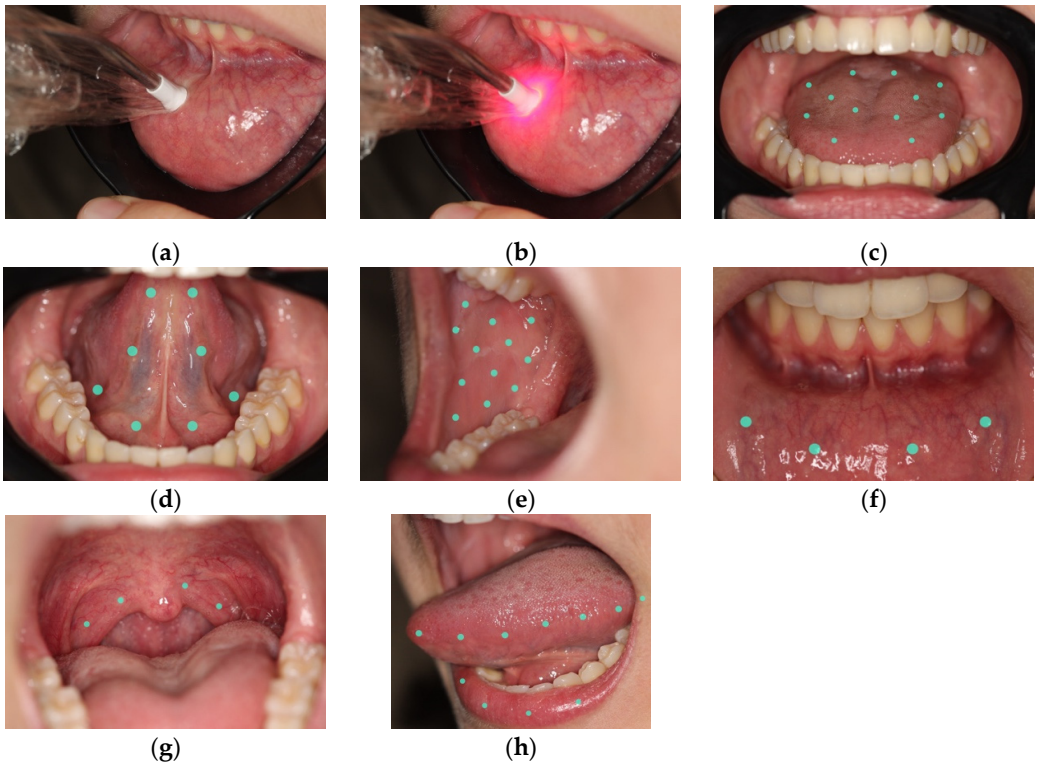


Supplementary Figure S1. Depiction of the applied PBMT protocol. (**a-b**) Representation of PBMT's application method, keeping the device in contact mode and perpendicular to the targeted tissue. (**c-h**) Representation of PBMT's irradiation sites across the lining mucosa, distributed as follows: 12 on the dorsum of the tongue (6 on each side), 4 on the floor of the mouth (2 on each side), 4 on the ventral surface of the tongue (2 on each side), 12 on each buccal mucosa, 8 on the labial mucosa (4 on the upper and 4 on the lower), 4 on the soft palate (2 per side), 6 on each of the lateral borders of the tongue, 8 on the lip vermilion (4 upper and 4 lower), and 2 on the oral commissures (1 on each side)

Supplementary Table S1. Types of drugs used during the conditioning regimens or for the management of graft-versus-host disease in the patients undergoing HCT.

