



## ASTRO GUIDELINES

ASTRO is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals who specialize in treating patients with radiation therapies. These medical professionals, found at hospitals, cancer treatment centers and academic research facilities around the globe, make up the radiation therapy treatment teams that are critical in the fight against cancer. Together, these teams treat more than one million cancer patients each year. As the leading organization in radiation oncology, the Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research and advocacy.

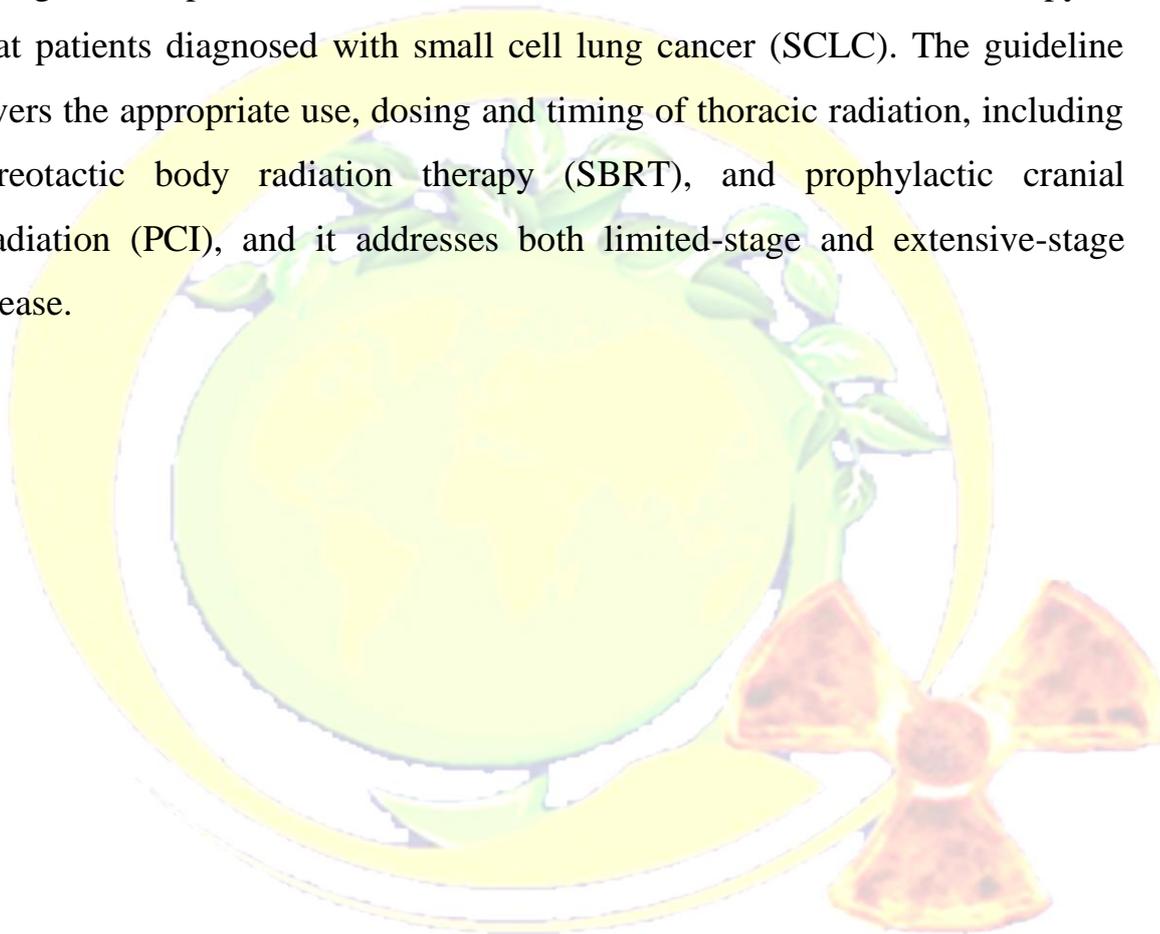
ASTRO provides members with the continuing medical education, health policy analysis, patient information resources and advocacy that they need to succeed in today's ever-changing health care delivery system.

"This article contains the titles and summaries of various ASTRO guidelines"

# Radiation Therapy for Small Cell Lung Cancer (ASTRO) - 2020

## Executive Summary

This guideline provides recommendations on the use of radiation therapy to treat patients diagnosed with small cell lung cancer (SCLC). The guideline covers the appropriate use, dosing and timing of thoracic radiation, including stereotactic body radiation therapy (SBRT), and prophylactic cranial irradiation (PCI), and it addresses both limited-stage and extensive-stage disease.



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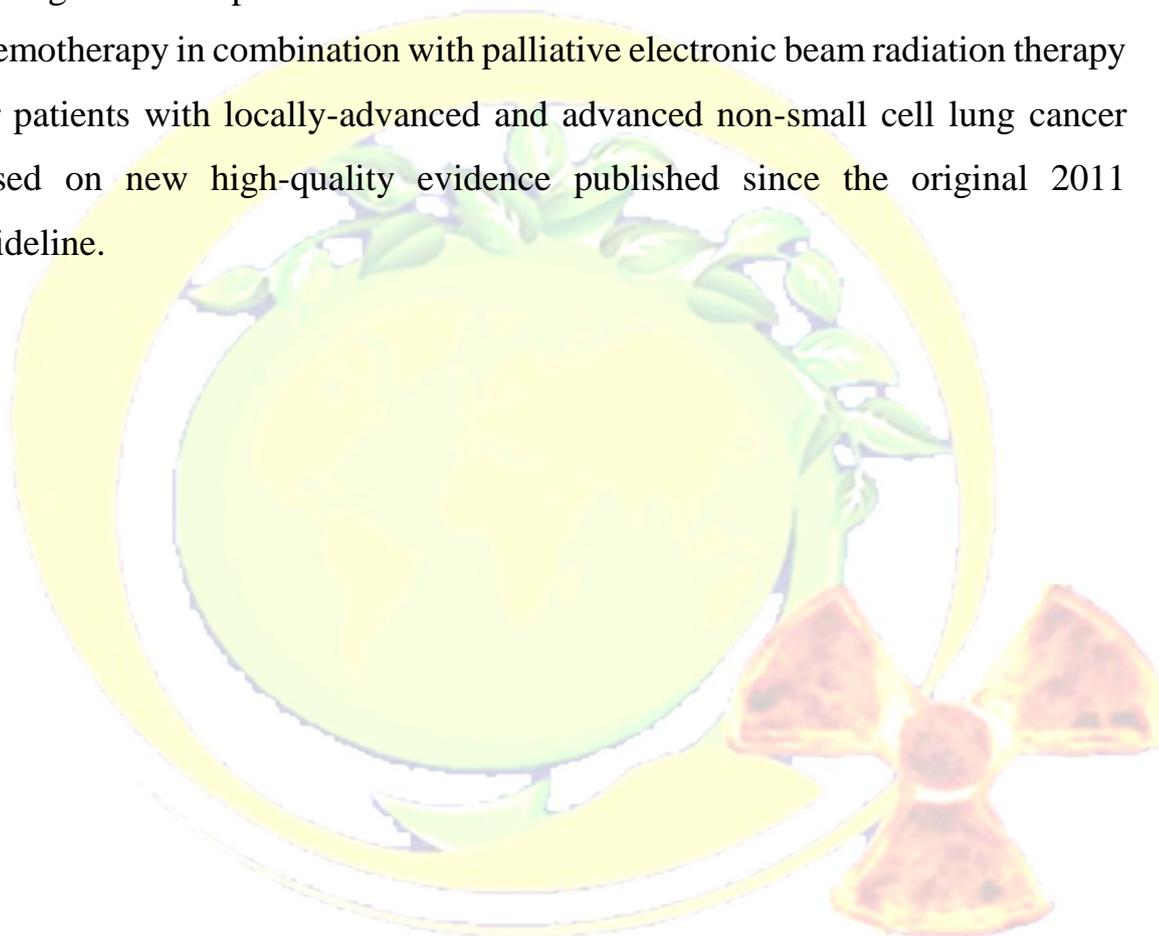
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# Palliative Thoracic Radiation Therapy for Non-Small Cell Lung Cancer (ASTRO) - 2011/2018 Update

## Executive Summary

This guideline updates the recommendation on the use of concurrent chemotherapy in combination with palliative electronic beam radiation therapy for patients with locally-advanced and advanced non-small cell lung cancer based on new high-quality evidence published since the original 2011 guideline.



