Suppl. Tbl. 2: Delphi process for organ specific statements, round 1, statistics.

Topic	Yes	No	Abstention
Lung - Introduction Treatment concepts and dose prescription differ depending on tumor location (peripheral,	y	n	a
Lung - Statement 1 For peripheral tumors dose should be escalated to the GTV/ITV while ensuring a reasonab	92.9	7.1	0
Lung - Statement 2 For ultracentral tumors, dose sparing of bronchial tree, trachea and esophagus based on w	100	0	0
Lung - Statement 3 Dose prescription of primary lung tumors should not be different than for pulmonary metast	57.1	28.6	14.3
Upper abdominal - Statement 1 Patients should be administered prophylactic gastric acid reduction with protor	71.4	0	28.6
Liver - Statement 1 Dose constraints of patent central bile ducts should have priority over target volume dose p	50	14.3	35.7
Liver - Statement 2 Liver function must be taken into account for dose prescription especially in HCC (protectec	92.9	0	7.1
Hepatic metastasis - Statement 1 Liver metastases from colorectal cancer should be treated with higher presc	57.1	28.6	14.3
Hepatic metastasis - Statement 2 Liver metastases should be treated with higher prescription doses after cher	42.9	35.7	21.4
Hepatocellular carcinoma - Statement 1 In the absence of a clear dose-response relationship (tumor control p	71.4	7.2	21.4
Hepatocellular carcinoma - Statement 2 Patients with Child-Pugh scores >8 and with active HBV infection shc	57.1	21.4	21.4
Cholangiocarcinoma - Statement 1 Dose prescription for primary cholangiocarcinoma should not be different t	78.6	7.1	14.3
Pancreas - Statement 1 Pancreatic lesions should be treated with 5 or more fractions outside of prospective cli	85.7	7.2	7.1
Pancreas - Statement 2 For pancreatic lesions, dose sparing of hollow OAR based on well known dose limitatic	100	0	0
Renal cell cancer - Statement 1 Renal cell cancer should be treated with single fraction SBRT due to radiobiolc	0	80	20
Renal cell cancer - Statement 2 Prior to SBRT, a split renal function should be performed as determination of	85.7	0	14.3
Adrenal metastases - Statement 1 Dose prescription for adrenal metastases should prioritize median dose (G	69.2	23.1	7.7

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