

# ASTRO issues first guideline on radiation therapy for cervical cancer

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stages IA1 to IB2. For reducing acute and late toxicity, IMRT is recommended for postoperative RT and conditionally recommended for definitive RT. For all women receiving definitive RT, brachytherapy is strongly recommended; several recommendations are made for target dose and fractionation, intraoperative imaging use, volume-based planning, and recommendations for dose limits for at-risk organs.

"Increased use of IMRT and image-guided brachytherapy, in particular, have resulted in better patient outcomes and fewer treatment complications," a coauthor said in a statement. "Our intention in developing this guideline is to encourage physicians to make these approaches part of their daily practice."

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text](#)

(HealthDay)—There is strong evidence supporting the use of radiation therapy (RT) for nonmetastatic cervical cancer, according to a clinical practice guideline from the American Society for Radiation Oncology (ASTRO) published in the July/August issue of *Practical Radiation Oncology*.

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Junzo Chino, M.D., from the Duke University Cancer Center in Durham, North Carolina, and colleagues addressed five key questions focused on use of RT in definitive and postoperative management of cervical cancer. These questions included indications for postoperative and definitive RT, use of chemotherapy with RT, use of intensity-modulated [radiation therapy](#) (IMRT), and indications and techniques of brachytherapy.

The authors recommend postoperative RT and chemoradiation for those with intermediate- and high-risk factors, respectively. Chemoradiation is recommended for stage IB3 to IVA in the definitive setting; if medically inoperable, RT or chemoradiation is conditionally recommended for

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