

6. Supplemental Data

Dosimetric analysis and comparative evaluation

Gradient indices (GI) were applied to evaluate the dose gradient outside of the PTV

IVa. $GI_{\text{high}} = \frac{IV_{50\%}}{IV_{90\%}}$ [39,42], presenting the dose gradient from the high to middle dose.

IVb. $GI_{\text{low}} = \frac{IV_{25\%}}{IV_{50\%}}$ [39,42], representing the dose-fall-off from the middle to the low dose.

IV25%, IV50%, and IV90% are the isodose volumes covering 25%, 50%, and 90% of the prescription dose, respectively. Higher values represent a steeper dose gradient.

Results

With plan adaption to avoid $FT_{\text{mot.TMS}}$ the gradient index for high isodose-levels was slightly more ideal ($p = 0.02$), the gradient index for low idose-levels was inferior compared to regular plans ($p < 0.001$).

Table S1. High and low gradient indices in regular treatment plans (regular) and with sparing (spare) DTI-FT based CST. Gradient indices changes are minor, even though significant.

PTV	regular	DTI-FT spared	<i>p</i> -Value
Gradient-Index high	2.7 ± 0.3	2.8 ± 0.4	$p = 0.02$
Gradient-Index low	2.9 ± 0.5	2.6 ± 0.5	$p < 0.001$

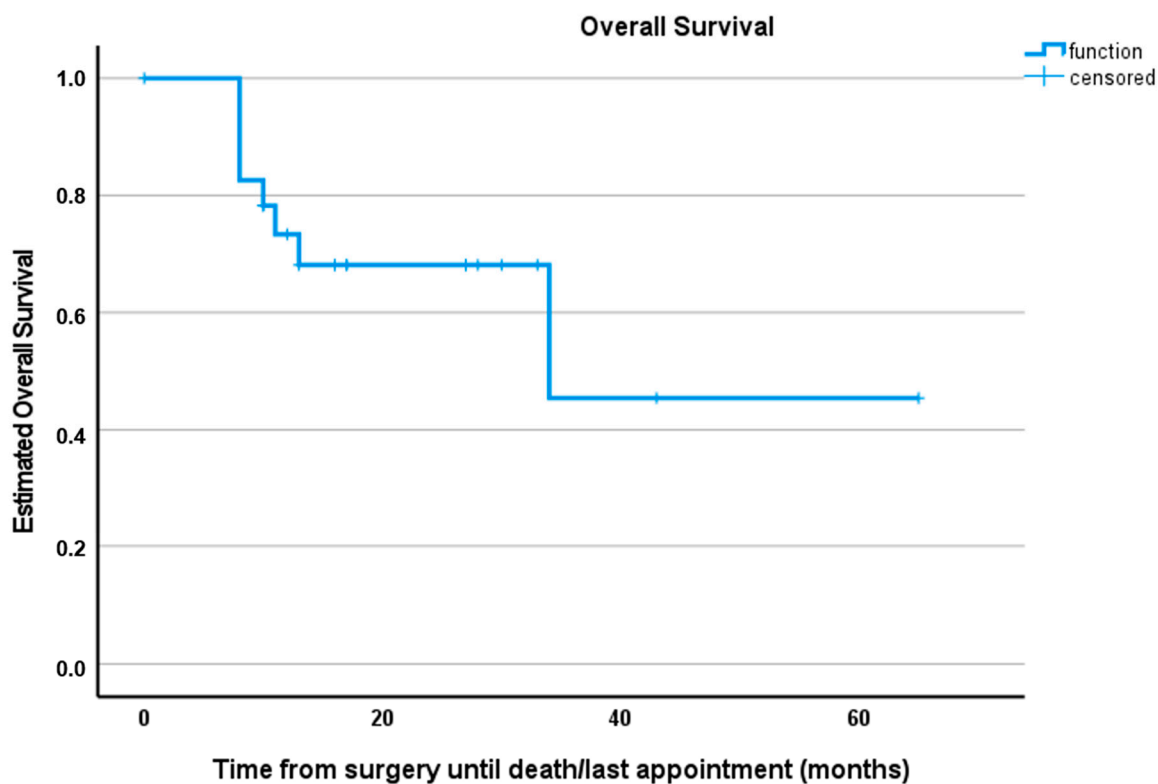


Figure S1. Kaplan-Meier curve for overall survival. Estimated OS at twelve months was 68.1% (95%-CI 48.5 – 87.7%).

