Bibliographic reference	Study type/ Design	Study quality (risk of bias)	Sample size n=	Participant characteristics	Participant Positioning: prone/supine	Participant Positioning: arms	Participant Positioning: flat/elevated
Mulliez et al. Hypofractionated whole breast irradiation for patients with large breasts: A randomized trial comparing prone and supine positions. Radiotherapy and Oncology 2013;108:203–8.	Non-blinded, randomized mono-centric trial Primary endpoint: Acute moist skin desquamation. Secondary endpoints: Dermatitis, edema, pruritus and pain	Low	100	All patients underwent breast-sparing surgery Cup size was based on patients' bra size. If required, checked by fitting bra models	Prone breast board (Orfit, Wijnegem, Belgium) Simple prone treatment resulted in significantly less skin toxicity compared to a more sophisticated technique in supine position	Both hands holding the hand grip (based on image only, not described)	Not described
Kirby et al. A randomised trial of Supine versus Prone breast radiotherapy (SuPr study): Comparing set-up errors and respiratory motion. Radiotherapy and Oncology 2011;100:221–6.	Non-blinded, randomized mono-centric trial Aim: Test a prone position against the international standard supine position in terms of feasibility, set-up errors and respiratory motion	Low to moderate	26	All patients treated with WBI after breast conserving surgery Only patients of breast cup-size PC (UK) were recruited	Supine: breast board (Civco, IA, USA) Prone: in-house-designed, with a styrofoam/memory foam mattrass Patient comfort scores and treatment times: comparable Prone reduces anterior chest wall motion with respiration. Set-up errors greater using prone. Larger CTV–PTV margins in prone. Further work needed before prone can become standard treatment option	Arms extended above the head in supports. An adjustable arm-positioning device registrable to the couch top	Not described
Varga et al. Individual Positioning: A Comparative Study of Adjuvant Breast Radiotherapy in the Prone Versus	Blinded, randomized mono-centric trial Aim: Identify patients who benefit most from prone positioning by means of dosimetry and feasibility	Low to moderate	61 First study phase n= 20, radiotherapy planning performed in both	Early breast cancer patients after surgery requiring only radiotherapy of operated breast	Supine thorax and the prone breast modules of the AIO (All In One) Solution (ORFIT, Wijnegem, Belgium) Supine: five-point fixation, breast precut (ORFIT)	Supine: both arms elevated	Supine: 15° elevated

Supine Position. Int J Radiat Oncol Biol Phys 2009;75:94–100.			positions, all patients treated in supine position Second study phase: n= 41 patients randomized to radiotherapy in prone vs. supine	No restriction regarding size of breast or patient	Exposure of the ipsilateral lung, mean lung dose and V20Gy, lower in prone. Doses to the heart did not differ Special attention to accurate repositioning necessary if prone is applied, and dose inhomogeneity and acute skin reactions may increase slightly		
Lin et al. Feasibility study of individualized optimal positioning selection for left-sided whole breast radiotherapy: DIBH or prone. J Appl Clin Med Phys 2018;19:218–29.	Prospective comparison study Aim: Predict the optimal treatment position of left-side breast radiotherapy using anatomical features	High	16	Left-sided breast cancer	Standard supine position in FB and gating DIBH: Sinmed Posiboard-2 (CivCo, IA, USA) Prone position: Clear Vue Prone Position Breast Radiotherapy System (Orbital Therapy, Bedford, UK) Feasible to predict the optimal treatment position using anatomical features extracted from supine free breathing CT scans with multiple machine learning models	Not described	Supine: 10° elevated
Kahán et al. A simple clinical method for predicting the benefit of prone vs. supine positioning in reducing heart exposure during left breast radiotherapy. Radiotherapy and Oncology 2018;126:487–92.	Prospective cohort study Aim: Develop a validated model for the prediction of preferable treatment position in left breast radiotherapy	Single cohort study so not assessed	Model validated in 100 patients External testing on a 28-case series See also Varga et al.	Postoperative left-sided breast radiotherapy	Supine/prone position: described in doi: 10.1016/j.canrad.2016.05.014 About 20% of the cases, prone positioning during left breast radiotherapy increases the dose to the LAD or the heart. Developed a simple clinical tool, based on patient's anatomical determinants, appropriate for assisting individual positioning aiming at maximum heart protection	described in doi: 10.1016/j.canrad.2016.05.014	described in doi: 10.1016/j.canrad.2016.05.014

