Clinical Oncology

The Royal College of Radiologists

Clinical cases
Guidance for submission of radiotherapy and systemic therapy cases

Please note that in providing you with any specialty specific advice and guidance in respect of your CESR application, the Royal College of Radiologists is not responsible for giving guarantees or opinions as to the likelihood of your application being successful; nor can any such advice guarantee success in any application to the GMC.

Please read this guidance alongside the full Specialty Specific Guidance and the current CCT curriculum for clinical oncology.

This is your main opportunity to demonstrate to your assessors that you have acquired the relevant range of clinical skills in the management of cancer patients, to be considered equivalent to those who have completed training according to the current CCT curriculum.

In addition to your ability to plan and deliver radiotherapy and systemic therapy, other areas that will be assessed include your ability to summarise the relevant clinical information, to make clear and logical recommendations, to make appropriate modifications to your treatment when necessary and to communicate clearly with your patients and colleagues.

Your assessors would like to see a wide range of cases, in terms of tumour sites, treatment intent (both radical and palliative) and complexity. This will be a reflection of the diversity of cases you are expected to be competent to manage as an NHS consultant.

It is important that this evidence is anonymised in accordance with the GMC guidance, and all patient identifiable information removed.

Summary and Reflection of Case

You should provide a concise summary of each case containing the history, the relevant investigation results and your recommended treatment. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision.

Requirements for Radiotherapy Cases

Each case should be submitted as a separate **.pdf** document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (radical or palliative). An example would be ‘Case 1 Prostate Radical’. Each **.pdf** document should be clearly readable. Radiotherapy plans should be in full colour and of a size/resolution which can be readily assessed.

For each case provide the following:

- Patient letters (referral, patient history, follow up).
- Evidence of consent and toxicities discussed.
- Radiotherapy prescription containing the prescription dose, prescription point/isodose, dose per fraction, treatment days, modality (including energy), and any concurrent treatments.
- Where you have modified the dose or the PTV, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this.

Formally Computer Planned Cases

- The radiotherapy plan should include three representative trans-axial slices (upper, central, lower) through the treatment volume and one coronal slice that best represent the treatment volume. Each slice should clearly show the GTV, CTV, PTV, and Organ At Risk outlines. Isodoses should be clearly shown. Do not include beam arrangements on the plans. Legends should be provided which clearly identify the isodoses, organs at risk, and treatment volumes. The legend should be visible on each page that includes an image of the plan.
- Provide Dose Volume Histograms for the PTV and Organs at Risk.

Non-computer Planned Cases (Simulator, V-Sim etc)

- Provide representative simulator images or V-Sim CT slices as appropriate. Include a short description of your methodology in planning the case. Include as much information as possible to enable assessment of the case.

Requirements for Systemic Therapy Cases

Each case should be submitted as a separate **.pdf** document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (curative, adjuvant, neoadjuvant or palliative). An example would be ‘Case 1 Colorectal Adjuvant. Each **.pdf** document should be clearly readable.

For each case provide the following:

- Patient letters (referral, patient history, follow up)
- Evidence of consent and toxicities discussed
- Systemic therapy prescription containing the drug(s), dose calculation, dose modifications and any concurrent/supportive treatments.
- Where you have modified the dose or the regimen, explain why you have done this.