

Prostate Cancer Practice Insights

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommendations for perirectal spacing have been revised.*

Highlights

- Removal of recommendation that spacers only be used if other techniques for prostate localization and immobilization are insufficient to improve oncologic cure rates and/or reduce side effects (ie, IGRT with CT, ultrasound, implanted fiducials, or electromagnetic targeting/tracking; endorectal balloons).
- Inclusion of Randomized Control Trial Data.^{1,2,3}
- Inclusion of statement regarding use in patients undergoing brachytherapy.
- Specific call-out to biocompatible and biodegradable perirectal spacers.

NCCN Guidelines® - Principles of Radiation Therapy PROS-E (1-5)

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*"Ideally, the accuracy of treatment should be verified by daily prostate localization, with any of the following: techniques of IGRT using CT, ultrasound, implanted fiducials, or electromagnetic targeting/tracking. Endorectal balloons may be used to improve prostate immobilization. **Biocompatible and biodegradable** perirectal spacer materials may be implanted between the prostate and rectum in patients undergoing external radiotherapy with organ-confined prostate cancer in order to displace the rectum from high radiation dose regions. A **randomized phase III trial demonstrated reduced rectal bleeding** in patients undergoing the procedure compared to controls. **Retrospective data also support its use in similar patients undergoing brachytherapy.***

*Patients with obvious rectal invasion or visible T3 and posterior extension should not undergo perirectal spacer implantation.***

2019

*"Ideally, the accuracy of treatment should be verified by daily prostate localization, with any of the following: techniques of IGRT using CT, ultrasound, implanted fiducials, or electromagnetic targeting/tracking. Endorectal balloons may be used to improve prostate immobilization. **Perirectal spacer materials may be employed when the previously mentioned techniques are insufficient to improve oncologic cure rates and/or reduce side effects due to anatomic geometry or other patient related factors, such as medication usage and/or comorbid conditions.***

*Patients with obvious rectal invasion or visible T3 and posterior extension should not undergo perirectal spacer implantation.***

* Please refer to the full pdf of the NCCN Guidelines for complete details, available online at [NCCN.org](https://www.nccn.org).

1. Mariados N, Sylvester J, Shah D, et al. Hydrogel spacer prospective multicenter randomized controlled pivotal trial: Dosimetric and clinical effects of perirectal spacer application in men undergoing prostate image guided intensity modulated radiation therapy. *Int J Radiat Oncol Biol Phys*. 2015 Aug 1;92(5):971-7. <https://pubmed.ncbi.nlm.nih.gov/26054865/>
2. Hamstra DA, Mariados N, Sylvester J, et al. Continued benefit to rectal separation for prostate radiation therapy: Final results of a phase III trial. *Int J Radiat Oncol Biol Phys*. 2017 Apr 1;97(5):976-85. 4. <https://pubmed.ncbi.nlm.nih.gov/28209443/>
3. Hamstra DA, Mariados N, Sylvester J, et al. Sexual quality of life following prostate intensity modulated radiation therapy (IMRT) with a rectal/prostate spacer: Secondary analysis of a phase 3 trial. *Pract Radiat Oncol*. 2018 Jan - Feb;8(1):e7-e15. <https://pubmed.ncbi.nlm.nih.gov/28951089/>

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