



GCUK Standard Prescriptions - Palliative doses (category 3 patients)

Diagnosis	Site	modality	Total Dose (Gy)	No. of fractions	Dose per fraction (Gy)	Schedule	Max Overall Treat Time	Source of prescription	RCR grade A, B is recommended C, D is acceptable	Comment	delivered	Clinical Oncologist
Cerebral Metastases	Brain		30	10	3	daily		RCR	A			
	Brain	x-ray	20	5	4	daily		RCR	A			
	Brain		12	2	6			RCR	B	Poor Performance Status		
Glioma - High Grade	Brain	x-ray	30	6	5	3 days per week	2 weeks	RCR	C	poor performance status		
	Brain	x-ray	30	6	5	Twice weekly	3 weeks	EMCN Protocols		Palliative Primary Brain		
	Brain	x-ray	40	15	2.67	daily		CRT MK14-61		Dose available on Radical tab and added to palliative tab as a high dose palliation option		
Head and Neck Cancer	H & N	x-ray	8	1	8	single		Royal Surrey NHS		3D-CRT; Includes Oropharynx (including tonsil, tongue, soft palate), Hypopharynx, Larynx, Nasopharynx, Oral cavity (including oral tongue, floor of mouth, buccal mucosa, retromolar trigone, mucosa of upper and lower alveolus, hard palate), Para-nasal sinus, Parotid		
	H & N	x-ray	20	5	4	daily		Royal Surrey NHS				
	H & N	x-ray	24	3	8	Over 3 weeks		RCR				
	H & N	x-ray	30	10	3	daily		Royal Surrey NHS				
	H & N	x-ray	36	12	3	daily		Royal Surrey NHS				
	H & N	x-ray	40	10	4	split over 4 weeks		RCR				
Spinal Cord Compression	Cord comp		20	5	4	daily		RCR	C	patient has been immobile for less than 24 hours, or post-operative		
	Cord comp	x-ray	30	10	3	daily		RCR	C			
	Cord comp		8	1	8	single		RCR	C		established paraplegia for more than 24 hours	
Oesophageal Cancer	Oesophagus		30	10	3	daily		RCR	D			
	Oesophagus		27	6	4.5	2# per week		Mount Vernon NHS (MVCN)				
	Oesophagus	x-ray	36	12	3	daily		Kent Oncology Centre				
	Oesophagus		40	15	2.67	daily		RCR				
	Oesophagus		35	15	2.33	daily		RCR				
Lung Cancer Non Small Cell (NSCLC) Sub groups: SCC, Adenocarcinoma, Large Cell Carcinoma	Lung (NSCLC)	x-ray	30	10	3	daily		RCR	D	Moderate or Poor Performance Cord Dose Critical poor performance Parallel Opposed Technique; Absolute maximum field area should be 200cm2. The length of the field should not exceed 15cm; 39Gy/13# can be used in volumes which don't include the spinal cord		
	Lung (NSCLC)	x-ray	27	6	4.5	2# per week		RCR				
	Lung (NSCLC)	x-ray	17	2	8.5	7 days		RCR	A			
	Lung (NSCLC)	x-ray	8 or 10	1	8 or 10	single		Royal Surrey Protocol / RCR	A			
	Lung (NSCLC) / Bronchus	x-ray	36	12	3	2.5 weeks			Oxford Cancer Centre			
	Lung (NSCLC)	x-ray	39	13	3	daily		RCR	B		Good Performance	
Lung Cancer Small Cell	Lung (SCLC)		17	2	8.5	1# per week	7	RCR	A	Moderate or Poor Performance Cord Dose Critical		
	Lung (SCLC)		10	1	10			RCR	A	Poor Performance Thoracic Symptoms		
	Lung (SCLC)	x-ray	39	13	3	daily		RCR	B	Good Performance		

Lung (SCLC)	Lung (SCLC)		20	5	4	daily		RCR	B	Good Performance
	Lung (SCLC)		27	6	4.5	2# per week		RCR	D	
	Lung (SCLC)		30	10	3	daily		RCR		mentioned as 'standard'
Lung Mets	Lung Mets	x-ray	20	5	4	daily	5	EMCN Protocols		Palliation all sites; Direct or parallel pair
	Lung Mets	x-ray	30	10	3	daily		CRT (PO9-11)		
Mesothelioma	Lung	x-ray	10	1	10	single		Southampton NHS		
	Lung		21	3	7	daily		Southampton NHS		
Breast Cancer	Breast/ Chestwall	x-ray	30	6	5	2# per week		Mount Vernon NHS (MVCN)		
	Breast/ Chestwall	x-ray	20-40	5-15	4-2.67	daily		RCR		RCR 3rd Edition
	Breast/ Chestwall	x-ray	36	6	6	one per week		Mount Vernon NHS (MVCN)		may be used 2xper week at clinicians discretion AJP 18/4/17
	Breast/ Chestwall	x-ray	40	15	2.67	daily		CRT (MK14-46)		for patients who have not had previous RT to the treatment site; note must be made in MSQ documenting justification for dose
	Breast/ Chestwall	x-ray	55	20	2.75	daily		Mount Vernon NHS (MVCN)		Radical-Inflammatory breast cancer without Surgery
Uterine Corpus Carcinoma	Endometrium	x-ray	8 or 10	1	8 or 10	single		Merseyside & Cheshire NHS		for frail patients (please note discussion/request from ClinOnc in Mosaiq)
	Endometrium	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD
	Endometrium	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD
Cervical Cancer	Cervix	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD
	Cervix	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD
Vaginal Cancer	Vagina	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD
	Vagina	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD
Vulval Cancer	Vulva	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD; Direct electrons 12-20MeV-depth to be determined clinically
	Vulva	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD; Direct electrons 12-20MeV-depth to be determined clinically
	Vulva	x-ray	30	5	6	5 weeks		Royal Surrey NHS		Poor performance status; MPD; Direct electrons 12-20MeV-depth to be determined clinically
Rectum	Rectum	x-ray	20	5	4	daily	1 week	East midlands protocol		VMAT
Colorectal Cancer	Soft Tissue	x-ray	30	10	3	daily	2 weeks	East midlands protocol		Parallel pair
Prostate Cancer	Prostate		8-10	1	8-10	single		Sussex NHS		MPD
	Prostate		20	5	4	daily		Sussex NHS		MPD
	Prostate		21	3	7	alternate days over 1 week		Sussex NHS		MPD
	Prostate	x-ray	30	10	3	daily		Sussex NHS		MPD
	Prostate		36	6	6	one per week	6 weeks	Sussex NHS		MPD; for fitter, good prognosis patients
	Prostate		55	20	2.75	daily	4 weeks	Sussex NHS		STAMPEDE Trial - VMAT
Bladder Cancer	Bladder		21	3	7	alternate days	1 week	RCR	A	
	Bladder		20	5	4	daily		CRT WD6-68		
	Bladder		35	10	3.5	daily	2 weeks	RCR	A	
	Bladder	x-ray	30-35	10	3 to 3.5	daily		Mount Vernon NHS (MVCN)		
	Bladder		36-45	12-15	3	daily		Oxford Protocol		
	Bladder		30-36	6	5 to 6	weekly	6 weeks	Kent Oncology Centre		
Bladder		6-8	1	6-8	single		RCR	D		
Pancreas	Pancreas	x-ray	20	5	4	daily		QA P'mth NHS		Primary and metastatic disease (brain, spinal cord)
