Supplementary material for Mellon et al., Long-term outcomes of induction chemotherapy and neoadjuvant stereotactic body radiotherapy for borderline resectable and locally advanced pancreatic adenocarcinoma, Acta Oncologica, 2015

Supplementary Table I. Radiation or potentially radiation-related toxicities.

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| **Acute toxicity** (all)  | **Number (%)**  |
| Any acute grade 1-2 | 83 (52%) |
| Fatigue, grade 1-2 | 49 (31%) |
| Pain, grade 2 | 12 (8%) |
| Pain, grade 1 | 23 (14%) |
| Nausea and/or vomiting, grade 1-2 | 26 (16%) |
| Diarrhea, grade 1-2 | 11 (7%) |
| Dysphagia, grade 1 | 2 (1%) |
| Duodenal ulceration, grade 2a | 1 |
|  |  |
| Any acute grade 3 | 3 (2%) |
| Anorexia and malnutrition grade 3 | 1 |
| Pancreatitis, pain grade 3a | 1 |
| Duodenal ulceration, grade 3a | 1 |
|  |  |
| **Late toxicity** (Grade ≥3) | **Number (%)** |
| Any chronic grade 3 | 8 (5%) |
| Duodenal ulceration, grade 5 | 1 |
| Duodenal ulceration, grade 3a | 2 (1%) |
| Duodenal and stomach ulceration, grade 3 | 2 (1%) |
| Persistent pancreatitis and pain, grade 3a | 1 |
| Biliary duct stenosis, grade 3 | 1 |
| Anorexia, grade 3 | 1 |
| Portal venous stricture, grade 3b | 1 |

a Associated with tumor on endoscopy; b Associated with portal vein repair during pancreaticoduodenectomy.

Two patients required temporary feeding tubes for persistent anorexia and weight loss. One patient experienced a post-operative biliary ductal stenosis requiring repeat surgery. Another patient approximately one year after pancreaticoduodenectomy suffers from chronic portal venous stricture causing portal hypertension. One patient with chronic alcoholic pancreatitis suffered severe pain after 2 fractions of 10 Gy. Radiation was held, and the patient was diagnosed with a pancreatitis episode. CT soon thereafter diagnosed progressive disease, and pain was controlled with celiac plexus neurolysis.