Supplemental Materials for Camidanlumab Tesirine in Relapsed or Refractory Classic Hodgkin Lymphoma: A Phase 2 Study

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Supplemental Results

Patient Reported Outcomes (PRO)

The patient-reported outcomes (PRO) population included 116 patients. The mean change from baseline in EQ-5D-5L visual analog scale (VAS) score generally improved through cycle 9 (**Supplemental Figure 5A**). Thirty-eight (33.9%) patients of an eligible 112 reported a minimally clinically important improvement (MCID; mean improvement by ≥7 points), while 54 (48.2%) patients reported no change, and 20 (17.9%) patients reported mean deterioration by ≥7 points. Patients had general improvement in mean scores on the FACT-Lym lymphoma subscale (**Supplemental Figure 5B**). Thirty-six (33.3%) of an eligible 108 patients reported an MCID (mean improvement by ≥7 points), while 45 (41.7%) patients reported no change, and 27 (25.0%) reported a mean deterioration by ≥7 points. Throughout all cycles of treatment, 17 (14.7%) patients of an eligible 116 reported being very bothered by side effects of treatment via FACT-Lym item GP5, while 23 (19.8%) patients reported being bothered quite a bit; 33 (28.4%) reported being somewhat bothered; 26 (22.4%) reported being a little bit bothered; and 17 (14.7%) reported being not at all bothered by side effects.

Additional Details of Immune-Related Events of Special Interest other than Guillain-Barre Syndrome

Two patients developed tubulointerstitial nephritis, both confirmed by kidney biopsy. The first patient developed grade 3 tubulointerstitial nephritis after 5 cycles of Cami that presented concomitant with grade 2 pyrexia. The renal failure was presumed to be related to Cami based on the presence of white blood cell casts and granular casts in the urine, eosinophilia, and rash. The patient discontinued treatment due to the tubulointerstitial nephritis event. The second patient visited the emergency room with persisting grade 2 pyrexia, bloating, and abdominal tenderness after 2 cycles of Cami. The event was classified as grade 4 tubulointerstitial nephritis and resulted in treatment discontinuation.

One patient developed grade 4 type 1 diabetes mellitus after 2 cycles of Cami treatment; the patient had no known history of diabetes or hyperglycemia. The patient experienced 3 events of diabetic ketoacidosis (1 event at grade 3; 2 events at grade 4). The event of type 1 diabetes mellitus was considered probably related to Cami and led to treatment discontinuation.

One patient experienced grade 3 autoimmune hemolytic anemia (AIHA) after 12 cycles of Cami that was considered related to Cami and led to treatment discontinuation.

Supplemental Table 1. Patient enrollment by study site

Site name	Number of enrolled patients
City of Hope Comprehensive Cancer Center - Duarte	14
Istituto Clinico Humanitas	11
Azienda Ospedaliero-Universitaria di Bologna Policlinico Sant Orsola-Malpighi	8
Mayo Clinic - Rochester	8
The Christie NHS Foundation Trust	7
Istituto Nazionale Tumori IRCCS Fondazione G. Pascale	5
The Ohio State University Comprehensive Cancer Center	5
Oxford University Hospitals NHS Foundation Trust	4
British Columbia Cancer Agency - Vancouver	3
Fakultní nemocnice Brno	3
Froedtert Hospital	3
The Ottawa Hospital - General Campus	3
The University of Chicago Medicine	3
University of Minnesota	3
Washington University School of Medicine in Saint Louis	3
Azienda Ospedaliera Nazionale SS. Antonio e Biagio e C. Arrigo -Alessandria	2
Case Western Reserve University	2
Complejo Asistencial Universitario de Salamanca - Hospital Clínico	2
Hackensack University Medical Center	2
Hollings Cancer Center	2
Hôpital François Mitterrand	2
Institut Català d'Oncologia - Hospital Duran i Rey (ICO L'Hospitalet)	2
Pécsi Tudományegyetem Klinikai Központ	2
Stanford University Medical Center	2
Algemeen Ziekenhuis Sint-Jan Brugge-Oostende - Cam	1
Centre Hospitalier Universitaire Universite Catholique de Louvain - Site Godinne	1
Hôpital Haut-Lévêque	1
Hôpital Saint-Eloi	1
Hôpitaux Universitaires Henri Mondor	1
Hospital de la Santa Creu i Sant Pau	1
Hospital General Universitario Gregorio Marañón	1
Hospital Universitari Vall d'Hebron	1
Hospital Universitario Ramón y Cajal	1
Istituto Oncologico Veneto - IRCCS	1
Mayo Clinic - Arizona	1
Northside Hospital Atlanta	1
Norton Cancer Institute - Saint Matthews	1
Semmelweis Egyetem	1
The Royal Marsden NHS Foundation Trust	1
University College London Hospitals NHS Foundation	1

Supplemental Table 2. Best overall response to Cami in the all-treated population

	N = 117	**95% CI**
Best overall response, n (%)		
CR	39 (33.3)	24.9, 42.6
PR	43 (36.8)	-
SD	21 (17.9)	-
NE	6 (5.1)	-
PD	8 (6.8)	-
ORR (CR + PR), n (%)	82 (70.1)	60.9, 78.2

Cami, camidanlumab tesirine; CR, complete response; NE, not evaluable; ORR, overall response rate; PD, progressive disease; PR, partial response; SD, stable disease.