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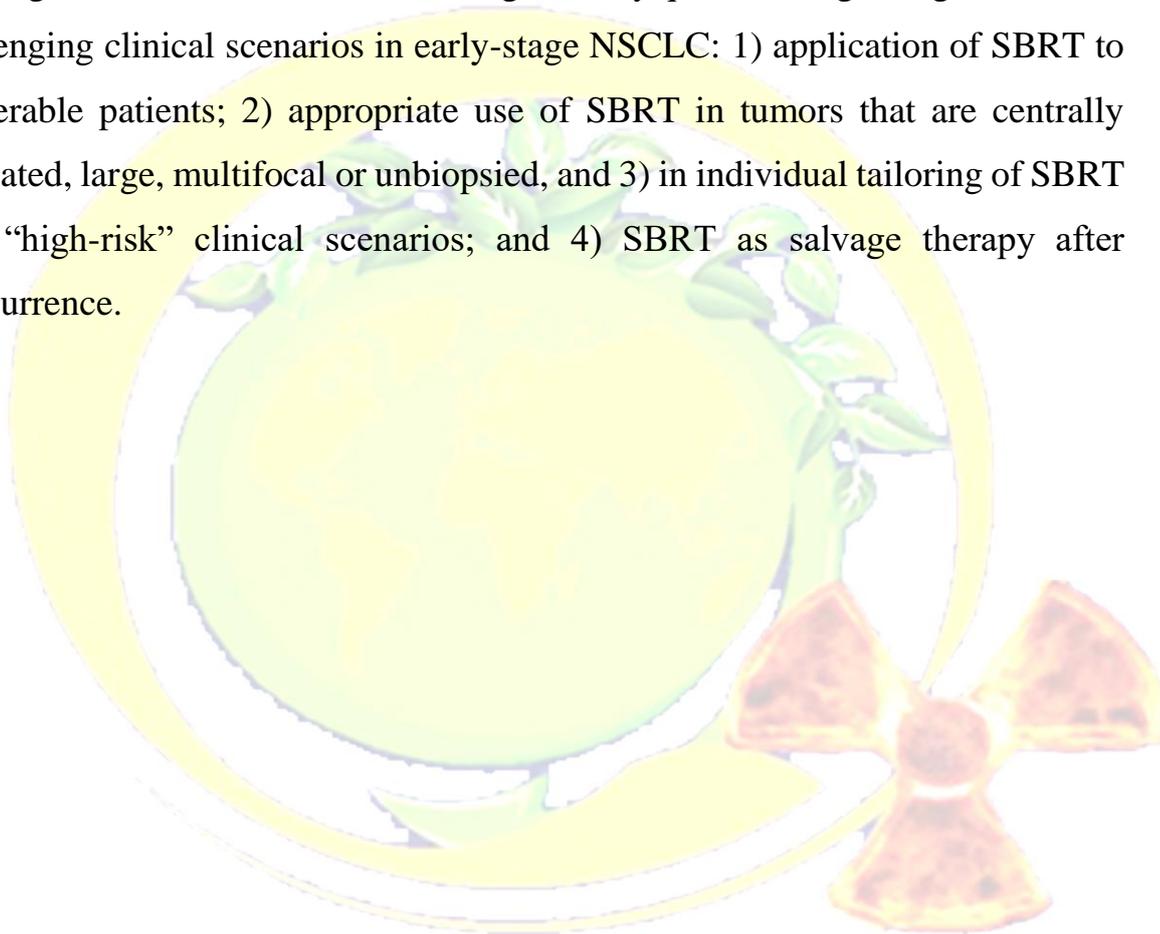
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# Stereotactic Body Radiation Therapy (SBRT) for Early-Stage Non-Small Cell Lung Cancer (ASTRO) - 2017

## Executive Summary

This guideline evaluates the following four key questions regarding SBRT in challenging clinical scenarios in early-stage NSCLC: 1) application of SBRT to operable patients; 2) appropriate use of SBRT in tumors that are centrally located, large, multifocal or unbiopsied, and 3) in individual tailoring of SBRT in “high-risk” clinical scenarios; and 4) SBRT as salvage therapy after recurrence.



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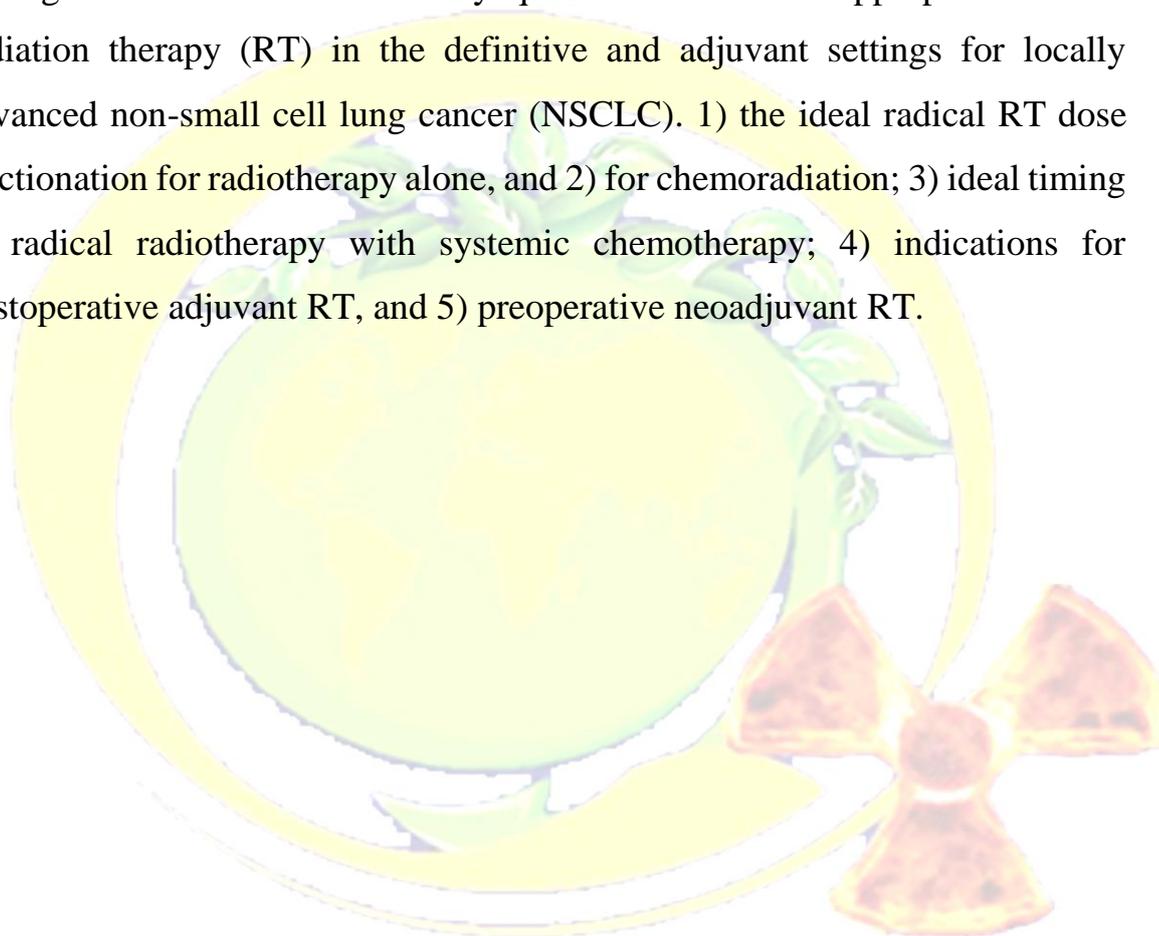
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# Definitive and Adjuvant Radiation Therapy in Locally Advanced Non-Small Cell Lung Cancer (ASTRO) - 2015

## Executive Summary

This guideline addresses five key questions related to appropriate use of radiation therapy (RT) in the definitive and adjuvant settings for locally advanced non-small cell lung cancer (NSCLC). 1) the ideal radical RT dose fractionation for radiotherapy alone, and 2) for chemoradiation; 3) ideal timing of radical radiotherapy with systemic chemotherapy; 4) indications for postoperative adjuvant RT, and 5) preoperative neoadjuvant RT.



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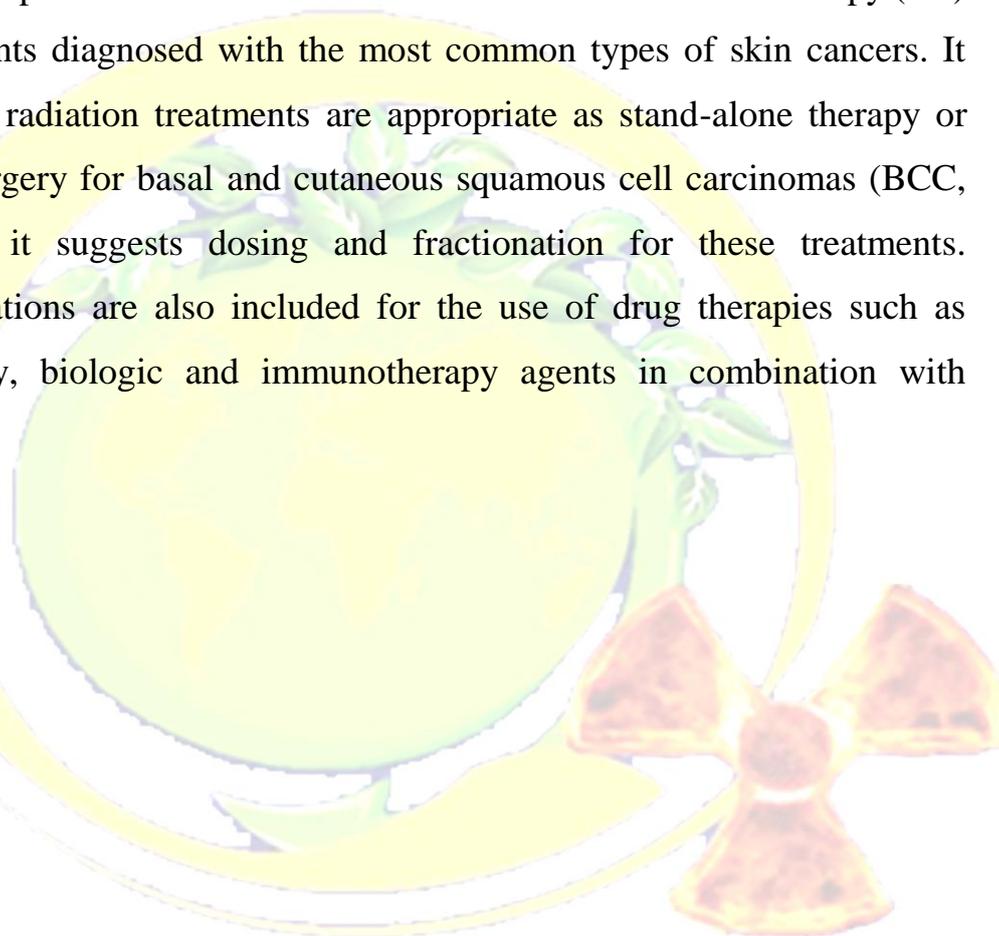
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# Definitive and Postoperative Radiation Therapy for Basal and Squamous Cell Cancers of the Skin (ASTRO) - 2019

## Executive Summary

This guideline provides recommendations on the use of radiation therapy (RT) to treat patients diagnosed with the most common types of skin cancers. It details when radiation treatments are appropriate as stand-alone therapy or following surgery for basal and cutaneous squamous cell carcinomas (BCC, cSCC), and it suggests dosing and fractionation for these treatments. Recommendations are also included for the use of drug therapies such as chemotherapy, biologic and immunotherapy agents in combination with radiation.



