

MIL-*, DORIS F****SSN: 000-01-1406****DOB: 4/26/1933****MRN: E002035313****Date Registered: 8/13/2013****Treating Physician: THOMPSON, J SPENCER****Requesting Physician: MANNEL, ROBERT****Primary ICD9: 182.0 - Malignant Neoplasm - Carcinoma
Endometrium - Myometrium****Secondary ICD9:****Clinical Treatment Plan - IMRT Plan - 8/15/2013****General Location of Initial Treatment Volume****MORPHOLOGY :** The patient's condition is a primary malignant tumor.**LATERALITY :** The GTV is located at the midline.**UTERUS INVOLVEMENT :** Post resection of the uterus, no residual tumor.**General Parameters of Clinical Treatment Planning****USE OF IMRT :** IMRT is being used in this case as the sole modality of therapy.**SPECIAL PROCEDURES, IMRT :** The use of IMRT will dramatically increase the complexity of care for this case, to include extra time and effort on the part of the physician.**MINIMUM ITERATIONS PER STEP OR ARC :** The minimum number of iterations per step or arc to achieve the ideal plan is 21.**TIME DOSE RELATIONSHIP :** The time dose relationship will consist of a conventional schedule of one treatment per day.**FRACTIONS PER WEEK :** This will be a calendar week delivery schedule of 5 fractions per week.**NUMBER TREATMENT FRACTIONS PLANNED :** 25**TOTAL PLANNED IMRT DOSE :** 4500cGy**ORGAN MOTION CORRECTION :** Stereoscopic X-ray Guidance.**IMMOBILIZATION :** Immobilization will consist of Vac-lock.**IMRT BLOCKING :** Blocking will be accomplished by multi-leaf collimator.**PROTOCOL :** This patient has been enrolled in a special randomized protocol study RTOG 1203 designed to utilize pooled data to answer specific clinical outcome questions. The patient has signed consent to be part of this protocol study, and has all of the risks and benefits of participation in the study explained in complete detail. The patient understands the purpose of this trial study and accepts the consequences of participation in the study. The patient has had adequate time to ask all pertinent questions related to participation and accepts the parameters of the study as it has been explained to them.**Medical Necessity****TARGET VOLUME (CTV) CONFIGURATION :** The target volume is irregularly shaped and in close proximity to critical structures that must be protected. See the notation related to the critical structures being protected by this treatment plan.**PTV - DLS MARGIN :** The volume of interest must be covered with narrow 5 mm margins to adequately protect immediately adjacent critical structures.**PROXIMITY OF DLS :** Dose limiting structures are close to the tumor volume requiring IMRT for safety and morbidity reduction. See the OAR for specific structures protected.**ALTERNATIVE TO IMRT THERAPY :** Conventional treatment planning, in an attempt to reduce the margins around the tumor area, have proven insufficient to produce an acceptable dose distribution.**TOXICITY REDUCTION :** Evaluation of the dose to the adjacent mucosa shows a significantly smaller area will receive a high dose of radiation at toxic levels, thereby reducing the amount of mucositis. Utilization of IMRT allows a significantly smaller area of the rectum to receive a high dose of radiation during treatment. The degree and amount of mucositis should be decreased by employing IMRT in treating this patient. A significantly smaller area of the bladder will receive high doses of radiation by utilizing IMRT. The degree of cystitis should be greatly reduced by employing IMRT for treatment. Bowel.**Primary Treatment Area****Name:** MIL-***, DORIS F**Clinical Treatment Plan - IMRT Plan - 8/15/2013****Generated on:** 10/19/2013 7:42:39 AM

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TREATMENT AREA : Multiple Target Volumes.

SITE OF TREATMENT : The treatment area covers the clinical tumor volume. The PTV is extended to cover subclinical node(s). The treatment area covers the sub-clinical disease.

SPECIFIC AREA : Whole pelvis.

PORTAL ARRANGEMENT : Intensity modulated radiation therapy will be utilized in a multi-port fashion to direct the treatment to the CTV.

ESTIMATED NUMBER OF PORTS PLANNED : Seven ports are planned.

BEAM MODE : The mode of treatment will be photons.

TREATMENT ENERGY IMRT : 6 MV will be selected as the initial treatment energy.

