



Clinical trial results:

Risk-based, response-adapted, Phase II open-label trial of nivolumab + brentuximab vedotin (N+ Bv) for children, adolescents, and young adults with relapsed/refractory (R/R) CD30 + classic Hodgkin lymphoma (cHL) after failure of first-line therapy, followed by brentuximab + bendamustine (Bv + B) for participants with a suboptimal response. CheckMate 744: CHECKpoint pathway and nivolumab clinical Trial Evaluation

Summary

| | |
|--------------------------|--|
| EudraCT number | 2016-002347-41 |
| Trial protocol | CZ ES IE DE GB NL PL Outside EU/EEA IT |
| Global end of trial date | 28 May 2024 |

Results information

| | |
|--------------------------------|------------------|
| Result version number | v1 (current) |
| This version publication date | 17 November 2024 |
| First version publication date | 17 November 2024 |

Trial information

Trial identification

| | |
|-----------------------|-----------|
| Sponsor protocol code | CA209-744 |
|-----------------------|-----------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT02927769 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|---|
| Sponsor organisation name | Bristol-Myers Squibb |
| Sponsor organisation address | Chaussee de la Hulpe 185, Brussels, Belgium, 1170 |
| Public contact | EU Study Start-Up Unit, Bristol-Myers Squibb International Corporation, Clinical.Trials@bms.com |
| Scientific contact | Bristol-Myers Squibb Study Director, Bristol-Myers Squibb, Clinical.Trials@bms.com |

Notes:

Paediatric regulatory details

| | |
|--|---------------------|
| Is trial part of an agreed paediatric investigation plan (PIP) | Yes |
| EMA paediatric investigation plan number(s) | EMA-001407-PIP02-15 |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | Yes |

Notes:

Results analysis stage

| | |
|--|--------------|
| Analysis stage | Final |
| Date of interim/final analysis | 08 July 2024 |
| Is this the analysis of the primary completion data? | No |
| Global end of trial reached? | Yes |
| Global end of trial date | 28 May 2024 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

To describe the complete metabolic response (CMR) rate before radiation therapy/high-dose chemotherapy/autologous stem-cell transplant and event-free survival (EFS) rate at 3 years, as assessed by blinded independent central review (BICR), using Lugano 2014 response criteria.

Protection of trial subjects:

The study was in compliance with the ethical principles derived from the Declaration of Helsinki and in compliance with all International Conference on Harmonization Good Clinical Practice Guidelines. All the local regulatory requirements pertinent to safety of trial participants were followed.

Background therapy: -

Evidence for comparator: -

| | |
|---|---------------|
| Actual start date of recruitment | 28 March 2017 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|-------------------|
| Country: Number of subjects enrolled | France: 14 |
| Country: Number of subjects enrolled | Germany: 10 |
| Country: Number of subjects enrolled | Ireland: 2 |
| Country: Number of subjects enrolled | Italy: 15 |
| Country: Number of subjects enrolled | Netherlands: 6 |
| Country: Number of subjects enrolled | Spain: 1 |
| Country: Number of subjects enrolled | United Kingdom: 4 |
| Country: Number of subjects enrolled | United States: 20 |
| Worldwide total number of subjects | 72 |
| EEA total number of subjects | 48 |

Notes:

Subjects enrolled per age group

| | |
|--|---|
| In utero | 0 |
| Preterm newborn - gestational age < 37 | 0 |

| | |
|--|----|
| wk | |
| Newborns (0-27 days) | 0 |
| Infants and toddlers (28 days-23 months) | 0 |
| Children (2-11 years) | 7 |
| Adolescents (12-17 years) | 42 |
| Adults (18-64 years) | 23 |
| From 65 to 84 years | 0 |
| 85 years and over | 0 |

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

All participants entered the Induction phase. Participants entered the Intensification phase if they received brentuximab + bendamustine (Bv + B). Participants entered the Consolidation Phase if they received radiation therapy (C1) or high-dose chemotherapy/autologous stem cell transplant (HDCT/ASCT) (C2).

Period 1

| | |
|------------------------------|-------------------------|
| Period 1 title | Induction Phase |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--|
| Are arms mutually exclusive? | Yes |
| Arm title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|--|-----------------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | Brentuximab Vedotin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1.8 mg/kg every 21 days

| | |
|--|---|
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | BMS-936558 |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection/infusion |
| Routes of administration | Intravenous use |

Dosage and administration details:

3 mg/kg every 21 days

| | |
|------------------|---|
| Arm title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|------------------|---|

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had

CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| | |
|--|--|
| Arm type | Experimental |
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m²/day, 21-day cycles (on Days1 and 2)

| | |
|--|---|
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | BMS-936558 |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection/infusion |
| Routes of administration | Intravenous use |

Dosage and administration details:

3 mg/kg every 21 days

| Number of subjects in period 1 | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|---------------------------------------|---|--|
| Started | 28 | 44 |
| Completed | 27 | 42 |
| Not completed | 1 | 2 |
| Disease progression | - | 1 |
| Study drug toxicity | 1 | 1 |

Period 2

| | |
|------------------------------|-------------------------|
| Period 2 title | Consolidation Phase |
| Is this the baseline period? | No |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--|
| Are arms mutually exclusive? | Yes |
| Arm title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not

achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|--|---|
| Arm type | Experimental |
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | BMS-936558 |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection/infusion |
| Routes of administration | Intravenous use |

Dosage and administration details:

3 mg/kg every 21 days

| | |
|--|--|
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m²/day, 21-day cycles (on Days1 and 2)

| | |
|--|-----------------------------------|
| Investigational medicinal product name | Brentuximab Vedotin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1.8 mg/kg every 21 days

| | |
|------------------|---|
| Arm title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|------------------|---|

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| | |
|--|---|
| Arm type | Experimental |
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | BMS-936558 |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection/infusion |
| Routes of administration | Intravenous use |

Dosage and administration details:

3 mg/kg every 21 days

| | |
|--|--|
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m²/day, 21-day cycles (on Days1 and 2)

| | |
|--|--------------|
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |

| | |
|--------------------------|--|
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m²/day, 21-day cycles (on Days1 and 2)

| Number of subjects in period 2^[1] | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|---|---|--|
| Started | 22 | 32 |
| Completed | 22 | 32 |

Notes:

[1] - The number of subjects starting the period is not consistent with the number completing the preceding period. It is expected the number of subjects starting the subsequent period will be the same as the number completing the preceding period.

Justification: Not all participants who started in the induction phase entered the intensification or consolidation phase.

