



Code:

STANDARD RADIATION THERAPY CASE REPORT TEMPLATE

IDENTIFICATION:

MRN: _____ Supervisor: _____

PATIENT DETAILS:

Initials: _____ Date of Birth _____

RT Start Date: _____

LINK TO CURRICULUM/LEARNING OUTCOMES:

Include section of curriculum document & learning outcomes addressed, e.g., Breast, Learning Outcomes 3.2.3 & 4.1.1,p.48-49

Curriculum Section:	Learning Outcomes:	Page Number:

CLINICAL SYNOPSIS:

Tumour Site	Histological Type	TNM	and/or	Stage

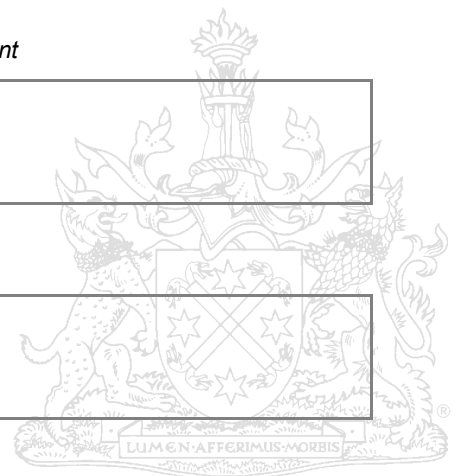
Statement of problem

E.g., "painful bone metastasis cervical spine" (one line only)

Brief history

Include features of history, examination and investigations relating to THIS treatment

Prognostic factors, including pathological features





MANAGEMENT PLAN:

Summary of overall management plan

Include any further assessment prior to treatment, the treatment plan (including surgery and chemotherapy) and the likely program for follow-up

What is the purpose of treatment?

Be specific to THIS patient e.g., cure, pain control, local control

Rationale for radiation therapy

Key management issues

TREATMENT DETAILS:

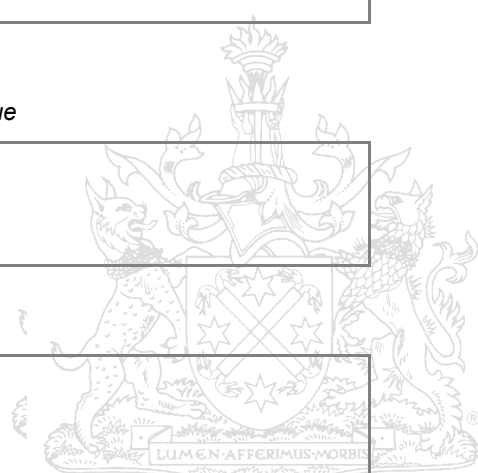
Treatment prescription

Include positioning, beam arrangement, modality, energy, dose/fractionation schedule

Normal tissues/structures

Specify dose volume constraints and how respecting these may impact on technique

Potential acute and late toxicities of treatment and likelihood of these





Comment on technique – alternatives and limitations

Plan appraisal– potential improvements and/or justification of technique used

Attach isodose plot(s) and/or DRRs and/or DVHs and/or photographs if this assists explanation or learning

REFLECTION:

Word count guide: 100-400

Comments on issues learned & special features of this case

E.g., increased experience with simple technique or very uncommon case from which particular skills were learned

What was your direct input in the management of this patient?

Note: this may vary but might include initial assessment for RT, assisting with positioning and immobilisation, volumes contoured, plan viewed and discussed with Supervisor/radiation therapists (maximum 3 lines)

SIGN OFF:

The report is 'complete' when the factual components of this case have been documented correctly and the Supervisor believes the trainee has used this exercise to progress further learning. Please refer to the Assessment Guide/Criteria on the [College website](#).

Signature of Clinical Supervisor

Signature of Trainee

Date

Date

