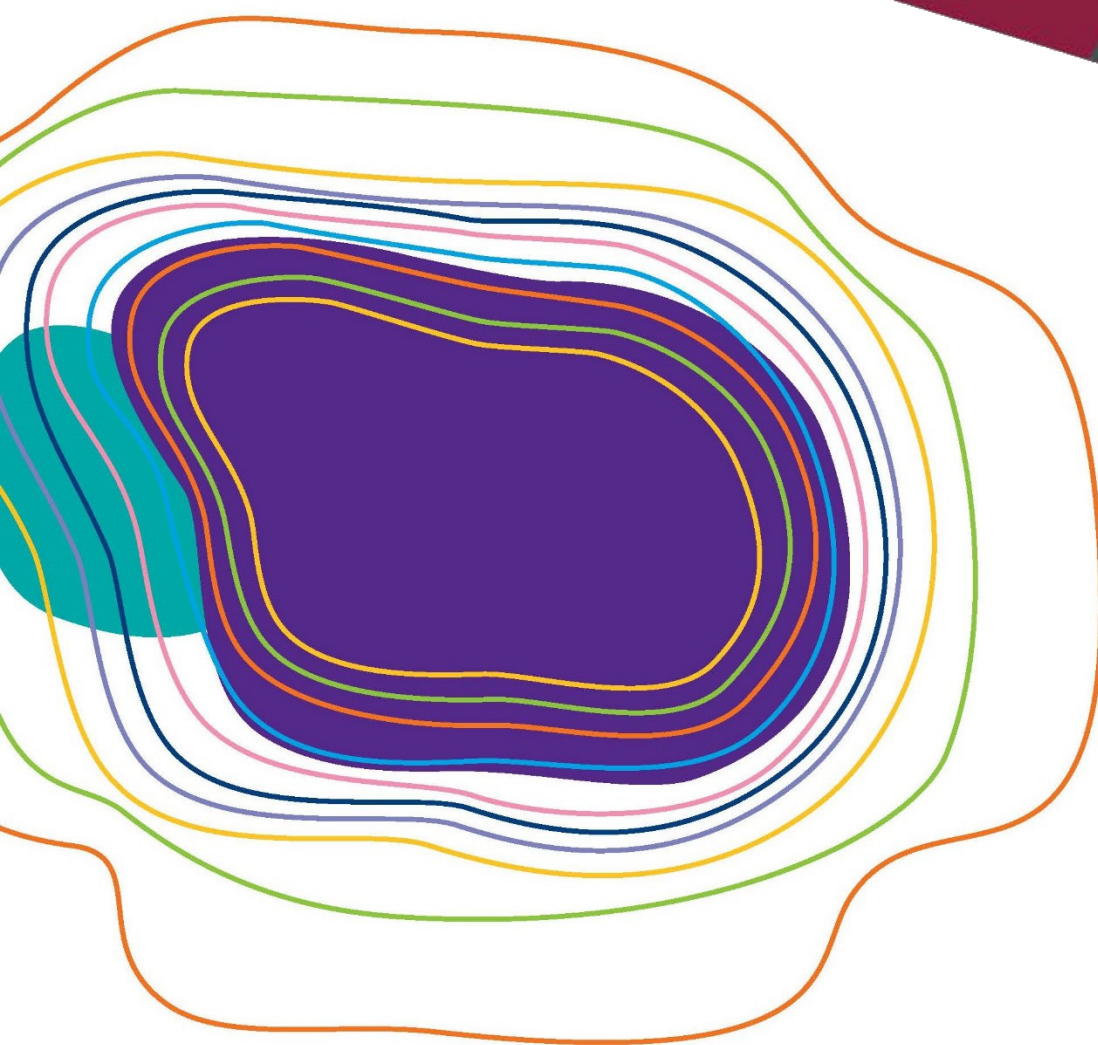


# CASE REPORTS ASSESSMENT INSTRUCTIONS



The Royal Australian  
and New Zealand  
College of Radiologists\*

Faculty of Radiation Oncology



**RADIATION ONCOLOGY  
TRAINING PROGRAM**

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# CASE REPORTS (CR) ASSESSMENTS

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## What are the Case Reports (CRs) Assessments?

