

7.7.5 New anti-cancer therapy given prior to disease progression

Table 7.7-32 New anti-cancer therapy given prior to progression/relapse

	Header
New anti-cancer therapy given prior to progression/relapse	
No	XX (XX.X%)
Yes	XX (XX.X%)
Monoclonal antibody	
No	XX (XX.X%)
Yes	XX (XX.X%)
Other immunotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Chemotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Radiotherapy	
No	XX (XX.X%)
Yes	XX (XX.X%)
Autologous transplant	
No	XX (XX.X%)
Yes	XX (XX.X%)
Allogenic transplant	
No	XX (XX.X%)
Yes	XX (XX.X%)
IMiD agents	
No	XX (XX.X%)
Yes	XX (XX.X%)
Epigenetic modifiers agents	
No	XX (XX.X%)
Yes	XX (XX.X%)
Kinase inhibitor	
No	XX (XX.X%)
Yes	XX (XX.X%)
Other anti-cancer therapy	
No	XX (XX.X%)
Yes	XX (XX.X%)

Note : N corresponds to patients presenting with progression

Listing 7.7-13 Patients with monoclonal antibody therapy given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Monoclonal antibody	Drug(s) name of monoclonal antibody	Start date of monoclonal antibody	End date of monoclonal antibody
X				Yes			

Listing 7.7-14 Patients with other immunotherapy given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Other immunotherapy	Drug(s) name of other immunotherapy	Start date of other immunotherapy	End date of other immunotherapy
X				Yes			

Listing 7.7-15 Patients with chemotherapy given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Chemotherapy	Drug(s) name of chemotherapy	Start date of chemotherapy	End date of chemotherapy
X				Yes			

Listing 7.7-16 Patients with radiotherapy given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Radiotherapy	Anatomic site of radiotherapy	Dose of radiotherapy (Gy)	Start date of radiotherapy	End date of radiotherapy
X				Yes				

Listing 7.7-17 Patients with autologous transplant given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Autologous transplant	Autologous transplant conditioning regimen before HSCT	Date of autologous transplant
X				Yes		

Listing 7.7-18 Patients with allogenic transplant given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Allogenic transplant	Allogenic transplant conditioning regimen before HSCT	Type of allogenic transplant	Date of allogenic transplant
X				Yes			

Listing 7.7-19 Patients with IMiD agents given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Allogenic transplant	Allogenic transplant conditioning regimen before HSCT	Type of allogenic transplant	Date of allogenic transplant
X				Yes			

Listing 7.7-20 Patients with epigenetic modifiers agents given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Epigenetic modifiers agents	Drug(s) name of epigenetic modifiers agents	Start date of epigenetic modifiers agents	End date of epigenetic modifiers agents
X				Yes			

Listing 7.7-21 Patients with kinase inhibitor given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Epigenetic modifiers agents	Drug(s) name of epigenetic modifiers agents	Start date of epigenetic modifiers agents	End date of epigenetic modifiers agents
X				Yes			

Listing 7.7-22 Patients with Other anti-cancer therapy given prior to progression/relapse treatment – Safety Analysis Set (XX patients)

Cohort	Patient identification number	Date of first dose	Date of progression / relapse	Other anti-cancer therapy	Drug(s) name of other anti-cancer therapy	Start date of other anti-cancer therapy	End date of other anti-cancer therapy
X				Yes			

7.8 Extent of exposure

7.8.1 Cycles

Table 7.8-1 Treatment durations

	Header
Duration of Tislelizumab treatment (weeks)	
N	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

The duration of Tislelizumab treatment (weeks) is calculated as (date of last dose + 21 days - date of first dose)/7

Table 7.8-2 Tislelizumab cycles administered

	Header
Cycles performed	
Cycle 1	XX (XX.X%)
Cycle 2	XX (XX.X%)
...	XX (XX.X%)
Number of cycles received	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX

7.8.2 Dose

Table 7.8-3 Tislelizumab exposure

	Header
Cumulative total dose received per patient (mg)	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Dose intensity (mg/day)*	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Relative dose intensity**	
N	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
<75%	XX (XX.X%)
[75%-90%[	XX (XX.X%)
[90%-110%[	XX (XX.X%)
[110%-125%[	XX (XX.X%)
>=125%	XX (XX.X%)

