Supplementary appendix

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Investigator list

Principal or sub-investigator	Affiliation	Country	No. of patients enrolled
Christine Mauz-Koerholz Benjamin Becker Ante Christian Botzen Tamas Farkas Dieter Koerholz Eva Landmann Natascha Stroeter Wilhelm Woessmann	Uniklinikum Giessen und Marburg	Germany	6
Maurizio Mascarin Pietro Bulian Emanuela Chimienti Michele Spina	Cro-Aviano	Italy	4
Gerard Michel Vincent Barlogis Herve Chambost Catherine Curtillet Claire Galambrun Catherine Mathey Claire Oudin Clemence Roux Isabelle Thuret Blandine Vallentin Sandrine Visentin	Hopital De La Timone	France	4
Auke Beishuizen Friederike Meyer-Wentrup Natasha Katrina Antonia van Eijkelenburg	Wilhelmina Pediatric Hospital/University Medical Centre Ut	The Netherlands	3
Thierry Leblanc Benoit Brethon	Hopital Robert Debre	France	3

Anne Flore Derache Raymonda Fahd Gwenaelle Gueguen Lou Le Mouel			
Kasey J. Leger Catherine Albert Colleen Annesley Eric J. Chow Todd M. Cooper Rachel Cortner Carol Dean Sarah D. Fanizzi Stacy Garcia Rebecca Gardner Russell Geyer Rosemary Hadcox Douglas S. Hawkins Laura Hill Genevieve Kelly Tyler Garrett Ketterl Casey Krein Adam Joseph Lamble Sarah E.S. Leary Jonathan Liaw-Gray Nathan Millard Kevin Morrison Karin Oesterich Celeste Funk Oglesby Cassie Oh Julie Ruggieri Park Navin Pinto Elyse Rademacher Julie Marie Rivers Abby R. Rosenberg	Seattle Children’s Hospital	USA	3

Ella Mae Santos Christiana Smith Katherine Tarlock Amy Tellinghuisen Michelle Ann Ting Heidi Ullom Nicholas Vitanza Victoria Weiss Jennifer Wilkes			
Stacy Lorine Cooper Patrick Brown Allen Chen Kenneth J. Cohen Alan David Friedman Donald Small	Johns Hopkins University	USA	3
Stephen Daw Kirit Ardeshna Ben Carpenter Jonathan Lambert Christopher McNamara	University College Hospital	United Kingdom	2
Alberto Garaventa Loredana Amoroso Massimo Conte Carla Manzitti Marilina Nantron	Irccs Istituto G. Gaslini	Italy	2
Salvatore Buffardi Giovanna Giagnuolo Nicoletta Marra Rosanna Parasole Fara Petruzziello	Ao Santobono – Pausilipon	Italy	2
Laurence Brugieres Samuel David Abbou	Institut Gustave Roussy	France	2

Pablo Berlanga Veronique Minard Colin Stephane Ducassou Brice Fresneau Nathalie Gaspar Lea Guerrini-Rousseau Claudia Pasqualini Dominique Valteau-Couanet			
Christopher Larry Bacon Elisabeth Vandenberghe	St James Hospital	Ireland	1
Maurizio Martelli Roberto Foa Luisa Cardarelli Gianna Maria D'Elia Maria Luisa Moleti Alessandro Pulsoni Alessandra Serrao	AOU Policlinico Umberto I	Italy	1
Judith Landman-Parker Helene Boutroux Marie-Laure Colaiacovo Catherine Dollfus Elodie Gouache Sebastien Heritier Guy Leverger Arnaud Petit Mathieu Simonin Marie Dominique Tabone Pascale Tessaro	Hopital Enfants Armand Trousseau	France	1
Shannon Mitchell Cohn Amy C. Fowler Raven M. Cooksey Virginia L. Harrod	Dell Children's Medical Center of Central Texas	USA	1

Letitia Holden Robert Charles Mignacca Philip E. Neff Ali Abrahim Noorbaksh Rhea Robinson Rebecca Swell Linda G. Shaffer Ashley Toungate Donald T. Wells			
Anderson Collier Tobi Breland Clinton Carroll Dereck Davis Sarah Elizabeth Elkin Maggie Goad Catherine Gordon Betty L. Herrington Erin Audrey Mar Jackson Hannah Ann Griffi Jordan Gail C. Megason Laura Newman Michele Cara Poliskin Melissa Mc Naull Rhodes Jessica Seaborn	University Of Mississippi Medical Center/Children's of Mississippi – Gulf Coast Speciality Clinic	USA	1
Torsten Ebeling Andrej Lissat Annette Kuenkele Johannes Schulte Anne Thorwarth Arend Von Stackelberg	Campus Virchow Klinikum Der Charite	Germany	1
Kara Kelly Steven John Ambrusko Barbara Jean Bambach	Roswell Park Cancer Institute/Women and Children's Hospital of Buffalo/The Children’s	USA	1

