# Supplementary materials

Robust dose planning objectives for mesorectal radiotherapy of early stage rectal cancer – a multicentre dose planning study

## Appendix A: Selected studies of dose-volume effect for bowel toxicity

Reference	Endpoint	Туре	Patient #	Patient population	Treatment technique	OAR definition	Main findings
Baglan et al (1)	Acute bowel toxicity	Retrospective	40	Rectal cancer, LCRT	3D-CRT	Bowel loops	Correlation with volume at each dose level at 5-40 Gy. Suggestion of "threshold effect" at ~15-25 Gy. Suggested volume-response for V <sub>15Gy</sub> .
Tho et al (2)	Acute bowel toxicity	Retrospective	41	Rectal cancer, LCRT	3D-CRT	"Small bowel" (loops?)	Correlation with volume at each dose level at 5-40 Gy. Strongest correlations for $V_{5Gy}$ - $V_{30Gy}$
Gunnlaugs son et al (3)	Acute bowel toxicity	Retrospective	28	Rectal cancer, LCRT + oxaliplatin	3D-CRT	Small bowel loops, large bowel, whole abdomen	Only correlation for volume of small bowel irradiated. Correlation with all dose levels 5-50 Gy, strongest for $V_{15 \rm Gy}$ .
Kavanagh et al (4)	Acute & late bowel toxicity	Review (QUANTEC)	NA	Various pelvic cancers	Primarily 3D-CRT	NA	Six studies of small bowel complication identified for review of acute toxicity; one study for late toxicity. Conclusion: Outlining of bowel loops - minimise V <sub>15Gy</sub> . Outlining peritoneal space - minimise V <sub>45Gy</sub> . This will also likely reduce late toxicity risk.
Robertson et al (5)	Acute bowel toxicity	Retrospective	152	Rectal cancer, LCRT pre- & post-op	3D-CRT	Small bowel loops	Absolute $V_{15Gy}$ , $V_{20Gy}$ and $V_{25Gy}$ correlated with acute toxicity; similar findings for pre- and post-operative patients.
Chen et al (6)	Patient- reported acute GI symptoms	Prospective PRO collection, explorative analysis	66	Rectal cancer, LCRT	3D-CRT	Small bowel loops	Absolute $V_{15Gy}$ correlated with overall patient-reported GI symptoms.
Banerjee et al (7)	Acute bowel toxicity	Retrospective	67	Rectal cancer, LCRT	3D-CRT	Small bowel loops, peritoneal space	Absolute $V_{15Gy}$ and $V_{25Gy}$ correlated with acute toxicity for both small bowel loops and peritoneal space.

