National Comprehensive Cancer Network®

USER GUIDE

NCCN Radiation Therapy Compendium™

Access to the NCCN Radiation Therapy Compendium™ for non-commercial users is available via subscription.

Prior to accessing the NCCN Radiation Therapy Compendium™, users must accept an End-User License Agreement (EULA) and create a free account or login with an existing account on NCCN.org.

About the NCCN Radiation Therapy Compendium™

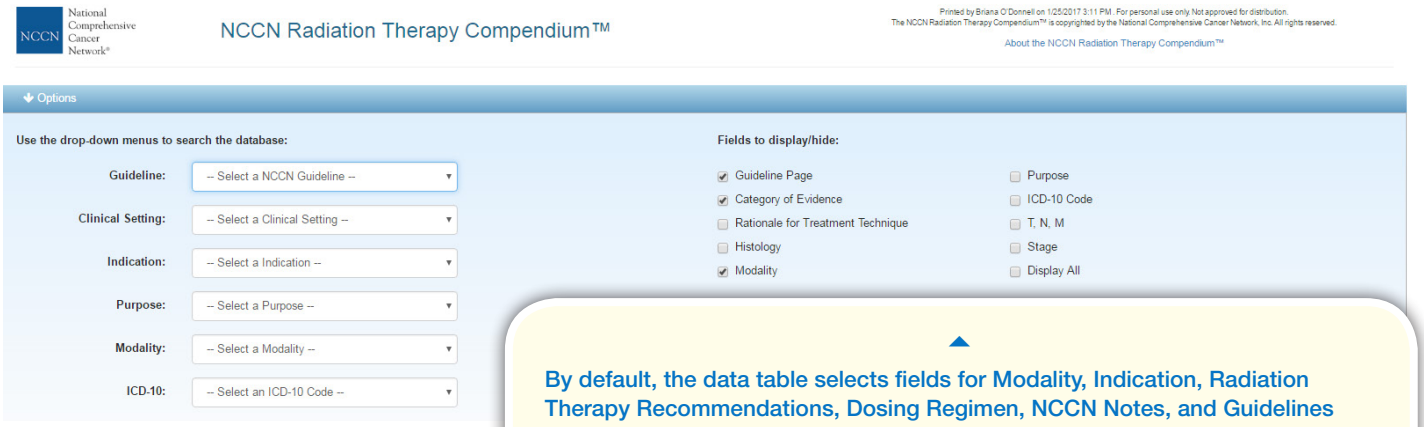
The NCCN Radiation Therapy Compendium™ includes information designed to support clinical decision-making around the use of radiation therapy in patients with cancer and is based directly on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Radiation Therapy Compendium™ includes recommendations pertaining to indications, modalities, clinical scenario, and purpose, as well as dosing regimens used for treatment. Additional information includes the clinical notes related to a specific recommendation. The NCCN Radiation Therapy Compendium™ also documents information on disease stage and histology. All radiation therapy recommendations in the NCCN Guidelines®, including specific modalities such as External beam radiation therapy (EBRT), Intensity modulated radiation therapy (IMRT), Intra-operative radiation therapy (IORT), Stereotactic radiosurgery (SRS)/Stereotactic body radiotherapy (SBRT)/Stereotactic ablative body radiotherapy (SABR), Image-guided radiation therapy (IGRT), Low dose-rate (LDR)/High dose-rate (HDR) brachytherapy, Radioisotope, and Particle therapy are included within the NCCN Radiation Therapy Compendium™.

The NCCN Radiation Therapy Compendium™ is accessible through an easy-to-use web-based user interface. The NCCN Radiation Therapy Compendium™ includes a full complement of radiation therapy recommendations found in the current Guidelines. The NCCN Radiation Therapy Compendium™ is reviewed on a continual basis to ensure that the recommendations take into account the most current evidence.

NCCN.org/rtcompendium

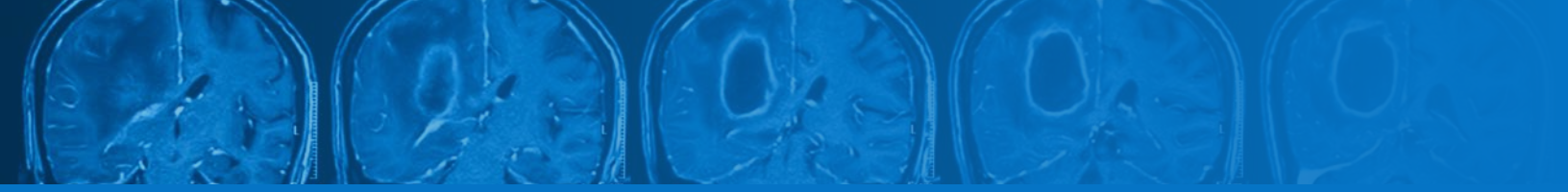
1 The top menu of the NCCN Radiation Therapy Compendium™ contains various drop-down lists for displaying the database (left) and various sorting fields (right).