The Case Reports (CRs) Assessments in the Radiation Oncology Training Program are designed primarily as a learning activity. They provide a template for trainees to document their clinical experience and to reflect on clinical practice. It is expected that there will be a variation between trainees in the style and depth of their case reports based on a trainee's individual preferences, and/or the particular experiences for learning that are available to them.

For example, a trainee may wish to use them as a brief summary of a practical experience around which to base further learning, or they may decide to document a practical experience in more depth and use the CRs as their study notes on a particular topic/technique leading up to the Phase 2 Examinations and beyond. Either way, it is expected that the collection of CRs will form a meaningful picture of what the trainee has participated in and learned from across their training. It is important to remember that case reports are intended to be SHORT reports summarising the main points learned from a particular situation.

CRs are divided into two main types, 1) Radiation Therapy and Clinical Oncology. Separate templates are provided for each type of CR, and for 'special' topics within each of these categories

## What are Radiation Therapy Case Reports?

Radiation Therapy CRs are focused predominantly on documenting treatment decision-making and technique, including controversies around, and the rationale for, the choice of a particular technique, and dose/fractionation schedule. They also document the trainee's level of participation in the planning and delivery of a patient's treatment. They are intended to provide a useful set of real examples across the spectrum of cases treated by a Radiation Oncologist that can be referred to in further study and/or as a reference for future practice. In this way, they replace the previous Logbook with a more detailed summary of the trainee's experience in radiation oncology treatment and planning.

Predominantly, this type of CR will address the Medical Expert role, but it may cross to include other roles, including Scholar and Communicator.

## What are Clinical Oncology Case Reports?

Clinical Oncology CRs will document other types of practical experiences, and participation in other oncology-related activities, i.e., those that are not directly related to radiation therapy planning and delivery. These will mostly relate to competencies within the 'other' (non-medical expert) CanMEDS roles.

## What are Special Topic Case Reports?

Within both the Radiation Therapy (RT) and Clinical Oncology CR types, there are 'special' reports that provide mandatory topics for study. The purpose of these is to ensure that certain specialised procedures, clinical situations, and techniques are observed as part of training where these are considered important enough that all trainees must have some access to these experiences. In the RT section, documenting a paediatric case is an example. In Clinical Oncology, the compulsory observation of one major cancer operation constitutes a special topic. In the standard RT case reports and the general Clinical Oncology reports, there is a large amount of choice as to the actual cases documented.

## Breakdown of Case Report Types and Requirements: Minimum Total 30

Radiation Therapy Case Reports (25)		Clinical Oncology Case Reports (5)	
Standard (20)	Special (5)	General (1)	Special (4)
<u>Major Focus (15)</u> 1-2 from each category in Table of RT Case Report Topics and Codes – Major focus column	Brachytherapy – gynaecology (1)	Participation in learning opportunities for CanMEDS roles other than medical expert, i.e. Communicator, Collaborator, Manager, Health Advocate, Scholar, Professional	Examination under anaesthesia for cervix cancer (1)
	Brachytherapy – prostate (1)		Observation of surgical procedures (1)
	Stereotactic radiosurgery/RT (1)		Chemotherapy delivery session (1)
<u>Lesser Focus (5)</u> One from five different categories in Table of RT Case Report Topics and Codes – Lesser focus column	Total Body Irradiation (1)		Symptom management/palliative care (1)
	Paediatric Oncology (1)		

(Note: Numbers in brackets indicate the minimum number of case reports required from each section.)

## Summary of Case Report Type and Minimum Requirement

In total, a minimum of 30 CRs, over the four CR types described, need to be completed over the course of training and prior to sign-off for the Phase 2 examination. However, trainees are encouraged to complete as many CRs as possible over Phase 2 of their training and getting into the habit of this in latter part of Phase 1 will likely be beneficial. Trainees must do at least 25 of the minimum 30 reports during Phase 2 of their training. Note that there is no overall limit to the number of reports that can be done if these are the trainee's chosen method of documenting planning (or other) cases, provided that the mandatory minimum numbers and types are adhered to.

It is important that CRs are completed regularly to avoid falling behind on this requirement prior to the Phase 2 examination. To keep on track this will mean completing at least one to two CRs every month during Phase 2. It is envisaged that when a new or interesting opportunity comes up during daily practice, either relating to planning or other aspects of patient care, that a CR be completed shortly thereafter when the most might be gained from the experience. In this way, completing CRs should become a habit during training that aids learning and discussion around a patient or scenario, rather than being seen as an onerous 'extra' task.