DOSE PER FRACTION : The initial treatment dose to the PTV per daily fraction will be specified as 180 cGy (1.80 Gy).

DOSE POINT : The IMRT dosimetry plan will establish the dose point for the CTV.

ORGAN AT RISK/CRITICAL DOSE POINT : Are identified.

WHEN OAR DOSE TO ANY ORGAN AT RISK IS REACHED : maximum dose will be re-evaluated based on clinical findings at that time.

WHEN PTV DOSE REACHED : When planned dose to PTV #1 is reached, treatment will be considered completed.

PTV #1

TREATMENT AREA PTV#1 : Whole pelvis.

SITE OF TREATMENT : The treatment area covers the clinical tumor volume. The PTV is extended to cover subclinical node(s). The treatment area covers the sub-clinical disease.

TOTAL PTV #1 DOSE : The planned total dose to the 100% isodose line of PTV #1 is 4500 cGy.

PTV DOSE/VOLUME % : The minimum volume of the PTV to receive the prescription dose is 100%.

MINIMUM PLANNED DOSE TO PTV #1 : The minimum planned dose to PTV #1 is 92% of the prescribed dose.

MAXIMUM PLANNED DOSE TO PTV #1 : The maximum planned dose to PTV #1 is 110% of the prescribed dose.

DOSE POINT : The IMRT dosimetry plan will establish the dose point for the CTV.

CTV/PTV MARGIN : An acceptable margin of 5mm is established as possible subclinical extension of the primary tumor beyond the CTV.

ORGAN(S) AT RISK : Organs At Risk (OAR) have been identified in the organ at risk (OAR) and are specified relative to maximum allowed dose to each OAR.

WHEN OAR DOSE TO ANY ORGAN AT RISK IS REACHED : maximum dose will be re-evaluated based on clinical findings at that time.

WHEN PTV DOSE REACHED : When planned dose to PTV #1 is reached, treatment will be considered completed.

Organ(s) At Risk

BLADDER : The organ at risk is the bladder.

LATERALITY, OAR : The OAR is located at the midline.

PREVIOUS XRT TO AREA : Area previously treated with radiation therapy was selected as OAR with limiting dose of 0 cGy.

% VOLUME RECEIVING SPECIFIED DOSE : 100 % volume of the organ at risk will receive the specified dose.

DOSE ALLOWED TO BLADDER : 5000 cGy dose is allowed to the bladder.

MAXIMUM DOSE OAR BLADDER : The maximum allowed dose to the bladder is 6500 cGy.

RECTUM : The rectum was selected as the organ at risk.

LATERALITY, OAR : The OAR is located at the midline.

DOSE FROM PREVIOUS IRRADIATION : Approximately 0 cGy has been delivered to this area from previous radiation treatments.

% VOLUME RECEIVING SPECIFIED DOSE : 100 % volume of the organ at risk will receive the specified dose.

ALLOWED DOSE RECTUM : 6000 cGy dose is allowed to this specified volume.

MAXIMUM DOSE OAR RECTUM : The maximum allowed dose to the rectum is 7000 cGy.

SMALL BOWEL : The small bowel was selected as the organ at risk.

LATERALITY, OAR : The OAR is diffuse in its location.

DOSE FROM PREVIOUS IRRADIATION : Approximately 0 cGy has been delivered to this area from previous radiation treatments.

% VOLUME RECEIVING SPECIFIED DOSE : 100 % volume of the organ at risk will receive the specified dose.

ALLOWED DOSE SMALL BOWEL : 4500 cGy dose is allowed to this specified volume.

MAXIMUM DOSE OAR SMALL BOWEL : The maximum allowed dose to the small bowel is 5000 cGy.

Physician's Signature : _____



Electronically signed by J SPENCER THOMPSON, MD on 8/20/2013 at 2:12

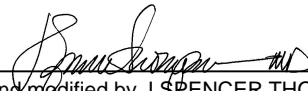
This clinical service was performed in conjunction with the Radiation Oncology resident. I reviewed the resident's note, and I agree with the assessment and plan.

Save History

Signature : _____

Reviewed and modified by ROBERTO SABATER, MD on
8/20/2013 at 10:16 AM

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Reviewed and modified by J SPENCER THOMPSON, MD
on
8/20/2013 at 2:12 PM