Period 3

| | |
|------------------------------|-------------------------|
| Period 3 title | Intensification Phase |
| Is this the baseline period? | No |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--|
| Are arms mutually exclusive? | Yes |
| Arm title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|--|--|
| Arm type | Experimental |
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m²/day, 21-day cycles (on Days1 and 2)

| | |
|--|---------------------|
| Investigational medicinal product name | Brentuximab Vedotin |
| Investigational medicinal product code | |
| Other name | |

| | |
|--------------------------|-----------------------------------|
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1.8 mg/kg every 21 days

| | |
|------------------|---|
| Arm title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|------------------|---|

Arm description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| | |
|--|--|
| Arm type | Experimental |
| Investigational medicinal product name | Bendamustine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

90 mg/m2/day, 21-day cycles (on Days1 and 2)

| | |
|--|-----------------------------------|
| Investigational medicinal product name | Brentuximab Vedotin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1.8 mg/kg every 21 days

| Number of subjects in period 3^[2] | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|---|---|--|
| Started | 6 | 11 |
| Completed | 5 | 11 |
| Not completed | 1 | 0 |
| Study drug toxicity | 1 | - |

Notes:

[2] - The number of subjects starting the period is not consistent with the number completing the preceding period. It is expected the number of subjects starting the subsequent period will be the same as the number completing the preceding period.

Justification: Not all participants who started in the induction phase entered the intensification or consolidation phase.

Baseline characteristics

Reporting groups

| | |
|-----------------------|--|
| Reporting group title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |
|-----------------------|--|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|-----------------------|---|
| Reporting group title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|-----------------------|---|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| Reporting group values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | Total |
|---|---|--|-------|
| Number of subjects | 28 | 44 | 72 |
| Age categorical Units: Subjects | | | |
| In utero | 0 | 0 | 0 |
| Preterm newborn infants (gestational age < 37 wks) | 0 | 0 | 0 |
| Newborns (0-27 days) | 0 | 0 | 0 |
| Infants and toddlers (28 days-23 months) | 0 | 0 | 0 |
| Children (2-11 years) | 3 | 4 | 7 |
| Adolescents (12-17 years) | 15 | 27 | 42 |
| Adults (18-64 years) | 10 | 13 | 23 |
| From 65-84 years | 0 | 0 | 0 |
| 85 years and over | 0 | 0 | 0 |
| Age Continuous Units: Years | | | |
| arithmetic mean | 17.0 | 16.2 | |
| standard deviation | ± 4.3 | ± 3.7 | - |
| Sex: Female, Male Units: Participants | | | |
| Female | 18 | 15 | 33 |
| Male | 10 | 29 | 39 |

| | | | |
|---|----|----|----|
| Race (NIH/OMB) | | | |
| Units: Subjects | | | |
| American Indian or Alaska Native | 0 | 0 | 0 |
| Asian | 1 | 0 | 1 |
| Native Hawaiian or Other Pacific Islander | 0 | 1 | 1 |
| Black or African American | 1 | 1 | 2 |
| White | 25 | 41 | 66 |
| More than one race | 0 | 0 | 0 |
| Unknown or Not Reported | 1 | 1 | 2 |
| Ethnicity (NIH/OMB) | | | |
| Units: Subjects | | | |
| Hispanic or Latino | 3 | 1 | 4 |
| Not Hispanic or Latino | 8 | 20 | 28 |
| Unknown or Not Reported | 17 | 23 | 40 |

End points

End points reporting groups

| | |
|-----------------------|--|
| Reporting group title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |
|-----------------------|--|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|-----------------------|---|
| Reporting group title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|-----------------------|---|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| | |
|-----------------------|--|
| Reporting group title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |
|-----------------------|--|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). - Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|-----------------------|---|
| Reporting group title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|-----------------------|---|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

| | |
|-----------------------|--|
| Reporting group title | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse |
|-----------------------|--|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, by Investigator at Cycle 2 entered follow-up. The rest continued in the induction phase and received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received 2 more cycles of treatment of N+Bv (total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase). - Participants without a CMR after 4 cycles of N+Bv, by BICR, entered the intensification phase and received 2 cycles of brentuximab + bendamustine (Bv+B); participants who achieved CMR after these 2 cycles proceeded with RT (consolidation phase). -

Participants who had radiographic progression after Cycle 4 N+Bv, by BICR, or those who did not achieve CMR, after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| | |
|-----------------------|---|
| Reporting group title | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse |
|-----------------------|---|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles = 12 weeks). - Participants with complete metabolic response (CMR) after 4 cycles of N+Bv received high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR could receive up to 2 more cycles of N+Bv if their HDCT/ASCT was postponed. - Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab + bendamustine (Bv+B) (intensification phase). - Participants in CMR after 2 cycles of Bv+B received HDCT/ASCT. - Participants without CMR could receive 2 more cycles of Bv+B. If they had CMR, they received HDCT/ASCT. - Participants with CMR could receive up to 2 more cycles of B+Bv if their HDCT/ASCT was postponed. - Participants with progression after Cycle 4 N+Bv were taken off treatment.

Primary: Complete Metabolic Response (CMR) Rate at Any Time Prior to Radiation Therapy by Blinded Independent Centralized Review (BICR) - Cohort 1

| | |
|-----------------|---|
| End point title | Complete Metabolic Response (CMR) Rate at Any Time Prior to Radiation Therapy by Blinded Independent Centralized Review (BICR) - Cohort 1 ^{[1][2]} |
|-----------------|---|

End point description:

The complete metabolic response (CMR) rate is defined as the percent of all response-evaluable participants who, assessed by the BICR, achieved best response of CMR.

Complete metabolic response (CMR):

- Lymph nodes/extralympathic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Participants who stopped study treatment early for toxicity without a CMR were evaluable.

Confidence interval is based on the Clopper and Pearson method

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

From first dose to complete metabolic response or the completion of six cycles of therapy (up to approximately 18 weeks).

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Only descriptive statistics were planned for this endpoint.

[2] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 1 only.

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | | | |
|----------------------------------|--|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 28 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 92.9 (79.2 to 98.7) | | | |

Statistical analyses

No statistical analyses for this end point

Primary: Event-free Survival (EFS) Rate at 3 Years by Blinded Independent Centralized Review (BICR) - Cohort 1

| | |
|-----------------|---|
| End point title | Event-free Survival (EFS) Rate at 3 Years by Blinded Independent Centralized Review (BICR) - Cohort 1 ^{[3][4]} |
|-----------------|---|

End point description:

Event Free Survival (EFS) is the time from the first treatment to the earliest occurrence of composite events including: Disease progression (PD), Failure to achieve complete metabolic response (CMR) after 4 cycles of N+Bv and 2 cycles of Bv+B, Secondary malignancy, Death .

PD :

Lymph Nodes and Lesions: new growth or increase of $\geq 50\%$ in size from nadir. New or growing lesions outside the lymph nodes.

Spleen: Significant increase in spleen size, either from a previously enlarged state or from normal size.

New Lesions: Yes

Bone Marrow: New or returning FDG-avid disease

CM):

Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale •

New lesions: No

Bone marrow: No FDG-avid disease

Participants without an "event" were censored at the last tumor assessment. Those who started subsequent anticancer therapy without a prior "event" were censored at the last tumor assessment prior to or upon starting subsequent therapy.

Based on Kaplan-Meier Estimates.

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

At 3 years post first dose of study therapy

Notes:

[3] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Only descriptive statistics were planned for this endpoint.

