SOC	CTCAE term	Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)	Grade 4 n (%)	All grade n (%)
General disorders	Fatigue	9 (34.62)	5 (19.23%)	1 (3.85%)	0 (0%)	15 (57.69%)
Gastrointestinal disorders	Diarrhea	7 (26.92%)	2 (7.69%)	1 (3.85%)	0 (0%)	10 (38.46%)
Infections and infestations	Urinary tract infection	0 (0%)	6 (23.08%)	0 (0%)	0 (0%)	6 (23.08%)
	Kidney infection	0 (0%)	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Laboratory abnormalities	Serum amylase increased	3 (11.54%)	1 (3.85%)	1 (3.85%)	0 (0%)	5 (19.23%)
	Lipase increased	0 (0%)	0 (0%)	2 (7.69%)	1 (3.85%)[##]	3 (11.54%)
	Creatinine increased	3 (11.54%)	1 (3.85%)	0 (0%)	0 (0%)	4 (15.38%)
	Alanine aminotransferase increased	1 (3.85%)	1 (3.85%)	0 (0%)	1 (3.85%)[##]	3 (11.54%)
	Platelet count decreased	4 (15.38%)	0 (0%)	0 (0%)	0 (0%)	4 (15.38%)
	Anemia	1 (3.85%)	0 (0%)	1 (3.85%)	0 (0%)	2 (7.69%)
	White blood cell decreased	2 (7.69%)	0 (0%)	1 (3.85%)	0 (0%)	3 (11.54%)
	Lymphocyte count decreased	3 (11.54%)	3 (11.54%)	6 (23.08%)	0 (0%)	12 (46.15%)
Metabolism and nutrition disorders	Anorexia	2 (7.69%)	2 (7.69%)	0 (0%)	0 (0%)	4 (15.38%)
	Weight gain	0 (0%)	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
	Dehydration	0 (0%)	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Renal and urinary disorders	Cystitis noninfective	2 (7.69%)	7 (26.92%)	0 (0%)	0 (0%)	9 (34.62%)
	Urinary tract pain	4 (15.38%)	0 (0%)	0 (0%)	0 (0%)	4 (15.38%)
	Acute kidney injury	1 (3.85%)	1 (3.85%)	1 (3.85%)	0 (0%)	3 (11.54%)
	Nephritis	0 (0%)	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Skin and subcutaneous tissue disorders	Rash maculo-papular	5 (19.23%)	1 (3.85%)	0 (0%)	0 (0%)	6 (23.08%)
	Rash acneiform	1 (3.85%)	0 (0%)	1 (3.85%)	0 (0%)	2 (7.69%)
Eye disorders	Scleral disorder	0 (0%)	0 (0%)	1 (3.85%)	0 (0%)	1 (3.85%)
Respiratory disorders	Dyspnea	0 (0%)	0 (0%)	0 (0%)	1 (3.85%)[$]	1 (3.85%)

Table 2: Treatment Related Adverse Events (TRAE)

Above TRAEs are >15% occurrence or any TRAE grade 3 or higher. No grade 5 events were reported

[##]No clinical symptoms

[$]Patient had underlying COPD and it was thought that his deterioration was related to COPD exacerbation but association to durvalumab could not be ruled out