Yu et al. External-beam partial breast irradiation in a supine versus prone position after breast-conserving surgery for Chinese breast cancer patients. Sci Rep 2018;8.	Prospective treatment planning comparison study Aim: Investigate differences in target volumes and dosimetric parameters between the supine and prone	High to moderate	30	Chinese breast cancer patients External-beam partial breast irradiation (EB-PBI) after breast-conserving surgery	Supine: MT350N (CIVCO, AI, USA) Prone: HorizonTM Prone Breast Bracket- MTHPBB01 (CIVCO, AI, USA) All OAR constraints met in both positions. Heart sparing best spared in supine. Lower dose in lung	Supine/Prone: arm support both arms above the head	Supine/Prone: no tilt
Krengli et al. Prone versus supine position for adjuvant breast radiotherapy: A prospective study in patients with pendulous breasts. Radiation Oncology 2013;8.	Prospective treatment planning comparison study Aim: Analyse dosimetric parameters in the prone versus supine position	High to moderate	55	Patients with pendulous breasts treated after breast conserving surgery	Supine: breast Posiboard™ system (CIVCO, AI, USA) Prone: breast board Clear Vue™ (Orbital Therapy, Bedford, USA) Lower lung dose in prone position	Supine: not described Prone: both arms above the head, hands holding a handlebar to reduce body rotation	Not described
Bartlett et al. The UK HeartSpare Study (Stage IB): Randomised comparison of a voluntary breath-hold technique and prone radiotherapy after breast conserving surgery. Radiotherapy and Oncology 2015;114:66–72.	Single centre randomised non-blinded crossover study Aim: Compare OAR dose for supine voluntary deep-inspiratory breath-hold (VBH) and free-breathing prone techniques.	Low to moderate	28 (34 recruited)	Patients with estimated breast volumes >750 cm^3 Whole breast irradiation. Receive one or other technique for fractions 1–7, before switching techniques for fractions 8–15	Supine: Not described Prone: AIO Solution prone breast board (Orfit, Wijnegem, Belgium) Supine VBH provided superior cardiac sparing and reproducibility than free-breathing prone position	Supine: both arms up based on image only, not described Prone: both arms up based on image only, not described	Supine/prone: no tilt, based on image only, not described

Mitchell et al. Interfraction and Intrafraction Setup Variability for Prone Breast Radiation Therapy. Int J Radiat Oncol Biol Phys 2010;76:1571–7	Prospective cohort study Aim: Report the interfraction and intrafraction setup variation for prone breast radiotherapy	Single cohort study so not assessed	10 (8 right-sided, 2 left-sided)	Patients treated after breast conserving surgery.	Prone: New York University prone breast mattress Acceptable interfraction and intrafraction variability were demonstrated	Arms above the head holding a handlebar to reduce body rotation	No tilt, based on image only, not described
Buijsen et al. Prone breast irradiation for pendulous breasts. Radiotherapy and Oncology 2007;82:337–40	Prospective treatment planning comparison study Aim: Quantify differences in doses in OARs of patients with pendulous breasts between prone and supine position	High	10 (3 right-sided, 7 left-sided)	Patients with pendulous breasts (bra size D and over) after breast conserving surgery	Supine: not described Prone: in-house developed device Prone: decrease in OAR dose; better homogeneity; worse PTV coverage; nodal treatment not possible	Supine: both arms were placed above the head using an arm support Prone: Not described	Supine/Prone: not described
Huppert et al. The role of a prone setup in breast radiation therapy. Front Oncol 2011;1.	Overview article of experience with prone breast radiotherapy	Not assessed	Not applicable	Not applicable	Not applicable Experience of the New York University School of Medicine. Prone is: - advocated for women with large pendulous breasts - decreases acute and late toxicities - both feasible and reproducible - advantageous not only for women with larger breasts but in most patients since it reduces the inclusion of heart and lung within the field	Not applicable	Not applicable

