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eprints@whiterose.ac.uk https://eprints.whiterose.ac.uk/ Table 1. Remaining normal tissue doses for SABR small bowel re-irradiation based on variety of initial radiotherapy normal tissue doses and variety of cumulative constraints (based on $\alpha/\beta=3$ Gy)

Possible dose received by normal tissues at first irradiation	No. fractions	Dose per fraction	EQD2 (α/β=3Gy)	Remaining dose constraint for 5 fraction SABR based on Abusaris et al cumulative constraints ^{20§}	Remaining dose constraint for 5 fraction SABR based on conventional first irradiation constraints used cumulatively, assuming no recovery)*	Remaining dose constraint for 5 fraction SABR based on conventional first irradiation constraints used cumulatively, assuming 50% recovery of original dose*	AAPM report constraints for 5 fraction pelvic SABR as first irradiation, included for comparison only ²⁹
Small bowel							
30	15	2.00	30.00	37.8 to 10cm ³	18.4 max point	24.8 max point	19.5 to < 5cm ³ / 35 max point**
34	15	2.27	35.81	36.2 to 10cm ³	15.4 max point	23.7 max point	19.5 to < 5cm ³ / 35 max point**
34	28	1.21	28.66	38.2 to 10cm ³	19.1 max point	25.1 max point	19.5 to < 5cm ³ / 35 max point**
42	25	1.68	39.31	35.2 to 10cm ³	13.4 max point	23.0 max point	19.5 to < 5cm ³ / 35 max point**
45	25	1.80	43.20	34.0 to 10cm ³	11.0 max point	22.2 max point	19.5 to < 5cm ³ / 35 max point**
50.4	28	1.80	48.38	32.5 to 10cm ³	7.1 max point	21.1 max point	19.5 to < 5cm ³ / 35 max point**
50	25	2.00	50.00	31.9 to 10cm ³	5.6 max point	20.7 max point	19.5 to < 5cm ³ / 35 max point**
54	28	1.93	53.23	30.9 to 10cm ³	2.0 max point	20.0 max point	19.5 to < 5cm ³ / 35 max point**
70	39	1.79	67.13	26.1 to 10cm ³	Nil remaining	16.6 max point	19.5 to < 5cm ³ / 35 max point**
78	39	2.00	78.00	21.8 to 10cm ³	Nil remaining	13.6 max point	19.5 to < 5cm ³ / 35 max point**
80	39	2.05	80.82	20.5 to 10cm ³	Nil remaining	12.8 max point	19.5 to < 5cm ³ / 35 max point**

[§] Abusaris et al cumulative constraints²⁰ small bowel: 110Gy (as EQD2, α/β =3), dose to no more than 10cm³

*Conventional constraints: small bowel: e.g. maximum point dose 55Gy²⁵, based on 28 fraction treatment;

**AAPM report constraints are those for ileum and jejunum

max: maximum

Table 2. Suggested pragmatic conservative approach for organ at risk constraint definition for SABR re-irradiation

Organ at risk constraint determination								
First choice ('best case scenario')		Second choice ('pragmatic compromise')						
Subtract previous dose from traditional constraint, no repair permitted	If first choice constraints not feasible	Subtract previous dose from traditional ANI constraint, allowing degree of repair	Do not exceed AAPM report constraints for first irradiation ²⁹ , nor Abusaris et al ²⁰ constraints					