Radiotherapy Guideline for Oral Cavity Cancer

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RT indication

- ➤ Definitive RT/CCRT
 - Clinically inoperable status, including poor performance status(ECOG
 >2)/poor surgical candidate, or locally advanced inoperable stage, such as
 T4
- ➤ Adjuvant RT/CCRT
 - Radiotherapy alone: pT1-2 and one minor risk factor, such as perineural invasion, lymphovascular invasion, one positive lymph nodes, and close surgical margin(< 5mm)
 - CCRT: \ge T3, multiple positive lymph nodes, one major risk: ECS or positive surgical margin, two minor risk factors mentioned above

Simulation and immobilization

- CT-based simulation (preferring 1.5-3 mm slice thickness with contrast) is required.
- > Patients may be simulated with a supine position
- > Immobilization devices
 - Thermoplastic mask with headrest

Field design and treatment volume

- > 3D-CRT/IMRT/ VMAT/ Tomotherapy/ Radixact treatment planning
 - Gross tumor volume (GTV, PTV-H): primary gross tumor and enlarged lymph nodes; or CTV-TB: primary and nodal tumor bed
 - Clinical target volume one (CTV-1, PTV-M): depend on the tumor location; suspected subclinical spread area and involved nodal stations
 - Clinical target volume two (CTV-2, PTV-L): regional uninvolved neck lymph nodal stations at risk

Dose prescriptions

- > GTV (PTV-H): 66 to 76 Gy in 2.0 to 2.2 Gy per fraction
- > CTV-TB: 60-70 Gy in 2.0 to 2.2 Gy per fraction
- > CTV-1 (PTV-M): 50 to 60 Gy in 1.8 to 2.0 Gy per fraction
- > CTV-2 (PTV-L): 45 to 50 Gy in 1.8 to 2.0 Gy per fraction

Constraints for organ at risk

Spinal cord: Dmax<50 Gy</p>

➤ Chiasm/optic nerves: Dmax< 50 Gy

➤ Brainstem: Dmax< 60 Gy

> Eyes (globe): Dmean<35 Gy, Dmax<54 Gy

Lens: Dmax<7 Gy

➤ Inner ear/cochlea: Dmax< 45 Gy

Parotid gland(s): Dmean< 30Gy</p>

➤ Larynx: Dmean< 44 Gy

➤ TMJ: Dmax< 70 Gy

Reference

➤ NCCN Practice Guidelines in Oncology 2023

➤ Perez and Brady's : Principles and Practice of Radiation Oncology

Fric K. Hansen, Handbook of Evidence-Based Radiation Oncology