



## Clinical trial results:

### A Phase II, Safety, and Efficacy Study of Tiragolumab Plus Atezolizumab and Atezolizumab Monotherapy in Patients With Metastatic and/or Recurrent PD-L1-Positive Cervical Cancer.

#### Summary

EudraCT number	2019-004895-21
Trial protocol	GB FR IT
Global end of trial date	24 February 2025

#### Results information

Result version number	v1 (current)
This version publication date	07 March 2026
First version publication date	07 March 2026

#### Trial information

##### Trial identification

Sponsor protocol code	WO42017
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04300647
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	F. Hoffmann-La Roche AG
Sponsor organisation address	Grenzacherstrasse 124, Basel, Switzerland, CH-4058
Public contact	F. Hoffmann-La Roche AG, F. Hoffmann-La Roche AG, +41 616878333, global.trial_information@roche.com
Scientific contact	F. Hoffmann-La Roche AG, F. Hoffmann-La Roche AG, +41 616878333, global.trial_information@roche.com

Notes:

#### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
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?	No

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	24 February 2025
Is this the analysis of the primary completion data?	No

Global end of trial reached?	Yes
Global end of trial date	24 February 2025
Was the trial ended prematurely?	Yes

Notes:

## General information about the trial

Main objective of the trial:

The primary purpose of this study was to evaluate the efficacy of tiragolumab plus atezolizumab and atezolizumab monotherapy in participants with metastatic and/or recurrent programmed death-ligand 1 (PD-L1)-positive cervical carcinoma.

Protection of trial subjects:

All study participants were required to read and sign an Informed Consent Form (ICF).

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	30 June 2020
Long term follow-up planned	Yes
Long term follow-up rationale	Safety
Long term follow-up duration	50 Months
Independent data monitoring committee (IDMC) involvement?	No

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Australia: 1
Country: Number of subjects enrolled	Brazil: 12
Country: Number of subjects enrolled	Canada: 14
Country: Number of subjects enrolled	Costa Rica: 7
Country: Number of subjects enrolled	Spain: 6
Country: Number of subjects enrolled	France: 30
Country: Number of subjects enrolled	United Kingdom: 14
Country: Number of subjects enrolled	Italy: 23
Country: Number of subjects enrolled	Korea, Republic of: 9
Country: Number of subjects enrolled	Mexico: 3
Country: Number of subjects enrolled	Panama: 3
Country: Number of subjects enrolled	Peru: 1
Country: Number of subjects enrolled	Poland: 16
Country: Number of subjects enrolled	Russian Federation: 18
Country: Number of subjects enrolled	Thailand: 1
Country: Number of subjects enrolled	Taiwan: 9
Country: Number of subjects enrolled	United States: 4
Worldwide total number of subjects	171
EEA total number of subjects	75

Notes:

<b>Subjects enrolled per age group</b>	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	145
From 65 to 84 years	26
85 years and over	0

## Subject disposition

### Recruitment

Recruitment details:

A total of 172 participants with PDL1-positive cervical cancer took part in the study at 59 investigative sites across 17 countries from 30 June 2020 to 24 February 2025. 1 participant was enrolled but not treated. The study is considered "Completed" because all the pre-planned study activities and analyses have been performed.

### Pre-assignment

Screening details:

Participants in pre-crossover period were randomized to receive either atezolizumab + tiragolumab or atezolizumab monotherapy. Participants in atezolizumab monotherapy arm with unequivocal disease progression (PD) were given the option to crossover & receive atezolizumab + tiragolumab in crossover period, at the investigator's discretion.

### Period 1

Period 1 title	Pre-crossover
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Not blinded

### Arms

Are arms mutually exclusive?	No
<b>Arm title</b>	Pre-crossover: Atezolizumab Monotherapy

Arm description:

Participants received atezolizumab, 1200 milligrams (mg), as an intravenous (IV) infusion, every 3 weeks (Q3W) on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	RO5541267
Other name	Tecentriq
Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

<b>Arm title</b>	Pre-crossover: Atezolizumab + Tiragolumab
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Arm description:

Participants received atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle, followed by tiragolumab, 600 mg, as an IV infusion, Q3W also on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	RO5541267
Other name	Tecentriq
Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Investigational medicinal product name	Tiragolumab
Investigational medicinal product code	RO7092284
Other name	MTIG7192A

Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Tiragolumab, 600 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Number of subjects in period 1	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab
Started	45	126
Completed	0	0
Not completed	45	126
Consent withdrawn by subject	4	7
Study Ended by Sponsor	6	14
Death	22	89
Discontinued due to PD, moved to Crossover period	10	-
Lost to follow-up	1	3
Reason not Specified	2	13

## Period 2

Period 2 title	Post-crossover
Is this the baseline period?	No
Allocation method	Non-randomised - controlled
Blinding used	Not blinded

## Arms

<b>Arm title</b>	Post Crossover: Atezolizumab + Tiragolumab
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Arm description:

Participants in the atezolizumab monotherapy arm with unequivocal PD crossed over & received atezolizumab, 1200 mg, in combination with tiragolumab, 600 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	RO5541267
Other name	Tecentriq
Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Investigational medicinal product name	Tiragolumab
Investigational medicinal product code	RO7092284
Other name	MTIG7192A
Pharmaceutical forms	Solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Tiragolumab, 600 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

<b>Number of subjects in period 2</b>	Post Crossover: Atezolizumab + Tiragolumab
Started	17
Completed	0
Not completed	17
Consent withdrawn by subject	1
Study Ended by Sponsor	5
Death	10
Lost to follow-up	1

