Supplementary File

Table S1. Multidisciplinary tumour board

	Academic practice		**Non-academic practice**		**Total**		**p-value**
	N	**%**	**N**	**%**	**N**	**%**	
How is the decision to treat breast cancer patients with adjuvant radiotherapy taken at your hospital/clinic?							
Multidisciplinary tumour board, all patients	4	11.1	32	88.9	36	100	0.7434
Multidisciplinary tumour board, only for non-standard cases	11	16.7	55	83.3	66	100	
The decision is left to the discretion of the treating radiation oncologist since there is no multidisciplinary tumour board at my institution (individual opinion)	5	19.2	21	80.8	26	100	
I discuss with my other radiation oncology colleagues at our chart round	3	8.8	31	91.2	34	100	
I only discuss difficult cases with other colleagues in our radiation oncology team because of various reasons	2	22.2	7	77.8	9	100	
Other	0	0	2	100	2	100	

What treatment decision is taken at the multidisciplinary tumour board (if applicable)?							
Only treatment modalities and their sequence, radiotherapy treatment plans details are left to the discretion of the treating radiation oncologist	17	15.2	95	84.8	112	100	0.5838
Multidisciplinary tumour board opinion is complex and includes detailed treatment plan. Radiotherapy treatment plan includes decisions about dose, fractionation, boost and treated volumes	7	14.0	43	86.0	50	100	
Other	0	0	6	100	6	100	
None	1	20.0	4	80.0	5	100	

Table S2. Boost: preferred dose-fractionation scheme, boost delivery and technique

	Academic practice		**Non-academic practice**		**Total**		**p-value**
	N	**%**	**N**	**%**	**N**	**%**	

If a boost is recommended in patients receiving whole breast radiation therapy after breast conservative surgery, what is your preferred dose-fractionation scheme and boost delivery (sequential vs. concomitant)?							
Conventional fractionation (i.e., 5–8 daily fractions of 2.0 Gy)	5	17.9	23	82.1	28	100	0.8434
Hypofractionated schedule (i.e., 3–4 daily fractions of 2.5–3.0 Gy)	10	11.9	74	88.1	84	100	
Simultaneous integrated boost delivery	12	15.4	66	84.6	78	100	
Sequential boost delivery	9	16.4	46	83.6	55	100	
What is your preferred boost technique, used in routine clinical practice?							
Electron beam, target volume delineated and planned	1	4.8	20	95.2	21	100	0.6544
Electron beam, target volume clinically defined	1	12.5	7	87.5	8	100	
Photon beam, sequential	15	17.4	71	82.6	86	100	
Simultaneous integrated boost	12	14.8	69	85.2	81	100	
Intra-operative RT (IORT)	1	50.0	1	50.0	2	100	
Interstitial brachytherapy	3	100	0	0	3	100	

Note: More than one option could be selected.