

Supplemental Table 1. CTCAE definition and staging of peripheral neuropathy and brentuximab vedotin dose modification guidance

CTCAE^a Grade	Grade 1	Grade 2	Grade 3	Grade 4
Peripheral neuropathy (motor or sensory)	Asymptomatic; clinical or diagnostic observations only	Moderate symptoms; limiting instrumental ADL ^b	Severe symptoms; limiting self care ADL ^c	Life-threatening consequences; urgent intervention indicated
Suggested brentuximab vedotin dose modification	Continue at same dose level	Reduce dose to 0.9 mg/kg and resume treatment; if already at 0.9 mg/kg, continue dosing at that level	Withhold brentuximab vedotin until toxicity is ≤Grade 2, then reduce dose to 0.9 mg/kg and resume treatment. If already at 0.9 mg/kg, consult with sponsor (AVD may be continued or held concurrently at physician's discretion)	Discontinue brentuximab vedotin

^a Grading is based on the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE), version 4.03.

^b Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.

^c Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

Abbreviation: ADL, Activities for daily living; AVD doxorubicin, vinblastine, dacarbazine

Supplemental Table 2. Details of brentuximab vedotin dose modifications for hematologic or non-hematologic toxicities (excluding neuropathy)

Toxicity	≤Grade 2	≥Grade 3
Non-hematologic (excluding neuropathy)	Continue at same dose level	Hold A+AVD dosing until toxicity has resolved to ≤Grade 2 or has returned to baseline ^a
Hematologic	Continue at same dose level	For neutropenia, manage with growth factors (G-CSF or GM-CSF) per institutional guidelines. For thrombocytopenia, consider platelet transfusion and/or proceed according to institutional guidelines. For anemia, manage per institutional guidelines

^a Patients who develop clinically insignificant Grade 3 or 4 electrolyte laboratory abnormalities may continue study treatment without interruption.

Abbreviations: A+AVD, brentuximab vedotin plus doxorubicin, vinblastine, dacarbazine; G-CSF, granulocyte colony-stimulating factor; GM-CSF, granulocyte-macrophage colony-stimulating factor.

Supplemental Table 3. Adverse events in the A+AVD arm by use of G-PP

	A+AVD (N=662)	
	G-PP (N=83)	No G-PP (N=579)
Adverse events ^a (any grade occurring in ≥20% of patients in either arm) by preferred term	75 (90)	578 (100)
Constipation	39 (47)	240 (41)
Nausea	38 (46)	310 (54)
Neutropenia	25 (30)	357 (62)
Fatigue	25 (30)	186 (32)
Diarrhea	24 (29)	157 (27)
Vomiting	22 (27)	194 (34)
Bone pain	21 (25)	105 (18)
Peripheral sensory neuropathy	20 (24)	169 (29)
Abdominal pain	20 (24)	122 (21)
Pyrexia	19 (23)	160 (28)
Alopecia	18 (22)	155 (27)
Weight decreased	18 (22)	130 (22)
Neuropathy, peripheral	16 (19)	158 (27)
Anaemia	15 (18)	125 (22)
Stomatitis	11 (13)	127 (22)
Febrile neutropenia	9 (11)	119 (21)
Patients with at least one hospitalization visit, n (%)	24 (29)	218 (38)

^a Adverse events are coded using the MedDRA dictionary Version 19.0

Supplemental Table 4. Dose Exposure and Modifications for Patients in the A+AVD Arm

	A+AVD (N=662)							
	G-PP (N=83)				No G-PP (N=579)			
	Brentuximab vedotin	Doxorubicin	Vinblastine	Dacarbazine	Brentuximab vedotin	Doxorubicin	Vinblastine	Dacarbazine
Median relative dose intensity ^a , (%)	93.7 (8.3, 116.2)	96.6 (7.7, 105.8)	94.4 (7.7, 112.0)	95.9 (7.7, 107.6)	89.0 (8.1, 118.9)	94.1 (4.1, 110.0)	91.58 (8.2, 108.3)	94.3 (8.2, 110.6)
Dose delayed, n (%)	29 (35)	31 (37)	29 (35)	31 (37)	286 (49)	292 (50)	290 (50)	286 (49)
Dose reduced, n (%)	17 (20)	0	4 (5)	0	153 (26)	25 (4)	54 (9)	29 (5)
Dose discontinued permanently, n (%)	8 (10)	4 (5)	6 (7)	4 (5)	63 (11)	34 (6)	46 (8)	34 (6)

^a Relative dose intensity (RDI) is defined in this table as: [(total dose received / max (24 weeks, duration of treatment)) / (total dose intended / 24 weeks)] x 100