## Baseline characteristics

### Reporting groups

Reporting group title	Pre-crossover: Atezolizumab Monotherapy
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Reporting group description:

Participants received atezolizumab, 1200 milligrams (mg), as an intravenous (IV) infusion, every 3 weeks (Q3W) on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Reporting group title	Pre-crossover: Atezolizumab + Tiragolumab
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Reporting group description:

Participants received atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle, followed by tiragolumab, 600 mg, as an IV infusion, Q3W also on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Reporting group values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab	Total
Number of subjects	45	126	171
Age categorical Units: participants			

Age Continuous Units: years arithmetic mean standard deviation	51.0 ± 11.8	50.8 ± 11.8	-
Sex: Female, Male Units: participants			
Female	45	126	171
Male	0	0	0
ECOG Performance Status			
ECOG Performance Status grades 0 or 1 were used for stratified randomization. Grade 0: Fully active, able to carry on all pre-disease performance without restriction. Grade 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work).			
Units: Subjects			
ECOG Performance Status 0	23	55	78
ECOG Performance Status 1	22	71	93
Prior Use of Chemoradiotherapy or Radiotherapy			
Prior use of chemotherapy or radiotherapy "yes" or "no" was used for stratified randomization.			
Units: Subjects			
Prior Use of Chemotherapy or Radiotherapy = Yes	36	98	134
Prior Use of Chemotherapy or Radiotherapy = No	9	28	37
Treatment History			
Treatment history of recurrent versus persistent disease was used for stratified randomization.			
Units: Subjects			
Recurrent Disease	26	65	91
Persistent Disease	19	61	80
Race (NIH/OMB) Units: Subjects			

American Indian or Alaska Native	3	3	6
Asian	6	16	22
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	1	1	2
White	28	79	107
More than one race	0	0	0
Unknown or Not Reported	7	27	34
Ethnicity (NIH/OMB)			
Units: Subjects			
Hispanic or Latino	7	18	25
Not Hispanic or Latino	32	81	113
Unknown or Not Reported	6	27	33



## End points

### End points reporting groups

Reporting group title	Pre-crossover: Atezolizumab Monotherapy
Reporting group description: Participants received atezolizumab, 1200 milligrams (mg), as an intravenous (IV) infusion, every 3 weeks (Q3W) on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.	
Reporting group title	Pre-crossover: Atezolizumab + Tiragolumab
Reporting group description: Participants received atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle, followed by tiragolumab, 600 mg, as an IV infusion, Q3W also on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.	
Reporting group title	Post Crossover: Atezolizumab + Tiragolumab
Reporting group description: Participants in the atezolizumab monotherapy arm with unequivocal PD crossed over & received atezolizumab, 1200 mg, in combination with tiragolumab, 600 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.	

### Primary: Pre-crossover Period: Independent Review Committee (IRC)-assessed Objective Response Rate (ORR)

End point title	Pre-crossover Period: Independent Review Committee (IRC)-assessed Objective Response Rate (ORR) <sup>[1]</sup>
End point description: ORR=percentage of participants with complete response (CR) or partial response (PR) on 2 consecutive occasions $\geq 4$ weeks apart, as determined by IRC according to Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST v1.1). CR=Disappearance of all target lesions & non-target lesions or any pathological lymph nodes (whether target/non-target) have reduction in short axis to $<10$ millimeters (mm). PR=At least a 30% decrease in sum of diameters (SOD) of all target lesions, taking as reference baseline SOD, in absence of CR. The study enrolled participants with measurable disease as determined by investigator. Participants who had non-measurable disease at baseline according to RECIST v1.1 (IRC assessment/Protocol Deviations) were only considered responders if they achieved CR. Treated population=all randomized participants who received at least any dose of study treatment. Participants were grouped according to actual treatment received. Percentages have been rounded off.	
End point type	Primary
End point timeframe: From randomization up to approximately 17 months	

#### 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: This endpoint reports data for tiragolumab only.

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	45	126		
Units: percentage of participants				
number (confidence interval 95%)	15.6 (6.5 to 29.5)	19.0 (12.6 to 27.0)		

## Statistical analyses

No statistical analyses for this end point

### Secondary: Pre- and Post-crossover Periods: Number of Participants With Adverse Events (AEs)

End point title	Pre- and Post-crossover Periods: Number of Participants With Adverse Events (AEs)
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End point description:

An AE was any untoward medical occurrence in a clinical investigation participant administered a pharmaceutical product, regardless of causal attribution. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. Treated population included all randomized participants who received at least any dose of study treatment. Participants were grouped according to the actual treatment received. Crossover population included all participants randomized to the atezolizumab monotherapy arm who crossed over to the tiragolumab plus atezolizumab arm, and received at least any dose of tiragolumab after cross-over but not prior to cross-over.

