



**MAHATMA GANDHI UNIVERSITY**  
*of*  
**MEDICAL SCIENCES & TECHNOLOGY**  
JAIPUR

# **Syllabus**

## **MD – RADIATION ONCOLOGY**

**(3 Years Post Graduate Degree Course)**

**Edition 2018-19**

## **Notice**

1. Amendment made by the Medical Council of India in Rules/Regulations of Post Graduate Medical Courses shall automatically apply to the Rules/Regulations of the Mahatma Gandhi University of Medical Sciences & Technology (MGUMST), Jaipur.
2. The University reserves the right to make changes in the syllabus/books/guidelines, fees-structure or any other information at any time without prior notice. The decision of the University shall be binding on all.
3. The Jurisdiction of all court cases shall be Jaipur Bench of Hon'ble Rajasthan High Court only.

**RULES & REGULATIONS**  
**MD RADIATION ONCOLOGY (9150)**  
**(3 Years Post Graduate degree course)**

**TITLE OF THE COURSE:**

It shall be called Doctor of Medicine.

**ELIGIBILITY FOR ADMISSION:**

No candidate of any category (including NRI quota) shall be eligible for admission to MD/MS courses, if he or she has not qualified NEET PG (MD/MS) conducted by National Board of Examinations or any other Authority appointed by the Government of India for the purpose.

**(1) General Seats**

- (a) Every student, selected for admission to postgraduate medical course shall possess recognized MBBS degree or equivalent qualification and should have obtained permanent Registration with the Medical Council of India, or any of the State Medical Councils or should obtain the same within one month from the date of his/her admission, failing which the admission of the candidate shall be cancelled;
- (b) Completed satisfactorily one year's rotatory internship or would be completing the same before the date announced by the University for that specific year as per MCI rules after passing 3rd professional MBBS Part II Examination satisfactorily.
- (c) In the case of a foreign national, the Medical Council of India may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the postgraduate training restricted to the medical college/institution to which he/she is admitted for the time being exclusively for postgraduate studies; however temporary registration to such foreign national shall be subject to the condition that such person is duly registered as medical practitioner in his/her own country from which he has obtained his basic medical qualification and that his degree is recognized by the corresponding Medical Council or concerned authority.

**(2) NRI Seats**

- (a) Students from other countries should possess passport, visa and exchange permits valid for the period of their course of study in this Institution and should also observe the regulations of both central and state governments regarding residential permits and obtain no-objection certificate from the same.
- (b) The candidate should have a provisional "Student Visa". If he comes on any other visa and is selected for admission, he will have to first obtain a student visa from his country and then only he will be allowed to join the course. Therefore it is imperative to obtain provisional student visa before coming for Counseling.
- (c) This clause is applicable to NRI/Foreign Students only.

**CRITERIA FOR SELECTION FOR ADMISSION:**

**(1) NRI Quota**

15% of the total seats are earmarked for Foreign National / PIO / OCI/ NRI / Ward of NRI/NRI sponsored candidates who would be admitted on the basis of merit obtained in NEET PG or any other criteria laid down by Central Government/MCI.

**(2) Remaining Seats (Other than NRI Quota Seats)**

- (a) Admissions to the remaining 85% of the seats shall be made on the basis of the merit obtained at the NEET conducted by the National Board of Examinations or any other Authority appointed by the Government of India for the purpose.
- (b) The admission policy may be changed according to the law prevailing at the time of admission.

#### **COUNSELING/INTERVIEW:**

- (1) Candidates in order of merit will be called for Counseling/Interview and for verification of original documents and identity by personal appearance.
- (2) Counseling will be performed and the placement will be done on merit-cum-choice basis by the Admission Board appointed by the Government of Rajasthan.

#### **RESERVATION:**

Reservation shall be applicable as per policy of the State Government in terms of scheduled caste, scheduled tribe, back ward class, special back ward class, women and handicapped persons.

#### **ELIGIBILITY AND ENROLMENT:**

Every candidate who is admitted to MD/MS course in Mahatma Gandhi Medical College & Hospital shall be required to get himself/herself enrolled and registered with the Mahatma Gandhi University of Medical Sciences & Technology after paying the prescribed eligibility and enrolment fees.