Supplemental Table 3. Demographic and baseline characteristics of patients by region

Characteristic	North American patients (n = 56)	European patients (n = 61)
Median (range) age, y	36 (20, 87)	42 (19, 75)
Female, n (%)	17 (30.4)	27 (44.3)
Race, n (%)		
White	45 (80.4)	56 (91.8)
Black or African American	5 (8.9)	0
Asian	2 (3.6)	1 (1.6)
Other (includes Native Hawaiian or Pacific Islander, multiple races, or missing)	4 (7.1)	4 (6.6)
ECOG performance status score, n (%)		
0	30 (53.6)	34 (55.7)
1	22 (39.3)	25 (41.0)
2	4 (7.1)	2 (3.3)
Prior systemic therapies, n (%)		
≤5 prior lines	16 (28.6)	29 (47.5)
6–7 prior lines	17 (30.4)	13 (21.3)
≥8 prior lines	23 (41.1)	19 (31.1)
Median (range) prior systemic therapies	7 (3, 12)	6 (3, 19)
Prior radiotherapy, n (%)	31 (55.4)	24 (39.3)
Prior HSCT, n (%)		
Only autologous	33 (58.9)	26 (42.6)
Only allogeneic	3 (5.4)	0
Both	6 (10.7)	6 (9.8)
Response to last line of systemic therapy, n (%)		
Relapse	19 (33.9)	17 (27.9)
Refractory[a]	31 (55.4)	35 (57.4)
Other	6 (10.7)	9 (14.8)

ECOG, Eastern Cooperative Oncology Group; HSCT, hematopoietic stem cell transplant.

[a]Refractory was defined as having a best response to a line of treatment of stable disease or progressive disease.

Supplemental Table 4. Summary of TEAEs in the all-treated population

TEAE, n (%)	N = 117
Any grade TEAEs	116 (99.1)
Grade ≥3 TEAEs	83 (70.9)
TEAEs related to Cami	111 (94.9)
TEAEs leading to Cami dose delay or reduction	68 (58.1)
TEAEs leading to dose delays by system organ class	
Skin and subcutaneous tissue disorders	33 (28.2)
General disorders and administration site conditions	16 (13.7)
Investigations	15 (12.8)
Infections and infestations	13 (11.1)
Blood and lymphatic system disorders	12 (10.3)
Endocrine disorders	6 (5.1)
Gastrointestinal disorders	6 (5.1)
Respiratory, thoracic and mediastinal disorders	6 (5.1)
Metabolism and nutrition disorders	4 (3.4)
Musculoskeletal and connective tissue disorders	4 (3.4)
Hepatobiliary disorders	2 (1.7)
Eye disorders	1 (0.9)
Injury, poisoning, and procedural complications	1 (0.9)
Nervous system disorders	1 (0.9)
Renal and urinary disorders	1 (0.9)
Vascular disorders	1 (0.9)
TEAEs leading to dose reductions by system organ class	
Skin and subcutaneous tissue disorders	12 (10.3)
Investigations	4 (3.4)
Endocrine disorders	2 (1.7)
General disorders and administration site conditions	2 (1.7)
TEAEs leading to Cami withdrawal	33 (28.2)
TEAEs leading to treatment discontinuation by system organ class	
Skin and subcutaneous tissue disorders	10 (8.5)
Infections and infestations	5 (4.3)
Nervous system disorders	5 (4.3)
General disorders and administration site conditions	4 (3.4)
Cardiac disorders	3 (2.6)
Respiratory, thoracic, and mediastinal disorders	3 (2.6)
Blood and lymphatic system disorders	2 (1.7)
Investigations	2 (1.7)
Renal and urinary disorders	2 (1.7)
Gastrointestinal disorders	1 (0.9)
Hepatobiliary disorders	1 (0.9)
Metabolism and nutrition disorders	1 (0.9)
Serious TEAEs	46 (39.3)
TEAEs leading to death	3 (2.6)
Infusion-related reactions	5 (4.3)

TEAEs of special interest	34 (29.1)

Cami, camidanlumab tesirine; TEAE, treatment-emergent adverse event.

Supplemental Table 5. Most common grade ≥3 (≥3% incidence) TEAEs by system organ class in the all-treated population

Grade ≥3 TEAE,[a] n (%)	**N = 117**
Blood and lymphatic systems disorders	32 (27.4)
Lymphopenia	12 (10.3)
Thrombocytopenia	11 (9.4)
Anemia	10 (8.5)
Neutropenia	9 (7.7)
Skin and subcutaneous tissue disorders	26 (22.2)
Maculo-papular rash	8 (6.8)
Erythema	6 (5.1)
Pruritus	4 (3.4)
Investigations	19 (16.2)
Increased GGT	6 (5.1)
Increased lipase	5 (4.3)
Increased amylase	4 (3.4)
Metabolism and nutrition disorders	17 (14.5)
Hypophosphatemia	9 (7.7)
Hyperglycemia	4 (3.4)
General disorders and administration site conditions	9 (7.7)
Fatigue	5 (4.3)
Nervous system disorders	8 (6.8)
GBS	4 (3.4)

[a]Adverse events coded using MedDRA v22.0.

GBS, Guillain–Barré syndrome; GGT, gamma-glutamyl transferase; MedDRA, Medical Dictionary for Regulatory Activities; TEAE, treatment-emergent adverse event.

Supplemental Table 6. Summary of TEAEs in patients who previously received an allogeneic transplant