* Dose intensity is defined as:
Cumulative total dose received / duration of treatment in days
** Relative dose intensity is defined as:
Dose intensity/Planned dose intensity
Planned dose intensity = 200mg/21 days

7.8.3 Dose modifications

Table 7.8-4 Modifications of scheduled Tislelizumab infusion by patient

	Header
At least one modification of scheduled Tislelizumab infusion	
Yes	XX (XX.X%)
No	XX (XX.X%)
If yes, type of modification*	
Drug withdrawn	XX (XX.X%)
Drug interrupted at least once	XX (XX.X%)
Drug delayed at least once	XX (XX.X%)
Cycle of drug withdraw	
1	XX (XX.X%)
...	XX (XX.X%)
Patients with drug interruption	XX
Number of drug interruptions	
1	XX (XX.X%)
...	XX (XX.X%)
First cycle with drug interruption	
1	XX (XX.X%)
...	XX (XX.X%)
Patients with drug delay	XX
Number of drug delays	
1	XX (XX.X%)
...	XX (XX.X%)
First cycle with drug delay	
1	XX (XX.X%)
...	XX (XX.X%)

N=Number of patients

* The sum of types of modification can be > 100% because the types are not mutually exclusive

Table 7.8-5 Modifications of scheduled Tislelizumab infusion by modification

	Header
Type of modification	
Drug withdrawn	XX (XX.X%)
Drug interrupted	XX (XX.X%)
Drug delayed	XX (XX.X%)
If drug withdrawn, reason	
AE	XX (XX.X%)
Other	XX (XX.X%)
If other, specify	
...	XX (XX.X%)
If drug interrupted, reason	
AE	XX (XX.X%)
Other	XX (XX.X%)
If other, specify	
...	XX (XX.X%)
If drug delayed, reason	
AE	XX (XX.X%)
Other	XX (XX.X%)
If other, specify	
...	XX (XX.X%)

N=Number of dose modifications (up to 3 dose modifications may be reported by cycle)

Table 7.8-6 Modifications of scheduled Tislelizumab infusion by cycle in cohort 1

	Cohort X	
	Cycle 1 N=XX	Cycle ... N=XX
Type of modification*		
Drug withdrawn	XX (XX.X%)	XX (XX.X%)
Drug interrupted	XX (XX.X%)	XX (XX.X%)
Drug delayed	XX (XX.X%)	XX (XX.X%)
If drug withdrawn, reason		
AE	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)
If drug interrupted, reason		
AE	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)
If drug delayed, reason**		
AE	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)
Number of dose interruptions		
0	XX (XX.X%)	XX (XX.X%)
1	XX (XX.X%)	XX (XX.X%)
2	XX (XX.X%)	XX (XX.X%)
3	XX (XX.X%)	XX (XX.X%)
Number of dose delays		
0	XX (XX.X%)	XX (XX.X%)
1	XX (XX.X%)	XX (XX.X%)
2	XX (XX.X%)	XX (XX.X%)
3	XX (XX.X%)	XX (XX.X%)

N=Number of patients with the cycle performed

* The sum can be >100% because the types are not mutually exclusive

** The sum can be >100% because up to 3 modifications by cycle

Table 7.8-7 Modifications of scheduled Tislelizumab infusion by cycle in cohort 2

Listing 7.8-1 Drug withdrawn due to AE - Safety Analysis Set (XX drug withdrawn reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Drug withdrawal		Adverse Event								
								PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Highest intensity	Tislelizumab		Outcome
						Cycle of drug withdrawal	Reason of drug withdrawal							Relation-ship	Action taken	
X	XX	X	XX	XX/XX/XXXX	X	X	XX	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	X

Listing 7.8-2 Drug interrupted due to AE - Safety Analysis Set (XX drug interrupted reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Drug interruption		Adverse Event								
								PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Highest intensity	Tislelizumab		Outcome
						Cycle of drug interruption	Reason of drug interruption							Relation-ship	Action taken	
X	XX	X	XX	XX/XX/XXXX	X	X	XX	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	X

Listing 7.8-3 Drug delayed due to AE - Safety Analysis Set (XX drug delayed reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Drug delay		Adverse Event								
								PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Highest intensity	Tislelizumab		Outcome
						Cycle of drug delay	Reason of drug delay							Relation-ship	Action taken	
X	XX	X	XX	XX/XX/XXXX	X	X	XX	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	X