The candidate shall have to submit an application to the MGUMST for the enrolment/eligibility along with the following original documents with the prescribed fees (upto November 30 of the year of admission without late fees and upto December 31 of the year of admission with late fees) –

- (a) MBBS pass Marks sheet/Degree certificate issued by the University (1st MBBS to Final MBBS)
- (b) Certificate regarding the recognition of medical college by the Medical Council of India.
- (c) Completion of the Rotatory Internship certificate from a recognized college.
- (d) Migration certificate issued by the concerned University.
- (e) Date of Birth Certificate
- (f) Certificate regarding registration with Rajasthan Medical Council / Medical Council of India / Other State Medical Council.

#### **REGISTRATION**

Every candidate who is admitted to MD/MS course in Mahatma Gandhi Medical College & Hospital shall be required to get himself/herself registered with the Mahatma Gandhi University of Medical Sciences & Technology after paying the prescribed registration fees.

The candidate shall have to submit an application to the MGUMST for registration with the prescribed fees (upto November 30 of the year of admission without late fees upto December 31 of the year of admission with late fees).

#### **DURATION OF COURSE:**

The course shall be of 3 years duration from the date of commencement of academic session.

#### **PERIOD OF TRAINING:**

- (1) The period of training for obtaining Post graduate degrees (MD/MS) shall be three completed years including the period of examination.

- (2) It shall however be two years for candidates who have obtained the recognised PG Diploma in the subject.

**MIGRATION:**

No application for migration to other Medical Colleges will be entertained from the students already admitted to the MD/MS course at this Institute.

**METHODS OF TRAINING FOR MD/MS:**

Method of training for MD/MS courses shall be as laid down by the Medical Council of India.

**ONLINE COURSE IN RESEARCH METHODS**

- i. All postgraduate students shall complete an online course in Research Methods to be conducted by an Institute(s) that may be designated by the Medical Council of India by way of public notice, including on its website and by Circular to all Medical Colleges. The students shall have to register on the portal of the designated institution or any other institute as indicated in the public notice.
- ii. The students have to complete the course by the end of their 2nd semester.
- iii. The online certificate generated on successful completion of the course and examination thereafter, will be taken as proof of completion of this course
- iv. The successful completion of the online research methods course with proof of its completion shall be essential before the candidate is allowed to appear for the final examination of the respective postgraduate course.

This requirement will be applicable for all postgraduate students admitted from the academic year 2019-20 onwards

**ATTENDANCE, PROGRESS AND CONDUCT:**

**(1) Attendance:**

- (a) 80% attendance in each course is compulsory. Any one failing to achieve this, shall not be allowed to appear in the University examination.
- (b) A candidate pursuing MD/MS course shall reside in the campus and work in the respective department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/work in clinic/laboratory/ nursing home while studying postgraduate course. No candidate shall join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of registration. Each year shall be taken as a unit for the purpose of calculating attendance.
- (c) Every candidate shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, CCR, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Candidates should not be absent continuously as the course is a full time one.

**(2) Monitoring Progress of Studies- Work diary/Log Book:**

- (a) Every candidate shall maintain a work diary in which his/her participation in the entire training program conducted by the department such as reviews, seminars, etc. has to be chronologically entered.
- (b) The work scrutinized and certified by the Head of the Department and Head of the Institution is to be presented in the University practical/clinical examination.

**(3) Periodic tests:**

There shall be periodic tests as prescribed by the Medical Council of India and/ or the Board of Management of the University, tests shall include written papers, practical/clinical and viva voce.

**(4) Records:**

Records and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University when called for.