Bibliographic reference	Study type/ Design	Study quality (risk of bias)	Sample size n=	Participant characteristics	Participant Positioning: prone/supine	Participant Positioning: arms	Participant Positioning: flat/elevated
Csenki et al. Radiation dose to the nodal regions during prone versus supine breast irradiation. Ther Clin Risk Manag 2014;10:367–72.	Retrospective treatment planning comparison study Aim: Analyse dose to nodal regions, axillary and IM nodes in prone or supine position	Moderate	100 consecutive patients	See Varga et al 2009. Nodal regions were retrospectively delineated	See Varga et al 2009. Radiation dose to the axillary and IM lymph nodes mostly insufficient and is significantly lower in prone	See Varga et al 2009.	See Varga et al 2009.
Alonso-Basanta et al. Coverage of Axillary Lymph Nodes in Supine vs. Prone Breast Radiotherapy. Int J Radiat Oncol Biol Phys 2009;73:745–51.	Prospective treatment planning comparison study Aim: Compare axillary node coverage, whether a better target or sparing of normal tissue was feasible in prone	High to moderate	20	Stage 0,I,II breast cancer, whole breast irradiation Majority left-sided (12 of 20). 11 of 20 patients had smaller than C cup	Prone: No specific details Supine: breast board (Civco, AI, USA) Both positions: treatment of the nodal regions was inadequate. Prone: worse target coverage. Enabled better lung sparing	Both arms elevated	Not described
Deseyne et al. Whole breast and regional nodal irradiation in prone versus supine position in left sided breast cancer. Radiation Oncology 2017;12.	Feasibility study Aim: feasibility of whole-breast irradiation with lymph node irradiation in prone crawl position	Feasibility study so not assessed	5	Left sided breast cancer patients with invasive carcinoma and pathologically confirmed positive lymph nodes	Supine: Posirest arm support (Civco, IA, USA) Prone: crawl prone position, in-house developed board Good target coverage, better sparing of OARs	Supine: both arms elevated above the head Prone: arm at the treated side is positioned alongside the body, the arm at the contralateral side above the head	Supine/Prone: not described
Mulliez et al. Heart dose reduction by prone deep inspiration breath hold in left-sided breast irradiation. Radiotherapy and Oncology 2015;114:79–84.	Validation study Aim: evaluates the heart sparing ability and feasibility of deep inspiration breath hold (DIBH) in the prone position for left-sided whole breast irradiation (WBI)	Validation study so not assessed	50 Explorative study: 12 Validation study: 38	Breast conserving surgery	Supine: Breast Step System (Elekta, Crawley, UK) Prone: prone-lateral Horizon breast board (Civco, IA, USA) Demonstrates the ability and feasibility of prone DIBH to	Supine/prone: Not described DIBH supine and prone: Varian Real-time Position Management system (RPM™)	Supine/prone: Not described

					acquire optimal heart and lung sparing for left-sided WBI		
Boute et al. Potential benefits of crawl position for prone radiation therapy in breast cancer. J Appl Clin Med Phys 2017;18:200–5.	Single cohort study Aim: evaluated a new prone position: crawl position	Single cohort study so not assessed	9 10	Volunteers Patients, treated half of the fractions on both boards	In-house developed prone crawl position board. And AIO breast board (Orfit, Wijnegem, Belgium) Crawl breast board: sternal pain was reported less frequently and was less severe than standard prone breast board	The arm at the treated side alongside the body and the arm at the contralateral side above the head Positioned on AIO: discomfort caused by bilateral arm elevation; had to exert force by the arm at the operated side to maintain a stable position. Crawl prototypes: ipsilateral arm support provides stability by preventing lateral and downward movement	No tilt was described
Shin et al. Breast, chest wall, and nodal irradiation with prone set-up: Results of a hypofractionated trial with a median follow-up of 35 months. Pract Radiat Oncol 2016;6:e81–8.	Phase 1-2 study Aim: Primary: incidence of grade 2 acute skin toxicity Secondary: feasibility of prone position, compliance with dosimetric constraints, and incidence of late toxicity	Phase 1-2 study so not assessed	69	Stage IB-IIIA breast cancer Underwent segmental or total mastectomy with 1-5 involved lymph nodes	Supine: not described Prone: prone indexed breast board (no details). Head turned away from treatment side Prone treatment is safe and well tolerated in this study. Longer follow-up is warranted for efficacy and late toxicity assessment	Supine: not described Prone: both arms up, with hands holding the handle device, and ipsilateral upper arm positioned close to right angle. Vac-Lok immobilization under the head and arms, and placement of a custom mouldable cushion under the head	Not described