TEAE, n (%)	Patients who received prior allogeneic transplant (n = 15)				
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Respiratory failure	0	0	0	0	1 (6.7)
Thrombocytopenia	4 (26.7)	0	1 (6.7)	2 (13.3)	0
Adenovirus infection	0	0	0	1 (6.7)	0
Transplant failure	0	0	0	1 (6.7)	0
Anemia	0	4 (26.7)	3 (20.0)	0	0
Hypophosphatemia	2 (13.3)	1 (6.7)	3 (20.0)	0	0
Neutropenia	0	2 (13.3)	2 (13.3)	0	0
Pneumonia	0	0	2 (13.3)	0	0
GGT increased	2 (13.3)	3 (20.0)	1 (6.7)	0	0
Rash maculo-papular	2 (13.3)	3 (20.0)	1 (6.7)	0	0
Fatigue	3 (20.0)	2 (13.3)	1 (6.7)	0	0
Face edema	0	1 (6.7)	1 (6.7)	0	0
Rash pruritic	0	1 (6.7)	1 (6.7)	0	0
Peripheral edema	3 (20.0)	0	1 (6.7)	0	0
Lymphopenia	2 (13.3)	0	1 (6.7)	0	0
Photosensitivity reaction	0	0	1 (6.7)	0	0
Leukopenia	0	0	1 (6.7)	0	0
Bone marrow failure	0	0	1 (6.7)	0	0
Device-related infection	0	0	1 (6.7)	0	0
Aspergillus infection	0	0	1 (6.7)	0	0
Bronchopulmonary aspergillosis	0	0	1 (6.7)	0	0
Septic shock	0	0	1 (6.7)	0	0
Lipase increased	0	0	1 (6.7)	0	0
Hypoxia	0	0	1 (6.7)	0	0
Rash papular	0	0	1 (6.7)	0	0
Hypotension	0	0	1 (6.7)	0	0
Follicular rash	0	0	1 (6.7)	0	0
Hyperglycemia	0	3 (20.0)	0	0	0
Hypertension	1 (6.7)	2 (13.3)	0	0	0
Headache	0	2 (13.3)	0	0	0
Arthralgia	0	2 (13.3)	0	0	0
C-reactive protein increased	0	2 (13.3)	0	0	0
Pyrexia	6 (40.0)	1 (6.7)	0	0	0
Pruritus	4 (26.7)	1 (6.7)	0	0	0
Cough	4 (26.7)	1 (6.7)	0	0	0
Thyroiditis	2 (13.3)	1 (6.7)	0	0	0
Nausea	2 (13.3)	1 (6.7)	0	0	0
Constipation	2 (13.3)	1 (6.7)	0	0	0
Diarrhea	2 (13.3)	1 (6.7)	0	0	0
Stomatitis	2 (13.3)	1 (6.7)	0	0	0
Dyspnea	2 (13.3)	1 (6.7)	0	0	0

Oropharyngeal pain	2 (13.3)	1 (6.7)	0	0	0
Productive cough	2 (13.3)	1 (6.7)	0	0	0
Dizziness	1 (6.7)	1 (6.7)	0	0	0
Tachycardia	1 (6.7)	1 (6.7)	0	0	0
Hypothyroidism	1 (6.7)	1 (6.7)	0	0	0
Gastroesophageal reflux disease	1 (6.7)	1 (6.7)	0	0	0
Skin burning sensation	0	1 (6.7)	0	0	0
Febrile neutropenia	0	1 (6.7)	0	0	0
Cataract	0	1 (6.7)	0	0	0
Ascites	0	1 (6.7)	0	0	0
Hypoesthesia oral	0	1 (6.7)	0	0	0
Localized edema	0	1 (6.7)	0	0	0
Upper respiratory tract infection	0	1 (6.7)	0	0	0
Urinary tract infection	0	1 (6.7)	0	0	0
Herpes zoster	0	1 (6.7)	0	0	0
Impetigo	0	1 (6.7)	0	0	0
Skin infection	0	1 (6.7)	0	0	0
Staphylococcal infection	0	1 (6.7)	0	0	0
Colitis herpes	0	1 (6.7)	0	0	0
Influenza	0	1 (6.7)	0	0	0
Oral candidiasis	0	1 (6.7)	0	0	0
Parvovirus infection	0	1 (6.7)	0	0	0
Vaginal infection	0	1 (6.7)	0	0	0
Blood creatine phosphokinase increased	0	1 (6.7)	0	0	0
Dehydration	0	1 (6.7)	0	0	0
Pain in extremity	0	1 (6.7)	0	0	0
Musculoskeletal pain	0	1 (6.7)	0	0	0
Neck pain	0	1 (6.7)	0	0	0
Osteonecrosis	0	1 (6.7)	0	0	0
Peripheral sensory neuropathy	0	1 (6.7)	0	0	0
Hypoesthesia	0	1 (6.7)	0	0	0
Peripheral motor neuropathy	0	1 (6.7)	0	0	0
Radiculopathy	0	1 (6.7)	0	0	0
Anxiety	0	1 (6.7)	0	0	0
Erectile dysfunction	0	1 (6.7)	0	0	0
Acute respiratory failure	0	1 (6.7)	0	0	0
Allergic rhinitis	0	1 (6.7)	0	0	0
Rash	0	1 (6.7)	0	0	0
Skin lesion	0	1 (6.7)	0	0	0
Jugular vein thrombosis	0	1 (6.7)	0	0	0
Insomnia	5 (33.3)	0	0	0	0
ALT increased	3 (20.0)	0	0	0	0
AST increased	3 (20.0)	0	0	0	0
Paresthesia	3 (20.0)	0	0	0	0
Hypoalbuminemia	3 (20.0)	0	0	0	0
Hypocalcemia	3 (20.0)	0	0	0	0