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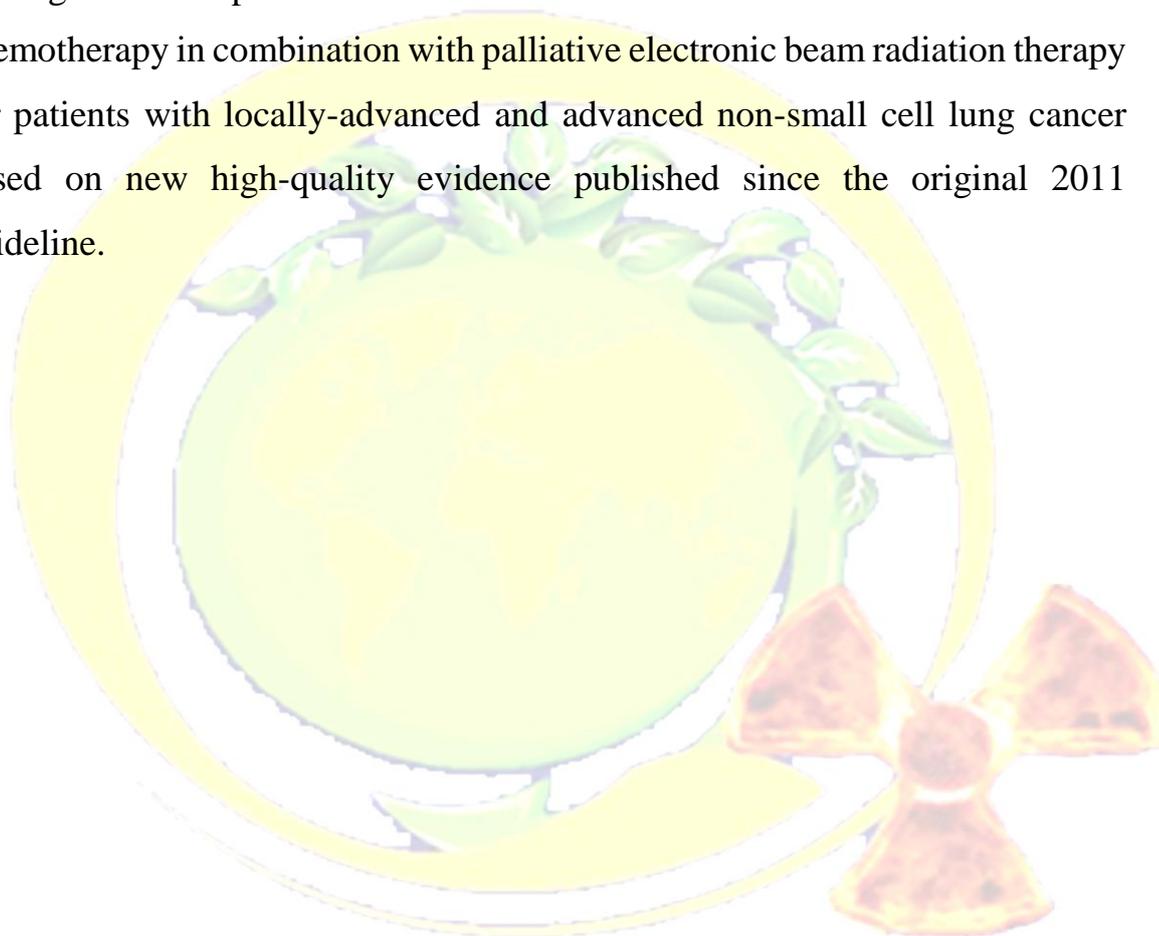
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# Palliative Thoracic Radiation Therapy in Lung Cancer (ASTRO) – 2018

## Executive Summary

This guideline updates the recommendation on the use of concurrent chemotherapy in combination with palliative electronic beam radiation therapy for patients with locally-advanced and advanced non-small cell lung cancer based on new high-quality evidence published since the original 2011 guideline.



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# Palliative Radiation Therapy for Bone Metastases (ASTRO) – 2017

## Executive Summary

This guideline update addresses the 8 questions from the original bone metastases guideline published in 2011 based on new literature. The topics include: 1) effective fractionation schemes to treat pain and/or prevent morbidity from peripheral bone metastases; 2) appropriateness of RT for bone metastases involving the spine and other critical structures; 3) whether there are long-term side effect risks that should limit use of single fraction RT for bone metastases; 4) retreatment with radiation to both peripheral and 5) spinal bone metastases; 6) role of highly conformal RT in primary and 7) retreatment; and 8) whether surgery, radionuclide, bisphosphonates or kyphoplasty/vertebroplasty obviate the role of RT in pain bone metastases.

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# Radiation Therapy and Surgery for Newly Diagnosed Brain Metastasis/es (ASTRO) – 2012

## Executive Summary

This guideline includes nine key questions looking at both single and multiple newly diagnosed intraparenchymal brain metastases. Topics include the prognostic factors that can predict survival in recently diagnosed patients and help guide treatment; the role of surgery, with and without whole brain radiation therapy (WBRT), in single brain metastases and how surgery compares to radiosurgery in these patient in terms of survival and brain control. The guideline also discusses use of WBRT alone, radiosurgery alone and a combination of the two, as well as recommendations on combining WBRT with radiosensitizers or chemotherapy.

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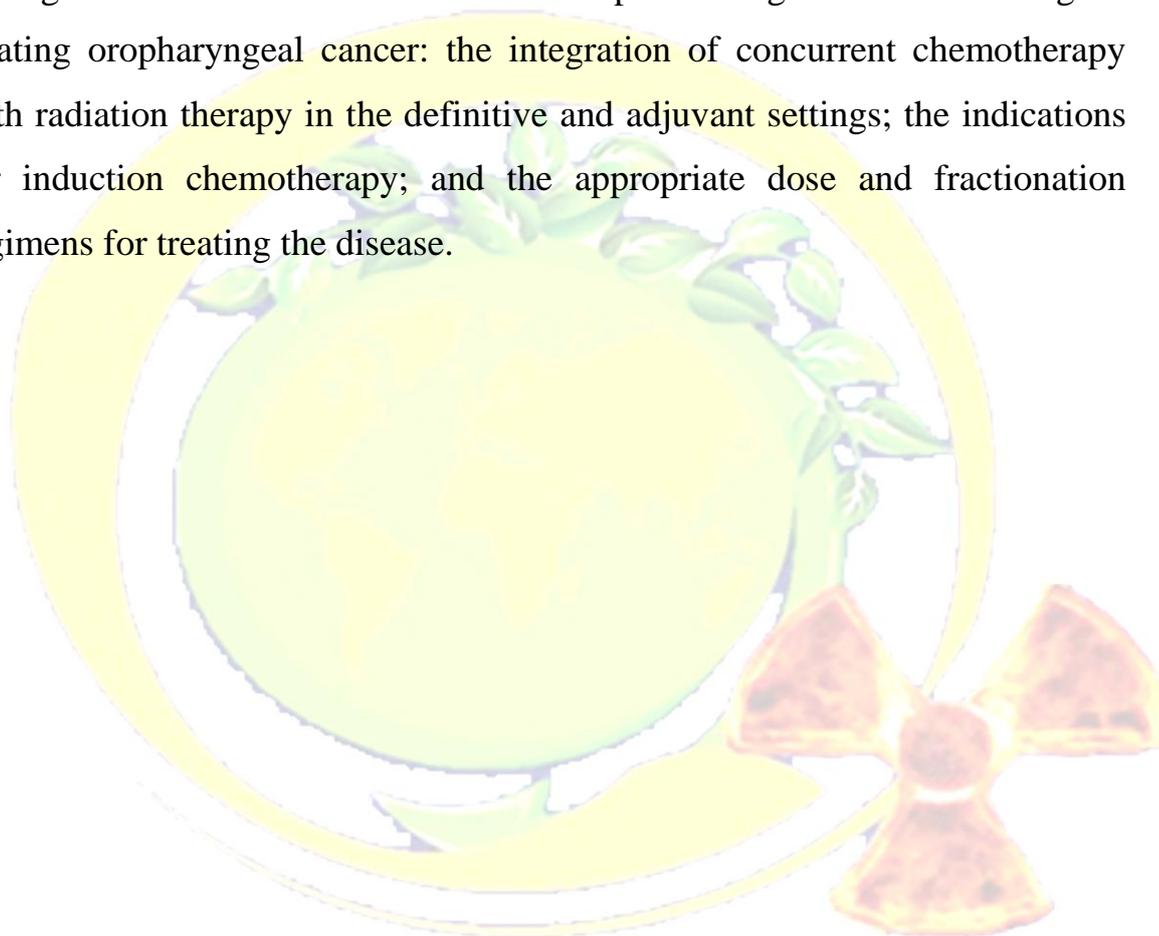
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# Radiation Therapy for Oropharyngeal Squamous Cell Carcinoma (ASTRO) – 2017

## Executive Summary

This guideline focuses on four critical topics facing radiation oncologists treating oropharyngeal cancer: the integration of concurrent chemotherapy with radiation therapy in the definitive and adjuvant settings; the indications for induction chemotherapy; and the appropriate dose and fractionation regimens for treating the disease.



