Statistical Analysis Plan

Study ID: 207497

Official Title of Study: Reporting and Analysis Plan for A Phase I/II, Open-label, Dose Escalation and Expansion Study to Evaluate Safety, Tolerability, and Clinical Activity of the Antibody-Drug Conjugate GSK2857916 Administered in Combination with Lenalidomide Plus Dexamethasone (Arm A), or Bortezomib Plus Dexamethasone (Arm B) in Participants with Relapsed /Refractory Multiple Myeloma – (DREAMM 6)

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Title	:	Reporting and Analysis Plan for A Phase I/II, Open-label, Dose Escalation and Expansion Study to Evaluate Safety, Tolerability, and Clinical Activity of the Antibody-Drug Conjugate GSK2857916 Administered in Combination with Lenalidomide Plus Dexamethasone (Arm A), or Bortezomib Plus Dexamethasone (Arm B) in Participants with Relapsed / Refractory Multiple Myeloma – (DREAMM 6)
Compound Number	:	GSK2857916
Effective Date	:	Refer to Document Date

Description:

- The purpose of this RAP is to describe the planned analyses and outputs to be included in the Clinical Study Report for Protocol 207497 (DREAMM 6) [GSK Document No. TMF-14624358, Dated: 2022-JUN-30].
- This RAP is intended to describe the efficacy, safety, pharmacokinetic (PK), pharmacodynamic (PD), and patient reported outcome (PRO) analyses required for the study.
- This RAP will be provided to the study team members to convey the content of the Interim Analysis (IA) and Statistical Analysis Complete (SAC) deliverables.

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1. INTRODUCTION

The purpose of this reporting and analysis plan (RAP) is to describe the safety, tolerability, and efficacy analyses required for interim and final analyses and to describe the analyses to be included in the Clinical Study Report for Protocol 207497:

Protocol Revision Chronology:		
2017N330850_00	2018-FEB-28	Original
2017N330850_01	2018-MAY-07	Amendment 01 The protocol has been amended to include the following: • additional authors were added, change in the Primary Medical Monitor, changes made in the Schedule of Activities tables, minor correction made in the participants' eligibility criteria, clarification made on dose delays of study drugs by giving examples of different scenarios, all routine and disease evaluation related blood and urine tests now will be done locally; centrally only if unable to perform locally, and administrative changes made throughout the document.
2017N330850_02	2018-MAY-14	Amendment 01 (republished) Republishing of protocol amendment 1 2017N330850_01.
2017N330850_03	2019-APR-26	Amendment 02 The protocol has been amended to change ECOG eligibility criteria in Arm A from 0-2 to 0-1, b) to include additional guidance for management of neutropenia / prophylaxis of infections to be implemented across the study on resuming Arm A and c) more stringent hematological monitoring for both Arm A and Arm B. Also, regulatory feedback encouraged generation of additional data (safety, PK, PD, clinical activity) at lower dose levels of GSK2857916 to support dose selection for future Phase 3 studies with GSK2857916 in combination with standard of care (SoC) agents. Protocol Amendment 2 also incorporates the Protocol Clarification letter (dated 28-Feb-2019) previously issued to study sites, that provided updated guidance on grading corneal events and dosing participants with GSK2857916. Administrative corrections and general program updates are also included in Amendment 2.
2017N330850_04	2020-JUL-13	Amendment 03 The protocol has been amended to include updated duration of contraception for female participants to align with this guidance of childbearing potential based on review of guidelines on aneugens. Additionally, upon review of safety data from Study 205678 (DREAMM-2), it was determined that ocular changes associated with belantamab mafodotin treatment were mostly limited to the corneal epithelium [GSK Document Number 2013N175128 V08, 2020]. Therefore, further collection of ocular safety

		data in belantamab mafodotin studies will be focused on corneal changes. Preclinical data from xenograft mouse models and emerging clinical data from Arm A in Amendment 2 suggests greater activity of belantamab mafodotin in combination with lenalidomide. Given this, doses higher than 2.5 mg/kg of belantamab mafodotin will not be evaluated in combination with lenalidomide/ dexamethasone in Arm A in Amendment 3. Furthermore, in order to reduce increased exposure of belantamab mafodotin over time and potentially improve the benefit/risk for participants, reduced dose levels and extended dosing schedules for belantamab mafodotin will be evaluated in Amendment 3.
TMF-14624358	2022-JUN-30	Amendment 04 The protocol has been amended to allow continued treatment of study participants who continue to derive clinical benefit post the final analysis, update for changes made per the latest IB, match plans for final statistical analysis, and support deliverables for final CSR and to implement PACT.

All data displays (Tables, Figures & Listings) will use the term "Subject" which reflects CDISC and GSK Data Display Standards terminology"

1.1. RAP Amendments

Revision chronology:

RAP Section	Amendment Details
Reporting and Analysis Plan_Study207497_Final_V1 [18-NOV-2020]	
Statistical Analysis Plan RAP Amendment 1 [30-AUG-2021]	
Various sections	• Updated use of the word "participants" instead of "subjects," except within Appendix 12 and sections referring to the list of data displays.
Section 2.1	• Added CCI [redacted]" as an additional method of assessment of clinical activity.
Section 3.1. Interim Analyses	• Edited paragraph and page break formatting.
Section 5.1 Study Treatment & Sub-group Display Descriptors	• Updated "Data Display" labelling, as per interim 1 review, adding combination name.
Section 6.3 Demographic and Baseline Characteristics	• Added clarifying statements stating summaries "may be summarized."
Section 6.5 Extent of Exposure	• Added description of "Relative Dose Intensity" • Updated definition of "Duration of Delays" to account for calculation of SPLIT and STRETCH dosing schedules. • Added description of "duration of follow-up"

RAP Section	Amendment Details
Section 7.1 Primary Efficacy Analyses	• Added wording on summarizing CCI [redacted] • Deleted option to create ORR display at interim, based on unconfirmed responses in certain cases. ORR at interim analyses will be analyzed based on confirmed responses if available. • Updated "Derivation of Confirmed Response", and "Assignments for Progression and Censoring Dates for CCI [redacted] & CCI [redacted] Analysis" tables to reflect format within latest Oncology RAP template.
Section 7.2 Exploratory Efficacy Analyses	CCI [redacted]
Section 15.3.4 Extended Loss to Follow-up or Extended Time without an Adequate Assessment	• Clarified definitions specific to Arms A and B.
Section 15.4.2 Study Population	• Replaced "randomized" with "enrolled in study"
Section 15.12. Appendix 12: List of Data Displays	• Added description of "post-interim [1]" report, and updated descriptions of Interim [2] and Interim [3] in Section 15.12.2. • Made clarifying edits in titles/footnotes, programming notes, updates in delivery priority, and fixed typos in various displays to incorporate comments/decisions. • Programming note to add "Relative Dose Intensity" to Table 1.042 (Summary of Exposure) • Deleted tables and listings related to summarizing ORR based on unconfirmed responses in certain cases. • Updated "Summary of Duration of Follow-up" (Tables 1.065/1.065), "Summary of Duration of Response" (Tables 2.009/2.010), "Summary of CCI [redacted]" (Tables 2.012/2.013), and "Summary of CCI [redacted]" (Tables 2.015/2.016) to be reported for both interim and SAC. • Added "Summary of Adverse Events" related to each specific study drug, as per ICH. • Prioritized different displays with respect to being observed at interim and/or SAC
Section 15.13 Appendix 13: Example Mock Shells for Data Displays	• Made clarifying edits in title/footnote, added content, and fixed typos in various mock shells to incorporate comments from dry run reviews.
Statistical Analysis Plan RAP Amendment 2 [26-JUL-2022]	
Section 2 Summary of Key Protocol Information	• Updated Summary of Key Protocol Information to be consistent with latest protocol amendment (Amendment 04)
Section 2.1 Changes to the Protocol Defined Statistical Analysis Plan	• Edited Table 1 to no longer include CCI [redacted] and CCI [redacted] as they were both added to latest protocol amendment (Amendment 04).
Section 3.2 Primary and	• Updated definition of Final Analysis to be consistent with latest protocol

RAP Section	Amendment Details
Final Analyses	amendment (Amendment 04) and add PACT language.
Section 6.5 Extent of Exposure	• Updated dose intensity and relative dose intensity (RDI) calculations with the following updates: ○ Split lenalidomide calculations into 25 mg vs. 10 mg. ○ No longer using "death date" as a potential end date. ○ Separate RDI calculations into Cycle 1 and Post-Cycle 1.
Section 7.1 Primary Efficacy Analyses	• Table 6: Add footnote to clarify how to handle Best Overall Response for subjects without adequate baseline data.
Section 7.2 Exploratory Efficacy Analyses	CCI [redacted]
Section 8 Safety Analyses	• Clarified the frequency and percentage of AEs (all grades) will be summarized and displayed in three ways: 1) in descending order of total incidence by PT only, 2) in descending order of total incidence by System Organ Classes (SOC) and PT, and 3) in descending order of total incidence by System Organ Classes (SOC) and PT and Maximum Grade. • Added a section to describe Anti-Drug Antibody Analyses to be performed at final SAC.
Section 15.5.2.1 Handling of Missing Data	• Deleted statement about the storage of imputed dates.
Section 15.7.1 Pharmacokinetic / Pharmacodynamic Dataset Specification	• Added wording to guide exposure-response analysis.
Section 15.11 Abbreviations & Trademarks	• Added relevant abbreviations
Section 15.12. Appendix 12: List of Data Displays	• Updated Deliveries • Made clarifying edits in titles/footnotes, programming notes, updates in delivery priority, and fixed typos in various displays to incorporate comments/decisions.
Statistical Analysis Plan RAP Amendment 3 [DD-MMM-2023]	
Various sections	• Edited grammatical errors and/or typos
Section 5.3.1 Examination of Subgroups	• Added/Edited subgroup analyses and clarified wording/categories on existing subgroups
Section 6.2 Disposition of Participants	• Edited displays being produced to understand the impact of COVID
Section 6.5 Extent of Exposure	• Edited calculation of dose intensity and relative dose intensity of Dexamethasone
Section 7.1.2 Summary Measure	• Edited wording on subgroup analyses
CCI [redacted]	

RAP Section	Amendment Details
Section 13.1 Compliance of PRO-CTCAE, OSDI, and EORTC QLQ-C30	• Corrected OSDI "summary" score to "total" score
Section 13.3.2 Ocular Surface Disease Index	• Edited summaries around OSDI score
Section 15.5.2.1 Handling of Missing and Partial Dates	• Added wording under partial dates for Concomitant Medications/ Blood Supportive Products
Section 15.12.2	• Added HDL RAPIDO deliveries
Section 15.12. Appendix 12: List of Data Displays	• Added/Edited displays, and made clarifying edits in titles/footnotes, programming notes, updates in delivery priority, and fixed typos in various displays to incorporate comments/decisions.

2. SUMMARY OF KEY PROTOCOL INFORMATION

2.1. Changes to the Protocol Defined Statistical Analysis Plan

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

Table 1 Changes to Protocol Defined Analysis Plan

Protocol	Reporting & Analysis Plan	
Statistical Analysis Plan	**Statistical Analysis Plan**	**Rationale for Changes**
• Overall Response Rate (ORR) is defined as a primary endpoint for Part 2 under the assessment of clinical activity.	• ORR will be calculated for participants within Part 1 and Part 2.	• Protocol states "Data from Part 1 and Part 2 may be combined at interim, primary, and final analyses" which includes observing ORR for Parts 1 and 2.

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

Objectives	Endpoints
Primary	
Dose Escalation Determine safety, tolerability of belantamab mafodotin in combination with either Len/Dex (Arm A) or Bor/Dex (Arm B) to establish a recommended dose range and schedule to evaluate in Dose Expansion for participants with RRMM **Dose Escalation and Expansion[a]** Select the dose(s) and dosing schedule for further investigation based on safety and tolerability of belantamab mafodotin in combination with either Len/Dex (Arm A) or Bor/Dex (Arm B) for participants with RRMM	Number (%) of participants with DLTs. Number (%) of participants with AEs, changes in clinical signs and laboratory parameters. A comprehensive determination based on safety and SAE/AEs.
Dose Expansion To determine preliminary clinical activity of belantamab mafodotin in combination with either Len/Dex (Arm A) or Bor/Dex (Arm B) for participants with RRMM	A specific determination based on ORR defined as percentage (%) of participants achieving ≥PR as defined by the IMWG Uniform Response Criteria for MM [Kumar, 2016].
Secondary **Dose Escalation and Expansion**	
To evaluate the pharmacokinetics profile of belantamab mafodotin when administered in combination with Len/Dex (Arm A) or Bor/Dex (Arm B) in participants with RRMM	Belantamab mafodotin PK parameters, as data permit
To evaluate the pharmacokinetics profile of lenalidomide when administered in combination with belantamab mafodotin and dexamethasone	Lenalidomide PK parameters, as data permit in Cycle 1
To evaluate the pharmacokinetics profile of bortezomib when administered in combination with belantamab mafodotin and dexamethasone	Bortezomib PK parameters, as data permit in Cycle 1
To assess anti-drug antibodies (ADAs) against belantamab mafodotin	Incidence and titers of ADAs against belantamab mafodotin pre-dose in Cycle 1 and selected subsequent cycles
To evaluate the effect and tolerability of belantamab mafodotin in combination with Len/Dex (Arm A) or Bor/Dex (Arm B) on symptomatic adverse events in participants with	Changes from baseline in symptoms and related impacts as measured by OSDI, NEI-VFQ-25 and PRO CTCAE

Objectives	Endpoints
RRMM	
To further characterize safety of belantamab mafodotin administered in combination with Len/Dex (Arm A) or Bor/Dex (Arm B) in participants with RRMM	Incidence of AEs, including SAEs and AEs of special interest (corneal events, thrombocytopenia and infusion related reactions). Ocular findings on ophthalmic exam
To evaluate the effect of belantamab mafodotin in combination with Len/Dex (Arm A) or Bor/Dex (Arm B) on health-related quality of life in participants with RRMM	Changes from baseline in health-related quality of life as measured by the EORTC QLQ-C30 and QLQ-MY20
CCI [redacted]	

Objectives	Endpoints
CCI [redacted]	

- Abbreviations: Len/Dex = Lenalidomide/Dexamethasone; Bor/Dex = Bortezomib/Dexamethasone; RRMM = Relapsed/Refractory Multiple Myeloma; DLT = Dose-limiting toxicities; AE = Adverse Event; SAE = Serious Adverse Event; ORR = Overall Response Rate; PR = Partial Response; IMWG = International Myeloma Working Group; MM = Multiple myeloma; PK = Pharmacokinetic(s); OSDI = Ocular Surface Disease Index; NEI-VFQ-25 = National Eye Institute 25-item Visual Function Questionnaire; PRO CTCAE = Patient-Reported Outcomes Version of the Common Term Criteria for Adverse Events; EORTC QLQ-C30 = European Organization for Research and Treatment of Cancer Quality of Life Questionnaire 30-item Core module; QLQ-MY20 = European Organization for Research and

Objectives	Endpoints
	Treatment of Cancer Quality of Life Questionnaire 20-item Multiple Myeloma module; CCI [redacted]; VGPR = Very Good Partial Response; BCMA = B-cell maturation antigen; CCI [redacted]; Cmax = Maximum plasma concentration; AUC = Area under the concentration time curve

a. Data from the both the Escalation and Expansion cohorts will be used to evaluate this composite endpoint.

2.3. Study Design

2.3.1. Overall Design

This is a Phase I/II, open-label, dose escalation and expansion study to select the dose and dosing schedule of belantamab mafodotin when given in combination with Len/Dex (Arm A) on a 28-day cycle, or with Bor/Dex (Arm B) on a 21-day cycle, and to evaluate safety and clinical activity of the combination treatments in participants with RRMM. The study will consist of two parts.

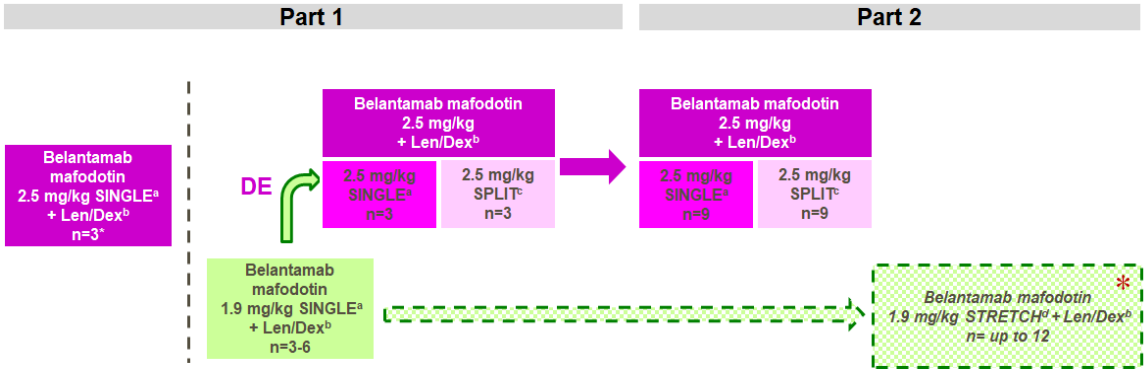
Part 1 is a dose escalation phase to evaluate the safety and tolerability of belantamab mafodotin in combination with two SoC regimens: Arm A – belantamab mafodotin with Len/Dex, and Arm B – belantamab mafodotin with Bor/Dex.

Part 2 is a dose expansion phase to further evaluate the safety and clinical activity of belantamab mafodotin in combination with Len/Dex (Arm A) and Bor/Dex (Arm B).

2.3.1.1. Arm A - Belantamab Mafodotin with Len/Dex

Overview of Study Design and Key Features

Arm A: Belantamab Mafodotin with Lenalidomide/ Dexamethasone



a. Belantamab mafodotin (GSK2857916) SINGLE = full assigned dose of belantamab mafodotin administered on Day 1 of any 28-day cycle.
b. Lenalidomide (25 mg on Days 1-21) + Dexamethasone (40 mg on Days 1, 8, 15, and 22) of any 28-day cycle.
c. Belantamab mafodotin 2.5 mg/kg SPLIT= 1.25 mg/kg on Day 1 and 1.25 mg/kg on Day 8 of any 28-day cycle.
d. **Belantamab mafodotin **1.9 mg/kg STRETCH** = belantamab mafodotin 1.9 mg/kg dose administered on Day 1 of alternate 28-day cycles i.e., Q8W (C1, C3, C5, C7 and so on)*- this cohort may be evaluated if emerging data suggests that this schedule may further optimize the tolerability or offers an improved benefit/risk profile.

All participants will be operated under Amendment 03.

Note: Combination therapy continued until PD, death, intolerable toxicity, consent withdrawn. Cohorts followed up for CCI and CCI DE = Dose Escalation decision.

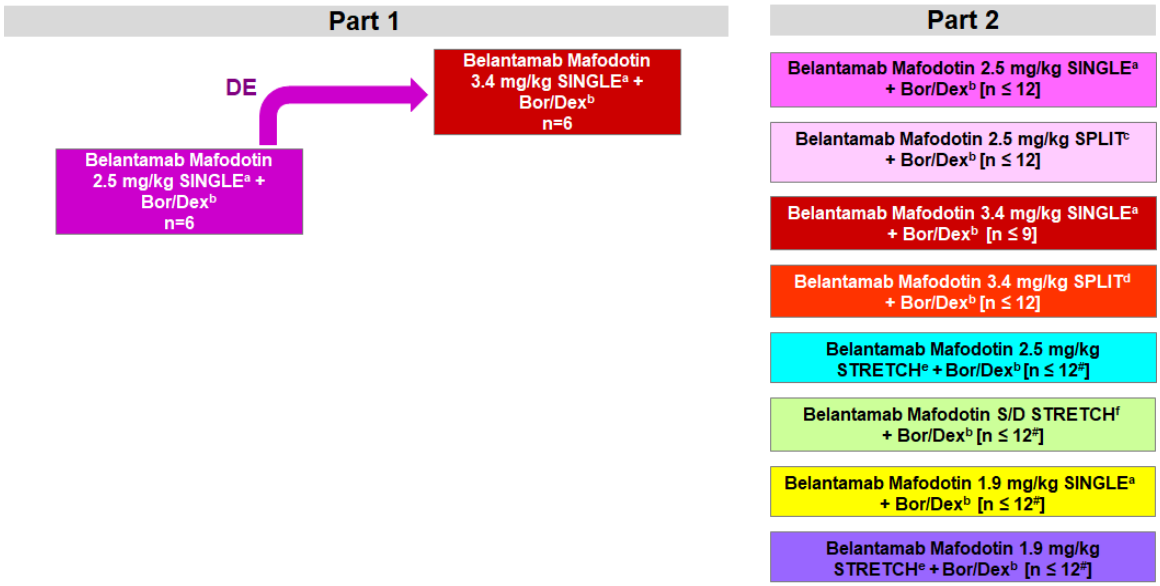
Design Features	• Population: Adult participants with RRMM, who have undergone stem cell transplant (SCT), or are considered transplant ineligible, and who have been previously treated with at least 1 prior line of therapy, and who have documented evidence of disease progression during or after their most recent therapy. • Objective: Part 1 is a dose escalation phase to evaluate the safety and tolerability of belantamab mafodotin in combination with Len/Dex. Part 2 is a dose expansion phase to further evaluate the safety and clinical activity of belantamab mafodotin in combination with Len/Dex.
Dosing	• **SINGLE** Dosing Schedule: belantamab mafodotin will be administered as a SINGLE full dose on Day 1 of each 28-day cycle. • **SPLIT** Dosing Schedule: belantamab mafodotin will be split into two equal halves and each half dose will be administered on Day 1 and Day 8 of each 28-day cycle. • **STRETCH** Dosing Schedule: A STRETCH dosing schedule for the 1.9 mg/kg dose level might be considered for Arm A if emerging data suggests that this schedule may further optimize the tolerability or offers an improved benefit/risk profile. In STRETCH schedule, belantamab mafodotin will be administered on Day 1 of alternate 28-day cycles with any 2 consecutive planned belantamab mafodotin doses at least 56 (±3) days apart. The treatment cycle duration will remain at 28 days (4 weeks). • Summary of Treatment Regimens and Schedules for Len/Dex are provided in Table 18 of the Protocol (Version: GSK Document Number TMF-14624358).
Time & Events	• Refer to Section 3 of Protocol – Schedule of Activities (Version: GSK Document Number TMF-14624358)

Overview of Study Design and Key Features	
Treatment Assignment	• This is a non-randomized, double-arm, open label, two-part study
Interim Analysis	• **Part 1: Dose Escalation** ○ No formal interim analysis is planned for Part 1. Data will be reviewed through data visualization tools to inform dose escalation decisions. The modified Toxicity Probability Interval (mTPI) design will be utilized to guide dose escalation/de-escalation decisions. mTPI is explained in Section 3.1.1.1. • **Part 2: Dose Expansion** ○ An interim analysis may be conducted when the last participant within each arm is followed for at least 1 cycle to evaluate safety, efficacy, and PK profiles at each dose level. Following the interim analysis, additional analyses may be performed to continue to evaluate safety, efficacy, and PK profiles at each dose level, prior to the primary and final analyses. If any dose level is not enrolled due to safety concerns, it will not be included in the interim or final analyses. Additionally, if enrollment is stopped within a dose group, data may be analyzed for participants within the dose group who take at least 1 dose of any study treatment. ○ Continuous monitoring will be conducted for Part 2 starting from when 5 participants are dosed at each dose level within each arm. The observed number of participants permanently discontinuing study treatment within the first two cycles due to AE related to belantamab mafodotin will be compared against the safety stopping rule in Table 30 of the Protocol (Version: GSK Document Number TMF-14624358). Enrollment may stop if the safety stopping rule is met based on totality of safety data. For example, if 4 or more out of 5 participants permanently discontinued study treatment within the first 2 cycles due to AE related to belantamab mafodotin, enrollment may stop after review of all safety data; otherwise, enrollment will continue.

2.3.1.2. Arm B - Belantamab Mafodotin with Bor/Dex

Overview of Study Design and Key Features

Arm B: Belantamab Mafodotin with Bortezomib/ Dexamethasone



a. Belantamab mafodotin (GSK2857916) **SINGLE** = full assigned dose of belantamab mafodotin (1.9 mg/kg, 2.5 mg/kg, or 3.4 mg/kg) administered on Day 1 of any 21-day cycle.
b. Bortezomib (1.3 mg/m^2 on Days 1, 4, 8, and 11) + Dexamethasone (20 mg on Days 1, 2, 4, 5, 8, 9, 11, and 12) of any 21-day cycle.
c. Belantamab mafodotin 2.5 mg/kg **SPLIT**= 1.25 mg/kg on Day 1 and 1.25 mg/kg on Day 8 of any 21-day cycle.
d. Belantamab mafodotin 3.4 mg/kg **SPLIT**= 1.7 mg/kg on Day 1 and 1.7 mg/kg on Day 8 of any 21-day cycle.
e. Belantamab mafodotin **STRETCH**= belantamab mafodotin 1.9 mg/kg or 2.5 mg/kg dose administered on Day 1 of alternate 21-day cycles i.e., Q6W (C1, C3, C5, C7 and so on).
f. Belantamab mafodotin **Step-Down (S/D) STRETCH** = belantamab mafodotin 2.5 mg/kg dose at C1D1 followed by 1.9 mg/kg step-down dose on Day 1 of alternate 21-day cycles C3 onwards (C3, C5, C7, and so on).

All participants will be operated under Amendment 03.
#New cohorts in Amendment 3.
Note: Combination therapy continued for up to 8 combination cycles; belantamab mafodotin further continued until PD, death, intolerable toxicity, consent withdrawn. Cohorts followed up for CCI and CCI
DE=Dose Escalation decision; CCI ; PD=Progressive Disease; CCI S/D=Step-down.

Design Features	• Population: Adult participants with RRMM, who have undergone stem cell transplant (SCT), or are considered transplant ineligible, and who have been previously treated with at least 1 prior line of therapy, and who have documented evidence of disease progression during or after their most recent therapy. • Objective: Part 1 is a dose escalation phase to evaluate the safety and tolerability of belantamab mafodotin in combination with Bor/Dex. Part 2 is a dose expansion phase to further evaluate the safety and clinical activity of belantamab mafodotin in combination with Bor/Dex.
Dosing	• **SINGLE** Dosing Schedule: belantamab mafodotin will be administered as a SINGLE full dose on Day 1 of each 21-day cycle. • **SPLIT** Dosing Schedule: belantamab mafodotin will be split into two equal halves and each half dose will be administered on Day 1 and Day 8 of each 21-day cycle.

Overview of Study Design and Key Features	
	• **STRETCH** Dosing Schedule: belantamab mafodotin will be administered on Day 1 of alternate cycles with any two consecutive planned doses at least 42 (±3) days apart. The treatment cycle duration will remain at 21 days (3 weeks). • **Step-Down (S/D) STRETCH** Dosing Schedule: belantamab mafodotin will be administered as a full 2.5 mg/kg dose on Day 1 of Cycle 1 followed by subsequent planned doses of 1.9 mg/kg S/D dose starting on Day 1 of alternate 21-day cycles (C3, C5, C7, and so on) with any two consecutive planned doses at least 42 (±3) days apart. The treatment cycle duration will remain at 21 days (3 weeks). • Summary of Treatment Regimens and Schedules for Bor/Dex are provided in Table 18 of the Protocol (Version: GSK Document Number TMF-14624358).
Time & Events	• Refer to Section 3 of Protocol – Schedule of Activities (Version: GSK Document Number TMF-14624358)
Treatment Assignment	• This is a non-randomized, double-arm, open label, two-part study
Interim Analysis	• **Part 1: Dose Escalation** o No formal interim analysis is planned for Part 1. Data will be reviewed through data visualization tools to inform dose escalation decisions. The modified Toxicity Probability Interval (mTPI) design will be utilized to guide dose escalation/de-escalation decisions. mTPI is explained in Section 3.1.1.1. • **Part 2: Dose Expansion** o An interim analysis may be conducted when the last participant within each arm is followed for at least 1 cycle to evaluate safety, efficacy, and PK profiles at each dose level. Following the interim analysis, additional analyses may be performed to continue to evaluate safety, efficacy, and PK profiles at each dose level, prior to the primary and final analyses. If any dose level is not enrolled due to safety concerns, it will not be included in the interim or final analyses. Additionally, if enrollment is stopped within a dose group, data may be analyzed for participants within the dose group who take at least 1 dose of any study treatment. o Continuous monitoring will be conducted for Part 2 starting from when 5 participants are dosed at each dose level within each arm. The observed number of participants permanently discontinuing study treatment within the first two cycles due to AE related to belantamab mafodotin will be compared against the safety stopping rule in Table 30 of the Protocol (Version: GSK Document Number TMF-14624358). Enrollment may stop if the safety stopping rule is met based on totality of safety data. For example, if 4 or more out of 5 participants permanently discontinued study treatment within the first 2 cycles due to AE related to belantamab mafodotin, enrollment may stop after review of all safety data; otherwise, enrollment will continue.

2.4. Statistical Hypotheses / Statistical Analyses

2.4.1. Arm A - Belantamab Mafodotin with Len/Dex

2.4.1.1. Part 1 Dose Escalation

No formal statistical hypotheses are being tested in Part 1. Analysis of the data obtained from Part 1 will only utilize descriptive methods.

2.4.1.2. Part 2 Dose Expansion

No formal statistical hypotheses are being tested in Part 2. Analysis of the data obtained from Part 2 will only utilize descriptive methods.

For Part 2, the number of participants who permanently discontinue study treatment due to AEs related to belantamab mafodotin within the first two cycles will be continuously monitored. For STRETCH dosing schedule, a cycle is a SoC cycle of 28 days. If the observed number of participants permanently discontinuing belantamab mafodotin is significantly higher than 12% (at 1-sided alpha of 0.01), then the combination treatment at that dose level or higher dose level will be considered to have unacceptable toxicity and the dose level as well as higher dosed levels will be closed.

2.4.2. Arm B - Belantamab Mafodotin with Bor/Dex

2.4.2.1. Part 1 Dose Escalation

No formal statistical hypotheses are being tested in Part 1. Analysis of the data obtained from Part 1 will only utilize descriptive methods.

2.4.2.2. Part 2 Dose Expansion

No formal statistical hypotheses are being tested in Part 2. Analysis of the data obtained from Part 2 will only utilize descriptive methods.

For Part 2, the number of participants who permanently discontinued study treatment due to AEs related to belantamab mafodotin within the first two cycles will be continuously monitored starting from when 5 participants are dosed. For STRETCH dosing schedule, a cycle is a SoC cycle of 21 days. If the observed number of participants permanently discontinuing belantamab mafodotin is significantly higher than 12% (at 1-sided alpha of 0.01), then the combination treatment at that dose level or higher dose level will be considered to have unacceptable toxicity and the dose level as well as higher dose levels will be closed.

3. PLANNED ANALYSES

3.1. Interim Analyses

3.1.1. Arm A – Belantamab Mafodotin with Len/Dex

3.1.1.1. Part 1 Dose Escalation

During dose escalation, no formal interim analysis will be performed. Data will be reviewed through data visualization tool to inform dose escalation decisions. The mTPI design will be utilized to guide dose escalation/de-escalation decisions. More details of the dose escalation procedure are described below.

