**ENROLLMENT: eCRF (CSonline)**

The inclusion of a patient must be finalized before starting study treatment:

1. Connect to TiRHoL’s eCRF on the website: [http://study.lysarc.info](http://study.lysarc.info)
2. Create the subject.
3. Enter screening data and confirm enrollment.
4. The site receives an enrollment or screen-failure notification: the subject will only be considered enrolled in the study after receiving the enrollment confirmation.
5. Central pathology confirmation is not required prior to enrollment.
6. Send by email the anonymized pathological report to tirhol@lysarc.org

**CENTRAL REVIEW OF TUMOR IMAGING**

> PET-CT and CT with contrast at screening
> PET-CT at week 12 from C1D1, then every 12 weeks and every 24 weeks thereafter (± 14 days)
> CT w/contrast every 24 weeks from C1D1 (± 14 days)
> After EOT, every 90 days (± 7 days) until PD, withdrawal of consent, death, loss to follow-up, or EOS

**CENTRAL CONFIRMATION OF DHL CLASSIFICATION**

> Archival tumor tissues mandatory for patients consent to participate in the study (if no archival sample available, fresh biopsy required.)
> Written informed consent is required prior to fresh tumor biopsy if accessible tumor sites
> Fresh tumor biopsy optional but strongly recommended.

**BIOLOGY**

Tumor tissue are to be sent at enrollment to: LYSARC—P—Henri Mondor Hospital— Créteil—FRANCE

**CONTACTS**

**Main inclusion criteria**

- Cohort 1
- R/R to prior autologous hematopoietic stem cell transplant (HSCT) and Bv
- Has failed to achieve a response or progressed after autologous HSCT and failed to achieve a response or progressed after Bv
- Not a candidate for additional autologous or allogeneic HSCT

**Main exclusion criteria**

- Nodular lymphocyte-predominant Hodgkin lymphoma or gray zone lymphoma
- Prior allogeneic hematopoietic stem cell transplantation
- History of severe hypersensitivity reaction to monoclonal antibodies
- New York Heart Association (NYHA) class III or IV heart failure, unstable angina, severe uncontrolled ventricular arrhythmia, electrocardiographic evidence of acute ischemia, or myocardial infarction within 6 months of first day of screening
- Prior therapy targeting PD-1 or PD-L1, anti-CTLA-4 agent
- Prior malignancy within the past 3 years except for curatively treated basal or squamous cell skin cancer, superficial bladder cancer, or carcinoma in situ of the cervix, breast, or other site for which in situ carcinoma has metastatic potential
- Active autoimmune disease or history of autoimmune disease that may relapse
- Conditions requiring systemic treatment with either corticosteroids (> 10 mg daily prednisone equivalent) or other immuno-suppressive medications within 14 days of the first dose of tislelizumab

**Sponsors**: BeiGene, Ltd.
LYSARC
LYSARC _ Centre Hospitalier Lyon Sud Bâtiment 2D
69495 Pierre Bénite Cedex — France

**Clinical Project Manager**
Elise Gaire
Tel: +33 (0) 4 72 24 41 77
elise.gaire@lysarc.org

**Clinical Project Assistant**
Jessica Batout
Tel: +33 (0) 4 87 91 94 53
jessica.batout.ext@lysarc.org

**Data Manager**
Maxime Giraud
maxime.giraud@lysarc.org

**Pharmacovigilance**
BeigeneClinical-TrialPVG.sm@ppdi.com

**LYSA Pathology Coordinators**: Diane Damotte and Alexandra Traverse Gleichen

**LYSA Biology Coordinator**: Mikael Roussel

**LYSA Imaging Coordinators**: Anne-Ségolène Cottreau, Salim Kanoun and Michel Meignan

**COORDINATING INVESTIGATORS**

**Pr Hervé Ghesquière**
Coordinating investigator
Hospices civils de Lyon
herve.ghesquiere@chu-lyon.fr

**Dr Cédric Rossi**
Co-coordinating investigator
CHU de Dijon
cedric.rossi@chu-dijon.fr
PRIOR AND CONCOMITANT THERAPY
BGB-A317-210 Protocol_section 6

Prior therapy: sections 4.1 and 4.2

Exclusion criteria: 6, 7 and 9

n°6: Prior therapy targeting PD-1 or PD-L1, anti-PD-L2, or anti CTLA-4 agent.
n°7: 4 weeks prior to Cycle 1 Day 1:
- Systemic chemotherapy, targeted small molecule therapy, or radiation therapy
- Treatment with monoclonal antibody
n°9: Systemic corticosteroid > 10 mg daily

Prohibited Medications: section 6.2.2

⇒ Immunosuppressive agents
⇒ Systemic corticosteroid > 10 mg daily prednisone equivalent (except to treat a drugrelated AE).
⇒ Any concurrent antineoplastic therapy
⇒ Live vaccines

Permitted Medications: section 6.2.1

⇒ Concomitant medications and therapies deemed necessary for supportive care (eg, antiemetics, anti diarrheals), safety and patient’s welfare are allowed.
⇒ Systemic corticosteroids may be used for the control of irAEs

Screening (Day-28 to Day-1)

Cohort 1 Treatment
Relapsed or refractory chT, to prior AHSC and BV
Tiseltumumab 200mg IV every 21 days

PET-CT and CT with contrast at Screening: at Week 12 from CDD1; every 12 weeks for 96 weeks; then every 24 weeks thereafter

Treatment Discontinuation

Discontinue due to PD

Discontinue due to reason other than PD

Cohort 2 Treatment
Relapsed or refractory chT, to salvage chemotherapy, including BV and not candidates for AHSC
Tiseltumumab 200mg IV every 21 days

- PET-CT and CT with contrast at Screening;
- At Week 12 from CDD1; every 12 weeks for 96 weeks; then every 24 weeks thereafter