

## North West Colorectal Radiotherapy Protocols

	National Guidance	Clatterbridge		Preston	Christie	
T1/ T2	NICE	Straight to surgery		Straight to surgery	Straight to surgery	
		Consideration of TEMS for T1 tumours		Consideration of TEMS for T1 tumours	Consideration of TEMS for T1 tumours	
		LCCRT, aiming for cCR, may be considered for low rectal cancers		LCCRT, aiming for cCR, may be considered for low rectal cancers	LCCRT, aiming for cCR, may be considered for low rectal cancers	
	NICE	EBRT + Papillon for surgically unfit patients		EBRT + Papillon for surgically unfit patients.	EBRT + Papillon for surgically unfit patients	
≤ T3c or N+, CRM -		Multiple options available dependent upon 1) tumour characteristics (e.g. tumour location), treatment intent & patient fitness:	Straight to surgery	Straight to surgery	Multiple options available dependent upon 1) tumour characteristics (e.g. tumour location), treatment intent & patient fitness:	Straight to surgery
	NICE		SCRT & immediate surgery	SCRT & immediate surgery		SCRT & immediate surgery
	NICE		LCCRT	LCCRT		LCCRT
			SCRT and delayed assessment	SCRT and delayed assessment		SCRT and delayed assessment
T4 or CRM + or at least 2 adverse features		LCCRT		LCCRT	LCCRT	
		TNT		TNT	TNT	

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### Prescriptions

	National Guidance	Clatterbridge	Preston	Christie
SCRT prescription	RCR IMRT for Rectal Cancer	25Gy / 5#	25Gy / 5#	20Gy / 4# = SCRT & immediate surgery  25Gy / 5# = SCRT and delay
LCCRT prescription	RCR IMRT for Rectal Cancer	45Gy / 25#	45Gy / 25#	45 Gy / 25#
Boost	RCR IMRT for Rectal Cancer:  SIB 50Gy / 25#, up to 52Gy / 25# in selected cases	Dose: SiB to 54Gy/25#  Indication: 1) aiming for cCR or 2) Pelvic Side Wall nodes present	SIB 50Gy in 25 aiming for cCR or pelvic side wall disease	Dose: sequential boost to 50.5Gy/28#  Delivered to patients aiming for cCR or Pelvic Side Wall nodes present or unplanned treatment interruption  Ongoing work with physics re: implementation of SiB
Concurrent Capecitabine		825mg/m2 M-F	825mg/m2 M-F	825mg/m2 M-S
TNT		As per OPRA:  45/25 + 6 cycles CAPOX	As per rapido  25Gy/5 then 18 weeks CAPOX/FOLFOX	As per RAPIDO, unless concerns re: XRT volume/toxicity (in which case, LCCRT used)  25/5 + Oxaliplatin and Capecitabine/5-FU for 18 weeks

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### Radiotherapy planning / patient set-up considerations

National Guidance	Clatterbridge	Preston	Christie
RTP instructions	Comfortably full bladder	Comfortably full bladder	Empty bladder unless concerns re: small bowel / treatment volume
Contouring guidance	Modified ARISTOTLE	RCR IMRT guidelines	Split within dept. currently:  RCR IMRT for Rectal Cancer Guidance & ARISTOTLE
	VMAT	VMAT	VMAT
Imaging	SCRT: Daily online  LCCRT: D1-3 & then weekly	Daily online imaging	SCRT: D1-3  LCCRT: D1-3 then weekly  *Discussions re: starting daily online imaging for rectal cancer (similar to other pelvic tumour sites)
Peer Review	Weekly Peer Review meeting – all radical XRT plans (5-6 per week, including anal cancer plans)	Weekly peer review meeting – all radical plans reviewed  Separate anal peer review weekly	No formal Rectal Peer Review meeting  (separate anal cancer peer review meeting in place)