Description of the Modified Toxicity Probability Interval

The modified Toxicity Probability Interval (mTPI) design [Ji, 2010] will be used to guide dose escalation in Part 1 with a slight modification. Up to 2 dose levels of belantamab mafodotin (1.9 mg/kg [dose -1]; 2.5 mg/kg [dose 1]) and alternate dosing schedules are planned to be evaluated in combination with the fixed dose of the Len/Dex treatments. Based on emerging data under Protocol Amendment 1 from Arm A, the first dose investigated under Protocol Amendment 2 was 1.9 mg/kg (Dose Level -1). The design assumes the true underlying toxicity rate for maximum tolerated dose (MTD) of belantamab mafodotin falls within the range from 25% to 35% and centers at 30%. The rules for guiding dose escalations are provided in Figure 1. Columns provide the numbers of participants treated at the current dose level, and rows provide the corresponding numbers of participants experiencing toxicity. Cohorts will be recruited in blocks of three participants. Participants will be treated in a staggered approach with at least 1 day between each participant's first dose of belantamab mafodotin to minimize the risk of inadvertently exceeding the MTD in multiple participants.

In Part 1 up to 2 dose levels of belantamab mafodotin and up to 2 dosing schedules will be evaluated (Figure 1 and Table 2). Data from at least 3 DLT-evaluable participants are required before a decision is made to escalate to the next dose level. However, this is not required for enrollment of more participants at the same dose level in Part 2.

Figure 1 Dose-finding Criteria for the Modified Toxicity Probability Interval (mTPI) Dose-Finding Method

Number of DLTs	Number of Participants treated at current dose						
		1	2	3	4	5	6
	0	E	E	E	E	E	E
	1	D	S	S	S	S	E
	2		DU	D	S	S	S
	3			DU	DU	D	S
	4				DU	DU	DU
	5					DU	DU
	6						DU

The spreadsheet was generated based on a beta/binomial model and precalculated before trial initiation. The letters in different colors are computed based on the decision rules under the mTPI method and represent different dose-finding actions. In addition to actions de-escalate the dose (D), stay at the same dose (S), and escalate the dose (E), the table includes action unacceptable toxicity (DU), which is defined as the execution of the dose-exclusion rule in mTPI. Excerpted from Ji, et al. [Ji, 2010].

The entries of Figure 1 are dose-finding decisions (i.e., E, S, and D) representing escalating the dose, staying at the same dose, and de-escalating the dose. In addition, decision DU means that the current dose level is unacceptable because of high toxicity; the current dose level and any higher dose level should be excluded from the trial.

For example, when 1 of 3 participants experiences toxicity, the decision can be located at row 1 and column 3, which is S – to stay at the current dose level. Consequently, the next cohort of participants will be treated at the same dose level currently being used. If zero of three participants experience toxicity, the decision is at row 0 and column 3, which is E – to escalate. Thus, the next cohort of participants will be treated at the next-higher dose level. If 3 of 3 participants experience toxicity, the decision is DU – to de-escalate to the next-lower dose level and exclude the current dose and any higher dose from the trial, because toxicity levels are unacceptable. In dose escalation (E)/de-escalation (D), no dose skipping is allowed.

Table 2 Dose Levels: Arm A, Part 1

Treatment Group and Dose Level	Belantamab Mafodotin	Lenalidomide	Dexamethasone
Permissible Actions	Increase/Decrease	No changes	No changes
Dose Level -1 (de-escalation)	1.9 mg/kg IV q28 days	25 or 10 mg PO, QD on Days 1 to 21 of each 28-day cycle	40 or 20 mg/week PO or IV on Days 1, 8, 15, and 22 of each 28-day cycle
Dose Level 1	2.5 mg/kg IV q28 days[a]	25 or 10 mg PO, QD on Days 1 to 21 of each 28-day cycle	40 or 20 mg/week PO or IV on Days 1, 8, 15, and 22 of each 28-day cycle

IV = intravenous; PO = orally; QD = once daily; SC = subcutaneous

a. Alternate dosing schedule could be investigated such as 2.5 mg/kg SPLIT dosing schedule where belantamab mafodotin will be administered at 1.25 mg/kg each on Day 1 and Day 8

Any participant from Part 1 in Arm A who received at least 1 full dose of belantamab mafodotin and at least 75% of planned doses of Len/Dex by the end of Cycle 1 (Day 28 for Arm A) is considered DLT-evaluable. Participants in Part 1 who have received less than 1 full dose of belantamab mafodotin, or <75% of planned doses of Len/Dex, or who have been withdrawn from the study for reasons other than toxicity but prior to completion of DLT observation period will be replaced.

Part 1 starts with a cohort of 3 participants at a dose level of 1.9 mg/kg SINGLE. Safety data over the first cycle of treatment for each participant will be evaluated. Data from at least 3 DLT evaluable participants are required before a decision is made to escalate to the next dose level. The study will enroll participants in Part 1 will have staggered start times, but will run simultaneously as outlined below. If dose levels are open for both Part 1 and Part 2, priority for enrollment will be given to Part 1.

Rules for of mTPI dose escalation pertaining to Arm A only:

- If dose escalation decision is E, enrollment for Part 1 will be open at 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT. At the same time, Part 2 expansion could be opened to enroll additional participants at 1.9 mg/kg SINGLE.

- If dose escalation decision is S, three additional participants will be enrolled at 1.9 mg/kg SINGLE in Part 1 to achieve at least 6 DLT-evaluable participants at 1.9 mg/kg SINGLE. After review of data from the 6 participants:

    - If dose escalation decision is E, 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT will be open for enrollment in Part 1. Part 2 expansion will not be open for the 1.9 mg/kg SINGLE dose level unless emerging data suggest 2.5 mg/kg SINGLE and 2.5mg/kg SPLIT are not tolerable.

    - If dose escalation decision is S, enrollment will not open for dose levels higher than 1.9 mg/kg SINGLE in Part 1. Part 2 expansion will be open to enroll additional participants at 1.9 mg/kg SINGLE.

    - If dose escalation decision is D or DU, no more participants will be enrolled at 1.9 mg/kg SINGLE or higher dose levels in Part 1.

Once the 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT cohorts are open for enrollment in Part 1, a cohort of at least 3 participants will be enrolled for each dose. When Part 1 is filled, Part 2 expansion will open for enrollment at 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT. Data from at least 6 DLT-evaluable participants at 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT are not required for enrollment of additional participants in Part 2.

Operating characteristics of the dose escalation rules are shown in Table 3.

Table 3 Operating Characteristics of the Dose Escalation Rules for Arm A

	Underlying True Toxicity Rate			Average n. of participants dosed at each dose level[1]			Prob. of Selecting as MTD[2]		
Scenario	1.9 SINGLE	2.5 SPLIT	2.5 SINGLE	1.9 SINGLE[3]	2.5 SPLIT	2.5 SINGLE	<1.9	1.9 SINGLE	2.5 SINGLE / 2.5 SPLIT
1	0.2	*0.30*	*0.30*	11	9	9	0.11	0.23	0.66
2	0.2	*0.30*	*0.35*	11	9	9	0.11	0.25	0.64
3	*0.2*	**0.40**	**0.40**	11	**8**	**8**	0.11	0.31	**0.58**
4	*0.2*	**0.40**	**0.45**	11	**9**	**9**	0.11	0.34	**0.56**
5	*0.3*	**0.40**	**0.40**	10	**6**	**6**	0.23	0.37	**0.40**
6	*0.3*	**0.40**	**0.45**	10	**6**	**6**	0.23	0.38	**0.39**
7	0.1	*0.30*	*0.30*	12	11	11	0.03	0.13	0.84
8	0.1	*0.25*	*0.30*	12	11	11	0.03	0.11	0.86
9	0.1	*0.25*	*0.25*	12	11	11	0.03	0.10	0.87
10	0.1	*0.20*	*0.20*	12	11	11	0.03	0.08	0.89
11	0.1	*0.20*	*0.25*	12	11	11	0.03	0.09	0.88

Bold: Dose too toxic/n of participants exposed to a toxic dose/prob. of selecting toxic dose as MTD
Italicized: True MTD dose/prob. of selecting true MTD as MTD

1. Average n. of participants dosed at each dose level include n. of participants dosed in Part 2 assuming participants for each dose level in Part 2 are enrolled before dose escalation decision is made in Part 1, except for dose 1.9 mg/kg, for which Part 2 will not open for enrollment prior to dose escalation decision.
2. Based on participants enrolled in Part 1 and assume the underlying true MTD is 30%.
3. Number in this column represents maximum estimate where dose is escalated to 2.5 mg/kg but is de-escalated to 1.9 mg/kg based on Part 1 and Part 2 data from 2.5 mg/kg.

Dose Escalation Decisions

During Part 1, the decisions on dose escalation will be made based on the mTPI guidance, as well as the totality of the safety, and pharmacokinetics data as appropriate. The decisions will occur following review of all available data including participants data from Part 2 and joint discussion by the GSK medical monitor, participating investigators, and others as described in the Dose Escalation Plan.

The GSK study team, which includes but is not limited to, the GSK medical monitor, clinical scientist, safety physician, statistician, and clinical pharmacologist, will review critical safety data defined in the Dose Escalation Plan prior to making a recommendation for dose escalation. This includes review of all adverse events including non-DLT toxicities, laboratory assessments and other defined safety evaluations, as well as PK and/or PD data, when appropriate. The results from the mTPI method will be included in the decision for dose modification as described in Section 12.4.8 of the Protocol (Version: GSK Document TMF-14624358). Quality control of critical safety data will be described in the Dose Escalation Plan, which includes ongoing study monitoring visits, GSK review of the clinical database, and confirmation by participating investigators and/or delegate that the data are accurate and complete prior to making dose modification decisions.

The GSK medical monitor, in joint discussion with participating investigators, and others as described in the Dose Escalation Plan will be responsible for making dose escalation decisions. The dose-escalation decision and rationale for each cohort will be discussed with investigators during teleconference(s) and documented in writing, with copies maintained at each study site and in the study master file.

3.1.1.2. Part 2 Dose Expansion

Once Part 2 expansion is open for the 2.5 mg/kg SINGLE and 2.5 mg/kg SPLIT dose levels, up to 9 participants will be enrolled at each dosing schedule, unless enrollment is stopped based on emerging data.

In addition, up to 12 more participants maybe potentially enrolled to evaluate an extended (STRETCH) dosing schedule for belantamab mafodotin at the 1.9 mg/kg dose level if emerging data suggests that this schedule may further optimize the tolerability or offers an improved benefit/risk profile.

For STRETCH Dosing Schedule, belantamab mafodotin will be administered FIRST (prior to Len/Dex) as a single dose on Day 1 of every alternate 28-day cycle (C1, C3, C5, C7 and so on) as a 30-60 min infusion, followed by 1 to 2 h rest period. If a planned dose of belantamab mafodotin was held/missed due to any reason, the next dose can be administered at Day 1 of the next planned 28-day cycle, as long as the interval between 2 consecutive doses is at least 56 (±3) days.

Safety data from all enrolled participants will be closely monitored while the study is ongoing. In addition, participants permanently discontinuing study treatment within the first two cycles due to AEs related to belantamab mafodotin will be continuously monitored starting from when 5 participants are dosed at each dose level following pre-

defined safety stopping rules (Section 12.4.8.1 of the Protocol –Version: GSK Document TMF-14624358). If safety concerns arise at a dose level, enrollment will stop for that dose level and higher dose level(s).

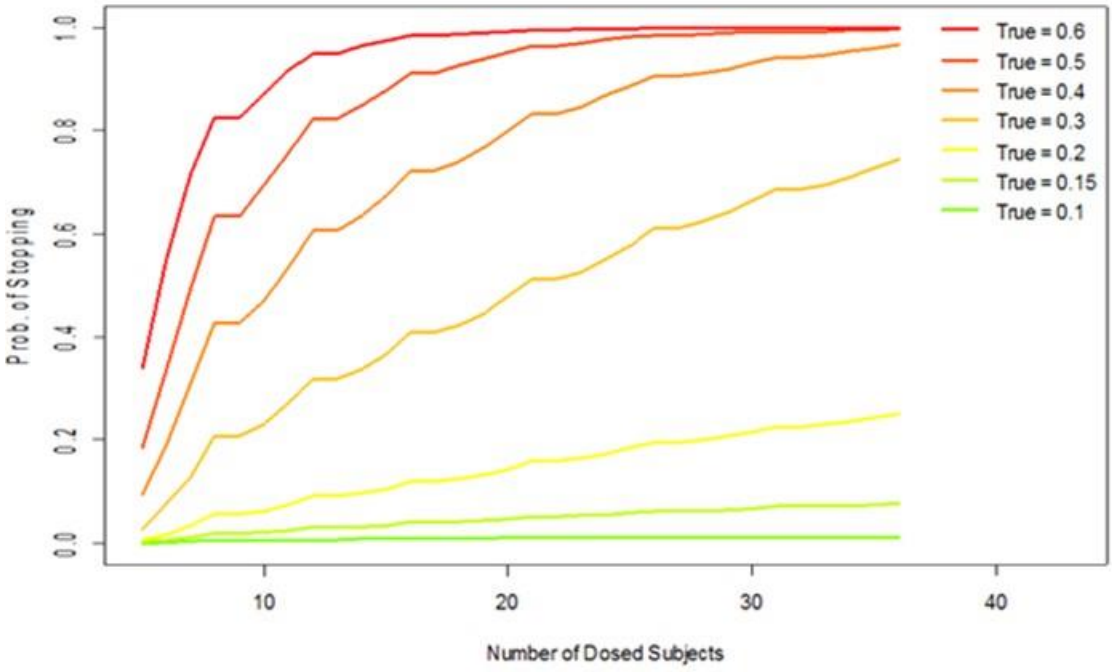
Safety Stopping Rule

Continuous monitoring will be conducted for Part 2 starting from when 5 participants are dosed at each dose level within each arm. The observed number of participants permanently discontinuing study treatment within the first two cycles due to AE related to belantamab mafodotin will be compared against the safety stopping rule in Table 4. Enrollment may stop if the safety stopping rule is met based on totality of safety data. For example, if 4 or more out of 5 participants permanently discontinued study treatment within the first 2 cycles due to AE related to belantamab mafodotin, enrollment may stop after review of all safety data; otherwise, enrollment will continue. Operating characteristics for the stopping rule are provided in Figure 2.

Table 4 Safety Stopping Rules for Part 2

Number of dosed participants	Stop if number of participants discontinuing study treatment within the first two cycles due to AE related to belantamab mafodotin is larger or equal to this number	Observed Rate
5-8	4	0.5-0.8
9-12	5	0.42-0.56

Figure 2 Operating Characteristics of Safety Stopping Rule for Expansion Cohort



An interim analysis may be conducted when the last participant within each arm is followed for at least 1 cycle to evaluate safety, efficacy, and PK profiles at each dose level. Following the interim analysis, additional analyses may be performed to continue to evaluate safety, efficacy, and PK profiles at each dose level, prior to the primary and final analyses. If any dose level is not enrolled due to safety concerns, it will not be included in the interim or final analyses. Additionally, if enrollment is stopped within a dose group, data may be analyzed for participants within the dose group who take at least 1 dose of any study treatment.

3.1.2. Arm B- Belantamab Mafodotin with Bor/Dex

3.1.2.1. Part 1 Dose Escalation Phase

During dose escalation, no formal interim analysis will be performed. Data will be reviewed through the data visualization tool to inform dose escalation decisions. The mTPI design will be utilized to guide dose escalation/de-escalation decisions. More details of the dose escalation procedure are described below.

Description of the Modified Toxicity Probability Interval

An mTPI design will be implemented [Ji, 2010] to guide dose escalation in Part 1. Up to 3 dose levels of belantamab mafodotin (2.5 mg/kg [dose 1]; 3.4 mg/kg [dose +1]; 1.9 mg/kg [dose -1]), starting with 2.5 mg/kg, are planned to be evaluated in combination

with the fixed dose of Bor/Dex. Cohorts will be recruited in blocks of three participants. Participants will be entered in a staggered approach with at least 1 day between each participant's first dose of belantamab mafodotin to minimize the risk of inadvertently exceeding the maximum tolerated dose (MTD) in multiple participants. A maximum of 6 participants will be assigned to each dose (Table 5).

Table 5 Dose Levels: Arm B, Part 1

Treatment Group and Dose Level	Belantamab Mafodotin	Bortezomib	Dexamethasone
Permissible Actions	Increase/Decrease	No changes	No changes
Dose Level -1 (de-escalation)	1.9 mg/kg IV q21 days	1.3 mg/m^2 SC/IV on Days 1, 4, 8, and 11 of every 21-day cycle for a total up to 8 cycles	20 mg PO or IV on Days 1, 2, 4, 5, 8, 9, 11, and 12 of every 21-day cycle for a total of up to 8 cycles.
Dose Level 1 Cohort	2.5 mg/kg IV q21 days[a]	1.3 mg/m^2 SC/IV on Days 1, 4, 8, and 11 of every 21-day cycle for a total up to 8 cycles	20 mg PO or IV on Days 1, 2, 4, 5, 8, 9, 11, and 12 of every 21-day cycle for a total of up to 8 cycles.
Dose Level +1 Cohort	3.4 mg/kg IV q21 days[b]	1.3 mg/m^2 SC/IV on Days 1, 4, 8, and 11 of every 21-day cycle for a total up to 8 cycles	20 mg PO or IV on Days 1, 2, 4, 5, 8, 9, 11, and 12 of every 21-day cycle for a total of up to 8 cycles.

IV = intravenous; PO = orally; QD = once daily; SC = subcutaneous

a. Alternate dosing schedule could be investigated such as SPLIT dosing schedule where belantamab mafodotin will be administered at 1.25 mg/kg each on Day 1 and Day 8

b. Alternate dosing schedule could be investigated such as SPLIT dosing schedule where belantamab mafodotin will be administered at 1.7 mg/kg each on Day 1 and Day 8

Evaluation of the available safety data over the first cycle of treatment for each participant enrolled in that dose level is required from at least 3 participants before a decision is made to enroll additional participants at the same or the subsequent dose level. However, this is not required for enrollment of more participants at the same dose level in Part 2.

An additional dose level -1 of 1.9 mg/kg may be evaluated in case the starting dose of 2.5 mg/kg is considered not tolerated.

Rules for mTPI dose escalation pertaining to Arm B only:

- If 2.5 mg/kg is the current dose level and the decision is S, and if less than 6 participants have been evaluated for DLT and the planned maximum sample size is not reached, an additional cohort of 3 participants will be enrolled for DLT evaluation. If the dose escalation decision is S after this additional cohort, dose escalation is complete.
- If 2.5 mg/kg is the current dose level and the decision is U or DU, additional lower dose (e.g., 1.9 mg/kg) may be explored. If the dose of 1.9 mg/kg is not tolerated (i.e., results in excessive toxicity) the trial will be terminated early for lack of tolerability.

- If 3.4 mg/kg is the current dose level and the decision is E or S, and if less than 6 participants have been evaluated for DLT at the current dose, and the planned maximum sample size is not reached, an additional cohort of 3 participants will be evaluated for DLT at the current dose. If dose escalation is E or S after this additional cohort, dose escalation is complete.
- Otherwise, the dose escalation will continue until the planned maximum sample size (12 DLT-evaluable participants for each treatment) is reached. At the end of dose escalation, the rule proposed by Ji, et al. [Ji, 2010] used to guide the selection of the estimated MTD, from dose levels at which 3 or more participants have been evaluated for DLT.

During Part 1, the decisions on dose escalation will be made based on this guidance, as well as the totality of the safety, and pharmacokinetics data as appropriate.

The decisions will occur following review of these data and joint discussion by the GSK medical monitor, participating investigators, and others as described in the Dose Escalation Plan.

Any participant in Arm B who received at least 1 full dose of belantamab mafodotin and ≥75% of planned doses of Bor/Dex by the end of Cycle 1 (Day 21) will be evaluated for DLTs. Participants who have received less than 1 full dose of belantamab mafodotin, or <75% of planned doses of Bor/Dex, or who have been withdrawn from the study for reasons other than toxicity but prior to completion of DLT observation period will be replaced.

The dose escalation of belantamab mafodotin will not include doses higher than 3.4 mg/kg.

Dose Escalation Decisions

The GSK study team, which includes but is not limited to, the GSK medical monitor, clinical scientist, safety physician, statistician, and clinical pharmacologist, will review critical safety data defined in the Dose Escalation Plan prior to making a recommendation for dose escalation. This includes review of all adverse events including non-DLT toxicities, laboratory assessments and other defined safety evaluations, as well as PK and/or PD data, when appropriate. The results from the mTPI method will be included in the decision for dose modification. Quality control of critical safety data will be described in the Dose Escalation Plan, which includes ongoing study monitoring visits, GSK review of the clinical database, and confirmation by participating investigators and/or delegate that the data are accurate and complete prior to making dose modification decisions.

The GSK medical monitor, in joint discussion with participating investigators and GSK study team, will be responsible for making dose escalation decisions. The dose escalation decision and rationale for each cohort will be discussed with investigators during teleconference(s) and documented in writing, with copies maintained at each study site and in the study master file.

3.1.2.2. Part 2 Dose Expansion Phase

In Part 2 enrollment will proceed in multiple expansion cohorts to further evaluate the safety profile and to evaluate the preliminary clinical activity of belantamab mafodotin in combination with Bor/Dex at 3 dose levels and 4 dosing schedules (2.5 mg/kg SPLIT, 2.5 mg/kg SINGLE, 3.4 mg/kg SPLIT, 3.4 mg/kg SINGLE, 2.5 mg/kg STRETCH, S/D STRETCH, 1.9 mg/kg SINGLE and 1.9 mg/kg STRETCH).

In Amendment 2, enrollment of each cohort was conducted by blocks of 3 participants each at 2.5 mg/kg SPLIT, 2.5 mg/kg SINGLE, 3.4 mg/kg SPLIT, and 3.4 mg/kg SINGLE with Bor/Dex for up to 12 participants each at 2.5 mg/kg SPLIT, 2.5 mg/kg SINGLE, 3.4 mg/kg SPLIT and up to 9 participants at 3.4 mg/kg SINGLE.

Similarly, in Amendment 3, enrollment of each cohort will be conducted by blocks of 3 participants each in 2.5 mg/kg STRETCH, S/D STRETCH, 1.9 mg/kg SINGLE and 1.9 mg/kg STRETCH, until approximately 12 participants are enrolled in each cohort.

For the SINGLE dosing schedule, belantamab mafodotin will be administered as a SINGLE full dose on Day 1 of each 21-day cycle. For example: A “3.4 mg/kg SINGLE” dosing schedule will administer a 3.4 mg/kg dose on Day 1 of each cycle. A 2.5 mg/kg SINGLE dosing schedule of belantamab mafodotin will administer a 2.5 mg/kg dose on Day 1 of each cycle. A 1.9 mg/kg SINGLE dosing schedule of belantamab mafodotin will administer a 1.9 mg/kg dose on Day 1 of each cycle

For the SPLIT dosing schedule, belantamab mafodotin will be split into two equal halves and each half dose will be administered on Day 1 and Day 8 of each 21-day cycle. For example: A “2.5 mg/kg SPLIT” dosing schedule will administer a 1.25 mg/kg dose on Day 1 and a 1.25 mg/kg dose on Day 8 of each cycle. A “3.4 mg/kg SPLIT” dosing schedule will administer a 1.7 mg/kg dose on Day 1 and a 1.7 mg/kg dose on Day 8 of each cycle.

For STRETCH Dosing Schedule, belantamab mafodotin will be administered FIRST (prior to Bor/Dex) as a single dose on Day 1 of every alternate 21-day cycle (C1, C3, C5, C7 and so on) as a 30-60 min infusion, followed by 1 to 2 h rest period. If a planned dose of belantamab mafodotin was held/missed due to any reason, the next dose can be administered at Day 1 of the next planned 21-day cycle, as long as the interval between 2 consecutive doses is at least 42 (±3) days.

For the S/D STRETCH schedule, belantamab mafodotin will be administered FIRST (prior to Bor/Dex) as a 2.5 mg/kg dose on Day 1 of Cycle 1, followed by 1.9 mg/kg S/D dose on Day 1 of all subsequent alternate 21-day cycles (C3, C5, C7 and so on), as a 30-60 min infusion, followed by 1 to 2 h rest period.

Safety data from all enrolled participants will be closely monitored while the study is ongoing. In addition, participants permanently discontinuing study treatment within the first two cycles due to AEs related to belantamab mafodotin will be continuously monitored starting from when 5 participants are dosed at each dose level following pre-defined safety stopping rules (Section 12.4.8.2 of the Protocol –Version: GSK Document

TMF-14624358). If safety concerns arise at a dose level, enrollment will stop for that dose level and higher dose level(s).

Safety Stopping Rule

Continuous monitoring will be conducted for Part 2 starting from when 5 participants are dosed at each dose level within each arm. The observed number of participants permanently discontinuing study treatment within the first two cycles due to AE related to belantamab mafodotin will be compared against the safety stopping rule in Table 4. Enrollment may stop if the safety stopping rule is met based on totality of safety data. For example, if 4 or more out of 5 participants permanently discontinued study treatment within the first 2 cycles due to AE related to belantamab mafodotin, enrollment may stop after review of all safety data; otherwise, enrollment will continue. Operating characteristics for the stopping rule are provided in Figure 2.

An interim analysis may be conducted when the last participant within each arm is followed for at least 1 cycle to evaluate safety, efficacy, and PK profiles at each dose level. Following the interim analysis, additional analyses may be performed to continue to evaluate safety, efficacy, and PK profiles at each dose level, prior to the primary and final analyses. If any dose level is not enrolled due to safety concerns, it will not be included in the interim or final analyses. Additionally, if enrollment is stopped within a dose group, data may be analyzed for participants within the dose group who take at least 1 dose of any study treatment.

3.2. Final Analyses

Final analysis of the data captured in Part 1 and Part 2 for both Arm A and Arm B will be undertaken following 12 months post LSFD. Within each arm, data from the two parts may be combined for some analyses at the final analysis, as appropriate.

Following the final analysis, the study will move into the PACT phase and the clinical study database will be closed to new data. Participants who are receiving belantamab mafodotin monotherapy or in combination with Len/Dex (Arm A) or Bor/Dex (Arm B) may continue to receive belantamab mafodotin monotherapy or in combination with either Len/Dex (Arm A) or Bor/Dex (Arm B) if they are gaining clinical benefit as assessed by the investigator until they meet any criterion for permanent discontinuation of study intervention (see Section 9 and Section 10.2 of GSK Document Number TMF-14624358).

The end of study is defined when the last patient had their last visit (last subject last dose plus 70 days SAE reporting period). GSK retains the right to request additional information for any patient with ongoing AE(s)/SAE(s) ocular data at the end of the study. All participants will be monitored and receive follow-up care in accordance with standard local clinical practice.

4. ANALYSIS POPULATIONS

Population	Definition / Criteria	Analyses Evaluated
All Screened	• All participants who sign the ICF to participate in the clinical trial.	Screen failure summary
All Treated	• All participants who received at least one dose of study treatment.	Study Population, Efficacy, Safety, Patient Reported Outcomes
Pharmacokinetic (PK)	• Participants in the All Treated population from whom at least one PK sample was obtained, analyzed, and was measurable. Separate PK populations will be defined for each drug (belantamab mafodotin, lenalidomide, and bortezomib). Lenalidomide PK population will be split between subjects on 25mg and 10mg of lenalidomide.	PK
Pharmacodynamic (PD)	• Participants in the 'All Treated' population for whom a biomarker sample was obtained, was analysed and it was found measurable.	Biomarker

Refer to Appendix 12 which details the population used for each display.

4.1. Protocol Deviations

Important protocol deviations (including deviations related to study inclusion/exclusion criteria, conduct of the trial, patient management or patient assessment) will be summarised and listed.

Protocol deviations will be tracked by the study team throughout the conduct of the study in accordance with the Protocol Deviation Management Plan [Version 6.0, dated 14DEC2022].

- Data will be reviewed prior to freezing the database to ensure all important deviations are captured and categorised on the protocol deviations dataset.
- This dataset will be the basis for the summaries and listings of protocol deviations.

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

5. CONSIDERATIONS FOR DATA ANALYSES AND DATA HANDLING CONVENTIONS

5.1. Study Treatment & Sub-group Display Descriptors

Data Displays for Reporting [1]			
Description [2]	**Data Display [2]**	**Order in TLF**	**Deliverable [3]**
Arm A: GSK2857916 1.9 mg/kg STRETCH + Len/Dex	GSK916 1.9mg/kg STRETCH +Rd	1	Interim 2, SAC
Arm A: GSK2857916 1.9 mg/kg SINGLE + Len/Dex	GSK916 1.9mg/kg SINGLE +Rd	2	Interim 2, SAC
Arm A: GSK2857916 2.5 mg/kg SPLIT + Len/Dex	GSK916 2.5mg/kg SPLIT +Rd	3	Interim 2, SAC
Arm A: GSK2857916 2.5 mg/kg SINGLE + Len/Dex	GSK916 2.5mg/kg SINGLE +Rd	4	Interim 2, SAC
Arm B: GSK2857916 1.9 mg/kg STRETCH + Bor/Dex	GSK916 1.9mg/kg STRETCH +Vd	1	Interim 3, SAC
Arm B: GSK2857916 1.9 mg/kg SINGLE + Bor/Dex	GSK916 1.9mg/kg SINGLE +Vd	2	Interim 3, SAC
Arm B: GSK2857916 2.5 mg/kg S/D STRETCH + Bor/Dex	GSK916 2.5mg/kg S/D STRETCH +Vd	3	Interim 3, SAC
Arm B: GSK2857916 2.5 mg/kg STRETCH + Bor/Dex	GSK916 2.5mg/kg STRETCH +Vd	4	Interim 3, SAC
Arm B: GSK2857916 2.5 mg/kg SPLIT + Bor/Dex	GSK916 2.5mg/kg SPLIT +Vd	5	Interim 1, Interim 3, SAC
Arm B: GSK2857916 2.5 mg/kg SINGLE + Bor/Dex	GSK916 2.5mg/kg SINGLE +Vd	6	Interim 1, Interim 3, SAC
Arm B: GSK2857916 3.4 mg/kg SPLIT + Bor/Dex	GSK916 3.4mg/kg SPLIT +Vd	7	Interim 1, Interim 3, SAC
Arm B: GSK2857916 3.4 mg/kg SINGLE + Bor/Dex	GSK916 3.4mg/kg SINGLE +Vd	8	Interim 1, Interim 3, SAC

Notes:
[1] No randomization schedule is planned for this double-arm open label study
[2] Rd: Lenalidomide Plus Dexamethasone; Vd: Bortezomib Plus Dexamethasone
[3] SAC = Statistical Analysis Complete (final analysis); Specifics of Interim 1, Interim 2, Interim 3, and SAC deliverables are defined in Section 15.12.2.

5.2. Baseline Definitions

For all endpoints (except as noted in baseline definitions), the baseline value will be the latest pre-dose assessment with a non-missing value, including those from unscheduled visits. If time is not collected, Day 1 assessments are assumed to be taken prior to first dose and used as baseline.

For laboratory data, baseline will be the latest non-missing pre-dose value from central lab. If no central lab value is available, the latest non-missing pre-dose value from local lab will be used. If there are multiple assessments on the same day, the mean will be used as the baseline value.

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

5.3. Examination of Covariates, Other Strata and Subgroups

5.3.1. Examination of Subgroups

The list of subgroups may be used in descriptive summaries and statistical analyses. Additional subgroups of clinical interest may also be considered.

- Subgroup analyses will be performed over all doses combined, within each Arm (Arms A and B), as well as within the 2.5 mg/kg SINGLE dose alone.
- If the percentage of participants is small within a particular subgroup, then the subgroup categories may be refined.