7.9 Safety analysis

7.9.1 Treatment Emergent Adverse Events

7.9.1.1 Summary

Table 7.9-1 Overview of Treatment Emergent Adverse Events

	Header
Patients with at least one TEAE	XX (XX.X%)
If so, number of TEAEs by patient	
Number	XX
Missing	XX
Mean (SD)	XX.X (XX.XX)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Patients with at least one TEAE with grade >= 3	XX (XX.X%)
Patients with at least one serious TEAE	XX (XX.X%)
Patients with at least one TEAE leading to discontinuation or interruption of Tislelizumab	XX (XX.X%)
Patients with at least one serious TEAE leading to discontinuation or interruption of Tislelizumab	XX (XX.X%)
Patients with at least one fatal TEAE	XX (XX.X%)
Patients with at least one irAE (BG charter)	XX (XX.X%)
Patients with at least one other malignancy*	XX (XX.X%)

* Per other primary malignancy page

Table 7.9-2 Characteristics of Treatment Emergent Adverse Events

	Header
TEAE Serious	
No	XX (XX.X%)
Yes	XX (XX.X%)
TEAE onset Intensity	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
TEAE highest Intensity	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
Relationship with Tislelizumab	
Related	XX (XX.X%)
Unrelated	XX (XX.X%)
Action taken with Tislelizumab	
Permanent stop	XX (XX.X%)
Temporarily stop	XX (XX.X%)
Dose adaptation	XX (XX.X%)
Unchanged	XX (XX.X%)
Temporarily stop and Dose adaptation	XX (XX.X%)
Outcome	
Not recovered/Not resolved	XX (XX.X%)
Recovered/Resolved	XX (XX.X%)
Recovered/Resolved with sequelae	XX (XX.X%)
Death	XX (XX.X%)
Unknown	XX (XX.X%)
AESI	
No	XX (XX.X%)
Yes	XX (XX.X%)

7.9.1.2 Treatment emergent adverse events (TEAEs)

Table 7.9-3 Description of TEAEs by SOC/PT

System Organ Class Preferred Term	Header	
	Patients	Events
TEAE	**XX (XX.X%)**	**XX**
SOC1	**XX (XX.X%)**	**XX**
PT1	XX (XX.X%)	XX
PT2	XX (XX.X%)	XX
...	XX (XX.X%)	XX
SOC2	**XX (XX.X%)**	**XX**
PT1	XX (XX.X%)	XX
PT2	XX (XX.X%)	XX
...	XX (XX.X%)	XX

Table 7.9-4 Description of TEAEs by highest grade and SOC/PT - Cohort 1

System Organ Class Preferred Term	Safety Analysis Set - Cohort 2 N=XX														
	Grade 1			Grade 2			Grade 3			Grade 4			Grade 5		
	Patients		Events	Patients		Events	Patients		Events	Patients		Events	Patients		Events
TEAE	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
SOC2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX

Table 7.9-5 Description of TEAEs by highest grade and SOC/PT - Cohort 2

7.9.1.3 Grade 3 and above TEAEs

Table 7.9-6 Description of TEAEs with highest grade >=3 by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
TEAE with grade >=3	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

7.9.1.4 Treatment-related TEAEs

Table 7.9-7 Description of treatment-related TEAEs by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
Treatment-related TEAE	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

Table 7.9-8 Description of treatment-related TEAEs by highest grade and SOC/PT - Cohort 1

System Organ Class Preferred Term	Safety Analysis Set - Cohort 1 N=XX														
	Grade 1			Grade 2			Grade 3			Grade 4			Grade 5		
	Patients		Events	Patients		Events	Patients		Events	Patients		Events	Patients		Events
Treatment-related TEAE	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
SOC2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX

Table 7.9-9 Description of treatment-related TEAEs by highest grade and SOC/PT - Cohort 2

7.9.1.5 Treatment-related TEAEs with Grade 3 or above

Table 7.9-10 Description of treatment-related TEAEs with highest grade >=3 by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
Treatment-related TEAE with grade >=3	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

7.9.1.6 TEAEs leading to discontinuation or interruption of study treatment

Table 7.9-11 Description of TEAEs leading to discontinuation or interruption of Tislelizumab by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
TEAE leading to discontinuation or interruption of Tislelizumab	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**

System Organ Class Preferred Term	Header		
	Patients		Events
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

7.9.1.7 Fatal events

Table 7.9-12 Description of fatalFatal* AEs by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
Fatal AE	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