End point type	Secondary
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End point timeframe:

Up to approximately 50.3 months

End point values	Pre-crossover: Atezolizumab Monotherapy	Post Crossover: Atezolizumab + Tiragolumab	Pre-crossover: Atezolizumab + Tiragolumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	45	17	126	
Units: participants	41	14	118	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: IRC-assessed Duration of Response (DOR)

End point title	Pre-crossover Period: IRC-assessed Duration of Response (DOR)
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End point description:

DOR was defined for participants who had an objective response as time from first occurrence of documented OR (CR/PR) to date of PD/death from any cause (whichever occurred first), determined by IRC per RECIST v1.1. CR & PR=defined as outlined in the description of endpoint, ORR. PD=At least 20% increase in SOD of target lesions, taking as reference smallest SOD at prior timepoints (including baseline); In addition to relative increase of 20%, SOD must also demonstrate an absolute increase of ≥5 mm or unequivocal progression in non-target lesion(s). Study enrolled participants with measurable disease as per investigator. Participants who had non-measurable disease at baseline according to RECIST v1.1 (IRC assessment/Protocol Deviations) were only considered responders if they achieved CR. Treated population. DOR was assessed in participants with OR (CR/PR). 9999=median was not reached due to low number of participants with events; 99999=not estimable due to low number of events.

End point type	Secondary
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End point timeframe:

First occurrence of a documented objective response (OR) to the date of PD or death from any cause, whichever occurred first (up to approximately 17 months)

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	7	24		
Units: months				
median (confidence interval 95%)	9999 (6.5 to 99999)	11.8 (6.7 to 99999)		

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: IRC-assessed Disease Control Rate (DCR)

End point title	Pre-crossover Period: IRC-assessed Disease Control Rate (DCR)
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End point description:

DCR was defined as the percentage of participants with a CR, PR, or stable disease (SD), as determined by the IRC according to RECIST v1.1. CR and PR were defined as outlined in the description for endpoint, ORR. SD=Neither sufficient shrinkage to qualify for CR/PR nor sufficient increase to qualify for PD. Participants were classified as SD only if SD was observed on two consecutive assessments  $\geq 6$  weeks apart. PD=At least 20% increase in SOD of target lesions, taking as reference smallest SOD at prior timepoints (including baseline); In addition to relative increase of 20%, SOD must also demonstrate an absolute increase of  $\geq 5$  mm or unequivocal progression in non-target lesion(s). Study enrolled participants with measurable disease as per the investigator. Participants who had non-measurable disease at baseline per RECIST v1.1 (IRC assessment or Protocol Deviations) were only considered responders if they achieved CR. Treated Population.

End point type	Secondary
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End point timeframe:

From randomization up to approximately 17 months

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	45	126		
Units: percentage of participants				
number (confidence interval 95%)	20.0 (9.6 to 34.6)	31.0 (23.0 to 39.8)		

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: Investigator-assessed Best Clinical Response

## (BCR) Rate

End point title	Pre-crossover Period: Investigator-assessed Best Clinical Response (BCR) Rate
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End point description:

BCR was defined as the percentage of participants with a CR, PR, or SD, as determined by the investigator according to RECIST v1.1. CR=Disappearance of all target & non-target lesions or any pathological lymph nodes (whether target/non-target) have reduction in short axis to <10 mm. PR=At least a 30% decrease in SOD of all target lesions, taking as reference the baseline SOD, in the absence of CR. SD=Neither sufficient shrinkage to qualify for CR/PR nor sufficient increase to qualify for PD. Participants were classified as SD only if SD was observed on two consecutive assessments  $\geq 6$  weeks apart. PD=At least 20% increase in SOD of target lesions, taking as reference the smallest SOD at prior timepoints (including baseline); In addition to the relative increase of 20%, the SOD must also demonstrate an absolute increase of  $\geq 5$  mm or unequivocal progression in non-target lesion(s). Percentages have been rounded off. Treated population.

End point type	Secondary
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End point timeframe:

From randomization up to approximately 17 months

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	45	126		
Units: percentage of participants				
number (confidence interval 95%)	33.3 (20.0 to 49.0)	44.4 (35.6 to 53.6)		

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: Investigator-assessed Duration of BCR

End point title	Pre-crossover Period: Investigator-assessed Duration of BCR
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End point description:

Duration of BCR was defined for BCR responders as the time from the first occurrence of a documented response (CR, PR, or SD) to the date of PD or death from any cause (whichever occurred first), as clinically determined by the investigator according to RECIST v1.1. CR & PR were defined as outlined in the description for endpoint, ORR. SD=Neither sufficient shrinkage to qualify for CR or PR nor sufficient increase to qualify for PD. Participants were classified as SD only if SD was observed on two consecutive assessments  $\geq 6$  weeks apart. PD=At least 20% increase in SOD of target lesions, taking as reference the smallest SOD at prior timepoints (including baseline); in addition to the relative increase of 20%, the SOD must also demonstrate an absolute increase of  $\geq 5$  mm or unequivocal progression in non-target lesion(s). Treated population. Duration of BCR was assessed in participants with a clinical response. 99999: not estimable due to low number of events.

End point type	Secondary
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End point timeframe:

First occurrence of a documented clinical response to the date of PD or death from any cause, whichever occurred first (up to approximately 17 months)

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	15	56		
Units: months				
median (confidence interval 95%)	7.0 (5.6 to 99999)	5.5 (4.2 to 8.7)		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: IRC-assessed Progression-free Survival (PFS)

End point title	Pre-crossover Period: IRC-assessed Progression-free Survival (PFS)
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End point description:

PFS was defined as the time from randomization to the first occurrence of PD or death from any cause (whichever occurred first), as determined by the IRC according to RECIST v1.1. PD was defined as at least 20% increase in SOD of target lesions, taking as reference the smallest SOD at prior timepoints (including baseline); in addition to the relative increase of 20%, the SOD must also demonstrate an absolute increase of  $\geq 5$  mm or unequivocal progression in non-target lesion(s). Treated Population included all randomized participants who received at least any dose of study treatment. Participants were grouped according to the actual treatment received.

