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| National Imaging Associates, Inc.* | |
| Clinical guidelines: ANAL CANCER | Original Date: June 2013 |
| Radiation Oncology | Last Revised Date: January 2022 |
| Guideline Number: NIA_CG_125 | Implementation Date: January 2023 |

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.¹

- Dosage Guidelines: 45Gy – 59.4Gy 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

| Date | Summary |
|---------------|------------------------------|
| January 2022 | No significant changes |
| February 2021 | No Changes |
| February 2020 | No Changes |
| February 2019 | Added and updated references |

REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Anal Carcinoma Version 2.2021. National Comprehensive Cancer Network (NCCN). Updated June 30, 2021. Accessed December 16, 2021. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf

ADDITIONAL RESOURCES

1. ACR Appropriateness Criteria®: Anal Cancer. American College of Radiology. Updated 2013. Accessed December 16, 2021. <https://acsearch.acr.org/docs/69380/Narrative/>
2. American Society for Radiation Oncology. Model Policies: Intensity modulated radiation therapy (IMRT). American Society for Radiation Oncology (ASTRO). Updated June 6, 2019. Accessed December 13, 2021. <https://www.astro.org/ASTRO/media/ASTRO/Daily%20Practice/PDFs/IMRTMP.pdf>
3. Czito BG, Pepek JM, Meyer JJ, Yoo S, Willett CG. Intensity-modulated radiation therapy for anal cancer. *Oncology (Williston Park)*. Nov 15 2009;23(12):1082-9.
4. Devisetty K, Mell LK, Salama JK, et al. A multi-institutional acute gastrointestinal toxicity analysis of anal cancer patients treated with concurrent intensity-modulated radiation therapy (IMRT) and chemotherapy. *Radiother Oncol*. Nov 2009;93(2):298-301. doi:10.1016/j.radonc.2009.07.006
5. Kachnic LA, Tsai HK, Coen JJ, et al. Dose-painted intensity-modulated radiation therapy for anal cancer: a multi-institutional report of acute toxicity and response to therapy. *Int J Radiat Oncol Biol Phys*. Jan 1 2012;82(1):153-8. doi:10.1016/j.ijrobp.2010.09.030
6. Pepek JM, Willett CG, Wu QJ, Yoo S, Clough RW, Czito BG. Intensity-modulated radiation therapy for anal malignancies: a preliminary toxicity and disease outcomes analysis. *Int J Radiat Oncol Biol Phys*. Dec 1 2010;78(5):1413-9. doi:10.1016/j.ijrobp.2009.09.046
7. Zagar TM, Willett CG, Czito BG. Intensity-modulated radiation therapy for anal cancer: toxicity versus outcomes. *Oncology (Williston Park)*. Aug 2010;24(9):815-23, 828.

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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