Nasal congestion	2 (13.3)	0	0	0	0
Depression	2 (13.3)	0	0	0	0
Sinus tachycardia	2 (13.3)	0	0	0	0
Blood alkaline phosphatase increased	2 (13.3)	0	0	0	0
Chills	2 (13.3)	0	0	0	0
Pleural effusion	2 (13.3)	0	0	0	0
Peripheral neuropathy	2 (13.3)	0	0	0	0
Asthenia	2 (13.3)	0	0	0	0
Dry mouth	2 (13.3)	0	0	0	0
Vitamin D deficiency	2 (13.3)	0	0	0	0
Hypomagnesaemia	2 (13.3)	0	0	0	0
Hyponatremia	2 (13.3)	0	0	0	0
Blood creatinine increased	2 (13.3)	0	0	0	0
Sinus bradycardia	1 (6.7)	0	0	0	0
Vertigo	1 (6.7)	0	0	0	0
Ear discomfort	1 (6.7)	0	0	0	0
Hyperthyroidism	1 (6.7)	0	0	0	0
Hyperparathyroidism	1 (6.7)	0	0	0	0
Vision blurred	1 (6.7)	0	0	0	0
Diplopia	1 (6.7)	0	0	0	0
Vomiting	1 (6.7)	0	0	0	0
Abdominal pain	1 (6.7)	0	0	0	0
Dyspepsia	1 (6.7)	0	0	0	0
Hemorrhoids	1 (6.7)	0	0	0	0
Mouth ulcerations	1 (6.7)	0	0	0	0
Glossitis	1 (6.7)	0	0	0	0
Influenza-like illness	1 (6.7)	0	0	0	0
Non-cardiac chest pain	1 (6.7)	0	0	0	0
Malaise	1 (6.7)	0	0	0	0
Feeling abnormal	1 (6.7)	0	0	0	0
Seasonal allergy	1 (6.7)	0	0	0	0
Candida infection	1 (6.7)	0	0	0	0
Amylase increased	1 (6.7)	0	0	0	0
Weight decreased	1 (6.7)	0	0	0	0
Weight increased	1 (6.7)	0	0	0	0
Hyperphosphatasemia	1 (6.7)	0	0	0	0
Fluid retention	1 (6.7)	0	0	0	0
Hypermagnesemia	1 (6.7)	0	0	0	0
Hyperuricemia	1 (6.7)	0	0	0	0
Increased appetite	1 (6.7)	0	0	0	0
Muscular weakness	1 (6.7)	0	0	0	0
Back pain	1 (6.7)	0	0	0	0
Muscle spasms	1 (6.7)	0	0	0	0
Tremor	1 (6.7)	0	0	0	0
Dysesthesia	1 (6.7)	0	0	0	0
Dysarthria	1 (6.7)	0	0	0	0

Hyperesthesia	1 (6.7)	0	0	0	0
Somnolence	1 (6.7)	0	0	0	0
Irritability	1 (6.7)	0	0	0	0
Dysuria	1 (6.7)	0	0	0	0
Hydronephrosis	1 (6.7)	0	0	0	0
Proteinuria	1 (6.7)	0	0	0	0
Epistaxis	1 (6.7)	0	0	0	0
Hiccups	1 (6.7)	0	0	0	0
Rhinorrhea	1 (6.7)	0	0	0	0
Paranasal sinus hypersecretion	1 (6.7)	0	0	0	0
Night sweats	1 (6.7)	0	0	0	0
Skin pain	1 (6.7)	0	0	0	0
Petechiae	1 (6.7)	0	0	0	0
Skin disorder	1 (6.7)	0	0	0	0
Skin hyperpigmentation	1 (6.7)	0	0	0	0

ALT, alanine aminotransferase; AST aspartate aminotransferase; GGT, gamma-glutamyl transferase; TEAE, treatment-emergent adverse event.

Supplemental Table 7. Summary of deaths in the all-treated population

TEAE, n (%)	45 µg/kg + 30 µg/kg (N=117)
Death during study	43 (36.8)
Disease progression	18 (15.4)
Not disease related	25 (21.4)
COVID-19–related conditions	5 (4.3)
Other infections progressing to respiratory failure	3 (2.6)
Cardiac causes[a,b]	3 (2.6)
Post-transplant conditions	3 (2.6)
Pulseless electrical activity attack	1 (0.9)
Aplastic anemia	1 (0.9)
Cachexia/pneumonia	1 (0.9)
Septic shock	1 (0.9)
Unspecified infection	1 (0.9)
Unknown cause of death	6 (5.1)
Death within 30 days of last dose without taking new anticancer therapy	3 (2.6)
Disease progression	0
Not disease related	3 (2.6)
Respiratory failure	1 (0.9)
Myocardial infarction	1 (0.9)
Cardiac arrest/left ventricular failure	1 (0.9)

[a]Includes myocardial infarction, cardiac insufficiency, and cardiac arrest.

[b]All events considered not related to Cami.

Supplemental Table 8. Summary of GBS- or polyradiculopathy-type safety events

Patient age and sex	Relevant medical history	No. of cycles prior to event	Preferred term (maximum grade)	Other immune-related AEs & development relative to GBS	Duration of event[a]	Outcome
43, female	–	2	Radiculopathy (2)	Thyroiditis (prior)	24 weeks	Recovered/ resolved
37, female	Hypothyroidism	2	GBS (4)	No	115 weeks	Not recovered/ not resolved
24, male	–	7	GBS (3)	No	11 weeks	Not recovered/ not resolved
23, male[b]	–	6	GBS (2)	No	17 weeks	Recovered/ resolved
23, female	Grade 1 polyneuropathy from prior treatment	2	GBS (3)	Hyperthyroidism (prior)	43 weeks	Recovered/ resolved
33, male	Raynaud syndrome	5	GBS (4)	No	6 weeks	Recovered/ resolved
37, female[b]	Thyroiditis	6	GBS (3)	No	78 weeks	Not recovered/ not resolved
68, female[b]	–	2	Polyneuropathy[c] (3) Meningitis aseptic (3) Facial paralysis (3) SIADH (4)	Thyroiditis (prior) Hepatitis (post)	3 weeks (polyneuropathy/ meningitis aseptic) 10 weeks (facial paralysis) 6 weeks (SIADH)	Recovered/ resolved

[a]Defined as the time from diagnosis of the event to either resolution of the event or last day of follow-up.

[b]Non–treatment-emergent events, ie, onset after 30 days after last dose of Cami.

[c]AE term verbatim: polyradiculoneuritis.

AE, adverse event; Cami, camidanlumab tesirine; GBS, Guillan–Barré Syndrome; SIADH, syndrome of inappropriate antidiuretic hormone secretion.

