Supplementary Table S2. Menstrual cycle in girls treated for classical Hodgkin lymphoma.

	All included girls (n = 104)	TL1 (n = 18)	TL2/3 COPDAC-28 arm (n = 57)	TL2/3 DECOPDAC-21 arm (n = 29)	COPDAC-28 vs. DECOPDAC-21 (P-value)
Menarchal status					
Timing of menarche					
Before treatment, n (%)	85/104 (82%)	14/18 (78%)	49/57 (86%)	22/29 (76%)	0.39
Median age (IQR)	12.0 [12.0; 13.0]	13.5 [12.2; 14.0]	12.0 [12.0; 13.0]	12.0 [12.0; 13.0]	0.31
During treatment, n%	2/104 (2%)	1/18 (6%)	0/57 (0%)	1/29 (3%)	0.34
Median age (IQR)	13.5 [13.2; 13.8]	13.0	—	14.0	—
During follow-up, n%	10/104 (10%)	3/18 (17%)	5/57 (9%)	2/29 (7%)	1.000
Median age (IQR)	13.5 [12.0; 14.0]	12.0 [12.0; 12.5]	14.0 [12.0; 14.0]	14.5 [14.2; 14.8]	0.31
No Menarche up to last checkup	7/104 (7%)	0/18 (0%)	3/57 (5%)	4/29 (14%)	0.22
Median age at last checkup (IQR)	13.8 [10.9; 14.2]	—	14.1 [11.6; 14.7]	12.5 [11.0; 13.9]	0.72
Hormonal co-treatment					
Uses hormonal contraceptives					
At diagnosis	26/85 (31%)	3/14 (21%)	17/49 (35%)	6/22 (27%)	0.52
During treatment	38/87 (44%)	7/15 (47%)	25/49 (45%)	6/23 (26%)	0.06
At 2yPD checkup	34/97 (35%)	7/18 (39%)	19/54 (35%)	8/25 (32%)	0.77
GnRH-analogues during treatment	17/87 (20%)	3/15 (20%)	9/49 (18%)	5/22 (23%)	1.000
Menstrual cycle characteristics					
Treatment induced amenorrhea	19//35 (54%)	3/5 (60%)	10/17 (59%)	6/14 (43%)	0.75
Menstrual cycle at 2 years post-diagnosis					
Regular	33	8	16	9	0.43
Irregular	14	3	7	4	
Amenorrhea	2	—	1	1	
Hormonal contraceptives	34	7	19	8	
No menarche	6	—	2	4	
Unknown	15	–	12	3	

TL1 patients receive 2× OEPA induction followed by either 1× COPDAC-28 or involved node radiotherapy. TL2/TL3 patients are randomized between a COPDAC-28 and DECOPDAC-21 arm and receive 2× OEPA induction followed by 2× (TL2) or 4× (TL3) (DE)COPDAC consolidation. Indication and field of radiotherapy depends on treatment-arm and treatment response, see treatment flowchart in Supplementary Fig. S1.

OEPA, vincristine, etoposide, prednisone, doxorubicin; COPDAC-28, cyclophosphamide, vincristine, prednisone, and dacarbazine; DECOPDAC-21, doxorubicin, etoposide, cyclophosphamide, vincristine, prednisone, and dacarbazine.

IQR, interquartile range; 2yPD, 2 years post diagnosis; TL, treatment level.

Reported percentages of girls taking hormonal contraceptives and GnRH-analogues were calculated in postmenarchal girls. Regularity of the menstrual cycle during follow-up was self-reported. Percentages of girls with treatment-induced amenorrhea were calculated in postmenarchal girls, not taking hormonal contraceptives or GnRH-analogues during treatment. P values were calculated by Mann–Whitney *U* test (continuous) or Chi-square/Fishers exact (categorical).

A total of five girls received pelvic radiotherapy as part of their cHL treatment. At 2 years post-diagnosis, the menstrual cycle was regular in two girls, irregular in one girl, one girl used hormonal contraceptives during checkup and cycle data were missing in one girl.