Subgroup	Categories
Age Group (at screening)	18 to <65, 65 to < 75, ≥ 75
Sex	Male, Female
Race	White, Black, Other/Missing
ISS Staging at Screening	I vs II/III (do not include unknown stages)
Number of prior lines of therapy	1 vs. 2/3 vs. 4+ and 1 vs. >1
Myeloma Immunoglobulin	IgG, Non-IgG, Both
Cytogenetics Risk [1]	High, Other (non-high risk - all others)
ECOG Performance Status	0-1, 2+
Prior Bortezomib	No, Yes
Prior Daratumumab	No, Yes
Prior Lenalidomide	No, Yes

NOTES:

[1] A participant is considered as high risk if the participant has any of the following cytogenetics: t(4;14), t(14;16), and 17p13del.

5.4. Other Considerations for Data Analyses and Data Handling Conventions

Other considerations for data analyses and data handling conventions are outlined in the appendices:

Section	Component
Section15.1	Appendix 1: Assessment Windows
Section15.2	Appendix 2: Study Phases and Treatment Emergent Adverse Events
Section15.3	Appendix 3: Data Display Standards & Handling Conventions
Section15.4	Appendix 4: Derived and Transformed Data
Section15.5	Appendix 5: Reporting Standards for Missing Data
Section15.6	Appendix 6: Values of Potential Clinical Importance

6. STUDY POPULATION ANALYSES

6.1. Overview of Planned Study Population Analyses

The study population analyses will be based on the "All Treated" population, unless otherwise specified.

Study population analyses including analyses of participant's disposition, protocol deviations, demographic and baseline characteristics, prior and concomitant medications, anti-cancer therapy, and exposure and treatment compliance will be based on GSK Core Data Standards. Details of the planned displays are presented in Appendix 12.

6.2. Disposition of Participants

A summary of subject status and reason for study withdrawal will be provided. This display will show the number and percentage of subjects who withdrew from the study, including primary reasons for study withdrawal. Reasons for study withdrawal will be presented in the order they are displayed in the eCRF.

A summary of study treatment status will be provided. This display will show the number and percentage of subjects who are ongoing or discontinued study treatment and a summary of the primary reasons for discontinuation of study treatment. Reasons for study treatment discontinuation will be presented in the order they are displayed in the eCRF. A listing of study treatment discontinuation will be generated. The listing will include last dose date and reasons for study treatment discontinuation.

To understand the impact of COVID-19, related analyses will include summaries of subject status, and subject disposition by relationship to COVID-19 pandemic. An additional summary of treatment status and reasons for discontinuation of belantamab mafodotin by relationship to COVID-19 pandemic will also be produced, and added to existing discontinuation displays.

6.3. Demographic and Baseline Characteristics

The demographic characteristics (e.g., age, race, ethnicity, sex, baseline height, baseline body weight and baseline BMI) will be summarized. Age, height, weight, and BMI will be summarized using the mean, standard deviation, minimum, median, and maximum. The count and percentage will be computed for sex and ethnicity.

Race and racial combinations may be summarized and listed.

Disease history and characteristics at screening will be summarized. Disease characteristics at screening will include stage, relapsed or refractory disease, extramedullary disease, lytic bone lesions, myeloma immunoglobulin, myeloma light chain, type of multiple myeloma, lines of therapy completed prior to screening, ECOG performance status, genetics, and high-risk cytogenetics. For lines of therapy completed prior to screening, groups will be displayed as no lines, 1 line, 2 lines, …, 20 lines, more than 20 lines, and unknown. Lines of therapy completed prior to screening will also be

summarized with n, mean, standard deviation, median, min, and max. For ECOG performance status, groups will be displayed as 0, 1, 2, for both Arms A and B.

Substance use, including smoking history and alcohol use may be summarized.

Prior anti-cancer therapy will be coded using GSK Drug coding dictionary, then summarized by ingredient and listed.

6.4. Treatment Compliance

Summaries of study treatment exposure and dose modifications (e.g., number of dose reductions, number of dose delays) will further characterize compliance. These analyses are defined in Section 6.5 'Extent of Exposure'.

6.5. Extent of Exposure

Extent of exposure to belantamab mafodotin, lenalidomide, bortezomib, and dexamethasone will be summarized.

The start date of the overall study treatment is defined as the first dose date of belantamab mafodotin.

The overall duration of exposure to study treatment (defined in Section 15.4.2) will be calculated and summarized in weeks, using mean, median, standard deviation, minimum, and maximum.

Descriptive statistics of dose intensity will be summarized overall for belantamab mafodotin, lenalidomide, bortezomib, and dexamethasone separately. An additional table of dose intensity by expected duration of exposure may also be summarized. This "dose intensity by expected duration of exposure" summary will adjust for delayed cycles by using cumulative dose from the last non-missing visit, and an estimate of expected duration of exposure.

The dose intensity calculation is described below.

- For Arm A SINGLE/SPLIT belantamab mafodotin doses, as well as lenalidomide and dexamethasone: Dose intensity (units/4 weeks) = cumulative actual dose divided by duration of exposure in 4 weeks (duration of exposure in days / 28).

- For Arm A STRETCH belantamab mafodotin doses: Dose intensity (units/8 weeks) = cumulative actual dose divided by duration of exposure in 8 weeks (duration of exposure in days / 56).

- For Arm B SINGLE/SPLIT belantamab mafodotin doses, as well as bortezomib and dexamethasone: Dose intensity (units/3 weeks) = cumulative actual dose divided by duration of exposure in 3 weeks (duration of exposure in days / 21).

- For Arm B STRETCH belantamab mafodotin doses: Dose intensity (units/6 weeks) = cumulative actual dose divided by duration of exposure in 6 weeks (duration of exposure in days / 42).

- Duration of exposure in days used for the dose intensity calculation is defined as: end date of the cycle – first dose date + 1 day. The end date of the cycle is defined as the cycle start date + 27 days (Arm A SINGLE/SPLIT belantamab mafodotin, Len, Dex), or + 55 days (Arm A STRETCH belantamab mafodotin), or + 20 days (Arm B SINGLE/SPLIT belantamab mafodotin, Bor, Dex), or + 41 days (Arm B STRETCH and S/D STRETCH belantamab mafodotin).

Note: Dose intensity units will depend on treatment being summarized (belantamab mafodotin, lenalidomide, bortezomib, dexamethasone). Specifics on treatment units can be found in Section 8 of study protocol (Version: GSK Document Number TMF-14624358). Also, dose intensity for lenalidomide will be split by subjects with a first dose of 25mg versus those with a first dose of 10mg.

Relative dose intensity (RDI) will also be summarized for belantamab mafodotin, lenalidomide, bortezomib, and dexamethasone separately. For belantamab mafodotin, RDI will be split, with a calculation for Dose 1 and a separate calculation post-Dose 1. Relative dose intensity is calculated as a percent and is defined as 100*(mean overall dose intensity divided by planned dose intensity). Planned dose intensity for each treatment is calculated as:

- Belantamab Mafodotin = planned dose of 1.9 mg/kg, 2.5 mg/kg, or 3.4 mg/kg. For the 2.5 S/D STRETCH dose, 2.5 mg/kg will be used for RDI at Dose 1 and 1.9 mg/kg will be used for RDI post-Dose 1.
- Lenalidomide = 525 mg for subjects with a first dose of 25mg, and 210 mg for subjects with a first dose of 10 mg.
- Bortezomib = 5.2 mg/m^2
- Dexamethasone = 160 mg for subjects with a first dose of 40mg (Arm A) or 20mg (Arm B), and 80mg for subjects with a first dose of 20mg (Arm A) or 10mg (Arm B). For Arm B, if a subject's first dose is ≥20mg, their first dose will be considered 20mg for planned dose, and a first dose <20mg will be considered 10mg for planned dose.

Summaries of Dose Modifications:

The summaries of dose modifications will be provided. All the dose reductions, infusion interruptions, and dose delays will be summarized or listed.

Dose reductions will be summarised by number of reductions and reasons for reductions. Dose delays will be summarised by number of delays, reasons for the delays, and delay duration (days). The number and percentage of the delays for intervals of 1-28, 29-56 and >56 days for participants in Arm A, and 1-21, 22-42 and >42 days for participants in Arm B, will be computed. Primary reasons for dose reductions and dose delays will also be summarized by visit.

Duration of delays is defined as period from the expected start date of dose to actual start date of current dose:

- Calculation for SINGLE dose: (actual start date of current dose - expected start date of dose). Expected start date of dose = actual start date of previous dose + 28 (Arm A), and actual start date of previous dose + 21 (Arm B).

- Calculation for SPLIT dose:
    - Day 1: (actual start date of current dose – (actual start date of previous dose + 21) (Arm A), and (actual start date of current dose – (actual start date of previous dose + 14) (Arm B). For Arm A the previous dose must be a day 8 – 28 and for Arm B the previous dose must be a day 8 – 21. If the previous dose is a day 1, then use the same calculation used for SINGLE dose.

    - Day 8: (actual start date of current dose – (actual start date of previous dose + 7) (Arms A and B). For Arms A and B, the previous dose must be a day 1 – 7. If the previous dose is not a day 1, then use the same calculation used for SINGLE dose.

- Calculation for STRETCH dose: (actual start date of current dose - expected start date of dose). Expected start date of dose = actual start date of previous dose + 56 (Arm A), and actual start date of previous dose + 42 (Arm B).

Duration of Follow-up:

Duration of Follow-Up will be summarized for all participants and is defined as the time from first dose to last contact or death. Duration of Follow-up will also be summarized for subjects with ongoing follow-up, that is, subjects within the [redacted] follow-up period, with status alive or unknown.

6.6. Concomitant Medications

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

Concomitant medications will be summarized by base ingredient. Each participant is counted once within each ingredient . For example, if a participant takes Amoxycillin on two separate occasions, the participant is counted only once under the ingredient “Amoxycillin”. Note: In order to be considered a concomitant medication, the concomitant medication must have been taken at some point during the on-treatment study phase.

Blood products or blood supportive care products with onset date within the on-treatment study phase will be included in the summary tables. The frequency and percentage of subjects using blood products and blood supportive care products after the start of study medication will be provided. Supporting listings will also be provided.

7. EFFICACY ANALYSES

7.1. Primary Efficacy Analyses

7.1.1. Endpoint/Variables

BOR
Best Overall Response (BOR) is defined as the best confirmed response (stringent Complete Response [sCR] > Complete Response [CR] > Very Good Partial Response [VGPR] > Partial Response [PR] > Minimal Response [MR] > Stable Disease [SD] > Progressive Disease [PD] > Not Evaluable [NE]) from treatment start date until disease progression or initiation of new anti-cancer therapy, whichever is earlier, as assessed by the investigator per IMWG (2016). Details on derivation of confirmed response are provided in Table 6.

ORR
Overall Response Rate (ORR), defined as the percentage of participants with a confirmed PR or better (i.e., PR, VGPR, CR, and sCR) as the BOR, per IMWG (2016).

ORR at final analysis will be analyzed based on the confirmed responses, which will be derived based on the algorithm specified in Table 6. ORR at interim analyses should also be analyzed based on confirmed responses if available.

7.1.1.1. Derivation of Confirmed Response

The derivation of confirmed response shall be based on the algorithm specified in Table 6. The date of the first of the two consecutive assessments will be used as the date of the confirmed response.

Table 6 Response confirmation algorithm

#	Response at the First Time Point	Response at Subsequent Disease Assessment[1]	Confirmed Response at the First Time Point
1	sCR	sCR	sCR
2	sCR	CR	CR
3	CR	sCR/CR	
4	sCR/CR	VGPR	VGPR
5	VGPR	sCR/CR/VGPR	
6	sCR/CR/VGPR	PR	PR
7	PR	sCR/CR/VGPR/PR	
8	sCR/CR/VGPR/PR	MR	MR
9	MR	sCR/CR/VGPR/PR/MR	
10	sCR/CR/VGPR/PR/MR	SD	SD
11	sCR/CR/VGPR/PR/MR	PD (any reason) OR No subsequent disease assessment: **subject died or discontinued study or started new anti-cancer therapy** before further adequate disease assessment	SD
12	PD (due to reasons other than imaging, i.e., plasmacytoma or bone lesion)	PD (any reason) including PD after initiation of new anti-cancer therapy OR No subsequent disease assessment: subject **died due to PD** before further adequate disease assessment (including death due to PD after initiation of new anti-cancer therapy)	PD
13	PD (due to reasons other than imaging, i.e., plasmacytoma or bone lesion)	sCR/CR/VGPR/PR/MR/SD OR No subsequent disease assessment: subject died **due to reasons other than PD** before further adequate disease assessment OR No subsequent disease assessment: subject **discontinued study** before further adequate disease assessment	NE
14	sCR/CR/VGPR/PR/MR/PD (due to reasons other than imaging, i.e., plasmacytoma	No subsequent disease assessment: subject has not died, discontinued from study	Unconfirmed sCR/CR/VGPR/PR/MR/PD

#	Response at the First Time Point	Response at Subsequent Disease Assessment[1]	Confirmed Response at the First Time Point
	or bone lesion)	or (except for PD) started new anti-cancer therapy; but as yet has no further adequate disease assessments	Will be categorized as NE for final ORR analysis. For ORR analysis in IA, the unconfirmed response (PR or better) will be counted as responder.
15	SD	Any OR No subsequent disease assessment	SD
16	PD due to imaging (plasmacytoma or bone lesion)	Any OR No subsequent disease assessment	PD
17	NE or missing	Any OR No subsequent disease assessment	NE

1.Subsequent disease assessment is defined as the next not missing or NE disease assessment following the first timepoint before (or on the same date of) start of new anti-cancer therapy except for confirmation of PD, for which PD or death due to PD after new anti-cancer therapy are considered for confirmation of PD. No minimal time interval is required for the subsequent disease assessment, but a different sample is required for confirmation.

Note:

- SD does not need to be confirmed.
- PD due to imaging (i.e., plasmacytoma or bone lesion) does not need to be confirmed.
- Where criteria are not mutually exclusive, take the first that applies.
- As per IMWG criteria (Kumar, 2016), “If patients do not have measurable disease at baseline, they can only be assessed for at least a complete response or progressive disease.”

7.1.2. Summary Measure

ORR

The number and percentage of participants with the BOR in the following response categories will be summarized at interim and final analysis for each treatment arm: sCR, CR, VGPR, PR, overall response (sCR+CR+VGPR+PR), minimal response (MR), stable disease (SD), progressive disease (PD), and not evaluable (NE). The corresponding exact 95% CI for ORR will also be provided. Participants with unknown or missing responses will be treated as non-responders, i.e., these participants will be included in the denominator when calculating percentages of response.

For subgroup analysis, ORR will be presented using forest plot for categories defined in Section 5.3.1.

7.1.3. Population of Interest

The primary efficacy analyses will be based on the All Treated population for all analyses, unless otherwise specified.

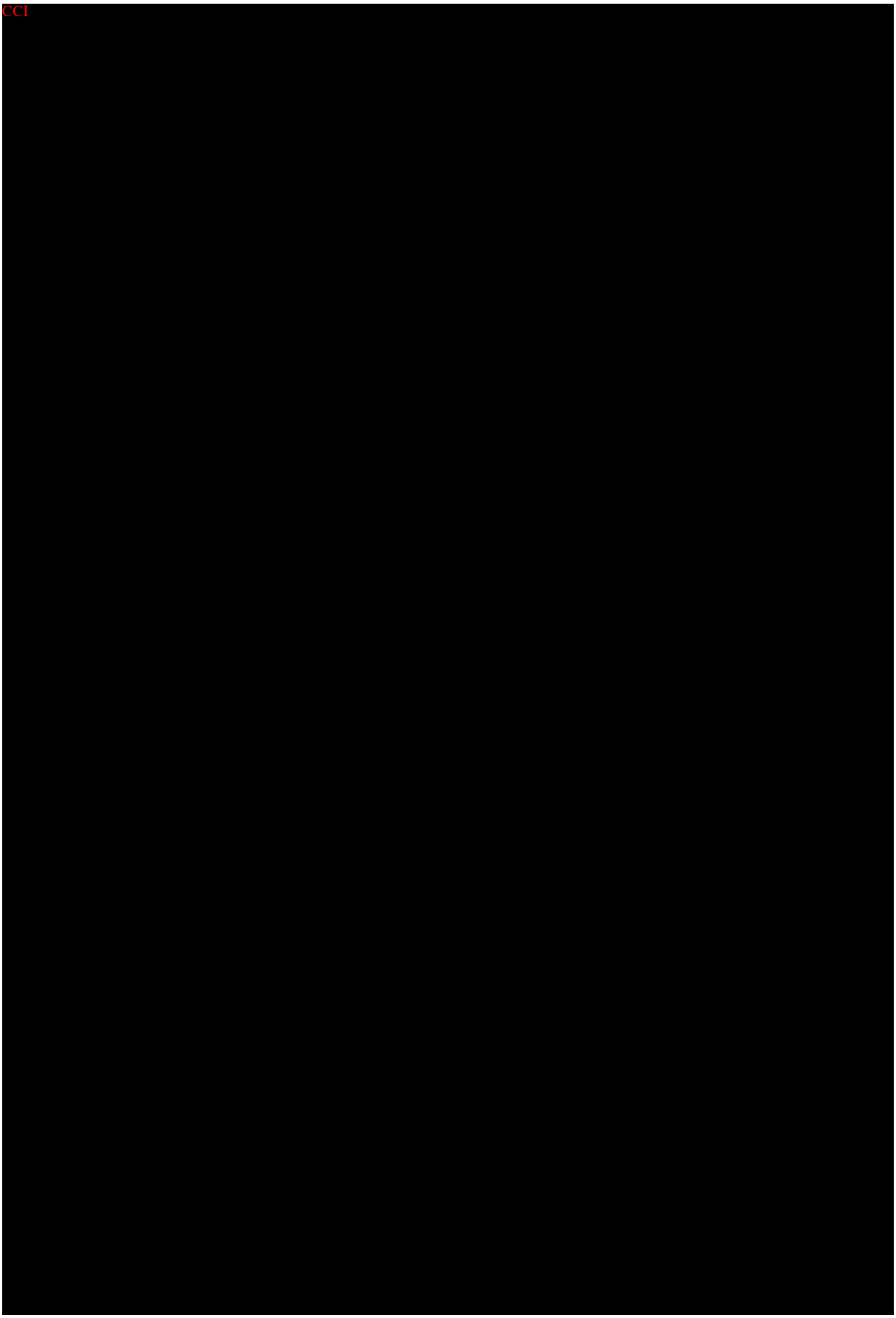
7.1.4. Statistical Analyses / Methods

Details of the planned displays are provided in Appendix 12 and will be based on GSK data standards and statistical principles.

Unless otherwise specified, endpoints / variables defined in Section 2.2 will be summarized using descriptive statistics, graphically presented (where appropriate) and listed.

CCI

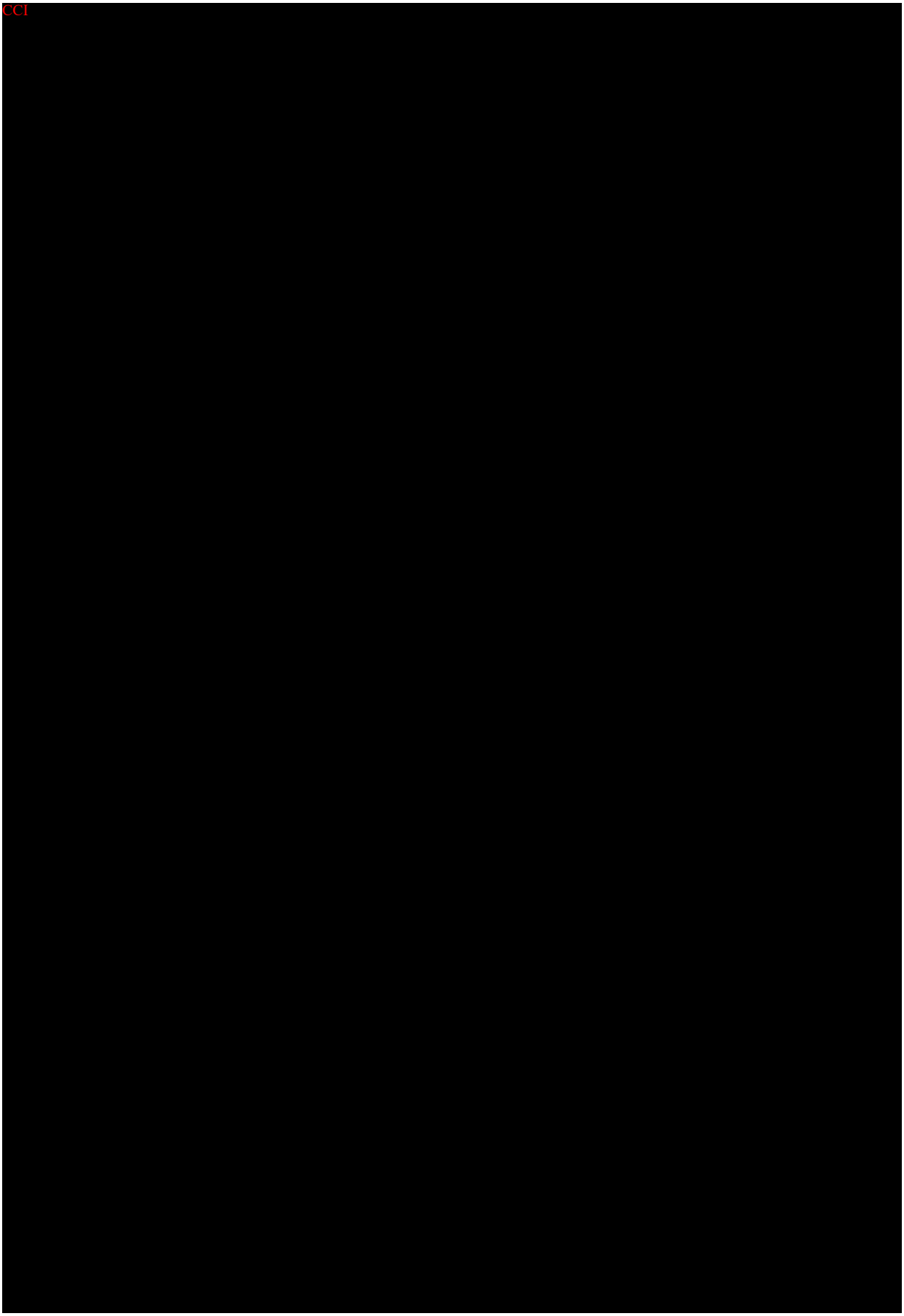
CCI



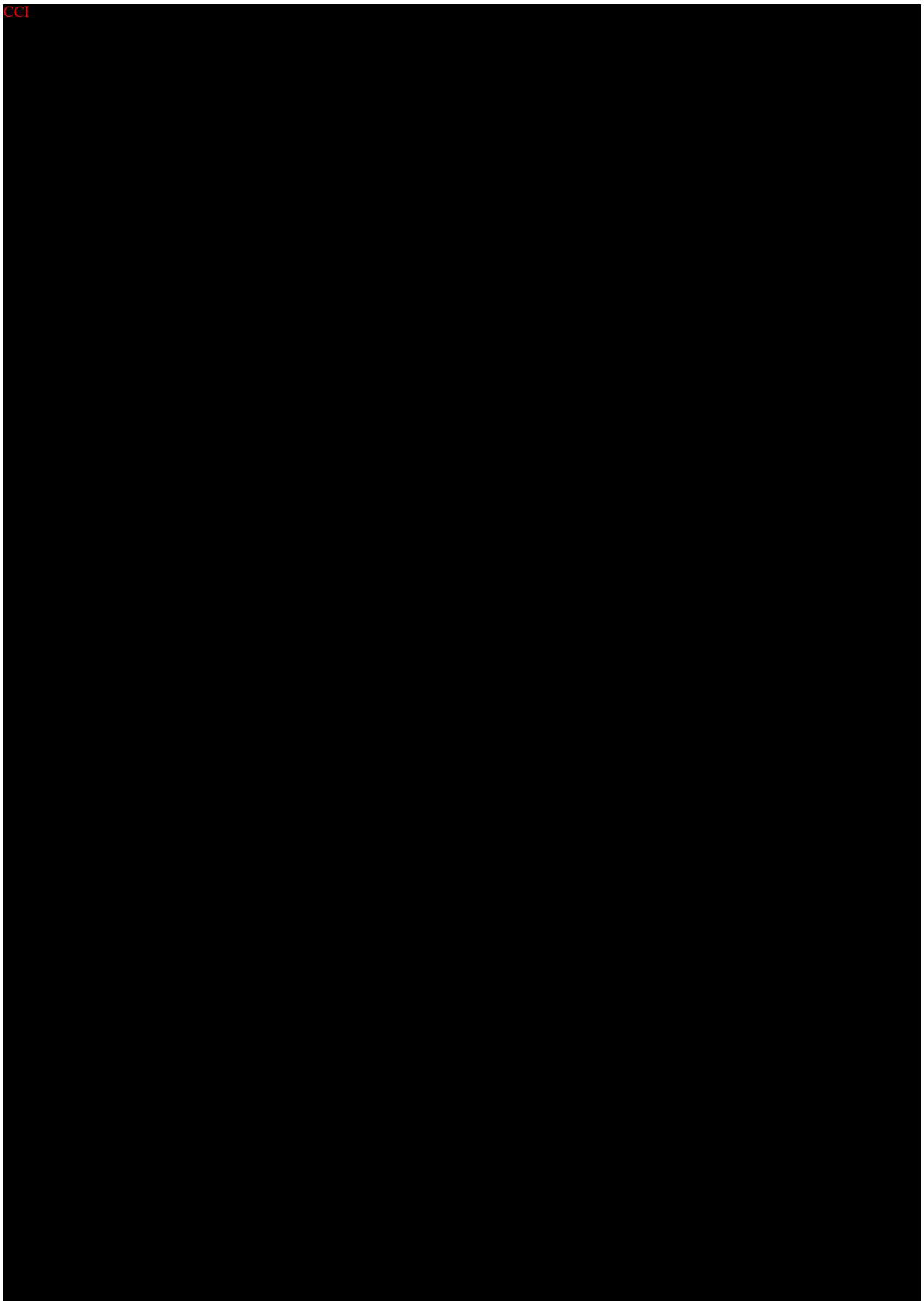
CCI

[redacted]

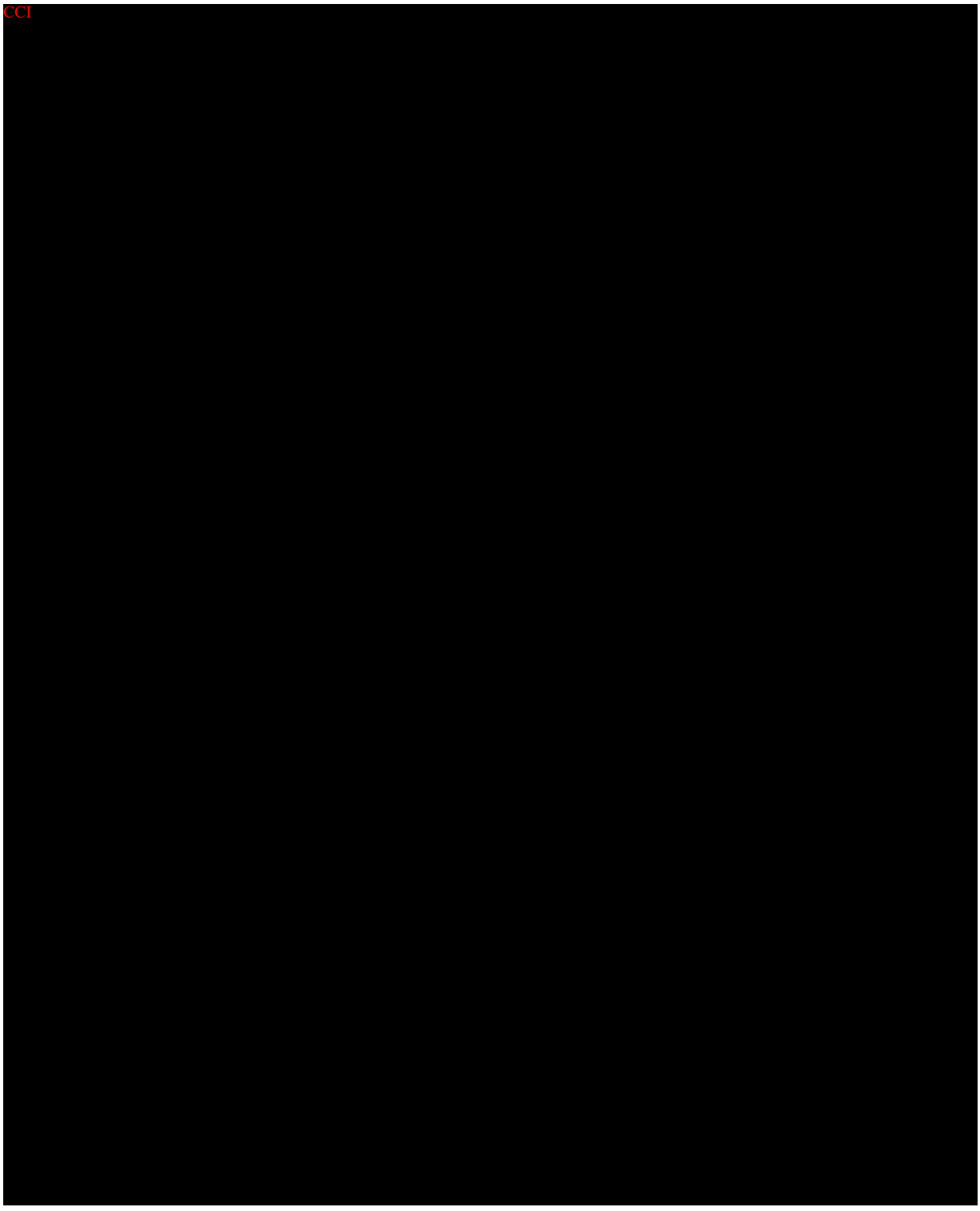
CCI



CCI



CCI



8. SAFETY ANALYSES

The safety analyses will be based on the All Treated population, unless otherwise specified.

8.1. Adverse Events Analyses

Adverse events (AEs), Serious AEs (SAEs) and other significant AEs will be analyzed based on GSK Core Data Standards. AE displays showing information by preferred term and max grade will use treatment emergent AEs. All other AE displays will use on-treatment AEs. Details for treatment-emergent and on-treatment AEs are provided in Section 15.2.3. Dose-limiting toxicity (DLT) will also be summarized according to GSK Oncology Data Standards. The details of the planned displays are provided in Appendix 12.

Adverse events will be graded by the investigator according to the National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE),Version 4.03 [NCI, 2010]. Adverse events will be coded using the Medical Dictionary for Regulatory Affairs (MedDRA dictionary) and grouped by system organ class (SOC). In addition, corneal findings will also be graded using the GSK scale for corneal events provided in Table 9.

An overview summary of AEs, including counts and percentages of subjects with any AE, AEs related to GSK2857916/study treatment, Grade 3&4 AEs, Grade 3&4 AEs related to GSK2857916/study treatment, AEs leading to permanent discontinuation of study treatment, AEs related to GSK2857916/study treatment and leading to permanent discontinuation of study treatment, AE leading to dose reductions, AEs leading to dose interruption/delay, AEs leading to Infusion stopped early and no completed, SAEs, SAEs related to GSK2857916/study treatment, fatal SAEs, and fatal SAEs related to GSK2857916/study treatment will be produced.

A summary of non-serious AEs that occurred in 5% of the subjects or above will be provided (no rounding for the percentage will be used in terms of 5% threshold, e.g., event with 4.9% incidence rate should not be included in this table). SOC and PT. will display the summary

The relationship between MedDRA PT, and Verbatim Text will be displayed.