## Completing the Templates for the Case Reports

There are specific templates for each type of the CR, i.e., Standard and Special RT CRs, and General and Special Clinical Oncology CRs, all have their own (similar) formats. Note that the 'Major' and 'Lesser Focus' Standard RT CRs are all completed using the Standard RT template – note that these will represent the large majority of reports.

RT CRs require completion of a topic code (see table of RT CR Topics and Codes below). This is related to the category and focus for that CR. For example, a CR regarding a soft tissue sarcoma would be coded as "MS – M26". The use of the codes will facilitate the trainee and the DoT in checking that all categories are covered in the CRs. Reviewers should check that the CR has been accurately coded.

Each CR template has a section that requires the trainee to identify the section of the curriculum document and the learning outcomes within it that are addressed by that CR. Making these links is intended to emphasise how the particular exercise is aligned to a number of competencies required for practice in radiation oncology. In addition, this will encourage the trainee to think about how all the knowledge and skills are integrated in order to conduct the activity. For Special CRs, of both the RT and Clinical Oncology type, the main links are provided to the DoTs and the Clinical Supervisors to help them determine whether the trainee has attempted this exercise effectively.

In addition, there is a list of Learning Outcomes specific to each type of CR which will be provided to trainees and supervisors. These Learning Outcomes are aimed at directing trainees and supervisors in order to maximise the opportunity for learning in the course of conducting an activity. They will also provide guidance for completing the particular CR and in providing useful feedback to the trainee.

Not all fields may be relevant to every CR. Trainees are encouraged to use screenshots or diagrams if it will assist in illustrating learning points and facilitating revision. If these attachments are used, it is suggested that they are either inserted into the relevant section or that they are indicated within the relevant section and attached to the back of the CR. Similarly, the fields on the templates can be expanded and contracted electronically to allow the appropriate amount of space for completing a particular section - these will likely vary, even for the same section, from case to case and between trainees.

References are not compulsory but may be included if helpful to justify the choice of treatment technique or a management decision, for instance.

Examples of some of the different types of CRs are included with the templates. These will demonstrate how the templates can be varied according to the situation selected. It is entirely expected that the length and emphasis will be different for every CR completed. To assist completion, some sections indicate a recommended word limit. No examples have been provided for the Special RT CRs and two of the Special Clinical Oncology CRs as this may detract from their usefulness as a learning tool due to their specific nature.

## Case Report Review and the Assessment Process

Once a CR has been completed it should be given to the relevant Clinical Supervisor to review. Usually, the Clinical Supervisor who has been involved with the patient or activity that is the subject of the case will be the best reviewer.

Occasionally, the report may not relate to a patient or may involve a patient unknown to one of the supervisors e.g., a chemotherapy delivery session case or observation of a surgical procedure. In this instance, the DoT or current suitable Clinical Supervisor can assist the trainee in finding an appropriate reviewer (which could be themselves!) - the reviewer should always be a Radiation Oncologist.

The Clinical Supervisor (reviewer) will give feedback on the CR. This feedback is an important part of the learning opportunity. The Clinical Supervisor will sign off the CR and return it to the trainee. Criteria for 'assessment' and giving feedback on the case have been provided to trainees and supervisors (Assessment Guide/Criteria). There is one Assessment Guide/Criteria for RT CRs and one for Clinical Oncology CRs. The purpose of these guides is to assist the trainees in completing CRs and to enable the supervisor to give useful feedback. Note that the Assessment Guide/Criteria give general direction to enhance the usefulness of the CRs rather than providing the 'answers'.

The report is considered 'complete' when the factual components of the case or activity are documented correctly, even if briefly, and the trainee has shown that they have used the exercise to progress and/or direct further learning in the area. When reviewing a CR, reviewers are looking at whether the trainee has demonstrated understanding of the important issues relating to that case. The CR is ideally used by the reviewer as a prompt for discussion and teaching.

Trainees are encouraged to discuss sections of the report and seek guidance as they go along rather than to consider the report as a document to be 'polished' prior to review by their clinical supervisor.