[4] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 1 only.

| | | | | |
|----------------------------------|---|--|--|--|
| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | | | |
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 28 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 87.5 (70.6 to 95.0) | | | |

Statistical analyses

No statistical analyses for this end point

Primary: Complete Metabolic Response (CMR) Rate at Any Time Prior to High Dose Chemotherapy Followed by Autologous Stem Cell Treatment (HDCT/ASCT) by Blinded Independent Centralized Review (BICR) - Cohort 2

| | |
|-----------------|---|
| End point title | Complete Metabolic Response (CMR) Rate at Any Time Prior to High Dose Chemotherapy Followed by Autologous Stem Cell Treatment (HDCT/ASCT) by Blinded Independent Centralized Review (BICR) - Cohort 2 ^{[5][6]} |
|-----------------|---|

End point description:

The complete metabolic response (CMR) rate is defined as the percent of all response-evaluable participants who, assessed by the BICR, achieved best response of CMR.

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Participants who came off study treatment early for toxicity without a CMR were evaluable.

Confidence interval is based on the Clopper and Pearson method

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

From first dose to complete metabolic response or the completion of six cycles of therapy (up to approximately 18 weeks)

Notes:

[5] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Only descriptive statistics were planned for this endpoint.

[6] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 1 only.

| | | | | |
|----------------------------------|--|--|--|--|
| End point values | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | | |
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 44 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 88.6 (77.6 to 95.4) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Response Rate (ORR) Following 4 Cycles of Nivolumab + Brentuximab Vedotin Treatment by Blinded Independent Centralized Review (BICR)

| | |
|-----------------|--|
| End point title | Overall Response Rate (ORR) Following 4 Cycles of Nivolumab + Brentuximab Vedotin Treatment by Blinded Independent Centralized Review (BICR) |
|-----------------|--|

End point description:

Overall response rate (ORR) is defined as the percent of all response-evaluable participants who, assessed by the BICR, achieved a best response of complete metabolic response (CMR) or partial metabolic response (PMR).

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Partial metabolic response (PMR):

- Lymph nodes/extralymphatic: Score 4 or 5, reduced uptake from baseline
- New lesions: None
- Bone marrow: Residual uptake higher than normal, reduced from baseline.

Participants who came off early for toxicity without CMR or PMR were evaluable.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to PMR or CMR within 4 cycles of therapy, or the completion of four cycles of therapy (N+Bv x4) (up to approximately 12 weeks).

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 96.4 (84.1 to 99.8) | 93.2 (83.3 to 98.1) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Event-free Survival (EFS) Rate at 3 Years by Investigator - Cohort 1

| | |
|-----------------|---|
| End point title | Event-free Survival (EFS) Rate at 3 Years by Investigator - Cohort 1 ^[7] |
|-----------------|---|

End point description:

Event Free Survival (EFS) is the time from the first treatment to the earliest occurrence of composite events including: Disease progression (PD), Failure to achieve complete metabolic response (CMR) after 4 cycles of N+Bv and 2 cycles of Bv+B, Secondary malignancy, Death .

PD :

Lymph Nodes and Lesions: new growth or increase of $\geq 50\%$ in size from nadir. New or growing lesions outside the lymph nodes.

Spleen: Significant increase in spleen size, either from a previously enlarged state or from normal size.

New Lesions: Yes

Bone Marrow: New or returning FDG-avid disease

CMR:

Lymph nodes/extralympathic sites: Score 1, 2, 3 with/without residual mass on 5-point scale

New lesions: No

Bone marrow: No FDG-avid disease

Participants without an "event" were censored at the last tumor assessment. Those who started subsequent anticancer therapy without a prior "event" were censored at the last tumor assessment prior to or upon starting subsequent therapy.

Based on Kaplan-Meier Estimates.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

At 3 years post first dose of study therapy

Notes:

[7] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 1 only.

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 28 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 88.5 (72.8 to 95.4) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Complete Metabolic Response (CMR) Rate at Any Time Prior to Radiation Therapy by Investigator - Cohort 1

| | |
|-----------------|---|
| End point title | Complete Metabolic Response (CMR) Rate at Any Time Prior to Radiation Therapy by Investigator - Cohort 1 ^[8] |
|-----------------|---|

End point description:

The complete metabolic response (CMR) rate is defined as the percent of all response-evaluable participants who, assessed by the investigator, achieved best response of CMR.

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Participants who come off early for toxicity without a CMR were evaluable.

Confidence interval is based on the Clopper and Pearson method

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to complete metabolic response or the completion of six cycles of therapy (up to approximately 18 weeks).

Notes:

[8] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 1 only.

| | | | | |
|----------------------------------|---|--|--|--|
| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | | | |
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 28 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 89.3 (74.6 to 97.0) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Duration of Response (DOR) by Blinded Independent Centralized Review (BICR)

| | |
|-----------------|---|
| End point title | Duration of Response (DOR) by Blinded Independent Centralized Review (BICR) |
|-----------------|---|

End point description:

Duration of response (DOR) is from first complete metabolic response or partial metabolic response (CMR or PMR) to event free survival EFS (Cohort 1)/progression free survival PFS (Cohort 2) event. For participants with no event, the DOR was censored on the date of last tumor assessment.

Participants who started subsequent anticancer therapy (not part of high-dose chemotherapy followed by autologous stem cell transplant HDCT/ASCT) without a prior reported EFS/PFS event were censored at the last tumor assessment prior to starting subsequent anticancer therapy.

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Partial metabolic response:

- Lymph nodes/extralymphatic: Score 4 or 5, reduced uptake from baseline
- New lesions: None
- Bone marrow: Residual uptake higher than normal, reduced from baseline.

Based on Kaplan-Meier estimates. "99999 = N/A".

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose until disease progression, start of subsequent anti-cancer therapy, or or death due to any cause (up to approximately 86 months)

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 26 | 39 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | 99999 (99999 to 99999) | 99999 (99999 to 99999) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Progression Free Survival (PFS) Rate at 3 Years by Blinded Independent Centralized Review (BICR)

| | |
|-----------------|--|
| End point title | Progression Free Survival (PFS) Rate at 3 Years by Blinded Independent Centralized Review (BICR) |
|-----------------|--|

End point description:

Progression Free Survival (PFS) is the time from the date of first treatment to the date of first documented disease progression by BICR or death.

Progressive Disease (PD):

Lymph Nodes and Lesions: new growth or increase of $\geq 50\%$ in size from nadir. New or growing lesions outside the lymph nodes.

Spleen: Significant increase in spleen size, either from a previously enlarged state or from normal size.

New Lesions: Yes

Bone Marrow: New or returning FDG-avid disease.

Participants who neither progressed nor died were censored at the last adequate tumor assessment.

Participants who started subsequent anticancer therapy (that is not part of high dose chemotherapy followed by autologous stem cell transplant (HDCT/ASCT) Consolidation Therapy for R2 Cohort) without a prior reported progression or death were censored at the last tumor assessment prior to initiation of the subsequent anticancer therapy.

Based on Kaplan-Meier Estimates.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

At 3 years post first dose of study therapy

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 95.2 (77.7 to 99.1) | 91.1 (78.4 to 96.5) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Progression Free Survival (PFS) Rate at 3 Years by Investigator

| | |
|-----------------|---|
| End point title | Progression Free Survival (PFS) Rate at 3 Years by Investigator |
|-----------------|---|

End point description:

Progression Free Survival (PFS) is the time from the date of first treatment to the date of first documented disease progression by investigator or death.

