# Acute toxicity following radiotherapy for gynaecological cancers

**Descriptor:**

An audit of acute gastrointestinal (GI), genitourinary (GU) and haematological (HM) toxicity after radiotherapy for gynaecological cancers.

**Background:**

Advanced radiotherapy techniques such as IMRT are being advocated in the literature to improve acute and late toxicities for patients having pelvic radiotherapy for gynaecological cancers. It is important to compare toxicity rates with standards within the literature and also if changing from one technique to another to compare toxicity data to ensure that changes in technique are translating into benefit for patients.

## The Cycle

**The standard:**

Standards within the literature [1-3]:

NB. Different scoring systems used so must refer to scoring system descriptors before comparison

Chen et al:

Conformal toxicity: Grade 2 57% (GI) 26% (GU) 26% (HM)

IMRT toxicity: Grade 2 24% (GI) 12% (GU) 27% (HM)  Grade 3: 6%

Mundt et al:

Conformal toxicity: Grade 2 91% (GI); 20% (GU)

IMRT toxicity: Grade 2 60% (GI) 10% (GU)

Klopp et al:

IMRT toxicity: Grade 2 33% (HM); Grade 3 25% (HM)

**Target:**

100% to meet these targets.

## Assess local practice

**Indicators:**

Rates of grade 2 and grade 3 gastrointestinal, genitourinary and haematological toxicity.

**Data items to be collected:**

On treatment weekly CTCAE v4.0 scores to be collected for gastrointestinal, genitourinary and haematological toxicity.

**Suggested number:**

100 patients.

**Suggestions for change if target not met:**

If target not met, to assess individual patients not meeting the target, was there any clear reason for the additional toxicity (eg. pre-existing co-morbidity, large volume of treatment etc)? If no clear reasons identified, then to review the radiotherapy planning process from start to finish - outlining, margins, bladder and rectal protocols, dose constraints used, optimisation and IGRT on treatment.

**References:**

1. Chen et al IJORBP 2007 Clinical Outcome in Post Hysterectomy Cervical Cancer Patients Treated with concurrent cisplatin and intensity modulated radiotherapy
2. Mundt et al IJORBP 2002 Intensity Modulated Whole Pelvic Radiotherapy in women with gynecologic malignancies.
3. Klopp et al IJORBP 2013  Haematological Toxicity in RTOG 0418: A Phase II trial of Postoperative IMRT for Gynecological Cancer.

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