S1 Table. Treatment protocol for children with LCH

Treatment element/drug	Single or daily dose	Days of administration
First-line therapy		
Initial induction treatment course 1 ^{a)}		
Prednisone	40 mg/m ² /day, orally, in two divided doses	Days 1-28 (4 weeks), afterwards weekly reduction for 2 weeks
Vindesine	1.5 mg/m ² /dose (max. 2 mg), i.v. bolus	Days 1, 8, 15, 22, 29, 36 (once a week) for 6 weeks
Initial induction treatment course 2 ^{b)}		
Prednisone	40 mg/m ² /day, orally, in two divided doses	Days 1-3, weekly for 6 weeks
Vindesine	1.5 mg/m ² /dose (max. 2 mg), i.v. bolus	Days 1, 8, 15, 22, 29, 36 (once a week) for 6 weeks
Maintenance treatment c)		
Prednisone	40 mg/m ² /day, orally, in two divided doses	Days 1-5 every 3 weeks
Vindesine	1.5 mg/m ² /dose (max. 2 mg), i.v. bolus	Day 1 every 3 weeks
6-Mercaptopurine	50 mg/m ² /day, orally	Daily, every night
Methotrexate	$50 \text{ mg/m}^2/\text{dose}$	Day 7, weekly
Second-line therapy		
Intensification treatment		Every 4 weeks, for 4 courses
Cladribine	5 mg/m ² /day, i.v.gtt	Days 2-6
Cytarabine	100 mg/m ² /day, i.v.gtt	Days 1-5
Vindesine	1.5 mg/m ² /dose (max. 2 mg), i.v. bolus	Day 1
Dexamethasone	6 mg/m ² /day, i.v./oral	Days 1-5
Maintenance treatment		
Prednisone	40 mg/m ² /day, orally, in two divided doses	Days 1-5, every 3 weeks
Vindesine	1.5 mg/m ² /dose (max. 2 mg), i.v. bolus	Day 1 every 3 weeks
6-Mercaptopurine	50 mg/m ² /day, orally	Daily, every night
Methotrexate	20 mg/m ² /dose	Weekly
AD active disease: i.v. intravenously: i.v. ott. intravenously guttae: I.C.H. Langerhans cell histocytosis: MS		

AD, active disease; i.v., intravenously; i.v.gtt, intravenously guttae; LCH, Langerhans cell histiocytosis; MS, multisystem; NAD, nonactive disease; SS, single system. ^{a)}After the first weeks of initial treatment (6 weeks), response to treatment was evaluated. Patients with disease state of NAD were directly admitted to maintenance therapy. Patients with AD-Better, AD-Stable or AD-Mixed were given the second induction treatment course. SS or MS RO⁻ patients with AD-Worse were given second-line therapy. MS RO⁺ patients who were in AD-Worse or those with no improvement in risk organs were given salvage therapy, ^{b)}Patients with disease state of NAD and MS patients with AD-Better response after the second course (12 weeks) were then given maintenance therapy. MS patients with AD-Mixed or AD-Worse were given second-line therapy. MS RO⁺ patients with AD-Worse response in risk organs were given salvage therapy, ^{c)}The overall treatment duration was 12 months.