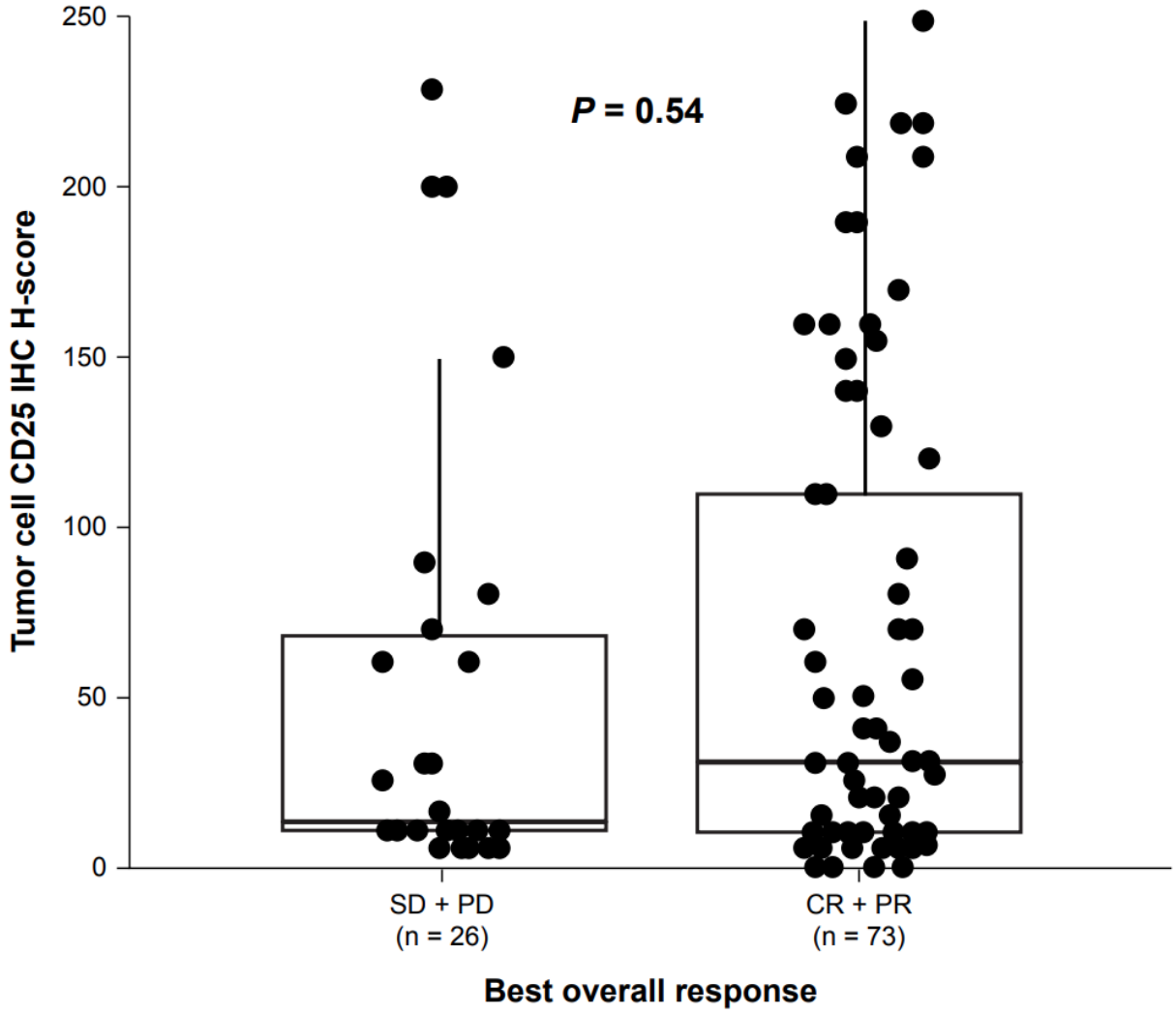
Supplemental Table 9. Predictive potential of biomarkers using ROC analyses.

Biomarkers included[a]	N	AUC
• BL sCD25	93	0.67
• BL sCD25 • Tumor cell CD25 H-score	93	0.66
• BL sCD25	72	0.71
• BL sCD25 • BL CCL17	72	0.70
• Change from BL to C2D1 in sCD25	72	0.64
• Change from BL to C2D1 in CCL17	72	0.68
• Change from BL to C2D1 in sCD25 • Change from BL to C2D1 in CCL17	72	0.73
• BL sCD25 • BL CCL17 • Change from BL to C2D1 in sCD25 • Change from BL to C2D1 in CCL17	72	0.77
• BL sCD25 • Change from BL to C2D1 in sCD25 • Change from BL to C2D1 in CCL17	72	0.77
• BL sCD25 • Change from BL to C2D1 in sCD25 • Change from BL to C3D1 in sCD25 • Change from BL to C2D1 in CCL17	72	0.77
• BL sCD25 • BL CCL17 • Tumor cell CD25 H-score • Change from BL to C2D1 in sCD25 • Change from BL to C2D1 in CCL17	64	0.76

AUC, area under curve; BL, baseline; C, cycle; D, day; H-score, histoscore; IHC, immunohistochemistry; ROC, receiver operating characteristic; sCD25, soluble CD25.