Progressive Disease (PD):

Lymph Nodes and Lesions: new growth or increase of $\geq 50\%$ in size from nadir. New or growing lesions outside the lymph nodes.

Spleen: Significant increase in spleen size, either from a previously enlarged state or from normal size.

New Lesions: Yes

Bone Marrow: New or returning FDG-avid disease.

Participants who neither progressed nor died were be censored at the last adequate tumor assessment.

Participants who started subsequent anticancer therapy (that is not part of high dose chemotherapy followed by autologous stem cell transplant (HDCT/ASCT) Consolidation Therapy for R2 Cohort) without a prior reported progression or death were censored at the last tumor assessment prior to initiation of the subsequent anticancer therapy.

Based on Kaplan-Meier Estimates.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

At 3 years post first dose

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 95.8 (80.2 to 99.2) | 88.1 (74.8 to 94.6) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Complete Metabolic Response (CMR) Rate at Any Time Prior to High Dose Chemotherapy Followed by Autologous Stem Cell Treatment (HDCT/ASCT) by Investigator - Cohort 2

| | |
|-----------------|---|
| End point title | Complete Metabolic Response (CMR) Rate at Any Time Prior to High Dose Chemotherapy Followed by Autologous Stem Cell Treatment (HDCT/ASCT) by Investigator - Cohort 2 ^[9] |
|-----------------|---|

End point description:

The complete metabolic response (CMR) rate is defined as the percent of all response-evaluable participants who, assessed by the investigator, achieved best response of CMR.

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Participants who came off study treatment early for toxicity without a CMR were evaluable.

Confidence interval is based on the Clopper and Pearson method.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to complete metabolic response or the completion of six cycles of therapy (up to approximately 18 weeks)

Notes:

[9] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: Prespecified to be collected for Cohort 2 only.

| | | | | |
|----------------------------------|--|--|--|--|
| End point values | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | | |
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 44 | | | |
| Units: Percent of participants | | | | |
| number (confidence interval 95%) | 86.4 (74.8 to 93.9) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Response Rate (ORR) Following 4 Cycles of Nivolumab + Brentuximab Vedotin Treatment by Investigator

| | |
|-----------------|---|
| End point title | Overall Response Rate (ORR) Following 4 Cycles of Nivolumab + Brentuximab Vedotin Treatment by Investigator |
|-----------------|---|

End point description:

Overall response rate (ORR) is defined as the percent of all response-evaluable participants who, assessed by the investigator, achieve a best response of complete metabolic response (CMR) or partial metabolic response (PMR).

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Partial metabolic response:

- Lymph nodes/extralymphatic: Score 4 or 5, reduced uptake from baseline
- New lesions: None
- Bone marrow: Residual uptake higher than normal, reduced from baseline

Participants who came off early for toxicity without CMR or PMR were evaluable.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to PMR or CMR within 4 cycles of therapy, or the completion of four cycles of therapy (N+Bv x4) (up to approximately 12 weeks).

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Percent of participants | | | | |
| number (confidence interval 90%) | 100.0 (89.9 to 100.0) | 90.9 (80.4 to 96.8) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Duration of Response (DOR) by Investigator

| | |
|-----------------|--|
| End point title | Duration of Response (DOR) by Investigator |
|-----------------|--|

End point description:

Duration of response (DOR) is from first complete metabolic response or partial metabolic response (CMR or PMR) to event free survival EFS (Cohort 1)/progression free survival PFS (Cohort 2) event. For participants with no event, the DOR was censored on the date of last tumor assessment.

Participants who started subsequent anticancer therapy (not part of high-dose chemotherapy followed by autologous stem cell transplant HDCT/ASCT) without a prior reported EFS/PFS event were censored at the last tumor assessment before starting subsequent anticancer therapy.

Complete metabolic response (CMR):

- Lymph nodes/extralymphatic sites: Score 1, 2, 3 with/without residual mass on 5-point scale
- New lesions: No
- Bone marrow: No FDG-avid disease

Partial metabolic response:

- Lymph nodes/extralymphatic: Score 4 or 5, reduced uptake from baseline
- New lesions: None
- Bone marrow: Residual uptake higher than normal, reduced from baseline.

Based on Kaplan-Meier estimates. "99999=N/A".

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose until disease progression, start of subsequent anti-cancer therapy, or or death due to any cause (up to approximately 86 months)

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|----------------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | 99999 (99999 to 99999) | 99999 (99999 to 99999) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: The Number of Participants with Adverse Events (AEs)

| | |
|-----------------|--|
| End point title | The Number of Participants with Adverse Events (AEs) |
|-----------------|--|

End point description:

An Adverse Event (AE) is defined as any new untoward medical occurrence or worsening of a preexisting medical condition in a clinical investigation participant administered study drug and that does not necessarily have a causal relationship with this treatment. An AE can therefore be any unfavorable and unintended sign (such as an abnormal laboratory finding), symptom, or disease temporally associated with the use of study drug, whether or not considered related to the study drug.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to 30 days post last dose (an average of 4 months up until a maximum of 7 months).

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|-----------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Participants | 26 | 42 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: The Number of Participants with Serious Adverse Events (SAEs)

| | |
|-----------------|---|
| End point title | The Number of Participants with Serious Adverse Events (SAEs) |
|-----------------|---|

End point description:

A Serious Adverse Event (SAE) is defined as any untoward medical occurrence that, at any dose:

- Results in death
- Is life-threatening (defined as an event in which the participant was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe)
- Requires inpatient hospitalization or causes prolongation of existing hospitalization
- Results in persistent or significant disability/incapacity
- Is a congenital anomaly/birth defect
- Is an important medical event.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to 30 days post last dose (an average of 4 months up until a maximum of 7 months)

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|-----------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Participants | 8 | 9 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: The Number of Participants with Abnormal Laboratory Values for Specific Thyroid Tests

| | |
|-----------------|---|
| End point title | The Number of Participants with Abnormal Laboratory Values for Specific Thyroid Tests |
|-----------------|---|

End point description:

The Number of Participants with Abnormal Laboratory Values for Specific Thyroid Tests.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to 30 days post last dose (an average of 4 months up until a maximum of 7 months)

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|---|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Participants | | | | |
| TSH > ULN | 6 | 8 | | |
| TSH > ULN WITH TSH ≤ ULN AT BASELINE | 5 | 4 | | |
| TSH > ULN WITH ATLEAST ONE FT3/FT4 TEST VALUE < LLN | 1 | 0 | | |

| | | | | |
|--|---|---|--|--|
| TSH >ULN WITH ALL OTHER FT3/FT4 TEST VALUES >= LLN | 4 | 5 | | |
| TSH > ULN WITH FT3/FT4 TEST MISSING | 1 | 3 | | |
| TSH < LLN | 4 | 1 | | |
| TSH <LLN WITH TSH >= LLN AT BASELINE | 4 | 1 | | |
| TSH <LLN WITH ATLEAST ONE FT3/FT4 TEST VALUE > ULN | 3 | 1 | | |
| TSH <LLN WITH ALL OTHER FT3/FT4 TEST VALUES <= ULN | 1 | 0 | | |
| TSH < LLN WITH FT3/FT4 TEST MISSING | 0 | 0 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: The Number of Participants with Abnormal Laboratory Values for Liver Tests

| | |
|------------------------|---|
| End point title | The Number of Participants with Abnormal Laboratory Values for Liver Tests |
| End point description: | The Number of Participants with Abnormal Laboratory Values for Liver Tests. |
| End point type | Secondary |
| End point timeframe: | From first dose to 30 days post last dose (an average of 4 months up until a maximum of 7 months) |