*Fatal AE are TEAE of grade 5

Listing 7.9-1 Fatal* AEs - Safety Analysis Set (XX AEs in XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Adverse Event												Outcome
						PT	Onset date	End date	Event period	Date when AE became serious	Intensity at onset date	Highest intensity	AESI	irAE (BG charter)	IrAE according to IC	Tislelizumab		
																Relation-ship	Action taken	
	X	X	XX	XX/XX/XXXX	X	XX	XX/XX/XXXX	XX/XX/XXXX	XX	XX/XX/XXXX	X	X	XX	XX	XX	X	XX	XX

*Fatal AE are TEAE of grade 5

7.9.1.8 All AESI

7.9.1.8.1 Infusion-related reaction

Table 7.9-13 Description of infusion-related reaction by PT

Preferred Term	Header		
	Patients		Events
Infusion-related reaction	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

7.9.1.8.2 Severe hypersensitivity reactions and flu-like symptoms

Table 7.9-14 Description of severe hypersensitivity reactions and flu-like symptoms by PT

Preferred Term	Header		
	Patients		Events
Severe hypersensitivity reactions and flu-like symptoms	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

7.9.1.8.3 Immune Related Aes (irAE) according to investigator

Table 7.9-15 Description of irAE according to investigator by PT

Type of AESI Preferred Term	Header		
	Patients		Events
Immune-related adverse events according to investigator	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

Listing 7.9-2 All grade immune related Adverse Events according to investigator - Safety Analysis Set (XX AE reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (yrs)	Safety Analysis Set	Date of first dose	Number of cycles received	Adverse Event									
							irAE according to Beigene Charter	PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Grade	Tislelizumab		Outcome
														Relation-ship	Action taken	
X	XX	X	XX	XX	XX/XX/XXXX	X	X	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	XX

7.9.1.8.4 Immune Related AEs (irAE) according to Beigene charter

7.9.1.8.4.1 Grade ≥ 3

Table 7.9-16 Description of irAEs with grade >= 3 according to Beigene charter

Type of irAE Preferred Term	Header		
	Patients		Events
irAE with grade >= 3	**XX**	**(XX.X%)**	**XX**
Immune-mediated pneumonitis	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
Immune-mediated pneumonitis	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
...	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

Listing 7.9-3 Immune related Adverse Events with grade >=3 - Safety Analysis Set (XX AE reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (yrs)	Safety Analysis Set	Date of first dose	Number of cycles received	Adverse Event									
							irAE according to investigator	PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Grade	Tislelizumab		Outcome
														Relation-ship	Action taken	
X	XX	X	XX	XX	XX/XX/XXXX	X	X	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	XX

7.9.1.9 All grade

Listing 7.9-4 All grade immune related Adverse Events according to Beigene charter - Safety Analysis Set (XX AE reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (yrs)	Safety Analysis Set	Date of first dose	Number of cycles received	Adverse Event									
							irAE according to investigator	PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Grade	Tislelizumab		Outcome
														Relation-ship	Action taken	
X	XX	X	XX	XX	XX/XX/XXXX	X	X	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	XX

7.9.2 Serious Adverse Events

7.9.2.1 Summary

Table 7.9-17 Characteristics of Treatment Emergent Serious Adverse Events

	Header
TEAE onset Intensity	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
TEAE highest Intensity	
1	XX (XX.X%)
2	XX (XX.X%)
3	XX (XX.X%)
4	XX (XX.X%)
5	XX (XX.X%)
Relationship with Tislelizumab	
Related	XX (XX.X%)
Unrelated	XX (XX.X%)
Action taken with Tislelizumab	
Permanent stop	XX (XX.X%)
Temporarily stop	XX (XX.X%)
Dose adaptation	XX (XX.X%)
Unchanged	XX (XX.X%)
Temporarily stop and Dose adaptation	XX (XX.X%)
Outcome	
Not recovered/Not resolved	XX (XX.X%)
Recovered/Resolved	XX (XX.X%)
Recovered/Resolved with sequelae	XX (XX.X%)
Death	XX (XX.X%)
Unknown	XX (XX.X%)
AESI	
No	XX (XX.X%)
Yes	XX (XX.X%)

7.9.2.2 Treatment-emergent serious adverse events

Table 7.9-18 Description of treatment-emergent SAEs by SOC/PT

System Organ Class **Preferred Term**	Header		
	Patients		Events
Treatment-emergent SAE	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

