eTable 1. Selected Literature for Patients with Favorable Risk Hodgkin Lymphoma Treated with Chemotherapy with or without Radiotherapy

Reference	Stage	Chemotherapy	n	Radiation (in Gy)	EFS (%)	95% CI	OS (%)	95% CI	Timing (in years)
CCG 5942[30]	I and IIA[a]	4 x COPP / ABVD	109	(CR) 21	100	--	100	--	3
			106	(CR) ---	89	82 - 96	100	--	
POG 8625[9]	IA, IIA, and $IIIA_1$[b]	2 x MOPP / ABVD	81	(CR) 25.5	91	82 - 100	97	92 - 100	8
		3 x MOPP / ABVD	78	(CR) ---	83	71 - 94	94	86 - 100	
GPOH-HD 95[4]	I and IIA[c]	2 x O(E/P)PA	281	(<CR) 20	94	--	97	--	5
			113	(CR) ---	97	--		--	
GPOH-HD 2002[5]	I and IIA[c]	2 x O(E/P)PA	133	(<CR) 20	93	88 - 97	99	98 - 100	5
			62	(CR) ---	93	87 - 100			
MSKCC[36]	I,II and IIIA[d]	6 x ABVD	76	36	86	78- 95	97	--	5
			76	---	81	72 - 92	90	--	
VAMP – (current)	IA and IIA[e]	4 x VAMP	41	(<CR) 25.5	88	76 – 99	100	--	5
			47	(CR) ---	89	79 - 100			

Abbreviations: CCG, Children's Oncology Group; POG, Pediatric Oncology Group; GPOH-HD, German Pediatric Oncology/Hematology Hodgkin Disease; MSKCC, Memorial-Sloan-Kettering Cancer Center; VAMP, vinblastine, Adriamycin, methotrexate, and prednisone; COPP, cyclophosphamide, vincristine, procarbazine, and prednisone; ABVD, Adriamycin, bleomycin, vinblastine, and dacarbazine; O(E/P)PA; vincristine, etoposide, procarbazine, prednisone, and Adriamycin; CR, complete response; EFS, event-free survival; OS, overall survival; CI, confidence interval (these were calculated from given standard errors in the CCG 5942, POG 8625, and GPOH-HD 2002 – there was no standard error or CI given in the GPOH-HD 95 study);

[a]No hilar adenopathy, > 4 nodal groups, mediastinal to thoracic ratio > 33%, or peripheral nodal aggregate ≥ 10 cm.

[b]Subdiaphragmatic disease confined to the upper abdomen only.

[c]No extranodal extension.

[d] No mediastinal to thoracic ratio > 33%, or peripheral nodal aggregate ≥ 10 cm.

[e]No extranodal extension, > 2 nodal groups, or mediastinal to thoracic ratio > 33%.

Radiotherapy assignment in the different studies:

- In the CCG 5942 trial patients who achieved complete remission to chemotherapy were randomized to low dose radiotherapy or no radiotherapy.
- In the POG 8625 trial patients in complete remission after 2 cycles of MOPP/ABVD were randomized to either another cycle of MOPP/ABVD or radiotherapy.
- In studies GPOH-HD 95, GPOH-HD 2002, radiotherapy was based on response to chemotherapy: patients achieving a complete response at the end of chemotherapy did not receive radiotherapy, only if the response was less then complete.

- In the MSKCC study patients were randomized at enrollment to receive or not receive radiotherapy at the end of chemotherapy.
- In the current study radiotherapy assignment was determined on early response evaluation after 2 cycles of chemotherapy. Patients achieving a complete response did not receive radiotherapy and patients achieving lesss than a complete response received low dose radiohterapy.