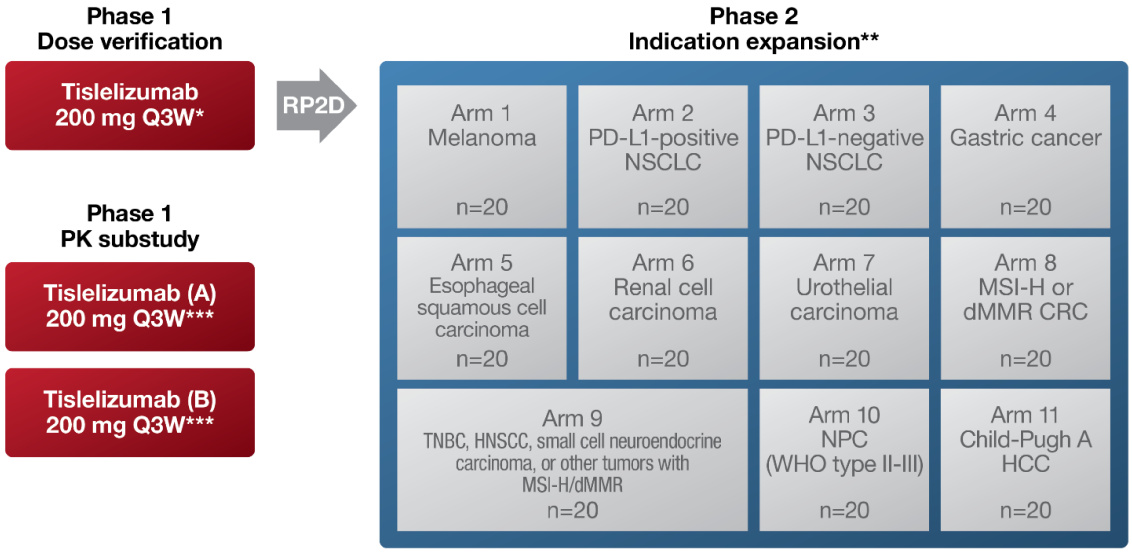
SUPPLEMENTAL APPENDIX

Fig. S1 BGB-A317-102 Study Design.



*In the dose-verification study, three to six subjects were enrolled to assess DLT and RP2D; if no DLT was found, this cohort would expand to 20 subjects.
**In the indication-expansion phase, ~20 subjects were enrolled into each arm. For tumors that are difficult to enroll, the sponsor may early terminate the enrollment of subjects.
***In the PK substudy, a total of 48 subjects (24 per arm) were planned to be enrolled to receive treatment of tislelizumab from two manufacturing processes and scales.
Prospective detection and retrospective confirmation of MMR and MSI were conducted by a central lab designated by the sponsor. Tumor samples were collected from patients with known dMMR for verification using the MMR-detecting assay; tumor and blood samples were collected from patients with known MSI-H for verification using the MSI-detecting assay.
Abbreviations: CRC, colorectal cancer; DLT, dose limiting toxicity; dMMR, deficient mismatch repair; HCC, hepatocellular carcinoma; HNSCC, head and neck squamous cell carcinoma; MSI-H, microsatellite instability-high; NPC, nasopharyngeal carcinoma; NSCLC, non-small cell lung cancer; PD-L1, programmed death ligand-1; PK, pharmacokinetic; Q3W, every 3 weeks; RP2D, recommended phase 2 dose; SCNEC, small cell neuroendocrine carcinoma; TNBC, triple-negative breast carcinoma.