**THESIS:**

- (1) Every candidate pursuing MD/MS degree course is required to carry out work on research project under the guidance of a recognized post graduate teacher. Then such a work shall be submitted in the form of a Thesis.
- (2) The Thesis is aimed to train a postgraduate student in research methods & techniques.
- (3) It includes identification of a problem, formulation of a hypothesis, designing of a study, getting acquainted with recent advances, review of literature, collection of data, critical analysis, comparison of results and drawing conclusions.
- (4) Every candidate shall submit to the Registrar of the University in the prescribed format a Plan of Thesis containing particulars of proposed Thesis work within six months of the date of commencement of the course on or before the dates notified by the University.
- (5) The Plan of Thesis shall be sent through proper channel.
- (6) Thesis topic and plan shall be approved by the Institutional Ethics Committee before sending the same to the University for registration.
- (7) Synopsis will be reviewed and the Thesis topic will be registered by the University.
- (8) No change in the thesis topic or guide shall be made without prior notice and permission from the University.
- (9) The Guide, Head of the Department and head of the institution shall certify the thesis. Three printed copies and one soft copy of the thesis thus prepared shall be submitted by the candidate to the Principal. While retaining the soft copy in his office, the Principal shall send the three printed copies of the thesis to the Registrar six months before MD/MS University Examinations. Examiners appointed by the University shall evaluate the thesis. Approval of Thesis at least by two examiners is an essential pre-condition for a candidate to appear in the University Examination.
- (10) Guide: The academic qualification and teaching experience required for recognition by this University as a guide for thesis work is as laid down by Medical Council of India/Mahatma Gandhi University of Medical Sciences & Technology, Jaipur.
- (11) Co-guide: A co-guide may be included provided the work requires substantial contribution from a sister department or from another institution recognized for teaching/training by Mahatma Gandhi University of Medical Sciences & Technology, Jaipur/Medical Council of India. The co-guide shall be a recognized postgraduate teacher.
- (12) Change of guide: In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

**ELIGIBILITY TO APPEAR FOR UNIVERSITY EXAMINATION:**

The following requirements shall be fulfilled by every candidate to become eligible to appear for the final examination:

- (1) Attendance: Every candidate shall have fulfilled the requirement of 80% attendance prescribed by the University during each academic year of the postgraduate course. (as per MCI rules)

- (2) Progress and Conduct: Every candidate shall have participated in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year as designed by the department.
- (3) Work diary and Logbook: Every candidate shall maintain a work diary for recording his/her participation in the training program conducted in the department. The work diary and logbook shall be verified and certified by the Department Head and Head of the Institution.
- (4) Every student would be required to present one poster presentation, to read one paper at a National/State Conference and to have one research paper which should be published/accepted for publication/ sent for publication to an indexed journal during the period of his/her post graduate studies so as to make him/her eligible to appear at the Post Graduate Degree Examination.
- (5) Every student would be required to appear in and qualify the Pre-University Post graduate degree Mock examination. Post graduate students who fail to appear in or do not qualify the Pre-University Post graduate degree Mock examination shall not be permitted to appear in the final examination of the University.

The certification of satisfactory progress by the Head of the Department/ Institution shall be based on (1), (2), (3), (4) and (5) criteria mentioned above.

#### **ASSESSMENT:**

- (1) The progress of work of the candidates shall be assessed periodically by the respective guides and report submitted to the Head of the Institution through the Head of the Department at the end of every six months. The assessment report may also be conveyed in writing to the candidate who may also be advised of his/her shortcomings, if any.
- (2) In case the report indicate that a candidate is incapable of continuing to do the work of the desired standard and complete it within the prescribed period, the Head of the Institution may recommend cancellation of his/her registration at any time to the University.
- (3) Formative Assessment:
  - (a) General Principles
    - i. The assessment is valid, objective, constructive and reliable.
    - ii. It covers cognitive, psychomotor and affective domains.
    - iii. Formative, continuing and summative (final) assessment is also conducted.
    - iv. Thesis is also assessed separately.
  - (b) Internal Assessment
    - i. The internal assessment is continuous as well as periodical. The former is based on the feedback from the senior residents and the consultants concerned. Assessment is held periodically.
    - ii. Internal assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.
    - iii. The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student.
    - iv. Marks should be allotted out of 100 as under
      - 1) Personal Attributes - 20 marks
        - a. Behavior and Emotional Stability: Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
        - b. Motivation and Initiative: Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.

