Table 2: Level 1 Checklist for Screening Titles and Abstracts of Clinical Effectiveness Studies

Reviewer: _____ Date: _____			
Ref ID: **Author:** **Publication Year:**			
Did the study include:	**Yes (Include)**	**Unclear (Include)[a]**	**No (Exclude)**
A. The population of interest:			
Adults (mean age of 18 years or older) with any of the following types of histologically confirmed relapsed or refractory large B-cell lymphoma:[b] • DLBCL, primary mediastinal B-cell lymphoma, high-grade B-cell lymphoma, and DLBCL arising from follicular lymphoma	☐	☐	☐
Mixed population, including adults with eligible types of relapsed or refractory large B-cell lymphoma (to be further considered at the full-text level)			
B. The intervention of interest:			
• Axicabtagene ciloleucel[c]	☐	☐	☐
C. The comparator(s) of interest:			
• Other CAR T-cell therapies (e.g., tisagenlecleucel)	☐	☐	☐
• Salvage chemotherapy	☐	☐	☐
• No comparator	☐	☐	☐
• No additional therapy			
D. Outcome(s) of interest:			
Clinical effectiveness outcomes (e.g., response rate, survival, persistence of CAR T cells, health-related quality of life, patient-reported outcomes, and the need for subsequent treatment)	☐	☐	☐
Safety/harms outcomes (e.g., mortality, AEs, CRS, febrile neutropenia, B-cell aplasia, neurological effects including hallucination and dysphasia, infections, development of secondary malignancy, hospitalization)	☐	☐	☐
Other outcomes (frequency of manufacturing failure, management of AEs)	☐	☐	☐
E. The study design(s) of interest:			
• RCTs	☐	☐	☐
• Non-randomized controlled trials • Single-arm studies	☐	☐	☐
• Cohort studies	☐	☐	☐
• Case-control studies	☐	☐	☐
• Case series	☐	☐	☐
• Indirect treatment comparisons, network meta-analyses	☐	☐	☐
F. Select for full-text review [d]	**Yes ☐**		**No ☐**

AE= adverse event; CAR = chimeric antigen receptor; CRS = cytokine release syndrome; DLBCL = diffuse large B-cell lymphoma; RCT = randomized controlled trial.

[a] "Unclear" means that the relevant information cannot be ascertained from the title or abstract.

[b] Eligible indications include patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy.

[c] Prescribing information indicates that the dose of axicabtagene ciloleucel is 2×10^6 CAR-positive viable T cells per kg body weight, with a maximum of 2×10^8 CAR-positive viable T cells in approximately 68 mL.[15] Studies in which axicabtagene ciloleucel was administered at a different dose will also be eligible for inclusion, but the evidence will be considered separately.

[d] The full-text article of any title or abstract will be retrieved for further review if the responses to all screening items are either "Yes" or "Unclear" by at least one of two independent reviewers.