# RADIATION THERAPY CASE REPORTS

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## Standard Radiation Therapy Case Reports

Standard RT CRs topics are selected from the categories (either 'Major' or 'Lesser Focus') as detailed in the Curriculum document and tabulated in the Table of Medical Expert Supplement Topics on page 47 of that document. These categories are also listed below in the Table of RT CR Topics and Codes. Trainees will note that the topics which are the subject of Special CRs are not included in this Table.

The case report mix should reflect the variety of cases seen in clinical practice. Therefore, they should cover the breadth of palliative and curative treatments as well as documenting a mixture of definitive and adjuvant/neo adjuvant scenarios. Note that this spread of cases mirrors the material assessed in the Phase 2 examination.

As a minimum, trainees must complete one or two cases from the Major focus topics from each category (minimum requirement 15 CRs) and at least five from different Lesser focus topic categories (minimum requirement 5 CRs). These are referred to as the standard RT CRs. The minimum requirement for this CR type is 20.

Please note that although a minimum required number of CRs have been specified, trainees are encouraged to complete further CRs if they add value as learning activities. For example, although the requirement for the Gastrointestinal category would be fulfilled by one Major focus CR only, trainees may find it useful to document CRs for other GIT sites (e.g., do a CR for oesophagus, gastric, rectal, and anal cancers).

It is expected that RT CRs will, on average, be two A4 pages in length and will not exceed three A4 pages.

## Special Radiation Therapy Case Reports

Trainees will also need to complete case reports on the five special topics. The minimum requirement for this type is five CRs. Special RT CRs will also likely be two to three A4 pages in length.

The special topics for RT CRs are:

- i) Brachytherapy (gynaecology)
- ii) Brachytherapy (prostate)
- iii) Stereotactic radiosurgery/radiation therapy
- iv) Total body irradiation
- v) Paediatric oncology

# Radiation Therapy Case Report Learning Outcomes

## Radiation Therapy Standard Case Reports

As for all other Case Report types, the main purpose of the Standard Radiation Therapy Case Reports is to provide a framework for learning, documenting, discussing, and reflecting on key practical experiences conducted within the Radiation Oncology training program.

Specifically, the standard radiation therapy case reports relate to the core business of becoming competent in radiation treatment planning and delivery.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After completion of a standard radiation therapy case report, the trainee will be better able to:*

1. Demonstrate active participation in aspects of patient decision-making, radiation treatment planning and delivery
2. Justify the use of radiation therapy in the individual patient, and describe its integration with other modalities
3. Justify the choice of particular technical components of the overall treatment plan, and the dose/fractionation schedule for the treatment of an individual case
4. Discuss and compare the various options for technique and dose scheduling reported in this case
5. Demonstrate a detailed knowledge of at least one radiation planning technique for the case/type of case reported
6. Discuss in detail the issues relating to treatment outcome in terms of aim, likelihood of achieving this aim AND treatment-related toxicities
7. Describe the historical perspective of a particular treatment approach or technique, and provide literature evidence in selected cases where this has particularly aided a trainee's comprehension
8. Identify areas requiring further study and experience.

## Brachytherapy for Gynaecological Cancer

The trainee should witness and if possible, actively participate in, at least one cervix intracavitary brachytherapy session. The trainee should see either a high dose rate (HDR), low dose rate (LDR) or pulsed dose rate (PDR) procedure.

The case report template may be varied to suit the situation of HDR versus LDR or PDR as needed.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Discuss the selection criteria for the procedure; consider patient and tumour variables including technical issues
2. Describe the work-up and preparation for the patient to undergo intracavitary brachytherapy
3. Describe the steps taken during the procedure
4. Recognise and manage uterine perforation



5. Describe postoperative course and care, especially for LDR treatments
6. Describe the principles of planning patients for cervix brachytherapy
7. Describe the different systems for reporting prescription points for tumour and critical organ doses (Point A/B versus dose to covering tumour volume)
8. Outline the method for treatment verification between brachytherapy fractions
9. Discuss the likely short and intermediate-term side effects of this procedure in combination with the effects of any external beam treatment
10. Describe the long-term side effects
11. Discuss the radiation safety issues relating to this procedure.

## **Brachytherapy for Prostate Cancer**

The trainee should witness and if possible, actively participate in, several prostate brachytherapy procedures but must at least witness and actively participate in one. The trainee should ideally see both high dose rate (HDR) and low dose rate (LDR) procedures to appreciate the similarities and differences between these procedures. The case report template may be varied to suit the situation of HDR versus LDR as needed.