Table 7.9-19 Description of treatment-emergent SAEs by highest grade and SOC/PT - Cohort 1

System Organ Class Preferred Term	Safety Analysis Set - Cohort 1 N=XX														
	Grade 1			Grade 2			Grade 3			Grade 4			Grade 5		
	Patients		Events	Patients		Events	Patients		Events	Patients		Events	Patients		Events
Treatment-emergent SAE	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX	XX	(XX.X%)	XX

Table 7.9-20 Description of treatment-emergent SAEs by highest grade and SOC/PT - Cohort 2

Listing 7.9-5 Treatment-emergent SAEs reported by patients - Safety Analysis Set (XX SAEs reported by XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Adverse Event								
						PT	Onset date	End date	Date when AE became serious	Intensity at onset date	Highest intensity	Tislelizumab		Outcome
												Relationship	Action taken	
X	X	X	XX	XX/XX/XXXX	X	XX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	X	X	X	XX	XX

7.9.2.3 Treatment-emergent SAEs leading to discontinuation of study treatment

Table 7.9-21 Description of treatment-emergent SAEs leading to discontinuation of Tislelizumab by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
Treatment-emergent SAE leading to discontinuation of Tislelizumab	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

Table 7.9-22 Description of treatment-emergent SAEs leading to discontinuation of Tislelizumab by grade and SOC/PT - Cohort 1

System Organ Class Preferred Term	Safety Analysis Set - Cohort 1 N=XX											
	Grade 1		Grade 2		Grade 3		Grade 4		Grade 5			
	Patients	Events	Patients	Events	Patients	Events	Patients	Events	Patients	Events		
Treatment-emergent SAE leading to discontinuation of Tislelizumab	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**		
SOC1	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**		
PT1	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		
PT2	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		
...	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		
SOC2	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**	**XX (XX.X%)**	**XX**		
PT1	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		
PT2	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		
...	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX	XX (XX.X%)	XX		

Table 7.9-23 Description of treatment-emergent SAEs leading to discontinuation of Tislelizumab by grade and SOC/PT - Cohort 2

7.9.3 Second primary malignancies

Table 7.9-24 Description of other primary malignancies* by SOC/PT

System Organ Class Preferred Term	Header		
	Patients		Events
Other malignancy	**XX**	**(XX.X%)**	**XX**
SOC1	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX
SOC2	**XX**	**(XX.X%)**	**XX**
PT1	XX	(XX.X%)	XX
PT2	XX	(XX.X%)	XX
...	XX	(XX.X%)	XX

* Per other primary malignancy page

Listing 7.9-6 Narratives of other primary malignancies - Safety Analysis Set (XX other malignancies reported by XX patients)

Cohort	Patient Identification Number	Cohort	Date of first administration of Tislelizumab	Date of diagnosis	Narrative of other primary malignancy
X	X	X	XX/XX/XXXX	XX/XX/XXXX	XXXXX

7.9.4 Deaths

Table 7.9-25 Deaths

	Header
Death	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, cause of death	
Lymphoma	XX (XX.X%)
Adverse event	XX (XX.X%)
Other reason	XX (XX.X%)
Unknown	XX (XX.X%)
If other cause, specification	
Toxicity of additional treatment	XX (XX.X%)
Unrelated cancer	XX (XX.X%)
Other concurrent illness	XX (XX.X%)
Other	XX (XX.X%)
If other reason, specification	
XXX	XX (XX.X%)
XXX	XX (XX.X%)
Death from cause other than disease progression	
No	XX (XX.X%)
Yes	XX (XX.X%)
Period of death	
Before treatment	XX (XX.X%)
During treatment	XX (XX.X%)
After treatment	XX (XX.X%)

Table 7.9-26 Disease status at death

	Header
Disease status at death	
Complete Response	XX (XX.X%)
Partial Response	XX (XX.X%)
Stable Disease	XX (XX.X%)
Progressive Disease	XX (XX.X%)
Not Evaluated	XX (XX.X%)
Missing	XX (XX.X%)

Listing 7.9-7 Deaths - Safety Analysis Set (XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	Last administration	Study duration (months)	Permanent treatment discontinuation		Death within 90 days after discontinuation of study treatment	Death	
								(Y/N)	Reason		Date	Cause
X	XXXX	X	XX	XX/XX/XXXX	XX	XX/XX/XXXX	XX	XX	XX	X	XX/XX/XXXX	XX