A summary of number and percentage of subjects with any AEs by maximum grade will be produced. Adverse events will be sorted by Preferred term (PT) in descending order of total incidence. The summary will use the following algorithms for counting the subject:

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

In addition, the frequency and percentage of AEs (all grades) will be summarized and displayed in three ways: 1) in descending order of total incidence by PT only, 2) in descending order of total incidence by System Organ Classes (SOC) and PT, and 3) in descending order of total incidence by System Organ Classes (SOC) and PT and Maximum Grade. In the SOC row, the number of subjects with multiple events under the same system organ class will be counted once.

A separate summary will be provided for study treatment-related AEs. A study treatment-related AE is defined as an AE for which the investigator classifies the relationship to study treatment as "Yes". A worst-case scenario approach will be taken to handle missing relatedness data, i.e., the summary table will include events with the relationship to study treatment as 'Yes' or missing. The summary table will be displayed in descending order of total incidence by PT and Maximum Grade.

A summary of the number of patients experiencing DLTs will be provided.

To understand the impact of COVID-19, the following displays will be provided:

- Number of subjects with suspected, probable, or confirmed for COVID-19 infection

Details on how to define when COVID-19 pandemic measures began are provided in Section 15.10.

8.2. Adverse Events of Special Interest Analyses

8.2.1. Belantamab Mafodotin

Characteristics (e.g., number of occurrences, action taken, maximum grade, etc.) of the following AEs of special interest related to belantamab mafodotin will be summarized separately:

- Corneal events, Keratopathy events
- Thrombocytopenia
- Infusion related reactions

For thrombocytopenia and infusion-related reactions (IRR), in addition to events identified and collected in eCRF, a comprehensive list of MedDRA terms based on clinical review will be used to identify each type of event. Other AESI will be identified based on list of terms of interests which will be produced in Integrated Coding Dictionary System by Clinical Dictionary Development & Management and provided to Statistics and Programming. Changes to the MedDRA dictionary may occur between the start of the study and the time of reporting and/or emerging data from on-going studies may highlight additional adverse events of special interest, therefore the list of terms to be used for each event of interest and the specific events of interest will be based on the safety review team (SRT) agreements in place at the time of reporting. The details of the planned displays are provided in Appendix 12.

For infusion related reactions, events would only be considered IRR if the event was reported on an infusion day after the start of infusion or within 24 hours following end of infusion, and led to a temporary interruption or prolongation of infusion time or treatment withdrawal.

The severity of all AESI will be graded utilizing the National Cancer Institute Common Toxicity Criteria for Adverse Events (NCI-CTCAE) v.4.03 [NCI, 2010]. Severity of belantamab mafodotin treatment related corneal events will also be graded using the GSK scale for corneal events provided in Table 9 and should be used for evaluation of DLT. Additional guidance on grading visual acuity changes is provided in Section 15.3.5.

Table 9 Grading Scale[a] for Corneal Events Associated with Belantamab Mafodotin

Measure	Grade 1 per GSK Scale	Grade 2 per GSK Scale	Grade 3 per GSK Scale	Grade 4 per GSK Scale
Ophthalmic exam findings	Mild superficial keratopathy (change from baseline)	Moderate punctate keratopathy and/or Mild/patchy microcysts and/or Mild/patchy Epithelial or stromal edema and/or Sub-epithelial haze (peripheral) and/or Active stromal opacity (peripheral)	Severe punctate keratopathy and/or Diffuse microcysts and/or Diffuse Epithelial or stromal edema and/or Sub-epithelial haze (central) and/or Active stromal opacity (central)	Corneal ulcer
Visual Acuity [b, c]	Change of 1 line from baseline	Change of 2-3 lines from baseline and not worse than 20/200[b]	Change of more than 3 lines from baseline and not worse than 20/200[b]	Worse than Vision 20/200[b]

Note: Standardized guidance for grading ophthalmic findings associated with GSK2857916 is provided to sites in the eCRF and ophthalmology SRM information. Ophthalmic exam findings as described must be present in a participant to utilize the GSK grading scale.

a. Grading is based on most severe finding. If eyes differ in severity, GSK grading scale should be based on the more severe eye.
b. Change in visual acuity should be due to corneal events associated with GSK2857916. If change in vision is for reason other than corneal events, ophthalmic exam findings will drive event grading.
c. See Section 15.3.5 for additional guidance on how to grade changes in visual acuity depending on baseline vision. If a participant has a baseline visual acuity of 20/200 or worse in an eye, ophthalmic exam findings will drive event grading

Summaries of the number and percentage of subjects with these events will be provided for each type of events separately by preferred term and maximum grade. The time of onset and duration of first occurrence for some events will be summarized using summary statistics mean, standard deviation, median, minimum value, and maximum. The number and percentage of subjects who have time of onset of first occurrence (1-28, 29-56, 57-84, >84 days for Arm A, and 1-21, 22-42, 43-63, >63 days for Arm B) will be reported. The number and percentage of subjects who have duration of first occurrence (1-28, 29-56, >56 days for Arm A, 1-21, 22-42, >42 days for Arm B) will be reported.

The summary of event characteristics will also be provided, including number of subjects with event, number of events, event characteristics (serious, study treatment related), number of events per subject (one, two, three or more), worst outcome (recovered/resolved, recovered/resolved with sequelae, recovering/resolving, not recovered/not resolved, fatal), and maximum grade. The percentage will be calculated in two ways, one with number of subjects with event as the denominator and the other with total number of subjects as the denominator, within each cohort and treatment group. The worst-case approach will be applied at subject level for the maximum grade, i.e., a subject will only be counted once as the worst case from all the events experienced by the subject. For action taken to an event, subject will be counted once under each action, e.g.,

if a subject has an event leading to both study treatment discontinuation and dose reduction, the subject will be counted once under both actions.

8.2.1.1. Other Risks

Characteristics (e.g., number of occurrences, action taken, maximum grade, etc.) of the important other risk, neutropenia, will be summarized separately. The severity of neutropenia will be graded utilizing the NCI-CTCAE v.4.03 [NCI, 2010].

A comprehensive list of MedDRA preferred terms for neutropenia based on clinical review will be used to identify each type of event. Neutropenia will be identified based on list of terms of interests which will be produced in Integrated Coding Dictionary System by Clinical Dictionary Development & Management and provided to Statistics and Programming. Changes to the MedDRA dictionary may occur between the start of the study and the time of reporting and/or emerging data from on-going studies may highlight additional risks; therefore, the list of terms to be used for each event and the specific events will be based on the safety review team (SRT) agreements in place at the time of reporting. The details of the planned displays are provided in Appendix 12.

Summaries of the number and percentage of subjects with these events will be provided for each type of events separately by preferred term and maximum grade.

The summary of event characteristics will also be provided and will be calculated similarly as the AESI for belantamab mafodotin as provided in Section 8.2.

8.2.2. Corneal events (GSK scale)

Following discussions with regulatory agencies, GSK developed a grading scale to capture both corneal examination findings and visual acuity changes in participants treated with belantamab mafodotin. This GSK scale differs from the CTCAE criteria for eye disorders which relies mainly on patient's symptoms and patient's ability to attend to 'activities of daily living' for grading of events. Details of derivation of this GSK scale based on corneal findings and visual acuity Ophthalmic Exam (collected from Ocular form) can be found in Table 33 and Table 34 of study protocol (Version: GSK Document Number TMF-14624358).

In addition to the listing, the following outputs will be provided for corneal events graded using the GSK scale:

1. Overview for corneal event (GSK scale)

2. Summary of Grade of GSK scale

    a. Summary of Characteristics of Corneal Events (GSK scale) including the percentage of duration of exposure (see Section 15.4.2 for definition) that is having corneal events (GSK scale) with grade ≥ 2 and grade ≥ 3 respectively

b. Summary of onset time and duration of the first occurrence of corneal event (GSK scale) of grade 2 or above

3. Summary of actions taken with study treatment (e.g., dose reduction/delay/study treatment withdrawn)

4. Summary of worst post-baseline corneal events (GSK scale)

5. Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) due to Corneal Event (GSK Scale)

Exposure-adjusted incidence rates for grade 3+ corneal events (GSK Scale) will be summarized. Exposure-adjusted rates (rate/100 PY) are defined as the number of participants with an occurrence of a grade 3+ corneal event (first occurrence in worse eye, max grade, GSK Scale), divided by the total exposure duration in years across all participants at risk within a dose group, multiplied by 100. Exposure duration in years for each participant is calculated as:

- For participants who do not experience a grade 3+ corneal event: (Duration of Exposure (as defined in Section 6.5)) / 365.25

- For participants that do experience a grade 3+ corneal event: (Date of first max grade 3+ corneal event in worse eye (GSK Scale) – first dose date + 1) / 365.25

For recurring grade 3+ events, the first occurrence of the event will be reported.

Details of the planned displays are provided in Appendix 12.

8.2.3. Eye Disorder (CTCAE)

A summary of characteristics of blurred vision events (CTCAE) will be provided, including number of subjects with an event, total number of events, event characteristics (serious, related to GSK2857916, related to any study treatment), number of events per subject, worst outcome, maximum grade, and action taken.

8.3. Deaths and Serious Adverse Events

All deaths will be summarised based on the number and percentage of participants. This summary will classify participants by time of death relative to the last dose of treatment (>30 days or ≤30 days) and primary cause of death (disease under study, SAE possibly related to study treatment, or other).

All SAEs will be tabulated based on the number and percentage of subjects who experienced the event. Separate summaries will also be provided for study treatment-related SAEs. The summary tables will be displayed in descending order by PT. The summary of all SAEs will also be created by SOC and PT. In addition, a summary of cumulative incidence of SAE by number of doses received at first occurrence will be provided.

A study treatment-related SAE is defined as an SAE for which the investigator classifies the relationship to study treatment as "Yes". A worst-case scenario approach will be taken to handle missing data, i.e., the summary table will include events with the relationship to study treatment as 'Yes' or missing.

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

- Fatal SAEs

8.4. Adverse Events Leading to Discontinuation and Dose Modification

The following categories of AEs will be summarized separately in descending order of total incidence by PT and separate supportive listings will be generated with participant level details for those participants:

- AEs Leading to Permanent Discontinuation of Study Treatment
- AEs Leading to Dose Interruptions or Delays
- AEs Leadings to Dose Reductions

Additionally, dose modifications will be assessed separately for all AEs, corneal AEs, and non-corneal AEs.

8.5. Ocular findings from ophthalmic exam

As outlined in study protocol (Version: GSK Document Number TMF-14624358) Schedule of Activities, ophthalmic exams are scheduled at screening, during the study, and follow-up period for subjects in study. The ocular findings from ophthalmic exams will be analysed as described below.

1. Ocular findings for General study (Baseline to Last follow-up):
    a. Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score), and Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) due to Corneal Event (GSK Scale) – includes summaries of BCVA (logMAR score) at baseline, EOT visit, and last follow-up visit as well as worst and most frequent category (definite worsen, possible worsen, and no change/improved) of change from baseline summarized by eye (R/L) and subject (better eye). Changes of logMAR score from baseline to end of treatment visit, last follow-up exam and maximum (worst) change from baseline will be summarized based on the following categories: no change/improved vision: a change from baseline <0.12; a possible worsened vision: a change from baseline >=0.12 to <0.3; a definite worsened vision: a change from baseline >=0.3.

    b. Number (%) of Subjects with a Decline in Best Corrected Visual acuity (BCVA) to LP or NLP due to a Corneal Event Anytime Post-Baseline

c. Summary of Worst Post-Baseline Best Corrected Visual Acuity (BCVA) Change in Snellen Results
d. Shift in Corneal Epithelium Findings from Baseline to Worst Post-Baseline

e. Summary of Findings for Punctate Keratopathy

The details of the planned displays are provided in Appendix 12.

8.6. Pregnancies

While pregnancy itself is not considered to be an AE or SAE, any pregnancy complication or elective termination of a pregnancy for medical reasons will be recorded as an AE or SAE as described in the protocol. If participants and participants' partner become pregnant while on the study, the information will be included in the narratives and no separate table or listing will be produced.

8.7. Clinical Laboratory Analyses

Laboratory evaluations including the analyses of Chemistry laboratory tests, Haematology laboratory tests, Urinalysis, and liver function tests will be based on GSK Core Data Standards. The details of the planned displays are in Appendix 12. Summary of change from baseline by scheduled visits using mean, median, standard deviation, minimum and maximum will be provided.

Summaries of worst-case grade increase from baseline grade will be provided for all the lab tests that are gradable by CTCAE v4.03. These summaries will display the number and percentage of subjects with a maximum post-baseline grade increasing from their baseline grade. Any increase in grade from baseline will be summarized along with any increase to a maximum grade of 3 and any increase to a maximum grade of 4. Missing baseline grade will be assumed as grade 0. For laboratory tests that are graded for both low and high values, summaries will be done separately and labelled by direction, e.g., sodium will be summarized as hyponatremia and hypernatremia.

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

Separate summary tables for haematology, and chemistry laboratory tests will be produced. Liver function laboratory tests will be included with chemical chemistry.

Detailed derivation of baseline assessment is specified in Section 5.2. Unless otherwise specified, the denominator in percentage calculation at each scheduled visit will be based on the number of subjects with non-missing value.

Unless otherwise specified, the denominator in percentage calculation at each scheduled visit will be based on the number of subjects with non-missing value.

8.8. Other Safety Analyses

8.8.1. ECG

The analyses of non-laboratory safety test results including ECGs will be based on GSK Core Data Standards, unless otherwise specified. The details of the planned displays are presented in Appendix 12.

A summary of the number and percentage of subjects who had normal and abnormal (clinically significant and not clinically significant) ECG findings will be displayed by scheduled visits as well as for the worst-case post-baseline.

The QTc values based on Fridericia formula will be rounded to the integer and the values will be categorized into the following ranges: Grade 0 (<450), Grade 1 (450-480), Grade 2 (481-500), and Grade 3 (≥501). Summaries of grade increase will be provided for some analyses. These summaries will display the number and percentage of subjects with any grade increase.

The changes in QTc values will be categorized into the clinical concern ranges which are specific to changes in QTc: 31-60, and >60 msec, and >530msec. A summary of change in QTc value will display the number and percentage of subjects with a change within each range in the worst-case post-baseline only. Subjects with missing baseline values will be excluded from this summary.

The summaries of QTc will use the collected values based on Fridericia formula.

8.8.2. Anti-Drug Antibody Analyses

For each subject, the anti-GSK2857916 (drug) antibody results, titers, and neutralizing antibody assay results, and also ADC and total antibody concentration will be listed for each assessment time point. The frequency and percentage of subjects with positive and negative anti-drug antibody and neutralizing antibody assay results will be summarized for each assessment time and overall, for each subject by dose cohort. The conclusive results will be based on the total antibody concentration.

8.8.3. Profile Plot

A profile plot for subjects within both Arms A and B will be produced. This plot will display Study Treatment Duration (Days) for each subject, along with an indication of each subject's actual dose over time, investigator assessed confirmed response, highlighting responders versus non-responders, and those ongoing on belantamab mafodotin study treatment (ongoing indicator at interims only).

9. PHARMACOKINETIC ANALYSES

Concentration-time data collected will be analyzed using standard non-compartmental methods; some parameters will be determined for all participants and cycles. The concentration-time data may be combined with data from other studies and will be analyzed in a population approach using nonlinear mixed effects modeling and may be provided in a separate report.

For all mean and median measures within tables or figures, means/medians will only be calculated if the number of evaluable samples is greater than or equal to 3. Similarly, standard deviation and coefficient of variation measures will only be calculated for samples greater than or equal to 3.

9.1. Drug Concentration Measures

Plasma concentrations of belantamab mafodotin, total mAb, and cys-mcMMAF will be summarized using descriptive statistics, graphically presented (where appropriate) and listed by treatment arm and dose group. All dose groups will be on each figure as appropriate (Refer to Appendix 3 (Section 15.3)).

Linear and semi-logarithmic individual concentration-time profiles and mean and median profiles (when appropriate) will be plotted for lenalidomide and bortezomib. Concentrations of bortezomib and lenalidomide will be listed for each participant and summarized (when appropriate) by planned time point.

9.2. Derived Pharmacokinetic Parameters

9.2.1. Belantamab Mafodotin, Total mAb, and Cys-mcMMAF

Pharmacokinetic analyses of derived pharmacokinetic parameter values of belantamab mafodotin, total mAb, and/or cys-mcMMAF will be conducted based on the Pharmacokinetic (PK) Analysis Set, as data permit.

- The following pharmacokinetic parameters described in the table below will be determined separately for each analyte and dosing regimen, as data permit and as outlined in Table 10

Table 10 Derived Pharmacokinetic Parameters from NCA or Population PK analyses

Parameter	Parameter Description
AUC(0-x)	Area under the concentration-time curve from time zero to time x (i.e., 168, 504, 672, 1008 hours)
AUC(0-τ)	Area under the concentration-time curve during the dosing interval
Cmax	Maximum observed concentration, determined directly from the concentration-time data for each cycle. Cmax will not be derived when only predose and EOI samples were collected.
tmax	Time to reach Cmax, determined directly from the concentration-time data for each cycle
Cτ, Ctrough	Trough concentration prior to the next dose for each cycle
C-EOI	Observed plasma concentration at the end of infusion
tlast	Time of last observed quantifiable concentration

NOTES: Additional parameters may be included as required.

Derived PK Parameters for Analytes and Dose Regimen for Arm A

Analyte (Unit)	Dosing Regimen		
	Single	Split	Stretch
Belantamab mafodotin (µg/mL) AND Total mAb (µg/mL)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h (C1D1) AUC0-672h (C1D1)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h (C1D1) AUC0-672h (C1D1) Cmax (C1D8) Tmax (C1D8)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h AUC0-672h (C1D1) AUC0-1008h (C1D1) AUC0-1344 (C1D1)
cys-mcMMAF (ng/mL)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-168h (C1D1)	Cmax (C1D1) Tmax (C1D1) AUC0-168h (C1D1) AUC0-336h (C1D1) Tlast (C1D1) Cmax (C1D8) Tmax (C1D8) AUC0-168h (C1D8)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-168h (C1D1)

C1D1 is Cycle 1 Day 1
C1D8 is Cycle 1 Day 8

Derived PK Parameters for Analytes and Dose Regimen for Arm B

Analyte (Unit)	Dosing Regimen		
	Single	Split	Stretch and S/D Stretch
Belantamab mafodotin (µg/mL) AND Total mAb (µg/mL)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h (C1D1)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h (C1D1) Cmax (C1D8) Tmax (C1D8)	Cmax (C1D1) Tmax (C1D1) Tlast (C1D1) AUC0-504h (C1D1) AUC0-1008h (C1D1)
cys-mcMMAF	Cmax (C1D1) Tmax (C1D1)	Cmax (C1D1) Tmax (C1D1)	Cmax (C1D1) Tmax (C1D1)

(ng/mL)	Tlast (C1D1) AUC0-168h (C1D1)	AUC0-168h (C1D1) AUC0-336h (C1D1) Tlast (C1D1) Cmax (C1D8) Tmax (C1D8) AUC0-168h (C1D8)	Tlast (C1D1) AUC0-168h (C1D1)

C1D1 is Cycle 1 Day 1
C1D8 is Cycle 1 Day 8

- The pharmacokinetic parameters will be calculated by standard non-compartmental analysis according to current working practices and using Phoenix WinNonlin, version 6.3 or later, as data permit, or by population pharmacokinetic analysis (Section 11)
- The pharmacokinetic parameters C-EOI and Ctrough will be determined directly from the concentration-time dataset. Note: For the dosing occasions with only predose and end of infusion samples, the end of infusion sample will not be identified as Cmax. Ctrough will not be reported for cys-mcMMAF.
- All calculations of pharmacokinetic parameters will be based on actual sampling times.

9.2.2. Lenalidomide and Bortezomib

Lenalidomide pharmacokinetics in the presence of belantamab mafodotin may be analyzed using standard non-compartmental methods, data permitting, according to the same methodology as described above, or analyzed using a published population pharmacokinetic model. Results of the population PK analysis may be provided in a separate report.

Lenalidomide PK parameters for Arm A

Analyte (Unit)	Dosing Regimen		
	Single	Split	Stretch
Bortezomib (ng/mL)	Cmax Tmax Tlast AUC0-4 AUC0-24	Cmax Tmax Tlast AUC0-4 AUC0-24	Cmax Tmax Tlast AUC0-4 AUC0-24

Bortezomib pharmacokinetics (see table below) in the presence of belantamab mafodotin will be analyzed using standard non-compartmental methods, data permitting, according to the same methodology as described above.

Bortezomib PK parameters for Arm A

Analyte (Unit)	Dosing Regimen			
	Single	Split	Stretch	S/D Stretch
Bortezomib (ng/mL)	Cmax Tmax Tlast AUC0-last AUC0-72h	Cmax Tmax Tlast AUC0-last AUC0-72h	Cmax Tmax Tlast AUC0-last AUC0-72h	Cmax Tmax Tlast AUC0-last AUC0-72h

AUC0-last will be reported in the listings not in summary tables

9.3. Summary Measure

Parameters listed in Section 9.2 will be summarized.

9.4. Population of Interest

The pharmacokinetic analyses will be based on the Pharmacokinetic population, unless otherwise specified.

9.5. Statistical Analyses / Methods

Pharmacokinetic parameters will be listed and summarized descriptively (mean, standard deviation, median, minimum, maximum, geometric mean, and the standard deviation, CV%, and 95% CI of log-transformed parameters) by analyte, arm, dose group, and visit.

Details of the planned displays are provided in Appendix 12, based on GSK Standards and statistical principles.

10. PHARMACOKINETIC AND PHARMACODYNAMIC ANALYSES

10.1. Exposure-Response for Efficacy and Safety Endpoints

If deemed appropriate and if data permit, exposure-response relationships between belantamab mafodotin exposure (e.g., concentration, Cmax, or AUC) and clinical activity and/or toxicity (e.g., response, AESIs) may be explored using population methods. If data permit, the effects of covariates may be explored. Time to event endpoints will be analyzed using Kaplan-Meier plots and Cox proportional hazard models while probability of occurrence of event of interest will be evaluated using logistic regression.

These analyses will be performed using R (The R Foundation for Statistical Computing), NONMEM (ICON Solutions) with PsN (Perl Speaks NONMEM) or another software platform deemed appropriate. The analysis will be performed by, or under the direct auspices of, Clinical Pharmacology Modelling and Simulation (CPMS), GlaxoSmithKline using the currently supported versions of all software packages.

Results of this analysis may be provided in a separate report.

11. POPULATION PHARMACOKINETIC (POPPK) ANALYSIS

Plasma belantamab mafodotin, and/or cys-mcMMAF concentration-time data may be combined with data from other studies and analysed using a population pharmacokinetic approach. The objective of this analysis would be to derive individual pharmacokinetic parameter values.

Based on the individual *post hoc* parameters, derived pharmacokinetic parameter values (e.g., CL, Vss, t½, AUC(0-τ)) will be generated on certain dosing occasions, data permitting (see Table 10). These values will be listed and summarized as described in Section 9.5.

The lenalidomide concentration-time data may also be analyzed following the above methodology, using a published population PK model for lenalidomide (Guglieri-Lopez, 2017).

Further details are provided in Section 15.8. The results of these analyses may be provided in a separate report.

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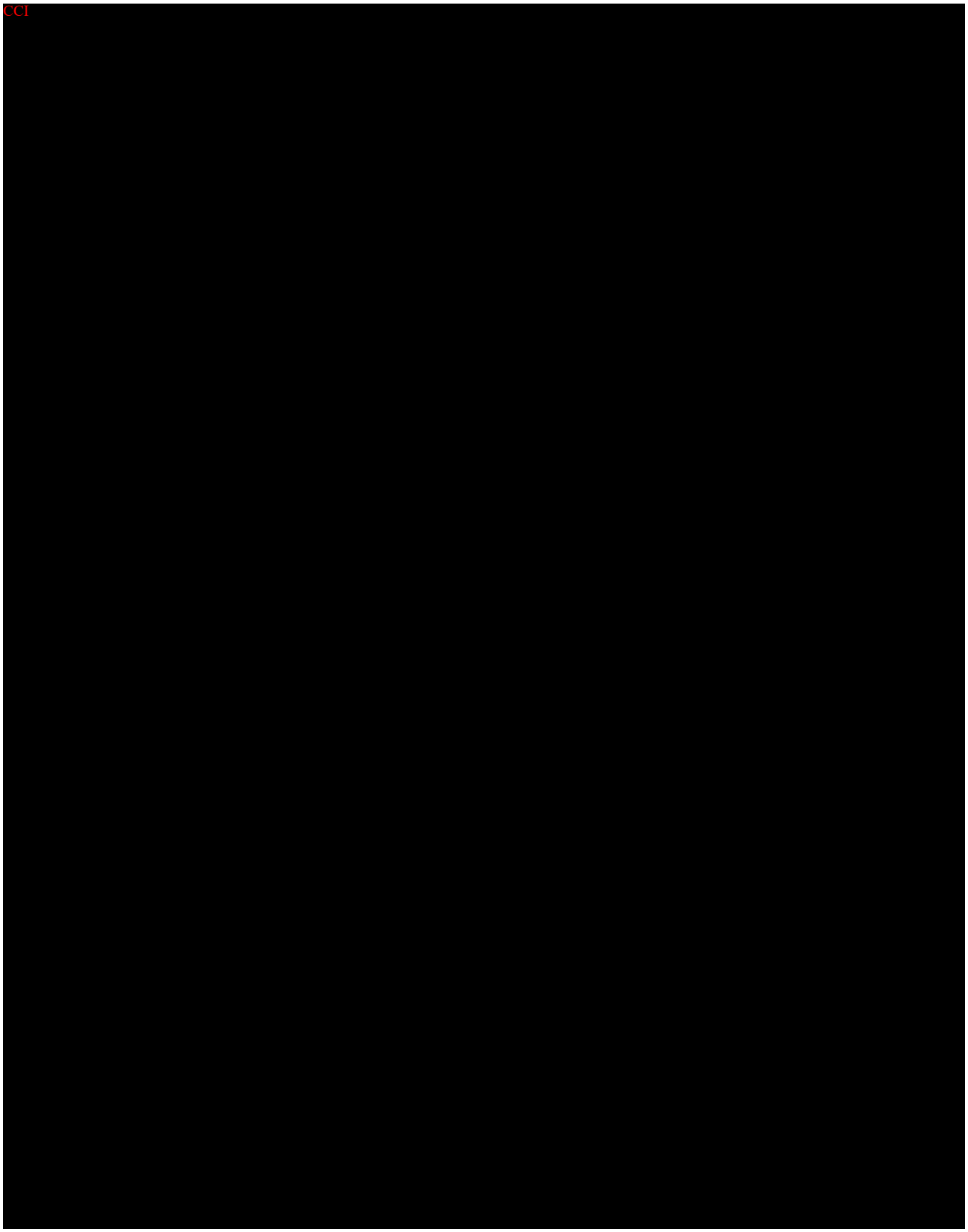

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13. PATIENT REPORTED OUTCOMES ANALYSES

All questionnaires will be collected electronically as Electronic Patient Reported Outcomes (ePRO). The EORTC QLQ-C30 (version 3.0), EORTC QLQ-MY20, and the PRO-CTCAE are three oncology-specific Health-Related Quality-of-Life (HRQoL) assessments that will be analysed in this study.

In addition, the impact of potential corneal event on function and health-related quality-of-life will be assessed with the use of two visual function questionnaires, the NEI-VFQ-25, and Ocular Surface Disease Index (OSDI).

The analyses for EORTC QLQ-C30, EORTC QLQ-MY20, PRO-CTCAE, NEI-VFQ-25, and OSDI will be based on the All Treated population, unless otherwise specified.

13.1. Compliance of PRO-CTCAE, OSDI, and EORTC QLQ-C30

A table to summarize the compliance of PRO-CTCAE, OSDI, and NEI-VFQ-25 and EORTC QLQ-C30 and EORTC-QLQ-MY20 by visit will be provided. The tables will include number of subjects remaining in study, number, and percentage of subjects with PRO-CTCAE score (based on first item), OSDI total score, NEI-VFQ-25 overall composite score, QLQ-C30 summary score, and QLQ-MY20 summary score. The percentage is calculated using number of subjects remaining in the study at given timepoint as denominator.

The frequency and proportion of missing data for each measure will be evaluated at each timepoint.

13.2. Patient Reported Outcome Version of the Common Term Criteria for Adverse Events (PRO-CTCAE)

The PRO-CTCAE is a patient-reported outcome measure developed to evaluate symptomatic toxicity in subjects on cancer clinical trials [Basch, 2014]. The PRO-CTCAE was designed to be used as a companion to the CTCAE, the standard lexicon for adverse event reporting in cancer trials. The PRO-CTCAE includes an item library of 124 items representing 78 symptomatic toxicities drawn from the CTCAE. PRO-CTCAE provides a systematic yet flexible tool for descriptive reporting of symptomatic treatment side effects in cancer clinical trials. In the present study, a subset of items selected from the PRO-CTCAE Version 1.0 Item library will be administered. The levels and related code values for PRO-CTCAE are shown below.

	Levels and related code values				
Response scale	0	1	2	3	4
Frequency	Never	Rarely	Occasionally	Frequently	Almost Constantly
Severity	None	Mild	Moderate	Severe	Very severe
Interference	Not at all	A little bit	Somewhat	Quite a bit	Very much
Present/Absence	No	Yes			

For each selected item from the library: proportion of PRO-CTCAE scores for attributes (frequency, severity and/or interference) will be presented with stacked bar charts by visit. Maximum PRO-CTCAE score at post-baseline for each item attribute will be summarized by counts and proportions. Proportion of patients with a maximum score of 3 or 4 for each item attribute (severe or very severe, frequently or almost constantly, quite a bit or very much) will also be reported. Proportions will be based on the number of patients with available data and subject with missing response will be excluded from analysis.

13.3. Visual Function Questionnaires

13.3.1. National Eye Institute Function Questionnaire-25 (NEI-VFQ-25)

The NEI-VFQ-25 consists of a base set of 25 vision-targeted questions representing 11 vision-related constructs, plus an additional single-item general health rating question [Mangione, 2001]. The NEI-VFQ-25 generates the following vision-targeted sub-scales: global vision rating, difficulty with near vision activities; difficulty with distance vision activities; limitations in social functioning due to vision; role limitations due to vision; dependency on others due to vision; mental health symptoms due to vision; driving difficulties; limitations with peripheral vision, limitations with color vision; and ocular pain. Details of deriving domain scores and overall composite score can be found in Section 15.9.3.

For overall composite score and each of 11 sub-scale scores, the descriptive summary of the actual value and change from baseline by visit will be provided.

13.3.2. Ocular Surface Disease Index

The Ocular Surface Disease Index (OSDI) is a 12-item questionnaire designed to assess both the frequency of dry eye symptoms and their impact on vision-related functioning [Schiffman, 2000; Dougherty, 2011]. The OSDI has demonstrated good reliability, validity, sensitivity, and specificity, and can be used as a complement to other clinical and subjective measures of dry eye disease by providing a quantifiable assessment of dry eye symptom frequency and the impact of these symptoms on vision-related functioning.

For the OSDI, the total score will be calculated as well as scores for the three subscales (ocular symptom: item 1-3; visual related function: item 4-9; and environmental triggers: item 10-12).

The total OSDI score = ([sum of scores for all questions answered × 100]/[total number of questions answered ×4]). Subscale scores are computed similarly with only the questions from each subscale used to generate its own score. A score of 100 corresponds to complete disability (a response of "all of the time" to all questions answered), while a score of 0 corresponds to no disability (a response of "none of the time" to all questions answered). Therefore, decrease in score from baseline means improvement.

For total score and each of the three sub-scales, the descriptive summary of the actual value and change from baseline at selected time points will be provided. For the Vision-Related Functioning domain, the number and percentage of participants with post-baseline score worsening of ≥ 12.5 from baseline score will be summarized.