The trainee must document at least one prostate brachytherapy procedure; either HDR or LDR.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Discuss the selection criteria for the procedure, including relative and absolute contraindications; consider patient and tumour variables including technical issues and urinary function
2. Describe the relevance of prognostic variables in deciding whether a man is suitable for this procedure
3. Describe the principles of planning patients for prostate brachytherapy
4. Describe the work-up and preparation for the patient to undergo implantation and within the department in terms of equipment, sources, and staffing
5. Describe the steps in set-up and verification before and during the actual procedure in theatre
6. Discuss in detail the method by which sources are inserted
7. Discuss the radiation and safety issues relating to this procedure
8. Describe the intraoperative and postoperative course and care; list any special instructions
9. Outline a plan for follow-up and post-implant verification
10. Discuss the likely short and intermediate-term side effects and their management
11. Describe the long-term side-effect profile
12. List any useful references that might be helpful in your future management of patients e.g., relating to long-term outcomes, comparison with other modalities, treating of younger men with implants.

## **Stereotactic Radiosurgery**

The trainee must document at least one stereotactic radiosurgery (SRS) procedure. The trainee is encouraged to observe the entire procedure, including headframe placement, planning, treatment setup and delivery.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Discuss the selection criteria and the rationale for using SRS in contrast to conventional radiotherapy or surgery
2. Clearly articulate the aim of treatment
3. Describe the imaging modalities used to define the target and how this information may be integrated with patient positioning
4. Describe the principles of treatment planning and distinguish from conventional treatment planning e.g., use of fiducials, non-coplanar beams, GTV expansions
5. Cite the factors used determine the dose and the prescription isodose employed for this case
6. Describe the anatomical dose constraints relevant to this case and the potential risk for normal tissues.

## **Total Body Irradiation (TBI)**

The trainee must document at least one TBI procedure. The trainee is encouraged to observe the entire procedure, including simulation treatment planning and delivery (one fraction) and evaluation.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Discuss the selection criteria and the integration of radiation into the patient's overall management
2. Clearly articulate the aim of treatment
3. Describe the steps in treatment planning and the rationale for the patients positioning as well as the use of bolus or tissue compensators
4. Describe the steps taken to verify the dose delivered
5. Describe the tolerance for any discrepancy between planned and delivered dose. Describe the action that could be undertaken if these tolerance limits were exceeded.

## **Paediatric Oncology**

The trainee will select a paediatric patient who is either currently being treated, who is soon to be treated, or who has recently finished treatment with radiotherapy for a common paediatric malignancy. The trainee needs to have had some direct involvement in their care – either being present at discussions about management with the patient and family and/or in the MDT meeting and/or taking part in the planning process. The patient must have actually been seen by the trainee during the work-up for treatment OR during planning OR treatment (one session on the machine would suffice) OR in the period soon following treatment.

*Arrangements for seeing paediatric patients should be discussed with the Director of Training (DoT). All trainees are to be provided an opportunity to visit a department where there is an active paediatric radiation oncology management program. Attendance at one (preferably more) of the above episodes of care is the minimal accepted contact with a paediatric patient. It is also considered strongly desirable for trainees to attend a 'late-effects' clinic within a paediatric oncology service with a radiation oncologist who has special expertise in paediatric care.*

The trainee should refer to the learning outcomes listed in the paediatric Medical Expert Supplement in the Radiation Oncology Curriculum document.

After undertaking this case report exercise, the trainee is better able to:

1. Explain the issues associated with delegated consent
2. Describe the use of chemotherapy to reduce, delay or substitute for, radiotherapy
3. Discuss the impact of radiation treatment on growth and development
4. Describe strategies to minimise the risk of treatment-induced neoplasia
5. Discuss immobilisation of children, including anaesthesia
6. Describe 'standard' dose and fractionation schedules for paediatric malignancy
7. Describe the potential value of using special techniques (IMRT, stereotactic RT) in the paediatric setting
8. Explain the integration of surgery, radiotherapy, chemotherapy, and other therapies in the oncological management of children with cancer
9. Outline the place of palliative radiotherapy in the paediatric setting.