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|---|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 28 | 44 | | |
| Units: Participants | | | | |
| ALT OR AST > 3XULN | 8 | 5 | | |
| ALT OR AST> 5XULN | 3 | 1 | | |
| ALT OR AST> 10XULN | 0 | 0 | | |
| ALT OR AST > 20XULN | 0 | 0 | | |
| TOTAL BILIRUBIN > 2XULN | 1 | 0 | | |
| ALT/AST ELEV>3XULN;TOTAL BILIRUBIN>2XULN IN 1 DAY | 0 | 0 | | |
| ALT/AST ELEV>3XULN;TOTAL BILIRUBIN>2XULN 30 DAYS | 0 | 0 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Vital Sign Measurements

| | |
|-----------------|-------------------------|
| End point title | Vital Sign Measurements |
|-----------------|-------------------------|

End point description:

Data not collected

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

Data not collected

| End point values | Cohort 1: Relapsed/Refractory cHL - Low Risk Relapse | Cohort 2: Relapsed/Refractory cHL - Standard Risk Relapse | | |
|-----------------------------|---|--|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 0 ^[10] | 0 ^[11] | | |
| Units: N/A | | | | |

Notes:

[10] - Data not collected

[11] - Data not collected

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

SAEs and Non-serious AEs were assessed from first dose to 30 days after last dose of study therapy (assessed for an average of 4 months up until a maximum of 7 months).

Adverse event reporting additional description:

Serious Adverse Events and Non-Serious Adverse Events represents all participants that received at least 1 dose of study medication.

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

| | |
|--------------------|------|
| Dictionary version | 27.0 |
|--------------------|------|

Reporting groups

| | |
|-----------------------|---------------------|
| Reporting group title | Cohort 1: Nivo + Bv |
|-----------------------|---------------------|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, as assessed by Investigator at Cycle 2 entered follow-up. The rest of the participants continued in the induction phase and received 2 additional cycles of N+Bv study therapy (total 4 cycles = 12 weeks).

- Participants who had a complete metabolic response (CMR) by BICR after a total of 4 cycles (12 weeks) of N+Bv received an additional 2 cycles of treatment of N+Bv (for a total of 6 cycles [18 weeks]), followed by Radiation Therapy (RT) (consolidation phase).

| | |
|-----------------------|---------------------|
| Reporting group title | Cohort 2: Nivo + Bv |
|-----------------------|---------------------|

Reporting group description:

Participants started in the induction phase and received nivolumab + brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Participants with radiographic progression, as assessed by Investigator at Cycle 2 entered follow-up. The rest of the participants received 2 additional cycles of N+Bv study therapy (total 4 cycles = 12 weeks).

- Participants who had complete metabolic response (CMR), by BICR, after a total of 4 cycles (12 weeks) of N+Bv proceeded with high-dose chemotherapy followed by an autologous stem cell transplant (HDCT/ASCT) (consolidation phase). Participants with CMR had the option to receive up to 2 additional cycles of N+Bv if their HDCT/ASCT was postponed for any reason.

| | |
|-----------------------|----------------------------------|
| Reporting group title | Cohort 2: (Nivo + Bv) + (Bv + B) |
|-----------------------|----------------------------------|

Reporting group description:

Participants started in the induction phase with nivolumab and brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with radiographic progression at Cycle 2 entered follow-up. The rest received 2 more cycles of N+Bv (total 4 cycles, 12 weeks). Participants with complete metabolic response (CMR) after 4 cycles of N+Bv got with high-dose chemotherapy and autologous stem cell transplant (HDCT/ASCT). Those with CMR could receive up to 2 additional cycles of N+Bv if HDCT/ASCT was postponed.

Participants without CMR after 4 cycles of N+Bv received 2 cycles of brentuximab and bendamustine (Bv+B). Those with CMR after 2 cycles of Bv+B got HDCT/ASCT. Participants without CMR could receive 2 more cycles of Bv+B and, if CMR was attained, got HDCT/ASCT. Those with CMR could receive up to 2 additional cycles of Bv+B if HDCT/ASCT was postponed. Participants with radiographic progression after Cycle 4 N+Bv or no CMR after final Bv+B were taken off study treatment and entered follow-up.

| | |
|-----------------------|----------------------------------|
| Reporting group title | Cohort 1: (Nivo + Bv) + (Bv + B) |
|-----------------------|----------------------------------|

Reporting group description:

Participants started in the induction phase and received nivolumab and brentuximab vedotin (N+Bv) for 2 cycles (6 weeks). Those with radiographic progression at Cycle 2 entered follow-up. The rest continued in the induction phase for 2 additional cycles of N+Bv (total 4 cycles, 12 weeks). Participants with a complete metabolic response (CMR) after 4 cycles of N+Bv received 2 more cycles of N+Bv (total 6 cycles, 18 weeks) followed by Radiation Therapy (RT) in the consolidation phase. Participants without a CMR after 4 cycles of N+Bv entered the intensification phase and received 2 cycles of brentuximab and bendamustine (Bv+B). Those who achieved CMR after these 2 cycles proceeded with RT consolidation. Participants with radiographic progression after Cycle 4 N+Bv or those who did not achieve CMR after 2 cycles of Bv+B were taken off study treatment and entered follow-up.

| Serious adverse events | Cohort 1: Nivo + Bv | Cohort 2: Nivo + Bv | Cohort 2: (Nivo + Bv) + (Bv + B) |
|--|---------------------|---------------------|----------------------------------|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 6 / 22 (27.27%) | 11 / 33 (33.33%) | 4 / 11 (36.36%) |
| number of deaths (all causes) | 0 | 0 | 1 |
| number of deaths resulting from adverse events | 0 | 0 | 0 |
| Vascular disorders | | | |
| Hypotension | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| General disorders and administration site conditions | | | |
| Chest pain | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pyrexia | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 3 / 33 (9.09%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Immune system disorders | | | |
| Anaphylactic reaction | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypersensitivity | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 1 / 1 | 3 / 3 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Hypoxia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Dyspnoea | | | |

| | | | |
|---|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Orthopnoea | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pulmonary veno-occlusive disease | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Investigations | | | |
| Activated partial thromboplastin time prolonged | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood phosphorus increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Injury, poisoning and procedural complications | | | |
| Infusion related reaction | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 2 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Vascular access complication | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cardiac disorders | | | |
| Pericardial effusion | | | |

| | | | |
|---|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood and lymphatic system disorders | | | |
| Febrile neutropenia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Disseminated intravascular coagulation | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastrointestinal disorders | | | |
| Enteritis | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Stomatitis | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin and subcutaneous tissue disorders | | | |
| Urticaria | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Rash | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 2 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |

