S3 Table. Case description of severe toxicities

No.	Group	Age (yr)	FIGO stage	Treatment	$EQD2_3$ Bladder	$EQD2_3$ Rectum	$EQD2_3$ Sigmoid colon	Severe Toxicity	Recurrence	Survival
1	IGBT (CT)	80	IIIB	Pelvic EBRT 50.4 Gy/28 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 26 Gy/4 fx	D_{2cc} 105.98 Gy	D_{2cc} 71.00 Gy	D_{2cc} 70.99 Gy	Grade 3 rectal hemorrhage at 1177 days. The patient was hospitalized through the emergency department due to hematochezia. Rectal angiodysplasia with oozing bleeding was confirmed by sigmoidoscopy and argon plasma coagulation was performed. Another emergency department visit was made at three months later, and rectal vascular ectasia with oozing bleeding was confirmed by sigmoidoscopy. Argon plasma coagulation was done without admission.	No recurrence	Alive without disease
4	IGBT (CT)	51	IVA (bladder invasion)	Pelvic EBRT 45 Gy/25 fx, gross LN 59 Gy/32 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 28 Gy/4 fx	D_{2cc} 94.45 Gy	D_{2cc} 75.35 Gy	D_{2cc} 74.16 Gy	Grade 3 rectal hemorrhage at 179 days. The patient was hospitalized through the emergency department due to hematochezia. Friable rectal mucosa with active bleeding was confirmed by sigmoidoscopy and argon plasma coagulation was performed. Another argon plasma coagulation was done at three months later for deep ulcer with bleeding in distal sigmoid colon.	No recurrence	Alive without disease
50	IGBT (CT)	41	IIIC1p	Underwent left salpingo-oophorectomy, right salpingectomy, transposition of ovary, bilateral pelvic lymph node dissection, uterine mass excision Pelvic EBRT 45 Gy/25 fx, parametrium 54 Gy/30 fx Concurrent chemotherapy with tri-weekly cisplatin Brachytherapy 30 Gy/6 fx	D_{2cc} 81.67 Gy	D_{2cc} 71.50 Gy	D_{2cc} 74.97 Gy	Grade 3 rectal / colonic hemorrhage at 262 days. The patient was hospitalized through the emergency department due to hematochezia. Deep ulceration with oozing bleeding at the rectosigmoid junction was found by colonoscopy. Intervention was not done due to perforation risk. The patient was discharged after conservative management. Another emergency department visit was made at one month later. After hospitalization and conservative management, the patient was discharged.	Regional recurrence at 71 days. The patient underwent salvage radiotherapy to left obturator lymph node. Seeding lesion near operation wound at 143 days. The patient underwent chemotherapy (Bevacizumab+paclitaxel+cisplatin).	Alive with disease
95	CBT	55	IIIC1r	Pelvic EBRT 45 Gy/25 fx, parametrium 54 Gy/30 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 30 Gy/5 fx	Point dose 69.26 Gy	Point dose 79.29 Gy	None	Grade 3 ileal perforation at 203 days. The patient was hospitalized through the emergency department due to abdominal pain. Ileal perforation located in the pelvis was found by CT scan. Percutaneous catheter	No recurrence	Alive without disease