- c. Honesty and Integrity: Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- 2) Clinical Work - 20 marks
    - a Availability: Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
    - b Diligence: Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
    - c Academic Ability: Intelligent, shows sound knowledge and skills, participates adequately in academic activities and performs well in oral presentation and departmental tests.
    - d Clinical Performance: Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.
  - 3) Academic Activities - 20 marks  
Performance during presentation at Journal club/ Seminar/Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.
  - 4) End of term theory examination - 20 marks  
End of term theory examination conducted at end of 1st, 2nd year and after 2 years 9 months.
  - 5) End of term practical examination - 20 marks
    - a. End of term practical/oral examinations after 2 years 9 months.
    - b. Marks for personal attributes and clinical work should be given annually by all the consultants under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.
    - c. Marks for academic activity should be given by the all consultants who have attended the session presented by the resident.
    - d. The Internal assessment should be presented to the Board of examiners for due consideration at the time of Final Examinations.
    - e. Yearly (end of 1st, 2nd & 3rd year) theory and practical examination will be conducted by internal examiners and each candidate will enter details of theory paper, cases allotted (2 long & 2 short) and viva.
    - f. Log book to be brought at the time of final practical examination.

#### **APPOINTMENT OF EXAMINERS:**

Appointment of paper setters, thesis evaluators, answer books evaluators and practical & viva voce examiners shall be made as per regulations of the Medical Council of India.

#### **SCHEME OF EXAMINATION:**

Scheme of examination in respect of all the subjects of MD/MS shall be as under :

- (1) The examination for MD/MS shall be held at the end of three Academic Years.
- (2) Examinations shall be organized on the basis of marking system.
- (3) The period of training for obtaining MD/MS degrees shall be three completed years including the period of examination.



(4) The University shall conduct not more than two examinations in a year for any subject with an interval of not less than 4 months and not more than 6 months between the two examinations.

(5) The examinations shall consist of:

(a) Thesis :

- i. Thesis shall be submitted at least six months before the main Theory examinations.
- ii. The thesis shall be examined by a minimum of three examiners – one Internal and two External examiners who shall not be the examiners for Theory and Clinical/Practical.
- iii. In departments where besides the two earmarked practical/clinical examiners no one else is a qualified P.G. teacher, in that case the Thesis shall be sent to the third external examiner who shall actually be in place of the internal examiner.
- iv. Only on the acceptance of the thesis by any two examiners, the candidate shall be eligible to appear for the final examination.
- v. A candidate whose thesis has been once approved by the examiners will not be required to submit the Thesis afresh, even if he/she fails in theory and/or practical of the examination of the same branch.
- vi. In case the Thesis submitted by a candidate is rejected, he/she should be required to submit a fresh Thesis.

(b) Theory papers:

- i. There shall be four theory papers.
- ii. Each theory paper examination shall be of three hours duration.
- iii. Each theory paper shall carry maximum 100 marks.
- iv. The question papers shall be set by the External Examiners.
- v. There will be a set pattern of question papers.  
Every question paper shall contain three questions. All the questions shall be compulsory, having no choice.  
Question No. 1 shall be of long answer type carrying 20 marks.  
Question No. 2 shall have two parts of 15 marks each. Each part will be required to be answered in detail.  
Question No. 3 shall be of five short notes carrying 10 marks each.
- vi. The answer books of theory paper examination shall be evaluated by two External and two internal examiners. Out of the four paper setters, the two paper setters will be given answer books pertaining to their papers and the answer books of the remaining two papers will be evaluated by two Internal Examiners. It will be decided by the President as to which paper is to be assigned to which Internal Examiner for evaluation.
- vii. A candidate will be required to pass theory and practical examinations separately in terms of the governing provisions pertaining to the scheme of examination in the post graduate regulations. The examinee should obtain minimum 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers for degree examination to be cleared as “passed” at the said Degree examination.