Bibliographic reference	Study type/ Design	Study quality (risk of bias)	Sample size n=	Participant characteristics	Participant Positioning: prone/supine/ lateral decubitus (LD)	Participant Positioning: arms	Participant Positioning: flat/elevated
Campana et al. Breast radiotherapy in the lateral decubitus position: A technique to prevent lung and heart irradiation. Int J Radiat Oncol Biol Phys 2005;61:1348–54	Single cohort study Aim: present this isocentric technique and discuss its advantages and disadvantages	Single cohort study so not assessed	26-37	Large breasted patients (non-isocentric technique already used in 500 patients)	Dedicated board, (Techset, no further information) with a back rest. Large elastic fabric band to move contralateral breast out of radiation fields. Thin carbon fiber breast rest placed under the breast. Different shapes and sizes of breast disposers. Isocentric breast irradiation in lateral decubitus position is simple and reproducible	On dorsal support: vertical pole shaft is mounted to place the contralateral arm to ensure maximum comfort and minimum mobility	No tilt: based on image only, not described
Kirova et al. Whole breast radiotherapy in the lateral decubitus position: A dosimetric and clinical solution to decrease the doses to the organs at risk (OAR). Radiotherapy and Oncology 2014;110:477–81	Single cohort study Aim: Evaluate WBRT in lateral position and report acute toxicities	Single cohort study so not assessed	56	Early-stage breast cancer, whole breast irradiation	See Campana et al. 2005 Excellent dosimetric profile, low doses to the heart and ipsilateral lung. Very well tolerated; good acute toxicity profile	See Campana et al. 2005	See Campana et al. 2005
Bronsart et al. Whole breast radiotherapy in the lateral isocentric lateral decubitus position: Long-term efficacy and toxicity results. Radiotherapy and	Single cohort study Aim: analyze acute toxicity as well as late pulmonary and cardiac toxicity	Single cohort study so not assessed	832	All patients with large pendulous breasts, pectus excavatum, elderly, heavy smokers Decision to propose this technique was taken by senior RO	See Campana et al. 2005 Position well tolerated. Considerable reduction of doses to OARs; very good acute toxicity profile	See Campana et al. 2005 Ipsilateral arm placed under the head	See Campana et al. 2005

Oncology 2017;124:214–9.							
Krhili et al. Whole breast radiotherapy in the isocentric lateral decubitus position: Role of the immobilization device and table on clinical results. Cancer Radiother. 2019 Jun;23(3):209-215	Single cohort study Aim: Evaluate clinical results and "bolus effect" based on the table design	Single cohort study so not assessed	248	Early-stage breast cancer, whole breast irradiation	See Campana et al. 2005 The position is well tolerated. Clinical results comparable to different modalities	See Campana et al. 2005	See Campana et al. 2005
Davidson et al. Dosimetric impact of setup accuracy for an electron breast boost technique. Pract Radiat Oncol. 2015;5(5):e499-e504.	Single cohort study Aim: Determine the setup error on an electron breast boost technique using daily CBCT	Single cohort study so not assessed	33	Post segmental-mastectomy patients	Modified lateral decubitus position Vac-lok bag (Civco, Orange City, IA, USA) indexed to the bed. In-house compression device used to reduce distance to tumour bed (n=25 cases) Not clear that any of the factors studied influenced the setup accuracy	Not described	Lateral decubitus position
Bibliographic reference	**Study type/ Design**	**Study quality (risk of bias)**	**Sample size n=**	**Participant characteristics**	**Participant Positioning: prone/supine/ lateral decubitus**	**Participant Positioning: arms**	**Participant Positioning: flat/elevated**
Goldsworthy et al. Abducting both arms improves stability during breast radiotherapy: The Bi Arm study in radiotherapy. J	Randomised study Aim: Is bilateral arm abduction superior to unilateral abduction with respect to stability	Low to moderate	50	Consecutive breast cancer patients Whole breast irradiation after lumpectomy	Supine: no information of the positioning device available	Reduction in systematic error and inter-patient variability shows that bilateral arm abduction is a more stable and reproducible position than unilateral arm abduction The CCD translational data indicates that patients	Elevation based on image only, not described