Plots of change from baseline (including baseline) and 95% confidence interval over time by visit, and at end of study treatment, last follow-up, and worst case post-baseline for total score will also be provided.

13.4. Value Evidence and Outcome

13.4.1. European Organization for Research and Treatment of Cancer Quality of Life Questionnaire 30-item Core module (EORTC QLQ-C30)

The EORTC QLQ-C30 is a 30-item questionnaire containing both single- and multi-item measures [Aaronson, 1993]. These include five functional scales (Physical, Role, Cognitive, Emotional, and Social Functioning), three symptom scales (Fatigue, Pain, and Nausea/Vomiting), a Global Health Status/QoL scale, and six single items (Constipation, Diarrhea, Insomnia, Dyspnea, Appetite Loss, and Financial Difficulties). Scores for each scale and single-item measure are averaged and transformed linearly to a score ranging from 0–100. Details of deriving domain scores (9 scales and 6 single items) and summary score can be found in Section 15.9.1.

- A high score for functional scales and for Global Health Status/QoL represent better functioning ability or Health-Related Qualify of Life (HRQoL), (higher score indicates improvement)
- whereas a high score for symptom scales and single items represents significant symptomatology [Proskorovsky, 2014]. (Lower score indicates improvement)

Descriptive summaries (mean, SD, median, min and max) of the actual value and change from baseline will be provided for EORTC QLQ-C30 domain scores. The number and percentage of participants with post-baseline score improved by ≥ 10 points, respectively from baseline score will be summarized. The number and percentage will be provided for each domain score.

Plots of change from baseline (including baseline) and 95% confidence interval over time by visit, and at end of study treatment, and worst case post-baseline for individual domains will also be provided.

13.4.2. European Organization for Research and Treatment of Cancer Quality of Life Questionnaire 20-item Multiple Myeloma module (EORTC QLQ-MY20)

The EORTC QLQ-MY20 is a supplement to the QLQ-C30 instrument used in patients with multiple myeloma [Aaronson, 1993; Cocks, 2007]. The module comprises 20 questions that address four myeloma specific HRQoL domains: Disease Symptoms, Side Effects of Treatment, Future Perspective, and Body Image. Three of the four QLQ-MY20 domains are multi-item scales: Disease Symptoms (includes bone aches or pain, back pain, hip pain, arm or shoulder pain, chest pain, and pain increasing with activity); Side Effects of Treatment (includes drowsiness, thirst, feeling ill, dry mouth, hair loss, upset by hair loss, tingling hands or feet, restlessness/agitation, acid indigestion/heartburn, and burning or sore eyes); and Future Perspective (includes worry about death and health in the future, and thinking about illness). The Body Image scale is a single-item scale that addresses physical attractiveness. Details of deriving domain scores can be found in Section 15.9.2.

For each of four domain scores, the following summaries will be provided:

- The descriptive summary of the actual value and change from baseline by visit

Summary of the number (%) of patients with improvement in score ≥ 10 points by visit.

Plots of change from baseline (including baseline) and 95% confidence interval over time by visit, and at end of study treatment, and worst case post-baseline for disease domain will also be provided.

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15. APPENDICES

15.1. Appendix 1: Assessment Windows

No assessment windows will be applied.

15.2. Appendix 2: Study Phases and Treatment Emergent Adverse Events

15.2.1. Study Phases

Assessments and events will be classified according to the date/time of occurrence relative to date/time of first dose of study treatment.

Study Phase	Definition
Pre-Treatment	Date ≤ Study Treatment Start Date
On-Treatment	Study Treatment Start Date < Date ≤ Study Treatment Stop Date + 70 days For interim analyses when participants are still on treatment, Study Treatment Stop Date will be imputed following rules specified in Section 15.5.2.1.
Post-Treatment	Date > Study Treatment Stop Date + 70 days

For assessment or event on the first dosing day, whether it is Pre-Treatment or On-Treatment should be based on time if available. If time is not available, the first dosing day (Day 1) is considered Pre-Treatment for ECOG, ECG, vital signs, liver events, lab tests, cardiac scan, and other safety domains, and On-Treatment for adverse events and concomitant medications.

Concomitant Medication and Blood and Blood Supportive Care Product start and end dates will be assigned to study time periods in relation to first dose of study treatment as defined below. The start date reference time variables and end date reference time flag variables will be added to the concomitant medications and blood and blood supportive products datasets, respectively.

- **Start relative to treatment:** Assign to 'BEFORE' if start date is prior to study treatment start date or if subject has not taken any study treatment or (start date is missing, and end date is before study treatment start date). Else assign to 'DURING' if the start date falls into the on-treatment period as defined above or if subject is ongoing (not all study treatment discontinuation records completed) or start date is missing. Else assign to 'AFTER' if start date is after the on-treatment period.
- **End relative to treatment:** Assign to 'BEFORE' if end date is prior to study treatment start date or if subject has not taken any study treatment. Else assign to 'DURING' if end date falls into the on-treatment period or if subject is ongoing (not all study treatment discontinuation records completed) or (end date is missing and start relative to treatment not 'AFTER'). Else assign to 'AFTER' if end date is after the on-treatment period or (end date is missing and start relative to treatment='AFTER').

Only on-treatment blood and blood supportive care products that start after the start of study treatment are included in the Blood Products and Blood Supportive Care Product summaries. Therefore, for summary tables, include blood and blood supportive care product records where start relative to treatment in ('DURING') and end relative to treatment in ('DURING','AFTER'). All data will be reported in listings.

Concomitant medication start relative to treatment and end relative to treatment flags are used to select data to include in the Concomitant Medication summaries as follows:

- Summary of Concomitant Medications: This summary will contain medications including those with start date prior to study treatment start date and continue (missing end date or end date after study treatment start date) on therapy. Note that any medications with start date and end date prior to study treatment start date will be excluded. In addition, any medication that was started during post-therapy will be excluded. Include concomitant medication records where start relative to treatment in ('BEFORE','DURING') and end relative to treatment in ('DURING','AFTER').

- Summary of Concomitant Medications with On-Therapy Onset: This summary will contain medications with start date after study treatment start date. In addition, any medication that was started during post-therapy (see above for definition of post-therapy) will be excluded. Include concomitant medication records where start relative to treatment in ('DURING') and end relative to treatment in ('DURING','AFTER').

15.2.2. Study Phases for Vital signs, ECG and Laboratory Values

Study Phase	Definition
Pre-Treatment	Date ≤ Study Treatment Start Date
On-Treatment	Study Treatment Start Date < Date

15.2.3. Treatment Emergent and On-treatment Flag for Adverse Events

Table 12 Treatment Emergent and On-treatment Flag for Adverse Events

Flag	Definition
Treatment Emergent	• Study Treatment Start Date ≤ AE Start Date ≤ min(Study Treatment Stop Date + 70 days, Start of Anti-Cancer Therapy) • AE Start Date is missing
On-treatment	• Study Treatment Start Date ≤ AE Start Date ≤ Study Treatment Stop Date + 70 days

NOTES:
- Time of study treatment dosing and start time of AEs should be considered, if collected.

The “treatment emergent” definition of AEs will be used for all displays providing summaries by preferred term and maximum grade. All other AE displays will use the “on-treatment” definition.

15.3. Appendix 3: Data Display Standards & Handling Conventions

15.3.1. Reporting Process

Software	
• The currently supported versions of SAS software will be used.	
Reporting Area	
HARP Server	: US1SALX00259
HARP Compound	: arprod\gsk2859716\mid207497\
Analysis Datasets	
• Analysis datasets will be created according to CDISC standards (SDTM IG Version 3.2 & ADaM IG Version 1.1).	
Generation of RTF Files	
• RTF files will be generated for all tables.	

15.3.2. Reporting Standards

General

• The current GSK Integrated Data Standards Library (IDSL) will be applied for reporting, unless otherwise stated (IDSL Standards):
  • 4.03 to 4.23: General Principles
  • 5.01 to 5.08: Principles Related to Data Listings
  • 6.01 to 6.11: Principles Related to Summary Tables
  • 7.01 to 7.13: Principles Related to Graphics
• Do not include participant level listings in the main body of the GSK Clinical Study Report. All participant level listings should be located in the modular appendices as ICH or non-ICH listings
• Note: All displays (TLF) will use the term 'Subject' to reflect GSK Display Standards and CDISC SDTM/ADaM standards

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

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

Unscheduled Visits

• Unscheduled visits will not be included in summary tables and/or figures.
  o For by planned time analysis, unscheduled visits will not be included.
  o For worst-case analysis, unscheduled visits will be included.
• All unscheduled visits will be included in listings.

Descriptive Summary Statistics
Continuous Data: Refer to IDSL Statistical Principle 6.06.1
Categorical Data: N, n, frequency, %
Graphical Displays
• Refer to IDSL Statistical Principals 7.01 to 7.13.

15.3.3. Reporting Standards for Pharmacokinetic Data

Pharmacokinetic Concentration Data	
PC Windows Non-Linear (WNL) File	PC WNL file (CSV format) for the non- compartmental analysis by Clinical Pharmacology Modelling and Simulation function will be created according to SOP_314000: Non-Compartment Analysis of Clinical Pharmacokinetic Data [Note: Concentration values will be imputed as per GUI_51487]
Descriptive Summary Statistics, Graphical Displays and Listings	Refer to IDSL PK Display Standards. Refer to IDSL Statistical Principle 6.06.1. Note: Concentration values will be imputed as per GUI_51487 for descriptive summary statistics/analysis and summarized graphical displays only.
NONMEM/Pop PK File	Not applicable.
NONMEM/PK/PD File	Not applicable.
Pharmacokinetic Parameter Derivation	
PK Parameter to be Derived by Programmer	The following PK parameters will be derived by the Programmer: Ctrough (predose) CEOI for each cycle, data permitting. Ctrough will not be derived for cys-mcMMAF.
Pharmacokinetic Parameter Data	
Is NQ impacted PK Parameters Rule Being Followed	Yes, refer to [Standards for Handling NQ Impacted PK Parameters].
Descriptive Summary Statistics, Graphical Displays and Listings	Refer to IDSL PK Display Standards.
Untransformed PK parameter	tmax (TMAX), tlast (TLST)

15.3.4. Extended Loss to Follow-up or Extended Time without an Adequate Assessment

For participants, if two or more scheduled disease assessments are missed and are then followed by an assessment of PD or death, CCI will be censored at the last adequate assessment prior to PD or death. When the scheduled disease assessment is every 3 weeks, a window of 45 days (6 weeks + 3 day window) will be used to determine whether there was an extended time without adequate assessment. That is, if the time difference between PD/death and last adequate assessment is more than 45 days, then CCI will be censored at the last adequate assessment prior to PD/death. When the scheduled disease assessment is every 4 weeks, a window of 59 days (8 weeks + 3 day window) will be used to determine whether there was an extended time without adequate assessment. That is, if the time difference between PD/death and last adequate assessment is more than 59 days, then CCI will be censored at the last adequate assessment prior to PD/death.

In case there is no adequate assessment between first dose date and PD/death, and the time difference between PD/death and first dose date is more than 45 days (when disease assessment is every 3 weeks), or 59 days (when disease assessment is every 4 weeks), then CCI will be censored at the first dose date.

15.3.5. Additional Guidance on Grading Based on Changes in Visual Acuity

Baseline Vision (best corrected)	**Grade 1** (Change of 1 line from baseline)	**Grade 2** (Change of 2-3 lines from baseline and not worse than 20/200)	**Grade 3** (Change of more than 3 lines from baseline and not worse than 20/200)	**Grade 4** (Worse than 20/200)
20/20	20/25	20/30 – 20/40	20/50 –20/200	Worse than 20/200
20/25	20/30	20/40 – 20/50	20/60 –20/200	Worse than 20/200
20/30	20/40	20/50 – 20/60	20/70 –20/200	Worse than 20/200
20/40	20/50	20/60 – 20/70	20/80 –20/200	Worse than 20/200
20/50	20/60	20/70 – 20/80	20/100 – 20/200	Worse than 20/200
20/60	20/70	20/80 – 20/100	20/125 – 20/200	Worse than 20/200
20/70	20/80	20/100 – 20/125	20/200	Worse than 20/200
20/80	20/100	20/125 – 20/200	N/A	Worse than 20/200
20/100	20/200	20/200	N/A	Worse than 20/200

15.4. Appendix 4: Derived and Transformed Data

15.4.1. General

Multiple Measurements at One Analysis Time Point
• Mean of the measurements will be calculated and used in any derivation of summary statistics but if listed, all data will be presented. • Participants having both High and Low values for Normal Ranges at any post-baseline visit for safety parameters will be counted in both the High and Low categories of "Any visit post-baseline" row of related summary tables.
Study Day for Safety

• Calculated as the number of days from First Dose Date:
  • Ref Date = Missing → Study Day = Missing
  • Ref Date < First Dose Date → Study Day = Ref Date - First Dose Date
  • Ref Date ≥ First Dose Date → Study Day = Ref Date - (First Dose Date) + 1

Study Day for Efficacy

• Calculated as the number of days from [First Dose Date/Randomization Date]:
  • Ref Date = Missing → Study Day = Missing
  • Ref Date < [First Dose Date] → Study Day = Ref Date – [First Dose Date/Randomization Date]
  ○ Ref Date ≥ [First Dose Date] → Study Day = Ref Date – [First Dose Date/Randomization Date] + 1

Change from Baseline
• Change from Baseline = Post-Baseline Visit Value – Baseline • % Change from Baseline= 100 x (Post-Baseline Visit Value – Baseline) / Baseline • Maximum Increase/Decrease from Baseline = maximum (Increase/Decrease from Baseline) • If either the Baseline or Post-Baseline Visit value is missing, Change from Baseline and % Change from Baseline is set to missing
Date of Response
• For post-baseline disease assessments, the date of response (PR or better) is assigned to the latest date of disease assessments; for other response categories (MR, SD, NE, PD), the date of response is assigned to the earliest date of disease assessments.

15.4.2. Study Population

Extent of Exposure

Number of days of exposure to study drug will be calculated based on the formula:

- **Arm A:**
  - **SINGLE/SPLIT Doses:** Duration of Exposure = (Last Treatment Date+27) – First Treatment Date + 1
  - **STRETCH Doses:** Duration of Exposure = (Last Treatment Date+55) – First Treatment Date + 1
- **Arm B:**
  - **SINGLE/SPLIT Doses:** Duration of Exposure = (Last Treatment Date+20) – First Treatment Date + 1
  - **STRETCH Doses:** Duration of Exposure = (Last Treatment Date+41) – First Treatment Date + 1

- The cumulative dose will be based on the formula:

  Cumulative Dose (mg/kg) = Sum of Dose at Each Dosing Interval

- Dose intensity will be calculated based on the formulas:
  - **Arm A:**
    - **SINGLE/SPLIT Doses**: Dose intensity (mg/kg/4 week) = Cumulative Dose/((duration of exposure)/28)
    - **STRETCH Doses**: Dose intensity (mg/kg/8 week) = Cumulative Dose/((duration of exposure)/56)
  - **Arm B:**
    - **SINGLE / SPLIT Doses**: Dose intensity (mg/kg/3 week) = Cumulative Dose/((duration of exposure)/21)
    - **STRETCH Doses**: Dose intensity (mg/kg/6 week) = Cumulative Dose/((duration of exposure)/42)

15.4.3. Safety

Adverse Events
AEs of Special Interest (belantamab mafodotin)
• Corneal events • Thrombocytopenia • Infusion related reactions
Duration of AE

To report in months, divide the number of days by 30.4375; to report in weeks divide the number of days by 7; to report in years divide the number of days by 365.25.
• Calculated as the number of days from AE Start Date to AE Stop Date:
  • AE Start Date = Missing → Elapse Time = Missing
  • AE Stop Date = Missing → Elapse Time = Missing
  ○ Otherwise → Elapsed Time = AE Stop Date – AE Start Date + 1

ECHO/MUGA
• Change from Baseline for cardiac data, e.g., Left Ventricular Ejection Fraction (LVEF), will be calculated based on the same modality (ECHO or MUGA) throughout the study for each participant. Post-baseline assessments with a different cardiac scan modality will not be used to calculate change from Baseline.

DLT
DLT Evaluable
• A DLT evaluable participant is defined as any participant in Part 1 who received at least 1 full dose of GSK2857916 and ≥75% of the planned doses of the combination with Len/Dex (Arm A), or Bor/Dex (Arm B) in Cycle 1 will be evaluated for DLTs using NCI-CTCAE Version 4.03 [NCI, 2010]. Any participant who received at least 1 full dose of belantamab mafodotin and at least 75% of planned doses of the respective Arm SoC (Len/Dex – Arm A or Bor/Dex – Arm B) will also be considered DLT-evaluable. Participants that are not DLT-evaluable will be replaced.

15.4.4. Biomarker and/or Pharmacodynamic Data

Pharmacodynamic biomarkers
CCI [redacted]

15.5. Appendix 5: Reporting Standards for Missing Data

15.5.1. Premature Withdrawals

Element	Reporting Detail
General	• A participant will be considered to have completed the study if he or she received at least one dose of study treatment and has progressed or died before the end of the study, has not been lost to Follow-up, or has not withdrawn consent from study participation, or the study or a treatment arm has been terminated. A participant will be considered to have withdrawn from the study if the participant has not died and is lost to Follow-up, or has withdrawn consent, or is no longer being followed at the investigator's discretion Documentation of the cause of death in the electronic case report form (eCRF) is required for all participants who die in the study regardless of the cause of death. • Withdrawn participants for reasons other than toxicity, but prior to completion of DLT period will be replaced in the study. • All available data from participants who were withdrawn from the study will be listed and all available planned data will be included in summary tables and figures, unless otherwise specified.

15.5.2. Handling of Missing Data

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

15.5.2.1. Handling of Missing and Partial Dates

<table>
<tr><th>Element</th><th>Reporting Detail</th></tr>
<tr><td>General</td><td>

Partial dates will be displayed as captured in participant listing displays. However, where necessary, display macros may impute dates as temporary variables for sorting data in listings only. In addition, partial dates may be imputed for ‘slotting’ data to study phases (see Section 15.2.1) or for specific analysis purposes as outlined below.
Imputed dates will not be used to derive study day, time to onset or duration (e.g., time to onset), or elapsed time variables (e.g., time since diagnosis). In addition, imputed dates are not used for deriving the last contact date in [redacted] analysis dataset.

</td></tr>
<tr><td>Adverse Events</td><td>

Imputations in the adverse events dataset are used for slotting events to the appropriate study time periods and for sorting in data listings.
Partial dates for AE recorded in the CRF will be imputed using the following conventions:

<table>
<tr><td>Missing start day</td><td>

If study treatment start date is missing (i.e., participant did not start study treatment), then set start date = 1st of month.
Else if study treatment start date is not missing:

If month and year of start date = month and year of study treatment start date, then

If stop date contains a full date and stop date is earlier than study treatment start date, then set start date= 1st of month.
Else set start date = study treatment start date.

Else set start date = 1st of month.

</td></tr>
<tr><td>Missing start day and month</td><td>

If study treatment start date is missing (i.e., participant did not start study treatment), then set start date = January 1.
Else if study treatment start date is not missing:

If year of start date = year of study treatment start date, then

If stop date contains a full date and stop date is earlier than study treatment start date, then set start date = January 1.
Else set start date = study treatment start date.

Else set start date = January 1.

</td></tr>
<tr><td>Missing stop day</td><td>Last day of the month will be used.</td></tr>
<tr><td>Missing stop day and month</td><td>No Imputation</td></tr>
<tr><td>Completely missing start/end date</td><td>No imputation</td></tr>
</table>
</td></tr>
<tr><td>Concomitant Medications/ Blood Supportive Products</td><td>

Completely missing start dates will not be imputed
Partial start dates for any concomitant medications recorded in the CRF will be imputed using the following convention:

If day and month are missing:

If treatment start date is missing (i.e., subject did not start study treatment), a '01' will be used for the day and 'Jan' will be used for the month.
If treatment start date is not missing

</td></tr>
</table>

Element	Reporting Detail
	▪ If year of start date = year of study treatment start date · If stop date contains a full date which is earlier than the treatment start date, a '01' will be used for the day and 'Jan' will be used for the month. · else study treatment start date will be used ▪ else a '01' will be used for the day and 'Jan' will be used for the month – If medication was taken prior to study, a '01' will be used for the day and 'Jan' will be used for the month. ○ If day is missing: – If treatment start date is missing (i.e., subject did not start study treatment), a '01' will be used for the day. – If treatment start date is not missing ▪ If year and month of start date = year and month of study treatment start date · If stop date contains a full date which is earlier than the treatment start date, a '01' will be used for the day. · else study treatment start date will be used ▪ else a '01' will be used for the day and 'Jan' will be used for the month • Completely missing end dates will not be imputed • Partial end dates for any concomitant medications recorded in the CRF will be imputed using the following convention: ○ If day and month are missing – Earliest of (Dec 31st, date of last contact) will be used ○ If day is missing – Earliest of (last day of the month, date of last contact) will be used
New Anti-Cancer Therapy/ Radiotherapy/ Surgical Procedures for Efficacy Evaluation (e.g., response rate, time to event)	• Start dates for follow-up anti-cancer therapy, radiotherapy (where applicable), and surgical procedures (where applicable) will be imputed in order to define event and censoring rules for[redacted], response rate, or[redacted]. Dates will only be imputed when a month and year are available but the day is missing. The following rules will be used to impute the date when partial start dates are present on anti-cancer therapy, radiotherapy, and/or surgical procedures dataset[s]: • Completely missing start dates will remain missing, with no imputation applied. • Partial start dates will be imputed using the following convention: • If both month and day are missing, no imputation will be applied. • If only day is missing: ○ If the month of partial date is the same as the month of last dosing date, minimum of (last dosing date + 1, last day of the month) will be used for the day. ○ If the month of partial date is the same as the month of last disease assessment and the last disease assessment is PD, minimum of (last date of disease assessment + 1, last day of the month) will be used for the day. ○ If both conditions above are met, the later date will be used for the day. ○ Otherwise, a '01' will be used for the day.

Element	Reporting Detail
	• Completely or partial missing end dates will remain missing, with no imputation applied;
Treatment end date	• Imputation of missing treatment end date will be applied to all applicable treatments following rules below and treatment end date is the latest treatment end date across all study treatments. For daily oral treatment: • In general, completely missing end dates are not imputed, with the following exceptions for imputation of missing treatment end date at interim analyses. o For imputation of missing exposure end date at an interim analysis when participants are still on treatment, the following conventions will be applied: If the missing end date is in the last exposure record, the earliest of: the date of the data cut-off, the date of withdrawal from the study, or the death date will be used o If the missing end date is not in the last exposure record, treatment start date for the record will be used • The imputed treatment end date will be used to calculate cumulative dose and duration of treatment as specified in Section 15.4.2. For non-continual treatment: • If treatment end date is missing for a cycle, treatment start date for the cycle will be used.

15.6. Appendix 6: Values of Potential Clinical Importance

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

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

15.7. Appendix 7: Pharmacokinetic / Pharmacodynamic Analyses

15.7.1. Pharmacokinetic / Pharmacodynamic Dataset Specification

If deemed appropriate and if data permit, exposure-response analyses may be conducted using population methods to explore the relationship between exposure measures of belantamab mafodotin (ADC and/or cys-mcMMAF) and clinical activity and/or toxicity endpoints (e.g., response, AESIs).If data permit, the effects of covariates may be explored.

Exposure-response analyses will use the same systems and data assembly process as described in Appendix 8.

The final popPK models for both ADC and cys-mcMMAF will be applied to generate the following *post hoc* exposure measures to be used in efficacy and safety exposure-response analyses: ADC maximum concentration (ADC Cmax), ADC trough concentration (ADC Ctau), ADC average concentration (ADC Cavg), cys-mcMMAF Cmax, and cys-mcMMAF Cavg.

Time to events endpoints will be analyzed using Kaplan-Meier plots and cox-proportional hazard models while probability of occurrence of event of interest will be evaluated using logistic regression.

For each exposure-response analysis, univariate analysis will be performed first to identify the strongest individual associations of exposure and other relevant covariates to clinical endpoint using change in the objective function. Following the univariate analysis, covariate selection will be conducted using a stepwise forward inclusion and backward elimination method to determine the final multivariate model. Covariates would be retained in the model in a stepwise manner if their inclusion during forwarding addition decreased the objective function value (OFV) by $\geq$6.64 ($P<0.01$) over the previous model, with the most significant covariate being retained at each stage. This iterative process will continue until all significant covariates are included, thus defining the full model. From the full model, the significance of each covariate will be tested individually by removing one by one until all non-significant covariates have been excluded. A covariate will be retained if, upon removal, the OFV increased by more than 10.83 points ($P< 0.001$). The final model is defined as the model developed following the backward elimination step.

The results of these analyses may be provided in a separate report.

15.7.2. Pharmacokinetic / Pharmacodynamic Methodology

Details may be provided in a separate exposure-response analysis RAP

15.8. Appendix 8: Population Pharmacokinetic (PopPK) Analyses

Belantamab mafodotin, total mAb and/or cys-mcMMAF plasma concentration-time data will be analyzed by Pop PK methods using a non-linear mixed-effects modelling approach.

The key objective of this analysis is to:

- Predict individual pharmacokinetic parameter values for belantamab mafodotin, and/or cys-mcMMAF

15.8.1. Systems

The population PK analysis will be performed using NONMEM (ICON Solutions) and PsN (Perl Speaks NONMEM) or another software platform deemed appropriate. Graphical displays and data summary will be produced using R (The R Foundation for Statistical Computing). The analysis will be performed by, or under the direct auspices of, Clinical Pharmacology Modelling and Simulation (CPMS), GlaxoSmithKline using the currently supported versions of all software packages.

15.8.2. Data Assembly

Participant data will be collected in the electronic CRF and will be transmitted into a validated database by GSK data management. Derived/processed variables will be provided by or under the guidance of Clinical Programming. Plasma samples will be analyzed using approved analytical methodology. Data will be transferred electronically to data managers to be processed and stored in the GSK database. GSK or a designated third party will generate the NONMEM input dataset.

Previously generated belantamab mafodotin and/or cys-mcMMAF PK data may be merged with the PK data in order to provide a pooled NONMEM data set.

15.8.3. Model Development

The initial analysis will use the population pharmacokinetic model developed for Study BMA117159 and Study 205678; a more current population PK model may be used, if available.

Initially, empirical Bayes estimates will be derived applying the current PopPK model to the Study 207497 dataset with the MAXEVAL=0 option. If the corresponding model diagnostics indicate that this PopPK model is appropriate to represent the belantamab mafodotin, total mAb and/or cys-mcMMAF data from Study 207497 then individual PK parameter estimates will be based on the current PopPK parameters.

If the parameter set of the current PopPK model applied to the Study 207497 data set results in substantial bias or if a further exploration of the covariate effect in the Study 207497 population is deemed necessary, the parameters of the current PopPK model will be re-estimated for the Study 207497 PK data alone before generating the individual PK parameter estimates and/or for a pooled data set. Certain parameter values may be fixed

to the value in the current PopPK model if they cannot be estimated with sufficient precision within the Study 207497 PK population. Covariates not available for the Study 207497 PK population but present in the current PopPK model may be removed from the Study 207497 PopPK model. Lastly, a model refinement step, if needed, will include, but may not be limited to, a qualification and possible modification of the model's random effect structure.

15.8.4. Model Qualification

Any model development will be supported and the final model will be qualified using the following criteria where appropriate:

- Scientific plausibility of parameter estimates
- Goodness of fit plots
- Relative standard errors (RSE) of the parameter estimates
- Objective function value
- Distribution and shrinkage of random effects.
- Successful minimization and execution of covariance step
- Condition number (ratio of the largest and smallest eigenvalue of the covariance matrix
- Visual predictive check
- Bootstrap (if deemed necessary/feasible)

15.9. Appendix 9: Patient Reported Outcomes

15.9.1. EORTC QLQ-C30

The EORTC QLQ-C30 is a 30-item questionnaire containing both single- and multi-item measures [Aaronson, 1993]. These include five functional scales (Physical, Role, Cognitive, Emotional, and Social Functioning), three symptom scales (Fatigue, Pain, and Nausea/Vomiting), a Global Health Status/QoL scale, and six single items (Constipation, Diarrhea, Insomnia, Dyspnea, Appetite Loss, and Financial Difficulties). The below image shows the details.

Table 1: Scoring the QLQ-C30 version 3.0

	Scale	Number of items	Item range*	Version 3.0 Item numbers	Function scales
Global health status / QoL					
Global health status/QoL (revised)†	QL2	2	6	29, 30	
Functional scales					
Physical functioning (revised)†	PF2	5	3	1 to 5	F
Role functioning (revised)†	RF2	2	3	6, 7	F
Emotional functioning	EF	4	3	21 to 24	F
Cognitive functioning	CF	2	3	20, 25	F
Social functioning	SF	2	3	26, 27	F
Symptom scales / items					
Fatigue	FA	3	3	10, 12, 18	
Nausea and vomiting	NV	2	3	14, 15	
Pain	PA	2	3	9, 19	
Dyspnoea	DY	1	3	8	
Insomnia	SL	1	3	11	
Appetite loss	AP	1	3	13	
Constipation	CO	1	3	16	
Diarrhoea	DI	1	3	17	
Financial difficulties	FI	1	3	28	

* *Item range* is the difference between the possible maximum and the minimum response to individual items; most items take values from 1 to 4, giving *range* = 3.

† (revised) scales are those that have been changed since version 1.0, and their short names are indicated in this manual by a suffix "2" – for example, PF2.

Scores for each scale and single-item measure are averaged and transformed linearly to a score ranging from 0–100. (See below image for details). A high score for functional scales and for Global Health Status/QoL represent better functioning ability or HRQoL, whereas a high score for symptom scales and single items represents significant symptomatology [Proskorovsky, 2014].

Technical Summary

In practical terms, if items $I_1, I_2, \ldots I_n$ are included in a scale, the procedure is as follows:

Raw score
Calculate the raw score
$RawScore = RS = (I_1 + I_2 + \ldots + I_n)/n$

Linear transformation
Apply the linear transformation to 0-100 to obtain the score S,

Functional scales: $S = \left\{1 - \frac{(RS-1)}{range}\right\} \times 100$

Symptom scales / items: $S = \{(RS-1)/range\} \times 100$

Global health status / QoL: $S = \{(RS-1)/range\} \times 100$

Range is the difference between the maximum possible value of *RS* and the minimum possible value. The QLQ-C30 has been designed so that all items in any scale take the same range of values. Therefore, the range of *RS* equals the range of the item values. Most items are scored 1 to 4, giving *range* = 3. The exceptions are the items contributing to the global health status / QoL, which are 7-point questions with *range* = 6, and the initial yes/no items on the earlier versions of the QLQ-C30 which have *range* = 1.

Scoring of the QLQ-C30 Summary Score

The EORTC QLQ-C30 Summary Score is calculated from the mean of 13 of the 15 QLQ-C30 scales (the Global Quality of Life scale and the Financial Impact scale are not included). Prior to calculating the mean, the symptom scales need to be reversed to obtain a uniform direction of all scales. The summary score should only be calculated if all of the required 13 scale scores are available.

QLQ-C30 Summary Score = [Physical Functioning+ Role Functioning+ Social Functioning+ Emotional Functioning+ Cognitive Functioning+ (100- Fatigue)+ (100-Pain)+ (100-Nausea_Vomiting)+ (100-Dyspnoea)+ (100-Sleeping Disturbances)+ (100-Appetite Loss)+ (100-Constipation)+ (100-Diarrhoea)]/13.

Handling of missing items

Single-item measures: if the item is missing, the score S will be set to missing.