(c) Clinical/ Practical & Oral examinations:

- i. Clinical/Practical and Oral Examination of 400 marks will be conducted by at least four examiners, out of which two (50%) shall be External Examiners.
- ii. A candidate will be required to secure at least 50% (viz. 200/400) marks in the Practical including clinical and viva voce examinations.

(6) If a candidate fails in one or more theory paper(s) or practical, he/she shall have to reappear in the whole examination i.e. in all theory papers as well as practical.

**GRACE MARKS**

No grace marks will be provided in MD/MS examinations.

**REVALUATION / SCRUTINY:**

No Revaluation shall be permitted in the MD/MS examinations. However, the student can apply for scrutiny of the answer books as per University Rules.

## **GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD IN RADIATION ONCOLOGY (9150)**

### **Preamble:**

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

Oncology is a highly specialized and technical discipline in clinical medicine comprising treatment with ionizing radiations and cytotoxic agents as major arms in non-surgical management and treatment of cancer. With a view to update, by inclusion of newer topics, and to provide a uniform syllabus and course contents in Indian universities and teaching medical institutions, the proposed guidelines provide course outlines based on recent developments in clinical medicine and other disciplines related to oncology.

The **goal** of providing training under this specialty is to enable the post graduate students to acquire complete knowledge in diagnosis and comprehensive management of cancer patients with Radiation Oncology. This clinical specialty is exclusively focused only on oncology at the post-graduate level. Hence, the doctors trained under this field, after completing their course, should be fully capable of handling cancer patients with non-surgical modalities of diagnosis and treatment. Besides, as per WHO, they should also be capable of guiding and coordinating cancer prevention (?), control, screening, early detection, rehabilitation, palliative and terminal care programs for these patients in the country as per the evolving needs and to meet the objectives of the National Cancer Control Programme of India. The post graduate students would also be expected to have acquired knowledge of various research methodologies, a broad based training in all aspects of cancer science and treatment and be able to plan/coordinate research studies in the departmental, and be a part of inter-departmental or multi-centric, national/international research programmes.

The PG students would have clinical management of these patients during radiation therapy and will also advise and supervise their palliative, supportive and terminal care, whenever needed, in coordination with other supportive staff. By the end of the three year course, the post graduate student is expected to have acquired a wide knowledge of malignant disease processes and efficient management of patients with cancer. The main emphasis during training shall be on Radiation Oncology (and combined practice with anti-cancer chemotherapy), but a good knowledge of general medicine, surgery, head & neck region, gynaecology and pathology as pertaining to Radiation Oncology.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of the Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”.

### **SUBJECT SPECIFIC COMPETENCIES**

1. Demonstrate the ability to diagnose and treat all cases of malignancies using updated guidelines in medical and radiation oncology with special ability to maintain inter disciplinary coordination.
2. Demonstrate the ability to address all emotional issues in patients and family members in relation to diagnosis, therapy, terminal care and mortality related to malignancies

3. Organise proper promotive and preventive care strategies in the community aimed at reducing the burden of care in malignancies
4. Lead and participate in planning and execution of team work related to establishment and maintenance of infrastructure related to radiation therapy, conforming to the updated guidelines
5. Plan and conduct research related to the topic
6. Demonstrate the ability to organise teaching / training sessions for students and health workers in topics related to cancer prevention and care.

### **SUBJECT SPECIFIC LEARNING OBJECTIVES**

The objectives of the MD programme in Radiation Oncology (Is it possible to use one term, either Radiation Oncology or Radiation Oncology/) is to impart knowledge, practical skills and clinical experience in the non-surgical treatment of cancer.