Yang et al (8)	Acute bowel toxicity	Retrospective	177	Rectal cancer, LCRT	IMRT & 3D- CRT	Bowel loops	Relative V <sub>45Gy</sub> best predictor for acute toxicity in multivariate modelling.
Devisetty	Acute bowel	Retrospective	48	Anal cancer,	IMRT	Outer contour	Absolute V <sub>30Gy</sub> correlated with clinically significant acute
et al (9)	toxicity	Retrospective	40	CRT	IIVIKI	of bowel	toxicity.
` ,	•	Dotrochostivo	58	+	IMRT		Absolute $V_{30Gy}$ and $V_{40Gy}$ correlated with acute toxicity.
DeFoe et al (10)	Acute bowel	Retrospective	58	Anal cancer, CRT	IIVIKI	Intestinal	Absolute $v_{30Gy}$ and $v_{40Gy}$ correlated with acute toxicity.
	toxicity	Dunanastiva	42	-	IMRT	cavity	Dolativo V for small bound showed as a dorest
Han et al	Acute bowel	Prospective	42	Anal cancer, CRT	IIVIKI	Small and	Relative V <sub>30Gy</sub> for small bowel showed moderate
(11)	toxicity			CKI		large bowel	correlation with acute toxicity; no correlation for large bowel.
Julie et al	Acute bowel	Datus an active	100	Analasnasn	INADT	loops	
		Retrospective	108	Anal cancer,	IMRT	Bowel loops	Model combining absolute bowel V <sub>45Gy</sub> and mean dose
(12)	toxicity	Dunnanativa	F2	CRT	IN ADT	Consult Is accord	to hottest 5% of bowel best predictor for acute toxicity.
Olsen et al	Acute & late	Prospective	52	Anal cancer,	IMRT	Small bowel	Absolute V <sub>25Gy</sub> -V <sub>35Gy</sub> for small bowel correlated with
(13)	bowel			CRT		loops,	acute toxicity (and absolute V <sub>5Gy</sub> -V <sub>25Gy</sub> for intestinal
	toxicity					intestinal	cavity with high grade acute toxicity). Absolute V <sub>60Gy</sub> for
					18.4BT	cavity	intestinal cavity correlated with late toxicity.
Ng et al	Acute bowel	Retrospective	55	Anal cancer,	IMRT	Small and	Absolute volume of intestinal cavity correlated with
(14)	toxicity			CRT		large bowel	acute toxicity for all dose levels 5-50 Gy; strongest
						loops,	correlation for $V_{10Gy}$ - $V_{35Gy}$ .
						intestinal 	
6		5	4.40		2D CDT 0	cavity	
Sanguineti	Acute bowel	Retrospective	149	Prostate	3D-CRT &	Intestinal	Absolute V <sub>15Gy</sub> and V <sub>30Gy</sub> cavity correlated with acute
et al (15)	toxicity			cancer	IMRT	cavity	toxicity.
Perna et al	Acute bowel	Retrospective	96	Prostate	IMRT	Intestinal	Relative V <sub>50Gy</sub> for bowel loops correlated with acute
(16)	toxicity			cancer, post-		cavity outside	toxicity.
				ор		PTV, bowel	
						loops	
Sina et al	Patient-	Prospective	206	Prostate	IMRT	Small and	Best multivariate model for change in loose stools from
(17)	reported			cancer, some		large bowel	baseline to RT mid-point included absolute V <sub>42Gy</sub> for
	acute GI			post-op		loops	small bowel.
	symptoms						
Chi et al	Acute bowel	Retrospective	32	Endometrial	IMRT	Small bowel	Relative V <sub>45Gy</sub> for intestinal cavity correlated with acute
(18)	toxicity			cancer, post-		loops, limited	toxicity, no correlation for alternative outlining.
				ор		bowel space,	
						intestinal	
						cavity	
Isohashi et	Acute & late	Retrospective	62	Cervical	3D-CRT &	Small bowel	Higher values of absolute V <sub>40Gy</sub> and V <sub>45Gy</sub> for both small
al (19)	bowel			cancer, post-	IMRT	loops, bowel	bowel and bowel bag for patients with acute toxicity,
	toxicity			ор		bag	

							higher values of absolute $V_{15Gy}$ - $V_{45Gy}$ for patients with chronic toxicity.
Chopra et al (20)	Acute & late bowel toxicity	Retrospective	103	Cervical cancer, post- op	3D-CRT & IMRT	Small and large bowel loops, intestinal cavity	Absolute $V_{30Gy}$ for intestinal cavity correlated with acute toxicity. Absolute $V_{30Gy}$ - $V_{40Gy}$ for small and large bowel and intestinal cavity correlated with late toxicity in univariate, but not multivariate, analysis.

#### Pubmed search string

((((chemoradiation) OR radiation therapy) OR radiochemotherapy)) AND ((((Toxicity intestines) OR (((Gastrointestinal toxicity) OR Gastrointestinal side effects)))) OR Side effects intestines) AND ((dose-response) OR dose-volume)

Abstracts were screened by hand, and relevant papers selected for full text review, with additional studies identified from reference lists.