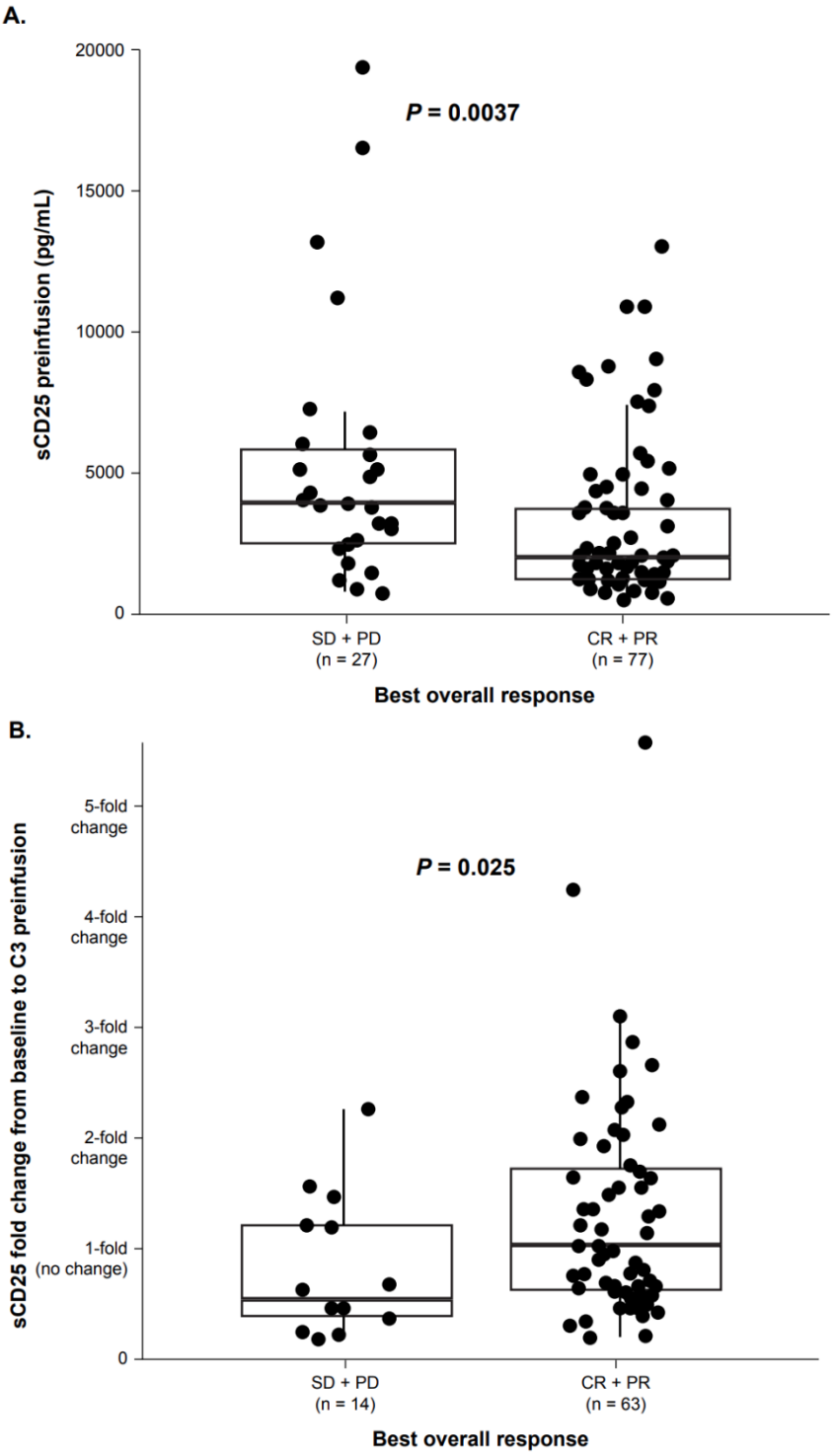
[a]All sCD25 and CCL17 measurements were conducted in preinfusion samples. The CCL17 measure values were calculated as $\log_{10}$ of the value in all biomarkers analyses and models. BL sCD25 assessments were conducted for all patients that had valid CD25 IHC and sCD25 measurements (n = 93) and repeated for the subset of patients with valid sCD25 and CCL17 measurements at BL, C2D1, and C3D1 (n = 72).

Supplemental Figure 1. Tumor cell CD25 H-score in responders versus nonresponders to Cami for all biopsies.



