# DORPS

Event occured on: [redacted]
Created on: [redacted]

Reviewing, consenting and planning a patient with metastatic spinal cord compression in Acute ambulatory unit

[redacted]

[redacted]

Specialty: Clinical oncology
Location: [redacted]

**Training grade**

MTI

Your text here 1

**Case description**

73 year old lady recently diagnosed with metastatic adenocarcinoma of the lung (EGFR negative) presented with soft tissue at the level of C2 causing canal stenosis and spinal cord compression. She complained of worsening neck pain ( pains score during examination- 3/10) and numbness and tingling of both upper limbs. There were no motor deficit on neurological examination. Tokuhashi score was 1 and surgery was not feasible.

**Planning technique**

I reviewed this patient in AAU, reviewed her history, performed clinical examination and available investigation including recent MRI. She has already been started on steroids.

I consented her for palliative intent single fraction of radiotherapy to the site of cord compression. Discussed possible side effects of radiotherapy including Pain Flare, Skin erythema, Fatigue and Sore throat.

Radiotherapy technique:
Discussed with radiographers
CT simulation without collar, immobilization with clamp

Radiotherapy Plan

Planned for Radiotherapy in V sim

Dose: 8 Gy in 1 fraction, C1-C5 ( encompassing the soft tissue mass)

Field size of 9cm X 8cm. Prescribed to depth of 6.5cm (this is not to the anterior of the cord as the soft tissue mass is more posterior).

Single posterior field instead of two lateral beams due to extent of field down to C5.

Prescribed Oramorph PRN for pain flare.

## Trainee comments

You should include any comments on the assessment you have carried out and your own performance before you submit this request to your chosen assessor.

Once your assessor has completed and submitted the assessment it will be closed and placed in your timeline as complete.

**Trainee's comments - comment on your performance and any action required**

This case provided a meaningful opportunity to refine my skills in palliative radiotherapy planning. Reviewing patient history, clinical examination and investigations including MRI helped me understand the importance of accurate treatment planning. I was able to effectively explain the rationale for single fraction treatment and discuss potential side effect of treatment which help patient to make a informed decision.

Further collaborating with radiographer for immobilisation and simulation scan and planning the treatment fields ( choosing posterior direct field rather than two lateral beam ) further improve my understanding of technical aspects of palliative radiotherapy.

**Attach files**

[redacted]

[redacted]

Role: Assessor
Specialty: Clinical oncology
Location: [redacted]

**Assessor's Name**

[redacted]

**Assessors Role**

Consultant

**1. Indications for treatments**

Meets expectation for stage of training

**2. Radiotherapy treatment strategy**

Meets expectation for stage of training

**3. Interpretation of diagnostic imaging**

Meets expectation for stage of training

**4. Target volume definition**

Meets expectation for stage of training

**5. Definition of organs at risk and radiotherapy tolerance**

Meets expectation for stage of training

**6. Evaluation of radiotherapy planning**

Meets expectation for stage of training

**7. Radiotherapy prescription**

Meets expectation for stage of training

**8. Radiotherapy treatment verification**

Unable to comment

**9. Interaction with staff during the planning process**

Above expectation for stage of training

**10. Conclusion: overall clinical competence to plan this technique**

Able to perform without supervision

**Assessor's comments - state areas of good practice and areas for development**

Able to perform independently. Continue with your meticulous approach.

## Assessor's declaration

By submitting this form you are agreeing that you observed this procedure

**Attach files**