**Supplementary Materials**

**Supplementary Table S1:** Hepatotoxicity score*

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|---|---|
| **Grade 0** | No liver toxicity (i.e. no CTCAE toxicity grade changes over baseline). |
| **Grade 1** | Minor liver toxicity, limited to increased AST, ALT, ALP and/or GGT levels (all not exceeding newly developed grade 1 CTCAE toxicity). |
| **Grade 2** | Moderate liver toxicity, with a self-limiting course. No medical intervention necessary. |
| **Grade 3** | REILD, managable with non-invasive treatments such as diuretics, ursodeoxycholic acid and steroids. |
| **Grade 4** | REILD necessitating invasive medical treatment such as paracentesis, transfusions, haemodialysis or a transjugular intrahepatic portosystemic shunt (TIPS). |
| **Grade 5** | Fatal REILD. |
| *Grading according to Braat et al. [17]<br><br>*Abbreviations: ALP = alkaline phosphatase, ALT = alanine aminotransferase, AST = aspartate aminotransferase, GGT = gamma-glutamyl transferase, CTCAE = Common Terminology Criteria for Adverse Events, REILD = radioembolization-induced liver disease* | |

**Supplementary Table S2:** Literature search strategy

| **Main search string** |
|---|
| ("radioembolic"[All Fields] OR "radioembolisation"[All Fields] OR "radioembolization"[All Fields] OR radio-emboli* [All Fields] OR "SIRT"[All fields] OR "selective internal radiation therapy"[All Fields] OR "TARE" [All Fields] OR "transarterial radioembolization"[All Fields])<br><br>**AND**<br><br>(("liver"[MeSH Terms] OR "liver"[All Fields] OR neoplasm metastasis[MeSH Terms] OR liver neoplasm[MeSH Terms]))<br><br>**AND**<br><br>("octreotid"[All Fields] OR "octreotide"[MeSH Terms] OR "octreotide"[All Fields] OR "somatostatin"[All Fields] OR SSA[All Fields] OR "Anti-Bacterial Agents"[Mesh] OR "Antibiotic Prophylaxis"[Mesh] OR antibioti* [All Fields] OR anti-emetic [All Fields] OR prophylaxis [All Fields] OR analgesics [All Fields] OR steroids[All Fields]) |

**Supplementary data on the literature review of PPI/H2 antagonists**

Concerning other PPM (proton pump inhibitors (PPI), H2-antagonists and antibiotics), efficacy is even more questionable and proper evidence is lacking. Lim et al. advised H2-antagonists, because of gastroscopy proven gastrointestinal ulceration in 8% (4 patients, of which 3 biopsy proven) [20]. The applicability of H2-antagonists or PPI in contemporary practice is debatable since most centers perform improved pre-treatment work-up with perprocedural conebeam-CT and $^{99m}$Tc-MAA SPECT/CT to prevent extrahepatic deposition of activity. More recent studies looking at radiation absorbed doses to the stomach after left lobe treatments showed negligible absorbed doses (i.e. 13±9 Gy) and low rates of GI-ulceration (<3%) [24–27]. Although questionable, in absence of a comparator group (i.e. without any form of PPM) no definitive judgment can be made on the efficacy of H2-antagonists or PPI.