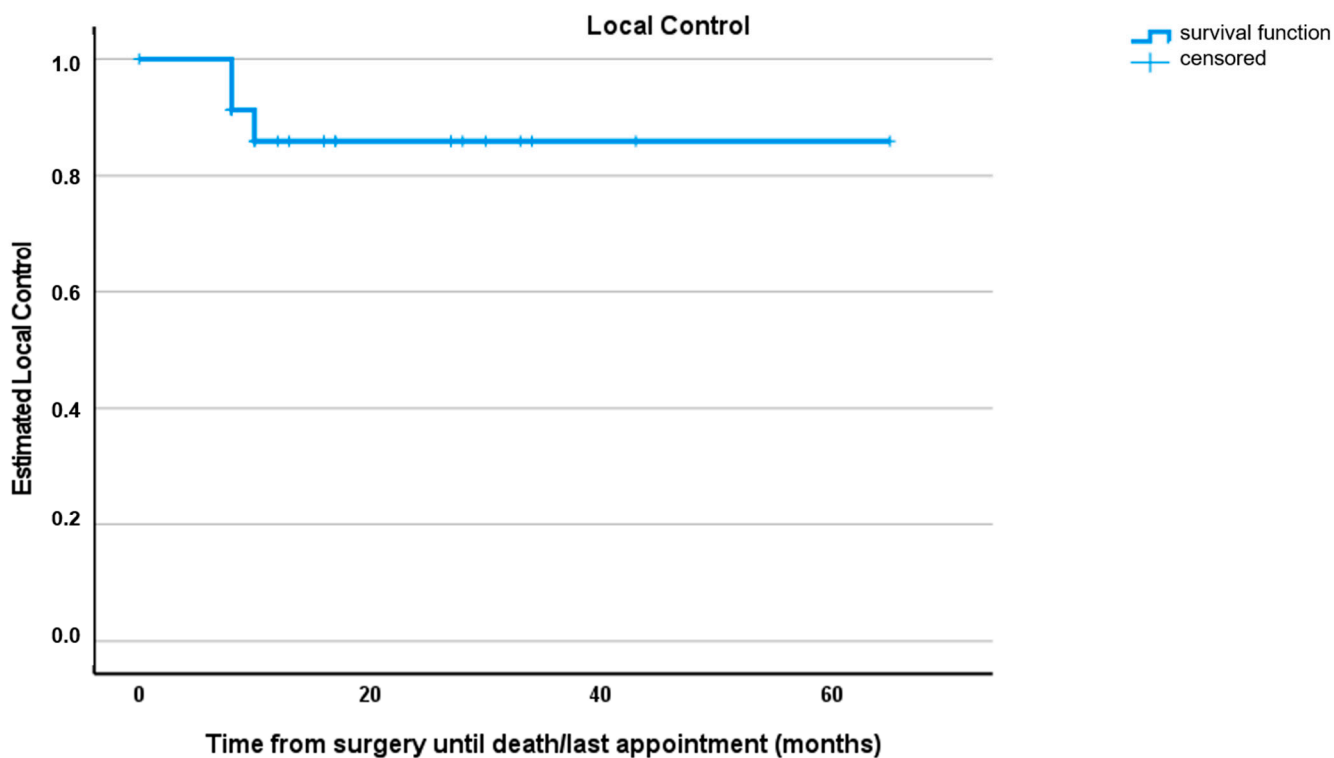


Figure S2. Kaplan-Meier curve for local progression free survival when excluding patients receiving additional RT post IORT. Estimated LC is 85.9% (95%-CI 71.0 – 100%).