Scales requiring multiple items: if at least half of the items from the scale are available, the score S will be calculated based on available items. If more than half of the items from the scale are missing, the score S will be set to missing (Fayers, 2001).

Minimal Important Difference (MID): In a sample of patients who received chemotherapy for either breast cancer or small-cell lung cancer (n=246, n=80 respectively), the mean change in EORTC QLQ-C30 score between baseline and follow-

up was about 5 to 10 points on a 0-100 scale for patients who indicated “a little” change on the Subjective Significance Questionnaire (SSQ), either for better or for worse (Osoba, 1998).

15.9.2. EORTC QLQ-MY20

The EORTC QLQ-MY20 is a supplement to the QLQ-C30 instrument used in patients with multiple myeloma [Aaronson, 1993; Cocks, 2007]. The module comprises 20 questions that address four myeloma specific HRQoL domains: Disease Symptoms, Side Effects of Treatment, Future Perspective, and Body Image. Three of the four QLQ-MY20 domains are multi-item scales: Disease Symptoms (includes bone aches or pain, back pain, hip pain, arm or shoulder pain, chest pain, and pain increasing with activity); Side Effects of Treatment (includes drowsiness, thirst, feeling ill, dry mouth, hair loss, upset by hair loss, tingling hands or feet, restlessness/agitation, acid indigestion/heartburn, and burning or sore eyes); and Future Perspective (includes worry about death and health in the future, and thinking about illness). The Body Image scale is a single-item scale that addresses physical attractiveness. (See below image for details).

Scoring

	Scale name	Number of items	Item range	QLQ-MY20 item numbers
Functional scales / items				
Future perspective	MYFP	3	3	18 – 20
Body image	MYBI	1	3	17
Symptom scales				
Disease symptoms	MYDS	6	3	1 – 6
Side effects of treatment	MYSE	10	3	7 – 16

Remarks

- Question 12 is considered scored “not at all” if question 11 is scored “not al all”.

As with the QLQ-C30, QLQ-MY20 domain scores are also averaged and transformed linearly to a score ranging from 0–100 (see below for details).

1) Raw score

For each multi-item scale, calculate the average of the corresponding items.

$Raw\ Score = RS = \{(I_1 + I_2 + \ldots + I_n)/n\}$

For the single-item measure, the score of the concerning item corresponds to the raw score.

2) Linear Transformation

To obtain the Score S, standardize the raw score to a 0 – 100 range following the appropriate transformation:

Symptom scales: $S=\{(RS-1)/range\} \times 100$

Functional scales: $S= \{1-(RS-1)/range\} \times 100$

A high score for Disease Symptoms and Side Effects of Treatment represents a high level of symptomatology or problems, whereas a high score for Future Perspective and Body Image represents better outcomes [Proskorovsky, 2014].

Missing items can be handled similarly to EORTC QLQ-C30 as described in Section 15.9.1.

15.9.3. NEI-VFQ-25

The NEI-VFQ-25 consists of a base set of 25 vision-targeted questions representing 11vision-related constructs, plus an additional single-item general health rating question [Mangione, 2001]. The NEIVFQ-25 generates the following 11 vision-targeted sub-scales: global vision rating, difficulty with near vision activities; difficulty with distance vision activities; limitations in social functioning due to vision; role limitations due to vision; dependency on others due to vision; mental health symptoms due to vision; driving difficulties; limitations with peripheral vision, limitations with color vision; and corneal pain.

The following two tables (from the NEI-VFQ-25 User Manuals) provide the details of converting the original response category to the recoded values, and items of which recoded values need to be averaged to generate the VFQ-25 sub-scales. Items that are left blank (missing data) are not taken into account when calculating the scale scores. Hence scores represent the average for all items in the sub-scale that the respondent answered. Sub-scales with at least one item answered can be used to generate a sub-scale score. To calculate an overall composite score for the VFQ-25, simply average the 11 vision-targeted sub-scale scores.

Table 2. Scoring Key: Recoding of Items

Item Numbers	Change original response category [a]	To recoded value of:
1,3,4,15c[b]	1	100
	2	75
	3	50
	4	25
	5	0
2	1	100
	2	80
	3	60
	4	40
	5	20
	6	0
5,6,7,8,9,10,11,12,13,14,16,16a A3,A4,A5,A6,A7,A8,A9[c]	1	100
	2	75
	3	50
	4	25
	5	0
	6	*
17,18,19,20,21,22,23,24,25, A11a,A11b,A12,A13	1	0
	2	25
	3	50
	4	75
	5	100
A1,A2	0	0
	to	to
	10	100

[a] Precoded response choices as printed in the questionnaire.

[b] Item 15c has four-response levels, but is expanded to a five-levels using item 15b.
Note: If 15b=1, then 15c should be recoded to "0"
If 15b=2, then 15c should be recoded to missing.
If 15b=3, then 15c should be recoded to missing.

[c] "A" before the item number indicates that this item is an optional item from the Appendix. If optional items are used, the NEI-VFQ developers encourage users to use all items for a given sub-scale. This will greatly enhance the comparability of sub-scale scores across studies.

* Response choice "6" indicates that the person does not perform the activity because of non-vision related problems. If this choice is selected, the item is coded as "missing."

Table 3. Step 2: Averaging of Items to Generate VFQ-25 Sub-Scales

Scale	Number of items	Items to be averaged (after recoding per Table 2)
General Health	1	1
General Vision	1	2
Ocular Pain	2	4, 19
Near Activities	3	5, 6, 7
Distance Activities	3	8, 9, 14
Vision Specific:		
Social Functioning	2	11, 13
Mental Health	4	3, 21, 22, 25
Role Difficulties	2	17, 18
Dependency	3	20, 23, 24
Driving	3	15c, 16, 16a
Color Vision	1	12
Peripheral Vision	1	10

15.10. Appendix 10: COVID-19 Impact

Government or health authority enforced measures to slow the spread of COVID-19 infection (such as lockdowns, social distancing, and travel restrictions) may have impacted recruitment, study treatment administration, study assessment schedule and subject retention.

To understand the impact of the pandemic measures implemented at a country level, alerts set by the GSK country Issue Management Team (IMT) were used to determine when pandemic measures began. The alert levels for a country are based on multiple factors including government or health authority guidance advice, disease spread, and business/public life impact. The alert levels are escalated and de-escalated over time and the scale used for the recording of alerts is standardised: green (low impact), yellow (low to moderate impact), orange (moderate to high impact), red (high impact), and black (high impact with severe disruption). Date of when pandemic measures began was defined based on the IMT alert levels and used in analyses.

15.11. Appendix 11: Abbreviations & Trademarks

15.11.1. Abbreviations

Abbreviation	Description
ADA	Anti-Drug Antibodies
ADaM	Analysis Data Model
AE	Adverse Event
AESI	Adverse Event of Special Interest
A&R	Analysis and Reporting
BM	Bone Marrow
BMI	Body mass index
BOR	Best Overall Response
CDISC	Clinical Data Interchange Standards Consortium
CI	Confidence Interval
CR	Complete Response
CS	Clinical Statistics
CSR	Clinical Study Report
DBF	Database Freeze
DBR	Database Release
DP	Decimal Places
ECG	Electrocardiogram
ECHO	Echocardiogram
eCRF	Electronic Case Record Form
eGFR	Estimated glomerular filtration rate
EMA	European Medicines Agency
FDA	Food and Drug Administration
FDAAA	Food and Drug Administration Clinical Results Disclosure Requirements
FTIH	First Time in Human Trial
GSK	GlaxoSmithKline
IA	Interim Analysis
ICH	International Conference on Harmonization
IDSL	Integrated Data Standards Library
IMMS	International Modules Management System
IMWG	International Myeloma Working Group
IB	Investigational Brochure
IP	Investigational Product
irAE	Immune-related Adverse Event
iSRC	Internal Safety Review Committee
ISS	International Staging System
LVEF	Left ventricular ejection fraction
MedDRA	Medical Dictionary for Regulatory Affairs
MR	Minimal Response
CCI	[redacted]
MTD	Maximum Tolerated Dose
mTPI	modified Toxicity Probability Interval

Abbreviation	Description
MUGA	Multigated acquisition scan
NE	Not Evaluable
NCI	National Cancer Institute
NCI-CTCAE	National Cancer Institute Common Toxicity Criteria for Adverse Events
ORR	Overall Response Rate
PACT	Post analysis continued treatment
PD	Progressive Disease
PO	Per os (oral)
PK	Pharmacokinetic
PT	Preferred Term
QC	Quality Control
RAP	Reporting & Analysis Plan
RAMOS	Randomization & Medication Ordering System
RP2D	Recommended Phase 2 Dose
SAC	Statistical Analysis Complete
SAE	Serious Adverse Event
sCR	stringent Complete Response
SD	Stable Disease
SDSP	Study Data Standardization Plan
SDTM	Study Data Tabulation Model
SOC	System Organ Classes
SOP	Standard Operation Procedure
SRM	Study Reference Manual
SRT	Safety Review Team
TA	Therapeutic Area
TLF	Tables, Listings, & Figures
VGPR	Very Good Partial Response

15.11.2. Trademarks

Trademarks of the GlaxoSmithKline Group of Companies
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SAS
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15.12. Appendix 12: List of Data Displays

15.12.1. Data Display Numbering

The following numbering will be applied for RAP generated displays:

Section	Tables	Figures
Study Population	1.001 to 1.xxx	None
Efficacy	2.001 to 2.xxx	2.xxx to 2.xxx
Safety	3.001 to 3.xxx	3.xxx to 3.xxx
Pharmacokinetic	4.001 to 4.xxx	4.xxx to 4.xxx
Pharmacodynamic and/or Biomarker	None	5.xxx to 5.xxx
Patient Reported Outcome	6.001 to 6.xxx	None
Section	**Listings**	
ICH Listings	1.001 to 1.xxx	
Other Listings	30.001 to 30.xxx	

15.12.2. Deliverables

Delivery [Priority] [1]	Description
IA [1]	Interim Analysis 1 for Arm B cohorts from Protocol Amendment 1 and 2
Post-Interim [1]	Re-run of cohorts from Interim [1] – select displays
IA [2]	Interim Analysis 2 for Arm A – all cohorts
IA [3]	Interim Analysis 3 for Arm B – all cohorts
HDL [1]	Headline Results for Final Analysis (may be completed)
SAC [X]	Statistical Analysis Complete for Final Analysis
AAC [X]	All Analysis Complete for Final Analysis
RAPIDO DV at <Delivery>	Listings that will not be reported within HDL, SAC, nor AAC, but listing configurations will be created to view within RAPIDO DV.

NOTES:
1. Indicates priority (i.e., order) in which displays will be generated for the reporting effort

15.12.3. Study Population Tables

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.001	All Treated	ES8	Summary of Subject Status and Reason for Study Withdrawal (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3, FDAAA, EudraCT Add the following categories under Subject Status – Ongoing: On study treatment, In follow-up – Alive, In follow-up – Unknown. Footnote for "On Study Treatment": Any study treatment component Footnote for "In follow-up - Alive": Subjects that are alive at last contact and within the CCI [redacted] follow-up period. Footnote for "In follow-up – Unknown": Subjects whose status is unknown at last contact within the CCI [redacted] follow-up period. Footnote for "Primary Reason for study withdrawal": Subjects may have only one primary reason for withdrawal. Footnote for "Study Terminated By Sponsor": is indicative of subjects continuing into PACT. At SAC, add "Related to COVID-19" as subcategories for applicable study withdrawal categories.	IA [2], HDL [1], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.002	All Treated	ES8	Summary of Subject Status and Reason for Study Withdrawal (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], HDL [1], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.003	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of GSK2857916 (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Add footnotes: For "discontinued" under Treatment status: [1] Includes subjects who have discontinued treatment or died prior to End of Treatment Visit. For "Primary reason … ": [2] Subjects may have only one primary reason for discontinuation. [3] Subjects who died prior to End of Treatment Visit may not have a reason recorded. Footnote for "'Study Terminated By Sponsor'": 'Study Terminated By Sponsor'' is indicative of subjects continuing into PACT. Add this note starting at SAC for Arm A: "Note: 'Protocol-Specified Withdrawal Criterion Met' indicates discontinuation of study treatment for abnormal liver tests." At SAC, add "Related to COVID-19" as subcategories for applicable study withdrawal categories.	IA [2], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.004	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of GSK2857916 (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Add this note starting at IA [3] for Arm B: "Note: 'Protocol-Specified Withdrawal Criterion Met' indicates discontinuation of study treatment for abnormal liver tests."	IA [1], IA [3], SAC [1]
1.005	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of Lenalidomide (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	IA [2], SAC [1]
1.006	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of Bortezomib (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above, except for different wording for footnote related to "Protocol-Specified Withdrawal Criterion Met": 'Protocol-Specified Withdrawal Criterion Met' indicates completion of protocol-specified treatment of Bortezomib	IA [1], IA [3], SAC [1]
1.007	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of Dexamethasone (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	IA [2], SAC [1]
1.008	All Treated	SD4	Summary of Treatment Status and Reasons for Discontinuation of Dexamethasone (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above, except for different wording for footnote related to "Protocol-Specified Withdrawal Criterion Met": 'Protocol-Specified Withdrawal Criterion Met' indicates completion of protocol-specified treatment of Dexamethasone	IA [1], IA [3], SAC [1]
1.009	All Screened	ES6	Summary of Screening Status and Reasons for Screen Failure	Journal Requirements	SAC [1]
1.010	All Treated	NS1	Summary of Number of Subjects by Country and Site ID (Arm A – GSK2857916 + Len/Dex (Rd)	EudraCT/Clinical Operations.	SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.011	All Treated	NS1	Summary of Number of Subjects by Country and Site ID (Arm B – GSK2857916 + Bor/Dex (Vd))	EudraCT/Clinical Operations.	SAC [1]
Protocol Deviation					
1.012	All Treated	DV1	Summary of Important Protocol Deviations (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.013	All Treated	DV1	Summary of Important Protocol Deviations (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	IA [3], SAC [1]
1.014	All Treated	IE1	Summary of Inclusion/Exclusion Criteria Deviations (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.015	All Treated	IE1	Summary of Inclusion/Exclusion Criteria Deviations (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
1.016	All Treated	PAN4	Summary of Visits impacted by COVID-19 Pandemic (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.017	All Treated	PAN4	Summary of Visits impacted by COVID-19 Pandemic (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
Demographic and Baseline Characteristics					
1.018	All Treated	DM1	Summary of Demographic Characteristics (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3, FDAAA, EudraCT	IA [2], SAC [1]
1.019	All Treated	DM1	Summary of Demographic Characteristics (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3, FDAAA, EudraCT	IA [1], IA [3], SAC [1]
1.020	All Treated	DM11	Summary of Age Ranges (Arm A – GSK2857916 + Len/Dex (Rd))	EudraCT	SAC [1]
1.021	All Treated	DM11	Summary of Age Ranges (Arm B – GSK2857916 + Bor/Dex (Vd))	EudraCT	SAC [1]
1.022	All Treated	DM5	Summary of Race and Racial Combinations (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3, FDA, FDAAA, EudraCT	SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.023	All Treated	DM5	Summary of Race and Racial Combinations (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3, FDA, FDAAA, EudraCT	SAC [1]
Disease Characteristics					

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.024	All Treated	DC2	Summary of Disease Characteristics at Screening (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 if collected Summarize Stage, Relapsed or refractory disease, Does the subject have Extramedullary Disease, Myeloma immunoglobulin, Does the subject have light chain myeloma, Type of multiple myeloma, Lines of therapy completed prior to screening, Lytic Bone Lesions, ECOG performance status. Include genetic characteristics, if collected For Lines of therapy completed prior to screening, display using summary statistics (n, mean, standard deviation, median, min, max). For ECOG performance status, include groups as 0, 1, 2 Add a “missing” category to Genetics for any subject missing genetics information at screening For High Risk Cytogenetics, use the following groups: High-Risk (positive), Other (non-high risk, negative, not evaluable, not done).	IA [2], HDL [1], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.025	All Treated	DC2	Summary of Disease Characteristics at Screening (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], HDL [1], SAC [1]
Prior and Concomitant Medications					
1.026	All Treated	MH1	Summary of Current Medical Conditions (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.027	All Treated	MH1	Summary of Current Medical Conditions (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
1.028	All Treated	MH1	Summary of Past Medical Conditions (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.029	All Treated	MH1	Summary of Past Medical Conditions (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
1.030	All Treated	CM8	Summary of Concomitant Medications (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 include 'medications taken on-treatment (including those started prior to treatment), and ''Medications that started on treatment' Column 1 by "Ingredient-Route"	SAC [1]
1.031	All Treated	CM8	Summary of Concomitant Medications (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	SAC [1]
Prior Anti-Cancer Therapy					
1.032	All Treated	AC2	Summary of Prior Anti-Cancer Therapy by Drug Class of Agents (Arm A – GSK2857916 + Len/Dex (Rd))	See Table 1.0200 in Study 205678 (primary_01). Add footnote: Note: Subjects may be included in more than one category.	IA [2], SAC [1]
1.033	All Treated	AC2	Summary of Prior Anti-Cancer Therapy by Drug Class of Agents (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Exposure and Treatment Compliance					

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.034	All Treated	OEX1	Summary of Exposure to GSK2857916 (Arm A – GSK2857916 + Len/Dex (Rd))	*Include "Time on Study Treatment (weeks)"; "Dose Intensity (mg/kg/4 weeks)"; n, Mean, SD, Median, Min, Max; Relative Dose Intensity (%). *See definition of Dose Intensity in Section 6.5 *Label Dose Intensity as (mg/kg/interval), with a footnote for interval to state "interval is 4 weeks for SINGLE and SPLIT dosing and 8 weeks for STRETCH dosing." Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] Interval is 4 weeks for SINGLE and SPLIT dosing, and 8 weeks for STRETCH and S/D STRETCH dosing. [3] dose intensity, date of discontinuation is the date of last dose. [4] Relative dose intensity (Dose 1) is calculated as a percent and is defined as 100*(mean overall Dose Intensity for Dose 1 divided by planned dose intensity for Dose 1). [5] Relative dose intensity (post-Dose 1) is calculated as a percent and is defined as 100*(mean overall Dose Intensity post Dose 1 divided by planned dose intensity post Dose 1).	IA [2], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.035	All Treated	OEX1	Summary of Exposure to GSK2857916 (Arm B – GSK2857916 + Bor/Dex (Vd))	*Include "Time on Study Treatment (weeks)"; "Dose Intensity (mg/kg/4 weeks)"; n, Mean, SD, Median, Min, Max; Relative Dose Intensity (%) *For S/D Stretch dose, DI and RDI calculations for post-C1D1 only. *See definition of Dose Intensity in Section 6.5 *Label Dose Intensity as (mg/kg/interval), with a footnote for interval to state "interval is 3 weeks for SINGLE and SPLIT doses and 6 weeks for STRETCH and S/D STRECH doses." Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] Interval is 3 weeks for SINGLE and SPLIT dosing, and 6 weeks for STRETCH and S/D STRETCH dosing. [3] For dose intensity, date of discontinuation is the date of last dose. [4] Relative dose intensity (Dose 1) is calculated as a percent and is defined as 100*(mean overall Dose Intensity for Dose 1 divided by planned dose intensity for Dose 1). [5] Relative dose intensity (post-Dose 1) is calculated as a percent and is defined as 100*(mean overall Dose Intensity post Dose 1 divided by planned dose intensity post Dose 1). Note: ID 801 (GSK916 2.5mg/kg SPLIT + Vd cohort) was dosed with 2.5 mg/kg of GSK2857916 on Day 1 and 8.	IA [1], Post-Interim [1], IA [3], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.036	All Treated	OEX1	Summary of Exposure to Lenalidomide (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above Within the table, separate out the calculation to create dose intensity for subjects who's first dose was 25mg, vs. those whose first dose was 10mg. Therefore, we will have 2 DI calculations (first dose 25mg and first dose 10mg). We will still have 1 Relative DI calculation At SAC add: Time on Study Treatment (weeks) [1] Dose Intensity (mg/4 weeks)– 10mg [2] Dose Intensity (mg/4 weeks) – 25mg [2] Relative Dose Intensity [3] Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] For dose intensity, date of discontinuation is the date of last dose. [3] Relative dose intensity is calculated as a percent and is defined as 100*(mean overall Dose Intensity divided by planned dose intensity). Note: Lenalidomide is administered as 25mg/day in subjects with eGFR >=60 mL/min/1.73 m^2. The dose of lenalidomide is reduced to 10mg/day in subjects with eGFR of 40-60 mL/min/1.73 m^2.	IA [2], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.037	All Treated	OEX1	Summary of Exposure to Bortezomib (Arm B – GSK2857916 + Bor/Dex (Vd))	Add: Time on Study Treatment (weeks) [1] Dose Intensity (mg/m2/3 weeks) [2] Relative Dose Intensity [3] Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] For dose intensity, date of discontinuation is the date of last dose. [3] Relative dose intensity is calculated as a percent and is defined as 100*(mean overall Dose Intensity divided by planned dose intensity).	IA [1], IA [3], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.038	All Treated	OEX1	Summary of Exposure to Dexamethasone (Arm A – GSK2857916 + Len/Dex (Rd))	Within the table, separate out the calculation to create dose intensity for subjects who's first dose was 20mg, vs. those whose first dose was 40mg. Therefore, we will have 2 DI calculations (first dose 20mg and first dose 40mg). We will still have 1 Relative DI calculation Add: Time on Study Treatment (weeks) [1] Dose Intensity (mg/4 weeks) – 20mg [2] Dose Intensity (mg/4 weeks)– 40mg [2] Relative Dose Intensity [3] Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] For dose intensity, date of discontinuation is the date of last dose. [3] Relative dose intensity is calculated as a percent and is defined as 100*(mean overall Dose Intensity divided by planned dose intensity).	SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.039	All Treated	OEX1	Summary of Exposure to Dexamethasone (Arm B – GSK2857916 + Bor/Dex (Vd))	Within the table, separate out the calculation to create dose intensity for subjects who's first dose was 10mg, vs. those whose first dose was 20mg. Therefore, we will have 2 DI calculations (first dose 20mg and first dose 40mg). We will still have 1 Relative DI calculation Add: Time on Study Treatment (weeks) [1] Dose Intensity (mg/3 weeks) – 10mg [2] Dose Intensity (mg/3 weeks) – 20mg [2] Relative Dose Intensity [3] Footnotes: [1] The time on study treatment does not exclude dose interruptions. [2] For dose intensity, date of discontinuation is the date of last dose. [3] Relative dose intensity is calculated as a percent and is defined as 100*(mean overall Dose Intensity divided by planned dose intensity).	SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.040	All Treated	ODMOD1	Summary of Dose Reductions of GSK2857916 (Arm A – GSK2857916 + Len/Dex (Rd))	*Replace "Planned Time" with "Visit" for "Number of Subjects with Dose Reduction by Planned Time." *Add footnotes: For Arm A, each cycle is 4 weeks (28 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	IA [2], SAC [1]
1.041	All Treated	ODMOD1	Summary of Dose Reductions of GSK2857916 (Arm B – GSK2857916 + Bor/Dex (Vd))	*Replace "Planned Time" with "Visit" for "Number of Subjects with Dose Reduction by Planned Time." *Add footnotes: For Arm B, each cycle is 3 weeks (21 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	IA [1], IA [3], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.042	All Treated	ODMOD3	Summary of Dose Delays of GSK2857916 (Arm A – GSK2857916 + Len/Dex (Rd))	*Replace "Planned Time" with "Visit" for "Number of Subjects with Dose Delays by Planned Time." Under "Delay Duration (days)" use the following groups: 1-28, 29-56, >56 *Add a footnote: "For Arm A, each cycle is 4 weeks (28 days)" *Add the following note in the footnotes: Note: From the Exposure eCRF, dose delays are defined when a dose modification has been indicated as "Delay". For the "Adverse Event" category under "Primary Reason", these events correspond to the GSK2857916 Exposure eCRF where primary reason has been recorded as Adverse Event.	IA [2], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.043	All Treated	ODMOD3	Summary of Dose Delays of GSK2857916 (Arm B – GSK2857916 + Bor/Dex (Vd))	*Replace "Planned Time" with "Visit" for "Number of Subjects with Dose Delays by Planned Time." Under "Delay Duration (days)" use the following groups: 1-21, 22-42, >42 *Add a footnote: "For Arm B, each cycle is 3 weeks (21 days)" *Add the following note in the footnotes: Note: From the Exposure eCRF, dose delays are defined when a dose modification has been indicated as "Delay". For the "Adverse Event" category under "Primary Reason", these events correspond to the GSK2857916 Exposure eCRF where primary reason has been recorded as Adverse Event.	IA [1], IA [3], SAC [1]
1.044	All Treated	ODMOD5	Summary of Primary Reason for Dose Reductions of GSK2857916 by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	*Changed "planned time" columns to "visit" *Add footnotes: For Arm A, each cycle is 4 weeks (28 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	IA [2], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.045	All Treated	OEX6	Summary of Dose Intensity of GSK2857916 by Expected Duration of Exposure (Arm A – GSK2857916 + Len/Dex (Rd))	*This display was created for IA [1] and Post Interim [1] only. After Post-Interim [1], this display was removed, hence the re-numbering of displays. This is a summary of dose intensity by a patient's actual or expected duration of exposure for Arm A (Q4W). *Add footnotes: [1] Dose intensity is the cumulative actual dose divided by duration of exposure (or expected duration of exposure) in mg/kg/4weeks. Note: For Arm A, expected duration of exposure is every 4 weeks (28 days).	IA [1], Post Interim [1]
1.045	All Treated	ODMOD5	Summary of Primary Reason for Dose Reductions of GSK2857916 by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	*Changed "planned time" columns to "visit" *Add footnotes: For Arm B, each cycle is 3 weeks (21 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	IA [1], IA [3], SAC [1]

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.046	All Treated	ODMOD6	Summary of Primary Reason for Dose Delays of GSK2857916 by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	*Changed “planned time” columns to “visit” *Add a footnote: “For Arm A, each cycle is 4 weeks (28 days)” *Add the following note in the footnotes: Note: From the Exposure eCRF, dose delays are defined when a dose modification has been indicated as “Delay”. For the “Adverse Event” category under “Primary Reason”, these events correspond to the GSK2857916 Exposure eCRF where primary reason has been recorded as Adverse Event.	IA [2], SAC [1]
1.047	All Treated	ODMOD6	Summary of Primary Reason for Dose Delays of GSK2857916 by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above, except for the following footnote: *Add a footnote: “For Arm B, each cycle is 3 weeks (21 days)”	IA [1], IA [3], SAC [1]
Duration of Follow-up					

Study Population Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.048	All Treated	FAC2	Summary of Duration of Follow-Up (Arm A – GSK2857916 + Len/Dex (Rd))	Add a Total column at SAC [1] Footnotes: [1] Duration of Follow-Up is defined as the time from first dose to last contact or death. [2] Subjects with ongoing Follow-Up are those within the CCI [redacted] Follow-Up period, with status Alive or Unknown For SAC, do not report subjects with ongoing follow-up, as participants are moving into PACT.	IA [2], SAC [1]
1.049	All Treated	FAC2	Summary of Duration of Follow-Up (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Add a Total column at IA [3] and SAC [1]	IA [3], SAC [1]
Blood and Blood Supportive Care Products					
1.050	All Treated	BP1A	Summary of Blood Products (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.051	All Treated	BP1A	Summary of Blood Products (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
1.052	All Treated	BP1C	Summary of Blood Supportive Care Products (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.053	All Treated	BP1C	Summary of Blood Supportive Care Products (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
Substance Use					
1.054	All Treated	SU1	Summary of Substance Use (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.055	All Treated	SU1	Summary of Substance Use (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]

15.12.4. Efficacy Tables

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Responses					
2.001	All Treated	RE1a	Summary of Investigator-Assessed Best Response with confirmation (IMWG criteria) (Arm A – GSK2857916 + Len/Dex (Rd))	Best Response: Stringent Complete Response (sCR), Complete response (CR), Very Good Partial Response (VGPR), Partial Response (PR), Minimal Response (MR), Stable Disease (SD), Progressive Disease (PD), Not Evaluable (NE). *Display each of the summaries below in this order: CCI [redacted]: (sCR+CR+VGPR+PR+MR) Overall Response Rate: (sCR+CR+VGPR+PR) CCI [redacted] CCI [redacted]): (sCR+CR) Footnote: The 95% Confidence Interval is based on Exact method.	IA [2], HDL [1], SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.002	All Treated	RE1a	Summary of Investigator-Assessed Best Response with confirmation (IMWG criteria) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	Post-Interim [1], IA [1], IA [3], HDL [1], SAC [1]
Time-to-Event					
2.003	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Among responders only Add footnote: CCI [redacted]	SAC [1]
2.004	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], SAC [1]
2.005	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Among responders only Add footnote: CCI [redacted]	SAC [1]
2.006	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.007	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Among responders only Add footnote: CCI [redacted] is documented per IMWG; or death due to PD occurs among participants who achieve an overall response, i.e., confirmed PR or better. Include the estimated CCI [redacted] probability at Month 4 at interim and Month 6, 9, 12, and 18 at final analysis.	IA [2], HDL [1], SAC [1]
2.008	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], HDL [1], SAC [1]
2.009	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Include the estimated CCI [redacted] probability at Month 4 at interim and Month 6, 9, 12, and 18 at final analysis. Footnotes: [1] Confidence Intervals estimated using the Brookmeyer Crowley method. Note: CCI [redacted] is defined as the time from first dose until the earliest date of confirmed disease progression (PD) per IMWG, or death due to any cause.	IA [2], HDL [1], SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.010	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], HDL [1], SAC [1]
2.011	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Footnotes: [1] Confidence Intervals estimated using the Brookmeyer Crowley method. Note: CCI [redacted] per IMWG, or death due to PD.	SAC [1]
2.012	All Treated	TTE1a	Summary of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	SAC [1]
2.013	All Treated	TTE1a	Summary of CCI [redacted] (Arm A – GSK2857916 + Len/Dex (Rd))	Include the estimated CCI probability at Month 4 at interim and Month 6, 9, 12, and 18 at final analysis. Footnotes: [1] Confidence Intervals estimated using the Brookmeyer Crowley method. Note: CCI [redacted].	IA [2], SAC [1]
2.014	All Treated	TTE1a	Summary of CCI [redacted] (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], SAC [1]

Efficacy: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
				See Table 2.4 in Study 207503 (internal_02). For each dose group (Inv-Assessed only): • CCI [redacted] and 95% Confidence Interval for sCR/CR and sCR/CR/VGPR groups. • Add small n for "CCI [redacted] Data Available" to reflect number of subjects with any CCI [redacted] data.	
CCI [redacted]					

15.12.5. Efficacy Figures

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Response					
2.017	All Treated	Programming note	Forest Plot - Overall Response Rate (ORR) Based on Investigator-Assessed-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Similar to Figure 2.0020 in Study 205678 (primary_01). See Section 5.3.1 for the subgroups to be included. Create one Forest Plot for all doses combined, and then a second Forest Plot for the 2.5 mg/kg SINGLE dose only.	SAC [1]
2.018	All Treated	Programming note	Forest Plot - Overall Response Rate (ORR) Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	SAC [1]
Time-to-Event					
2.019	All Treated	TTE10	Graph of Kaplan Meier Curves of [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Labels: X-axis: Time since [redacted] (Months) Y-axis: Proportion Alive and [redacted]	SAC [1]
2.020	All Treated	TTE10	Graph of Kaplan Meier Curves of [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Labels: X-axis: Time since [redacted] (Months) Y-axis: Proportion Alive and [redacted]	SAC [1]