Listing 7.9-8 Narratives of deaths due to SAE - Safety Analysis Set (XX patients)

Cohort	Patient Identification Number	Narratives of fatal SAE
X	XXXXXXXXXXX	X

7.9.5 Clinical Laboratory / Vital signs

7.9.5.1 Hematology

Table 7.9-27 Hematology: Shifts from baseline to worst post baseline grade - Cohort 1

Hematology (Unit) CTCAE grade	Baseline					
	Grade 0-1 N=XX	Grade 2 N=XX	Grade 3 N=XX	Grade 4 N=XX	Missing N=XX	Total N=XX
Hemoglobin (g/dL) - low						
Grade 0-1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Platelet (G/L)						
Grade 0-1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Absolute Neutrophil Count (G/L)						
Grade 0-1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Lymphocyte (G/L) - low						
Grade 0-1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Lymphocyte (G/L) - high						
Grade 0-1	NA	NA	NA	NA	NA	NA
Grade 2	NA	XX (XX.X%)	XX (XX.X%)	NA	XX	XX (XX.X%)
Grade 3	NA	XX (XX.X%)	XX (XX.X%)	NA	XX	XX (XX.X%)
Grade 4	NA	NA	NA	NA	NA	NA
Missing	NA	XX	XX	NA	XX	XX
Total	NA	XX (XX.X%)	XX (XX.X%)	NA	XX	XX (XX.X%)

Only patients with at least one assessment (either baseline or postbaseline) were included in the table. The percentages were based on the number of patients with at least one assessment (either baseline or postbaseline).
Laboratory results were graded using NCI-CTCAE Version 5.
Hemoglobin - low: grade 0-1: >= 10.0 g/dL / grade 2: [8.0 ; 10.0[g/dL / grade 3: <8.0 g/dL
Platelet: grade 0-1: >=75.0 G/L / grade 2: [50.0 ; 75[.0 G/L / grade 3 : [25.0 ; 50.0[G/L / grade 4 : <25.0 G/L
Absolute Neutrophil Count: Grade0-1: >=1.5 G/L / grade 2: [1.0 ; 1.5[G/L / grade 3: [0.5 ; 1.0[G/L / grade 4: <0.5 G/L
Lymphocyte – low: grade 0-1: 0.8 >=G/L / grade 2: [0.5 ; 0.8[G/L; grade 3: [0.2 ; 0.5[G/L / grade 4: <0.2 G/L
Lymphocyte – high: grade 2:]4 ; 20] G/L / grade 3: >20 G/L

Table 7.9-28 Hematology: Shifts from baseline to worst post baseline grade - Cohort 2
Table 7.9-29 Hematology: Summary of Increase in 2 or More Grades as Compared with Baseline - Cohort 1

Hematology (Unit) CTCAE grade	Baseline					
	Grade 0-1 N=XX	Grade 2 N=XX	Grade 3 N=XX	Grade 4 N=XX	Missing N=XX	Total N=XX
Hemoglobin (g/dL) - low						
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Platelet (G/L)						

No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Absolute Neutrophil Count (G/L)						
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Lymphocyte (G/L) - low						
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Lymphocyte (G/L) - high						
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)

Only patients with at least one assessment (either baseline or postbaseline) were included in the table. The percentages were based on the number of patients with at least one assessment (either baseline or postbaseline).
Laboratory results were graded using NCI-CTCAE Version 5.
Hemoglobin - low: grade 0-1: >= 10.0 g/dL / grade 2: [8.0 ; 10.0[g/dL / grade 3: <8.0 g/dL
Platelet: grade 0-1: >=75.0 G/L / grade 2: [50.0 ; 75[.0 G/L / grade 3 : [25.0 ; 50.0[G/L / grade 4 : <25.0 G/L
Absolute Neutrophil Count: Grade0-1: >=1.5 G/L / grade 2: [1.0 ; 1.5[G/L / grade 3: [0.5 ; 1.0[G/L / grade 4: <0.5 G/L
Lymphocyte – low: grade 0-1: 0.8 >=G/L / grade 2: [0.5 ; 0.8[G/L; grade 3: [0.2 ; 0.5[G/L / grade 4: <0.2 G/L
Lymphocyte – high: grade 2:]4 ; 20] G/L / grade 3: >20 G/L