By default, the data table selects fields for Modality, Indication, Radiation Therapy Recommendations, Dosing Regimen, NCCN Notes, and Guidelines Page. You can customize your display by checking/unchecking the data field boxes. Or check "Display" to view data for all other available fields.

2 By default, the table selects fields for Clinical Scenario, NCCN Guidelines Page, Category of Evidence, Modalities, Indications, Radiation Therapy Recommendations, Dosing Regimen, and Clinical NCCN Notes.

Only the Clinical Setting, Indication, Purpose, Modality, and ICD-10 codes recommended for a given disease will be available in the drop down menu.



3 When first selecting a disease or resetting the filters, the data table will display certain default data fields, including: Clinical Setting, Clinical Scenario, Guideline Page, Category of Evidence, Modality, Indications, Radiation Therapy Recommendation, Dosing Regimen, and Notes. With sorting fields applied, the data table displays the selected data in the NCCN Radiation Therapy Compendium™.

Daily fraction sizes are typically 1.8 to 2.0 Gy unless otherwise specified.

Filters: *Rectal Cancer v.2.2017* › *Rectal Cancer* › *Non-metastatic*

Clinical Setting	Clinical Scenario	Guideline Page	Category of Evidence	Modalities	Indications	Radiation Therapy Recommendation	Dosing Regimen	NCCN Notes
Rectal Cancer	• T1, NX (with high risk features which include: positive margins, lymphovascular invasion, poorly differentiated tumors, or invasion into the lower third of the submucosa) patient after a transanal excision who does not undergo transabdominal resection. • or • T2, NX patient who does not undergo transabdominal resection.	REC-3 REC-D	2A	• 3-D Conformal EBRT • IMRT • IGRT	Non-metastatic	Chemo/RT	Adjuvant Treatment: • 45 to 50.4 Gy to the pelvis in 25-28 fractions. • Boost of 5.4 to 9.0 Gy in 3-5	• 3D conformal EBRT is preferred. • IMRT should only be used in the setting of a clinical trial or unique clinical situations or anatomical situations. • Initial target should include the tumor bed with a 2-5 cm margin, pre-sacral nodes and internal iliac nodes. • Attention should be paid to fertility issues.
Rectal Cancer	• Postoperative after transabdominal resection • Stage pT3-4, or N1-2 • pT3-4, N0, M0 or pT1-4, N1-2 following transabdominal resection.	REC-4 REC-6 REC-D	2A	• 3-D Conformal EBRT • IMRT • IGRT	Non-me			• 3D conformal EBRT is preferred. • IMRT should only be used in the setting of a clinical trial or unique clinical situations or anatomical situations. • Initial target should include the tumor bed with a 2-5 cm margin, pre-sacral nodes and internal iliac nodes. • Include external iliac nodes in T4 tumors that involve anterior pelvic structures. • Include the perineal wound after abdominoperineal resection. • Attention should be paid to fertility issues.
Rectal Cancer	• cT3, N0 • T Any, N 1-2 • T4 and/or locally unresectable or medically inoperable disease. • Non-metastatic	REC-5 REC-6 REC-D	2A	• 3-D Conformal EBRT • IMRT • IGRT • IORT • Brachytherapy	• Inoperable • Non-metastatic	Neoadjuvant Treatment: • Chemo/Long-Course EBRT or • Short-Course Brachytherapy at time of surgery or • EBRT postoperatively	Neoadjuvant Treatment: • 45 to 50.4 Gy to the pelvis in 25-28 fractions. Followed by treatment options for close or positive margins: • IORT or Brachytherapy after resection • EBRT 10 to 20 Gy	• Category 1 recommendation is for capecitabine or infusional 5-FU with 45 to 50.4 Gy to the pelvis. • Short course RT should be completed within 1-2 weeks prior to surgery. • Short course RT for patients with a medical contraindication to combined modality treatment may be used (not for T4 tumors). able tumors may require doses higher than 54 Gy ely. al EBRT is preferred. d only be used in the setting of a clinical trial or cal situations or anatomical situations. ould be paid to fertility issues.

