GUIDANCE ON CAPPING OF BSA FOR THE PURPOSES OF CALCULATING CYTOTOXIC CHEMOTHERAPY

General Caveat:

- A large body size is not necessarily due to obesity and therefore some clinical discretion in prescribing is necessary.
- Clinical discretion may be used dependent on individual circumstances and therapeutic intent, but where the decision deviates from the guidance below, this should be stated on the action sheet by the consultant.

NOG	Decision
Brain & CNS	Agreed to cap at 2 with no exceptions.
Breast	For patients receiving curative treatment, the consensus is to routinely exceed a BSA of 2 up to a maximum of 2.2. Palliative patients should be capped at 2 unless clinician specifies otherwise.
Colorectal	Agreed to routinely cap at 2 but in certain circumstances this can be raised to a maximum of 2.2 under clinician discretion.
Gynae	Agreed to cap at 2 with no exceptions.
Haematology	Agreed to cap at 2 but some patients may be left to clinicians' discretion.
Head, Neck, Skin & Thyroid	Agreed to cap at 2 but some patients may be treated at greater than 2 at clinicians' discretion.
Lung	Agreed to cap all patients at 2 across all indications.
Upper GI	Agreed to cap at 2 but can be raised to a maximum of 2.2 under clinician discretion where there is curative intent.
Urology	Agreed to routinely cap at 2 and in exceptional circumstances this may go up to 2.2 at clinician discretion.

Collated from agreements made within NOG/HOG meetings in 2024.