

**Thames Valley and Wessex Radiotherapy
Operational Delivery Network (ODN)**

Radiotherapy Protocols

Palliative Whole Brain Radiotherapy and Prophylactic Cranial Irradiation for Small Cell Lung Cancer

This document is the standardised Thames Valley and Wessex Radiotherapy Network Palliative Whole Brain Radiotherapy and Prophylactic Cranial Irradiation for Small Cell Lung Cancer treatment protocol developed collaboratively by the ODN Neurological Cancers Protocol Working Group:

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1. Primary Objective and Scope

To summarise the planning and treatment of adult patients receiving external beam radiotherapy treatment for palliative whole brain radiotherapy and prophylactic cranial irradiation for small cell lung cancer for use in Radiotherapy Centres in the Thames Valley and Wessex Radiotherapy Network.

2. Indications

Exclusion Criteria

1. Palliative radiotherapy for primary brain tumours- refer to Thames Valley and Wessex Radiotherapy ODN Primary CNS Tumours Protocol.
2. Patients eligible for stereotactic radiosurgery/ stereotactic radiotherapy (SRS/ SRT) (prognosis >6 months, WHO PS \geq 2, absent/ controllable extracranial disease- refer to Thames Valley and Wessex SRS Protocol.

Inclusion Criteria

Indication	Dose/fractionation	Target Definition	Prescription Point
Whole Brain Radiotherapy			
Brain Metastases - Good prognosis	30Gy in 10 x 3Gy fractions x5/week +/- Conformal Boost: 12-15Gy in 5x 2.4-3Gy fractions x5/week	CTV = whole brain Field Margin = CTV + 1.0cm (include scalp in margin) Care should be taken to avoid the lenses of both eyes.	MPD
Brain Metastases - Poor prognosis	20Gy in 5 x4Gy fractions x5/week MPD	CTV = whole brain Field Margin = CTV + 1.0cm (include scalp in margin) Care should be taken to avoid the lenses of both eyes.	MPD
PCI for SCLC	25Gy in 10 x2.5Gy fractions x5/week	CTV = Whole Brain PTV = CTV + 0.5cm Care should be taken to avoid the lenses of both eyes.	100% isodose