



Magellan Healthcare	
Clinical guidelines: ANAL CANCER	Original Date: June 2013 Page 1 of 6
Radiation Oncology	Last Review Date: July 2017
Guideline Number: NIA_CG_125	Last Revised Date: July 2017
Responsible Department: Clinical Operations	Implementation Date : January 2018

INTRODUCTION:

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

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

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.

- 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.

REFERENCES

- ASTRO Model Policy. Intensity Modulated Radiation Therapy (IMRT). December 9, 2015. Accessed on May 12, 2017 at: https://www.astro.org/uploadedFiles/MAIN_SITE/Daily_Practice/Reimbursement/Model_Policies/Content_Pieces/IMRTMP.pdf
- Czito BG et al: Intensity-modulated radiation therapy for anal cancer. *Oncology* (Williston Park). 2009 Nov 15; 23(12):1082-9.
- Devisetty K, 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*. 2009 Nov; 93(2):298-301. Epub 2009 Aug 28.
- Kachnic LA 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*. 2010 Nov 20.
- National Comprehensive Cancer Network (NCCN). Anal Cancer. Version 2.2017. Retrieved May 12, 2017 from: https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf
- Peppek JM et al: Intensity-modulated radiation therapy for anal malignancies: a preliminary toxicity and disease outcomes analysis. *Int J Radiat Oncol Biol Phys*. 2010 Dec 1; 78(5):1413-9. Epub 2010 Mar 16.
- Zagar TM et al: Intensity-modulated radiation therapy for anal cancer: toxicity versus outcomes. *Oncology* (Williston Park). 2010 Aug; 24(9):815-23, 828.

Reviewed/Approved by  Michael Pentecost, MD, Chief Medical Officer