## Table of Radiation Therapy Case Report Topics and Codes

Category	Code	Major Focus (M)	Code	Lesser Focus (L)	Code
Breast	Bre	Breast Cancer	M1	Mesothelioma	L1
Lung and Mediastinum	Lu&M	Non-small Cell Lung Cancer	M2	Tumours of the Mediastinum	L2
		Small Cell Lung Cancer	M3		
		Superior Vena Caval Obstruction	M4		
Head and Neck	H&N	Mucosal Cancers	M5		
		Salivary Gland Tumours	M6		
Skin	Ski	Non-Melanomatous Skin Cancer	M7	Kaposi's Sarcoma	L3
		Melanoma	M8		
Male Reproductive System	MRS	Prostate Cancer	M9	Non-Seminomatous Germ Cell Tumours	L4
		Seminoma of the Testis	M10	Penile Cancer	L5
Female Reproductive System	FRS	Cervical Cancer	M11	Ovarian Cancer	L6
		Uterine Cancer	M12	Vulval Cancer	L7
				Vaginal Cancer	L8
				Gestational Trophoblastic Disease	L9
Urinary Tract	UT	Bladder Cancer	M13	Kidney Cancers	L10
				Ureteric Cancers	L11
		Oesophageal Cancer	M14	Biliary Tract and Gall Bladder Cancers	L12

<b>Gastrointestinal Tract</b>	GIT	Gastric Carcinoma	M15	Hepatocellular Carcinoma	L13
		Rectal Cancer	M16	Gastrointestinal Stromal Tumours	L14
		Anal Cancer	M17	Carcinoid Tumour	L15
				Colon Cancer	L16
				Pancreatic Cancer	L17
				Liver Metastases	L18
<b>Central Nervous System</b>	CNS	Adult Glioma	M18	Ependymoma	L19
		Meningioma	M19	Pineal Gland Tumour	L20
		Medulloblastoma	M20	Germ Cell Tumours	L21
		Primitive Neuroectodermal Tumours	M21	Acoustic Neuroma	L22
		Cerebral Metastases	M22	Cerebral Arteriovenous Malformations	L23
		Malignant Spinal Cord Compression	M23		

Category	Code	Major Focus (M)	Code	Lesser Focus (L)	Code
<b>Haematology</b>	Haem	Hodgkin's Lymphoma	M24	Leukaemia	L24
		Non-Hodgkin's Lymphoma	M25	Multiple Myeloma and Plasmacytoma	L25
<b>Musculoskeletal and Connective Tissue</b>	MS	Soft Tissue Sarcoma	M26	Primary Tumours of the Bone	L26
		Bone Metastases	M27	Aggressive Fibromatoses	L27
<b>Endocrine</b>	End	Thyroid Cancer	M28	Adrenal Tumours	L28
		Pituitary Cancer	M29		
<b>Non-Malignant</b>	NM			Non-Malignant Diseases treated with Radiation therapy	L29

## Radiation Therapy Templates

Radiation Therapy Templates	Examples
<b>Standard</b>	Non-small cell lung cancer Meningioma
<b>Special</b>	<i>No examples provided</i>

# CLINICAL ONCOLOGY CASE REPORTS

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Clinical Oncology CRs are divided into two types: General and Special. Clinical Oncology CRs will likely be one to two A4 pages in length and should not exceed three pages except in exceptional cases.

## General Clinical Oncology Case Reports

The General Clinical Oncology CRs relate to the CanMEDS roles other than medical expert, i.e., Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. Examples of learning opportunities that might be used for the activity to be conducted and documented in the Clinical Oncology CRs are listed in the Curriculum document at the end of each non-medical expert role section (see pages 131 to 154). There are many day-to-day activities performed as part of routine patient care or in other registrar roles that would be suitable as the subject of the general Clinical Oncology CRs. It is strongly recommended that CRs be completed as close to the event as possible to gain the most from them. The minimum requirement for this type of CR is one.

## Special Clinical Oncology Case Reports

The topics for the Special Clinical Oncology CRs are:

- i) Examination under anaesthesia for cervix cancer
- ii) Observation of surgical procedures
- iii) Chemotherapy delivery session
- iv) Symptom management/palliative care

The minimum requirement for the Special Clinical Oncology type is four CRs. Topics require a minimum of one CR each. The types of surgical procedures that would be suitable to use for these reports are shown in the Guide to the Oncological Surgical Procedures (see table below). This list is not exhaustive and other major cancer operations can also be observed and reported for this part of the requirement. The Director of Training and other supervisors can help to guide the trainees in choice of subjects for these (and other) reports.