#### References

- 1. Baglan KL, Frazier RC, Yan D, et al. The dose-volume relationship of acute small bowel toxicity from concurrent 5-FU-based chemotherapy and radiation therapy for rectal cancer. *Int. J. Radiat. Oncol. Biol. Phys.* 2002;52:176–83.
- 2. Tho LM, Glegg M, Paterson J, et al. Acute small bowel toxicity and preoperative chemoradiotherapy for rectal cancer: investigating dose-volume relationships and role for inverse planning. Int. J. Radiat. Oncol. Biol. Phys. 2006;66:505–13.
- 3. Gunnlaugsson A, Kjellén E, Nilsson P, et al. Dose-volume relationships between enteritis and irradiated bowel volumes during 5-fluorouracil and oxaliplatin based chemoradiotherapy in locally advanced rectal cancer. *Acta Oncol.* 2007;46:937–44.
- 4. Kavanagh BD, Pan CC, Dawson LA, et al. Radiation dose-volume effects in the stomach and small bowel. *Int. J. Radiat. Oncol. Biol. Phys.* 2010;76:S101-7.
- 5. Robertson JM, Söhn M, Yan D. Predicting grade 3 acute diarrhea during radiation therapy for rectal cancer using a cutoff-dose logistic regression normal tissue complication probability model. *Int. J. Radiat. Oncol. Biol. Phys.* 2010;77:66–72.
- 6. Chen RC, Mamon HJ, Ancukiewicz M, et al. Dose-volume effects on patient-reported acute gastrointestinal symptoms during chemoradiation therapy for rectal cancer. Int J Radiat Oncol Biol Phys 2012;83:e513-7
- 7. Banerjee R, Chakraborty S, Nygren I, et al. Small bowel dose parameters predicting grade ≥ 3 acute toxicity in rectal cancer patients treated with neoadjuvant chemoradiation: an independent validation study comparing peritoneal space versus small bowel loop contouring techniques. *Int. J. Radiat. Oncol. Biol. Phys.* 2013;85:1225–31.
- 8. Yang TJ, Oh JH, Son CH, *et al.* Predictors of acute gastrointestinal toxicity during pelvic chemoradiotherapy in patients with rectal cancer. *Gastrointest. Cancer Res.* 2013;6:129–36.

- 9. Devisetty K, Mell LK, Salama JK, et al. A multi-institutional acute gastrointestinal toxicity analysis of anal cancer patients treated with concurrent intensity-modulated radiation therapy (IMRT) and chemotherapy. *Radiother. Oncol.* 2009;93:298–301.
- 10. DeFoe SG, Kabolizadeh P, Heron DE, *et al.* Dosimetric parameters predictive of acute gastrointestinal toxicity in patients with anal carcinoma treated with concurrent chemotherapy and intensity-modulated radiation therapy. *Oncology*. 2013;85:1–7.
- 11. Han K, Cummings BJ, Lindsay P, et al. Prospective evaluation of acute toxicity and quality of life after IMRT and concurrent chemotherapy for anal canal and perianal cancer. *Int. J. Radiat. Oncol. Biol. Phys.* 2014;90:587–594.
- 12. Julie DAR, Oh JH, Apte AP, et al. Predictors of acute toxicities during definitive chemoradiation using intensity-modulated radiotherapy for anal squamous cell carcinoma. *Acta Oncol.* 2016;55:208–16.
- 13. Olsen JR, Moughan J, Myerson R, et al. Predictors of Radiation Therapy—Related Gastrointestinal Toxicity From Anal Cancer Dose-Painted Intensity Modulated Radiation Therapy: Secondary Analysis of NRG Oncology RTOG 0529. Int. J. Radiat. Oncol. Biol. Phys. 2017;98:400–408.
- 14. Ng M, Ho H, Skelton J, et al. Intensity-modulated Radiotherapy for Anal Cancer: Dose-Volume Relationship of Acute Gastrointestinal Toxicity and Disease Outcomes. Clin Oncol 2018;30(10):634-641
- 15. Sanguineti G, Endres EJ, Sormani MP, *et al.* Dosimetric predictors of diarrhea during radiotherapy for prostate cancer. *Strahlenther. Onkol.* 2009;185:390–6.
- 16. Perna L, Alongi F, Fiorino C, et al. Predictors of acute bowel toxicity in patients treated with IMRT whole pelvis irradiation after prostatectomy. *Radiother. Oncol.* 2010;97:71–5.
- 17. Sini C, Noris Chiorda B, Gabriele P, et al. Patient-reported intestinal toxicity from whole pelvis intensity-modulated radiotherapy: First quantification of bowel dose–volume effects. *Radiother. Oncol.* 2017;124:296–301.
- 18. Chi A, Nguyen NP, Xu J, et al. Correlation of three different approaches of small bowel delineation and acute lower gastrointestinal toxicity in adjuvant pelvic intensity-modulated radiation therapy for endometrial cancer. *Technol. Cancer Res. Treat.* 2012;11:353–359.
- 19. Isohashi F, Mabuchi S, Yoshioka Y, et al. Intensity-modulated radiation therapy versus three-dimensional conformal radiation therapy with concurrent nedaplatin-based chemotherapy after radical hysterectomy for uterine cervical cancer: comparison of outcomes, complications, and dose-volume histogr. *Radiat. Oncol.* 2015;10:180.
- 20. Chopra S, Krishnatry R, Dora T, et al. Predictors of late bowel toxicity using three different methods of contouring in patients undergoing postoperative radiation for cervical cancer. Br. J. Radiol. 2015;88.