| | | | |
|--|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Musculoskeletal and connective tissue disorders | | | |
| Synovial cyst | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pain in extremity | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| Sepsis | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Otitis media | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|----------------------------------|--|--|
| Serious adverse events | Cohort 1: (Nivo + Bv) + (Bv + B) | | |
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | | |
| number of deaths (all causes) | 0 | | |
| number of deaths resulting from adverse events | 0 | | |
| Vascular disorders | | | |
| Hypotension | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| General disorders and administration site conditions | | | |
| Chest pain | | | |

| | | | |
|---|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Pyrexia | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | | |
| occurrences causally related to treatment / all | 4 / 5 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Immune system disorders | | | |
| Anaphylactic reaction | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Hypersensitivity | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Hypoxia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Dyspnoea | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Orthopnoea | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Pulmonary veno-occlusive disease | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |

| | | | |
|---|----------------|--|--|
| Investigations | | | |
| Activated partial thromboplastin time prolonged | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Blood phosphorus increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Injury, poisoning and procedural complications | | | |
| Infusion related reaction | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Vascular access complication | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Cardiac disorders | | | |
| Pericardial effusion | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Blood and lymphatic system disorders | | | |
| Febrile neutropenia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Disseminated intravascular coagulation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Gastrointestinal disorders | | | |

| | | | |
|---|----------------|--|--|
| Enteritis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Stomatitis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Skin and subcutaneous tissue disorders | | | |
| Urticaria | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Rash | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Musculoskeletal and connective tissue disorders | | | |
| Synovial cyst | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Pain in extremity | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Infections and infestations | | | |
| Sepsis | | | |

| | | | |
|---|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences causally related to treatment / all | 0 / 0 | | |
| deaths causally related to treatment / all | 0 / 0 | | |
| Otitis media | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 0 | | |

Frequency threshold for reporting non-serious adverse events: 5 %

| Non-serious adverse events | Cohort 1: Nivo + Bv | Cohort 2: Nivo + Bv | Cohort 2: (Nivo + Bv) + (Bv + B) |
|---|---------------------|---------------------|----------------------------------|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 18 / 22 (81.82%) | 33 / 33 (100.00%) | 11 / 11 (100.00%) |
| Vascular disorders | | | |
| Hypertension | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 3 / 33 (9.09%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 4 | 1 |
| Hypotension | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 4 / 33 (12.12%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 4 | 1 |
| General disorders and administration site conditions | | | |
| Face oedema | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Asthenia | | | |
| subjects affected / exposed | 4 / 22 (18.18%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 6 | 1 | 2 |
| Fatigue | | | |
| subjects affected / exposed | 4 / 22 (18.18%) | 7 / 33 (21.21%) | 1 / 11 (9.09%) |
| occurrences (all) | 4 | 12 | 1 |
| Oedema peripheral | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 2 | 0 |
| Non-cardiac chest pain | | | |

| | | | |
|---|----------------|------------------|-----------------|
| subjects affected / exposed | 1 / 22 (4.55%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 2 | 1 |
| Mucosal inflammation | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 10 / 33 (30.30%) | 5 / 11 (45.45%) |
| occurrences (all) | 1 | 11 | 6 |
| Influenza like illness | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 1 | 4 |
| Gait disturbance | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Pyrexia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 17 / 33 (51.52%) | 5 / 11 (45.45%) |
| occurrences (all) | 1 | 22 | 8 |
| Immune system disorders | | | |
| Hypersensitivity | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 6 / 33 (18.18%) | 3 / 11 (27.27%) |
| occurrences (all) | 1 | 6 | 3 |
| Infusion related hypersensitivity reaction | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Drug hypersensitivity | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 2 / 33 (6.06%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 2 | 2 |
| Reproductive system and breast disorders | | | |
| Dysmenorrhoea | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 3 | 0 | 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Rhinorrhoea | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Pharyngeal inflammation | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 2 | 0 |

| | | | |
|--|----------------------|----------------------|----------------------|
| Oropharyngeal pain subjects affected / exposed occurrences (all) | 5 / 22 (22.73%) 5 | 4 / 33 (12.12%) 5 | 1 / 11 (9.09%) 1 |
| Nasal congestion subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 3 / 33 (9.09%) 3 | 0 / 11 (0.00%) 0 |
| Cough subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 2 | 8 / 33 (24.24%) 9 | 0 / 11 (0.00%) 0 |
| Dyspnoea subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 3 / 33 (9.09%) 3 | 0 / 11 (0.00%) 0 |
| Epistaxis subjects affected / exposed occurrences (all) | 3 / 22 (13.64%) 3 | 4 / 33 (12.12%) 6 | 1 / 11 (9.09%) 1 |
| Hypoxia subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 3 / 33 (9.09%) 5 | 0 / 11 (0.00%) 0 |
| Psychiatric disorders | | | |
| Insomnia subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 3 / 33 (9.09%) 3 | 0 / 11 (0.00%) 0 |
| Anxiety subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 1 / 33 (3.03%) 1 | 1 / 11 (9.09%) 1 |
| Agitation subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Investigations | | | |
| Alanine aminotransferase increased subjects affected / exposed occurrences (all) | 5 / 22 (22.73%) 6 | 2 / 33 (6.06%) 2 | 3 / 11 (27.27%) 4 |
| Amylase increased subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 2 |
| Aspartate aminotransferase increased | | | |

| | | | |
|--|-----------------|----------------|-----------------|
| subjects affected / exposed | 3 / 22 (13.64%) | 3 / 33 (9.09%) | 2 / 11 (18.18%) |
| occurrences (all) | 6 | 5 | 3 |
| Blood alkaline phosphatase increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 1 | 1 |
| Blood bilirubin increased | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 2 | 0 | 0 |
| Body temperature increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Gamma-glutamyltransferase increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Heart rate increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| International normalised ratio increased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Lipase decreased | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Lipase increased | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 2 | 0 | 2 |
| Lymphocyte count decreased | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Neutrophil count decreased | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 2 | 2 | 0 |
| Platelet count decreased | | | |

| | | | |
|--|----------------------|----------------------|----------------------|
| subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 4 / 33 (12.12%) 4 | 2 / 11 (18.18%) 2 |
| Weight decreased subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 2 / 33 (6.06%) 2 | 1 / 11 (9.09%) 1 |
| White blood cell count decreased subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 2 / 33 (6.06%) 4 | 2 / 11 (18.18%) 2 |
| Injury, poisoning and procedural complications | | | |
| Radiation skin injury subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Radiation associated pain subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Procedural pain subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Post procedural complication subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Infusion related reaction subjects affected / exposed occurrences (all) | 4 / 22 (18.18%) 4 | 4 / 33 (12.12%) 4 | 5 / 11 (45.45%) 9 |
| Vascular access site pruritus subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Cardiac disorders | | | |
| Tachycardia subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 2 | 1 / 33 (3.03%) 1 | 0 / 11 (0.00%) 0 |
| Sinus bradycardia subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 2 / 11 (18.18%) 2 |
| Nervous system disorders | | | |

