

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	di		Clinical Oncologist
	Brain		30	10	3	daily		RCR	А		_		
Cerebral Metastases	Brain	x-ray	20	5	4	daily		RCR	А				
	Brain		12	2	6			RCR	В	Poor Performance Status			
	Brain	x-ray	30	6	5	3 days per week	2 weeks	RCR	С	poor performance status			
Glioma - High Grade	Brain	x-ray	30	6	5	Twice weekly	3 weeks	EMCN Protocols		Palliative Primary Brain			
	Brain	in 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						
	H & N	x-ray	8	1	8	single		Royal Surrey NHS					
	H & N	x-ray	20	5	4	daily		Royal Surrey NHS					
	H & N	x-ray	24	3	8	Over 3 weeks		RCR					
Head and Neck Cancer	H & N	3D-CRT; Includes Oropharynx (including tonsil, tongue, soft palate), Hypopharynx, Larynx, & N x-ray 30 10 3 daily Royal Surrey NHS Nasopharynx, Oral cavity (including oral tongue, floor of mouth, buccal mucosa, retromolar tongue, more and under the control process of more and understanded to and palating. Paradicting providing and the process of more and understanded to an additional provided to the control process of more and understanded to a palating providing to the control provided to the control pro							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 al				
	H & N	x-ray	36	12	3	daily		Royal Surrey NHS					
	H & N	x-ray	40	10	4	split over 4 weeks		RCR					
	H & N	x-ray	36	6	6	1# per week		Royal Surrey NHS					
	Cord comp		20	5	4	daily		RCR	С	patient has been immobile for less than 24 hours,			
Spinal Cord Compression	Cord comp	x-ray	30	10	3	daily		RCR	С	or post-operative			
	Cord comp		8	1	8	single		RCR	С	established paraplegia for more than 24 hours			
	Oesophagus		30	10	3	daily		RCR	D				
	Oesophagus	us		6	4.5	2# per week		Mount Vernon NHS (MVCN)					
Oesophageal Cancer	Oesophagus	x-ray	36	12	3	daily		Kent Oncology Centre					
Oesopriageal Caricei	Oesophagus	40		15	2.67	daily		RCR					
	Oesophagus		35	15	2.33	daily		RCR					
	Oesophagus		20	5	4	daily		RCR	D				
	Lung (NSCLC)	x-ray	30	10	3	daily		RCR					
	Lung (NSCLC)	x-ray	27	6	4.5	2# per week		RCR	D				
Lung Cancer Non Small Cell	Lung (NSCLC)	x-ray	17	2	8.5	7 days		RCR	А	Moderate or Poor Performance Cord Dose Critical			
(NSCLC)	Lung (NSCLC)	x-ray	8 or 10	1	8 or 10	single		Royal Surrey Protocol / RCR	А	poor performance			
Sub groups: SCC, Adenocarcinoma, Large Cell Carcinoma	Lung (NSCLC) / Bronchus	x-ray	36	12	3	2.5 weeks			Oxford Cancer Centre	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	39	13	3	daily		RCR	В	Good Performance			
	Lung (NSCLC)	x-ray	20	5	4	daily		RCR	В	Good Performance	L		
	Lung (SCLC)		17	2	8.5	1# per week	7	RCR	А	Moderate or Poor Performance Cord Dose Critical			
	Lung (SCLC)		10	1	10			RCR	А	Poor Performance Thoracic Symptoms			
Lung Cancer Small Cell	Lung (SCLC)	v-rav	39	13	3	daily		RCR	В	Good Performance			

(SCLC)	Lung (SCLC)	A-1 Uy	20	5	4	daily		RCR	В	Good Performance	1 1	ļ	
	Lung (SCLC)		27	6	4.5	2# per week		RCR	D			ļ	
	Lung (SCLC)		30	10	3	daily		RCR	mentioned as 'standard'				
	Lung Mets	x-ray	20	5	4	daily	5	EMCN Protocols		Palliation all sites; Direct or parallel pair			
Lung Mets	Lung Mets	x-ray	30	10	3	daily		CRT (PO9-11)					
	Lung		10	1	10	single		Southampton NHS					
Mesothelioma	Lung	x-ray	21	3	7	daily		Southampton NHS					
	Breast/ Chestwall	x-ray	30	6	5	2# per week		Mount Vernon NHS (MVCN)			Ħ		
	Breast/ Chestwall	x-ray	20-40	5-15	4-2.67	daily		RCR		RCR 3rd Edition			
Breast Cancer	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	1		
	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)			
Uterine Corpus Carcinoma	Endometrium	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD		}	İ
	Endometrium	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD			
	Cervix	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD		\dashv	
Cervical Cancer	Cervix	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD			
	Vagina	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD	П	\dashv	
Vaginal Cancer	Vagina	x-ray	30	10	3	2 weeks		Royal Surrey NHS		MPD			
	Vulva	x-ray	20	5	4	1 week		Royal Surrey NHS		MPD; Direct electrons 12-20MeV-depth to be determined clinically		\dashv	
Vulval Cancer	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		\neg	
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		8-10	1	8-10	single		Sussex NHS		MPD		\neg	
	Prostate		20	5	4	daily		Sussex NHS		мро			
	Prostate		21	3	7	alternate days over 1 week		Sussex NHS		MPD			
Prostate Cancer	Prostate	x-ray	30	10	3	daily		Sussex NHS		MPD		}	İ
	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			
	Prostate	\vdash	21	3	7		4 weeks	Sussex NHS RCR	A	STANIEGE THREE YEAR	-	\longrightarrow	
	Bladder		20	5	4	alternate days daily	1 week	CRT WD6-68	A			ļ	
	Bladder		35	10	3.5	daily	2 weeks	RCR	А				
Bladder Cancer	Bladder	x-ray	30-35	10	3 to 3.5	daily		Mount Vernon NHS (MVCN)	i				l
	Bladder		36-45	12-15	3	daily		Oxford Protocol	i	1			
	Bladder		30-36	6	5 to 6	weekly	6 weeks	Kent Oncology Centre	i	1			
	i l	i l	6-8	1	6-8	single	1	RCR	D	1		ļ	l
	Bladder		6-8	1	- 00	single					L		