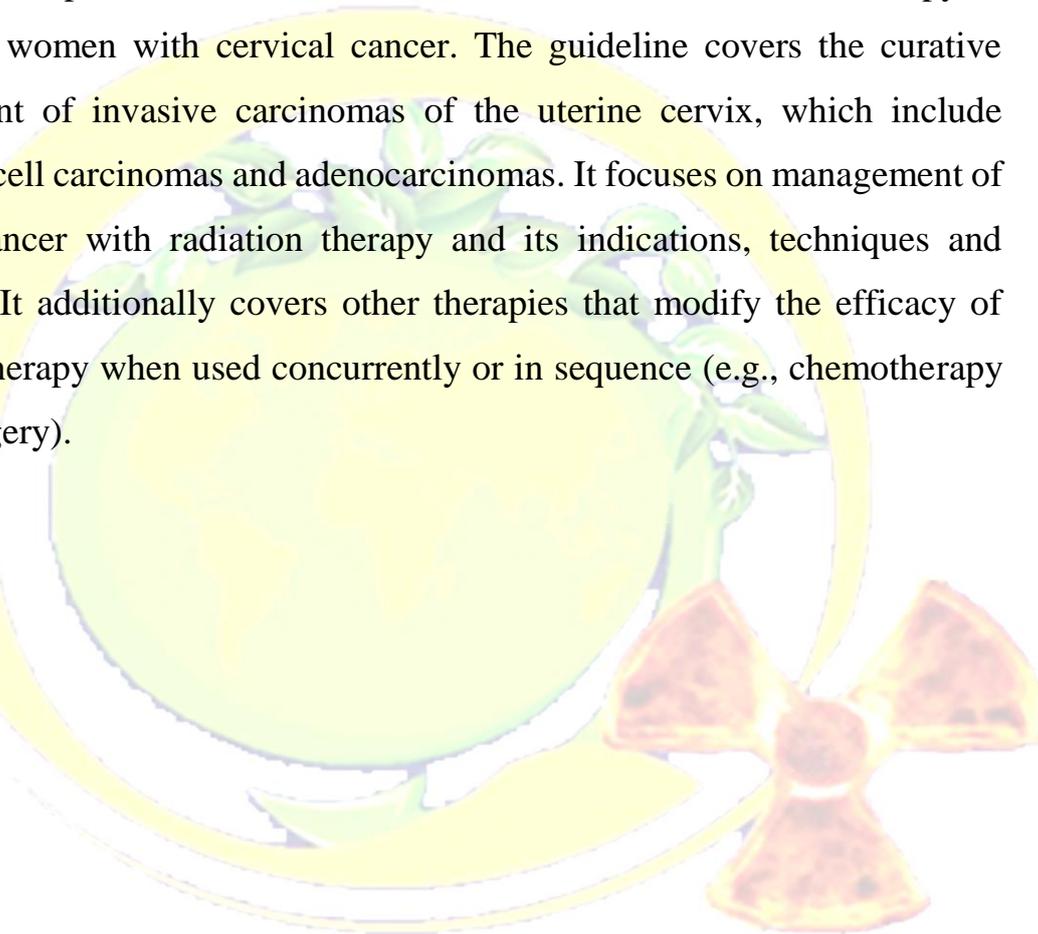
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## Executive Summary

This guideline provides recommendations on the use of radiation therapy to treat adult women with cervical cancer. The guideline covers the curative management of invasive carcinomas of the uterine cervix, which include squamous cell carcinomas and adenocarcinomas. It focuses on management of cervical cancer with radiation therapy and its indications, techniques and outcomes. It additionally covers other therapies that modify the efficacy of radiation therapy when used concurrently or in sequence (e.g., chemotherapy and/or surgery).



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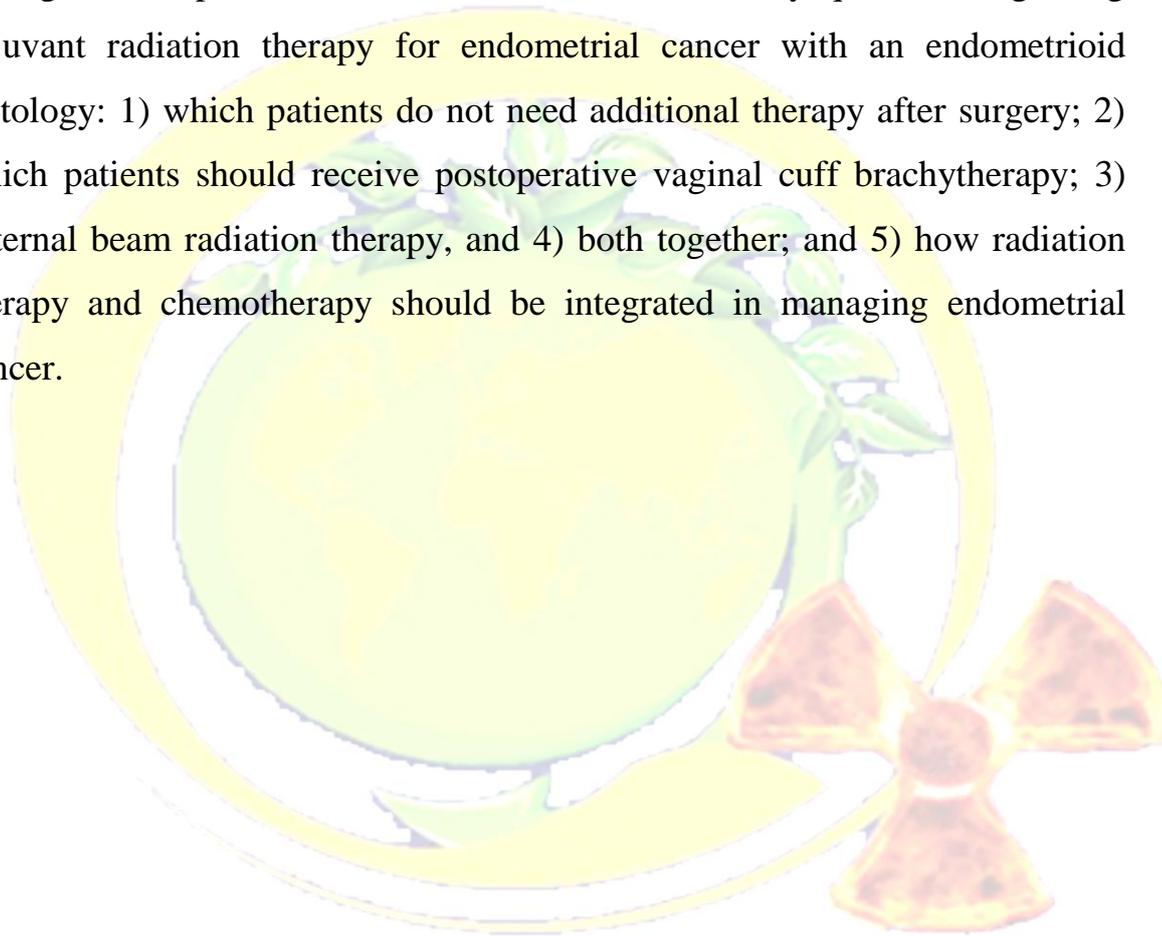
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# Postoperative Radiation Therapy for Endometrial Cancer (ASTRO) – 2014

## Executive Summary

This guideline provides recommendations on five key questions regarding adjuvant radiation therapy for endometrial cancer with an endometrioid histology: 1) which patients do not need additional therapy after surgery; 2) which patients should receive postoperative vaginal cuff brachytherapy; 3) external beam radiation therapy, and 4) both together; and 5) how radiation therapy and chemotherapy should be integrated in managing endometrial cancer.



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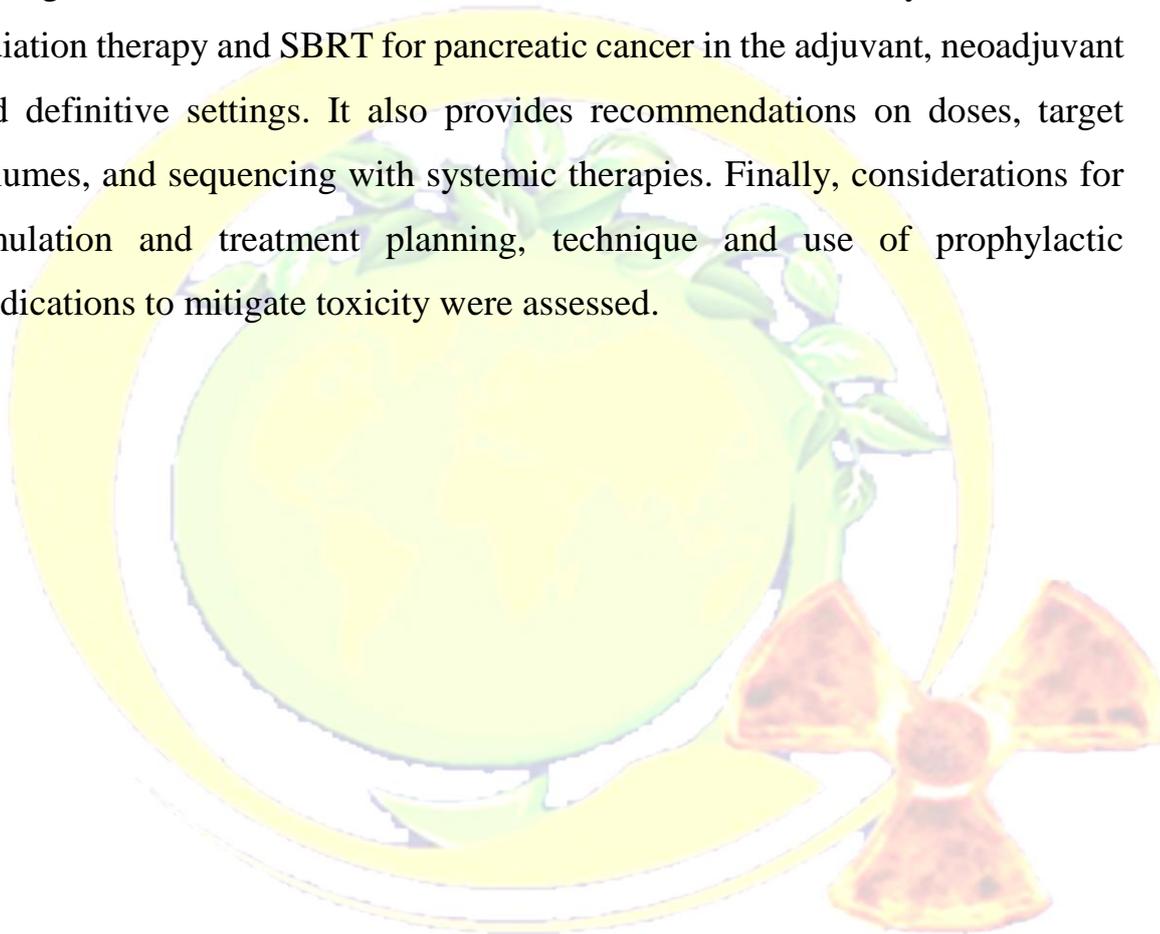
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# Radiation Therapy for Pancreatic Cancer (ASTRO) – 2019

## Executive Summary

This guideline discusses indications for both conventionally fractionated radiation therapy and SBRT for pancreatic cancer in the adjuvant, neoadjuvant and definitive settings. It also provides recommendations on doses, target volumes, and sequencing with systemic therapies. Finally, considerations for simulation and treatment planning, technique and use of prophylactic medications to mitigate toxicity were assessed.



