

Supplemental Table

Table S1. Baseline patient demographics and disease characteristics (safety analysis set)

	Patients (N=68)
Age, years Median (range)	70.0 (37–95)
Age category, n (%)	
<65 years	27 (39.7)
≥65 and <75 years	22 (32.4)
≥75 years	19 (27.9)
Sex, n (%)	
Male	36 (52.9)
Female	32 (47.1)
Baseline ECOG score, n (%)	
0	39 (57.4)
1	24 (35.3)
2	5 (7.4)
Disease stage, n(%)	
Stage I/II	9 (13.2)
Stage III/IV	59 (86.8)
Bulky disease LDi > 5 cm	25 (36.8)
Bone marrow involvement, n (%)*	29 (42.6)
Extranodal disease, n (%)#	53 (77.9)
Refractory disease, n (%)†	22 (32.4)
FDG avid by IRC assessment, n (%)	
FDG-avid	61 (89.7)
Non-FDG-avid	7 (10.3)
MZL subtype, n (%)	
Extranodal (MALT)	26 (38.2)
Nodal	26 (38.2)
Splenic	12 (17.6)
Unknown‡	4 (5.9)
Site of disease (MALT subtype), n (%)	
Gastric	2 (7.7)
Cutaneous	4 (15.4)
Non-gastric/non-cutaneous	19 (73.1)
Unknown	1 (3.8)
LDH, n (%)	
Above normal	16 (23.5)
Number of previous therapies Median (range)	2 (1–6)
Time since end of last therapy, months Median (range)	20.6 (1–176.6)

Previous therapy, n (%)	
Rituximab-based chemotherapy	60 (88.2)
R-CVP	25 (36.8)
BR	22 (32.4)
R-CHOP	17 (25.0)
Rituximab monotherapy	7(10.0)
Rituximab + lenalidomide	2 (2.9)
Radiation therapy	15 (22.1)
Splenectomy	7 (10.3)
ASCT	4 (5.9)

*Derived from baseline bone marrow biopsy/aspiration per investigator assessment.

#Extranodal disease is defined as patients with extranodal baseline target or nontarget lesions, or bone marrow involvement, as per investigator assessment.

†Refractory disease is defined as best overall response of stable disease or PD from last prior anticancer regimen.

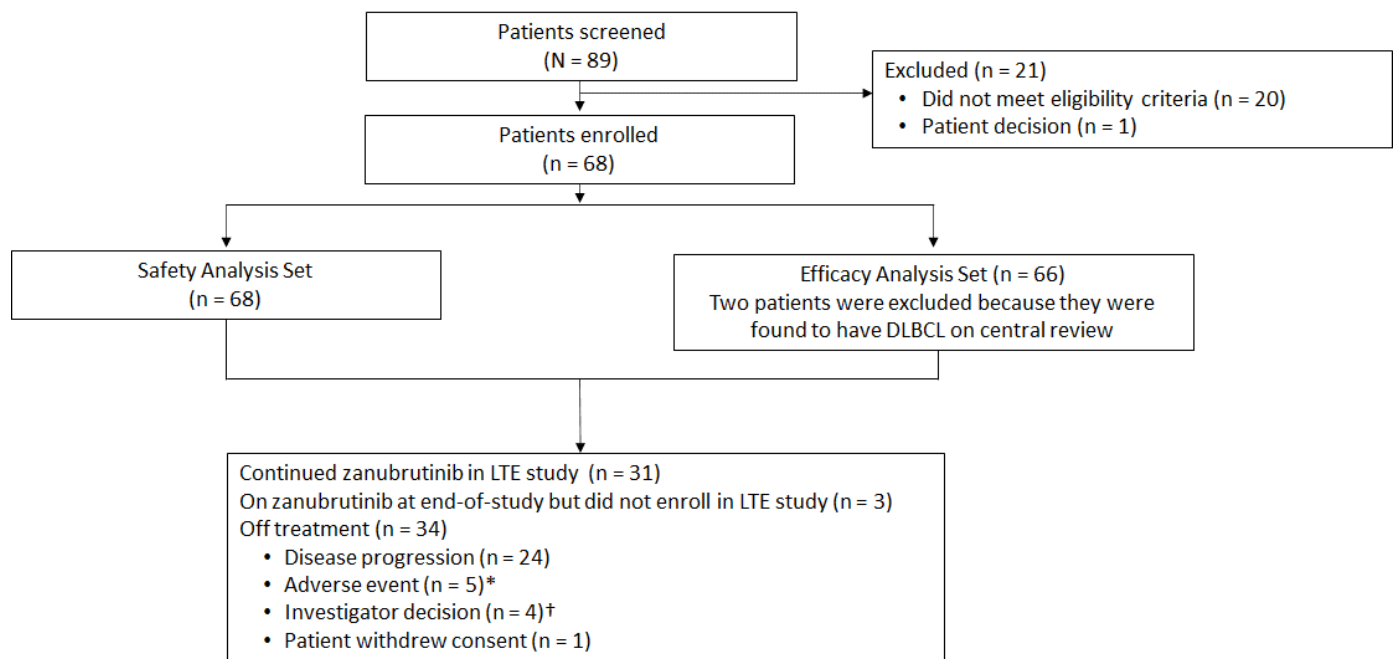
‡Four patients presented with both nodal and extranodal lesions; investigators were unable to classify the primary MZL subtype.

