Table S2. Intervention and adverse event study characteristics

Citation	Treatment schedule	Median exposure	Adverse event mitigation strategies	Adverse event criteria
Viardot et al., 2016[29]	Continuous IV infusion with step-up dosing up to 112/micrograms/day for up to 8 weeks (cycle 1), followed by 4 treatment-free weeks Patients with SD or better could receive 4 weeks consolidation (cycle 2)	46.8 days (IQR 22.1-76.9)	Mandatory inpatient monitoring for at least 3 days after start of infusion or increase in dose Premedication with steroids	All adverse events graded using NCI CTCAE v4.0
Gaballa et al., 2023[30]	AZD0486 was given via IV infusion with either no step-up dose on day 1 and day 15 at 0.03–2.4mg, 1 step-up dose on day 1 at 0.27–1mg and day 15 at 2.4–10mg, or 2 step-up on day 1 at 0.27mg, day 8 at 1mg, and day 15 at 2.4–7.2mg schedules Treatment was given Q2W in 28-day cycles up to 2 years, or Q4W for patients in CR at cycle 6	Not reported	Not reported	CRS and ICANS graded according to ASTCT consensus grading, 2019 All other adverse events graded according to NCI CTCAE v5.0
Hawkes et al., 2022[31]	TG-1801 and ublituximab were administered via IV infusion in 28-day cycles TG-1801 was administered at 300mg or 400mg with 900mg of ublituximab on day 1, 8, and 15 of cycle 1, day 1 of cycle 2–6, and day 1 of cycles 9–24	8.7 months, (range 1-20 months)	CRS/ICANS mitigation strategies not required* No other adverse event mitigation strategies reported	CRS/ICANS grading not required* All other adverse events graded according to NCI CTCAE v5.0*
Bannerji et al., 2022[32]	Odronextamab was administered via IV infusion with step-up doses during cycle 1 from 0.1mg to the target dose of 320mg QW dosing during cycles 2–4, Q2W from cycle 5 continuous until disease progression	10 doses (IQR 4–20), 13.1 weeks (IQR 5.0–32.0)	Mandatory inpatient monitoring for approximately 24-hours after the end of each infusion up to cycle 2 day 1 Premedication up to cycle 2 day 8 with steroids, paracetamol, and diphenhydramine Local institutional practice for prescribing of anti-infective prophylaxis	CRS graded according to modified Lee et al, 2014 or ASTCT consensus grading, 2019 depending on the patient enrolment date A sponsor-defined list of neurological adverse events consistent with ICANS was used All other adverse events graded according to NCI CTCAE v4.03

Table S2. *Cont.*

Citation	Treatment Schedule	Median exposure	Adverse event mitigation strategies	Adverse event criteria
Melchardt et al., 2023[33]	Pre-phase steroids Cycle 1 (21 days) consisted of IV obinutuzumab 1000mg on day 1, IV polatuzumab vedotin 1.8mg/kg on day 2, IV glofitamab 2.5mg on day 8 and 10mg on day 15 Cycles 2–6 consisted of IV rituximab 375mg/m2 and polatuzumab vedotin 1.8mg/kg on day 1, and glofitamab 30mg on day 2 Glofitamab 30mg continued on day 1 of cycles 7–12	Not reported	Not reported	Not reported
Hutchings et al., 2019[34]	Pretreatment with obinutuzumab (1000mg IV) was administered on day -7 of cycle 1 Glofitamab was administered IV Q3W from cycle 1 day 1 Atezolizumab 1200mg was given with glofitamab from cycle 2 onwards	Not reported	CRS risk mitigation with pretreatment obinutuzumab	CRS according to Lee at al, 2014 Criteria used for all other adverse events was not reported
Hutchings et al., 2023[35]	Pretreatment with obinutuzumab (1000 mg) was administered 7 days prior to glofitamab Glofitamab was then administered IV as step-up doses on day 8 (2.5 mg) and day 15 (10 mg) of cycle 1, followed by 30 mg on day 1 of cycles 2 through 12 in 21-day cycles RO7227166 was given IV on cycle 2 day 8, then day 1 of cycles 2–12 with glofitamab	Not reported	CRS risk mitigation with pretreatment obinutuzumab	CRS/ICANS grading not reported All other adverse events graded according to NCI CTCAE v5.0**