Table S1. Demographic and baseline characteristics by indication

	NSCLC (n=56)	Melanoma (n=34)	ESCC (n=26)	GC (n=24)[a]	UC (n=22)	NPC (n=21)	RCC (n=21)	HCC (n=18)	MSI-H/ dMMR (n=16)[a]
Median age, years (range)	58 (29–72)	54 (34–75)	63 (44–77)	57 (24–72)	62 (43–73)	48 (35–61)	53 (18–68)	61 (22–67)	61 (38–74)
<65, n (%)	40 (71.4)	25 (73.5)	17 (65.4)	18 (75.0)	13 (59.1)	21 (100.0)	17 (81.0)	13 (72.2)	9 (56.3)
≥65, n (%)	16 (28.6)	9 (26.5)	9 (34.6)	6 (25.0)	9 (40.9)	0	4 (19.0)	5 (27.8)	7 (43.8)
Gender, n (%)									
Male, n (%)	40 (71.4)	15 (44.1)	23 (88.5)	18 (75.0)	16 (72.7)	17 (81.0)	15 (71.4)	15 (83.3)	6 (37.5)
Female	16 (28.6)	19 (55.9)	3 (11.5)	6 (25.0)	6(27.3)	4 (19.0)	6 (28.6)	3 (16.7)	10 (62.5)
ECOG PS, n (%)									
0	14 (25.0)	10 (29.4)	3 (11.5)	3 (12.5)	7 (31.8)	8 (38.1)	6 (28.6)	7 (38.9)	4 (25.0)
1	42 (75.0)	24 (70.6)	23 (88.5)	21 (87.5)	15 (68.2)	13 (61.9)	15 (71.4)	11 (61.1)	12 (75.0)
Tumor stage, n (%)									
Local advanced	3 (5.4)	1 (2.9)	1 (3.8)	0	1 (4.5)	3 (14.3)	0	1 (5.6)	0
Metastatic disease	53 (94.6)	33 (97.1)	25 (96.2)	24 (100.0)	21 (95.5)	18 (85.7)	21 (100.0)	17 (94.4)	16 (100)
PD-L1 status									
Positive	24 (42.9)	4 (11.8)	13 (50.0)	4 (16.7)	5 (22.7)	16 (76.2)	2 (9.5)	0	1 (6.3)
Negative	31 (55.4)	26 (76.5)	13 (50.0)	18 (75.0)	16 (72.7)	4 (19.0)	18 (85.7)	18 (100.0)	10 (62.5)
Unknown	1 (1.8)	4 (11.8)	0	2 (8.3)	1 (4.5)	1 (4.8)	1 (4.8)	0	5 (31.3)
Patients with prior systemic anticancer therapy, n (%)	55 (98.2)	30 (88.2)	25 (96.2)	24 (100.0)	21 (95.5)	21 (100.0)	21 (100.0)	16 (88.9)	15 (93.8)
Number of lines of prior systemic anticancer therapy, n (%)[c]									
0	1 (1.8)	4 (11.8)	1 (3.8)	0	1 (4.5)	0	0	2 (11.1)	1 (6.3)
1	19 (34.0)	12 (35.3)	5 (19.2)	10 (41.7)	11 (50.0)	9 (42.9)	8 (38.1)	7 (38.9)	5 (31.3)
2	20 (35.7)	11 (32.4)	9 (34.6)	6 (25.0)	4 (18.2)	3 (14.3)	7 (33.3)	4 (22.2)	5 (31.3)
≥3	16 (28.6)	7 (20.6)	11 (42.3)	8 (33.3)	6 (27.3)	9 (42.9)	6 (28.6)	5 (27.8)	5 (31.3)
Prior treatment received, n (%)[d]									
Cytotoxic therapy	55 (100.0)	23 (76.7)	25 (100.0)	24 (100.0)	21 (100.0)	21 (100.0)	8 (38.1)	7 (43.8)	15 (100.0)
TKI	7 (12.7)	6 (20.0)	2 (8.0)	6 (25.0)	2 (9.8)	1 (4.8)	19 (90.5)	11 (68.8)	2 (13.3)
mAb	7 (12.7)	1 (3.3)	6 (24.0)	5 (20.8)	0	4 (19.0)	0	0	6 (40.0)
Study follow-up duration, months, range	9.0 0.2–18.5	8.2 1.0–18.0	4.8 1.5–19.2	5.5 0.8–18.2	4.2 0.9–21.9	11.7 4.9–15.7	15.5 2.9–18.0	7.8 3.0–16.7	10.6 2.1–17.4

[a]One patient had MSI-H/dMMR GC. [b]PD-L1-positive status defined as ≥10% of tumor cells with PD-L1 membrane staining, as retrospectively assessed by the central lab. [c]Including adjuvant, neoadjuvant, and palliative therapy(ies). [d]Percentages are based on the number of patients who received prior anticancer therapy. Abbreviations: ECOG PS, Eastern Cooperative Oncology Group performance status; ESCC, esophageal squamous cell carcinoma; GC, gastric cancer; HCC, hepatocellular carcinoma; mAb, monoclonal antibodies; MSI-H/dMMR, microsatellite instability-high/mismatch repair deficient; NPC, nasopharyngeal carcinoma; NSCLC, non-small cell lung cancer; RCC, renal cell carcinoma; UC, urothelial carcinoma.

Table S2. Treatment-Emergent Adverse Events in ≥10% of Patients (Safety Analysis Set)

	Dose Verification (n=20)		PK Substudy (n=57)		Phase 2 (n=223)		Total (N=300)	
Patients with an AE, n (%)	Grade 1-2	Grade ≥3	Grade 1-2	Grade ≥3	Grade 1-2	Grade ≥3	Grade 1-2	Grade ≥3
Anemia	7 (35)	1 (5)	18 (32)	3 (5)	62 (28)	13 (6)	87 (29)	17 (6)
Aspartate aminotransferase increased	5 (25)	1 (5)	10 (18)	1 (2)	50 (22)	8 (4)	65 (22)	10 (3)
Alanine aminotransferase increased	8 (40)	0	7 (12)	1 (2)	48 (22)	3 (1)	63 (21)	4 (1)
Proteinuria	8 (40)	0	8 (14)	0	32 (14)	1 (<1)	48 (16)	1 (<1)
Blood bilirubin increased	10 (50)	0	5 (9)	0	28 (13)	0	43 (14)	0
Weight decreased	3 (15)	0	17 (30)	0	22 (10)	1 (<1)	42 (14)	1 (<1)
Hypothyroidism	3 (15)	0	11 (19)	0	25 (11)	0	39 (13)	0
Pyrexia	6 (30)	0	7 (12)	0	25 (11)	0	38 (13)	0
Cough	3 (15)	0	13 (23)	0	17 (8)	0	33 (11)	0
Gamma-glutamyl transferase increased	4 (20)	0	4 (7)	1 (2)	25 (11)	13 (6)	33 (11)	14 (5)
White blood cell count decreased	5 (25)	1 (5)	1 (2)	0	27 (12)	1 (<1)	33 (11)	2 (<1)
Hypoalbuminemia	0	0	11 (19)	0	21 (9)	0	32 (11)	0
Bilirubin conjugated increased	6 (30)	2 (10)	5 (9)	0	19 (9)	2 (<1)	30 (10)	4 (1)

Abbreviations: AE, adverse event; PK, pharmacokinetic.