#### **A. Cognitive domain**

The students after successful completion of their training, should have acquired knowledge in the following:

1. Theoretical and practical knowledge for competent, safe, compassionate & ethical multidisciplinary practice of oncology and should contribute to the future developments in oncology.
2. The epidemiology, etiology, pathology & natural history of human neoplastic diseases.
3. Knowledge, experience & skill in the clinical diagnosis of human neoplastic diseases.
4. Attain knowledge and a high level of technical expertise in all forms of radiation as a therapeutic tool used in Radiation Oncology
5. Knowledge of the adverse effects of radiation including radiation related accompaniments.
6. Knowledge and comprehension regarding the use of cytotoxic drugs and biological response modifiers etc in all clinical and research settings with detailed knowledge of adverse effects of these drugs.
7. Knowledge and comprehension with the role of surgery in the management of neoplastic diseases.
8. Knowledge and ability to judiciously combine various modalities in comprehensive, multi-disciplinary management of cancer patients; coordinate with other specialty experts in the team and plan for use of radiation and cytotoxic drugs integrated into the overall treatment plan
9. A sound knowledge and capability to manage cancer patients as a whole, including
  - a) Management of oncological emergencies,
  - b) Complications associated with malignant diseases and its management,
  - c) Psychosocial problems,
  - d) Prevention, rehabilitation and palliative care.
10. Knowledge and capacity to interpret current advances in cancer management and research (basic, clinical and applied aspects of research including radiobiology & molecular oncology).
11. Knowledge and capability to plan and coordinate community based screening, early detection, and awareness programmes including community-based research projects.
12. Basic knowledge of the different statistical methods used in collection, analysis and interpretation of data related to cancer (with special emphasis on planning & interpretation of clinical trials)
13. Knowledge and capability to set up the specialty department and facilities for Oncology in different parts of India.

14. Able to interact with the Government and other agencies as a nodal person for planning development of specialty of radiation oncology.
15. A broad knowledge of different types of investigations in the management of patients with cancer.

## **B. Affective Domain:**

### **The student:**

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

## **C. Psychomotor domain**

The student, at the end of the course, should have acquired the following skills:

### **I. Skills and Clinical Experience:**

Considerable familiarity and skills in the application of imaging techniques, nuclear medicine procedures, pathology and other aids in the diagnosis and management of cancers. Post graduate students **need to have gained a wide range of experience in the areas of patient care which would include** investigation, diagnosis, treatment with radiation, and in palliative and supportive care and to have gained the practical experience detailed below:

#### **1. Radiation Oncology – Basic Techniques**

##### **a. Positioning the Patient**

- Setting up of a patient in each of the three basic treatment positions (supine, prone and lateral) to allow the patient to be planned and treated effectively and without discomfort,
- Setting up the source skin distance for fixed FSD, and extended FSD treatment,
- Setting up patients using laser beam alignment,
- Making temporary and permanent marks on the patient for field positions (Gentian violet, tattoo).

##### **b. Immobilisation Techniques**

- Application of some of the following immobilisation techniques: head clamp, Velcro strap, polystyrene beads, vacuum bag, breast arm rest,
- The construction of thermoplastic beam direction shell.

##### **c. Methods of Target Volume Determination**

- Performance of planning
  - using direct vision of the tumour (eg skin tumours),
  - from surface landmarks (eg the parotid bed, breast tumours),
  - with direct screening using simulator (eg lung tumours, bone metastases), including opacification techniques (eg barium swallow, cystogram),
  - by volume transfer to orthogonal radiographs (eg head and neck tumours, brain tumours),
- Volume determination from planning CT scans for creating a central axis plan and for 3-dimensional CT planning.

