



National Institutes of Health
National Cancer Institute
Radiation Research Program
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Walter J. Curran, Jr., M.D., Chairman
Radiation Therapy Oncology Group
1818 Market Street, 16th Floor
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Dear Dr. Curran:

In January 2005 the NCI had updated its guidelines for using Intensity Modulated Radiation Therapy (IMRT) in clinical trials, reiterating the requirements for a multi-element quality assurance program while also allowing IMRT for intra-thoracic tumors with appropriate corrections for tissue heterogeneity and target motion.

However, the 2005 version did not address the methods for correcting or managing motion. It was assumed that large expansions from CTV to PTV would be used until the techniques became better established.

The attached revision of the guidelines now includes criteria for immobilization and imaging to reduce motion artifacts (criteria 1 and 2) and also recognizes the variability of dose algorithms for heterogeneity correction (criterion 6).

There are potential advantages to patients from IMRT, but justifiable concerns remain concerning the actual planning, optimization and execution of IMRT. Therefore, the need persists for credentialing and quality assurance procedures that are specific for IMRT.

We request that you distribute these revised guidelines to your Clinical Trials Group and affiliates. That will prevent delays in reviewing by CTEP your future protocols that either require or allow IMRT.

If you have any questions please do not hesitate to contact Dr. Vikram or Dr. James Deye of the Clinical Radiation Oncology Branch at the NCI (vikramb@mail.nih.gov, deyej@mail.nih.gov).

Sincerely,

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