**Methods**

*Data Acquisition*

After ethic approval (BASEC-Nr. ID 2018-00854), the hospital data base was searched for patients ≥18 years old, treated with dapsone at the Department of Dermatology at the University Hospital Zurich in the last 20 years (January 1, 1998, to December 31, 2017). «Dapson» and «dapsone» were the keywords used. 207 patients matched these criteria. 7 patients were excluded due to age (<18 years) and 25 due to loss of follow-up (Fig. 1). Overall, data from 175 patients were analyzed.

The health records were thoroughly screened for age, gender, diagnosis, dosage, duration of intake, previous treatments, treatment response, information about adherence and adverse events. Efficacy – as judged by the treating physician – was categorized into complete remission, improvement, stable disease and progression of disease. Response was measured after 3 months and in the long term (i.e., latest documented time point compared to baseline).

In order to differentiate between the efficacy of dapsone in different diseases, we subgrouped the patients’ diagnoses into “primarily eosinophilic dermatoses” and “primarily neutrophilic dermatoses”. In cases where clear allocation was not possible (e.g., granulomatous diseases), the subgroup “other dermatoses” was chosen.

In all patients, laboratory evaluation included a complete blood count, liver and renal function panel, as well as methemoglobin count at baseline and follow-up visits. At baseline, glucose-6-phosphate dehydrogenase deficiency was ruled out.

*Statistical Analysis*

Normality testing was performed using the Shapiro-Wilk normality test. Statistical analysis was performed using the Kruskal-Wallis test or, if appropriate, the Mann-Whitney U test.