

*Evolut	
Clinical guidelines: ANAL CANCER	Original Date: June 2013
Radiation Oncology	Last Revised Date: May 2023
Guideline Number: Evolut_CG_125	Implementation Date: January 2024

GENERAL INFORMATION

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.*

INDICATIONS FOR RADIATION THERAPY

2D, 3D-CRT and IMRT are all appropriate techniques for treatment of anal cancer. Electron beam or photon beam are the most commonly used techniques for delivering boost radiotherapy. ¹

- Dosage Guidelines: 45 Gy – 59.4 Gy in 28 to 33 fractions

Unless otherwise indicated, standard radiation fractionation consists of 1.8 Gy to 2.0 Gy per day

TREATMENT OPTIONS (to be reviewed on a case-by-case basis)

Proton Beam Radiation Therapy

Proton beam is not an approved treatment option for anal cancer. Proton beam has not been proven superior treatment to conventional radiation therapy.

Stereotactic Body Radiation Therapy (SBRT)

Stereotactic Body Radiation Therapy is not a standard treatment option for the treatment of anal cancer. These requests will be reviewed on a case-by-case basis.

THE FOLLOWING APPLIES TO CMS (MEDICARE) MEMBERS ONLY

For Proton Beam and Stereotactic Radiotherapy, refer to Local Coverage Determination (LCD), if applicable.

BACKGROUND

This guideline outlines methods suitable for delivering anal carcinoma radiation therapy. Techniques such as CT simulation, conformal approach, and intensity modulated radiation therapy (IMRT) have shown promising results in ongoing clinical trials. IMRT use requires expertise in defining appropriate target volume over conventional conformal beam irradiation. As in most cancers, a multidisciplinary approach is preferred for treating patients with anal carcinoma.

REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Anal Carcinoma Version 2.2022. National Comprehensive Cancer Network (NCCN). Updated September 2, 2022. Accessed December 2, 2022. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf

POLICY HISTORY

Date	Summary
May 2023	<ul style="list-style-type: none">• References updated• Deleted Additional Resources• Replaced “Treatment Options Requiring Physician Review” with “Treatment Options (to be reviewed on a case-by-case basis)”
January 2022	No significant changes

Reviewed / Approved by Clinical Guideline Committee

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