Table S2. *Cont.*

Citation	Treatment Schedule	Median exposure	Adverse event mitigation strategies	Adverse event criteria
Dickinson et al., 2022[36]	Glofitamab was administered via IV infusion as step-up doses on day 8 (2.5mg) and day 15 (10mg) of cycle 1, followed by 30mg on day 1 of cycles 2–12 Pretreatment with obinutuzumab (1000mg) was administered 7 days prior to glofitamab	79 days (range 1–326 days), 5 cycles (range 1–13 cycles)	Mandatory inpatient monitoring for first dose, then optional unless they had a history of CRS CRS risk mitigation with pretreatment obinutuzumab Premedication with steroids, paracetamol and antihistamine prior to each dose Anti-infective prophylaxis as per institutional practice	CRS graded according to Lee et al, 2014 ICANS events were reported using NCI CTCAE neurological adverse events consistent with ICANS All other adverse events graded according to NCI CTCAE v4.03
Falchi et al., 2023[37]	Subcutaneous epcoritamab QW in cycles 1–4 and Q3W in cycles 5–6, followed by Q4W in cycles 7–12 R-CHOP was given during cycles 1–6	Median relative dose intensity of ≥94%	Not reported	Not reported
Vermaat et al., 2023[38]	Subcutaneous epcoritamab was administered QW for cycles 1–2 (21 days each), Q3W for cycles 3–6 (21 days each), and Q4W for cycles 7–8 (28 days each) with R-mini-CHOP Q3W cycles 1–6	Not reported	Not reported	Not reported
Brody et al., 2023[39]	Subcutaneous epcoritamab was administered with step-up dosing on cycle 1 day 1 and cycle 1 day 8, followed by 48mg QW for cycle 1 day 15 to cycle 3 day 22, Q2W for cycles 4–9, and Q4W for cycles ≥10 onwards until withdrawal/progressive disease GemOx was administered Q2W in cycles 1–4	Not reported	Corticosteroid prophylaxis during cycle 1	Not reported

Table S2. *Cont.*

Citation	Treatment Schedule	Median exposure	Adverse event mitigation strategies	Adverse event criteria
Abrisqueta et al., 2022[40]	Standard R-DHAX/C and subcutaneous epcoritamab (21-day cycles: QW, cycles 1–3) If HDT-ASCT was deferred, patients could continue epcoritamab monotherapy (21-day cycle: QW, cycle 4; 28-day cycles: Q2W, cycles 5–9, and Q4W, cycles ≥10) until disease progression or withdrawal	Not reported	Corticosteroid prophylaxis during cycle 1	Not reported
Thieblemont et al., 2023[41]	Epcoritamab was administered subcutaneously at 0.16mg on cycle 1 day 1, 0.8-mg on cycle 1 day 8 and then 48mg weekly from cycle 1 day 15 to cycle 3 day 22, Q2W from cycles 4–9 and then Q4W from cycle 10 onwards until disease progression	5 cycles (15 doses), (range, 1–20 cycles)	Mandatory inpatient monitoring for 24-hours following the first full dose of 48mg Premedication with steroids, antihistamine and paracetamol during cycle 1, optional for later cycles Anti-infective prophylaxis recommended for most patients, mandatory in high-risk patients	CRS and ICANS graded according to ASTCT consensus grading, 2019 All other adverse events graded according to NCI CTCAE v5.0
Vose et al., 2023[42]	Subcutaneous epcoritamab was administered at 0.16-mg on cycle 1 day 1, 0.8-mg on cycle 1 day 8 and then 48mg weekly from cycle 1 day 15 to cycle 3 day 22, Q2W from cycles 4 to 9 and then Q4W from cycle 10 onwards until disease progression	Not reported	Hospitalization and inpatient monitoring were optional Premedication with 15mg dexamethasone, diphenhydramine and paracetamol during cycle 1 Dexamethasone as CRS prophylaxis on days 2-4, 9-11, 16-18, and 23-25 of cycle 1 Patients were recommended to withhold antihypertensives 24-hours prior to dosing, to be well hydrated, and monitor their temperature regularly during cycle 1	CRS and ICANS graded according to ASTCT Consensus Grading, 2019* All other adverse events graded according to NCI CTCAE v5.0*

