

Supplementary Material: Treatment protocols used on this study

Protocol	Patient subgroup	Induction chemo	RT	Chemo concurrent with RT	Post-RT chemo	Maintenance chemo	Continuation chemo	Ref
ACNS0333	IT M0 ≥ 6mo or ST M0 ≥ 12 mo	MTX, VCR, Etoposide, CYC, CDDP x 2c	Focal RT to 50.4 – 54 Gy	None	Thiotepa, carbo, PBSC rescue x 3c	None	None	ACNS 0333 protocol
	IT M0 < 6 mo or ST M0 < 12 mo or M+	MTX, VCR, Etoposide, CYC, CDDP x 2c then Thiotepa, carbo, PBSC rescue x 3c	M0: focal RT to 50.4 Gy M+: CSI to 23.4 – 36 Gy	None	None	None	None	
DFCI 02-294		Doxo, VCR, CYC, CDDP x 2c; IT MTX, HC, cytarabine	M0: focal RT to 54 Gy M+, age ≥ 3 yo: CSI to 36 Gy then boost to 54 Gy	Etoposide, VCR, CYC, CDDP; IT MTX, HC, cytarabine	VCR, doxo or dact, CYC x 2 c; IT MTX, HC, cytarabine	Tem, dact or doxo, VCR, CYC, x 8c; IT MTX, HC, cytarabine	VCR, CYC, +/- doxo or dact, x 3c; IT MTX, HC, cytarabine	[1]

EU-RHAB		Doxo/ICE /VCA, IVENT MTX x 6c	Postpone until >18 mo; M0: focal RT to 54 Gy M+, > 18 mo but < 3yo: CSI to 24 Gy at 1.6 Gy/d, boost to 54 Gy M+ and > 3yo: CSI to 35.2 Gy, boost to 54 Gy	None	Doxo/ICE/ VCA, IVENT MTX x 3c or HDC, autologous stem cell transplant	Selected cases	None	[2]
SJMB03	≥ 3 yo, M0, and < 1.5 cc residual	None	CSI to 23.4 Gy then boost to 55.8 Gy	None	HDC (VCR, CDDP, CYC) x4c with PBSC support	None	None	SJMB03 protocol
	≥ 3 yo and M+ or ≥ 1.5 cc residual	None	CSI to 36 – 39.6 Gy then boost to 55.8 Gy	None	HDC (VCR, CDDP, CYC) x 4c with PBSC support	None	None	

IT, infratentorial; ST, supratentorial; M0, no metastatic disease; M+, any metastatic disease; c, cycle ; MTX, methotrexate; mo, months old; yo, years old; cc, cubic centimeters; CSI, craniospinal irradiation; RT, radiotherapy; VCR, vincristine; CYC, cyclophosphamide; CDDP, cisplatin; HDC, high-dose chemotherapy; PBSC, peripheral blood stem cells; Doxo, doxorubicin; ICE, ifosfamide, carboplatin, etoposide; IVENT, intraventricular; carbo, carboplatin; Tem, temozolamide; dact, dactinomycin; IT, intrathecal; HC, hydrocortisone; VCA, vincristine, cyclophosphamide, actinomycin D; d, day

References

1. Chi SN, Zimmerman MA, Yao X, et al. Intensive multimodality treatment for children with newly diagnosed cns atypical teratoid rhabdoid tumor. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* 2009;27:385-389.
2. Benesch M, Bartelheim K, Fleischhack G, et al. High-dose chemotherapy (hdct) with auto-sct in children with atypical teratoid/rhabdoid tumors (at/rt): A report from the european rhabdoid registry (eu-rhab). *Bone marrow transplantation* 2014;49:370-375.