

Review date: 6th September 2025

Network radiotherapy treatment protocol for Breast

SECTION 1: Treatment aims and regimes	
Radical/adjuvant/palliative radiotherapy to the breast and chest wall Radiotherapy	
C50-BR-40.05(I)15 Breast	 40.05 Gy in 15 fractions, daily over 19-21 days
C50-CW-40.05(I)15 Chest wall	NCCC - Isocentric field or conformal
Radical/adjuvant radiotherapy	JCUH - Dynamic MLC
	 Prescribed to median dose (D50%) PTV
	RCR2, two missed fractions
C50-BR-26(I)5 Breast	 26 Gy in 5 fractions, daily over 5-7 days
C50-CW-26(I)5 Chest wall	NCCC - Isocentric field or conformal
Radical/adjuvant radiotherapy	JCUH - Dynamic MLC
	 Prescribed to median dose (D50%) PTV
	RCR2, two missed fractions
C50-BRSC-40.05(I)15 Breast + Nodes	 40.05 Gy in 15 fractions, daily over 19-21 days
C50-CWSC-40.05(I)15 Chest wall + Nodes	NCCC - Isocentric field or conformal
Radical/adjuvant radiotherapy ++	JCUH - Dynamic MLC
	 Prescribed to median dose (D50%) PTV
	RCR2, two missed fractions
C50-BRSCIMC-40.05(I)15 Breast + Nodes	 40.05 Gy in 15 fractions, daily over 19-21 days
including IMC	NCCC - Isocentric field or conformal
C50-CWSCIMC-40.05(I)15 Chest wall + Nodes	JCUH - VMAT
including IMC	 Prescribed to median dose (D50%) PTV
Radical/adjuvant radiotherapy	RCR2, two missed fractions
C50-BRSC-26(I)5 Breast + Nodes	 26 Gy in 5 fractions, daily over 5-7 days
excluding IMC	NCCC - Isocentric field or conformal
C50-CWSC-26(I)5 Chest wall + Nodes	JCUH - Dynamic MLC
excluding IMC	 Prescribed to median dose (D50%) PTV
Radical/adjuvant radiotherapy	RCR2, two missed fractions
*at CCO discretion	
Tumour bed boost	 Following 40Gy in 15#; Boost 13.35 Gy in 5
With radical/adjuvant radiotherapy	fractions, daily over 5-7 days
 All patients under the age of 40 years 	• JCUH only - Following 26Gy in 5#; Boost 10 Gy in 5
 Consider for patients <50 years. May 	fractions, daily over 5-7 days
reasonably be omitted in G1-2, ER+,	Where max skin to pectoralis distance at level of
Her2- tumours.	boost < 4cm consider electron boost
Consider age of 50-60 with higher risk	NCCC Where distance > 5cm consider VMAT photor
features, especially grade 3 and/or	boost
extensive intraduct component,	Depths between 4-5 cm at clinician discretion
involved margins not amenable to	DIBH patients for photon boost irrespective of
further surgery.	depth
 Consider >60 years with involved 	 Electron boost prescribed to Dmax.
margins not amenable to further	 Photon boost prescribed to D50% of PTV_Boost
	RCR2, two missed fractions

C50-PARTIALBR-26(I)5 Partial breast Radical/adjuvant radiotherapy > >50 years Unifocal disease <= 3cm (excluding classical lobular) Nodes 0 Grade 1/2 Margins 1mm No NACT but primary hormones permitted	 26 Gy in 5 fractions, daily over 5-7 days Isocentric field or conformal Prescribed to median dose (D50%) PTV NCCC only - Consider DIBH if Left sided Lower inner quadrant JCUH only - Consider DIBH if Left sided JCUH RCR2, two missed fractions
C50-32(I)4 Breast (NCCC only) Palliative radiotherapy Palliative whole breast for frail patients	 32 Gy in 4 fractions weekly Isocentric field or conformal Prescribed to median dose (D50%) PTV RCR3, two missed fractions
C50-26(I)5 Breast Palliative radiotherapy Palliative whole breast. Also consider for whole breast and nodal patients with significant co-morbidities	 26 Gy in 5 fractions, daily over 5-7 days Isocentric field or conformal Prescribed to median dose (D50%) PTV RCR3, two missed fractions

Chemotherapy

Adjuvant Chemotherapy and Adjuvant Radiotherapy Scheduling

- Defer radiotherapy a minimum 3 weeks post chemotherapy with anthracycline/taxanes
- Trastuzumab/pertuzumab may be given concurrently with radiotherapy.
- Kadcyla may be given concurrently with 15 fraction regime but **NOT** 5 fraction (Fast Forward) regime. Capecitabine may NOT be given concurrently with radiotherapy
- It is the shared responsibility of the clinical oncologist and the clinician prescribing the chemotherapy to ensure treatment are correctly scheduled.