End point type	Secondary
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End point timeframe:

From randomization to the first occurrence of PD or death from any cause, whichever occurred first (up to approximately 17 months)

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	45	126		
Units: months				
median (confidence interval 95%)	1.9 (1.5 to 3.0)	2.8 (1.7 to 4.1)		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: IRC-assessed PFS Rate at 6 Months

End point title	Pre-crossover Period: IRC-assessed PFS Rate at 6 Months
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End point description:

PFS rate was defined as the percentage of participants who were event-free at 6 months post-randomization, as determined by the IRC according to RECIST v1.1. PFS was defined as the time from randomization to the first occurrence of PD or death from any cause (whichever occurred first), as determined by the IRC according to RECIST v1.1. PD was defined as at least 20% increase in SOD of target lesions, taking as reference the smallest SOD at prior timepoints (including baseline); in addition

to the relative increase of 20%, the SOD must also demonstrate an absolute increase of  $\geq 5$  mm or unequivocal progression in non-target lesion(s). Treated Population included all randomized participants who received at least any dose of study treatment. Participants were grouped according to the actual treatment received. Number analyzed are number of participants with data available for analysis.

End point type	Secondary
End point timeframe:	
At Month 6	

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	9	34		
Units: percentage of participants				
number (confidence interval 95%)	21.50 (9.06 to 33.94)	30.56 (22.29 to 38.83)		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: Overall Survival (OS)

End point title	Pre-crossover Period: Overall Survival (OS)
End point description:	
OS was defined as the time of randomization to death from any cause. Treated Population included all randomized participants who received at least any dose of study treatment. Participants were grouped according to the actual treatment received. 9999=Upper limit of the 95% CI was not estimable due to an insufficient number of participants with events.	
End point type	Secondary
End point timeframe:	
From randomization to death from any cause (up to approximately 17 months)	

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	45	126		
Units: months				
median (confidence interval 95%)	10.6 (7.4 to 9999)	11.0 (9.6 to 9999)		

### Statistical analyses

No statistical analyses for this end point

**Secondary: Pre-crossover Period: OS Rate at 6 Months and 12 Months**

End point title	Pre-crossover Period: OS Rate at 6 Months and 12 Months
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End point description:

OS rate was defined as the percentage of participants who were still alive at 6 months and 12 months. OS was defined as the time of randomization to death from any cause. Treated Population included all randomized participants who received at least any dose of study treatment. Participants were grouped according to the actual treatment received. Number analyzed is number of participants with data available for analysis. n=number of participants with data available for analysis at specified timepoints.

End point type	Secondary
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End point timeframe:

At Months 6 and 12

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	26	86		
Units: percentage of participants				
number (confidence interval 95%)				
6 Months (n=26, 86)	69.49 (55.52 to 83.47)	73.56 (65.69 to 81.44)		
12 Months (n=5, 16)	37.88 (17.38 to 58.38)	47.19 (36.63 to 57.76)		

**Statistical analyses**

No statistical analyses for this end point

**Secondary: Pre-crossover Period: Minimum Serum Concentration (Cmin) of Tiragolumab**

End point title	Pre-crossover Period: Minimum Serum Concentration (Cmin) of Tiragolumab <sup>[2]</sup>
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End point description:

Pharmacokinetic (PK)-evaluable population included all participants who received any dose of study treatment and who had at least one post-baseline PK sample available. Number analyzed is the number of participants with data available for analysis. n = number of participants with data available for analysis at the specified time point.

End point type	Secondary
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End point timeframe:

Predose on Day 1 of Cycles 2, 3, 4, 8, 12 and 16 (1 cycle = 21 days)

Notes:

[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: This endpoint reports data for tiragolumab only.

<b>End point values</b>	Pre-crossover: Atezolizumab + Tiragolumab			
Subject group type	Reporting group			
Number of subjects analysed	108			
Units: micrograms per milliliter (µg/mL)				
geometric mean (geometric coefficient of variation)				
Predose on Cycle 2 Day 1 (n=108)	33.0 (± 70.2)			
Predose on Cycle 3 Day 1 (n=89)	49.3 (± 66.9)			
Predose on Cycle 4 Day 1 (n=81)	58.9 (± 77.5)			
Predose on Cycle 8 Day 1 (n=47)	80.5 (± 65.2)			
Predose on Cycle 12 Day 1 (n=21)	83.7 (± 68.0)			
Predose on Cycle 16 Day 1 (n=5)	92.7 (± 36.9)			

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: Maximum Serum Concentration (Cmax) of Tiragolumab

End point title	Pre-crossover Period: Maximum Serum Concentration (Cmax) of Tiragolumab <sup>[3]</sup>
End point description: PK-evaluable population included all participants who received any dose of study treatment and who had at least one post-baseline PK sample available. Number analyzed is the number of participants with data available for analysis.	
End point type	Secondary
End point timeframe: At 30 minutes post-dose on Cycle 1 Day 1 (1 Cycle = 21 days)	
Notes: [3] - 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: This endpoint reports data for tiragolumab only.	

<b>End point values</b>	Pre-crossover: Atezolizumab + Tiragolumab			
Subject group type	Reporting group			
Number of subjects analysed	83			
Units: µg/mL				
geometric mean (geometric coefficient of variation)	226 (± 28.8)			

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: Cmin of Atezolizumab

End point title	Pre-crossover Period: Cmin of Atezolizumab
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End point description:

PK-evaluable population included all participants who received any dose of study treatment and who had at least one post-baseline PK sample available. Number analyzed is the number of participants with data available for analysis. n = number of participants with data available for analysis at the specified time point.