1 0110 000	Pancreas	~ · · · · ,	30	10	3	daily	1	QA P'mth NHS			
	Lymphoma		30	10	3	daily		RCR	D		
Lymphoma - relapsed Hodgkin's	Lymphoma	x-ray	7-8	1	7-8	single		RCR	D		
Lymphoma - Follicular - Advanced non-Hodgkin's	Lymphoma	x-ray	4	1 or 2	4 or 2	single or daily		RCR	В	wide fields	
low-grade NHL	Lymphoma	x-ray	24	12	2	daily	2.5 weeks	RCR	С		
	Lymphoma	x-ray	30	10	3	daily		London Cancer Guidelines for Management of Lymphoma- June 2014			
intermediate/high grade NHL	Lymphoma		20	5	4	daily		RCR	D		
	Lymphoma	x-ray	8	1	8	single		RCR	D		
Sarcoma	Sarcoma	x-rav	6 to 8	1	6 to 8	single		RCR	D	RCR state 6 to 8Gy single fraction ranging up to 40Gy in 15, depending on clinical	
Sarcoma	Sarcoma		40	15	2.67	daily		KCK	, ,	circumstances and field size	
	Bone	x-ray	8	1	8	single		RCR	Α	initial treatment for pain	
	Bone	electrons	8	1	8	single		CRT (SO16-25)			
	Bone		8	1	8	single		RCR		Re-treatment, 4-6 weeks after 1st RT if pain persists despite analgesics	
	Bone	x-ray	16	4	4	daily		Approved by AJP 23/6	С		
Bone Metastases	Bone		20	5	4	daily		RCR		Re-treatment, 4-6 weeks after 1st RT if pain persists despite analgesics	
	Bone	electrons	20	5	4	daily		CRT (Gen-3)			
	Bone		20	8	2.5	daily		RCR	D	Re-treatment covering spinal cord, 4-6 weeks after 1st RT if pain persists despite analgesics	
	Bone	x-ray	20	5	4	daily		QA P'mth NHS			
	Bone		30	10	3	daily		QA P'mth NHS			
Bone metastases scattered over	Bone	x-ray	6	1	6	single		RCR	С	Upper Hemi-Body	
several sites	Bone		8	1	8	single		RCR	С	Lower Hemi-Body	
Mveloma	Myeloma	x-ray	20	5	4	daily	5			Abstracts provided by Dr Shah as evidence. CPUK Medical Director approved the dose as palliation	
- Tycono	Myeloma	x-ray	8	1	8	single	1	QEH			
	Soft Tissue	x-ray	8	1	8	single	1	CPUK Clinical Team		Dose accepted by GCUK Clinical Team (Medical Director, Head of Radiotherapy, Centre Managers as standard based on previous experience	
	Soft Tissue	electrons	8	1	8	single	1	CRT (P09-2)		Dose accepted by GCUK Clinical Review Team and Medical Director, Director of Clinical Services and Head of Radiotherapy as standard based on previous experience	
	Soft Tissue	x-ray	20	5	4	daily	1 week	CPUK Clinical Team		Dose accepted by GCUK Clinical Team (Medical Director, Head of Radiotherapy, Centre Managers as standard based on previous experience	
Non-bony/ Soft Tissue Metastases	Soft Tissue	electrons	20	5	4	daily		CRT (Gen-3) / A.Suovuori (CAB member)		as summin based on previous experience	
	Soft Tissue	x-ray	30	10	3	daily	2 weeks	East midlands protocol (CRT NG5-4)		Direct or Parallel pair fields only; VMAT technique approved (CAT B74-11)	
	Soft Tissue	x-ray	40	15	2.67	daily	3 weeks	East midlands protocol (CRT NG5-13)			
	Liver	X-Ray	40-60	3	13.3-20	_		UK SABR Consortium Guidelines v5.1	N/A		
Liver SABR	Liver	X-Ray	50-60	5	10-12			UK SABR Consortium Guidelines v5.1	N/A		
	Liver	X-Ray	30-60	10	10			UK SABR Consortium Guidelines v5.1	N/A	10 equal fractions delivered over 2 weeks. Refer to UK SABR Consortium Guidelines v5.1 for appropriate dose/# according to volume of effective liver volume	
B W	Bone	X-Ray	24	2	12	40hour-4 day interval	1 week	UK SABR Consortium Guidelines v5.1	N/A	Fractionation specified in SABR Consortium documentation as dose for spinal metastases, but	
Bone Metastases (SABR)	Bone	X-Ray	27	3	9	40hour-4 day interval	2 weeks	UK SABR Consortium Guidelines v5.1	N/A	may be used in other oligometastatic bone sites	
	Soft Tissue	X-Ray	30-36	3	10-12	Delivered over 6-7 days	2 weeks	UK SABR Consortium Guidelines v5.1	N/A		
Adrenal Metastases (SABR)											

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