

Supplementary Table 1. DPCP Study Schedule

Study Assessment	Screening and Randomisation	Treatment Period																					
		DOFT	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	6M	9M	12M	15M	18M	21M	24M	Termination	
Informed Consent	X																						
Inclusion / Exclusion	X																						X
Medical History	X																						X
FACT-M Assessment	X					X								X	X		X		X		X		X
Pregnancy Test	X																						
Routine Blood Tests	X					X				X				X	X	X	X	X	X	X	X	X	X
Research Blood Tests	X					X				X				X	X	X	X	X	X	X	X	X	X
Physical Examination	X	X				X				X				X	X	X	X	X	X	X	X	X	X
CT HNCAP or CT-PET	X													X		X					X		X
Measurement of lesions	X	X				X				X				X	X	X	X	X	X	X	X	X	X
Photography of lesions	X	X				X				X				X	X	X	X	X	X	X	X	X	X
RCM and Dermoscopy	X	X				X										X							
Biopsy of lesions	X					X										X							
Randomisation	X																						
Application of 2% DPCP Sensitising Solution	X																						
Prescription for DPCP		X				X				X				X	X	X	X	X	X	X	X	X	
Application of DPCP Treatment Solution		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Titration of DPCP						X				X				X	X	X	X	X	X	X	X	X	
Adverse Events		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

DOFT = Day of First Treatment

Supplementary Table 2. Imiquimod Study Schedule

Study Assessment	Screening and Randomisation	Treatment Period																				
		DOFT	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	6M	9M	12M	15M	18M	21M	24M	Termination
Informed Consent	X																					
Inclusion / Exclusion	X																					X
Medical History	X																					X
FACT-M Assessment	X					X								X	X		X		X		X	X
Pregnancy Test	X																					
Routine Blood Tests	X					X				X				X	X	X	X	X	X	X	X	X
Research Blood Tests	X					X				X				X	X	X	X	X	X	X	X	X
Physical Examination	X	X				X				X				X	X	X	X	X	X	X	X	X
CT HNCAP or CT-PET	X														X		X				X	X
Measurement of lesions	X	X				X				X				X	X	X	X	X	X	X	X	X
Photography of lesions	X	X				X				X				X	X	X	X	X	X	X	X	X
RCM and Dermoscopy	X	X				X										X						
Biopsy of lesions	X					X										X						
Randomisation	X																					
Prescription for 5% imiquimod		X													X							
Application of 5% imiquimod		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Adverse Events		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

DOFT = Day of First Treatment