

<b>National Imaging Associates, Inc.*</b>	
<b>Clinical guidelines PANCREATIC CANCER</b>	<b>Original Date: June 2013</b>
<b>Radiation Oncology</b>	<b>Last Revised Date: February 2021</b>
<b>Guideline Number: NIA_CG_134</b>	<b>Implementation Date: January 2022</b>

## INDICATIONS FOR RADIATION THERAPY

2D and 3D conformal radiation therapy techniques are considered medically necessary for treatment of pancreatic cancer.

### **Neoadjuvant (Pre-Operative) or Resectable or Borderline Resectable without evidence of metastatic (NCCN, 2019)**

- No standard treatment regimen currently exists for this subset of patients. If neoadjuvant radiation therapy is delivered, a dose of 45-54 Gy in 1.8-2.5 Gy fractions or 36 Gy in 2.4 fractions are viable options.

### **Adjuvant (Post-Operative) Resectable Without Evidence of Metastatic Disease (NCCN, 2019)**

- For resected cases (45-46 Gy in 1.8-2 Gy fractions) to the clinical target volume, followed by boost (5-9Gy). Up to 31 fractions.

### **Unresectable/Locally Advanced Without Evidence of Metastatic Disease (NCCN, 2019)**

- Radiation delivered in 45-54 Gy (1.8-2.5 Gy fractions or 36 Gy in 2.4 fractions). Up to 30 fractions.

### **Palliative (NCCN, 2019)**

- Radiation delivered in 25-36 Gy in 2.4-5.0 Gy fractions is usual for patients with metastatic disease who require palliation for obstruction or pain. Up to 15 fractions.

### **Local Recurrence after Resection without Evidence of Systemic Metastatic Disease**

- Adjuvant chemotherapy or chemoradiation if no previous radiation given. Up to 30 fractions. (NCCN, 2019)

## TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW

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### **Intensity Modulated Radiation Therapy (IMRT)**

IMRT is not indicated as a standard treatment option and should not be used routinely for the delivery of radiation therapy for pancreatic cancer. IMRT is strictly defined by the utilization of inverse planning modulation techniques. IMRT may be appropriate for limited circumstances in which radiation therapy is indicated and 3D conformal radiation therapy (3D-CRT) techniques cannot adequately deliver the radiation prescription without exceeding normal tissue radiation tolerance, the delivery is anticipated to contribute to potential late toxicity or tumor volume dose heterogeneity is such that unacceptable hot or cold spots are created.

Clinical rationale and documentation for performing IMRT rather than 2D or 3D-CRT treatment planning and delivery will need to:

- Demonstrate how 3D-CRT isodose planning cannot produce a satisfactory treatment plan (as stated above) via the use of patient-specific dose volume histograms and isodose plans.
- Provide tissue constraints for both the target and affected critical structures.

### **Stereotactic Body Radiation Therapy (SBRT) (NCCN, 2019)**

Stereotactic Body Radiation Therapy (SBRT) is appropriate to treat locally advanced or recurrent disease without evidence of distant metastasis **or** to treat a previously irradiated field.

### **Proton Beam Radiation Therapy**

Proton beam is not an approved treatment option for pancreatic cancer. Proton beam has not been proven a superior treatment to conventional radiation therapy.

### **Intra Operative Radiation Therapy (IORT)**

The role of intraoperative radiation therapy for pancreatic cancer is controversial but may be reasonable for patients undergoing resection that may result in closer involved margins. IORT may be considered on a case-by-case basis.

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## **BACKGROUND**

Pancreatic cancer typically occurs later in life. Risk factors include smoking, alcohol use, obesity, diabetes, and certain chemical exposures. Pancreatitis has also been shown to have an increased risk of developing pancreatic cancer. Surgical resection is potentially the only curative approach, but most patients present with more advanced stage disease. Overall, the actuarial five-year survival rate is approximately 20%.

The goal of these guidelines is to delineate appropriate indications of the employment of radiation therapy in the treatment of pancreatic cancer and to define suitable methods of delivery of radiation therapy for these indications.

**POLICY HISTORY**

<b>Date</b>	<b>Summary</b>
February 2021	<p>Deleted: Stereotactic Body Radiation Therapy (SBRT) is considered medically necessary for the treatment of pancreatic cancer. If requested a physician review is required.</p> <p>Added: Stereotactic Body Radiation Therapy (SBRT) is appropriate to treat locally advanced or recurrent disease without evidence of distant metastasis or to treat a previously irradiated field</p>
February 2020	<ul style="list-style-type: none"><li>• Stereotactic Radiation Therapy: Deleted: Stereotactic Body Radiation Therapy (SBRT) is not currently an approved treatment option for pancreatic cancer. Added: Stereotactic Body Radiation Therapy (SBRT) is considered medically necessary for the treatment Pancreatic Cancer</li><li>• Added and Updated References</li></ul>
February 2019	<ul style="list-style-type: none"><li>• Added and updated references</li></ul>

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**Reviewed / Approved by NIA Clinical Guideline Committee**

## GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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