End point type	Secondary
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End point timeframe:

Predose on Day 1 of Cycles 2, 3, 4, 8, 12 and 16 (1 cycle = 21 days)

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	38	107		
Units: µg/mL				
geometric mean (geometric coefficient of variation)				
Predose on Cycle 2 Day 1 (n=38,107)	89.8 (± 56.3)	89.4 (± 54.7)		
Predose on Cycle 3 Day 1 (n=27,87)	139 (± 47.8)	137 (± 53.1)		
Predose on Cycle 4 Day 1 (n=22,82)	175 (± 40.3)	156 (± 64.0)		
Predose on Cycle 8 Day 1 (n=15,46)	188 (± 111.2)	212 (± 52.2)		
Predose on Cycle 12 Day 1 (n=7,22)	207 (± 78.3)	215 (± 52.1)		
Predose on Cycle 16 Day 1 (n=2,6)	235 (± 10.2)	223 (± 32.9)		

## Statistical analyses

No statistical analyses for this end point

## Secondary: Pre-crossover Period: Cmax of Atezolizumab

End point title	Pre-crossover Period: Cmax of Atezolizumab
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End point description:

PK-evaluable population included all participants who received any dose of study treatment and who had at least one post-baseline PK sample available. Number analyzed is the number of participants with data available for analysis.

End point type	Secondary
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End point timeframe:

At 30 minutes post-dose on Day 1 of Cycle 1 (1 cycle = 21 days)

End point values	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	38	112		
Units: µg/mL				
geometric mean (geometric coefficient of variation)	522 (± 24.3)	507 (± 31.6)		

## Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: Percentage of Participants With Anti-Drug Antibodies (ADAs) to Tiragolumab

End point title	Pre-crossover Period: Percentage of Participants With Anti-Drug Antibodies (ADAs) to Tiragolumab <sup>[4]</sup>
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End point description:

Participants were considered treatment-emergent ADA-positive if they were ADA negative at baseline or missing data but developed an ADA response following study drug administration (treatment-induced ADA response) or if they were ADA-positive at baseline and the titre of one or more post-baseline samples was at least 4-fold greater (i.e.,  $\geq 0.60$  titre units[t.u]) than the titre of the baseline sample (treatment-enhanced ADA response). ADA-evaluable population included participants with any ADA assessments, with participants grouped according to treatment received. Number analyzed is the number of participants with data available for analysis.

End point type	Secondary
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End point timeframe:

Up to approximately 17 months

Notes:

[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: This endpoint reports data for tiragolumab only.

End point values	Pre-crossover: Atezolizumab + Tiragolumab			
Subject group type	Reporting group			
Number of subjects analysed	118			
Units: percentage of participants				
number (not applicable)	0.0			

## Statistical analyses

No statistical analyses for this end point

### Secondary: Pre-crossover Period: Percentage of Participants With ADAs to Atezolizumab

End point title	Pre-crossover Period: Percentage of Participants With ADAs to Atezolizumab
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End point description:

Participants were considered treatment-emergent ADA-positive if they were ADA negative at baseline or missing data but developed an ADA response following study drug administration (treatment-induced ADA response) or if they were ADA-positive at baseline and the titre of one or more post-baseline samples was at least 4-fold greater (i.e.,  $\geq 0.60$  t.u) than the titre of the baseline sample (treatment-enhanced ADA response). ADA-evaluable population included participants with any ADA assessments, with participants grouped according to treatment received. Number analyzed is the number of participants with data available for analysis. Percentages have been rounded off.

End point type	Secondary
End point timeframe:	
Up to approximately 17 months	

<b>End point values</b>	Pre-crossover: Atezolizumab Monotherapy	Pre-crossover: Atezolizumab + Tiragolumab		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	35	116		
Units: percentage of participants				
number (not applicable)	20.0	11.2		

### Statistical analyses

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

Up to approximately 50.3 months

Adverse event reporting additional description:

Treated population. Crossover population included all participants randomized to the atezolizumab monotherapy arm who crossed over to the tiragolumab plus atezolizumab arm, and received at least any dose of tiragolumab after cross-over but not prior to cross-over.

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	27.1
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### Reporting groups

Reporting group title	Pre-crossover: Atezolizumab Monotherapy
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Reporting group description:

Participants received atezolizumab, 1200 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Reporting group title	Post Crossover: Atezolizumab + Tiragolumab
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Reporting group description:

Participants in the atezolizumab monotherapy arm with unequivocal PD crossed over & received atezolizumab, 1200 mg, in combination with tiragolumab, 600 mg, as an IV infusion, Q3W on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Reporting group title	Pre-crossover: Atezolizumab + Tiragolumab
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Reporting group description:

Participants received atezolizumab, 1200 mg, as an IV infusion Q3W, on Day 1 of each 21-day cycle, followed by tiragolumab, 600 mg, as an IV infusion, Q3W also on Day 1 of each 21-day cycle until PD, loss of clinical benefit, or unacceptable toxicity as determined by the investigator.