## Special Clinical Oncology Case Reports Learning Outcomes

### Clinical Oncology Standard Case Reports

As described previously, Clinical Oncology Case Reports are designed to guide learning and document the achievement of competency in areas not directly related to radiation therapy planning and treatment delivery.

Encouraging participation in, and thinking about, these other practical experiences is aimed at enhancing learning in relation to a wide spectrum of oncological issues. The activities reported in the General Clinical Oncology Case Reports may fall across the full spectrum of cancer patient care and oncology practise, thus helping to address competencies within all facets of the radiation oncologist's role.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After completion of the General Clinical Oncology Case Reports, the trainee will be better able to:*

1. Describe how participation in the activities chosen has enhanced their experience and/or competence in interactions with patients, families and other health care workers or administrators
2. Discuss the value or otherwise of the experience and the key points learned from it in terms of future performance
3. Outline specific areas in which they have a special interest or in which they feel further experience or expertise would be beneficial
4. Describe a plan to address the above interest/perceived need for improvement (including further similar activities)
5. Describe how the activity links to the CanMEDS role(s) in the Radiation Oncology Curriculum.

### **Examination under Anaesthesia for Cervix Cancer**

The trainee should actively participate in at least one EUA in a patient with cervix cancer. The trainee is encouraged to interact with the surgeon in a joint assessment and discuss the case and findings with him/her.

The case may be the same one that is used for the special case report for cervix brachytherapy or may be a different one.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Describe the relevant female pelvic anatomy
2. Explain the reasons that a radiation oncologist needs to attend the EUA
3. List the equipment requirements for the EUA
4. Describe how to assess the clinical extent (i.e., stage) of the tumour
5. Discuss the role of cystoscopy and proctoscopy (or sigmoidoscopy) in the assessment
6. Discuss the management of uncontrolled vaginal bleeding in this situation
7. Describe the potential impact and management of a finding of ureteric obstruction at EUA
8. Outline the principles of gold seed marker insertion to prepare for radiation treatment.

### **Observation of (other) Surgical Procedures**

The learning outcomes will be influenced by the procedure observed and the clinical situation.

The trainee is encouraged, where feasible, to interact with the surgeon during the procedure to assist in learning e.g., about anatomy or complications.

The trainee should be encouraged to discuss the following learning outcomes with the surgeon during or soon after the procedure and to document the session in the Clinical Oncology special case report template.

The following learning outcomes are to inform the trainee and supervisors (including the surgeon) of the goals of attendance at the operation and to encourage relevant discussion around the case

and the procedure in general.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Summarise the major steps in the procedure
2. Give an approximation of the time taken to do the procedure and of blood loss during the operation
3. Communicate to others a summary of the procedure effectively in lay and medical language
4. Discuss the selection criteria for the procedure including the relative and absolute contraindications and prognostic criteria relating to selection
5. Outline the likely post-operative course (including time in hospital) and any special instructions or precautions
6. Summarise the relevant macroscopic pathology observed during the procedure
7. Describe the anatomy relevant to this procedure from an oncological perspective
8. Discuss how the above information might influence a decision regarding placement of radiation treatment fields and/or definition of a target organ or region and/or critical structures
9. Discuss how the above might influence a decision regarding post- or pre- operative adjuvant radiation therapy
10. Describe the common morbidities following the particular procedure and their causes
11. Comment on any special or additional issues learned through observation of the case; these may be technical e.g., surgical challenges, or practical e.g., recovery time following procedure less or more protracted than expected
12. Cite any sentinel published references related to the procedure that might be useful for management of similar patients.

## **Chemotherapy Delivery Session**

The following learning outcomes are to inform the trainee and supervisors of the goals of this learning exercise and to encourage relevant discussion around this case and the principles of chemotherapy in general.

The trainee should attend the chemotherapy suite and observe the delivery of chemotherapy. The trainee should discuss the case with the treating Medical Oncologist to gain insight to the rationale of the treatment decision.

The trainee must document the case of at least one patient receiving chemotherapy.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Describe the principles of systemic therapy use in both the curative and palliative setting
2. Outline the treatment intent
3. Discuss the indications for delivering this treatment
4. Discuss the choice of regimen – including number of cycles
5. Explain how the choice of systemic therapy will impact on decisions regarding

- radiotherapy use, prescription and planning. Describe possible interactions between the 2 modalities.
6. Discuss the timing of the chemotherapy within the overall management plan. Explain the rationale for sequencing of the systemic therapy in relation to other treatment modalities.
  7. Discuss the toxicity associated with the chemotherapeutic agents selected
  8. Outline the issues relating to venous access and discuss the different devices available, including port placement and how to access
  9. Describe the actual chemotherapy delivery, including:
    - a. Patient education
    - b. Pre-administration assessment
    - c. Pre-medication and pre-treatment hydration
    - d. Mode of delivery of agents
    - e. Post-delivery procedures and symptom control
  10. Discuss the management of the acute toxicities.

## **Symptom Management/Palliative Care**

The following learning outcomes are to inform the trainee and supervisors of the goals of this learning exercise and to encourage relevant discussion around this case and the principles of symptom management in general.

The trainee should see a patient whose reason for admission to hospital was for symptom control. The trainee should discuss the case with the Consultant caring for the patient to gain an understanding of the rationale of the management plan. It may be necessary to discuss the case with more than one person, e.g., Palliative Care team, Radiation Oncologist, Chronic pain team, Drug and Alcohol team, etc, depending on the problem at hand.

In addition to the learning outcomes stated below, please refer to the learning outcomes detailed in the related sections of the curriculum document.

*After undertaking this case report exercise, the trainee is better able to:*

1. Record a concise and accurate history of the problem, including past and current medications
2. Prepare a comprehensive assessment of the patient's physical, psychological, and emotional state, with an examination of the relevant organs, including assessing the severity of the symptoms
3. Generate a list of symptoms which need to be managed in the oncology setting
4. Discuss the causes of, and risk factors associated with, the symptoms (If the symptom is pain, identify the possible causes of pain, i.e., somatic, visceral, neuropathic, and psychological. Describe the dermatomes.)
5. Describe the potential relationship between the various symptoms
6. Organise the appropriate investigations required to properly assess the symptom and elucidate the underlying aetiology
7. Prioritise the management plan
8. Discuss the pharmacological management of the problem
9. Discuss the potential side effects of the prescribed treatment and the management of these
10. Discuss non-pharmacological management of the symptom (including palliative radiotherapy, chemotherapy, surgery, psychiatric assessment, rehabilitation, social



- work intervention, home oxygen, etc.)
11. Evaluate the response to therapy and adjust the management plan accordingly
  12. Discuss end of life issues
  13. Develop a post discharge plan with links to the appropriate services.

## Guide to the Oncological Surgical Procedures

1. Wide local excision of breast and sentinel lymph node biopsy/axillary dissection
2. Modified radical mastectomy
3. Radical prostatectomy
4. Radical cystoprostatectomy (and stoma/neobladder formation)
5. Radical or sub-total neck dissection
6. Major resection of head and neck SCC
7. Anterior resection of bowel
8. Abdominoperineal resection
9. Radical oesophagectomy
10. Radical gastrectomy
11. Radical hysterectomy and salpingo-oophorectomy
12. Radical vulvectomy
13. Deep inguinal lymph node dissection
14. Resection of limb sarcoma or retroperitoneal sarcoma
15. Procedures required as a result of radiation toxicity e.g., colonoscopy +/- laser for rectalbleeding

## Clinical Oncology Templates

Clinical Oncology Templates	Examples
<b>General</b>	Conducting a family conference Patient information seminar
<b>Special:</b>	
EUA for cervix cancer	<i>No example provided</i>
Other (observation of) surgical procedures	Radical prostatectomy
Chemotherapy delivery session	<i>No example provided</i>
Symptom management/palliative care	Management of pain

# CASE REPORTS (CR) ASSESSMENT FLOWCHART

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Trainee completes the Case Report Assessment template form and gives it to the Clinical Supervisor or DoT for review. The trainee is encouraged to seek feedback as they undertake the activity.



Clinical Supervisor or DoT provides feedback and signs the Case Report template form.



The trainee is to retain the completed assessment and return to the College by 31 January 2022 along with other completed assessments using the [Trainee Assessment Summary Submission Form](#).

**Please Note:** Trainees are required to indicate which type of Case Report it is (e.g., Standard RT, Code: CNS-M19).