

Supplementary table S1. Comparison between haematopoietic stem cell transplantation (HSCT), monthly intravenous pulses and daily oral administration regimens of cyclophosphamide.

	Pulse		IV monthly	PO regimen
	ASTIS trial	SCOT trial		
Single dose	4 g/m ² + 200 mg/kg	120 mg/kg	750 mg/m ²	2 mg/kg/day
Duration	5 days	<5 days	12 months	12 months
Potential cumulative dose	17.3 – 21.4 g	6.6 – 8.4 g	14.2 – 16.6 g	40.1 – 51.1 g

Assuming an average woman (162cm x 55 kg) and an average man (175 cm x 70 kg).
IV: intravenous; PO: oral.

Appendix 1. Independent variables modelled in the regression analysis.

Gender (male, female)
 Disease duration (years)
 Age at baseline (years)
 Route of cyclophosphamide administration (oral or intravenous)
 Mean monthly dosage of cyclophosphamide (for both oral and intravenous)
 Mean daily dosage of cyclophosphamide (for both oral and intravenous)
 Cumulative dosage of cyclophosphamide
 Duration of treatment with cyclophosphamide
 Forced vital capacity (at baseline and at end of treatment)
 Lung diffusion of carbon oxyde (DLCO) (at baseline and at end of treatment)
 Steroid use (at baseline, at end of treatment, at follow-up visit)
 Steroid dosage (at baseline, at end of treatment, at follow-up visit)
 DMARDs use (prior to baseline, at baseline, at end of treatment, at follow-up visit)
 Race (African-American, Caucasian, other)
 Skin involvement subset (limited, diffuse)
 Modified Rodnan skin score (at baseline, at end of treatment)
 Anti-Scl70 antibody positivity
 Anti-centromere positivity
 Anti- RNA polymerase III positivity
 Gastric-oesophageal involvement (history or presence at baseline)
 Intestinal involvement (history or presence at baseline)
 Muscular involvement (history or presence at baseline)
 Interstitial lung involvement (history or presence at baseline)
 Joint involvement (history or presence at baseline)
 Cardiac involvement (history or presence at baseline)
 Digital ulcers (history or presence at baseline)
 Pulmonary arterial hypertension (history or presence at baseline)
 Smoking status (history or presence at baseline)

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