



National Imaging Associates, Inc.	
Clinical guidelines: ANAL CANCER	Original Date: June 2013 Page 1 of 2
Radiation Oncology	Last Review Date: July 2018
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Responsible Department: Clinical Operations	Implementation Date : January 2019

INTRODUCTION:

This guideline outlines methods suitable for delivering anal carcinoma radiation therapy. Techniques such as CT simulation, conformal approach and intensely 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.

THE FOLLOWING APPLIES TO CMS (MEDICARE) MEMBERS ONLY:

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

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