This guideline for 2D – 3D CRT applies to other cancers not listed below for programs that manage all cancer sites.

Refer to applicable site-specific guidelines for the management of primary malignancies. Applicable site-specific guidelines may include all or some of the sites below, depending on the specific program.

- Anal Cancer
- Bone Metastases
- Breast Cancer
- Cervical Cancer
- CNS Cancer
- Colon Cancer
- Rectal Cancer
- Endometrial Cancer
- Gastric Cancers
- Head and Neck Cancer
- Lung - Non Small Cell
- Lung - Small Cell Lung Cancer
- Lymphoma - Hodgkin’s Lymphoma
- Lymphoma - Non Hodgkin’s Lymphoma
- Pancreas Cancer
- Prostate Cancers

For metastasis to the brain, regardless of primary site, refer to the NIA clinical guideline for Central Nervous System (CNS). For metastasis to bone, refer to the NIA clinical guideline for Bone Metastases. For all other metastases, refer to the NIA clinical guideline for metastatic disease.

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 2D – 3D CRT**

**OTHER CANCER SITES NOT LISTED ABOVE**

- Conventional 2D and 3D-CRT treatment delivery is appropriate for all primary malignancies not listed above.
- The number of fractions for definitive treatment is approvable up to 30 fractions. Fractions beyond 30 may be approvable upon physician review when clinical rationale is presented.