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.021	All Treated	TTE10	Graph of Kaplan Meier Curves of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: Proportion Alive and CCI [redacted]	SAC [1]
2.022	All Treated	TTE10	Graph of Kaplan Meier Curves of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: Proportion Alive and CCI [redacted]	SAC [1]
2.023	All Treated	TTE10	Graph of Kaplan Meier Curves of CCI [redacted] Based on Investigator-Assessed Response (Arm A – GSK2857916 + Len/Dex (Rd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: Proportion Alive and CCI [redacted]	SAC [1]
2.024	All Treated	TTE10	Graph of Kaplan Meier Curves of CCI [redacted] Based on Investigator-Assessed Response (Arm B – GSK2857916 + Bor/Dex (Vd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: Proportion Alive and CCI [redacted]	SAC [1]
2.025	All Treated	TTE10	Graph of Kaplan Meier Curves of CCI [redacted] Arm A – GSK2857916 + Len/Dex (Rd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: CCI [redacted]	SAC [1]

Efficacy: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
2.026	All Treated	TTE10	Graph of Kaplan Meier Curves of [redacted] (Arm B – GSK2857916 + Bor/Dex (Vd))	Labels: X-axis: Time since Treatment Start Date (Months) Y-axis: [redacted]	SAC [1]

15.12.6. Safety Tables

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events (AEs)					
3.001	All Treated	AE13	Adverse Event Overview (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. In shell, for rows that state "Lenalidomide/Bortezomib" – use "Lenalidomide" for Arm A. Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	IA [2], HDL [1], SAC [1]
3.002	All Treated	AE13	Adverse Event Overview (Arm B – GSK2857916 + Bor/Dex (Vd))	See mock in Section 15.13 with categories and footnotes to include. In shell, for rows that state "Lenalidomide/Bortezomib" – use "Bortezomib" for Arm B. Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	IA [1], IA [3], HDL [1],SAC [1]
3.003	All Treated	OAE07	Summary of Adverse Events by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3 Add summary over all cohorts	IA [2], HDL [1], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.004	All Treated	OAE07	Summary of Adverse Events by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3 Add summary over all cohorts	IA [1], IA [3], HDL [1], SAC [1]
3.005	All Treated	OAE07	Summary of Adverse Events Related to GSK2857916 by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Add footnote: 'Related to GSK2857916 includes responses of 'Yes' only, to the following question: 'Is there a reasonable possibility that the AE may have been caused by the study treatment?' for GSK2857916 Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.006	All Treated	OAE07	Summary of Adverse Events Related to GSK2857916 by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.007	All Treated	OAE07	Summary of Adverse Events Related to Lenalidomide by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	'Related to Lenalidomide includes responses of 'Yes' only, to the following question: 'Is there a reasonable possibility that the AE may have been caused by the study treatment?' for Lenalidomide Use definition of treatment emergent AEs as seen in Section 15.2.3	SAC [1]
3.008	All Treated	OAE07	Summary of Adverse Events Related to Bortezomib by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	'Related to Bortezomib includes responses of 'Yes' only, to the following question: 'Is there a reasonable possibility that the AE may have been caused by the study treatment?' for Bortezomib Use definition of treatment emergent AEs as seen in Section 15.2.3	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.009	All Treated	OAE07	Summary of Adverse Events Related to Dexamethasone by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	'Related to Dexamethasone includes responses of 'Yes' only, to the following question: 'Is there a reasonable possibility that the AE may have been caused by the study treatment?' for Dexamethasone Use definition of treatment emergent AEs as seen in Section 15.2.3	SAC [1]
3.010	All Treated	OAE07	Summary of Adverse Events Related to Dexamethasone by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	SAC [1]
3.011	All Treated	OAE07	Summary of Adverse Events Related to Study Treatment by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	'Related to Study Treatment' includes responses of 'Yes' and missing responses to the following question: 'Is there a reasonable possibility that the AE may have been caused by the study treatment?' Use definition of treatment emergent AEs as seen in Section 15.2.3 Include a footnote: AEs related to at least one component of study treatment are included.	IA [2], SAC [1]
3.012	All Treated	OAE07	Summary of Adverse Events Related to Study Treatment by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.013	All Treated	AE3	Summary of Adverse Events of Maximum Grade 3 or Higher by Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [2], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.014	All Treated	AE3	Summary of Adverse Events of Maximum Grade 3 or Higher by Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.015	All Treated	AE1	Summary of All Adverse Events by System Organ Class and Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.016	All Treated	AE1	Summary of All Adverse Events by System Organ Class and Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 Use definition of on-treatment AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.017	All Treated	AE3	Summary of Common (>=5%) Adverse Events by Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.018	All Treated	AE3	Summary of Common (>=5%) Adverse Events by Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.019	All Treated	AE15	Summary of Common (>=5%) Non-serious Adverse Events by System Organ Class and Preferred Term (Number of Subjects and Occurrences) (Arm A – GSK2857916 + Len/Dex (Rd))	FDAAA, EudraCT Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.020	All Treated	AE15	Summary of Common (>=5%) Non-serious Adverse Events by System Organ Class and Preferred Term (Number of Subjects and Occurrences) (Arm B – GSK2857916 + Bor/Dex (Vd))	FDAAA, EudraCT Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.021	All Treated	AE3	Summary of Common (>=5%) Grade 3+ Adverse Events by Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Use definition of on-treatment AEs as seen in Section15.2.3	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.022	All Treated	AE3	Summary of Common (>=5%) Grade 3+ Adverse Events by Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.023	All Treated	AE3	Summary of Common (>=5%) Drug-Related Grade 3+Adverse Events by Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 *Drug-Related = GSK2857916, Len, and/or Dex Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.024	All Treated	AE3	Summary of Common (>=5%) Drug-Related Grade 3+ Adverse Events by Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 *Drug-Related = GSK2857916, BOR, and/or Dex Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.025	All Treated	PAN1A	Number of subjects with suspected, probable or confirmed for COVID-19 infection (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
3.026	All Treated	PAN1A	Number of subjects with suspected, probable, or confirmed for COVID-19 infection (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
Serious and Other Significant Adverse Events					
3.027	All Treated	AE3	Summary of Serious Adverse Events (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of on-treatment AEs as seen in Section 15.2.3. Sort in descending order of total incidence.	IA [2], SAC [1]
3.028	All Treated	AE3	Summary of Serious Adverse Events (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of on-treatment AEs as seen in Section 15.2.3. Sort in descending order of total incidence.	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.029	All Treated	OAE07	Summary of Serious Adverse Events Related to GSK2857916 by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Add footnote: 'Related to GSK2857916 includes responses of 'Yes' only, to the following question: 'Is there a reasonable possibility that the SAE may have been caused by the study treatment?' for GSK2857916 Use definition of treatment emergent AEs as seen in Section 15.2.3 Add summary over all cohorts	IA [2], SAC [1]
3.030	All Treated	OAE07	Summary of Serious Adverse Events Related to GSK2857916 by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], SAC [1]
3.031	All Treated	AE3	Summary of AEs Leading to Permanent Discontinuation of Study Treatment by Preferred Term (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.032	All Treated	AE3	Summary of AEs Leading to Permanent Discontinuation of Study Treatment by Preferred Term (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of on-treatment AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.033	All Treated	AE3	Summary of Adverse Events Leading to Dose Reductions/Interruptions/Delays (Arm A – GSK2857916 + Len/Dex (Rd))	*Add the following notes in the footnotes: Note: This summary includes responses of "Dose reduced", "Dose interrupted/delayed", and "Infusion stopped early and not completed", to the following question: "Were any action(s) taken with GSK2857916 (also Lenalidomide and Dexamethasone) as a result of the AE?" from the AE eCRF. No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.034	All Treated	AE3	Summary of Adverse Events Leading to Dose Reductions/Interruptions/Delays (Arm B – GSK2857916 + Bor/Dex (Vd))	*Add the following notes in the footnotes: Note: This summary includes responses of "Dose reduced", "Dose interrupted/delayed", and "Infusion stopped early and not completed", to the following question: "Were any action(s) taken with GSK2857916 (also Bortezomib and Dexamethasone) as a result of the AE?" from the AE eCRF. No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH Use definition of on-treatment AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Adverse Events of Special Interest					
3.035	All Treated	ESI1	Summary of Characteristics of Corneal Events (Overall GSK scale) (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include.	IA [2], HDL [1], SAC [1]
3.036	All Treated	ESI1	Summary of Characteristics of Corneal Events (Overall GSK scale) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Also, add a footnote: For IDs 2, 3, 6 (Arm B 2.5 mg/kg SINGLE), total number of adverse events may be overreported due to a site related unfixable non-standard logging of ongoing events.	IA [1], Post-Interim [1], IA [3], HDL [1], SAC [1]
3.037	All Treated	AE13_GSK	Corneal Event Overview (Overall GSK Scale) (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	IA [2], SAC [1]
3.038	All Treated	AE13_GSK	Corneal Event Overview (Overall GSK Scale) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], Post-Interim [1], IA [3], SAC [1]
3.039	All Treated	ESI2b	Summary of Onset and Duration of the First Occurrence of Corneal Events (Overall GSK Scale) of Grade 2 or Above (Arm A – GSK2857916 + Len/Dex (Rd))	Time of onset: 1-28, 29-56, 57-84, >84. Duration: 1-28, 29-56, >56. Mean, SD, Median, Min, Max	IA [2], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.040	All Treated	ESI2b	Summary of Onset and Duration of the First Occurrence of Corneal Events (Overall GSK Scale) of Grade 2 or Above (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above, except for Time of Onset and Duration groups: Time of onset: 1-21, 22-42, 43-63, >63. Duration: 1-21, 22-42, >42. Mean, SD, Median, Min, Max	IA [1], Post-Interim [1], IA [3], SAC [1]
3.041	All Treated	SAFE_T2a	Summary of Corneal Events (Overall GSK Scale) Leading to Action Taken with GSK2857916 (Arm A – GSK2857916 + Len/Dex (Rd))		IA [2], SAC [1]
3.042	All Treated	SAFE_T2a	Summary of Corneal Events (Overall GSK Scale) Leading to Action Taken with GSK2857916 (Arm B – GSK2857916 + Bor/Dex (Vd))		IA [1], IA [3], SAC [1]
3.043	All Treated	Programming Note	Summary of Worst Post-Baseline Corneal Events (GSK Scale) (Arm A – GSK2857916 + Len/Dex (Rd))	See Section 15.13 for mock	IA [2], SAC [1]
3.044	All Treated	Programming Note	Summary of Worst Post-Baseline Corneal Events (GSK Scale) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.045	All Treated	Mock-up SAFE_T3	Shift in Grade of Corneal Events (Overall GSK Scale) from Baseline to Week 13 (Arm A – GSK2857916 + Len/Dex (Rd))	See Section 15.13 for mock	IA [2]
3.046	All Treated	Mock-up SAFE_T3	Shift in Grade of Corneal Events (Overall GSK Scale) from Baseline to Week 10 (Arm B – GSK2857916 + Bor/Dex (Vd))	See Section 15.13 for mock	IA [3]
3.047	All Treated	Mock-up SAFE_T3	Shift in Grade of Corneal Events (Overall GSK Scale) from Baseline to End of Treatment (Arm A – GSK2857916 + Len/Dex (Rd))	See Section 15.13 for mock	SAC [1]
3.048	All Treated	Mock-up SAFE_T3	Shift in Grade of Corneal Events (Overall GSK Scale) from Baseline to End of Treatment (Arm B – GSK2857916 + Bor/Dex (Vd))	See Section 15.13 for mock	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.049	All Treated	AE17A	Summary of Exposure Adjusted Incidence Rates of Grade 3+ Corneal Events (Overall GSK Scale) (Arm A – GSK2857916 + Len/Dex (Rd))	Only provide exposure adjusted rates for grade 3+ corneal events (using definition in Section 8.2.2). No subgroups needed. Only ANY EVENT. Delete the "Total PY" column. Only keep footnote [1] See Section 15.13 for mock Only create for IA2 if time allows	IA [2], SAC [1]
3.050	All Treated	AE17A	Summary of Exposure Adjusted Incidence Rates of Grade 3+ Corneal Events (Overall GSK Scale) (Arm B – GSK2857916 + Bor/Dex (Vd))	Only provide exposure adjusted rates for grade 3+ corneal events (using definition in Section 8.2.2). No subgroups needed. Only ANY EVENT. Delete the "Total PY" column. Only keep footnote [1] See Section 15.13 for mock	IA [3], SAC [1]
3.051	All Treated	ESI1	Summary of Characteristics of Corneal Events (CTCAE) (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.052	All Treated	ESI1	Summary of Characteristics of Corneal Events (CTCAE) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.053	All Treated	AE13	Corneal Event Overview (CTCAE) (Arm A – GSK2857916 + Len/Dex (Rd))	- See mock in Section 15.13 with categories and footnotes to include. In shell, for rows that state “Lenalidomide/Bortezomib” – use “Lenalidomide” for Arm A. - For all categories use “corneal” AEs and “corneal “events” Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	SAC [1]
3.054	All Treated	AE13	Corneal Event Overview (CTCAE) (Arm B – GSK2857916 + Bor/Dex (Vd))	- See mock in Section 15.13 with categories and footnotes to include. In shell, for rows that state “Lenalidomide/Bortezomib” – use “Bortezomib” for Arm B. - For all categories use “corneal” AEs and “corneal “events” Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.055	All Treated	OAE07	Summary of Corneal Events (CTCAE) by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.056	All Treated	OAE07	Summary of Corneal Events (CTCAE) by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.057	All Treated	AE6	Summary of Cumulative Incidence of Corneal Events (CTCAE) by Preferred Term and Number of Doses Received at First Occurrence (Arm A – GSK2857916 + Len/Dex (Rd))	Only PT. The number of doses received at first occurrence will be <= 1, <= 2, <= 4, <= 6, <= 8, <= 10, and Any Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.058	All Treated	AE6	Summary of Cumulative Incidence of Corneal Events (CTCAE) by Preferred Term and Number of Doses Received at First Occurrence (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.059	All Treated	ESI1	Summary of Characteristics of Keratopathy Events (CTCAE) (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.060	All Treated	ESI1	Summary of Characteristics of Keratopathy Events (CTCAE) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Also, add a footnote: For IDs 2, 3, 6 (Arm B 2.5 mg/kg SINGLE), total number of adverse events may be overreported due to a site related unfixable non-standard logging of ongoing events.	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.061	All Treated	ESI1	Summary of Characteristics of Blurred Vision Events (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Additional Footnote: Note: Blurred Vision events as collected in the AE eCRF, including MedDRA terms based on clinical review. Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.062	All Treated	ESI1	Summary of Characteristics of Blurred Vision Events (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Also, add a footnote: For IDs 2, 3, 6, total number of adverse events may be overreported due to a site related unfixable non-standard logging of ongoing events	IA [3], SAC [1]
3.063	All Treated	ESI1	Summary of Characteristics of Thrombocytopenia (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Use definition of on-treatment AEs as seen in Section 15.2.3 Add an additional footnote: Note: Thrombocytopenia events as collected in the AE eCRF, including MedDRA terms based on clinical review.	IA [2], SAC [1]
3.064	All Treated	ESI1	Summary of Characteristics of Thrombocytopenia (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.065	All Treated	OAE07	Summary of Thrombocytopenia by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3 Use definition of on-treatment AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.066	All Treated	OAE07	Summary of Thrombocytopenia by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.067	All Treated	ESI2b	Summary of Onset and Duration of the First Occurrence of Thrombocytopenia (Arm A – GSK2857916 + Len/Dex (Rd))	Time of onset: 1-28, 29-56, 57-84, >84. Duration: 1-28, 29-56, >56. Mean, SD, Median, Min, Max Use definition of on-treatment AEs as seen in Section 15.2.3 Footnotes: [1] Not Evaluable means the event outcome was 'NOT RECOVERED/NOT RESOLVED' or 'RECOVERING/RESOLVING' with no end date. Note: Time of onset assessed only for those subjects experiencing Thrombocytopenia. Note: Thrombocytopenia events as collected in the AE eCRF, including MedDRA terms based on clinical review.	IA [2], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.068	All Treated	ESI2b	Summary of Onset and Duration of the First Occurrence of Thrombocytopenia (Arm B – GSK2857916 + Bor/Dex (Vd))	Time of onset: 1-21, 22-42, 43-63, >63. Duration: 1-21, 22-42, >42. Mean, SD, Median, Min, Max Use definition of on-treatment AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.069	All Treated	AE6	Summary of Cumulative Incidence of Thrombocytopenia by Preferred Term and Number of Doses Received at First Occurrence (Arm A – GSK2857916 + Len/Dex (Rd))	Only PT. The number of doses received at first occurrence will be <= 1, <= 2, <= 4, <= 6, <= 8, <= 10, and Any Use definition of on-treatment AEs as seen in Section 15.2.3 Footnote: Note: Thrombocytopenia events as collected in the AE eCRF, including MedDRA terms based on clinical review.	SAC [1]
3.070	All Treated	AE6	Summary of Cumulative Incidence of Thrombocytopenia by Preferred Term and Number of Doses Received at First Occurrence (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.071	All Treated	SAFE_T11	Summary of Thrombocytopenia and Bleeding Event (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of on-treatment AEs as seen in Section 15.2.3 Footnotes: [1] Lab data where Toxicity='Platelet count decreased' and Standard Toxicity Grade=3 or 4. [2] On-treatment Bleeding events include: Haemorrhage events as collected in the AE eCRF, including MedDRA terms based on clinical review; as well as Thrombocytopenia events as collected in the AE eCRF with 'Was there bleeding associated with the thrombocytopenia?'=Y, with Maximum Grade 2 or above. [3] Concomitant events are those from statement [1] and statement [2] that occur on the same day or within +/- 3 days and the event is on-treatment.	IA [2], SAC [1]
3.072	All Treated	SAFE_T11	Summary of Thrombocytopenia and Bleeding Event (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.073	All Treated	ESI1	Summary of Characteristics of Infusion-Related Reactions (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Use definition of on-treatment AEs as seen in Section 15.2.3 Additional Footnote: Note: IRR events as collected in the AE eCRF, including MedDRA terms based on clinical review.	IA [2], SAC [1]
3.074	All Treated	ESI1	Summary of Characteristics of Infusion-Related Reactions (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.075	All Treated	OAE07	Summary of Infusion-Related Reactions by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [2], SAC [1]
3.076	All Treated	OAE07	Summary of Infusion-Related Reactions by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [1], IA [3], SAC [1]
3.077	All Treated	ESI1	Summary of Characteristics of Neutropenia (Arm A – GSK2857916 + Len/Dex (Rd))	See mock in Section 15.13 with categories and footnotes to include. Use definition of on-treatment AEs as seen in Section 15.2.3 Additional Footnote: Note: Neutropenia events as collected in the AE eCRF, including MedDRA terms based on clinical review.	IA [2], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.078	All Treated	ESI1	Summary of Characteristics of Neutropenia (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], SAC [1]
3.079	All Treated	OAE07	Summary of Neutropenia by Preferred Term and Maximum Grade (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	SAC [1]
3.080	All Treated	OAE07	Summary of Neutropenia by Preferred Term and Maximum Grade (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of treatment emergent AEs as seen in Section 15.2.3	IA [1], SAC [1]
3.081	All Treated	AE6	Summary of Cumulative Incidence of Neutropenia by Preferred Term and Number of Doses Received at First Occurrence (Arm A – GSK2857916 + Len/Dex (Rd))	Only PT. The number of doses received at first occurrence will be <= 1, <= 2, <= 4, <= 6, <= 8, <= 10, and Any Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.082	All Treated	AE6	Summary of Cumulative Incidence of Neutropenia by Preferred Term and Number of Doses Received at First Occurrence (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], SAC [1]
3.083	All Treated	SAFE_T11a	Summary of Neutropenia and Infection Event (Arm A – GSK2857916 + Len/Dex (Rd))	Use definition of on-treatment AEs as seen in Section 15.2.3	SAC [1]
3.084	All Treated	SAFE_T11a	Summary of Neutropenia and Infection Event (Arm B – GSK2857916 + Bor/Dex (Vd))	Use definition of on-treatment AEs as seen in Section 15.2.3	IA [1], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.085	All Treated	ESI1	Summary of Characteristics of Haematological Toxicity (Arm A – GSK2857916 + Len/Dex (Rd))	Include summary outcome of AE *See mock shell in Section 15.13 for specifications Use definition of on-treatment AEs as seen in Section 15.2.3 Additional Footnote: Note: Haematological Toxicity events, identified using MedDRA terms based on clinical review.	IA [2], SAC [1]
3.086	All Treated	ESI1	Summary of Characteristics of Haematological Toxicity (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Also, add a footnote: For IDs 2, 3, 6, total number of adverse events may be overreported due to a site related unfixable non-standard logging of ongoing events.	IA [1], IA [3], SAC [1]
Deaths					
3.087	All Treated	DTH1a	Summary of Deaths (Arm A – GSK2857916 + Len/Dex (Rd))	IDSL Include Subject Status, Primary Cause of Death, and Time to Death from Last Dose	IA [2], HDL [1], SAC [1]
3.088	All Treated	DTH1a	Summary of Deaths (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], HDL [1], SAC [1]
Laboratory: Chemistry					
3.089	All Treated	LB1	Summary of Chemistry Changes from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3.	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.090	All Treated	LB1	Summary of Chemistry Changes from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3.	SAC [1]
3.091	All Treated	OLB9B	Summary of Worst Case Chemistry Grade Changes from Baseline Grade (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
3.092	All Treated	OLB9B	Summary of Worst Case Chemistry Grade Changes from Baseline Grade (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]
3.093	All Treated	OLB11B	Summary of Worst Case Chemistry Changes from Baseline with Respect to the Normal Range (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	IA [2], SAC [1]
3.094	All Treated	OLB11B	Summary of Worst Case Chemistry Changes from Baseline with Respect to the Normal Range (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	IA [1], IA [3], SAC [1]
Laboratory: Haematology					
3.095	All Treated	LB1	Summary of Haematology Changes from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
3.096	All Treated	LB1	Summary of Haematology Changes from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
3.097	All Treated	OLB9B	Summary of Worst Case Haematology Grade Changes from Baseline Grade (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
3.098	All Treated	OLB9B	Summary of Worst Case Haematology Grade Changes from Baseline Grade (Arm B – GSK2857916 + Bor/Dex (Vd))		SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.099	All Treated	OLB11B	Summary of Worst Case Haematology Changes from Baseline with Respect to the Normal Range (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	IA [2], SAC [1]
3.100	All Treated	OLB11B	Summary of Worst Case Haematology Changes from Baseline with Respect to the Normal Range (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	IA [1], IA [3], SAC [1]
Laboratory: Urinalysis					
3.101	All Treated	LB1	Summary of Urine Concentration Changes from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
3.102	All Treated	LB1	Summary of Urine Concentration Changes from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
3.103	All Treated	UR1	Summary of Worst Case Urinalysis Results (Discrete or Character Values) Post-Baseline Relative to Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
3.104	All Treated	UR1	Summary of Worst Case Urinalysis Results (Discrete or Character Values) Post-Baseline Relative to Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
Laboratory: Hepatobiliary (Liver)					
3.105	All Treated	LIVER1	Summary of Liver Monitoring/Stopping Event Reporting (Arm A – GSK2857916 + Len/Dex (Rd))	IDSL	SAC [1]
3.106	All Treated	LIVER1	Summary of Liver Monitoring/Stopping Event Reporting (Arm B – GSK2857916 + Bor/Dex (Vd))	IDSL	SAC [1]
3.107	All Treated	LIVER10	Summary of Hepatobiliary Laboratory Abnormalities (Arm A – GSK2857916 + Len/Dex (Rd))	IDSL	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.108	All Treated	LIVER10	Summary of Hepatobiliary Laboratory Abnormalities (Arm B – GSK2857916 + Bor/Dex (Vd))	IDSL	SAC [1]
ECG					
3.109	All Treated	OECG2B	Summary of Worst-case Amount of Increase from Baseline Value in Fridericia's QTc (Arm A – GSK2857916 + Len/Dex (Rd))	IDSL Use same definition of "worst-case" as study 159 in Table 3.0392 (primary_02). Add categories as seen in Section 8.8 No "Planned Time" column is necessary. Add footnote to the "category" column: [2] Counts within categories may not add up to counts within 'n'.	IA [2], SAC [1]
3.110	All Treated	OECG2B	Summary of Worst-case Amount of Increase from Baseline Value in Fridericia's QTc (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
Vital Signs					
3.111	All Treated	VS1	Summary of Change from Baseline in Vital Signs (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Add footnote: Note: 'BASELINE' visit displays actual Vital Signs at Baseline. Any post-baseline visit displays change from baseline in Vital Signs."	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.112	All Treated	VS1	Summary of Change from Baseline in Vital Signs (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 Add footnote: Note: 'BASELINE' visit displays actual Vital Signs at Baseline. Any post-baseline visit displays change from baseline in Vital Signs."	SAC [1]
Dose Limiting Toxicity (DLT)					
3.113	All Treated	AE19	Summary of Dose-Limiting Toxicities during the Determinative Period (Arm A – Part 1)	ICH E3	SAC [1]
3.114	All Treated	DL1	Summary of Dose-Limiting Toxicities during the Determinative Period (Arm B – Part 1)	ICH E3	IA [1], IA [3], SAC [1]
Ocular findings for General study (Baseline to Last follow-up)					
3.115	All Treated	Programming note	Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) (Arm A – GSK2857916 + Len/Dex (Rd))	Use Table 3.0501 from BMA117159 (primary_01) study as template. Following "worst change from baseline', add summary for 'Most frequent Visual Acuity Change, and pick the worst category if there is tie. Under column 'Eye', in addition to Right/Left add 'Better' (better of two eye). Definition of 3 categories of change are same as in BMA117159 (primary_01). See Section 15.13 for mock and footnotes.	IA [2], SAC [1]
3.116	All Treated	Programming note	Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], Post-Interim [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.117	All Treated	Programming note	Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) due to Corneal Event (Arm A – GSK2857916 + Len/Dex (Rd))	[1] Use Table 3.0501 from BMA117159 (primary_01) study as template. Following "worst change from baseline', add summary for 'Most frequent Visual Acuity Change, and pick the worst category if there is tie. Under column 'Eye', in addition to Right/Left add 'Better' (better of two eye). Definition of 3 categories of change are same as in BMA117159 (primary_01). Only include those visits with BCVA due to corneal event flag='Y'. See Section 15.13 for mock.	IA [2], SAC [1]
3.118	All Treated	Programming note	Summary of Best Corrected Visual Acuity Test (BCVA) Scores (logMAR score) due to Corneal Event (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
3.119	All Treated	Mock-up SAFE_T8	Number (%) of Subjects with a Decline in Best Corrected Visual acuity (BCVA) to LP or NLP due to a Corneal Event Anytime Post-Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Eye (R/L) and subject (either eye) Add footnote: 'n' denotes subjects who have any post-Baseline Best Corrected Visual acuity (BCVA) score, where the Visual Acuity is due to corneal findings. Categories displayed are only counting where 'Light Perception' or 'No Light Perception' was selected on the Non-Snellen Acuity item on the Visual Acuity (Best Corrected) eCRF, therefore may not add up to 'n'.	IA [2], SAC [1]
3.120	All Treated	Mock-up SAFE_T8	Number (%) of Subjects with a Decline in Best Corrected Visual acuity (BCVA) to LP or NLP due to a Corneal Event Anytime Post-Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], Post-Interim [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.121	All Treated	BCVACHANGE	Summary of Worst Post-Baseline Best Corrected Visual Acuity (BCVA) Change in Snellen Results (Arm A – GSK2857916 + Len/Dex (Rd))	See mock figure in Section 15.13 Groups for "Number of Lines Change from Baseline" (Better Eye, Worse Eye): Improved BCVA <= 2 Lines decline >= 3 Lines decline Add footnotes as seen in the mock figure.	IA [2], HDL [1], SAC [1]
3.122	All Treated	BCVACHANGE	Summary of Worst Post-Baseline Best Corrected Visual Acuity (BCVA) Change in Snellen Results (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], HDL [1], SAC [1]
3.123	All Treated	BCVACHANGE	Summary of Worst Post-Baseline Best Corrected Visual Acuity (BCVA) due to Corneal Event Change in Snellen Results (Arm A – GSK2857916 + Len/Dex (Rd))	See mock figure in Section 15.13 Groups for "Number of Lines Change from Baseline" (Better Eye, Worse Eye): Improved BCVA <= 2 Lines decline >= 3 Lines decline Add footnotes as seen in the mock figure.	IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.124	All Treated	BCVACHANGE	Summary of Worst Post-Baseline Best Corrected Visual Acuity (BCVA) due to Corneal Event Change in Snellen Results (Arm B – GSK2857916 + Bor/Dex (Vd))	See mock figure in Section 15.13 Groups for "Number of Lines Change from Baseline" (Better Eye, Worse Eye): Improved BCVA <= 2 Lines decline >= 3 Lines decline Add footnotes as seen in the mock figure.	IA [3], SAC [1]
3.125	All Treated	Mock-up SAFE_T9	Shift in Corneal Epithelium Findings from Baseline to Worst Post-Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	By eye (R/L) and subject (worse eye). See Section 8.5 Ocular findings from ophthalmic exam for details.	IA [2], SAC [1]
3.126	All Treated	Mock-up SAFE_T9	Shift in Corneal Epithelium Findings from Baseline to Worst Post-Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	By eye (R/L) and subject (worse eye). See Section 8.5 Ocular findings from ophthalmic exam for details.	IA [1], Post-Interim [1], IA [3], SAC [1]
3.127	All Treated	Mock-up SAFE_T14	Summary of Findings for Punctate Keratopathy (Arm A – GSK2857916 + Len/Dex (Rd))	By eye (R/L) and subject (worse eye). See Section 8.5 Ocular findings from ophthalmic exam for details. Add footnote: Note: n reflects the number of subjects with an eye with Punctate Keratopathy worse than Baseline at any Post-Baseline Ocular Exam.	IA [2], SAC [1]
3.128	All Treated	Mock-up SAFE_T14	Summary of Findings for Punctate Keratopathy (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], Post-Interim [1], IA [3], SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Anti-Drug Antibody					
3.129	All Treated	IMM1	Summary of Anti-GSK2857916 Antibody Results by Planned Time and Treatment (Arm A – GSK2857916 + Len/Dex (Rd))	Use Table 3.0940 from Study 207495 (primary_01) study as template Table will be produced by each visit and present data as shown in the mock-shell. Do not include Conclusive and Inconclusive rows. And only keep Titer data if there are positive results.	AAC [1]
3.130	All Treated	IMM1	Summary of Anti-GSK2857916 Antibody Results by Planned Time and Treatment (Arm B – GSK2857916 + Bor/Dex (Vd))	Use Table 3.0940 from Study 207495 (primary_01) study as template Table will be produced by each visit and present data as shown in the mock-shell. Do not include Conclusive and Inconclusive rows. And only keep Titer data if there are positive results.	AAC [1]
3.131	All Treated	IMM2	Summary of Neutralizing Anti-GSK2857916 Antibody Results by Planned Time and Treatment (Arm A – GSK2857916 + Len/Dex (Rd))	Use Table 3.0950 from Study 207495 (primary_01) study as template Table will be produced by each visit and present data as shown in the mock-shell.	AAC [1]
3.132	All Treated	IMM2	Summary of Neutralizing Anti-GSK2857916 Antibody Results by Planned Time and Treatment (Arm B – GSK2857916 + Bor/Dex (Vd))	Use Table 3.0950 from Study 207495 (primary_01) study as template Table will be produced by each visit and present data as shown in the mock-shell.	AAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.133	All Treated	IMM4	GSK2857916 Immunogenicity Incidence and Summary (Arm A – GSK2857916 + Len/Dex (Rd))	Use Table 3.0955 from Study 207495 (primary_01) study as template Produce Transient and Persistent Rows if possible. Use definitions in the Immunogenicity Display Standard Text Document.	AAC [1]
3.134	All Treated	IMM4	GSK2857916 Immunogenicity Incidence and Summary (Arm B – GSK2857916 + Bor/Dex (Vd))	Use Table 3.0955 from Study 207495 (primary_01) study as template Produce Transient and Persistent Rows if possible. Use definitions in the Immunogenicity Display Standard Text Document.	AAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Additional Tables					
3.137	All Treated	AE13	Adverse Event Overview for Non-Corneal Events (Arm A – GSK2857916 + Len/Dex (Rd))	This table will be produced for all AEs that are not categorized as corneal events. See mock in Section 15.3 with categories and footnotes to include. In shell, for rows that state “Lenalidomide/Bortezomib” – use “Lenalidomide” for Arm A. Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	SAC [1]

