Supplementary 9. Radiation Target Volume Naming and Delineation

I. Purpose:

To ensure the smooth conduct of the clinical trial and to guarantee the quality of the clinical trial.

II. Scope:

This clinical trial.

III. Procedures:

- —、General Principles of Target Delineation: To be performed on plain CT scans.
- _, RNI + WBI (BCS)/CWI (Mastectomy)

Standards	2.1 Whole Breast Target CTV_2
Superior	Upper edge of the palpable/CT-visible gland.
Boundary	
Inferior	Lower edge of the palpable/CT-visible gland.
Anterior	5 mm beneath the skin; for small and thin breasts, adjust the anterior boundary to
	0.3 cm beneath the skin or even closer.
Posterior	1-2 mm behind the surface of the pectoralis major fascia (adjacent to the
	retromammary space), leaving no fat gap, including the lymph nodes between the
	pectoralis major and minor muscles and unsampled axillary levels I and II,
	excluding ribs/intercostal muscles.
Medial	Parasternum, at least to the medial edge of the internal mammary vessels.
Lateral	Lateral edge of the palpable/CT-visible gland, anterior to the thoracodorsal artery,
	and anterior edge of the latissimus dorsi muscle.

Standards	2.2Tumor Bed and CTV_1
Tumor	The boundaries of the tumor bed are determined by: The positions of the surgical
Bed	clips; it is recommended to place clips at five points: left, right, superior, inferior,
	and posterior. The extent of seroma, ensuring that any seroma within the gland and
	beneath the scar is included.
CTV_1	Includes the breast glandular tissue and soft tissue extending 10-15 mm beyond the
	surgical tumor bed. For patients who underwent segmental resection, a smaller
	margin of around 10 mm is recommended. If there is no glandular tissue beyond the
	tumor bed, the margin can be appropriately reduced. For patients with positive
	margins, extensive intraductal component (EIC), or severe atypical ductal
	hyperplasia (ADH), the margin must be appropriately expanded.

Standards	2.3 Integrated Target Volu	ume CTV_2 for Whole Brea	ast and Low/Mid Axillary
	Regions		
Whole	Refer to the Whole Breast Target CTV_2		
Breast			
	Axillary Level I: Anatomic	ally marked by the lateral ed	ge of the pectoralis minor.
Axilla	Axillary Level I	Axillary Level II	Rotter's Lymph Nodes
Superior	Where the axillary	Where the axillary	Includes the superior side
	vessels cross the lateral	vessels cross the medial	of the axillary artery and
	edge of the pectoralis	edge of the pectoralis	5 mm above the axillary
	minor	minor	vein
Inferior	Where the pectoralis	Where the axillary	Inferior boundary of
	major inserts into the ribs	vessels cross the lateral	Axillary Level II
		edge of the pectoralis	
		minor	
Anterior	Anterior surface of the	Anterior surface of the	Posterior surface of the
	pectoralis major and	pectoralis minor	pectoralis major
	latissimus dorsi		
Posterior	Anterior surface of the	Ribs and intercostal	Anterior surface of the
	subscapularis muscle	muscles	pectoralis minor
Medial	Lateral edge of the	Medial edge of the	Medial edge of the
	pectoralis minor	pectoralis minor	pectoralis minor
Lateral	Medial surface of the	Lateral edge of the	Lateral edge of the
	latissimus dorsi	pectoralis minor	pectoralis minor

Standards	Chest Wall Target CTV_CW
Superior	Clinical markers/subclavian head 0.5-1 cm
Inferior	Clinical markers/inferior edge of the contralateral breast fold
Anterior	Skin, excluding the wire
Posterior	Ribs and intercostal muscles
Medial	Clinical markers/junction of the sternum and ribs
Lateral	Clinical markers/thoracodorsal vessels and the anterior edge of the latissimus dorsi
	muscle

Note:

- 1. The entire scar should be included, and the target area should not be reduced within 2 cm above and below the scar.
- 2. Postoperative changes visible on CT (such as granulomas, fibrosis, and spiculated muscle

irritation signs) should be included.

