

<b>National Imaging Associates, Inc.*</b>	
<b>Clinical guidelines:</b> <b>ANAL CANCER</b>	<b>Original Date: June 2013</b>
<b>Radiation Oncology</b>	<b>Last Revised Date: February 2021</b>
<b>Guideline Number: NIA_CG_125</b>	<b>Implementation Date: January 2022</b>

## INDICATIONS FOR RADIATION THERAPY

2D, 3D-CRT and IMRT are all appropriate techniques for treatment of anal cancer. Electron beam or photon beam are the most commonly used techniques for delivering boost radiotherapy (NCCN, 2018).

- Dosage Guidelines: 45 Gy – 59.4 Gy in 28 to 33 fractions

Unless otherwise indicated, standard radiation fractionation consists of 1.8 Gy to 2.0 Gy per day

## TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW

### Proton Beam Radiation Therapy

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

### Stereotactic Body Radiation Therapy (SBRT)

Stereotactic Body Radiation Therapy is not a standard treatment option for the treatment of anal cancer. A peer review is required with a radiation oncologist.

## THE FOLLOWING APPLIES TO CMS (MEDICARE) MEMBERS ONLY

*For Proton Beam and Stereotactic Radiotherapy, refer to Local Coverage Determination (LCD), if applicable.*

## BACKGROUND

This guideline outlines methods suitable for delivering anal carcinoma radiation therapy. Techniques such as CT simulation, conformal approach, and intensity modulated radiation therapy (IMRT) have shown promising results in ongoing clinical trials. IMRT use requires expertise in defining appropriate

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target volume over conventional conformal beam irradiation. As in most cancers, a multidisciplinary approach is preferred for treating patients with anal carcinoma.

#### **POLICY HISTORY**

<b>Date</b>	<b>Summary</b>
February 2021	No Changes
February 2020	No Changes
February 2019	Added and updated references

## REFERENCES

- American College of Radiology (ACR). ACR Appropriateness Criteria®. Anal Cancer. <https://acsearch.acr.org/docs/69380/Narrative/>. Review date 2013. Accessed April 23, 2018.
- American Society for Radiation Oncology (ASTRO) Model Policy. Intensity Modulated Radiation Therapy (IMRT). [https://www.astro.org/uploadedFiles/\\_MAIN\\_SITE/Daily\\_Practice/Reimbursement/Model\\_Policies/Content\\_Pieces/IMRTMP.pdf](https://www.astro.org/uploadedFiles/_MAIN_SITE/Daily_Practice/Reimbursement/Model_Policies/Content_Pieces/IMRTMP.pdf). Published December 9, 2015. Accessed May 12, 2017.
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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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