Radiother Pract 2011;10:250–9.						treated with unilateral arm abduction were moving inferiorly on the breast board	
Graham et al. Armrest versus vacuum bag immobilization in the treatment of breast cancer by radiation therapy: A randomized comparison. Australas Radiol 2000;44:193–7.	Randomised study Aim: Determine relative advantages /disadvantages of Armrest (ARI) versus vacuum bag immobilization (VACI)	Low to moderate	30	Radiotherapy to the breast or chest wall with or without regional nodal radiotherapy	Supine: no information of the positioning device available	Patients were randomized at simulation initially to the ARI or VACI technique. And randomized to be treated in either ARI or VACI Both immobilization techniques are acceptable. Stability is equal	Some patients had a rigid incline board or wedge placed under the mattress at the upper body end
Xiang et al. Which technique of positioning and immobilization is better for breast cancer patients in postmastectomy IMRT, single-pole or double-pole immobilization? J Appl Clin Med Phys 2019; 20:168–74.	Retrospective comparison study Aim: Single pole vs double pole: which position is more suitable for clinical practice	High to moderate	94	Whole breast irradiation after lumpectomy Single pole to ipsilateral side (both hands on single pole) = 54 Double pole = 40	Supine: breast bracket (no further information)	Both arms extended above their head. Head turned to contralateral side. Single-pole position seems more comfortable. Both devices could allow for reproducible setup and acceptable dosimetry.	Breast bracket with elevation based on image only, not described 5 mm thermoplastic mould
Saito et al. Differences between current and historical breast cancer axillary lymph node irradiation based on arm position: Implications for radiation oncologists. American Journal of	Prospective comparison study Aim: Identify differences in regional node irradiation between 2 arm positions	High	16	Regional irradiation after lumpectomy or mastectomy	Supine: no information of the positioning device available	Scanned in 2 arm positions: - historical position (HP) ipsilateral arm is at 90 degrees to the body axis. - both arms above the head; handgrips; customized vacuum-lock mold (CT-P) Coverage of the axillary lymph nodes varies	Flat, based on image only, not described

Clinical Oncology: Cancer Clinical Trials 2009;32:381–6.						significantly with arm position	
Kapanen et al. Residual position errors of lymph node surrogates in breast cancer adjuvant radiotherapy: Comparison of two arm fixation devices and the effect of arm position correction. Medical Dosimetry 2016;41:47–52.	Retrospective study comparing patients in two different arm positions Aim: Investigate residual setup errors of nodal regions and irradiated volume of the Humeral head	High to moderate	113	Left breast cancer Post-breast conserving surgery Standard wrist-hold (WH) =53 House-made rod-hold (RH)= 60	Supine	Both arms extended above their head. Standard wrist-hold (WH) (Candor ConBine fixation device (Candor, Gislev, Denmark) vs House-made rod-hold (RH) Irradiated volumes of humeral head for RH were around 2 times larger than with WH Daily image guidance recommended because of large random position errors obtained for the arm position with both the devices	Elevation based on image only, not described
Bibliographic reference	**Study type/ Design**	**Study quality (risk of bias)**	**Sample size n=**	**Participant characteristics**	**Participant Positioning: prone/supine/ lateral decubitus**	**Participant Positioning: arms**	**Participant Positioning: flat/elevated**
Roos et al. Van wig naar plat: wat is het effect op de dosis in het normale weefsel bij borstsparende bestraling. Gamma Professional 2013;63:22–5	Prospective comparison study Aim: OAR dose differences between flat and elevated positioning	High	10	Left-sided breast cancer Whole breast irradiation after lumpectomy	Supine	Both arms up	Elevated: Posiboard-2 Breastboard positioned in 15º. Flat: Posirest-2 arm board (Civco, Orange City, IA, USA) Flat position: PTV moves cranially. Dose outside the PTV in the nodal

							area, elevated position: 30Gy vs flat position: 23Gy
Jain et al. Inter-fraction motion and dosimetric consequences during breast intensity-modulated radiotherapy (IMRT). Radiotherapy and Oncology 2009;90:93–8.	Prospective, observational imaging study Aim: Inter-fraction motion during breast IMRT assed by CBCT imaging	Single cohort study so not assessed	10	Eight Large breast size (PD cup) (n=8) Heart (>5 mm) in the predicted irradiated volume (n=2)	Supine	Arm affected side elevated in the attached forearm immobilization device	Elevated: MedTec (Orange City, IA, USA) breastboard inclined at an angle of 10–25° All longitudinal shifts: towards the feet. Patients moved down the inclined treatment couch compared with planning position. Use of a footrest may prevent some of this movement
Veldeman et al. Preliminary results on setup precision of prone-lateral patient positioning for whole breast irradiation. Int J Radiat Oncol Biol Phys. 2010;1;78(1):111-8.	Prospective comparison study Aim: Develop a rapid and reproducible technique for prone positioning and to compare dose–volume indices in prone and supine.	High	18 (Experience in 8 patients, thereafter modifications on breast board. Then performed in additional 10 patients)	Whole breast irradiation after breast conserving surgery	Supine: not described Prone: Horizon breast board (Civco Medical Solutions, AI, USA) Developed a prone-lateral (rather than a pure prone) positioning technique. Dose–volume indices show the ability of prone radiotherapy to spare the lung and heart. The setup precision is comparable to supine setup data in literature	Supine: not described Prone: Both upper arms are placed laterally from the head-shoulder support; the lower arms and hands embrace its cranial surface	Supine: not described Prone: incline of the wedge causes a slight roll of the thorax to a prone-lateral rather than a prone position.