Supplemental Figure

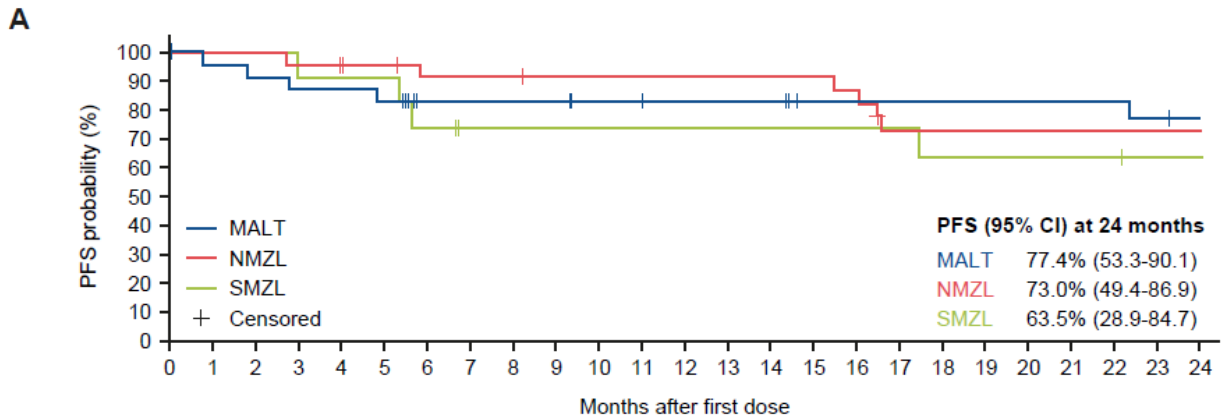
Figure S1. Patient disposition.

*Two patients had fatal COVID-19 pneumonia; one patient had pyrexia which was later attributed to disease progression; one patient with preexisting cardiovascular disease had a fatal myocardial infarction; one patient died from septic encephalopathy after bladder surgery (in CR at the time of death).

†Of the patients who discontinued per investigator decision, three did so because they required prohibited medications and one discontinued because of lack of clinical benefit. DLBCL, diffuse large B-cell lymphoma; LTE, long-term extension study.

