

Nationella vårdprogramgruppen bröstcancer  
i samverkan med Svenska bröstcancergruppen, SweBCG

## Tillfälligt ändrade rekommendationer gällande adjuvant radioterapi vid bröstcancer med anledning av Covid-19

Beslut om att genomföra nedanstående åtgärder – och i vilken omfattning – tas lokalt utifrån rådande situation.

1. Överväg att avstå från adjuvant radioterapi efter bröstbevarande kirurgi hos patienter som är 65 år eller äldre (och yngre med relevant komorbiditet) och är radikalt opererade för en icke-lobulär invasiv bröstcancer upp till 20 (– 30) mm storlek, Grad 1-2, ER-positiv, HER2-negativ, stadium ett och som planeras erhålla adjuvant endokrin terapi. Fortsatt inklusion i Naturalstudien om det är praktiskt möjligt och kan genomföras i enlighet med GCP.
2. Ge adjuvant radioterapi efter bröstbevarande kirurgi, stadium 1, i fem fraktioner i enlighet med studierna FAST eller FAST forward (gäller ej patienter som rekommenderas boost). FAST forward ges 5,2 Gy/fr till 26 Gy på fem fraktioner (ges på max 8 dgr).

Protokoll FF: [https://www.icr.ac.uk/our-research/centres-and-collaborations/centres-at-the-icr/clinical-trials-and-statistics-unit/clinical-trials/fast\\_forward\\_page/](https://www.icr.ac.uk/our-research/centres-and-collaborations/centres-at-the-icr/clinical-trials-and-statistics-unit/clinical-trials/fast_forward_page/)

3. Boostbehandling förbehålles patienter tom 40 år eller andra med tydligt ökad lokalrecidivrisk, t ex efter icke radikal kirurgi i en situation då reoperation inte är möjlig. Simultant integrerad boost (SIB) rekommenderas för att korta behandlingstiden.
4. Överväg att avstå regional RT hos postmenopausala patienter med T1, Grad 1-2 ER+, HER2-negativ bröstcancer med 1-2 makrometastaser. Bröstbestrålning enl punkt 2 ovan. (Gäller oavsett ev. deltagande i Senomac)
5. Vid thoraxväggsbestrålning och regional lymfkörtelbestrålning: Ge 40 Gy på 15 fraktioner.
6. Överväg att avstå postoperativ strålbehandling efter primär kirurgi av duktal cancer in situ.

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