

Table 3: Level 2 Checklist for Screening Full-Text Articles and Clinical Effectiveness Study Reports

Reviewer: _____		Date: _____	
Ref ID: Author: Publication Year:			
Did the study include:	Yes (Include)	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: ^a	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> 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, and results are reported separately for the eligible population	<input type="checkbox"/>	<input type="checkbox"/>	
Mixed population, including adults with eligible types of relapsed or refractory large B-cell lymphoma, but results are not reported separately.			
<ul style="list-style-type: none"> There are sufficient numbers of eligible patients (66% or more) to include in the study, but results will be reported and discussed separately. 			
B. The intervention of interest:			
<ul style="list-style-type: none"> Axicabtagene ciloleucel^b 	<input type="checkbox"/>	<input type="checkbox"/>	
C. A comparator of interest:			
<ul style="list-style-type: none"> Other CAR T-cell therapies (e.g., tisagenlecleucel) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Salvage chemotherapy 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> No comparator 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> No additional therapy 			
D. Outcome(s) of interest:			
<ul style="list-style-type: none"> 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) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> 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) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Other outcomes (frequency of manufacturing failure, management of AEs) 	<input type="checkbox"/>	<input type="checkbox"/>	
E. A study design of interest:			
<ul style="list-style-type: none"> RCTs 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Non-randomized controlled trials Single-arm studies 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Cohort studies 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Case-control studies 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Case series 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Indirect treatment comparisons, network meta-analyses 	<input type="checkbox"/>	<input type="checkbox"/>	
F. Notes:			
G. Selected for inclusion in the review ^c	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
H. Reason for exclusion	<input type="checkbox"/> Irrelevant population <input type="checkbox"/> Irrelevant intervention		

Reviewer: _____ Date: _____

Ref ID:
Author:
Publication Year:

Did the study include:	Yes (Include)	No (Exclude)
	<input type="checkbox"/> Irrelevant comparator <input type="checkbox"/> Irrelevant outcomes <input type="checkbox"/> Irrelevant study design <input type="checkbox"/> Other (specify):	

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

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

^b 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.

^c Both reviewers must answer “yes” to all questions for inclusion at the full-text level. If there is a discrepancy between the reviewers, disagreements will be resolved by discussion or with the involvement of a third reviewer, if necessary.