

**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:****IMRT Dosimetry Planning, Female Pelvis - 8/16/2013****Technical Factors****MERGED SCAN DATA :** All planning data is derived from a CT scan. No merged data was utilized.**USE OF CONTRAST :** An appropriate contrast agent was utilized for enhanced imaging study definition.**TREATMENT MACHINE ENERGY :** 6 MV**MINIMUM ITERATIONS PER STEP OR ARC :** The minimum number of iterations per step or arc to achieve the ideal plan is 21.**MAXIMUM ALLOWED TOTAL MU PER TREATMENT SESSION :** 110**DOSE RATE :** 180cGy**IMRT Method****DOSE PARAMETERS ADJUSTMENT :** As the software developed solutions for the inverse plan, dose parameters and penalty values were adjusted to achieve the maximum sparing of organs at risk with their critical structures, while still maintaining adequate and homogenous target coverage. I have personally reviewed and approved the final plan.**NUMBER OF STEPS/FLUENCE DIAGRAMS :** Each fluence is representative of a specific IMRT step blocking pattern. This case required a total of nine fluences.**TREATMENT MACHINE ENERGY :** 6 MV**MINIMUM ITERATIONS PER STEP :** The minimum number of iterations per step or arc to achieve the ideal plan is 21.**MAXIMUM ALLOWED TOTAL MU PER TREATMENT SESSION :** 110**Documentation Available in the Clinical Record****PHYSICIAN PRESCRIPTION :** My specific physician's IMRT Treatment Planning prescription treatment plan is available in the clinical record clearly outlining the specific dose constraints for the target volume and adjacent dose limited critical structures.**STATEMENT OF NEED :** The special need for the use of IMRT therapy in contrast to the use of conventional 3-dimensional planning and delivery is outlined in my items of medical necessity as well as in my physician's treatment plan prescription.**DOSE VERIFICATION :** Secondary dose verification is done by the radiological physicist and is compared to the primary dose verification system of the linear accelerator.**DVH AVAILABLE :** Yes**SEGMENTATION DIAGRAM :** MLC leaf motion is documented in the physics report covering segmentation diagrams of each step.**AVAILABILITY OF IMRT PLAN :** My physician's treatment plan prescription clearly outlines the dose constraints that are documented by the signed IMRT inverse plan that is available in the clinical record.**TARGET VERIFICATION DOCUMENTATION :** The clinical section of the physical record contains a detailed target verification documentation of this treatment plan.**IMMOBILIZATION VERIFICATION :** Custom immobilization devices have been designed to assure absolute immobility during the delivery of IMRT treatment.**STRUCTURE/MOTION LIMITATION :** Documentation is available in the clinical record to account for structural motion limitations during therapy with IMRT.**DOCUMENTATION OF FLUENCE DISTRIBUTION :** Fluence distribution has been cross checked against the IMRT

dosimetry plan.

### Dosimetry PTV#1 Parameters

SPECIFIC ANATOMIC SITE TO TREAT : Whole pelvis.

SPECIFIC AREA GYN : Vaginal Cuff and Pelvic Lymph Nodes.

LATERALITY : Midline

PRESCRIBED DOSE TO PTV #1 : 5040 cGy

% VOLUME OF PTV #1 TO RECEIVE PRESCRIBED DOSE : 100

NUMBER OF TREATMENTS PTV #1 : 28 total treatments will be delivered.

LOCATION OF COLD SPOT : The cold spot is located on the periphery of the PTV.

LOCATION OF HOT SPOT : The hot spot is located within the clinical target volume.

### Organ(s) At Risk (CDP)

ORGAN AT RISK, BLADDER : The bladder is considered an organ at risk.

LATERALITY : Midline

DOSE FROM PREVIOUS RADIATION TREATMENT : 0

VOLUME AT RISK : 478 cc

MEAN DOSE OAR-CDP : <39% received 40+Gy, <25% received 45+Gy.

MAX DOSE OAR BLADDER : 4892cGy

ORGAN AT RISK, RECTUM : The rectum is considered an organ at risk.

LATERALITY : Midline

DOSE FROM PREVIOUS RADIATION TREATMENT : 0

VOLUME AT RISK : 108 cc

MEAN DOSE OAR-CDP : <51% received 40+Gy.

MAX DOSE OAR RECTUM : 4751cGy

ORGAN AT RISK, SMALL BOWEL : The small bowel is considered an organ at risk.

LATERALITY : Diffuse

DOSE FROM PREVIOUS RADIATION TREATMENT : 0

VOLUME AT RISK : 1737 cc

MEAN DOSE OAR-CDP : <8.5% received 40+Gy.

MAX DOSE OAR SMALL BOWEL : 4855cGy

FIRST ADDITIONAL OAR : Marrow

LATERALITY : Diffuse

DOSE FROM PREVIOUS RADIATION TREATMENT : 0

VOLUME AT RISK : 1147 cc

MEAN DOSE OAR-CDP : <90% received 10+Gy, <68% received 25+Gy, <23% received 40+Gy.

MAX DOSE 1ST ADDED OAR : 4891cGy

Physician's Signature : \_\_\_\_\_



Electronically signed by J SPENCER THOMPSON, MD on 8/30/2013 at 2:08

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  
8/28/2013 at 11:42 PM

Signature : \_\_\_\_\_

Reviewed and modified by J SPENCER THOMPSON, MD  
on  
8/30/2013 at 2:08 PM

Name: MIL-\*\*\*, DORIS F

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