

Network radiotherapy treatment protocol for Prostate and Seminal Vesicles

SECTION 1: Treatment options

Hormones

Patients receiving **C61-36.25(I)5 SABR** or **C61-62(I)20** should not receive hormones. Otherwise, ADT duration is determined by the disease risk:

- Intermediate risk prostate cancer 6 months
- High risk or locally advanced node negative prostate cancer 2 years
- Node positive prostate cancer 2 years minimum
- Metastatic prostate cancer lifelong hormones

Radiotherapy

There must be a 3-month delay between surgery and radiotherapy for all patients who have undergone a TURP.

Indications and intent	Regime, technique and RCR
C61-36.25(I)5 SABR, Radical	36.25 Gy in 5 fractions DAILY/ALTERNATE days over 1-
Low and favourable-intermediate risk (NCCN)	2 weeks
Low volume grade group 3 cancer acceptable	• SABR
As per PACE B	 V36.25 Gy to PTV at least 95%
	V40 Gy to CTV at least 95%
	 RCR2 deliver whole course within 21 days
C61-62(I)20, Radical	62 Gy in 20 fractions DAILY over 4 weeks
Low and favourable-intermediate risk (NCCN)	VMAT
not suitable for SABR	Median dose (D50%) of PTVp_62
Low volume grade group 3 cancer acceptable	• RCR2 five missed fractions
As per Standard Arm PACE B	ACAZ IIVE IIIISSEU II actionis
C61-60(I)20 Radical	60 Gy in 20 fractions DAILY over 4 weeks
Any T, node negative disease	• VMAT
No PSA limit	 Median dose (D50%) of PTVp_60
As per <i>Pivotal boost Arm A</i> – NCCC only	RCR2 five missed fractions
As per Pivotal and CHHiP – JCUH only	
C61-60(I)20+N, Radical	 60 Gy in 20 fractions <u>DAILY</u> over 4 weeks
High risk node negative and node positive	o +Elective Nodes: 44-47 Gy
disease, no PSA limit	o +Involved nodes: 50-60 Gy (location
As per Pivotal Boost Arm B- or NRG guidance	dependent)
	• VMAT
	 Median dose (D50%) of PTVp_60
	RCR2 five missed fractions
C61-62(I)20+N Radical	 62 Gy in 20 fractions <u>DAILY</u> over 4 weeks
High risk node negative and node positive	o +Elective Nodes: 44-47 Gy
disease. No PSA limit.	o +Involved nodes: 50-60 Gy (location
Dose escalation option for unfavourable local	dependent)
disease in presence of mild LUTS.	• VMAT
	 Median dose (D50%) of PTVp_62
	 RCR2 five missed fractions
C61-62(I)20+H Radical	62 Gy in 20 fractions DAILY over 4 weeks
High risk node negative disease. No PSA limit.	• VMAT
Dose escalation option for unfavourable local	 Median dose (D50%) of PTVp_62
disease in presence of mild LUTS.	RCR2 five missed fractions

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C61-60(I)20+IsoMet, Radical As per <i>Pivotal boost Arm A</i> but including an isolated metastasis eg. pubic bone	 60 Gy in 20 fractions <u>DAILY</u> over 4 weeks o +IsoMet: 60 Gy VMAT Median dose (D50%) of PTVp_60 RCR2 five missed fractions
C61-60(I)20+IsoMet+N, Radical As per Pivotal boost Arm A but including isolated metastasis e.g. pubic bone and nodes	 60 Gy in 20 fractions <u>DAILY</u> over 4 weeks o +IsoMet: 60 Gy o +Elective Nodes: 44-47 Gy o +Involved nodes: 50-60 Gy (location dependent) VMAT Median dose (D50%) of PTVp_60 RCR2 five missed fractions
C61-46(I)23+N Radical Phase 2 boost to whole pelvis after HDR brachytherapy at Leeds Teaching Hospital	 46 Gy in 23 fractions <u>DAILY</u> over 4.5 weeks VMAT Median dose (D50%) of PTV RCR2 five missed fractions Commence within 3 weeks
C61-37.5(I)15 Radical Phase 2 boost to local disease after HDR brachytherapy at Leeds Teaching Hospital	 37.5 Gy in 15 fractions <u>DAILY</u> over 3 weeks VMAT Median dose (D50%) of PTV RCR2 five missed fractions Commence within 3 weeks
C61-36(I)6, Palliative Palliative/local control of locally advanced or low volume metastatic disease	 36 Gy in 6 fractions <u>WEEKLY</u> over 6 weeks VMAT Median dose (D50%) of PTV_36 RCR3 two missed fractions