| | | | |
|--------------------------------------|------------------|-----------------|-----------------|
| Presyncope | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 1 | 2 | 0 |
| Disturbance in attention | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Dizziness | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 4 / 33 (12.12%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 5 | 1 |
| Headache | | | |
| subjects affected / exposed | 10 / 22 (45.45%) | 6 / 33 (18.18%) | 4 / 11 (36.36%) |
| occurrences (all) | 12 | 7 | 7 |
| Somnolence | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 6 / 33 (18.18%) | 3 / 11 (27.27%) |
| occurrences (all) | 1 | 6 | 3 |
| Febrile neutropenia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 5 / 33 (15.15%) | 4 / 11 (36.36%) |
| occurrences (all) | 0 | 5 | 4 |
| Thrombocytopenia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 4 / 33 (12.12%) | 2 / 11 (18.18%) |
| occurrences (all) | 1 | 5 | 2 |
| Neutropenia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 2 / 33 (6.06%) | 2 / 11 (18.18%) |
| occurrences (all) | 1 | 2 | 2 |
| Leukopenia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Eye disorders | | | |
| Eye pain | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 2 | 0 |
| Gastrointestinal disorders | | | |

| | | | |
|--|-----------------------|------------------------|-------------------------|
| Abdominal pain upper subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 3 | 7 / 33 (21.21%) 7 | 1 / 11 (9.09%) 2 |
| Abdominal pain subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 9 / 33 (27.27%) 13 | 4 / 11 (36.36%) 7 |
| Vomiting subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 2 | 7 / 33 (21.21%) 11 | 6 / 11 (54.55%) 22 |
| Stomatitis subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 7 / 33 (21.21%) 7 | 1 / 11 (9.09%) 1 |
| Paraesthesia oral subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Oral pain subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Nausea subjects affected / exposed occurrences (all) | 9 / 22 (40.91%) 11 | 19 / 33 (57.58%) 32 | 11 / 11 (100.00%) 22 |
| Gastrooesophageal reflux disease subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 1 / 33 (3.03%) 1 | 1 / 11 (9.09%) 1 |
| Enterocolitis subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Dysphagia subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Diarrhoea subjects affected / exposed occurrences (all) | 5 / 22 (22.73%) 6 | 13 / 33 (39.39%) 24 | 4 / 11 (36.36%) 8 |
| Constipation subjects affected / exposed occurrences (all) | 4 / 22 (18.18%) 5 | 3 / 33 (9.09%) 4 | 1 / 11 (9.09%) 1 |

| | | | |
|---|----------------------|----------------------|----------------------|
| Coating in mouth subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Skin and subcutaneous tissue disorders | | | |
| Erythema subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 3 / 33 (9.09%) 3 | 2 / 11 (18.18%) 3 |
| Dry skin subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 3 / 33 (9.09%) 4 | 1 / 11 (9.09%) 1 |
| Dermatitis allergic subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 3 / 33 (9.09%) 3 | 1 / 11 (9.09%) 1 |
| Alopecia subjects affected / exposed occurrences (all) | 3 / 22 (13.64%) 3 | 5 / 33 (15.15%) 5 | 1 / 11 (9.09%) 1 |
| Acne subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 2 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Pruritus subjects affected / exposed occurrences (all) | 4 / 22 (18.18%) 5 | 2 / 33 (6.06%) 2 | 3 / 11 (27.27%) 4 |
| Night sweats subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 1 / 33 (3.03%) 1 | 1 / 11 (9.09%) 1 |
| Hyperhidrosis subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 2 |
| Rash maculo-papular subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 3 | 6 / 33 (18.18%) 8 | 2 / 11 (18.18%) 4 |
| Rash subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 3 / 33 (9.09%) 3 | 4 / 11 (36.36%) 6 |
| Purpura | | | |

| | | | |
|---|---------------------|----------------------|----------------------|
| subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Psoriasis subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Urticaria subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Renal and urinary disorders Acute kidney injury subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 2 |
| Haematuria subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 2 / 33 (6.06%) 2 | 0 / 11 (0.00%) 0 |
| Endocrine disorders Hypothyroidism subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 0 / 33 (0.00%) 0 | 1 / 11 (9.09%) 1 |
| Hyperthyroidism subjects affected / exposed occurrences (all) | 2 / 22 (9.09%) 2 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Musculoskeletal and connective tissue disorders Arthralgia subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 2 / 33 (6.06%) 4 | 3 / 11 (27.27%) 3 |
| Back pain subjects affected / exposed occurrences (all) | 1 / 22 (4.55%) 1 | 5 / 33 (15.15%) 7 | 2 / 11 (18.18%) 2 |
| Bone pain subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 4 / 33 (12.12%) 4 | 1 / 11 (9.09%) 1 |
| Flank pain subjects affected / exposed occurrences (all) | 0 / 22 (0.00%) 0 | 0 / 33 (0.00%) 0 | 0 / 11 (0.00%) 0 |
| Groin pain | | | |

| | | | |
|---|-----------------|----------------|-----------------|
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Myalgia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 2 / 33 (6.06%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 2 | 1 |
| Pain in extremity | | | |
| subjects affected / exposed | 3 / 22 (13.64%) | 2 / 33 (6.06%) | 2 / 11 (18.18%) |
| occurrences (all) | 4 | 2 | 2 |
| Pain in jaw | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 2 / 33 (6.06%) | 0 / 11 (0.00%) |
| occurrences (all) | 1 | 2 | 0 |
| Infections and infestations | | | |
| Cellulitis | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Device related infection | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Epstein-Barr virus infection reactivation | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Gastroenteritis | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 0 | 1 |
| Nasopharyngitis | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 3 | 1 | 1 |
| Otitis media | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 0 | 0 | 0 |
| Pharyngitis | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 3 / 33 (9.09%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 4 | 1 |
| Rhinitis | | | |

| | | | |
|------------------------------------|----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 22 (4.55%) | 3 / 33 (9.09%) | 0 / 11 (0.00%) |
| occurrences (all) | 1 | 3 | 0 |
| Staphylococcal infection | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Upper respiratory tract infection | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 2 / 33 (6.06%) | 2 / 11 (18.18%) |
| occurrences (all) | 2 | 3 | 2 |
| Urinary tract infection | | | |
| subjects affected / exposed | 2 / 22 (9.09%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 2 | 0 | 1 |
| Metabolism and nutrition disorders | | | |
| Decreased appetite | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 8 / 33 (24.24%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 9 | 1 |
| Hyperglycaemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 0 | 1 |
| Hypochloraemia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Hypoalbuminaemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 0 / 11 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Hyperuricaemia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 1 | 4 |
| Hypokalaemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 0 | 2 |
| Hyponatraemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 2 / 11 (18.18%) |
| occurrences (all) | 1 | 0 | 2 |
| Hypophosphataemia | | | |
| subjects affected / exposed | 1 / 22 (4.55%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 1 | 0 | 1 |