Safety: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
3.138	All Treated	AE13	Adverse Event Overview for Non-Corneal Events (Arm B – GSK2857916 + Bor/Dex (Vd))	This table will be produced for all AEs that are not categorized as corneal events. See mock in Section 15.13with categories and footnotes to include. In shell, for rows that state “Lenalidomide/Bortezomib” – use “Bortezomib” for Arm B. Use definition of on-treatment AEs as seen in Section 15.2.3 Add footnote: No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	SAC [1]

15.12.7. Safety Figures

Safety: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**

Safety: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Profile Plot					
3.135	All Treated	Programming Note	Profile Plot for Subjects (Arm A – GSK2857916 + Len/Dex (Rd))	See similar Figure 3.0031 from BCMA Study 205678 (primary_01). Make the max x-axis value equal to the max study treatment duration (days) for all subjects. Create for IA [2] if time allows	IA [2], SAC [1]
3.136	All Treated	Programming Note	Profile Plot for Subjects (Arm B – GSK2857916 + Bor/Dex (Vd))	See similar Figure 3.0031 from BCMA Study 205678 (primary_01). Make the max x-axis value equal to the max study treatment duration (days) for all subjects. Create for IA [3] if time allows	IA [1], IA [3], SAC [1]

15.12.8. Pharmacokinetic Tables

Pharmacokinetic: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PK Parameter					
4.001	PK GSK2857916	PK06	Summary of Derived GSK2857916 (ADC) PK Parameters (Arm A – GSK2857916 + Len/Dex (Rd))	PK06 with both transformed and untransformed values. Only display means, median, SD, and CVb if n ≥ 3, and only display visits up to Week 13 Day 8 for CEOI/CTROUGH Any concentration pk parameters for ADC/Tab will be reported at ug/mL and for cys-mcMMAF in ng/mL. For Ctrough, add the following footnote: “Ctrough for a dosing profile, represents the concentration prior to the next dose.” For tlast, add the following footnote: “The dose reference for Tlast is the time since most recent dose”	AAC [1]
4.002	PK GSK2857916	PK06	Summary of Derived GSK2857916 (ADC) PK Parameters (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]

Pharmacokinetic: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.003	PK GSK2857916	PK06	Summary of Derived GSK2857916 (Total Antibody) PK Parameters (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.004	PK GSK2857916	PK06	Summary of Derived GSK2857916 (Total Antibody) PK Parameters (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]
4.005	PK GSK2857916	PK06	Summary of Derived cys-mcMMAF PK Parameter (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.006	PK GSK2857916	PK06	Summary of Derived cys-mcMMAF PK Parameter (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]
4.007	PK Lenalidomide 25mg	PK06	Summary of Derived Lenalidomide 25mg PK Parameter (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	IA [2], AAC [1]
4.008	PK Lenalidomide 10mg	PK06	Summary of Derived Lenalidomide 10mg PK Parameter (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	IA [2], AAC [1]
4.009	PK Bortezomib	PK06	Summary of Derived Bortezomib PK Parameter (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above. Also, summarize by route (IV vs. SC)	IA [3], AAC [1]
4.010	PK GSK2857916	PK13	Listing of Derived GSK2857916 (ADC) PK Parameters (Untransformed) (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment Add a column for “Actual Dose” and “Dose Number” to the listing. “Dose Number” column only applicable for ADC, Tab, cys-mcMMAF.	AAC [1]
4.011	PK GSK2857916	PK13	Listing of Derived GSK2857916 (ADC) PK Parameters (Untransformed) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]

Pharmacokinetic: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.012	PK GSK2857916	PK13	Listing of Derived GSK2857916 (Total Antibody) PK Parameters (Untransformed) (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.013	PK GSK2857916	PK13	Listing of Derived GSK2857916 (Total Antibody) PK Parameters (Untransformed) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]
4.014	PK GSK2857916	PK13	Listing of Derived cys-mcMMAF PK Parameters (Untransformed) (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.015	PK GSK2857916	PK13	Listing of Derived cys-mcMMAF PK Parameters (Untransformed) (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], AAC [1]
4.016	PK Lenalidomide 25mg	PK13	Listing of Derived Lenalidomide 25mg PK Parameters (Untransformed) (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment Dose Number column not applicable	IA [2], AAC [1]
4.017	PK Lenalidomide 10mg	PK13	Listing of Derived Lenalidomide 10mg PK Parameters (Untransformed) (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment Dose Number column not applicable	IA [2], AAC [1]
4.018	PK Bortezomib	PK13	Listing of Derived Bortezomib PK Parameters (Untransformed) (Arm B – GSK2857916 + Bor/Dex (Vd))	Produce Listing by Treatment Also, add in column for Route (IV vs. SC Dose Number column not applicable	IA [3], AAC [1]
Concentration					

Pharmacokinetic: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.019	PK GSK2857916	PK01	Summary of Plasma GSK2857916 (ADC) PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	By cohort Only display mean, median, and SD if n ≥ 3	AAC [1]
4.020	PK GSK2857916	PK01	Summary of Plasma GSK2857916 (ADC) PK Concentration-Time Data (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], AAC [1]
4.021	PK GSK2857916	PK01	Summary of Plasma GSK2857916 (Total Antibody) PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.022	PK GSK2857916	PK01	Summary of Plasma GSK2857916 (Total Antibody) PK Concentration-Time Data (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], AAC [1]
4.023	PK GSK2857916	PK01	Summary of Plasma cys-mcMMAF PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.024	PK GSK2857916	PK01	Summary of Plasma cys-mcMMAF PK Concentration-Time Data (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [3], AAC [1]
4.025	PK Lenalidomide 25mg	PK01	Summary of Lenalidomide 25mg PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.026	PK Lenalidomide 10mg	PK01	Summary of Lenalidomide 10mg PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above	AAC [1]
4.027	PK Bortezomib	PK01	Summary of Bortezomib PK Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Same as above Also, summarize by route (IV vs. SC)	IA [3], AAC [1]

15.12.9. Pharmacokinetic Figures

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Concentration					
4.028	PK GSK2857916	PK16	Individual Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	AAC [1]
4.029	PK GSK2857916	PK16	Individual Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	IA [1], IA [3], AAC [1]
4.030	PK GSK2857916	PK16	Individual Plasma cys-mcMMAF Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	AAC [1]
4.031	PK GSK2857916	PK16	Individual Plasma cys-mcMMAF Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	IA [1], IA [3], AAC [1]
4.032	PK GSK2857916	PK16	Individual Plasma Total Antibody Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	AAC [1]
4.033	PK GSK2857916	PK16	Individual Plasma Total Antibody Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	IA [3], AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.034	PK Lenalidomide 25mg	PK16	Individual Plasma Lenalidomide 25mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	IA [2], AAC [1]
4.035	PK Lenalidomide 10mg	PK16	Individual Plasma Lenalidomide 10mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx"	IA [2], AAC [1]
4.036	PK Bortezomib	PK16	Individual Plasma Bortezomib Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	In second title, add "Treatment" to include cohort for each subject: "Treatment = x.x mg/kg, Subject = xxxxxx", also add route of administration (IV or SC)	IA [3], AAC [1]
4.037	PK GSK2857916	PK17	Mean Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.038	PK GSK2857916	PK17	Mean Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [1], AAC [1]
4.039	PK GSK2857916	PK17	Mean Plasma GSK2857916 (cys-mcMMAF) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.040	PK GSK2857916	PK17	Mean Plasma GSK2857916 (cys-mcMMAF) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [1], AAC [1]
4.041	PK GSK2857916	PK17	Mean Plasma GSK2857916 (Total Antibody) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.042	PK GSK2857916	PK17	Mean Plasma GSK2857916 (Total Antibody) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.043	PK GSK2857916	PK18	Median Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.044	PK GSK2857916	PK18	Median Plasma GSK2857916 (ADC) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [1], IA [3], AAC [1]
4.045	PK GSK2857916	PK18	Median Plasma GSK2857916 (cys-mcMMAF) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.046	PK GSK2857916	PK18	Median Plasma GSK2857916 (cys-mcMMAF) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [1], IA [3] AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.047	PK GSK2857916	PK18	Median Plasma GSK2857916 (Total Antibody) Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	AAC [1]
4.048	PK GSK2857916	PK18	Median Plasma GSK2857916 (Total Antibody) Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [3], AAC [1]
4.049	PK Lenalidomide 25mg	PK18	Mean Plasma Lenalidomide 25mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [2], AAC [1]
4.050	PK Lenalidomide 10mg	PK18	Mean Plasma Lenalidomide 10mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [2], AAC [1]
4.051	PK Lenalidomide 25mg	PK18	Median Plasma Lenalidomide 25mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [2], AAC [1]
4.052	PK Lenalidomide 10mg	PK18	Median Plasma Lenalidomide 10mg Concentration-Time Plots (Linear and Semi-Log) (Arm A – GSK2857916 + Len/Dex (Rd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3	IA [2], AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.053	PK Bortezomib	PK17	Mean Plasma Bortezomib Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay mean lines for all doses on the same plot Only display mean line for treatment Groups with N≥3 Add footnotes: Note: IV=Intravenous, SC=Subcutaneous. Note: LLQ= 0.1 ng/mL. Note: The initial bioanalytical method had a LLQ of 0.5 ng/mL. This method was updated with a LLQ of 0.1 ng/mL. Samples with <LLQ concentration with the initial method were re-analyzed with the updated method. Note: Treatment Groups with N=2 or less are not presented.	IA [3], AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.054	PK Bortezomib	PK18	Median Plasma Bortezomib Concentration-Time Plots (Linear and Semi-Log) (Arm B – GSK2857916 + Bor/Dex (Vd))	Overlay median lines for all doses on the same plot Only display mean line for treatment Groups with N≥3 Add footnotes: Note: IV=Intravenous, SC=Subcutaneous. Note: LLQ= 0.1 ng/mL. Note: The initial bioanalytical method had a LLQ of 0.5 ng/mL. This method was updated with a LLQ of 0.1 ng/mL. Samples with <LLQ concentration with the initial method were re-analyzed with the updated method. Note: Treatment Groups with N=2 or less are not presented.	IA [3], AAC [1]
Cmax Plots					
4.055	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – ADC (Arm A – GSK2857916 + Len/Dex (Rd))	See mock figure in Section 15.13	AAC [1]
4.056	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – ADC (Arm B – GSK2857916 + Bor/Dex (Vd))	See mock figure in Section 15.13	IA [1], IA [3], AAC [1]
4.057	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – cys-mcMMAF (Arm A – GSK2857916 + Len/Dex (Rd))	See mock figure in Section 15.13	AAC [1]
4.058	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – cys-mcMMAF (Arm B – GSK2857916 + Bor/Dex (Vd))	See mock figure in Section 15.13	IA [1], IA [3], AAC [1]

Pharmacokinetic: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
4.059	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – Total Antibody (Arm A – GSK2857916 + Len/Dex (Rd))	See mock figure in Section 15.13	AAC [1]
4.060	PK GSK2857916	Mock-up PK_1	Individual and Mean Cmax by Dose/Schedule and Day for Cycle 1 – Total Antibody (Arm B – GSK2857916 + Bor/Dex (Vd))	See mock figure in Section 15.13	IA [3], AAC [1]

15.12.10. Biomarker Tables

Biomarker: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
CCI [redacted]					

Biomarker: Tables					
No.	Population	IDSL / Example Shell	Title	Programming Notes	Deliverable [Priority]
CCI [redacted]					

15.12.11. Biomarker Figures

Biomarker: Figures					
No.	Population	IDSL / Example Shell	Title	Programming Notes	Deliverable [Priority]

Biomarker: Figures					
No.	Population	IDSL / Example Shell	Title	Programming Notes	Deliverable [Priority]
CCI	[redacted]				

15.12.12. Patient Reported Outcomes Tables

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PRO-CTCAE					
6.001	All Treated	PRO_MAX	Summary of Maximum Post-Baseline PRO-CTCAE Score (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.0090 for guidance. For each selected item from PRO-CTCAE library: create summary table for maximum post-baseline PRO-CTCAE score for each of 3 attributes (frequency, severity and/or interference). Presence/Absence will only be listed.	[1]
6.002	All Treated	PRO_MAX	Summary of Maximum Post-Baseline PRO-CTCAE Score (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.0090 for guidance. For each selected item from PRO-CTCAE library: create summary table for maximum post-baseline PRO-CTCAE score for each of 3 attributes (frequency, severity and/or interference). Presence/Absence will only be listed.	AAC [1]
OSDI					
6.003	All Treated	OSDI_CHG_TOT	Summary of Change in OSDI Total Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.00130 for guidance.	AAC [1]
6.004	All Treated	OSDI_CHG_TOT	Summary of Change in OSDI Total Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.00130 for guidance.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.005	All Treated	OSDI_CHG_SUB	Summary of Change in OSDI Subscale Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.00130 for guidance. Descriptive stats + frequencies of worsening >=12.5 (VRF). Refer to mid207503 (internal_02) Table 5.11 for guidance on VRF 12.5 worsening.	AAC [1]
6.006	All Treated	OSDI_CHG_SUB	Summary of Change in OSDI Subscale Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205678 (primary_01) Table 8.00130 for guidance. Descriptive stats + frequencies of worsening >=12.5 (VRF). Refer to mid207503 (internal_02) Table 5.11 for guidance on VRF 12.5 worsening.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.007	All Treated	OSDI_DET	Summary of Patients with a 12.5 Point or Greater Deterioration from Baseline in the Visual Related Function Subscale Score (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205207 (primary_03) Table 6.0003for guidance. Include the following footnotes: (1) Improvement is defined as a decrease from the worst subscale score of at least 12.5 points. (2) Time to 12.5 point deterioration assessed only for those subjects experiencing a first worsening of at least one 12.5 unit as compared to the baseline score with complete onset date. (3) Duration is defined as time from the onset of first worsening of at least one 12.5 unit as compared to the baseline score to the first time of resolution based on 12.5 improvement from the first worst subscale score during the event. It requires at least one day gap between the resolution of worsening from first course to the onset of second course.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.008	All Treated	OSDI_DET	Summary of Patients with a 12.5 Point or Greater Deterioration from Baseline in the Visual Related Function Subscale Score (Arm B– GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205207 (primary_03) Table 6.0003 for guidance. Include the following footnotes: (1) Improvement is defined as a decrease from the worst subscale score of at least 12.5 points. (2) Time to 12.5 point deterioration assessed only for those subjects experiencing a first worsening of at least one 12.5 unit as compared to the baseline score with complete onset date. (3) Duration is defined as time from the onset of first worsening of at least one 12.5 unit as compared to the baseline score to the first time of resolution based on 12.5 improvement from the first worst subscale score during the event. It requires at least one day gap between the resolution of worsening from first course to the onset of second course.	AAC [1]
NEI-VFQ-25					
6.009	All Treated	VFQ_CHG	Summary of Change in NEI-VFQ-25 Overall Composite Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Timepoints includes EOT visit, last follow-up visit, and worst change from baseline.	AAC [1]
6.010	All Treated	VFQ_CHG	Summary of Change in NEI-VFQ-25 Overall Composite Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Timepoints includes EOT visit, last follow-up visit, and worst change from baseline.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.011	All Treated	VFQ_CHG	Summary of Change in NEI-VFQ-25 Subscale Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Timepoints includes EOT visit, last follow-up visit, and worst change from baseline.	AAC [1]
6.012	All Treated	VFQ_CHG	Summary of Change in NEI-VFQ-25 Subscale Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Timepoints includes EOT visit, last follow-up visit, and worst change from baseline.	AAC [1]
EORTC QLQ-C30					
6.013	All Treated	QLQ_CHG_DOM	Summary of Change in EORTC QLQ-C30 Domain Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_01) Table 8.0020 for guidance. Including score for 15 domains and Improvement in EORTC QLQ-C30 domain score >=10	AAC [1]
6.014	All Treated	QLQ_CHG_DOM	Summary of Change in EORTC QLQ-C30 Domain Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_01) Table 8.0020 for guidance. Including score for 15 domains and Improvement in EORTC QLQ-C30 domain score >=10	AAC [1]
EORTC QLQ-MY20					
6.015	All Treated	QLQ_CHG_DOM	Summary of Change in EORTC QLQ-MY20 Domain Scores from Baseline (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_01) Table 8.0070 for guidance. Including score for 4 domains and Improvement in EORTC QLQ-MY20 domain score >=10	AAC [1]
6.016	All Treated	QLQ_CHG_DOM	Summary of Change in EORTC QLQ-MY20 Domain Scores from Baseline (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_01) Table 8.0070 for guidance. Including score for 4 domains and Improvement in EORTC QLQ-MY20 domain score >=10	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Compliance of PRO-CTCAE, OSDI, and EORTC QLQ-C30					

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.017	All Treated	COMP1	Summary of Compliance of PRO CTCAE, NEI-VFQ-25, and OSDI by Visit and Overall (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205678 (primary_07) Table 8.10010 for guidance. • Include number and percentage of subjects for each assessment. • Add "Overall" Compliance to bottom of table, representing compliance over all visits. Footnotes: Note: Percentage is calculated using # of subjects remaining in the study at given timepoint as denominator. Note: Subjects are counted as remaining in the study at last follow-up visit if they have at least one recorded follow-up visit. Note: Last Follow-up visit is not collected for PRO-CTCAE. Subjects who show corneal signs per the GSK scale at EOT will continue to receive only the OSDI and NEI-VFQ-25 assessments during follow-up for up to 1 year or until ocular exams are completed (whichever comes first). Note: The overall compliance rate is the number of subjects with an evaluable baseline score and at least one evaluable post-baseline score.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.018	All Treated	COMP1	Summary of Compliance of PRO CTCAE, NEI-VFQ-25, and OSDI by Visit and Overall (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205678 (primary_07) Table 8.10010 for guidance. • Include number and percentage of subjects for each assessment. • Add "Overall" Compliance to bottom of table, representing compliance over all visits. Footnote: Note: percentage is calculated using # of subject remaining in the study at given timepoint as denominator.	AAC [1]
6.019	All Treated	COMP2	Summary of Compliance of EORTC QLQ-C30 and EORTC QLQ-MY20 by Visit and Overall (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Table 8.10010 for guidance. • Include number and percentage of subjects for each assessment. • Add "Overall" Compliance to bottom of table, representing compliance over all visits. Footnote: Note: Percentage is calculated using # of subjects remaining in the study at given timepoint as denominator. Note: The overall compliance rate is the number of subjects with an evaluable baseline score and at least one evaluable post-baseline score.	AAC [1]

Patient Reported Outcomes: Tables					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.020	All Treated	COMP2	Summary of Compliance of EORTC QLQ-C30 and EORTC QLQ-MY20 by Visit and Overall (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Table 8.10010 for guidance. • Include number and percentage of subjects for each assessment. • Add "Overall" Compliance to bottom of table, representing compliance over all visits. Footnote: Note: percentage is calculated using # of subject remaining in the study at given timepoint as denominator.	AAC [1]

15.12.13. Patient Reported Outcomes Figures

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
PRO-CTCAE					
6.021	All Treated	PRO_STACK	Stacked Bar Chart of PRO-CTCAE Score by Attributes and Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205207 (primary_03) Figure 6.0001 for guidance. For each selected item from PRO-CTCAE library: create 5 sets of stacked bar charts per dose cohort for PRO-CTCAE score for each of 3 attributes (frequency, severity and/or interference).	AAC [1]
6.022	All Treated	PRO_STACK	Stacked Bar Chart of PRO-CTCAE Score by Attributes and Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205207 (primary_03) Figure 6.0001 for guidance. For each selected item from PRO-CTCAE library: create 5 sets of stacked bar charts per dose cohort for PRO-CTCAE score for each of 3 attributes (frequency, severity and/or interference).	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
OSDI					
6.023	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of OSDI Total Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Summarize by: dose level. Refer to mid205678 (primary_07) Figure 8.10023, 8.10024 & 8.10025 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, worst case post treatment and last follow-up visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note: Interval shown represents 95% confident limits around mean at each planned time. Note: BSLN = "Baseline", EOT = "End of Treatment", LFU = "Last Follow-Up", and WCPB = "Worst Case Post-Baseline". Note: Confidence Intervals are presented where n>=3.	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.024	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of OSDI Total Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Summarize by: dose level. Refer to mid205678 (primary_07) Figure 8.10023, 8.10024 & 8.10025 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, worst case post treatment and last follow-up visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
EORTC QLQ-C30					
6.025	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Pain Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.026	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Pain Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.027	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Fatigue Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10038 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.028	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Fatigue Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10038 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.029	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Global Health Status / QoL Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10039 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.030	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Global Health Status / QoL Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10039 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.031	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Physical Functioning Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.032	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Physical Functioning Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.033	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Role Functioning Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.034	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-C30 Role Functioning Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	AAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
EORTC QLQ-MY20					
6.035	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-MY20 Disease Symptom Domain Score by Visit (Arm A – GSK2857916 + Len/Dex (Rd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	SAC [1]

Patient Reported Outcomes: Figures					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
6.036	All Treated	CFB_CI	Plot of Change from Baseline and Confidence Interval of EORTC QLQ-MY20 Disease Symptom Domain Score by Visit (Arm B – GSK2857916 + Bor/Dex (Vd))	Refer to mid205678 (primary_07) Figure 8.10037 for guidance. Add a dashed line at y axis=0. In addition to treatment visits, also include end of treatment, and worst case post baseline visits. Add arrows showing direction of change from baseline: “deterioration” “improvement”. Add the following footnotes: Note 1: Interval shown represents 95% confident limits around mean at each planned time. Note 2: “BSLN” represents “Baseline”; “EOT” represents “End of Treatment”; "WCPB" represents "Worst Case Post-baseline"; "LFU" represents "Last Follow-up".	SAC [1]

15.12.14. ICH Listings

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Subject Disposition					
1.001	All Treated	ES3	Listing of Reasons for Study Withdrawal (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Add footnotes: [1] y = years [2] Study Day is calculated as the number of days from the first dose date.	IA [2], SAC [1]
1.002	All Treated	ES3	Listing of Reasons for Study Withdrawal (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]
1.003	All Treated	SD2	Listing of Reasons for Study Treatment Discontinuation (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 *Add a column for "Treatment" – see shell in Section 15.13 Add footnotes: [1] y = years [2] Study Day is calculated as the number of days from the first dose date.	IA [2], SAC [1]
1.004	All Treated	SD2	Listing of Reasons for Study Treatment Discontinuation (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above	IA [1], IA [3], SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Protocol Deviations					
1.005	All Treated	DV2	Listing of Important Protocol Deviations (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 *Do not need last 3 columns titled "Deviation Requires Exclusion From" Add footnote: Note: Study Day is calculated as the number of days from the first dose date.	SAC [1]
1.006	All Treated	DV2	Listing of Important Protocol Deviations (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3 *Do not need last 3 columns titled "Deviation Requires Exclusion From" Add footnote: Note: Study Day is calculated as the number of days from the first dose date.	IA [1], SAC [1]
1.007	All Treated	IE3	Listing of Subjects with Inclusion/Exclusion Criteria Deviations (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	RAPIDO DV at SAC [1]
1.008	All Treated	IE3	Listing of Subjects with Inclusion/Exclusion Criteria Deviations (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	RAPIDO DV at SAC [1]
Demographic and Baseline Characteristics					
1.009	All Treated	DM2	Listing of Demographic Characteristics (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.010	All Treated	DM2	Listing of Demographic Characteristics (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
Prior and Concomitant Medications					
1.011	All Treated	CM3	Listing of Concomitant Medications (Arm A – GSK2857916 + Len/Dex (Rd))	IDSL	SAC [1]
1.012	All Treated	CM3	Listing of Concomitant Medications (Arm B – GSK2857916 + Bor/Dex (Vd))	IDSL	SAC [1]
Exposure and Treatment Compliance					
1.013	All Treated	OEX8A	Listing of Exposure Data (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.014	All Treated	OEX8A	Listing of Exposure Data (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
Response					

CCI

[redacted]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
CCI [redacted]					
Adverse Events					
1.017	All Treated	AE8	Listing of All Adverse Events (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3 Add a footnote: - Time since 1st dose is the duration from the 1st dose of GSK2857916 to the start of the adverse event. Time since last dose is the duration since the latest dose taken (of any study treatment component) to the start of the adverse event.	IA [2], SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
1.018	All Treated	AE8	Listing of All Adverse Events (Arm B – GSK2857916 + Bor/Dex (Vd))	Same as above Add an additional footnote: For IDs 2, 3, 6 (Arm B 2.5 mg/kg SINGLE) total number of adverse events may be overreported due to a site related unfixable non-standard logging of ongoing events.	IA [1], IA [3], SAC [1]
1.019	All Treated	AE7	Listing of Subject Numbers for Individual Adverse Events (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	RAPIDO DV at SAC [1]
1.020	All Treated	AE7	Listing of Subject Numbers for Individual Adverse Events (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	RAPIDO DV at SAC [1]
Serious and Other Significant Adverse Events					
1.021	All Treated	AE8	Listing of Fatal Serious Adverse Events (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	IA [2], SAC [1]
1.022	All Treated	AE8	Listing of Fatal Serious Adverse Events (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	IA [1], IA [3], SAC [1]
1.023	All Treated	AE8	Listing of Non-Fatal Serious Adverse Events (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.024	All Treated	AE8	Listing of Non-Fatal Serious Adverse Events (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
1.025	All Treated	AE14	Listing of Reasons for Considering as a Serious Adverse Event (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.026	All Treated	AE14	Listing of Reasons for Considering as a Serious Adverse Event (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]

ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
All Laboratory					
1.027	All Treated	LB5A	Listing of All Laboratory Data for Subjects with Any Value of Potential Clinical Importance (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.028	All Treated	LB5A	Listing of All Laboratory Data for Subjects with Any Value of Potential Clinical Importance (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
1.029	All Treated	LB14	Listing of Laboratory Data with Character Results (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	SAC [1]
1.030	All Treated	LB14	Listing of Laboratory Data with Character Results (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	SAC [1]
1.031	All Treated	UR2	Listing of Urinalysis Data for Subjects with Any Value of Potential Clinical Importance (Arm A – GSK2857916 + Len/Dex (Rd))	ICH E3	RAPIDO DV at SAC [1]
1.032	All Treated	UR2	Listing of Urinalysis Data for Subjects with Any Value of Potential Clinical Importance (Arm B – GSK2857916 + Bor/Dex (Vd))	ICH E3	RAPIDO DV at SAC [1]
Death					
1.033	All Treated	DD2	Listing of Subject Numbers for Specific Causes of Deaths (Arm A – GSK2857916 + Len/Dex (Rd))		SAC [1]
1.034	All Treated	DD2	Listing of Subject Numbers for Specific Causes of Deaths (Arm B – GSK2857916 + Bor/Dex (Vd))		IA [3], SAC [1]

15.12.15. Non-ICH Listings

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Protocol Deviations					
30.001	All Treated	PAN7	Listing of Visits Impacted by COVID-19 Pandemic (Arm A – GSK2857916 + Len/Dex (Rd))		RAPIDO DV at SAC [1]
30.002	All Treated	PAN7	Listing of Visits Impacted by COVID-19 Pandemic (Arm B – GSK2857916 + Bor/Dex (Vd))		RAPIDO DV at SAC [1]

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
Exposure					
30.003	All Treated	OEX9	Summary Listing of Overall Exposure and Dose Modifications (Arm A – GSK2857916 + Len/Dex (Rd))	*Add Site ID, Subject ID, Component, Time on Study Treatment, Dose Intensity, and Dose Modification Summary *We do not need the "X Missed Doses" category under "Dose Modification Summary" *Add footnotes (for correct order see annotated shells): [1] Dose intensity (units/interval) is the cumulative actual dose divided by duration of exposure, where interval is 4 weeks for SINGLE and SPLIT dosing, and 8 weeks for STRETCH dosing. For dose intensity, date of discontinuation is the date of last dose. For Arm A, each cycle is 4 weeks (28 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE	IA [2], SAC [1]

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
30.004	All Treated	OEX9	Summary Listing of Overall Exposure and Dose Modifications (Arm B – GSK2857916 + Bor/Dex (Vd))	*Add Site D, Subject ID, Component, Time on Study Treatment, Dose Intensity, and Dose Modification Summary *We do not need the "X Missed Doses" category under "Dose Modification Summary" *Add footnotes (for correct order see annotated shells): [1] Dose intensity (units/interval) is the cumulative actual dose divided by duration of exposure, where interval is 3 weeks for SINGLE/SPLIT doses and 6 weeks for STRETCH and S/D STRETCH doses. [2] Dose Intensity for BOR and DEX calculated per day within a cycle for Bortezomib. For Arm B, each cycle is 3 weeks (21 days) No dose reduction of GSK2857916 allowed for 1.9 mg/kg STRETCH and SINGLE, and 2.5 mg/kg S/D STRETCH	IA [1], IA [3], SAC [1]
Anti-Drug Antibody					
30.005	All Treated	IMM5	Listing of GSK2857916 Immunogenicity Results (Arm A – GSK2857916 + Len/Dex (Rd))		RAPIDO DV at AAC [1]

Non-ICH: Listings					
No.	**Population**	**IDSL / Example Shell**	**Title**	**Programming Notes**	**Deliverable [Priority]**
30.006	All Treated	IMM5	Listing of GSK2857916 Immunogenicity Results (Arm B – GSK2857916 + Bor/Dex (Vd))		RAPIDO DV at AAC [1]
PK					
30.007	PK GSK2857916	PK13	Listing of GSK2857916 (ADC, Total Antibody, cys-mcMMAF) Pharmacokinetic Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment	AAC [1]
30.008	PK GSK2857916	PK13	Listing of GSK2857916 (ADC, Total Antibody, cys-mcMMAF) Pharmacokinetic Concentration-Time Data (Arm B – GSK2857916 + Bor/Dex (Vd))	Produce Listing by Treatment	AAC [1]
30.009	PK Lenalidomide 25mg	PK13	Listing of Lenalidomide Pharmacokinetic Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment Can delete “dose number” from listing	AAC [1]
30.010	PK Lenalidomide 10mg	PK13	Listing of Lenalidomide Pharmacokinetic Concentration-Time Data (Arm A – GSK2857916 + Len/Dex (Rd))	Produce Listing by Treatment Can delete “dose number” from listing	AAC [1]
30.011	PK Bortezomib	PK13	Listing of Bortezomib Pharmacokinetic Concentration-Time Data (Arm B – GSK2857916 + Bor/Dex (Vd))	Produce Listing by Treatment Can delete “dose number” from listing Add column for “Route”	AAC [1]

15.13. Appendix 13: Example Mock Shells for Data Displays

Mock shells will be available within a RAP Supportive Document. This RAP Supportive Document will contain the final templates applied for final SAC.

Signature Page for 207497 TMF-16085540 v1.0

Reason for signing: Approved	Name: PPD Role: Approver Date of signature: 25-Apr-2023 15:48:45 GMT+0000

Reason for signing: Approved	Name: PPD Role: Approver Date of signature: 25-Apr-2023 16:02:53 GMT+0000

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