Veldeman et al. Alternated prone and supine whole-breast irradiation using IMRT: setup precision, respiratory movement and treatment time. Int J Radiat Oncol Biol Phys. 2012; 1;82(5):2055-64.	Prospective comparison study Aim: Compare setup precision, respiration-related breast movement and treatment time between prone and supine for whole-breast irradiation	High	10 (6 left-sided; 4 right-sided)	Early-stage breast cancer	Supine: Posirest support with a cranial and two adjustable lateral arm supports (Civco Medical Solutions, IA, USA) Prone: modified Horizon breast board (Civco Medical Solutions, IA, USA) Setup precision between prone and supine showed no significant differences in random and systematic errors. Respiratory movement smaller in prone. Longer treatment times in prone	Supine/prone: Not described	Supine/prone: Not described
Jozsef et al. Prospective study of cone-beam computed tomography image-guided radiotherapy for prone accelerated partial breast irradiation. Int J Radiat Oncol Biol Phys. 2011; 1;81(2):568-74.	Single Cohort study Aim: Report setup variations during prone accelerated partial breast irradiation	Single Cohort study so not assessed	70 consecutive patients	pT1 breast cancer patients	Prone: dedicated mattress developed at NYU The interfraction variations detected are comparable to those reported for APBI with a supine setup	Arms above the head and hands holding a handlebar to reduce body rotation	Not described
Kim et al. Evaluation of the anatomical parameters for normal tissue sparing in the prone position radiotherapy with small sized left breasts. Oncotarget.	Prospective comparison study Aim: Is there a relationship between irradiated normal tissue volume and the chest wall shape rather than the breast shape and volume	High	21	Patients with stage 0/1A left breast cancer with a breast volume of less than 750 cm^3	Supine: Not described Prone: prone breast support (kVue™ Access 360™, Qfix, Avondale, USA). Objective anatomical parameters related chest wall shape predict decrease in irradiated heart volume in prone position	Supine/prone: Not described	Supine/prone: Not described

2016;7(44):72211-72218.							
Kannan et al. Is there an advantage to delivering breast boost in the lateral decubitus position? Radiat Oncol. 2012;24;7:163.	Retrospective comparison study Aim: Compare change in depth of target volume and dosimetric parameters between supine and lateral decubitus positions for breast boost treatment with electron beam therapy	High to moderate	45	Whole breast irradiation followed by tumour bed boost	Supine: Not described Lateral decubitus position (LDP): re-simulated for the boost treatment. Positioned in a customized vacuum bag. Lateral decubitus position for breast boost treatment resulted in decreasing the maximum distance from the skin to surgical bed. Which facilitated the use of lower electron energies and decreased maximal dose to the target volume	Supine/LDP: Not described	Supine/LDP: Not described
Ramella et al. Whole-breast irradiation: a subgroup analysis of criteria to stratify for prone position treatment. Med Dosim. 2012;37(2):186-91.	Prospective comparison study Aim: Dosimetric comparison supine and prone position to eventually select subgroups of patients according to breast size who may benefit from prone	High	38	Early-stage breast cancer patients Grouped according to target volume (TV) measured in supine position: small (400 mL) n=12, medium (400–700 mL) n=16, large (700 ml) n=10	Supine: standard breast board device Prone: device that was designed and built ad hoc. The system consists of a flat, wood platform with a double slope and an aperture. Evidence of dosimetric benefit (lung) in all patient subgroups. Non-significant in subgroup "small"	Supine: Not described Prone: Handlebars that patients must grip steadily, patients extend their arms overhead.	Supine: Not described Prone: The platform is 76 cm long and 45 cm wide and has a single slope 17° in the lateral direction. The device allows having a lateral slope in both the directions, left to right and right to left.

Note: The papers that were selected based on the title and after reading were not used in the guideline are greyed out in the evidence table.

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