Evaluation	Screening (up to 28 days before Day 1)		Treatment Phase[a]				End of Treatment (EOT)	Post Treatment Follow-up Phase			Notes
			Cycle 1			Cycle 2 and Beyond		Safety follow-up Period		Survival follow-up	
	D-28 to D-15	D-14 to D-1	D1 (±1)	D8 (± 1)	D15 (±1)	D1 (± 2)	30 (±7) days after last IMPs admin	At 60 (±7) days after last IMPs admin	At 90 (±7) days after last IMPs admin	Every 90 days (±7) after last safety follow-up	*a* A cycle is 21 days
Informed consent/ Inclusion and exclusion criteria	X										**Informed Consent:** Informed consent may be signed prior to D -28.
Demography, Medical/Surgical and Disease History	X										
Physical examination		X (<7days prior to first dose)		X[c]	X[c]	X	X	X	X		Section 8.2.1
Height (at baseline only) /Weight/ ECOG (HCC,SCCHN,EOC) or Karnofsky PS (GBM)	X		X	X[c]	X[c]	X	X	X	X		Section 8.2.1
Vital Signs	X		X	X[c]	X[c]	X	X	X	X		See Section 8.2.2
Resting O2 saturation for SCCHN	X		X	X[c]	X[c]	X	X				See Section 8.2.2
12-Lead ECG	X					As clinically indicated					See Section 8.2.3
Laboratory Assessments											
Pregnancy test (WOCBP only)[b]		X (within 7 days prior to first dose)				X	X	X	X (every 30±7 days until 5 months after last dose of study treatment)		*b* Women of child bearing potential must have a negative serum pregnancy test result within 7 days prior to first IMP administration.
Blood Chemistry		X	X	X[c]	X[c]	X	X	X	X		See Section 10.3 Table 12
Hematology		X	X	X[c]	X[c]	X	X	X	X		Section 10.3
Coagulation(GBM)		X	X	X[c]	X[c]	X	X				Section 10.3
Coagulation (for HCC, SCCHN, and EOC)		X				As clinically indicated					Section 10.3
Blood Typing Interference Test		X				Cycle 2 Day 1 only					Section 10.3 Before each transfusion.
Serology HBV and HCV (for HCC only)	X										Section 10.3
Urinalysis (at baseline and if required) /urine dipstick		X	X	As clinically indicated			X	X	X		Section 10.3
Disease Assessment											
CT/MRI (for HCC, SCCHN, and EOC)	X					X (Weeks 9, 18, 27, and then every 12 weeks)	X (if necessary)		X (until PD is confirmed if no PD documented & confirmed)		Section 8.1
Brain MRI (for GBM only)		X (within 14 days prior to first dose)				X (Weeks 6, 12, 18, 24, and then every 9 weeks)	X (if necessary)		X (until PD is confirmed if no PD documented & confirmed)		Section 8.1
AFP (for HCC) / CA125 (for EOC)			X			X (Weeks 9, 18, 27, and then every 12 weeks)	X (if necessary)		X (until PD is confirmed if no PD documented & confirmed)		Section 8.1
Isatuximab Administration			X	X[c]	X[c]	X					*c* evaluation not applicable for Cohort E
Atezolizumab Administration			X			X					
AE/SAE Assessment	X		Continuously throughout period				X (ongoing related AEs, ongoing SAEs at EOT and new related AE/SAEs)				
Prior/Concomitant Medication	X (within 14 days prior to first dose)		Continuously throughout period				X (related to AE/SAEs listed above)				
PK	See Pharmacokinetics and immunogenicity Flow Chart										
ADA	See Pharmacokinetics and immunogenicity Flow Chart										
Tumor Biopsy, Archival Tumor Tissue Collection, Biomarker Blood Draw	See Biomarker Flow Chart										
Subsequent Anticancer Therapy Status							X	X	X	X	
Survival Status										X	