External Beam Radiation Therapy

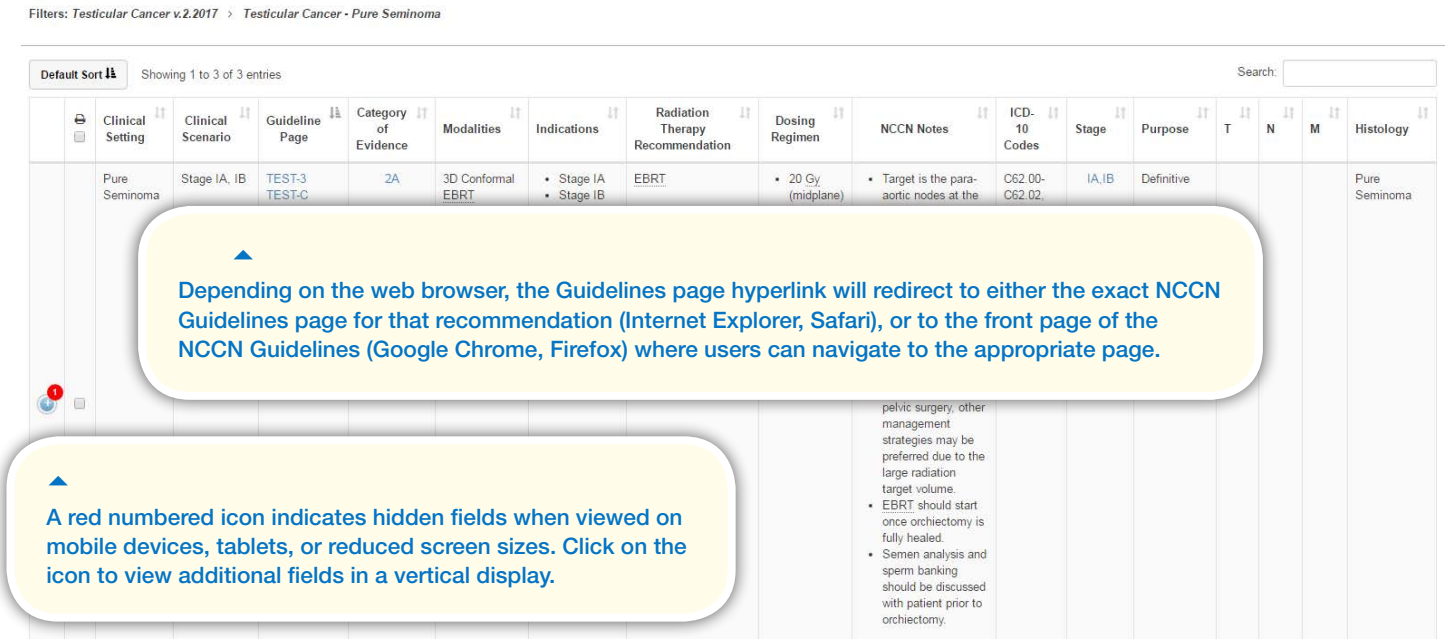
Hover your cursor over underlined text to view a description or definition of the underlined item.

When more than one modality is listed, order does not denote treatment preference.

An easy-to-read view of the selected RT recommendations can be made available for printing or saving as a PDF by checking the box in the left most column.

Showin

4 The NCCN Radiation Therapy Compendium™ is built on a responsive platform that can be viewed on mobile devices. If the screen size cannot accommodate all data fields simultaneously, the interface will automatically hide certain fields and indicate this with a red numbered icon in the left most column of the data table.



5 With the desired Guidelines displayed, individual, or multiple records may be selected for printing by checking the printer icon box (left-most data field, above). The recommendation is separated into "Disease Information" and "RT Information". Print the page or save the record as a PDF.

Printer icon

Print Record(s)... Save as PDF...

NCCN Radiation Therapy Compendium™

Disease Information	
Guideline Name:	Testicular Cancer 2.2017
Clinical Setting:	Pure Seminoma
Clinical Scenario:	• Stage IA • Stage IB
Purpose:	Definitive
Category of Evidence:	2A
Stage:	American Joint Committee on Cancer (AJCC) 7th ed., 2010 IA, IB
Histology:	Pure Seminoma
Indications:	Stage IA, Stage IB
Guideline Page:	TEST-3, TEST-C

Radiation Therapy Information	
RT Recommendation:	EBRT
Modalities:	3D Conformal EBRT
Rationale for Treatment Technique:	• Dose to critical structures is lower with AP-PA 3D-conformal EBRT. • IMRT is NOT recommended to reduce dose to organs at risk and risk of second cancers.
Dosing Regimen:	• 20 Gy (midplane) in 2.0 Gy fractions (preferred) or • 25.5 Gy in 1.5 Gy fractions.
Notes:	• Target is the para-aortic nodes at the T12-L5 levels. • If prior ipsilateral pelvic surgery, the target should include the para-aortic nodes + ipsilateral inguinal and iliac nodes (Including any prior herniorrhaphy or orchiopexy scars). • If prior ipsilateral pelvic surgery, other management strategies may be preferred due to the large radiation target volume. • EBRT should start once orchiectomy is fully healed. • Semen analysis and sperm banking should be discussed with patient prior to orchiectomy.
ICD10:	C62.00-C62.02, C62.10-C62.12, C62.90-C62.92