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# Adjuvant and Salvage Radiation Therapy After Prostatectomy (ASTRO/AUA) – 2018

## Executive Summary

The 2013 full-text collaborative guideline developed recommendations on several questions related to appropriate use of radiation therapy (RT) in patients who have undergone prostatectomy, both as adjuvant therapy following surgery and after recurrence. It examines the impact of adjuvant RT on recurrence and survival and how these outcomes are affected by factors such as margin status, seminal vesicle invasion, Gleason score and patient age. For salvage therapy, the guideline also addresses whether RT improves outcomes and whether its effects are limited to certain patient subgroups. In addition, the document considers the question of whether to administer adjuvant RT prior to recurrence or wait and treat patients who recur with salvage RT. Finally, RT techniques, use of androgen deprivation therapy together with RT, and data on toxicity and quality of life in the post-prostatectomy setting are discussed. The 2018 update incorporates new data related to these questions and added questions on use of genomic classifiers and treatment of oligo-metastases with RT post-radical prostatectomy.

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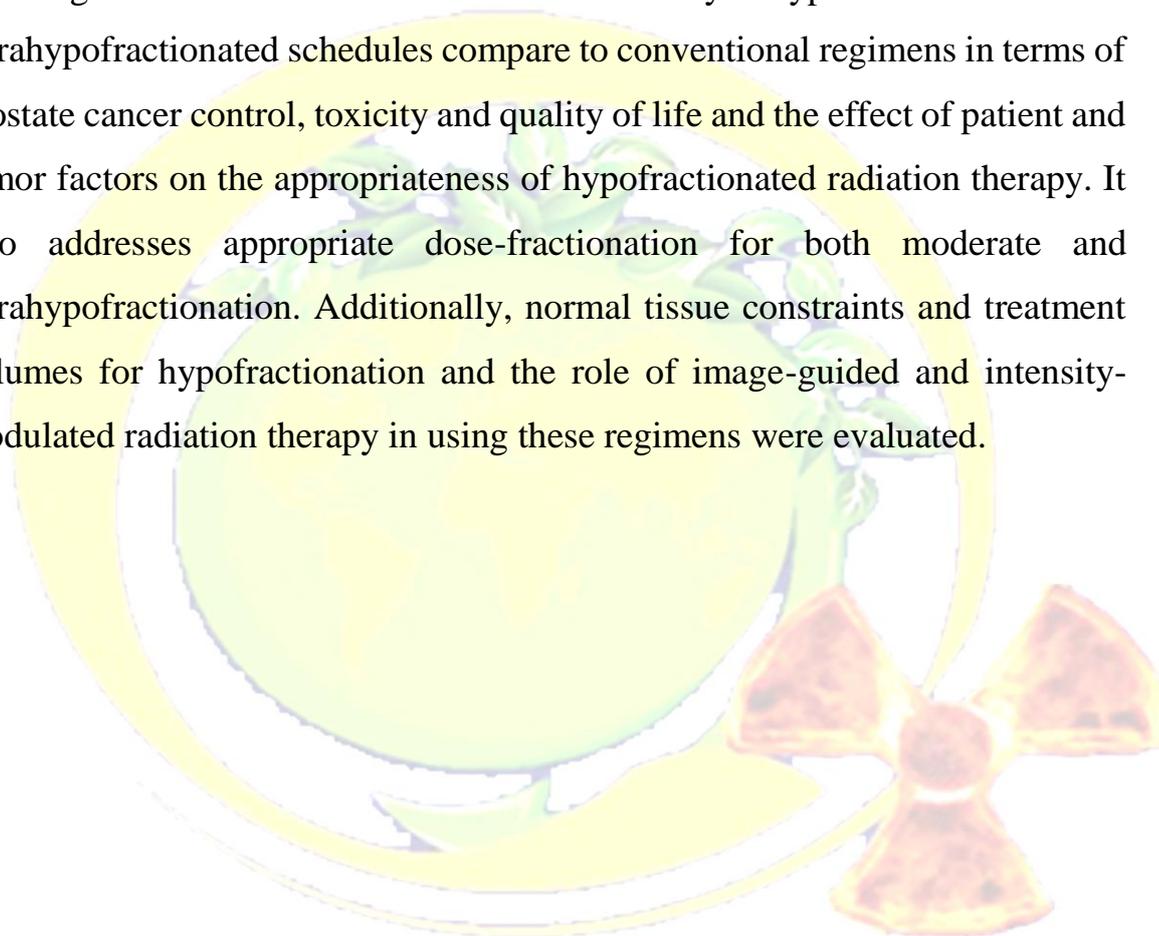
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# Hypofractionation for Localized Prostate Cancer (ASTRO/ASCO/AUA) – 2018

## Executive Summary

This guideline discusses how moderately hypofractionated and ultrahypofractionated schedules compare to conventional regimens in terms of prostate cancer control, toxicity and quality of life and the effect of patient and tumor factors on the appropriateness of hypofractionated radiation therapy. It also addresses appropriate dose-fractionation for both moderate and ultrahypofractionation. Additionally, normal tissue constraints and treatment volumes for hypofractionation and the role of image-guided and intensity-modulated radiation therapy in using these regimens were evaluated.



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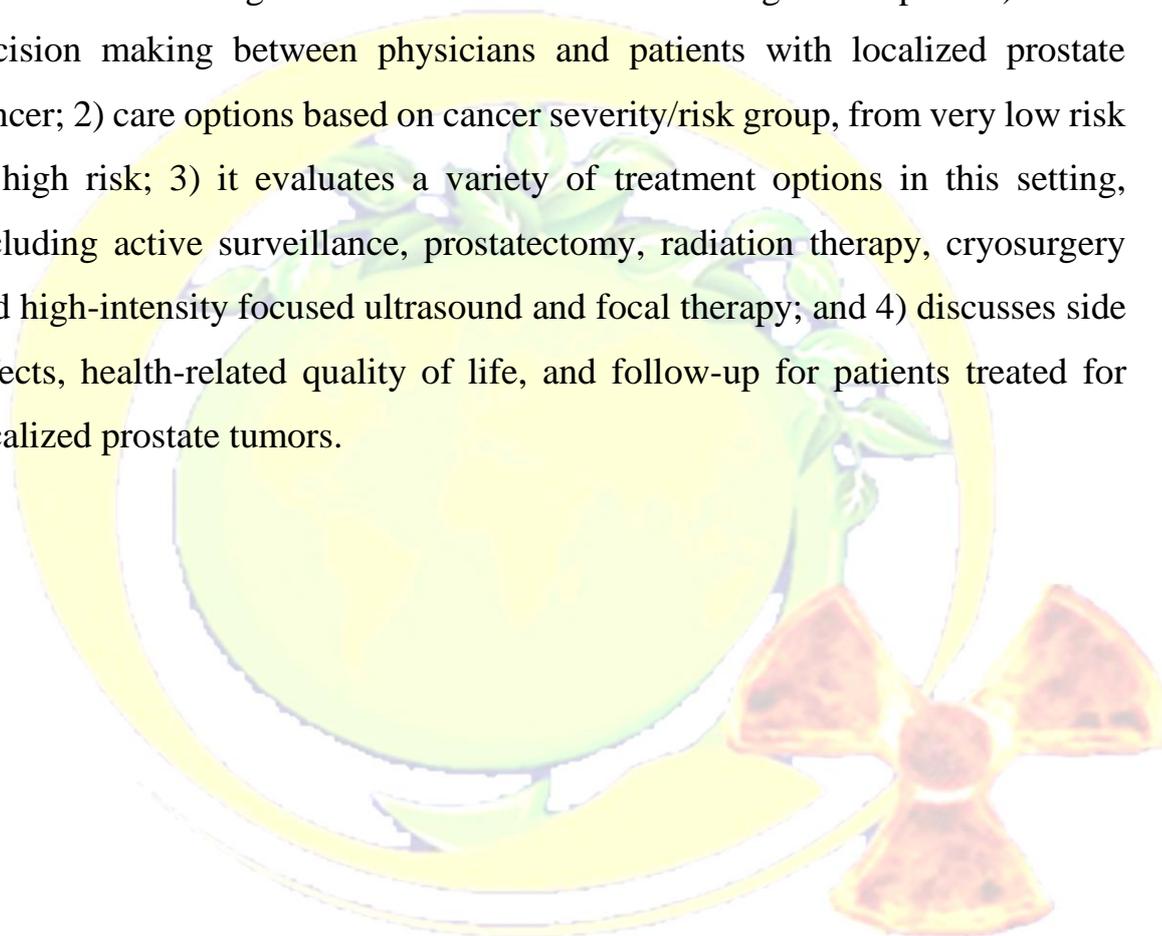
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# Clinically Localized Prostate Cancer (AUA/ASTRO/SUO) – 2017

## Executive Summary

This collaborative guideline focuses on the following four topics: 1) shared decision making between physicians and patients with localized prostate cancer; 2) care options based on cancer severity/risk group, from very low risk to high risk; 3) it evaluates a variety of treatment options in this setting, including active surveillance, prostatectomy, radiation therapy, cryosurgery and high-intensity focused ultrasound and focal therapy; and 4) discusses side effects, health-related quality of life, and follow-up for patients treated for localized prostate tumors.