Table 7.9-30 Hematology: Summary of Increase in 2 or More Grades as Compared with Baseline - Cohort 2

7.9.5.2 Biochemistry

Table 7.9-31 Biochemistry: Shifts from baseline to worst post baseline grade - Cohort 1

Biochemistry (Unit) CTCAE grade	Baseline						
	Grade 0 N=XX	Grade 1 N=XX	Grade 2 N=XX	Grade 3 N=XX	Grade 4 N=XX	Missing N=XX	Total N=XX
ALT (IU/L)							
Grade 0	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
AST (IU/L)							
Grade 0	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total bilirubin (µmol/L)							
Grade 0	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Alkaline phosphatase (IU/L)							
Grade 0	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Serum creatinine (µmol/L)							
Grade 0	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)

Only patients with at least one assessment (either baseline or postbaseline) were included in the table. The percentages were based on the number of patients with at least one assessment (either baseline or postbaseline). Laboratory results were graded using NCI-CTCAE Version 5.0.

ALT - high: grade 1:]ULN ; 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 2:]3.0 x ULN ; 5.0 x ULN] if baseline was normal;]3.0 x baseline ; 5.0 x baseline] if baseline was abnormal / grade 3:]5.0 x ULN ; 20.0 x ULN] if baseline was normal;]5.0 x baseline ; 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

AST - high: grade 1:]ULN ; 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 2:]3.0 x ULN ; 5.0 x ULN] if baseline was normal;]3.0 x baseline ; 5.0 x baseline] if baseline was abnormal / grade 3:]5.0 x ULN ; 20.0 x ULN] if baseline was normal;]5.0 x baseline ; 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal

Total bilirubin: grade 1:]ULN ; 1.5 x ULN] if baseline was normal;]1.0 x baseline – 1.5 x baseline] if baseline was abnormal / grade 2:]1.5 x ULN - 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 3:]3.0 x ULN - 10.0 x ULN] if baseline was normal;]3.0 x baseline - 10.0 x baseline] if baseline was abnormal / grade 4: >10.0 x ULN if baseline was normal; >10 x baseline] if baseline was abnormal

Alkaline phosphatase: grade 1:]ULN ; 2.5 x ULN] if baseline was normal;]2.0 x baseline – 2.5 x baseline] if baseline was abnormal / grade 2:]2.5 x ULN - 5.0 x ULN] if baseline was normal;]2.5 x baseline - 5.0 x baseline] if baseline was abnormal /

grade 3:]5.0 x ULN - 20.0 x ULN] if baseline was normal;]5.0 x baseline - 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20 x baseline] if baseline was abnormal
Serum creatinine: grade 1:]ULN ; 1.5 x ULN] / grade 2:]1.5 x ULN - 3.0 x ULN] / grade 3:]3.0 x ULN - 6.0 x ULN] / grade 4: >6.0 x ULN

Table 7.9-32 Biochemistry: Shifts from baseline to worst post baseline grade - Cohort 2

Table 7.9-33 Biochemistry: Summary of Increase in 2 or More Grades as Compared with Baseline - Cohort 1

Biochemistry (Unit) CTCAE grade	Baseline						
	Grade 0 N=XX	Grade 1 N=XX	Grade 2 N=XX	Grade 3 N=XX	Grade 4 N=XX	Missing N=XX	Total N=XX
ALT (IU/L)							
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
AST (IU/L)							
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Total bilirubin (µmol/L)							
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Alkaline phosphatase (IU/L)							
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Serum creatinine (µmol/L)							
No increase or increase in one grade	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)
Increase in 2 or More Grades	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX	XX (XX.X%)