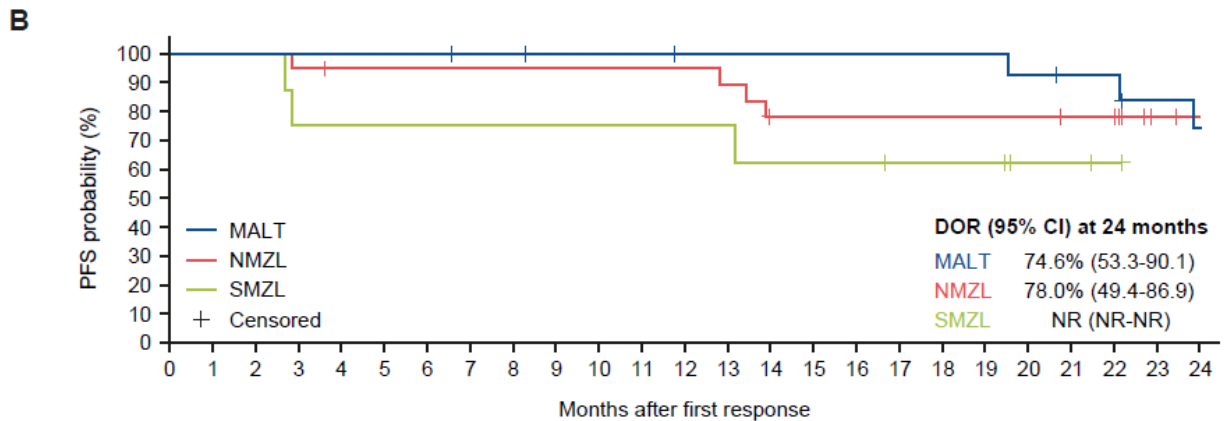


Supplementary Figure S2. Kaplan–Meier analyses. (A) PFS, (B) DOR, and (C) OS (efficacy analysis set) by disease subtype. CI, confidence interval; DOR, duration of response; MALT, extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue; NMZL, nodal marginal zone lymphoma; NR, not reached; OS, overall survival; PFS, progression-free survival; SMZL, splenic marginal zone lymphoma.



No. at risk

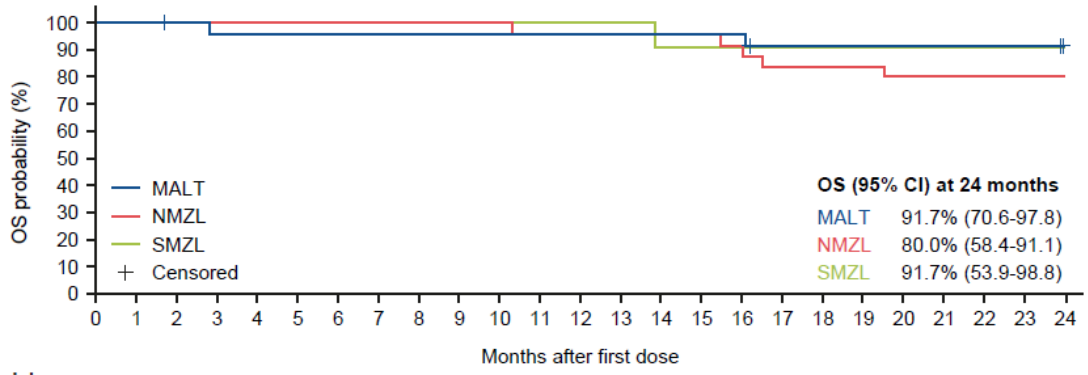
MALT	25	23	22	21	21	20	18	18	18	18	17	17	16	16	16	14	14	14	14	14	14	14	14	13	12
NMZL	25	25	25	24	24	23	21	21	21	20	20	20	20	20	20	19	15	15	15	15	15	15	15	15	15
SMZL	12	12	12	11	11	11	8	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6	4	4	



No. at risk

MALT	16	16	16	16	16	16	15	15	14	14	14	13	13	13	13	13	13	13	13	12	11	11	9	8	
NMZL	19	19	19	18	17	17	17	17	17	17	17	17	17	17	16	13	13	13	13	13	13	12	11	7	6
SMZL	8	8	8	6	6	6	6	6	6	6	6	6	6	5	5	5	4	4	4	4	2	2	1	0	

C



No. at risk

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
MALT	25	25	24	23	23	23	23	23	23	23	23	23	23	23	23	23	23	21	21	21	21	21	21	21	21	21
NMZL	25	25	25	25	25	25	25	25	25	25	25	24	24	24	24	24	23	21	21	21	21	20	20	20	20	20
SMZL	12	12	12	12	12	12	12	12	12	12	12	12	12	12	11	11	11	11	11	11	11	11	11	11	11	10