

Peng et al. Cytoreductive stereotactic body radiotherapy (SBRT) and combination SBRT with immune checkpoint inhibitors (ICIs) in metastatic renal cell carcinoma

APPENDIX

Supplementary Table 1. Search terms for review of the literature		
Literature search topic	Source	Search terms
SBRT to primary kidney	Pubmed, ASTRO, ASCO	metastatic AND renal OR kidney AND stereotactic OR SABR OR SBRT OR cyberknife
SBRT with immune checkpoint inhibitors	Pubmed, ASTRO, ASCO	metastatic AND renal OR kidney AND stereotactic OR SABR OR SBRT OR cyberknife AND immunotherapy OR ICI OR IO

Supplementary Table 2. Description of radiation therapy-specific terms	
Term	Description
Volumetric arc therapy (VMAT)	A continuous beam of radiation with varying intensity delivered in a single or multiple arc to shape high-dose radiation around a target
Intensity modulated radiation therapy (IMRT)	Multiple radiation beams with varying intensity delivered from various angles to shape high-dose radiation around a target
Tomotherapy	Radiation delivered as a fan beam with varying intensity in a helical rotational pattern, making multiple 360-degree rotations around a patient to shape high-dose radiation around a target
Planning target volume (PTV)	Target volume that encompasses the tumor and any microscopic disease, as well as an additional margin to account for day-to-day positional variation on the treatment unit
EQD2 = biologic equivalent dose in 2 Gray (Gy) per fraction	Standard radiation is normally delivered over 4–7 weeks at a dose of 2 Gy per fraction. SBRT is normally delivered over a shorter time period at a much higher dose (≥ 5 Gy) per fraction. The EQD2 represents what the SBRT dose is equivalent to if delivered as standard 2 Gy per fraction