<u>Table 2 – Resources illustrating organ parameters</u>

Table 2 is a reference guide for accessing site-specific sources to assist with the delineation of the structures from Table 1. The list is not exhaustive, and other resources may be available in the medical literature and in clinical trial protocols to assist in OAR delineation for specific clinical scenarios.

Central Nervous System	
Normal tissue	Resources
brain brainstem cochlea constrictor lips mandible optic chiasm optic nerve oral cavity parotid pituitary spinal cord (cervical) submandibular gland supraglottic larynx temporal lobe	CT-based delineation of organs at risk in the head and neck region: DAHANCA, EORTC, GORTEC, HKNPCSG, NCIC CTG, NCRI, NRG Oncology and TROG consensus guidelines. [27]
thyroid cauda equina	Stereotactic body radiotherapy for the treatment of spinal metastases. [28]
hippocampus	Hippocampal Contouring: A Contouring Atlas for RTOG 0933 [29]
прроситриз	
Head and Neck	
Normal tissue	Resources
scalp	Tumor Directed, Scalp Sparing Intensity Modulated Whole Brain Radiotherapy for Brain Metastases. [30]
cochlea cornea eye/globe hippocampus lacrimal gland lens optic chiasm optic nerves pituitary retina	Organs at risk in the brain and their dose-constraints in adults and in children: A radiation oncologist's guide for delineation in everyday practice. [31]
cochlea	Contouring the Middle and Inner Ear on Radiotherapy Planning Scans. [32]
constrictors larynx	Intensity-modulated radiotherapy of head and neck cancer aiming to reduce dysphagia: early dose-effect relationships for the swallowing structures. [33] Delineation of organs at risk involved in swallowing for radiotherapy treatment planning. [34]
internal carotid artery	Simple carotid-sparing intensity-modulated radiotherapy technique and preliminary experience for T1-2 glottic cancer. [35]
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Thoracic		
Normal tissue	Resources	
brachial plexus	Development and Validation of a Standardized Method for Contouring the Brachial Plexus: Preliminary Dosimetric Analysis Among Patients Treated with IMRT for Head-and-Neck Cancer. [9]	
brachial plexus bronchus esophagus lung proximal bronchial tree ribs spinal cord (thoracic)	Consideration of Dose Limits for Organs at Risk of Thoracic Radiotherapy: Atlas for Lung, Proximal Bronchial Tree, Esophagus, Spinal Cord, Ribs, and Brachial Plexus. [37]	
breast chestwall heart	Delineation of target volumes and organs at risk in adjuvant radiotherapy of early breast cancer: National guidelines and contouring atlas by the Danish Breast Cancer Cooperative Group. [38] NRG Breast Cancer Atlas for Radiation Therapy Planning – Consensus Definition [39]	
great vessels heart	Development and validation of a heart atlas to study cardiac exposure to radiation following treatment for breast cancer. [40] A cardiac contouring atlas for radiotherapy [41]	
Left anterior descending artery	Inter-observer variation in delineation of the heart and left anterior descending coronary artery in radiotherapy for breast cancer: A multi-centre study from Denmark and the UK [42] Development of delineation for the left anterior descending coronary artery region in the left breast cancer radiotherapy: An optimized organ at risk [43]	
No al Albania	Abdominal	
Normal tissue	Resources	
common bile duct duodenum esophagus gall bladder gastroesophageal junction kidney liver pancreas spinal cord (lumbar) spleen stomach	Upper abdominal normal organ contouring guidelines and atlas: A Radiation Therapy Oncology Group consensus. [44]	
Pelvic		
Normal tissue	Resources	
genitalia_men genitalia_women anorectum	Proposed genitalia contouring guidelines in anal cancer intensity-modulated radiotherapy. [45] Pelvic normal tissue contouring guidelines for radiation therapy: A Radiation	
bladder bowel bag	Therapy Oncology Group consensus panel atlas. [46]	

Normal Tissue Contouring

colon femoral head penile bulb prostate rectum sigmoid colon small bowel	
sacral plexus	Development of a Standardized Method for Contouring the Lumbosacral Plexus: A Preliminary Dosimetric Analysis of this Organ at Risk Among 15 Patients Treated with Intensity-Modulated Radiotherapy for Lower Gastrointestinal Cancers and the Incidence of Radiation-Induced Lumbosacral Plexopathy [47]