Table 4: Checklist for Screening Clinical Practice Guidelines

Reviewer: _____ Date: _____		
Ref ID: **Author:** **Publication Year:**		
Did the guideline include recommendations for:	**Yes (Include)**	**No (Exclude)**
A. The population of interest:		
• Adults (mean age of ≥ 18 years) with relapsed or refractory large B-cell lymphoma	☐	☐
B. The intervention of interest:		
• Axicabtagene ciloleucel[a]	☐	☐
Was the guideline developed using a systematic approach with a clearly defined methodology? (e.g., literature search, Delphi process)		
If the guideline is Canadian, was the guideline endorsed at the national, provincial, or territorial level (e.g., federal or provincial government)? **For non-Canadian guidelines, was the guideline developed or endorsed at a national level (e.g., national society or federal government)?** **Guidelines that are explicitly applicable to a smaller jurisdiction or a specific facility will be excluded.**	☐	☐
Is the guideline "evidence-based" (i.e., informed by evidence as indicated by supporting data or citations)?	☐	☐
Selected for inclusion in the review [b]	**Yes ☐**	**No ☐**
Reason for exclusion	☐ Irrelevant population ☐ Irrelevant intervention ☐ Not national ☐ Not evidence-based ☐ Other (specify):	

[a] Potentially eligible indications indicates 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. Guidelines for axicabtagene ciloleucel administered at a different dose will be eligible for inclusion, but the recommendations will be reported separately.

[b] 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.