Serious adverse events	Pre-crossover: Atezolizumab Monotherapy	Post Crossover: Atezolizumab + Tiragolumab	Pre-crossover: Atezolizumab + Tiragolumab
Total subjects affected by serious adverse events			
subjects affected / exposed	12 / 45 (26.67%)	1 / 17 (5.88%)	42 / 126 (33.33%)
number of deaths (all causes)	23	10	89
number of deaths resulting from adverse events	1	0	3
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Tumour pain			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Tumour haemorrhage			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vascular disorders			
Raynaud's phenomenon			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hypotension			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Embolism			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Deep vein thrombosis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Iliac vein occlusion			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (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
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	3 / 126 (2.38%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oedema peripheral			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Hyperpyrexia			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Fatigue			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Immune system disorders			
Sarcoidosis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Reproductive system and breast disorders			
Vaginal haemorrhage			
subjects affected / exposed	2 / 45 (4.44%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Female genital tract fistula			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Genital haemorrhage			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Respiratory, thoracic and mediastinal disorders			
Acute respiratory failure			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Interstitial lung disease			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Investigations</b>			
Blood creatinine increased			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
C-reactive protein increased			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatic enzyme increased			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Lipase increased			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Platelet count decreased			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Injury, poisoning and procedural complications</b>			
Hip fracture			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infusion related reaction			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	1 / 1	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Post procedural haemorrhage subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Thoracic vertebral fracture subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Spinal compression fracture subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac disorders			
Sinus tachycardia subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Dilated cardiomyopathy subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Myocarditis subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Nervous system disorders			
Cerebrovascular accident subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Middle cerebral artery stroke subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0



Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	2 / 45 (4.44%)	0 / 17 (0.00%)	3 / 126 (2.38%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 6
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Febrile neutropenia			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal disorders			
Ileal stenosis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal pain			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Colitis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Subileus			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vomiting			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastritis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Nausea			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatobiliary disorders			
Hepatitis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Autoimmune hepatitis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Skin and subcutaneous tissue disorders			
Rash maculo-papular			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (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
Renal and urinary disorders			
Haematuria			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	3 / 126 (2.38%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Chronic kidney disease			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Acute kidney injury			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hydronephrosis			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pyelocaliectasis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Renal failure			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Renal impairment			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Endocrine disorders			
Hypophysitis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Musculoskeletal and connective tissue disorders			
Arthralgia			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Back pain			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Myalgia			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (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

Myositis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pain in extremity			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infections and infestations			
Abdominal abscess			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pelvic abscess			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Lower respiratory tract infection			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infection			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Escherichia urinary tract infection			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Enterococcal sepsis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Encephalitis			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pneumonia			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
Pyelitis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pyelonephritis			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	0 / 126 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pyelonephritis acute			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Sepsis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	2 / 126 (1.59%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Septic shock			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Urinary tract infection			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	3 / 126 (2.38%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal sepsis			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Urosepsis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (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
Pneumonia necrotising			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
COVID-19			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Helicobacter gastritis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pulmonary sepsis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Respiratory tract infection			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Candida sepsis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Metabolism and nutrition disorders			
Tumour lysis syndrome			

subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Decreased appetite			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Electrolyte imbalance			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Type 2 diabetes mellitus			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	1 / 126 (0.79%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

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

<b>Non-serious adverse events</b>	Pre-crossover: Atezolizumab Monotherapy	Post Crossover: Atezolizumab + Tiragolumab	Pre-crossover: Atezolizumab + Tiragolumab
Total subjects affected by non-serious adverse events			
subjects affected / exposed	36 / 45 (80.00%)	14 / 17 (82.35%)	109 / 126 (86.51%)
Vascular disorders			
Superficial vein thrombosis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Hypertension			
subjects affected / exposed	3 / 45 (6.67%)	0 / 17 (0.00%)	5 / 126 (3.97%)
occurrences (all)	5	0	7
Embolism			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Hypotension			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0

General disorders and administration site conditions			
Face oedema			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	1	1	0
Chills			
subjects affected / exposed	2 / 45 (4.44%)	1 / 17 (5.88%)	4 / 126 (3.17%)
occurrences (all)	2	1	6
Asthenia			
subjects affected / exposed	6 / 45 (13.33%)	1 / 17 (5.88%)	25 / 126 (19.84%)
occurrences (all)	6	1	29
Fatigue			
subjects affected / exposed	3 / 45 (6.67%)	2 / 17 (11.76%)	22 / 126 (17.46%)
occurrences (all)	3	3	28
Pyrexia			
subjects affected / exposed	6 / 45 (13.33%)	1 / 17 (5.88%)	21 / 126 (16.67%)
occurrences (all)	10	1	24
Oedema peripheral			
subjects affected / exposed	3 / 45 (6.67%)	1 / 17 (5.88%)	11 / 126 (8.73%)
occurrences (all)	4	1	12
Vascular device occlusion			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Pain			
subjects affected / exposed	2 / 45 (4.44%)	1 / 17 (5.88%)	2 / 126 (1.59%)
occurrences (all)	2	1	2
Reproductive system and breast disorders			
Vaginal discharge			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	3 / 126 (2.38%)
occurrences (all)	1	1	3
Vulvovaginal pruritus			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	2	2	2
Respiratory, thoracic and mediastinal disorders			
Dyspnoea			