Only patients with at least one assessment (either baseline or postbaseline) were included in the table. The percentages were based on the number of patients with at least one assessment (either baseline or postbaseline). Laboratory results were graded using NCI-CTCAE Version 5.0.
ALT - high: grade 1:]ULN ; 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 2:]3.0 x ULN ; 5.0 x ULN] if baseline was normal;]3.0 x baseline ; 5.0 x baseline] if baseline was abnormal / grade 3:]5.0 x ULN ; 20.0 x ULN] if baseline was normal;]5.0 x baseline ; 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal
AST - high: grade 1:]ULN ; 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 2:]3.0 x ULN ; 5.0 x ULN] if baseline was normal;]3.0 x baseline ; 5.0 x baseline] if baseline was abnormal / grade 3:]5.0 x ULN ; 20.0 x ULN] if baseline was normal;]5.0 x baseline ; 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20.0 x baseline if baseline was abnormal
Total bilirubin: grade 1:]ULN ; 1.5 x ULN] if baseline was normal;]1.0 x baseline – 1.5 x baseline] if baseline was abnormal / grade 2:]1.5 x ULN - 3.0 x ULN] if baseline was normal;]1.5 x baseline - 3.0 x baseline] if baseline was abnormal / grade 3:]3.0 x ULN - 10.0 x ULN] if baseline was normal;]3.0 x baseline - 10.0 x baseline] if baseline was abnormal / grade 4: >10.0 x ULN if baseline was normal; >10 x baseline] if baseline was abnormal
Alkaline phosphatase: grade 1:]ULN ; 2.5 x ULN] if baseline was normal;]2.0 x baseline – 2.5 x baseline] if baseline was abnormal / grade 2:]2.5 x ULN - 5.0 x ULN] if baseline was normal;]2.5 x baseline - 5.0 x baseline] if baseline was abnormal / grade 3:]5.0 x ULN - 20.0 x ULN] if baseline was normal;]5.0 x baseline - 20.0 x baseline] if baseline was abnormal / grade 4: >20.0 x ULN if baseline was normal; >20 x baseline] if baseline was abnormal
Serum creatinine: grade 1:]ULN ; 1.5 x ULN] / grade 2:]1.5 x ULN - 3.0 x ULN] / grade 3:]3.0 x ULN - 6.0 x ULN] / grade 4: >6.0 x ULN

Table 7.9-34 Biochemistry: Summary of Increase in 2 or More Grades as Compared with Baseline - Cohort 2

7.9.5.3 Vital sign

Table 7.9-35 Vital signs during treatment

	Header
Vital sign examination performed at cycle 1	
No	XX (XX.X%)
Yes	XX (XX.X%)
Systolic blood pressure (mmHG)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Diastolic blood pressure (mmHG)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Pulse (beats/min)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
Body temperature (°C)	
N	XX
Mean (SD)	XX.X (XX.X)
Median	XX.X
Q1 ; Q3	XX ; XX
Min ; Max	XX ; XX
...	

7.9.6 Pregnancies

Listing 7.9-9 Narratives of pregnancies - Safety Analysis Set (XX patients)

Cohort	Patient Identification Number	Narratives of pregnancies
X	XXXXXXXXXXX	X

7.10 Prior and concomitant treatments

7.10.1 Prior treatments reported at enrollment

Table 7.10-1 Corticosteroids treatments reported at enrollment

	Header
Corticosteroids treatments reported at enrollment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, still ongoing	
No	XX (XX.X%)
yes	XX (XX.X%)
ATC4	
...	XX (XX.X%)
...	XX (XX.X%)
Indication	
...	XX (XX.X%)
...	XX (XX.X%)

Note: A patient with multiple occurrences of the same concomitant treatment is counted only once

Table 7.10-2 Prior treatments reported at enrollment

	Header
Concomitant treatments reported at enrollment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, still ongoing	
No	XX (XX.X%)
yes	XX (XX.X%)
ATC4	
...	XX (XX.X%)
...	XX (XX.X%)
Indication	
...	XX (XX.X%)
...	XX (XX.X%)

Note: A patient with multiple occurrences of the same concomitant treatment is counted only once

7.10.2 Concomitant treatments

Table 7.10-3 Concomitant treatments

	Header
Patients with at least one new concomitant treatment	
No	XX (XX.X%)
Yes	XX (XX.X%)
If yes, related to AE	
No	XX (XX.X%)
yes	XX (XX.X%)
ATC4	
...	XX (XX.X%)
...	XX (XX.X%)
Indication	
...	XX (XX.X%)
...	XX (XX.X%)

Note: A patient with multiple occurrences of the same concomitant treatment is counted only once

Listing 7.10-1 Concomitant treatments - Safety Analysis Set (XX AEs in XX patients)

Cohort	Patient Identification Number	Sex	Age (years)	Date of first dose	Number of cycles received	New concomitant treatment						
						Drug name (INN)	Indication	Route	Start date	ongoing	If not ongoing, end date	Related to AE
X	X	X	XX	XX/XX/XX XX	XX	XX	XX	XX	XX	XX	XX	XX