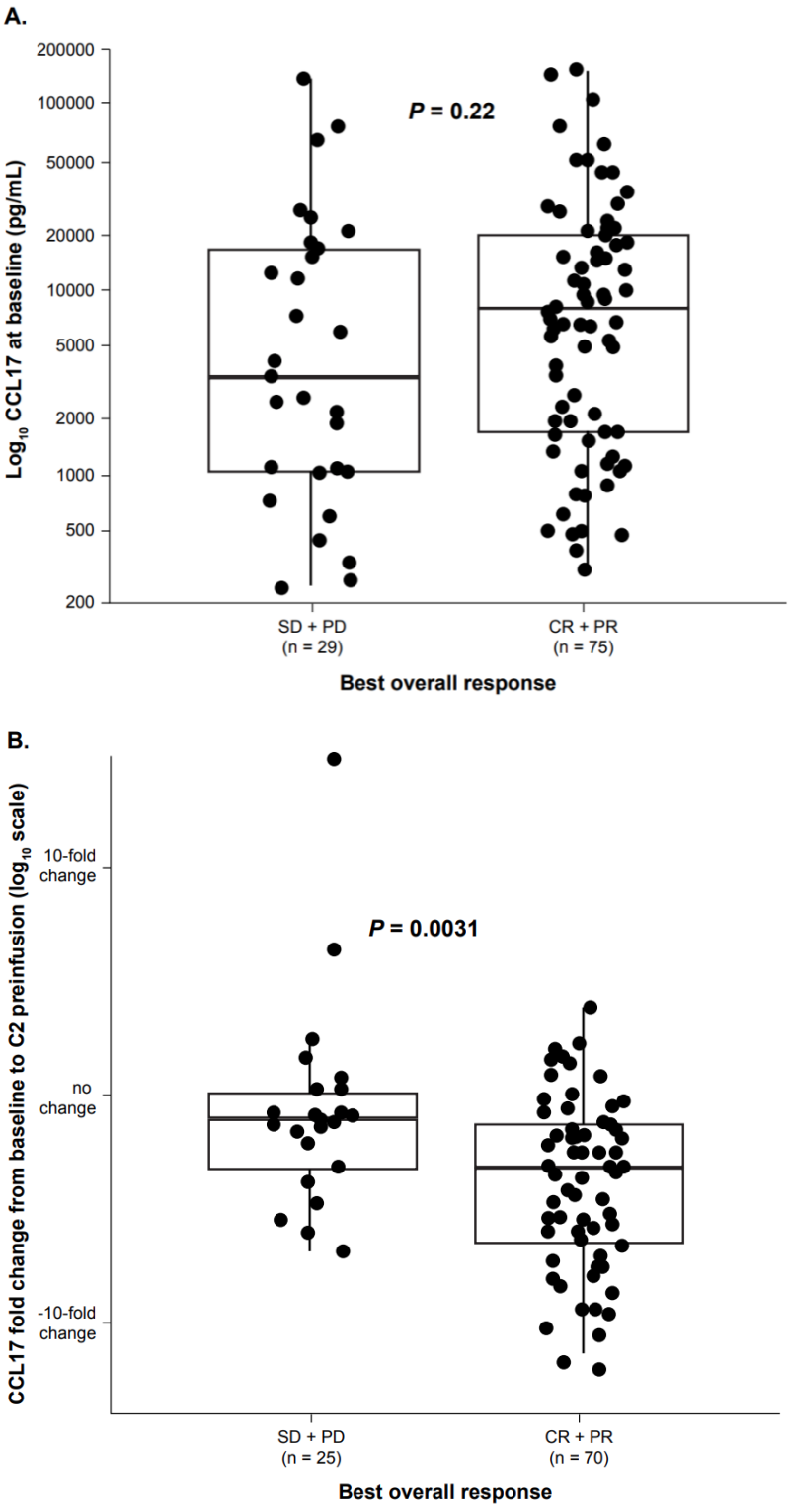
Cami, camidanlumab tesirine; CR, complete response; H-score, histoscore; IHC, immunohistochemistry; PD, progressive disease; PR, partial response; SD, stable disease.

Supplemental Figure 2. Baseline sCD25 levels (A) and (B) change in sCD25 from baseline to cycle 3, day 1 (preinfusion) in responders versus nonresponders to Cami.



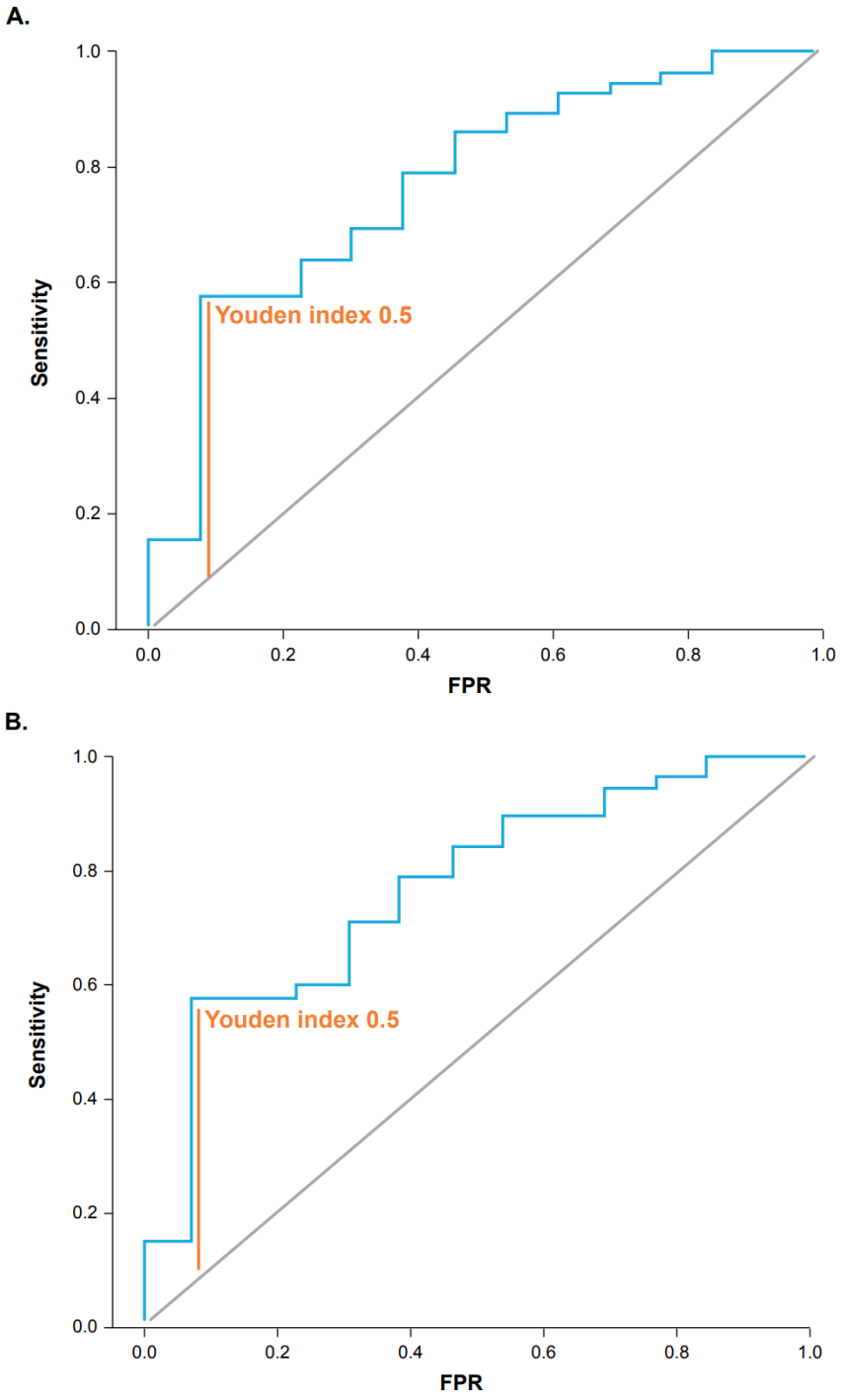
C, cycle; Cami, camidanlumab tesirine; CR, complete response; PD, progressive disease; PR, partial response; sCD25, soluble CD25; SD, stable disease.