Table S2. *Cont.*

Citation	Treatment Schedule	Median exposure	Adverse event mitigation strategies	Adverse event Criteria
Patel et al., 2022[43]	Plamotamab was administered via IV infusion for up to 8 doses at the following doses: 0.8mg on cycle 1 day 1, 2mg on cycle 1 day 8, 20mg on cycle 1 day 15, 35mg on cycle 1 day 22, and 50mg on cycle 2 day 1, cycle 2 day 8, cycle 2 day 15, and cycle 2 day 22	Not reported	Mandatory inpatient monitoring for 24-hours following the first full dose of 48mg Premedication with steroids, paracetamol and antihistamine[82] Anti-infective prophylaxis not reported	CRS and ICANS grading not reported All other adverse events graded according to NCI CTCAE v4.03**
Song et al., 2023[44]	GB261 was administered via IV infusion at flat or step-up doses ranging from 1mg to 300mg administered weekly in 21-day cycles continuously until disease progression	Not reported	Not reported	CRS graded according to ASTCT consensus grading, 2019 Criteria for grading all other adverse events was not reported
Olszewski et al., 2023[45]	Mosunetuzumab was administered via IV infusion with 1mg on cycle 1 day 1, 2mg on cycle 1 day 8, 60mg on cycle 1 day 15 and 30mg Q3W from cycle 2 day 1 onwards for up to 8 cycles (for patients achieving CR), or 17 cycles (for patients with SD or PR) CHOP was given with mosunetuzumab for 6 cycles	8 doses (range 1–13 doses)	Premedication with steroids, paracetamol and antihistamine Prophylaxis with G-CSF during the 6 cycles of mosunetuzumab-CHOP was mandatory Anti-infection prophylaxis was optional	CRS graded according to ASTCT consensus grading, 2019 ICANS graded according to NCI CTCAE v5.0, then described as "potentially consistent with ICANS" based on type and timing* All other adverse events graded according to NCI CTCAE v5.0

Supplementary Material S2. *Cont.*

Citation	Treatment Schedule	Median exposure	Adverse event mitigation strategies	Adverse event criteria
Matasar et al., 2024[46]	Mosunetuzumab was administered via IV infusion with 1mg on cycle 1 day 1, 2mg on cycle 1 day 8, 60mg on cycle 1 day 15 and cycle 2 day 1 Treatment continued at 30mg Q3W from cycle 3 onwards for up to 8 cycles (for patients achieving CR), or 17 cycles (for patients with SD or PR after 8 cycles)	8 cycles (range 1–17 cycles)	Optional inpatient monitoring Premedication with steroids during cycles 1–2, then optional Additional premedication with antipyretics and/or antihistamines was optional Anti-infective prophylaxis as per institutional practice	CRS graded according to ASTCT consensus grading, 2019 All other adverse events graded according to NCI CTCAE v4.0[83]
Budde et al., 2024[47]	Mosunetuzumab was administered via IV infusion with 1mg on cycle 1 day 1, 2mg on cycle 1 day 8, 60mg on cycle 1 day 15 and 30mg Q3W from cycle 2 day 1 onwards for up to 8 cycles (for patients achieving CR), or 17 cycles (for patients with SD or PR) Polatuzumab vedotin was given with mosunetuzumab for 6 cycles	4.9 months (8 cycles)	Optional inpatient monitoring Premedication with steroids during cycles 1–2, then optional Additional premedication with antipyretics and/or antihistamines was optional Anti-infective prophylaxis as per institutional practice	CRS graded according to ASTCT consensus grading, 2019 All other adverse events graded according to NCI CTCAE v5.0

*Personal communication with author. **Data taken from ClinicalTrials.gov.

Abbreviations: IV, intravenous; SD, stable disease; IQR, interquartile range; NCI CTCAE, National Cancer Institute Common Terminology Criteria for Adverse Events; v, version; mg, milligrams; Q2W, every 2 weeks; Q4W, every 4 weeks; CR, complete response; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; ASTCT, American Society for Transplantation and Cellular Therapy; QW, every week; Q3W, every 3 weeks; R-CHOP, rituximab/cyclophosphamide/doxorubicin/vincristine/prednisolone; GemOx, gemcitabine/oxaliplatin; R-DHAX/C, rituximab/dexamethasone/cytarabine/and oxaliplatin or carboplatin; HDT, high-dose therapy; ASCT, autologous stem-cell transplant; PR, partial response; G-CSF, granulocyte-colony stimulating factor.

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