subjects affected / exposed occurrences (all)	5 / 45 (11.11%) 5	0 / 17 (0.00%) 0	6 / 126 (4.76%) 6
Nasal congestion subjects affected / exposed occurrences (all)	1 / 45 (2.22%) 1	1 / 17 (5.88%) 1	2 / 126 (1.59%) 2
Pneumonitis subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	1 / 17 (5.88%) 1	2 / 126 (1.59%) 2
Cough subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 2	0 / 17 (0.00%) 0	11 / 126 (8.73%) 12
Psychiatric disorders Anxiety subjects affected / exposed occurrences (all)	1 / 45 (2.22%) 1	1 / 17 (5.88%) 1	9 / 126 (7.14%) 9
Insomnia subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 2	0 / 17 (0.00%) 0	7 / 126 (5.56%) 8
Investigations Blood lactate dehydrogenase increased subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	2 / 17 (11.76%) 2	2 / 126 (1.59%) 2
Blood creatinine increased subjects affected / exposed occurrences (all)	3 / 45 (6.67%) 3	2 / 17 (11.76%) 2	7 / 126 (5.56%) 8
Blood creatine phosphokinase increased subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	1 / 17 (5.88%) 1	0 / 126 (0.00%) 0
Blood alkaline phosphatase increased subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	2 / 17 (11.76%) 2	8 / 126 (6.35%) 9
Aspartate aminotransferase increased subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 5	1 / 17 (5.88%) 5	9 / 126 (7.14%) 10
Alanine aminotransferase increased			

subjects affected / exposed	3 / 45 (6.67%)	2 / 17 (11.76%)	9 / 126 (7.14%)
occurrences (all)	7	6	9
Gamma-glutamyltransferase increased			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	1	1	1
Blood sodium decreased			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Blood magnesium increased			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Weight decreased			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	9 / 126 (7.14%)
occurrences (all)	1	1	9
Urine output decreased			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Blood bicarbonate decreased			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Platelet count increased			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Injury, poisoning and procedural complications			
Infusion related reaction			
subjects affected / exposed	4 / 45 (8.89%)	1 / 17 (5.88%)	10 / 126 (7.94%)
occurrences (all)	5	1	11
Fall			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	2 / 126 (1.59%)
occurrences (all)	0	1	3
Cardiac disorders			
Tachycardia			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	5 / 126 (3.97%)
occurrences (all)	1	1	5
Nervous system disorders			

Dizziness subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	1 / 17 (5.88%) 1	7 / 126 (5.56%) 9
Headache subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 2	0 / 17 (0.00%) 0	13 / 126 (10.32%) 16
Hypoaesthesia subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 2	1 / 17 (5.88%) 1	2 / 126 (1.59%) 2
Blood and lymphatic system disorders			
Anaemia subjects affected / exposed occurrences (all)	10 / 45 (22.22%) 15	5 / 17 (29.41%) 6	41 / 126 (32.54%) 53
Lymphopenia subjects affected / exposed occurrences (all)	2 / 45 (4.44%) 2	2 / 17 (11.76%) 2	7 / 126 (5.56%) 10
Neutropenia subjects affected / exposed occurrences (all)	1 / 45 (2.22%) 1	1 / 17 (5.88%) 1	6 / 126 (4.76%) 10
Leukopenia subjects affected / exposed occurrences (all)	1 / 45 (2.22%) 1	1 / 17 (5.88%) 2	6 / 126 (4.76%) 9
Eye disorders			
Eyelids pruritus subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	1 / 17 (5.88%) 1	0 / 126 (0.00%) 0
Gastrointestinal disorders			
Abdominal pain upper subjects affected / exposed occurrences (all)	4 / 45 (8.89%) 4	0 / 17 (0.00%) 0	5 / 126 (3.97%) 6
Abdominal pain subjects affected / exposed occurrences (all)	1 / 45 (2.22%) 1	3 / 17 (17.65%) 3	19 / 126 (15.08%) 24
Vomiting subjects affected / exposed occurrences (all)	7 / 45 (15.56%) 7	2 / 17 (11.76%) 2	20 / 126 (15.87%) 25
Nausea			

subjects affected / exposed	5 / 45 (11.11%)	3 / 17 (17.65%)	26 / 126 (20.63%)
occurrences (all)	5	3	31
Diarrhoea			
subjects affected / exposed	3 / 45 (6.67%)	3 / 17 (17.65%)	20 / 126 (15.87%)
occurrences (all)	3	3	29
Constipation			
subjects affected / exposed	5 / 45 (11.11%)	0 / 17 (0.00%)	16 / 126 (12.70%)
occurrences (all)	7	0	22
Abdominal discomfort			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Melaena			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Abdominal distension			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	7 / 126 (5.56%)
occurrences (all)	0	1	7
Hepatobiliary disorders			
Biliary obstruction			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Skin and subcutaneous tissue disorders			
Nail disorder			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Eczema			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	3 / 126 (2.38%)
occurrences (all)	1	2	3
Hyperhidrosis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Rash pruritic			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Rash			

subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	11 / 126 (8.73%)
occurrences (all)	1	1	13
Pruritus			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	27 / 126 (21.43%)
occurrences (all)	0	1	37
Renal and urinary disorders			
Dysuria			
subjects affected / exposed	1 / 45 (2.22%)	0 / 17 (0.00%)	8 / 126 (6.35%)
occurrences (all)	1	0	9
Hydronephrosis			
subjects affected / exposed	0 / 45 (0.00%)	0 / 17 (0.00%)	8 / 126 (6.35%)
occurrences (all)	0	0	8
Haematuria			
subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	7 / 126 (5.56%)
occurrences (all)	1	1	8
Endocrine disorders			
Hypothyroidism			
subjects affected / exposed	2 / 45 (4.44%)	2 / 17 (11.76%)	12 / 126 (9.52%)
occurrences (all)	3	2	12
Hyperthyroidism			
subjects affected / exposed	2 / 45 (4.44%)	0 / 17 (0.00%)	8 / 126 (6.35%)
occurrences (all)	2	0	9
Adrenal insufficiency			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Musculoskeletal and connective tissue disorders			
Arthralgia			
subjects affected / exposed	7 / 45 (15.56%)	1 / 17 (5.88%)	18 / 126 (14.29%)
occurrences (all)	7	1	27
Back pain			
subjects affected / exposed	3 / 45 (6.67%)	1 / 17 (5.88%)	12 / 126 (9.52%)
occurrences (all)	3	1	14
Pain in extremity			
subjects affected / exposed	3 / 45 (6.67%)	0 / 17 (0.00%)	6 / 126 (4.76%)
occurrences (all)	3	0	6
Muscle spasms			

subjects affected / exposed occurrences (all)	0 / 45 (0.00%) 0	0 / 17 (0.00%) 0	7 / 126 (5.56%) 7
Infections and infestations			
Pharyngitis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	1 / 126 (0.79%)
occurrences (all)	0	1	1
Urinary tract infection			
subjects affected / exposed	2 / 45 (4.44%)	1 / 17 (5.88%)	18 / 126 (14.29%)
occurrences (all)	2	1	35
COVID-19			
subjects affected / exposed	4 / 45 (8.89%)	1 / 17 (5.88%)	6 / 126 (4.76%)
occurrences (all)	4	1	7
Urosepsis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Metabolism and nutrition disorders			
Hypomagnesaemia			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	10 / 126 (7.94%)
occurrences (all)	0	2	18
Hypercholesterolaemia			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Decreased appetite			
subjects affected / exposed	3 / 45 (6.67%)	3 / 17 (17.65%)	21 / 126 (16.67%)
occurrences (all)	3	3	22
Metabolic acidosis			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Hypervolaemia			
subjects affected / exposed	0 / 45 (0.00%)	1 / 17 (5.88%)	0 / 126 (0.00%)
occurrences (all)	0	1	0
Hypokalaemia			
subjects affected / exposed	2 / 45 (4.44%)	1 / 17 (5.88%)	4 / 126 (3.17%)
occurrences (all)	3	2	6
Hyperglycaemia			

subjects affected / exposed	1 / 45 (2.22%)	1 / 17 (5.88%)	3 / 126 (2.38%)
occurrences (all)	1	1	3
Hypoalbuminaemia			
subjects affected / exposed	3 / 45 (6.67%)	0 / 17 (0.00%)	6 / 126 (4.76%)
occurrences (all)	3	0	7

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
19 June 2020	Protocol amendment v2: Determination of sample size assumptions was updated. Comparison of the objective response rate of the tiragolumab in combination with atezolizumab arm for the primary analysis was clarified. An interim analysis (IA) was added in response to feedback from the Voluntary Harmonization Procedure (VHP). The IA was performed when approximately 60 participants had been randomized to the tiragolumab in combination with atezolizumab arm and had the opportunity to be followed up for at least 5 months.
08 January 2021	Protocol amendment v3: Atezolizumab safety information was updated. Safety information about COVID-19 was provided. Immunosuppressive medications were removed from the prohibited therapy section and added to the cautionary therapy section to align with atezolizumab management guidelines. Language was added to clarify that AEs associated with a special situation that also qualify as adverse events of special interest (AESI) should be reported within 24 hours. Language was added to clarify that hemophagocytic lymphohistiocytosis and macrophage activation syndrome are considered potential risks for atezolizumab. A potential China extension to the study was described.
25 March 2021	Protocol amendment v4: The population for efficacy analyses was amended to include only randomized participants who received at least one dose of study treatment. This change enables evaluation of the efficacy of tiragolumab in combination with atezolizumab and atezolizumab monotherapy in the context of currently available therapy, in line with the use of a pre-specified reference for the primary statistical test. The primary analysis timing was amended to enable sufficient follow-up of the responders and to assess the durability of the response.
16 February 2022	Protocol amendment v5: A benefit-risk assessment and guidance on concomitant administration of coronavirus disease 2019 vaccines with tiragolumab and/or atezolizumab were added. The AE management guidelines were updated to align with the Atezolizumab Investigator's Brochure, v18.
22 December 2022	Protocol amendment v6: Various sections of the protocol were mainly amended to align with the Atezolizumab Investigator's Brochure (Version 19) and Tiragolumab Investigator's Brochure (Version 7).
11 February 2023	Protocol amendment v7: The post-trial access language was updated to state that eligible participants will have continued access to Roche IMPs (tiragolumab and/or atezolizumab) in accordance with the Roche Global Policy on Continued Access to Investigational Medicinal Product.
23 October 2023	Protocol amendment v8: Collection of information on long-term survival follow-up after treatment discontinuation was removed as it will no longer be needed, in order to reduce site burden as the protocol analysis was conducted. The pharmacokinetic, immunogenicity, and biomarker sample collection schedule was changed so that samples were no longer collected at treatment discontinuation visit or PD visit because the Sponsor decided that no additional sample collection is needed. The adverse event management guidelines were updated to align with the Atezolizumab Investigator's Brochure, Version 20, and Tiragolumab Investigator's Brochure, Version 7.

Notes:



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## **Interruptions (globally)**

Were there any global interruptions to the trial? No

## **Limitations and caveats**

None reported