Conditioning regimens[1]	**Dose**	**Frequency**
BEAM		
Carmustine (mg/m²)	300-400	D-6
Etoposide (mg/m²)	100-200	D-5 to D-2 (12/12h)
Cytarabine (mg/m²)	200-400	D-5 to D-2 (12/12h)
Melphalan (mg/m²)	140	D-1
BEAC	300-400	D-6
Carmustine (mg/m²)	100-200	D-5 to D-2(12/12h)
Etoposide (mg/m²)	100-400	D-5 to D-2(12/12h)
Cytarabine (mg/m²)	35	D-5 to D-2
Cyclophosphamide (mg/kg/day)		
BuMel		
Busulfan (mg/m²)	130	D-7 to D-4
Melphalan (mg/m²)	70	D-2 to D-1
Melphalan	200	D-1
Melphalan (mg/m²) **or**	140	D-1
Melphalan (mg/m²) **or**	800	D-1
Melphalan (mg/m²) with TBI (cGy)		

Bu-Cy	3.2	D-7 to D-4
Busulfan (mg/kg/day)	50	D-3 and D-2
Cyclophosphamide (mg/kg/day)		
Bu-Flu[2]		
Busulfan (mg/kg/day)	3.2	D-6 to D-3
Fludarabine(mg/m²/day) **or**	40	D-6 to D-3
Fludarabine (mg/m²/day)	30	D-6 to D-2
Cy-TBI	60	D-6 and D-5
Cyclophosphamide (mg/kg/day)[3]	10-12	D-3, D-2 and D-1
Fractionated TBI (Gy)[4]		
Flu-Cy-TBI with Cy post-transplant	14,5	D-6 and D-5
Cyclophosphamide (mg/kg)	30	D-6 to D-2
Fludarabine (mg/m²)	200	D-1
TBI (cGy)	50	D+3 and D+4
Cyclophosphamide (mg/kg)		
Flu-Bu-Cy with Cy post-transplant		
Fludarabine (mg/m²)	25	D-6 to D-2
Busulfan (mg/m²)	110-130	D-7 to D-4
Cyclophosphamide (mg/kg)	14.5	D-3 and D-2
Cyclophosphamide (mg/kg)	50	D+3 and D+4
Flu-Cy	25	for 5 days
Fludarabine (mg/m²/day)	60	for 2 days
Cyclophosphamide (mg/kg/day)		
Flu-Melphalan		
Fludarabine (mg/m²/day) **or**	25	for 5 days
Fludarabine (mg/m²/day) **or**	30	for 5 days
Fludarabine (mg/m²/day)	30	for 4 days
Melphalan (mg/m²)	140	for 1 day
Immunosuppressive drugs	**Dose**	**Frequency**
Cyclosporine (mg/L)	200-300 100-200	Starts at D-1 after 3 or 4 weeks
Tacrolimus (mg/kg)	0.02	Starts at D-3
Methotrexate (MTX) (mg/m2)	5-10	D+1,D+3,D+6,D+11
Mycophenolate Mofetil (mg/kg)	30-45	D+5 to D+35
Cyclophosphamide (mg/kg)	50	D+3 and D+4

[1] The names of the conditioning regimens are standardized within the field and refer to the medications used in each regimen, as detailed in the table.

[2] This conditioning protocol may vary

[3] Days of administration may vary

[4] TBI doses and days may vary according to disease status

Supplementary Table S2. Grading systems for oral mucositis.

	WHO	**NCI**	
		Clinical exam	**Symptoms/Functional exam**
Grade 0	No mucositis	No mucositis	No mucositis
Grade 1	Erythema and soreness	Erythema	Asymptomatic or mild symptoms, patients retain a normal/solid diet
Grade 2	Ulcers, still able to eat solids	Ulcers or pseudomembranes	Moderate pain, patients require a modified diet

Grade 3	Confluent ulcers, liquid diet only	Confluent ulcers or pseudomembranes with trauma that can lead to bleeding	Severe pain, oral intake is not possible
Grade 4	Confluent ulcers, presence of bleeding, oral intake is not possible	Tissue necrosis, spontaneous bleeding and life-threatening consequences	Symptoms associated with life threatening risk

WHO = World Health Organization. NCI = National Cancer Institute.