Standards	2.5 Supraclavicular and Infraclavicular Lymph Node Area CTV_LN	
Superior	Inferior edge of the cricoid cartilage	
	0.5-1 cm below the clavicular head, at the level where the brachiocephalic vein	
Inferior	disappears, merging with the whole breast/chest wall target area	
	Superior part: posterior surface of the sternocleidomastoid muscle; Inferior part:	
Anterior	posterior surface of the pectoralis major muscle	
	Superior part: posterior edge of the anterior scalene muscle; Inferior part: anterior	
Posterior	edge of the ribs and intercostal muscles	
	Superior part: internal jugular vein, covering the interscalene triangle to the level of	
	the transverse cervical artery and vein; Inferior part: junction of the subclavian vein	
Medial	and internal jugular vein	
	Superior part: lateral edge of the sternocleidomastoid muscle; Inferior part: lateral	
Lateral	edge of the pectoralis minor muscle	

Note:

- 1. Avoid the surgically treated axillary area (Level I and part of Level II).
- 2. Include the non-surgically treated area of axillary Level II.

Standards	2.6 Internal Mammary Lymph Node Area CTV_IMN	
	Injection into the internal area of the clavicle; for high-risk patients, extend to the	
	junction of the internal jugular vein, subclavian vein, or brachiocephalic vein, and	
Superior	the internal mammary vein	
Inferior	Upper edge of the fourth rib cartilage	
	Posterior surface of the pectoralis major muscle and the posterior surface of the	
Anterior	sternum	
Posterior	Pleura or 5 mm behind the posterior aspect of the internal mammary vessels	
	5 mm inside the internal mammary vessels, covering the space between the sternum	
Medial	and the vessels	
	5 mm outside the internal mammary vessels, to the outer edge of the	
Lateral	brachiocephalic vein	

Note:

- 1. For high-risk patients, the superior boundary extends to the junction of the internal jugular vein, subclavian vein, or brachiocephalic vein, and the internal mammary vein.
- 2. It is recommended to extend the coverage in the medial and lateral directions (at least) by 5 mm.

Standards	2.7 Intraclavicular Lymph Node CTV_intraclavicular-LN	
Superior	Level of the transverse cervical artery	
Inferior	Upper edge of the brachiocephalic trunk	
Medial	Midline of the body	
Lateral	Inner boundary of the upper clavicle region	

Note:

- 1. When irradiating the internal mammary lymph nodes, routine delineation is recommended.
- 2. When there is capsular invasion of the lymph nodes in the axillary Level II/III region, routine delineation is recommended.
- 3. Patients with primary tumor invasion of the deep fascia or tumors located medially and superiorly within the breast may be considered for delineation.

∃、Omission of RNI, WBI (BCS) only, no CWI (total mastectomy)

Standard	3.1 Whole Breast Target CTV_2	
Superior	Upper edge of palpable/CT-visible gland.	
Inferior	Lower edge of palpable/CT-visible gland.	
	Subcutaneous tissue 5 mm beneath the skin; for thin/small breasts, adjust anterior	
Anterior	boundary to 0.3 cm beneath the skin or even closer.	
	1-2 mm behind the surface of the pectoralis major fascia (adjacent to the	
	retromammary space), leaving no fat gap, excluding lymph nodes between	
	pectoralis major and minor muscles and unsampled axillary levels I and II,	
Posterior	excluding ribs/intercostal muscles.	
Medial	Parasternal, at least to the medial edge of the internal mammary vessels.	
	Lateral edge of palpable/CT-visible gland, anterior to the thoracodorsal artery, and	
Lateral	anterior edge of the latissimus dorsi muscle.	

Standard	3.2 Tumor Bed and CTV_1
Refer to Sta	andard 2.2 Tumor Bed and CTV_1

Standard	3.3 Integrated Target Volume CTV_2 for Whole Breast and Low/Mid Axillary
Refer to St	andard 2.3 Tumor Bed and CTV_1