

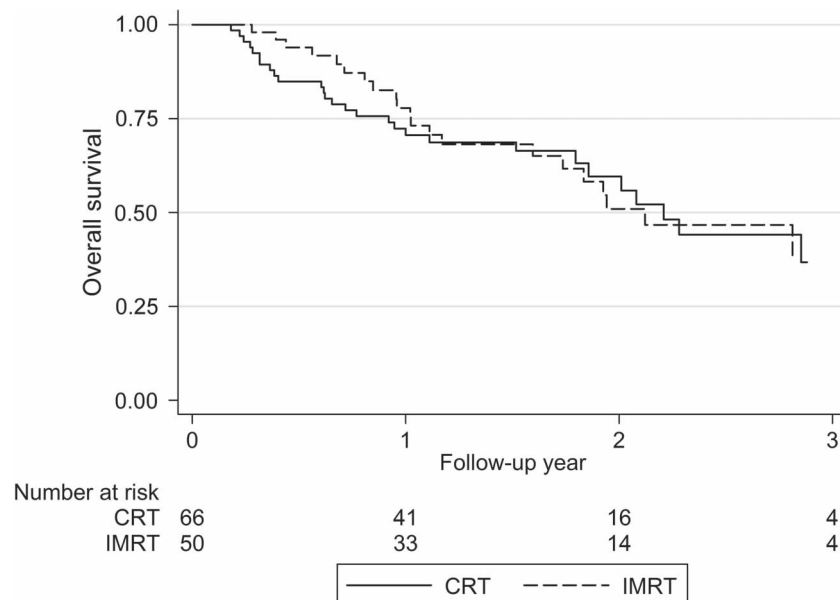
Supplementary material for Søndergaard J, et al. A comparison of morbidity following conformal versus intensity-modulated radiotherapy for urinary bladder cancer. Acta Oncol 2014;53:1321–8.

Supplementary Table I. Peak acute toxicity incidence of CRT versus IMRT.

	Total		CRT		IMRT		p-value
	n (%)	CI 95%	n (%)	CI 95%	n (%)	CI 95%	
All patients (n)	116		66		50		
Diarrhoea ≥ 2	45%	36–54%	56%	42–68%	30%	18–45%	0.008
Frequency ≥ 2	66%	57–75%	67%	54–78%	66%	51–79%	1
Anti-diarrhoea medication	48%	39–58%	53%	40–65%	42%	28–57%	0.3
Lymph nodes included (%)	81 (70%)		39 (59%)		42 (84%)		
Diarrhoea ≥ 2	49%	38–61%	69%	52–83%	31%	18–47%	0.0008
Frequency ≥ 2	69%	58–79%	74%	58–87%	64%	48–78%	0.3
Anti-diarrhoea medication	54%	43–65%	64%	47–79%	45%	30–61%	0.1
Bladder only (%)	35 (30%)		27 (41%)		8 (16%)		
Diarrhoea ≥ 2	34%	19–52%	37%	19–58%	25%	3–65%	0.7
Frequency ≥ 2	60%	42–76%	56%	35–75%	75%	35–97%	0.4
Anti-diarrhoea medication	34%	19–52%	37%	19–58%	25%	3–65%	0.7

CRT, 3D conformal radiotherapy; IMRT, intensity-modulated radiotherapy; Data are presented in % with 95% confidence interval from a binominal distribution. Differences between groups are tested with Fishers exact test.

Supplementary Table II. The spreadsheet presents patient individual data on peak acute diarrhoea in relation to the volume (cm³) of bowel cavity (V_{bowel} cavity, x) irradiated to doses of x Gy.



Supplementary Figure 1. Kaplan-Meier overall survival curve according to treatment technique.