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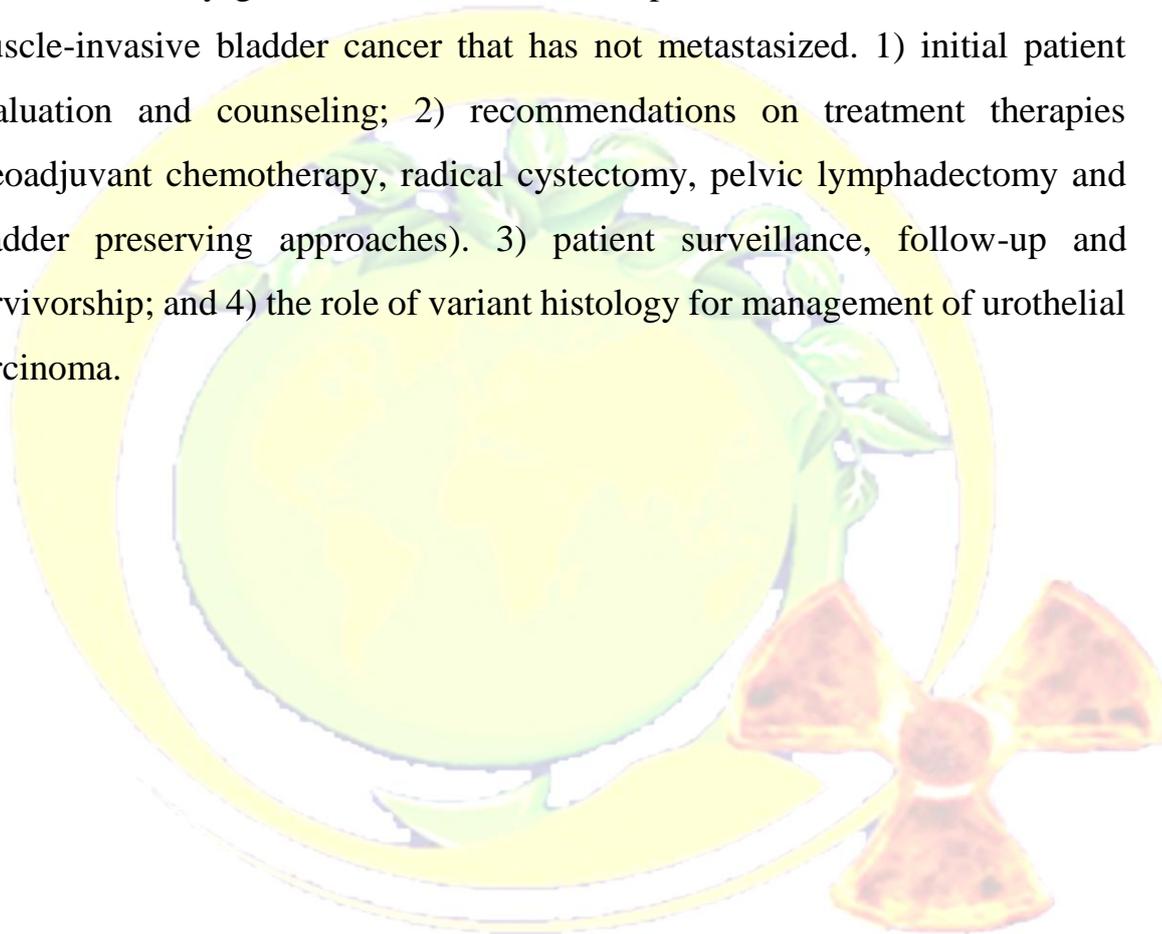
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# Treatment of Non-Metastatic Muscle-Invasive Bladder Cancer (AUA/ASCO/ASTRO/SUO) – 2017

## Executive Summary

This multisociety guideline addresses four topics related to the treatment of muscle-invasive bladder cancer that has not metastasized. 1) initial patient evaluation and counseling; 2) recommendations on treatment therapies (neoadjuvant chemotherapy, radical cystectomy, pelvic lymphadectomy and bladder preserving approaches). 3) patient surveillance, follow-up and survivorship; and 4) the role of variant histology for management of urothelial carcinoma.



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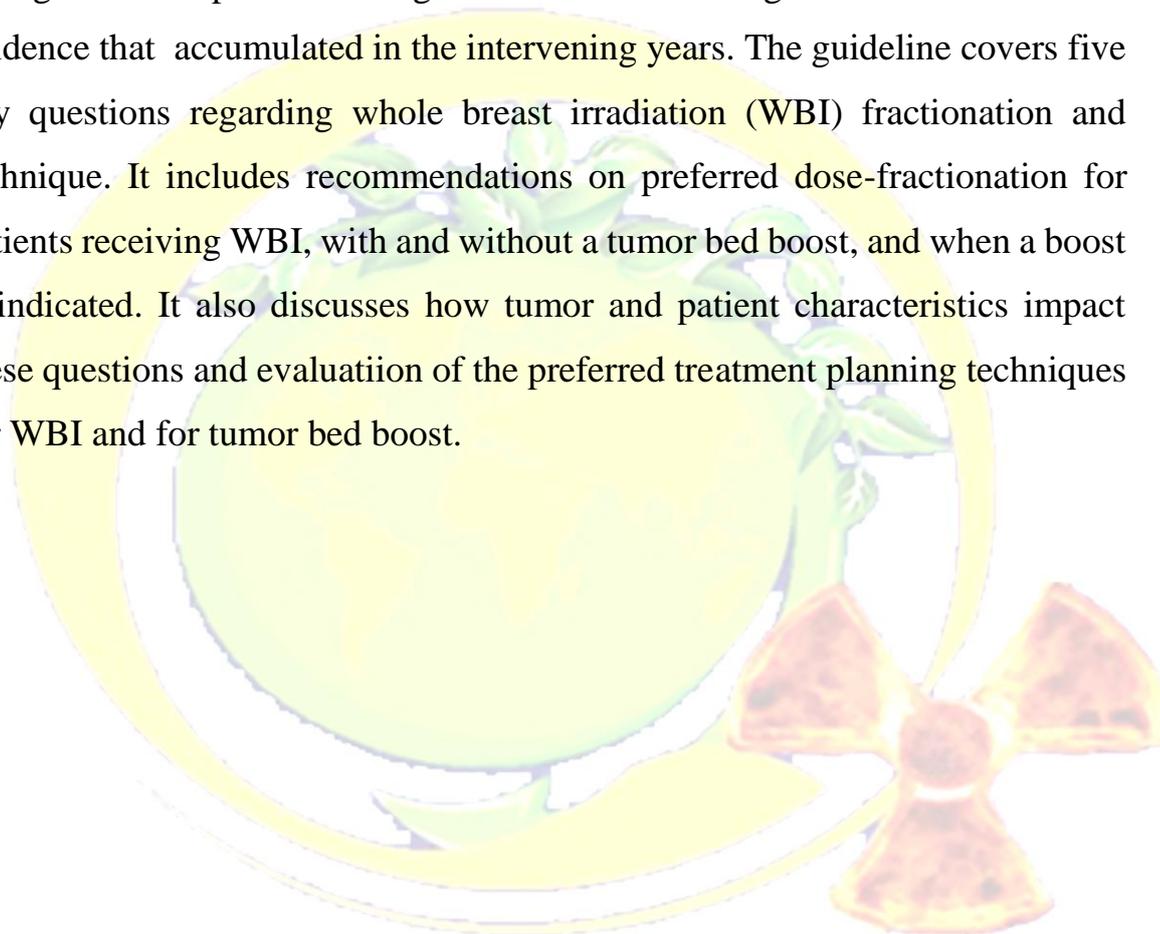
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# Radiation Therapy for the Whole-Breast (ASTRO) – 2018

## Executive Summary

This guideline replaces the original 2011 version in light of considerable new evidence that accumulated in the intervening years. The guideline covers five key questions regarding whole breast irradiation (WBI) fractionation and technique. It includes recommendations on preferred dose-fractionation for patients receiving WBI, with and without a tumor bed boost, and when a boost is indicated. It also discusses how tumor and patient characteristics impact these questions and evaluation of the preferred treatment planning techniques for WBI and for tumor bed boost.



