



Radiation Oncology Consultants

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ROC May 2014 Newsletter

ASTRO releases list of five radiation oncology treatments to question as part of national Choosing Wisely® campaign

In September 2013 The American Society for Radiation Oncology (ASTRO) released its list of five radiation oncology-specific treatments that are commonly ordered but may not always be appropriate as part of the national [Choosing Wisely®](#) campaign, an initiative of the ABIM Foundation. The list identifies five targeted treatment options that ASTRO recommends for detailed patient-physician discussion before being prescribed. The physicians of Radiation Oncology Consultants (ROC) had already implemented these best practices into our treatment algorithms to deliver appropriate care in an efficient manner.

ASTRO's five recommendations are:

- **Don't initiate whole breast radiotherapy as a part of breast conservation therapy in women age ≥ 50 with early stage invasive breast cancer without considering shorter treatment schedules.**

Whole breast radiotherapy decreases local recurrence and improves survival of women with invasive breast cancer treated with breast conservation therapy. Most studies have utilized "conventionally fractionated" schedules that deliver therapy over 5-6 weeks, often followed by 1-2 weeks of boost therapy. Recent studies, however, have demonstrated equivalent tumor control and cosmetic outcome in specific patient populations with shorter courses of therapy (approximately 4 weeks). Patients and their physicians should review these options to determine the most appropriate course of therapy.

ROC physicians treat many of our breast conserving cancer patients in 4 weeks or less. Exceptions to this rule may include woman with larger breasts, those receiving comprehensive nodal irradiation, patient preference or those who receive chemotherapy prior to radiation.

- **Don't initiate management of low-risk prostate cancer without discussing active surveillance.**

Patients with prostate cancer have a number of reasonable management options. These include surgery and radiation, as well as conservative monitoring without therapy in appropriate patients. Shared decision-making between the patient and the physician can lead to better alignment of patient goals with treatment and more efficient care delivery. ASTRO has published patient-directed written decision aids concerning prostate cancer and numerous other types of cancer. These types of instruments can give patients confidence about their choices, improving compliance with therapy.

At ROC, active surveillance is always discussed and many patients that we see with low risk, low volume, newly diagnosed prostate cancer are not treated with curative intent but are instead monitored closely with intervention reserved for progression.

- **Don't routinely use extended fractionation schemes (>10 fractions) for palliation of bone metastases.**

Studies suggest equivalent pain relief following 30 Gy in 10 fractions, 20 Gy in 5 fractions, or a single 8 Gy fraction. A single treatment is more convenient but may be associated with a slightly higher rate of retreatment to the same site. Strong consideration should be given to a single 8 Gy fraction for patients with a limited prognosis or with transportation difficulties.

ROC physicians utilize 8 Gy in a single fraction or 20 Gy in 5 fractions as an effective means to palliate patients with limited life expectancies or who do not want to or cannot come for a longer course. Patients treated with 8 Gy in a single fraction can also receive a second fraction of 8Gy if there has been inadequate pain relief.

- **Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.**

Clinical trials are necessary to establish a possible advantage for proton therapy for prostate cancer.

ROC physicians discuss all modalities for treating prostate cancer—including active surveillance, surgical options and radiation options—IMRT, brachytherapy, stereotactic body radiation therapy (SBRT, Cyberknife), and proton therapy. We also discuss shortened treatment courses (hypofractionation). Patients who go to the proton center are all offered treatment on both clinical trials and on registry trials—to try and understand the best and most appropriate use of this technology. To date, the CDH Proton Center in Warrenville, IL has treated 638 prostate cancer patients on a registry trial, and nearly 100 on clinical trials.

- **Don't routinely use intensity modulated radiation therapy (IMRT) to deliver whole breast radiotherapy as part of breast conservation therapy.**

Clinical trials have suggested lower rates of skin toxicity after using modern 3-D conformal techniques relative to older methods of 2-D planning. In these trials, the term "IMRT" has generally been applied to describe methods that are more accurately defined as field-in-field 3-D conformal radiotherapy. While IMRT may be of benefit in select cases where the anatomy is unusual, its routine use has not been demonstrated to provide significant clinical advantage.

ROC physicians use sophisticated 3D planning to minimize dose to heart and lung and minimize hot spots within the breast. This is essentially accomplished with a field within a field technique however we consider this to be 3D and not IMRT. Other techniques that we utilize include treating patients in the prone position which can help eliminate hot spots in larger breasted patients and decrease dose to heart in left sided patients. Some of our sites are using breath holding techniques, another relatively low tech/low cost solution that may minimize unwanted dose to heart.

All of us in the medical field try to do our best for our patients. We also feel some societal pull to manage our resources wisely. The choosing wisely campaign gives us in the oncology field a foundation, hopefully, to do both.

Radiation Oncology Consultants fully supports the choosing wisely campaign.

This month's newsletter was prepared by Dr. Michael A. Stutz, Medical Director of Advocate's Good Samaritan Cancer Center in Downers Grove, IL.