								drainage was placed due to complicated fluid collection. After two weeks of hospitalization, the patient was discharged.		
105	CBT	38	IIB	Underwent transposition of ovary Pelvic EBRT 50.4 Gy/28 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 62.37 Gy	Point dose 90.52 Gy	None	Grade 3 rectal hemorrhage at 312 days. The patient was hospitalized through emergency department due to hematochezia. Rectal angiodysplasia without active bleeding was found by colonoscopy and argon plasma coagulation was performed.	No recurrence	Alive without disease
114	CBT	53	IIB	Pelvic EBRT 45 Gy/25 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 30 Gy/6 fx	Point dose 51.49 Gy	Point dose 91.86 Gy	None	Grade 3 rectal/colonic hemorrhage at 355 days. The patient was hospitalized through the emergency department due to hematochezia and transfusion was performed. Friable mucosa with oozing mucosa was found by colonoscopy from sigmoid-descending junction to rectum. Argon plasma coagulation was performed. The patient underwent another emergency department visit and hospitalization two months later. Friable mucosa with oozing mucosa from sigmoid-descending junction to rectum was found by sigmoidoscopy. Additional argon plasma coagulation was performed.	No recurrence	Alive without disease
115	CBT	36	IIIC1r	Pelvic EBRT 45 Gy/25 fx, gross LN 54 Gy/30 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 55.37 Gy	Point dose 80.25 Gy	None	Grade 3 urinary incontinence at 773 days. The patient had regular out-patient care due to worsening urinary incontinence after treatment. Insertion of a transobturator tape was performed.	No recurrence	Alive without disease
121	CBT	62	IIIC1r	Pelvic EBRT 45 Gy/25 fx, gross LN 55 Gy/25 fx, residual LN 64 Gy/28 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 69.44 Gy	Point dose 77.80 Gy	None	Grade 3 rectovaginal/vesicovaginal fistula at 363 days. The patient was hospitalized through the emergency department due to vaginal bleeding and rectovaginal/vesicovaginal fistula was found by CT scan. Transverse loop colostomy was performed.	Paraaortic lymph node, multiple lung and pleural metastasis at 270 days. The patient underwent chemotherapy (bevacizumab+ paclitaxel +cisplatin →pembrolizumab → topotecan+cisplatin) and SBRT for lung nodule.	Died with disease. The patient died at 784 days.
137	CBT	58	IIIC1r	Pelvic EBRT 45 Gy/25 fx, gross LN 54 Gy/30 fx Concurrent chemotherapy with weekly cisplatin	Point dose 67.76 Gy	Point dose 118.93 Gy	None	Grade 4 sigmoid perforation, enterovesical fistula at 332 days. The patient was hospitalized through the emergency department due to septic shock. Sigmoid perforation and enterovesical fistula	Pelvic and paraaortic lymph node, pelvic bone, lung metastasis at 89 days. The patient underwent chemotherapy	Died with disease The patient died at

				Brachytherapy 27.5 Gy/5 fx				were found by CT scan. Emergent Hartmann operation, bladder repair, and ileostomy were performed. After one month of hospitalization, the patient was discharged.	(bevacizumab+paclitaxel +cisplatin) and palliative RT to right ischial metastasis, mediastinum, and right inguinal lymph node. Mass formation around double-J stent and bladder at 595 days.	629 days.
139	CBT	59	IIB	Pelvic EBRT 50.4 Gy/28 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 88.05 Gy	Point dose 102.08 Gy	None	Grade 3 rectovaginal fistula at 374 days. In the regular follow-up visit, rectovaginal fistula was found by physical examination and CT scan. The patient underwent an elective transverse loop colostomy.	No recurrence	Alive without disease
158	CBT	52	IIIC1r	Pelvic EBRT 45 Gy/25 fx, gross LN 57 Gy/31 fx, parametrium 53 Gy/29 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 30 Gy/5 fx	Point dose 62.60 Gy	Point dose 109.46 Gy	None	Grade 3 rectal/colonic hemorrhage at 277 days. The patient was hospitalized through the emergency department due to hematochezia and diarrhea. Colonic ulcer, edema, hyperemia, and erosion with narrowing were found by colonoscopy. Biopsy showed colitis with ulceration. The patient was discharged after conservative management.	Progression of cervical disease, multiple lung metastasis at 120 days. The patient underwent chemotherapy and immunotherapy (paclitaxel +carboplatin → pembrolizumab).	Alive with disease
169	CBT	64	IIIC2r	Pelvic EBRT 45 Gy/25 fx, gross LN 58 Gy/32 fx, parametrium 54 Gy/30 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 97.56 Gy	Point dose 116.95 Gy	None	Grade 3 fistula involving rectum, sigmoid colon, bladder, and uterus at 222 days. The patient was hospitalized through the emergency department due to urine and bowel content leakage through vagina. Fistula involving the rectum, sigmoid colon, bladder, and uterus was found by CT scan. Fistula closure and Transverse loop colostomy were performed.	No recurrence	Alive without disease
172	CBT	71	IIIC1r	Pelvic EBRT 45 Gy/25 fx, gross LN 55 Gy/30 fx Concurrent chemotherapy with weekly cisplatin Brachytherapy 27.5 Gy/5 fx	Point dose 71.60 Gy	Point dose 128.49 Gy	None	Grade 4 ileal perforation The patient was hospitalized through the emergency department due to abdominal pain. Ileal perforation at the pelvic cavity with panperitonitis was found by CT scan. The patient underwent emergent small bowel segmental resection. After one month of hospitalization, the patient was discharged.	No recurrence	Alive without disease

CBT, conventional brachytherapy; CT, computerized tomography; EBRT, external beam radiotherapy; $EQD2_3$, equivalent dose in 2 Gy per fraction with α/β of 3; FIGO, International Federation of Gynecology and Obstetrics; IGBT, image-guided brachytherapy; LN, lymph node.