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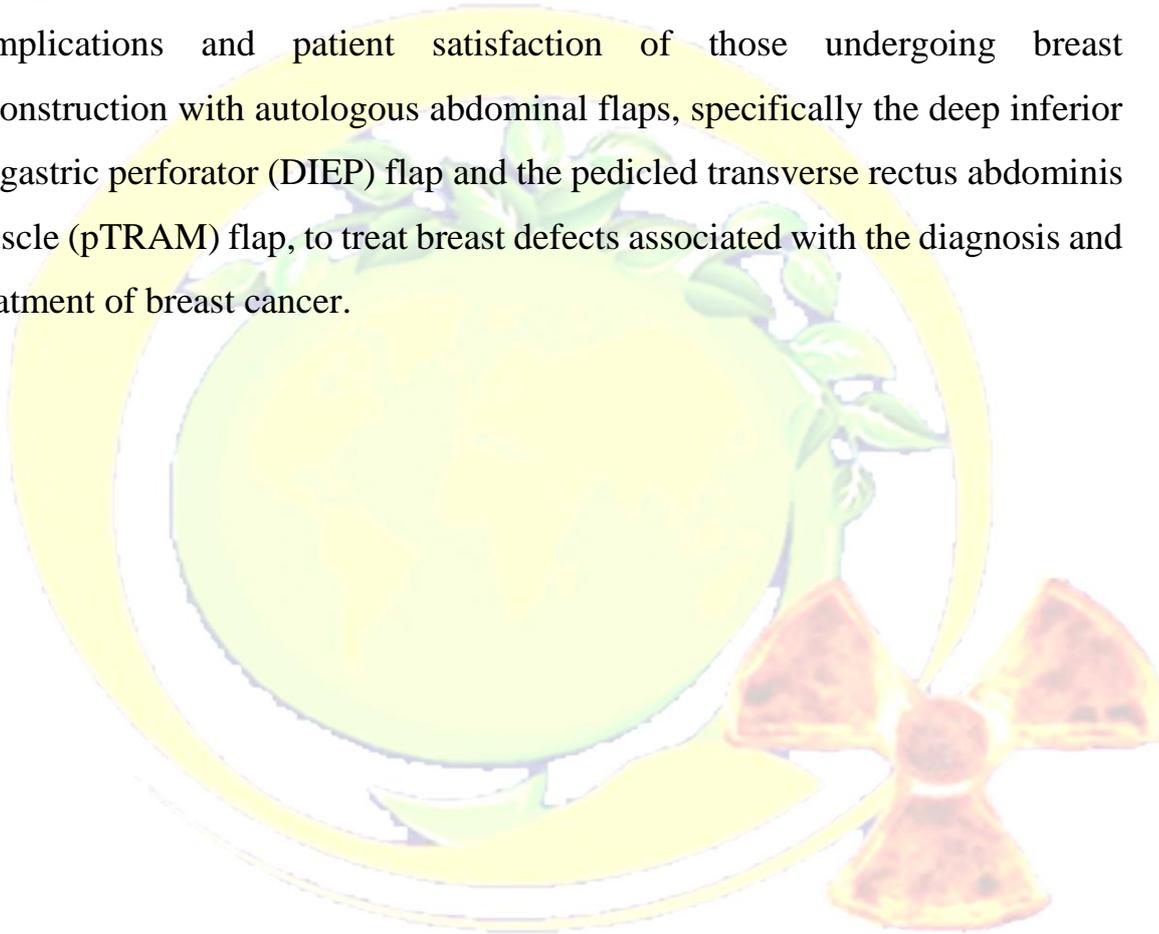
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# Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps

## Autologous Breast Reconstruction with DIEP or Pedicled TRAM Abdominal Flaps (ASPS) - 2017

### Executive Summary

This guideline is based on a systematic review of evidence and addresses the complications and patient satisfaction of those undergoing breast reconstruction with autologous abdominal flaps, specifically the deep inferior epigastric perforator (DIEP) flap and the pedicled transverse rectus abdominis muscle (pTRAM) flap, to treat breast defects associated with the diagnosis and treatment of breast cancer.



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# TreatMargins for Breast-Conserving Surgery With Whole-Breast Irradiation in Ductal Carcinoma in Situ (SSO/ASTRO/ASCO) – 2016/Affirmed 2019

## Executive Summary

Affirmed September 2019: Since this guideline was published more than 3-5 years ago, the guideline development panel evaluated the content for currency, accuracy and validity. Based on their recommendation, the SSO, ASTRO, and ASCO have affirmed that an update to the guideline is not required.

This collaborative guideline focuses on several elements of optimal margin negative margin width for DCIS treated with breast-conserving surgery and whole breast irradiation. It defines positive margins and provides recommendations on negative margin width. It also discusses the impact on negative margin width of treatment with excision alone or with endocrine therapy; patient and tumor features; and DCIS in presence of invasive breast cancer. The role of margin width in choice of technique, fractionation and boost dose for whole breast irradiation is also covered.

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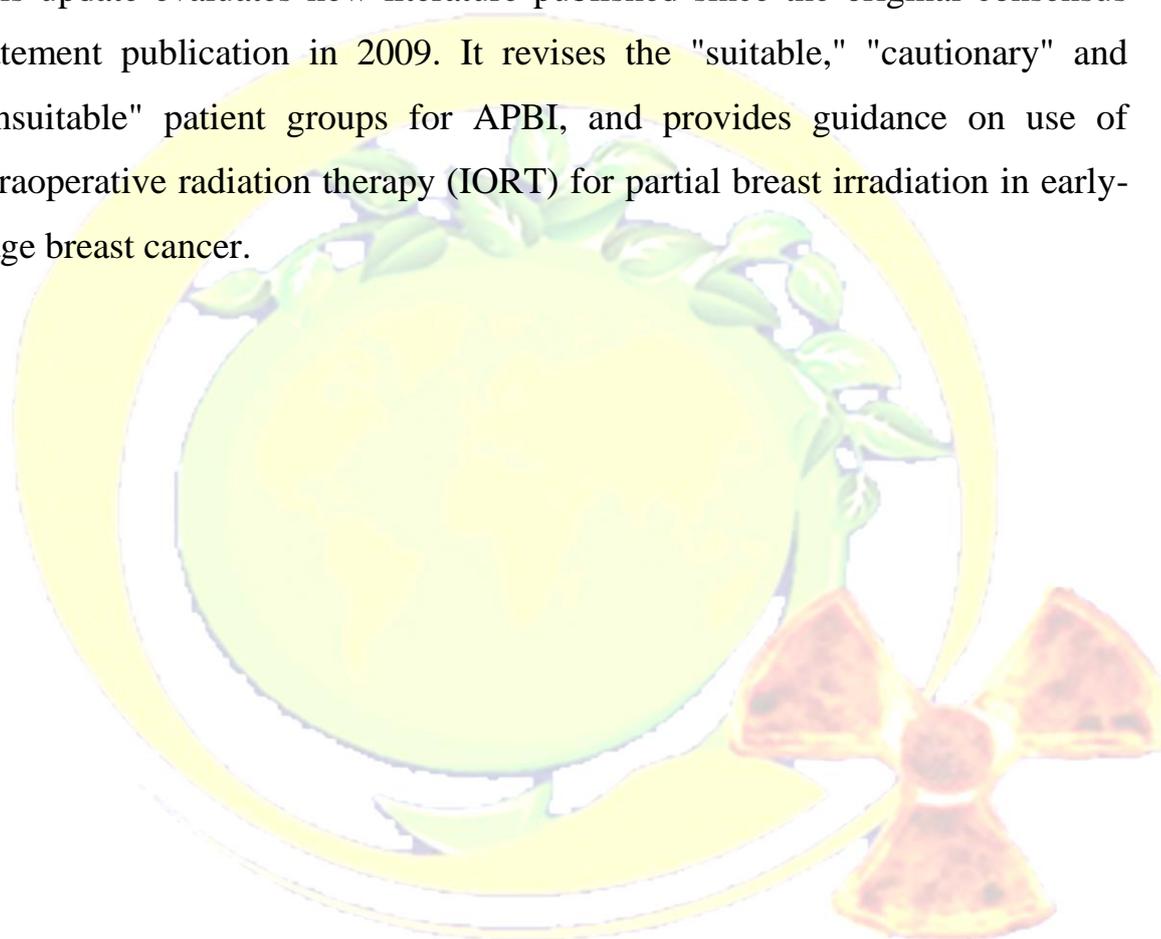
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# Accelerated Partial Breast Irradiation (ASTRO) – 2009/Updated 2016

## Executive Summary

This update evaluates new literature published since the original consensus statement publication in 2009. It revises the "suitable," "cautionary" and "unsuitable" patient groups for APBI, and provides guidance on use of intraoperative radiation therapy (IORT) for partial breast irradiation in early-stage breast cancer.



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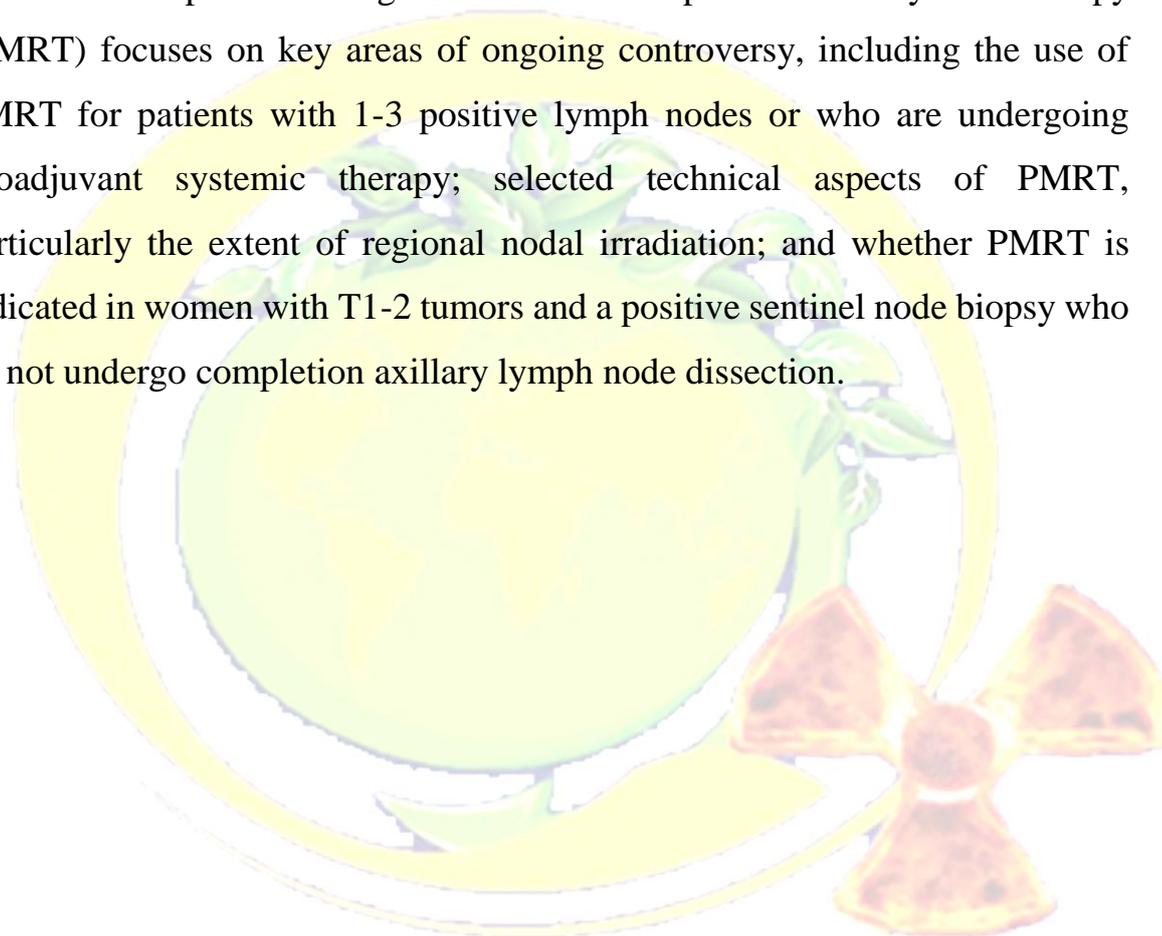
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# Postmastectomy Radiotherapy (ASCO/ASTRO/SSO) – 2001/Updated 2016

## Executive Summary

This focused update to the guideline on use of postmastectomy radiotherapy (PMRT) focuses on key areas of ongoing controversy, including the use of PMRT for patients with 1-3 positive lymph nodes or who are undergoing neoadjuvant systemic therapy; selected technical aspects of PMRT, particularly the extent of regional nodal irradiation; and whether PMRT is indicated in women with T1-2 tumors and a positive sentinel node biopsy who do not undergo completion axillary lymph node dissection.