### Appendix B: Calculation of SCRT optimisation dose levels

All short course radiotherapy (SCRT) optimisation dose levels were based on dose levels from long course radiotherapy (LCRT), recalculated to 5-fraction treatment schedules, using:

$$D_{SCRT} = \frac{n_{SCRT}}{2} \left( \sqrt{\left(\alpha/\beta\right)^2 + 4 \frac{D_{LCRT}}{n_{SCRT}} \left(\frac{D_{LCRT}}{n_{LCRT}} + \alpha/\beta\right)} - \alpha/\beta \right)$$

where  $D_{SCRT}$  /  $n_{SCRT}$  and  $D_{SCRT}$  /  $n_{SCRT}$  are total dose and number of fractions for the SCRT and LCRT treatment schedules, respectively. This equation follows directly from the linear-quadratic equation for effective dose.

Dose levels were recalculated using  $\alpha/\beta$  = 10 Gy (generic value for acute complications) and  $\alpha/\beta$  = 3 Gy (generic value for late complications), and with  $n_{SCRT}$  set to 25-30 fractions (to represent the range of LCRT schedules used in clinical practice).

Results can be found in Table B1.

	α/β = 10 Gy	α/β = 3 Gy
15 Gy		
Originally in 25 fractions	12.7 Gy	10.6 Gy
Originally in 30 fractions	12.6 Gy	10.4 Gy
30 Gy		
Originally in 25 fractions	23.0 Gy	18.7 Gy
Originally in 30 fractions	22.7 Gy	18.1 Gy
35 Gy		
Originally in 25 fractions	26.2 Gy	21.2 Gy
Originally in 30 fractions	25.8 Gy	20.5 Gy

**Table B1:** Recalculation of dose levels from long course (25-30 fractions) to short course (5 fractions) schedules.

Appendix C: Detailed dose planning results

Planning results long-course radiotherapy								
	Centre 1	Centre 2	Centre 3					
CTV								
V <sub>47.5Gy</sub> [	[%] 100.0 (100.0 -100.0)	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0)					
PTV								
V <sub>47.5Gy</sub> [	[%] 99.4 (99.1 - 99.4)	99.1 (99.1 - 99.2)	99.8 (99.7 - 99.9)					
V <sub>45Gy</sub> [%	6] 100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0)					
V <sub>52.5Gy</sub> [	[%] 0.1 (0.1 - 0.3)	0.0 (0.0 – 0.0)	0.0 (0.0 - 0.0)					
D <sub>50%</sub> [G	y] 50.5 (50.4 - 50.5)	49.8 (49.7 - 49.9)	50.0 (50.0 - 50.0)					
Bowel cavity								
V <sub>15Gy</sub> [c	m³] 169 (162 – 201)	137 (123 – 158)	144 (121 – 185)					
V <sub>20Gy</sub> [c	m³] 128 (111 – 156)	113 (98 – 136)	118 (89 – 153)					
V <sub>30Gy</sub> [c	m³] 92 (74 – 111)	87 (72 – 109)	81 (63 – 108)					
V <sub>45Gy</sub> [c	m³] 62 (47 – 73)	58 (45 – 75)	53 (41 – 68)					
Small bowel lo	oops							
$V_{15Gy}$ [c	m <sup>3</sup> ] 22 (0 – 68)	10 (0 – 45)	20 (0 – 57)					
$V_{20Gy}$ [c	m <sup>3</sup> ] 9 (0 – 47)	5 (0 – 37)	9 (0 – 45)					
$V_{30Gy}$ [c	m <sup>3</sup> ] 1 (0 – 30)	1 (0 – 28)	1 (0 – 27)					
V <sub>45Gy</sub> [c	$m^3$ ] 0 (0 – 18)	0 (0 – 19)	0 (0 – 17)					
Bladder								
V <sub>15Gy</sub> [%	6] 53.1 (39.4 - 58.4)	33.1 (22.7 - 50.6)	36.5 (25.3 - 43.1)					
V <sub>35Gy</sub> [%	6] 12.6 (6.4 - 15.3)	13.0 (5.5 - 15.8)	11.2 (4.5 - 13.6)					
V <sub>50Gy</sub> [%	6] 1.5 (0.5 - 3.5)	0.5 (0.1 - 1.4)	1.5 (0.8 - 3.0)					
Right femoral	head							
V <sub>25Gy</sub> [%	6] 3.0 (0.3 - 7.4)	6.2 (5.4 - 9.1)	0.0 (0.0 - 0.2)					
V <sub>50Gy</sub> [%	6] 0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)					
Left femoral h	ead							
V <sub>25Gy</sub> [%	6] 2.9 (0.9 - 5.7)	7.4 (4.3 - 8.6)	0.0 (0.0 - 0.1)					
V <sub>50Gy</sub> [%	6] 0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.0 (0.0 – 0.0)					
CI1	0.89 (0.87 - 0.90)	0.96 (0.95 - 0.97)	0.93 (0.93 - 0.94)					
CI2	3.27 (3.11 - 3.37)	4.83 (4.53 - 5.02)	3.43 (3.34 - 3.50)					