Supplemental Figure 3. CCL17 log_{10} baseline levels (A) and (B) log_{10} of fold change from baseline to cycle 2, day 1 (preinfusion) in responders versus nonresponders to Cami.



C, cycle; Cami, camidanlumab tesirine; CR, complete response; PD, progressive disease; PR, partial response; SD, stable disease.

Supplemental Figure 4. Model ROC[a] analysis of (A) baseline sCD25 and CCL17 plus their change from baseline to cycle 2, day 1[b] and (B) baseline sCD25 plus changes from baseline to cycle 2, day 1 in sCD25 and CCL17[c].



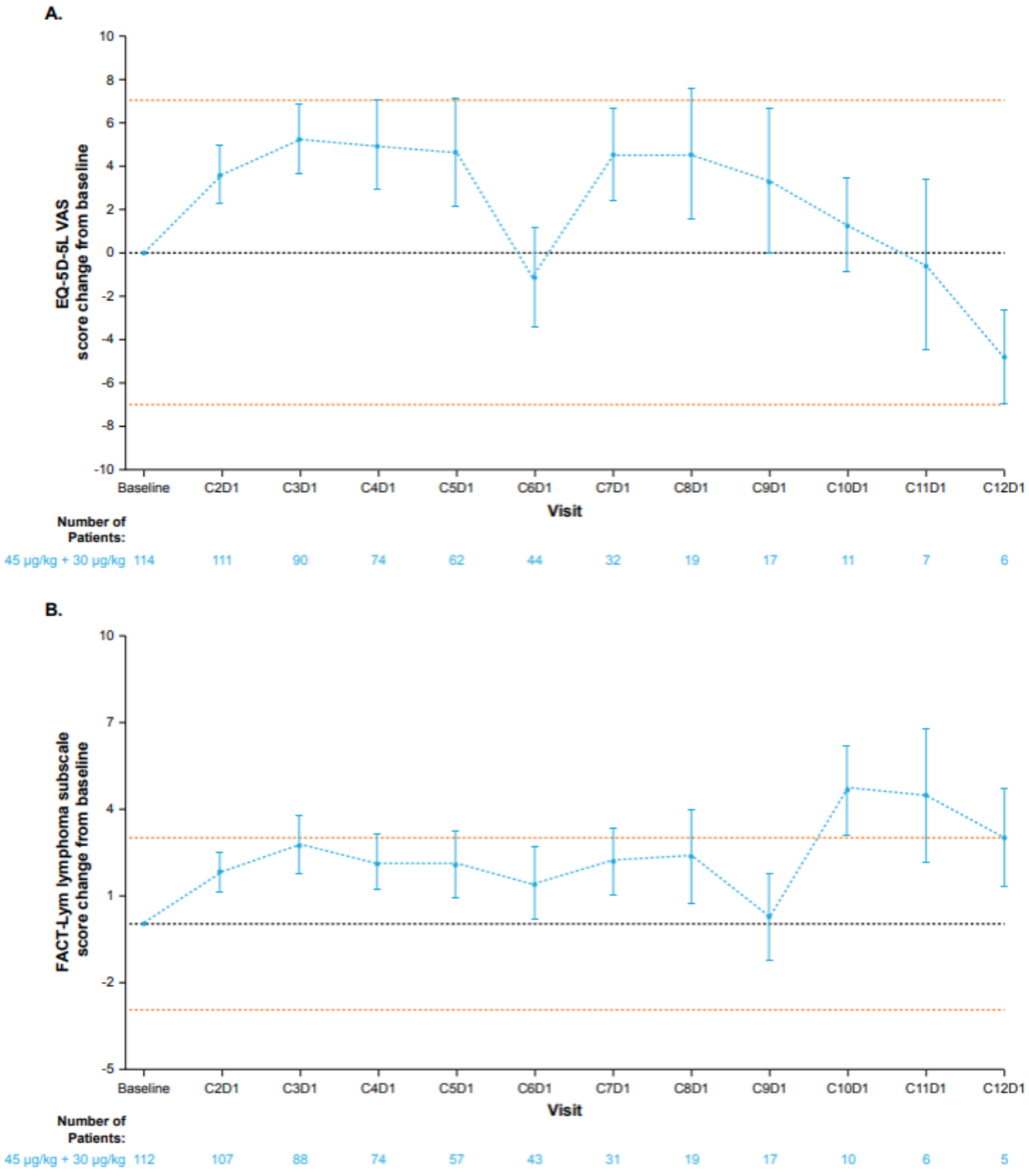
[a]Maximum value of Youden's index shown.

[b]AUC = 0.77, n = 72, highest Youden index = 0.5 at point 10, specificity = 0.92, sensitivity = 0.58.

[c]AUC = 0.77, n = 72, highest Youden index = 0.5 at point 9, specificity = 0.92, sensitivity = 0.58.

AUC, area under the curve; FPR, false-positive rate; ROC, receiver operating characteristic; sCD25, soluble CD25.

Supplemental Figure 5. Mean (SE) change from baseline for (A) EQ-5D-5L VAS score and B) FACT-Lym lymphoma subscale in the PRO population.



C, cycle; D, day; EQ-5D-5L VAS, EuroQoL–5 Dimensions–5 Levels visual analog scale; FACT-Lym, Functional Assessment of Cancer Therapy – Lymphoma; PRO, patient-reported outcome.