Matthew John Barth Lynda M. Beaupin Seema Ali Bhat Lorna Kathryn Fitzpatrick Francisco J. Hernandez-Ilizaliturri Meghan Ann Higman Shilpa Jain Kelvin P. Lee Dheerendra Prasad Denise Ann Rokitka Beverly Anne Schaefer Pallawi Torka Clare J. Twist	Hospital of Buffalo Kaleida Health		
Peter H. Shaw Irmel Ayala Rebecca Berger Melanie Cross Melinda L. Duren Shari Lyne Feinberg Nanette Grana Melanie Raye Haase Charles Isaac Hauk Kelsey Horner Kelly Alexa Lawless Britni Looper Claudia Lukas Jennifer Mayer Jonathan Metts Colin Evan Moore Damon Reed Stacie Stapleton Jessica Meredith Wishnew	All Children’s Hospital Specialty Physicians	USA	1

Martha M. Pacheco Leah Adix Daniel C. Bowers Cristyn Nicole Branstetter Kenneth S. Chen Marian Hernandez Laura J. Klesse Theodore W. Laetsch Patrick J. Leavey Andrew A. Martin Rachel Nam Alison Patterson Zain Rahimi Amanda W. Richards Michelle Rivas Tamra L. Slone Shahenaaz Sunderji Tanya Watt Jonathan E. Wickiser Kathleen Faye Wiertel Ludwig Naomi J. Winick	The University Of Texas/Children’s Medical Center	USA	1
Valerie I. Brown Smita Chandrash Dandekar Robert J. Greiner Lisa Mcgregor Pooja Rao Jacquelyn R. Rencher Suzanne Treadway	Penn State Hershey Children's Hospital/Penn State Milton S Hershey Medical Center	USA	1
Paul D. Harker-Murray Meghen Browning Michael Burke Sarah Dobrozsi	Children's Hospital of Wisconsin/Children's Corporate Center/Medical College of Wisconsin	USA	0

Rebecca Fetzer
Chris Henchen
Jeffrey Knipstein
Nathan Schloemer
Cindy Lee Schwartz
Ryuma Tanaka
Richard Tower

Supplementary tables

Supplementary table S1. Risk stratification algorithm for CheckMate 744

Stage at diagnosis	Time to relapse from end of therapy (months)	B symptoms[a] or extranodal disease at relapse, extensive disease where radiation therapy was contraindicated at relapse, or relapse in a prior radiation field
Standard risk: R2 cohort		
Any	<3	Yes/No
IA, IIA	3–12 >3 cycles and/or RT	Yes/No
IB, IIB, IIIA	<12	
IIIB, IV	Any	
Any	Any	Yes
Low risk: R1 cohort		
IA, IIA	≥12	No
	3–12 ≤3 cycles and no RT	No
IB, IIB, IIIA	>12	No

[a]B symptoms include fever (≥101 °F or ≥38.3 °C), drenching night sweats, and unexplained weight loss (≥10% of body weight over 6 months).

RT, radiation therapy.

Supplementary table S2. Treatment summary for patients who proceeded to consolidation off protocol

Patient	Completed treatment	Response after 4 cycles of induction		Best response prior to consolidation		Off-protocol therapies, auto-HCT, subsequent therapies
		Per BICR	Per INV	Per BICR	Per INV	
1	4 cycles of induction	PMR	CMR	CMR	CMR	• BEAM (HDCT) • Auto-HCT
2	4 cycles of induction	PMR	PMR	CMR	CMR	• Gemcitabine, ifosfamide, prednisolone, vinorelbine (second salvage) • Lomustine, cytarabine, etoposide, melphalan (HDCT) • Auto-HCT
3[a]	4 cycles of induction	NE	CMR	NE	CMR	• BEAM (HDCT) • Auto-HCT
4	4 cycles of induction	CMR	CMR	CMR	CMR	• Fotemustine, cytarabine, etoposide, melphalan (HDCT) • Auto-HCT
5	4 cycles of induction + 4 cycles of intensification	PMR	PMR	PMR	CMR	• BEAM (HDCT) • Auto-HCT • Surgery
6	4 cycles of induction	PMR	CMR	PMR	CMR	• BEAM (HDCT) • Auto-HCT
7	4 cycles of induction	CMR	CMR	CMR	CMR	• BEAM (HDCT) • Auto-HCT
8	4 cycles of induction	PMD	PMR	CMR	PMR	• Ifosfamide, carboplatin, etoposide (second salvage) • Auto-HCT

9[b]	2 cycles of induction	NR	NR	NR	NR	• Bendamustine (second salvage) • BEAM (HDCT) • Auto-HCT • BV (post-transplant immunotherapy)

[a]This patient was not evaluable for response because he/she did not achieve PMR or CMR per BICR at any time, or completion of 6 cycles of therapy (4 cycles of nivolumab plus BV and 2 cycles of BV plus bendamustine).

