

4. Lower GI patients

4.1 Rectal cancers

- Consider short course radiotherapy with 25Gy/5# to replace long course 45Gy-50.4Gy/25#-28# if >70y or unfit patients or to delay surgery. For young and fit patients, we should continue to offer long course radiotherapy.
- Consider omitting adjuvant chemotherapy in >60y and use fewer cycles as per NICE SACT guidance.

4.2 Anal cancers

- We should continue to offer radical chemoradiotherapy to all patients unless >70y of age and very unfit, where palliative 30Gy/10# is appropriate.