**ANAL CARCINOMA TREATMENT REGIMENS**

**Clinical Trials:** The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies. These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

### Localized Cancer (Any T or N+ stage)

**Note:** All recommendations are category 2A unless otherwise indicated.

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<th>REGIMEN</th>
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<td>5-fluorouracil (5-FU) + mitomycin + radiotherapy</td>
<td>Days 1–4 and 29–32: 5-FU 1,000mg/m²/day continuous IV infusion Days 1 and 29: Mitomycin 10mg/m² IV bolus (maximum 20mg per course), plus Concurrent radiotherapy.</td>
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| Capecitabine + mitomycin + radiotherapy | Capecitabine 825mg/m² PO twice daily, Monday–Friday, on each day that radiotherapy is given, throughout the duration of radiotherapy, plus Days 1 and 29: Mitomycin 10mg/m² IV bolus, plus Concurrent radiotherapy. OR Days 1–5: Capecitabine 825mg/m² PO twice daily weekly for 6 weeks, plus Day 1: Mitomycin 12mg/m² IV bolus, plus Concurrent radiotherapy. |

### Metastatic Cancer

| 5-FU + cisplatin | Days 1–5: 5-FU 1,000mg/m²/day continuous IV infusion Day 2: Cisplatin 100mg/m² IV over 1 hour. Repeat cycle every 4 weeks. |

**NOTE:** Patients with anal cancer as the first manifestation of HIV may be treated with the same regimen as non-HIV patients. Patients with active HIV/AIDS-related complications or a history of complications (e.g., malignancies, opportunistic infections) may not tolerate full-dose therapy or may not tolerate mitomycin and require dosage adjustment or treatment without mitomycin.

* In a randomized trial, the strategy of using neoadjuvant therapy with 5-FU + cisplatin followed by concurrent therapy with 5-FU + cisplatin + radiotherapy was not superior to 5-FU + mitomycin + radiotherapy.

† For radiotherapy dosing, please see NCCN Anal Carcinoma Guidelines v 2.2015 “Principles of radiation therapy.”

‡ If this regimen fails, no other regimens have been shown to be effective for metastatic disease.

### References