- d. **Outline Techniques**
  - Use of manual techniques (flexi-curves, plaster of Paris bandage) and CT derived outlines.
- e. **Basic Field Arrangements**
  - Planning of treatments (under supervision where necessary) using the following field arrangements:
    - Single direct field,
    - Opposed pair of fields using equal and unequal weightings,
    - Opposed pair using wedges,
    - Wedged right-angled pair,
    - Wedged oblique pair,
    - Plans using 3 and 4 fields,
    - Total body irradiation.
- f. **Tissue Compensation**
  - Planning of patients requiring tissue compensation using bolus, wedges and remote tissue compensators
- g. **Shielding**
  - Planning of patients using lead cut outs and lead masks for simple superficial tumours,
  - Knowledge of the thickness of lead required for superficial, orthovoltage and electron treatments at various energies,
  - Prescription and insertion of eye shields.
- h. **Megavoltage Techniques**
  - Planning of patients incorporating simple lead blocking techniques using standard blocks and cast blocks from templates
- i. **Electrons**
  - The indications for, and planning of, electron treatments, including the selection of electron energy,
  - A technique for total skin electron therapy and experience of its use.
- j. **Dose Calculation**
  - Proficiency in the use of equivalent square tables,
  - Performance of depth dose calculations for single fields and opposed fields using various energies,
  - The principles applied to convert dose to machine units for a range of machines,
  - The principles of computer based treatment planning.
- k. **Radiation Oncology Prescriptions**
  - Writing Radiation Oncology prescriptions (countersigned where necessary) for all the field arrangements mentioned above,
  - Understanding of dose specification as in ICRU 50 and 62.
- l. **Radiation Oncology Machines**
  - Planning of patients for treatment on a full spectrum of equipment, including superficial x-ray therapy, megavoltage x-ray therapy and megavoltage electron therapy (also orthovoltage x-ray therapy and cobalt-60 therapy, if available)
- m. **Quality Assurance in External Beam Therapy**
  - Requesting portal imaging and interpreted their appearance satisfactorily in all sites
  - Principles of in vivo dosimetry and interpretation of results
- n. **Brachytherapy**

- The insertion and removal of radioactive sources manually or using an appropriate after-loading device,
  - Interpretation of subsequent check films,
  - Interpretation of the corresponding dose calculation and writing of an appropriate prescription,
  - Removal of live sources and the after-loading device,
  - The placement of implants,
  - Principles of oral and intravenous radionuclide therapy.
- o. **Radiation Safety**
- The role of the radiation safety and radiation protection supervisor,
  - The meaning of and requirements for controlled and supervised areas and their location,
  - The procedure to be adopted in the case of a spill of radioactive material,
  - Quality assurance practices in Radiation Oncology and the procedures for dealing with errors in treatment delivery.

## 2. Radiation Oncology Assessment and the Care of Patients on Treatment:

### a. Treatment Review Clinics

- Regular weekly treatment review clinics

### b. Treatment Checks

- Assessment of patient position and treatment field placement(s) in relation to the target volume at the start of treatment,
- Performance of checks during the course of treatment on the implementation of the treatment plan, position of shielding for critical normal structures and the use of portal imaging,
- Assessment of changes occurring in patient parameters during treatment and resultant modification of treatment when appropriate,
- Assessment of normal tissue reactions to Radiation Oncology,
- Use of dose volume histograms and in vivo radiation dosimetry techniques.

### c. Symptom Control

- Giving advice on skin care during radiation treatment and on the management of skin reactions, including desquamation,
- Managing mucosal reactions in oral cavity, oropharynx, nasopharynx, trachea, oesophagus, anus and vagina,
- Giving dietary advice during abdominal Radiation Oncology,
- Managing radiation induced nausea and vomiting, diarrhoea, dysphagia, xerostomia and cystitis,
- Giving prophylaxis for radiation induced cerebral oedema,
- Giving advice on timing and extent of hair loss with respect to radiation dose,
- Giving advice for hospitalization, if necessary.

### d. Follow-up

- Managing acute and chronic radiation sequelae, such as pneumonitis, cystitis, chronic bowel complications, gynaecological sequelae (vaginal stenosis, vaginal dryness, infertility and dyspareunia)