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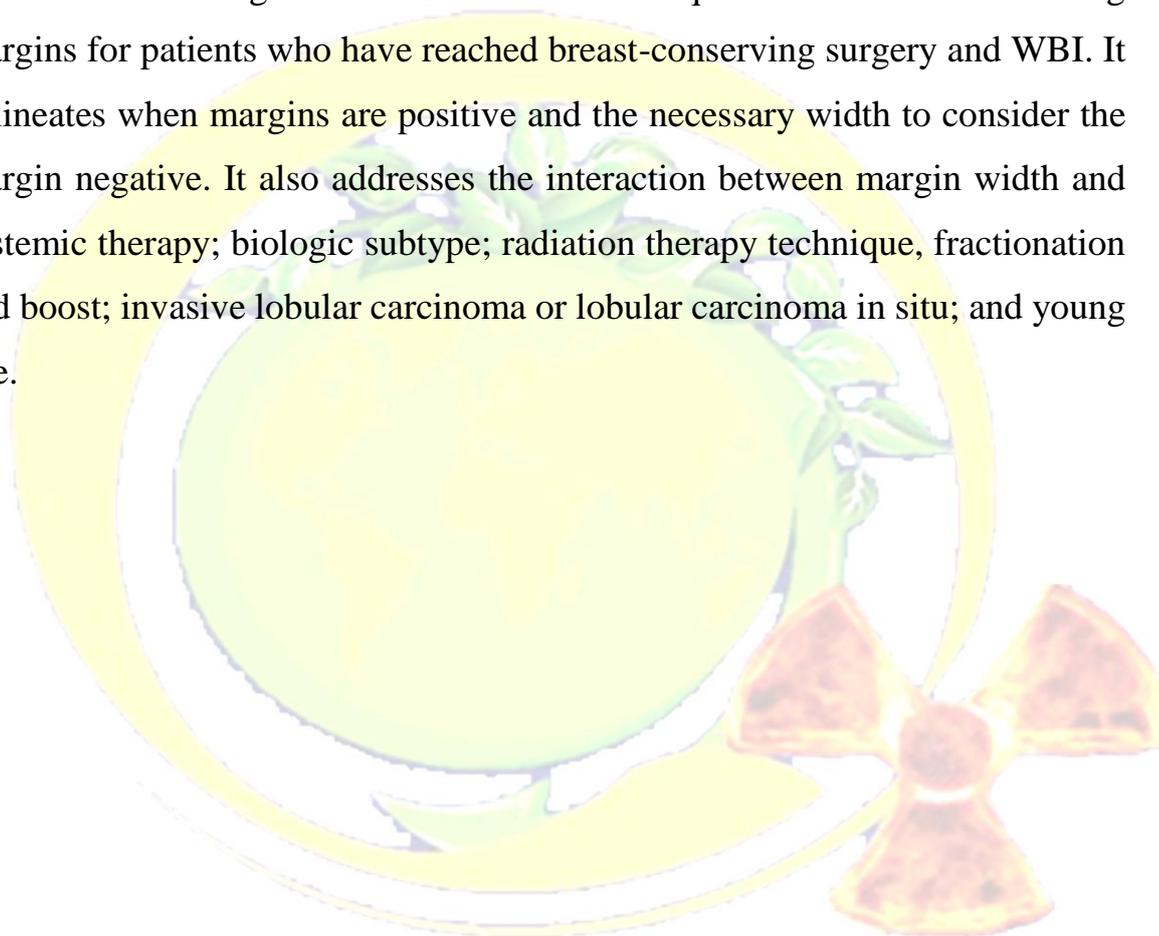
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# Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Stages I and II Invasive Breast Cancer (SSO/ASTRO) – 2014

## Executive Summary

This collaborative guideline considers several questions related to defining margins for patients who have reached breast-conserving surgery and WBI. It delineates when margins are positive and the necessary width to consider the margin negative. It also addresses the interaction between margin width and systemic therapy; biologic subtype; radiation therapy technique, fractionation and boost; invasive lobular carcinoma or lobular carcinoma in situ; and young age.



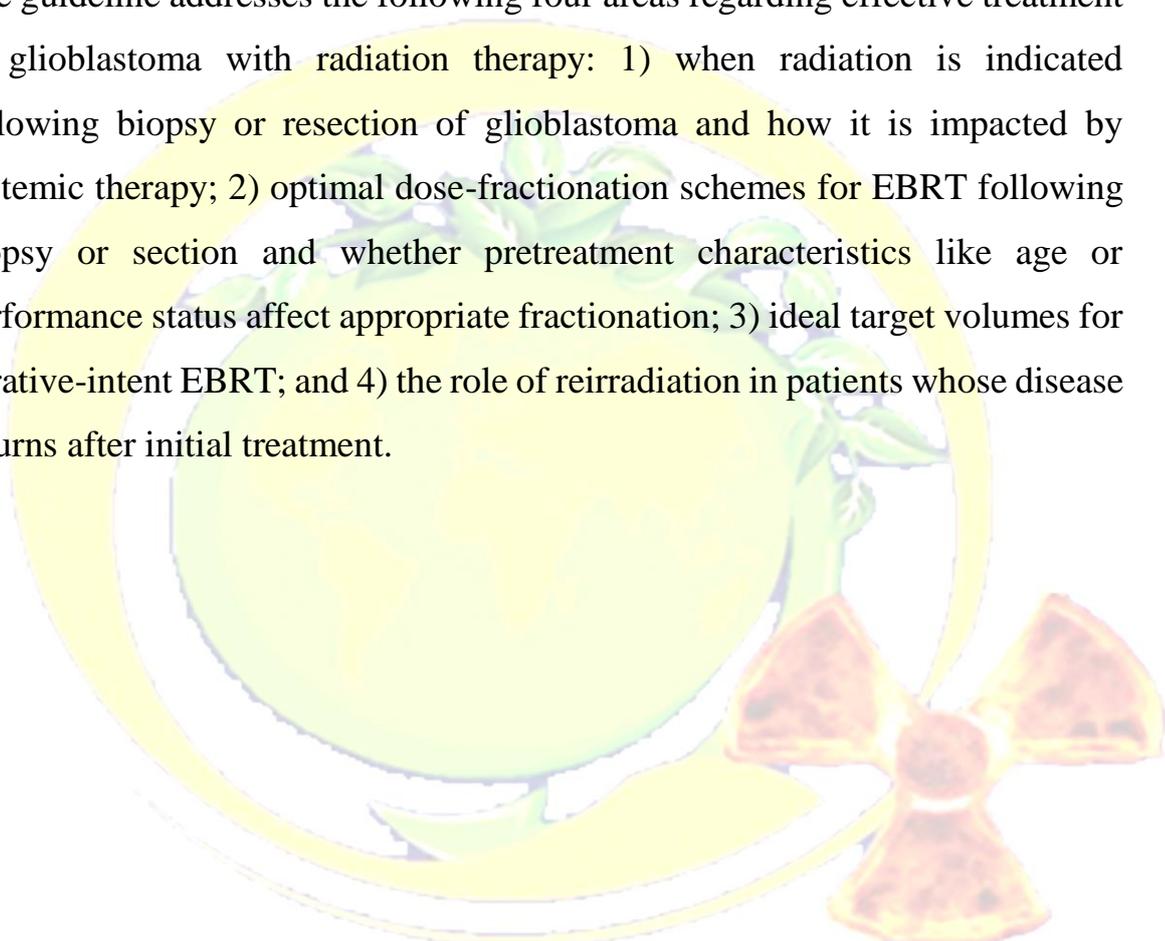
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## Executive Summary

The guideline addresses the following four areas regarding effective treatment of glioblastoma with radiation therapy: 1) when radiation is indicated following biopsy or resection of glioblastoma and how it is impacted by systemic therapy; 2) optimal dose-fractionation schemes for EBRT following biopsy or section and whether pretreatment characteristics like age or performance status affect appropriate fractionation; 3) ideal target volumes for curative-intent EBRT; and 4) the role of reirradiation in patients whose disease returns after initial treatment.



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# Radiotherapeutic and Surgical Management for Newly Diagnosed Brain Metastasis (es) (ASTRO) – 2012

## Executive Summary

This guideline includes nine key questions looking at both single and multiple newly diagnosed intraparenchymal brain metastases. Topics include the prognostic factors that can predict survival in recently diagnosed patients and help guide treatment; the role of surgery, with and without whole brain radiation therapy (WBRT), in single brain metastases and how surgery compares to radiosurgery in these patient in terms of survival and brain control. The guideline also discusses use of WBRT alone, radiosurgery alone and a combination of the two, as well as recommendations on combining WBRT with radiosensitizers or chemotherapy.

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