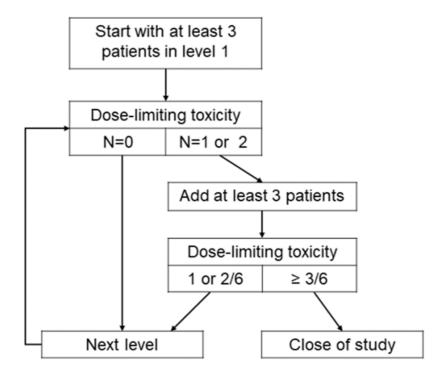
Cancers 2020, 12 S1 of S2

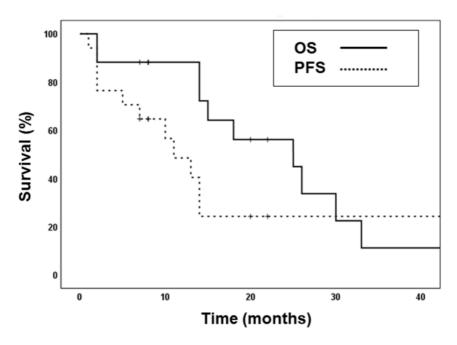
## Supplementary Materials: Phase I Radiation Dose-Escalation Study to Investigate the Dose-Limiting Toxicity of Concurrent Intra-Arterial Chemotherapy for Unresectable Hepatocellular Carcinoma

Yeona Cho, Jun Won Kim, Ja Kyung Kim, Kwan Sik Lee, Jung Il Lee, Hyun Woong Lee, Kwang-Hun Lee, Seung-Moon Joo, Jin Hong Lim and Ik Jae Lee



**Figure S1.** Protocol scheme for the current Phase I study.

Cancers 2020, 12 S2 of S2



**Figure S2.** Progression-free survival and overall survival of all patients (n = 17).

Table 1. Dose escalation schedule.

Dose level	PTV1 (Gy)	BED10 (Gy)	BED3 (Gy)	PTV2 (Gy)	Fractions	No. of patients
 1	2.1	63.53	89.25	1.8	25	4
2	2.3	70.72	101.58	2.0	25	6
3	2.5	78.13	114.58	2.0	25	7

Abbreviations: PTV, planning target volume; BED10, biologically effective dose with  $\alpha/\beta$  ratio = 10; BED3, biologically effective dose with  $\alpha/\beta$  ratio = 3.

Table S2. Normal tissue radiation dose constraints.

Organs at risk	<b>Dose Constraints</b>		
Uninvolved liver	Mean dose <30 Gy		
	$V_{30 \text{ Gy}} < 30\%$ *		
Stomach and duodenum	$D_{2cc}$ <45 Gy§		
Spinal cord	Maximum point dose < 50 Gy		
Kidney	Mean dose < 18 Gy		
If mean kidney dose to one kidney >18 Gy, V <sub>6 Gy</sub> (remaining kidney) <30%			

<sup>\*</sup> VX Gy is defined as the percent of the liver volume that received x Gy or more. § DX cc is defined as the dose received by x cc of the organ volume.



© 2020 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (http://creativecommons.org/licenses/by/4.0/).