

. Breast cancers

2.1 Whole Breast Irradiation and Partial Breast irradiation

- Adjuvant WBI using 40Gy/15# or 26Gy/5# using the Fast Forward trial criteria (node- patients post lumpectomy or mastectomy).
- Clinicians should discuss risk/benefits of hypofractionated protocol with patients, in all cases and including complex mammoplastic techniques or high risk disease patients.
- PBI should be considered for patients who meet the ESTRO criteria (ER+/Her2-, ≤ 3 cm, N0, IDC, not multifocal or lobular disease, >50 y of age), using IMPORT LOW 40Gy/15# or Fast Forward 26Gy/5# daily or Florence Trial 30Gy/5# non-consecutive days.
- Patient considered for Boost, should be offered SIB 48Gy/15# as per IMPORT High (preferred technique) or sequential boost (If SIB not indicated).

2.2 Advanced and Metastatic Breast Cancer

- Patients considered for regional nodal irradiation, should be offered 40Gy/15# and planned using VMAT and DIBH regardless of laterality.
- In case of Oligometastatic disease, SABR should be considered which can delay the need for palliative chemotherapy.