**Table C1:** Planning results for long-course radiotherapy (LCRT) divided by centre. All numbers are medians with interquartile ranges (IQR) in brackets. CTV: Clinical target volume. PTV: Planning target volume. CI: Conformity index.

	Centre 1	Centre 2	Centre 3
CTV			
V <sub>23.75Gy</sub> [%]	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0
PTV			
V <sub>23.75Gy</sub> [%]	99.4 (99.3 - 99.5)	99.1 (99.0 - 99.1)	99.8 (99.5 - 99.8
V <sub>22.5Gy</sub> [%]	100.0 (99.9 - 100.0)	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0
V <sub>26.25Gy</sub> [%]	0.2 (0.1 - 0.3)	0.0 (0.0 - 0.0)	0.7 (0.4 - 0.8
D <sub>50</sub> [Gy]	25.3 (25.2 - 25.3)	24.9 (24.9 - 24.9)	25.0 (25.0 - 25.0
Bowel cavity			
$V_{10Gy}$ [cm <sup>3</sup> ]	135 (128 – 168)	114 (102 – 142)	110 (92 – 155
$V_{12.5Gy}$ [cm <sup>3</sup> ]	109 (96 – 138)	98 (84 – 125)	91 (75 – 126
$V_{18Gy}$ [cm $^3$ ]	79 (65 – 101)	76 (63 – 99)	67 (53 – 88
$V_{23Gy}$ [cm <sup>3</sup> ]	59 (46 – 74)	55 (43 - 70)	51 (38 – 64
Small bowel loops			
$V_{10Gy}$ [cm $^3$ ]	15 (0 – 51)	7 (0 – 39)	9 (0 – 40
$V_{12.5Gy}$ [cm <sup>3</sup> ]	6 (0 – 38)	3 (0 – 32)	4 (0 – 32
$V_{18Gy}$ [cm <sup>3</sup> ]	0 (0 – 25)	0 (0 – 24)	0 (0 – 22
$V_{23Gy}$ [cm <sup>3</sup> ]	0 (0 – 17)	0 (0 – 17)	0 (0 – 16
Bladder			
V <sub>12.5Gy</sub> [%]	24.7 (14.3 - 33.1)	20.9 (9.4 - 28.9)	21.9 (9.7 - 25.5
V <sub>21Gy</sub> [%]	8.4 (3.9 - 10.6)	8.2 (3.6 - 9.8)	7.2 (3.1 - 8.1
V <sub>25Gy</sub> [%]	1.6 (0.6 - 3.0)	0.9 (0.3 - 1.8)	1.6 (0.6 - 2.8
Right femoral head			
V <sub>12.5Gy</sub> [%]	3.9 (0.7 - 7.9)	7.2 (3.1 - 8.8)	0.0 (0.0 - 0.0
V <sub>25Gy</sub> [%]	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0
Left femoral head			
V <sub>12.5Gy</sub> [%]	2.2 (1.1 - 3.9)	5.6 (4.4 - 8.2)	0.0 (0.0 – 0.0
V <sub>25Gy</sub> [%]	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0
CI1	0.87 (0.86 - 0.89)	0.95 (0.95 - 0.96)	0.94 (0.93 - 0.95
CI2	3.31 (3.20 - 3.45)	4.57 (4.45 - 5.17)	3.48 (3.44 - 3.56

**Table 2:** Planning results for short-course radiotherapy (SCRT) divided by centre. All numbers are medians with interquartile ranges (IQR) in brackets. CTV: Clinical target volume. PTV: Planning target volume. CI: Conformity index.