



**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	30	10	3	daily		Royal Surrey NHS				
	H & N	x-ray	36	12	3	daily		Royal Surrey NHS				
	H & N	x-ray	36	6	6	1# per week		Royal Surrey NHS				
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	x-ray	27	6	4.5	2# per week		Mount Vernon NHS (MVCN)				
	Oesophagus		36	12	3	daily		Kent Oncology Centre				
	Oesophagus		20	5	4	daily		RCR	D			
Lung Cancer Non Small Cell (NSCLC) Sub groups: SCC, Adenocarcinoma, Large Cell Carcinoma	Lung (NSCLC)	x-ray	30	10	3	daily		RCR		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 Good Performance Good Performance		
	Lung (NSCLC)	x-ray	27	6	4.5	2# per week		RCR	D			
	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			
Lung Cancer Small Cell (SCLC)	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)		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		10	1	10	single		Southampton NHS				
	Lung	x-ray	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 Mosaik)		
	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	x-ray	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		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	x-ray	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		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				
Pancreas	Pancreas	x-ray	20	5	4	daily		QA P'mth NHS		Primary and metastatic disease (brain, spinal cord)		y
	Pancreas		30	10	3	daily		QA P'mth NHS				y
Lymphoma - relapsed Hodgkin's	Lymphoma	x-ray	30	10	3	daily		RCR	D			
	Lymphoma		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	B	wide fields		
low-grade NHL	Lymphoma	x-ray	24	12	2	daily	2.5 weeks	RCR	C			
intermediate/high grade NHL	Lymphoma	x-ray	30	10	3	daily		London Cancer Guidelines for Management of Lymphoma- June 2014				
	Lymphoma		20	5	4	daily		RCR	D			
	Lymphoma	x-ray	8	1	8	single		RCR	D			
Sarcoma	Sarcoma	x-ray	6 to 8	1	6 to 8	single						
	Sarcoma		40	15	2.67	daily		RCR	D	RCR state 6 to 8Gy single fraction ranging up to 40Gy in 15, depending on clinical circumstances and field size		

Bone Metastases	Bone	x-ray	8	1	8	single		RCR	A	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 1 <sup>st</sup> RT if pain persists despite analgesics	
	Bone	x-ray	16	4	4	daily		Approved by AJP 23/6	C		
	Bone		20	5	4	daily		RCR		Re-treatment, 4-6 weeks after 1 <sup>st</sup> 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 several sites	Bone		6	1	6	single		RCR	C	Upper Hemi-Body	
	Bone	x-ray	8	1	8	single		RCR	C	Lower Hemi-Body	
Myeloma	Myeloma	x-ray	20	5	4	daily	5			Abstracts provided by Dr Shah as evidence. CPUK Medical Director approved the dose as palliation	
	Myeloma	x-ray	8	1	8	single	1	QEH			
Non-bony/ Soft Tissue Metastases	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 (PO9-2)		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	
	Soft Tissue	electrons	20	5	4	daily		CRT (Gen-3) / A.Suovuori (CAB member)			
	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 SABR	Liver	X-Ray	40-60	3	13.3-20			UK SABR Consortium Guidelines v5.1	N/A		
	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	
Bone Metastases (SABR)	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 may be used in other oligometastatic bone sites	
	Bone	X-Ray	27	3	9	40hour-4 day interval	2 weeks	UK SABR Consortium Guidelines v5.1	N/A		
Adrenal Metastases (SABR)	Soft Tissue	X-Ray	30-36	3	10-12	Delivered over 6-7 days	2 weeks	UK SABR Consortium Guidelines v5.1	N/A		
	Soft Tissue	X-Ray	45	5	9	Delivered over 10 days	2 weeks	UK SABR Consortium Guidelines v5.1	N/A		
General considerations on delivery techniques		The choice of delivery technique for palliative treatments i.e. direct field, conformal, IMRT or VMAT is at the clinician's discretion. More complex techniques such as VMAT may be justified if required to spare critical organs and reduce toxicity. AJP March 2017									

Dr Shah