| | | | |
|-----------------------------|----------------|----------------|----------------|
| Hypouricaemia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 0 / 33 (0.00%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 0 | 1 |
| Hypocalcaemia | | | |
| subjects affected / exposed | 0 / 22 (0.00%) | 1 / 33 (3.03%) | 1 / 11 (9.09%) |
| occurrences (all) | 0 | 1 | 1 |

| Non-serious adverse events | Cohort 1: (Nivo + Bv) + (Bv + B) | | |
|---|----------------------------------|--|--|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 6 / 6 (100.00%) | | |
| Vascular disorders | | | |
| Hypertension | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypotension | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| General disorders and administration site conditions | | | |
| Face oedema | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Asthenia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Fatigue | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | | |
| occurrences (all) | 7 | | |
| Oedema peripheral | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Non-cardiac chest pain | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Mucosal inflammation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |

| | | | |
|---|---------------------|--|--|
| Influenza like illness subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 2 | | |
| Gait disturbance subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Pyrexia subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | | |
| Immune system disorders Hypersensitivity subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 3 | | |
| Infusion related hypersensitivity reaction subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Drug hypersensitivity subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Reproductive system and breast disorders Dysmenorrhoea subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Respiratory, thoracic and mediastinal disorders Rhinorrhoea subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Pharyngeal inflammation subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Oropharyngeal pain subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Nasal congestion | | | |

| | | | |
|--------------------------------------|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Cough | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Dyspnoea | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Epistaxis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypoxia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Psychiatric disorders | | | |
| Insomnia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Anxiety | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Agitation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Investigations | | | |
| Alanine aminotransferase increased | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | | |
| occurrences (all) | 3 | | |
| Amylase increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Aspartate aminotransferase increased | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | | |
| occurrences (all) | 4 | | |
| Blood alkaline phosphatase increased | | | |

| | | | |
|--|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Blood bilirubin increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Body temperature increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Gamma-glutamyltransferase increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Heart rate increased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| International normalised ratio increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Lipase decreased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Lipase increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Lymphocyte count decreased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Neutrophil count decreased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Platelet count decreased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Weight decreased | | | |

| | | | |
|--|---------------------|--|--|
| subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| White blood cell count decreased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Injury, poisoning and procedural complications | | | |
| Radiation skin injury subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | | |
| Radiation associated pain subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Procedural pain subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Post procedural complication subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Infusion related reaction subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 2 | | |
| Vascular access site pruritus subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Cardiac disorders | | | |
| Tachycardia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Sinus bradycardia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Nervous system disorders | | | |
| Presyncope subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Disturbance in attention | | | |

| | | | |
|--------------------------------------|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Dizziness | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Headache | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | | |
| occurrences (all) | 2 | | |
| Somnolence | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 2 | | |
| Febrile neutropenia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Thrombocytopenia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Neutropenia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Leukopenia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Eye disorders | | | |
| Eye pain | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Gastrointestinal disorders | | | |
| Abdominal pain upper | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Abdominal pain | | | |

| | | | |
|--|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Vomiting | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | | |
| occurrences (all) | 4 | | |
| Stomatitis | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Paraesthesia oral | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Oral pain | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Nausea | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | | |
| occurrences (all) | 5 | | |
| Gastrooesophageal reflux disease | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Enterocolitis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Dysphagia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Diarrhoea | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Constipation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Coating in mouth | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Skin and subcutaneous tissue disorders | | | |

| | | | |
|-----------------------------|----------------|--|--|
| Erythema | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Dry skin | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Dermatitis allergic | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 2 | | |
| Alopecia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Acne | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Pruritus | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Night sweats | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hyperhidrosis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Rash maculo-papular | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Rash | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Purpura | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Psoriasis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |

| | | | |
|--|--|--|--|
| Urticaria subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Renal and urinary disorders Acute kidney injury subjects affected / exposed occurrences (all) Haematuria subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 0 / 6 (0.00%) 0 | | |
| Endocrine disorders Hypothyroidism subjects affected / exposed occurrences (all) Hyperthyroidism subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 0 / 6 (0.00%) 0 | | |
| Musculoskeletal and connective tissue disorders Arthralgia subjects affected / exposed occurrences (all) Back pain subjects affected / exposed occurrences (all) Bone pain subjects affected / exposed occurrences (all) Flank pain subjects affected / exposed occurrences (all) Groin pain subjects affected / exposed occurrences (all) Myalgia subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 0 / 6 (0.00%) 0 0 / 6 (0.00%) 0 1 / 6 (16.67%) 1 0 / 6 (0.00%) 0 0 / 6 (0.00%) 0 | | |

| | | | |
|--|---------------------|--|--|
| Pain in extremity subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | | |
| Pain in jaw subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Infections and infestations | | | |
| Cellulitis subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Device related infection subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Epstein-Barr virus infection reactivation subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Gastroenteritis subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Nasopharyngitis subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Otitis media subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | | |
| Pharyngitis subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Rhinitis subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | | |
| Staphylococcal infection subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | | |
| Upper respiratory tract infection | | | |

| | | | |
|------------------------------------|----------------|--|--|
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Urinary tract infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Metabolism and nutrition disorders | | | |
| Decreased appetite | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Hyperglycaemia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 2 | | |
| Hypochloraemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypoalbuminaemia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | | |
| occurrences (all) | 1 | | |
| Hyperuricaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypokalaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hyponatraemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypophosphataemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypouricaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |
| Hypocalcaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | | |
| occurrences (all) | 0 | | |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|---------------|---|
| 01 March 2017 | <p>Per Health Authority recommendations (eg,: Add additional Safety Assessments to provide more frequent safety monitoring for this patient population during Induction Phase, update an optional lab sample and revise Section 2 Tables-due to new Safety Labs, add futility rule for R2 Cohort, amend inclusion criteria language from Direct to Total Bilirubin, simplify nivolumab dose delay criteria language and formatting, include guidance for live vaccinations, and clarify the need to follow local guidelines for opportunistic infection prophylaxis).</p> <p>Additionally, clarifying: R1 Consolidation Therapy may be inclusive of all types of Radiation Therapy (RT) per institutional guidelines, adds up to 2 additional cycles of Bv+B with BMS MM approval for R2 cohort consolidation therapy delays (to be consistent with the approach taken for Induction Phase, N+Bv), deletes wording "for biomarker analysis" as the biopsy isrequired per Standard of Care and provided to BMS for histologic confirmation of disease and biomarker testing, modification of requirements for FDG-PET at screening and during treatment in alignment with Standard of Care practices, and LYRIC 2016 criteria will be added as an exploratory endpoint for future data analysis according to refinement of LUGANO classification in the era of immunomodulatory therapy.</p> |
| 26 March 2021 | <p>The response assessment by investigators using Lugano 2014 response criteria was added as a secondary endpoint to allow for a comprehensive interpretation of the study data. Guidance for collection and submission of tumor assessments was added to support the evaluation of this new secondary endpoint.</p> <p>Contraception requirements for female participants of child bearing potential were modified to properly align with Nivolumab clinical research standard guidelines and brentuximab label. Other minor edits were made, as described in the Summary of Key Changes.</p> |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported