



Code:

Radiation Therapy Special Case Report Template
Topic: STEREOTACTIC RADIOSURGERY/RADIATION THERAPY

IDENTIFICATION:

MRN: _____ Supervisor: _____

PATIENT DETAILS:

Initials: _____ Date of Birth: _____

RT start date: _____

LINK TO CURRICULUM/LEARNING OUTCOMES:

Include section of curriculum document and learning outcomes addressed, e.g., Radiation Oncology Physics, Learning Outcome 17.1 p.24

Curriculum Section:	Learning Outcomes:	Page Number:

CLINICAL SYNOPSIS:

Tumour Site	Histological Type	TNM	and/or	Stage

Case Summary
Stereotactic radiosurgery/radiation therapy (expand)

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

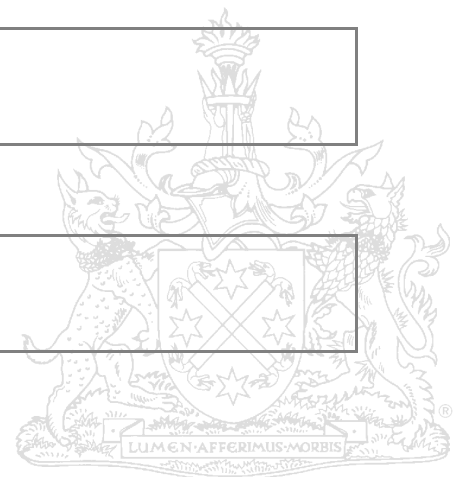
Treatment prescription

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





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

Refer to learning outcomes for stereotactic radiosurgery/radiation therapy in the Curriculum document and in the Learning Portfolio

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

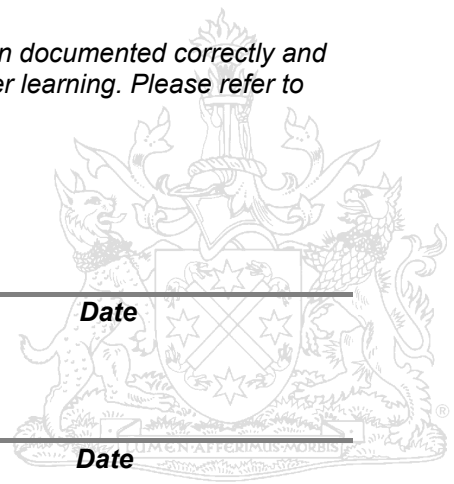
Note: this may vary but might include initial assessment for RT, assisting with positioning and immobilisation, volumes contoured, plan viewed and discussed with Supervisor/radiation therapists (maximum 3 lines)

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