[b]This patient discontinued after 2 cycles of induction due to toxicity, but was evaluable for response.

BEAM, carmustine, cytarabine, etoposide, and melphalan; INV, investigator; NE, not evaluable; NR, no response; PMD, progressive metabolic disease.

Supplementary table S3. Subsequent cancer therapy

	R2 cohort (n=44)
Any subsequent therapy[a]	27 (61.4)
Radiation therapy[b]	9 (20.5)
Curative intent	2 (4.5)
Other[c]	7 (15.9)
Systemic therapy	21 (47.7)
Reason for subsequent systemic therapy	
Maintenance with BV after auto-HCT (without disease progression or clinical deterioration)	10 (22.7)
Disease progression	3 (6.8)
Other/not reported	9 (20.5)

Data are n (%).

[a]Patients could receive a combination of therapies.

[b]Eight patients received radiation therapy as consolidation after auto-HCT; 1 patient received radiation therapy as a subsequent therapy after progression.

[c]Other reasons included local consolidation, standard of care, and follow-up treatment.

Auto-HCT, autologous hematopoietic cell transplantation; BV, brentuximab vedotin.

Supplementary table S4. Stem cell mobilization summary

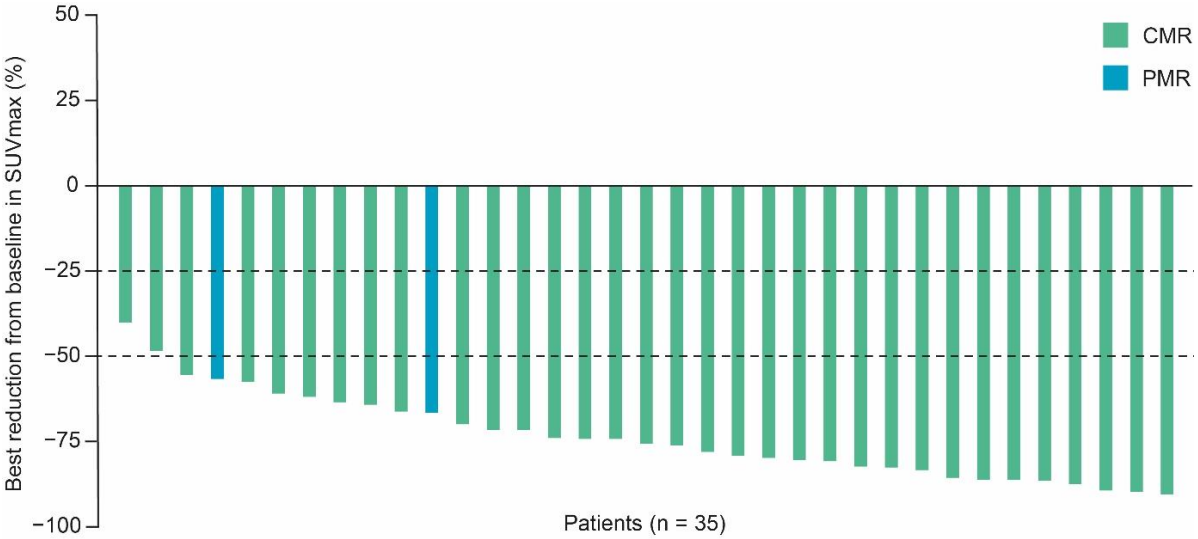
	R2 cohort (n=40)
Median (range) number of apheresis sessions per patient	1.0 (1–5)
Median (range) number of CD34+ cells collected per session, $\times 10^6$ cells/kg (n=59 sessions)	4.0 (0.3–268.0)
Mobilization agents (≥2 patients), n (%)	
G-CSF[a]	22 (55)
Plerixafor	4 (10.0)
Calcium	3 (7.5)
Carmustine	2 (5.0)
Cyclophosphamide	2 (5.0)
Cytarabine	2 (5.0)
Etoposide	2 (5.0)
Melphalan	2 (5.0)

[a]Includes filgrastim, G-CSF, and lenograstim.

G-CSF, granulocyte colony stimulating factor.

Supplementary figure

Supplementary figure S1. Best reduction in SUVmax per BICR in patients who proceeded to consolidation on protocol.



For reference fluorodeoxyglucose-avid lesion. Includes patients with baseline and ≥1 on-study value (prior to consolidation or subsequent therapy).

BICR, blinded independent central review; CMR, complete metabolic response; PMR, partial metabolic response; SUVmax, maximum standardized uptake value.