## 3. Supportive and Palliative Care

### a. Pain Relief

- Drug treatment

- A wide range analgesic techniques, including simple analgesics, mild and strong opioids, given by a variety of routes,
  - Management of the complications of analgesics, including constipation, nausea, gastro-intestinal discomfort and analgesic intolerance.
  - Mechanical methods
    - Prescription, sitting and evaluation of TENS analgesia,
    - Referral of patients with refractory pain for procedures such as a nerve block, intrathecal analgesia, rhizotomy or orthopaedic stabilization.
  - Radiation Oncology
    - Use of radiation to treat painful metastatic disease with single fractions, multiple fractions and hemi-body Radiation Oncology
  - b. **Nausea and Vomiting**
    - Treatment of nausea and vomiting arising in advanced illness using anti-emetics,
    - Palliative management of sub-acute intestinal obstruction.
  - c. **Anorexia and Dysphagia**
    - Management, where appropriate, with corticosteroids, progestogens and nasal gastric feeding
  - d. **Pleural Effusions and Ascites**
    - Drainage of pleural effusions and ascites,
    - Other treatments such as pleurodesis.
  - e. **Depression and Anxiety**
    - Knowledge regarding treatment of depression at all stages of cancer management, using counselling and drug techniques with anti-depressants,
    - Knowledge regarding treatment of anxiety with counselling, anxiolytics and major tranquilisers.
  - f. **Hospice Care**
    - Awareness of local hospice facilities,
    - A one week (at least) attachment to a hospice or palliative care team.
  - g. **Counseling**
    - Counseling of patients and relatives at all stages of the disease
4. **Investigational Techniques**
- a. **Laboratory Investigations**
    - Interpretation of the results of haematological, biochemical and radioimmunoassay investigations
  - b. **Radiology**
    - Attendance at regular radiological review sessions involving a consultant clinical radiologist for the examination of plain x-rays, CT scans, magnetic resonance imaging and ultrasound covering the whole spectrum of cancer radiology,
    - Current indications and techniques in interventional procedures.
  - c. **Radiation Medicine Procedures**
    - Diagnostic Imaging – Gamma Camera, SPECT, PET Scanner, PET-CT and PET-MRI image fusion studies in treatment planning, response evaluation and follow up.
  - d. **Pathology**
    - Attendance at regular pathological review sessions involving a consultant pathologist
  - e. **Genetics in diagnosis, prognosis and treatment of cancer**
  - f. **Other Procedures**



- Indirect laryngoscopy
- Lumbar puncture
- Skin biopsy
- Fibre optic naso-endoscopy
- Pelvic EUA and cystoscopy

#### 5. **Site or Disease Specific Procedures**

- a. Assessment, treatment and follow-up, in detail, for each of the anatomical sites and types of tumour,
- b. Presentation and assessment of patients discussed at multidisciplinary team meeting,
- c. Staging,
- d. Radiation Oncology – adjuvant, radical and palliative,
- e. Hormone and biological therapy,
- f. Palliative care,
- g. Appropriate follow up,
- h. Acute and late side effects of treatment.

#### 6. **Clinical Trials, Literature and Research**

- a. The aims and format of Phase I to IV clinical trials,
- b. Obtaining informed consent, following study protocols and using data forms,
- c. Research programmes (although research experience is not a prerequisite),
- d. Major areas of current research and of recent important publications,
- e. Submission of a research project to an Ethics Committee,
- f. Structure and functioning of local and national clinical and research cancer networks.
- g. Ethics guidelines of research

#### 7. **Communication and Publication**

- a. Effective communication with colleagues, patients and their carers,
- b. Giving clear and comprehensive descriptions of disease processes, investigations and treatment,
- c. Clear expression in English/local script and production of legible script,
- d. Preparing work for publication.
- e. Ethics of research publication

#### 8. **Outpatient and Joint Clinics**

- a. Participation in joint consultative clinics and regular general oncology outpatient sessions,
- b. Seeing review and new patients and planning their overall management.

#### 9. **Resource Management and Quality Assurance**

Introduction to the resource management and quality assurance of an oncology service, so as to be able to develop these skills at a later stage

#### 10. **Prevention**

A broad knowledge of the environmental causes of cancer and possible strategies for prevention

#### 11. **Screening**

Details of screening programs for cervical, breast, Head & Neck, Lungs, Prostate, GIT and other cancers which might form a major proportion of cancer cases in the country in the years to come.

## 12. Genetics

The familial aspect of some cancers as in colorectal, breast, ovary, retinoblastoma, multiple cancer syndromes etc and the management of high risk families and genetic counseling.

## SYLLABUS

### Course contents:

### Subjects for Part - I (First Year)

#### Paper - I : Basic Sciences

#### 1. Applied Anatomy and Physiology

- A. Applied anatomy of oral cavity, larynx, pharynx, paranasal sinuses, CSF pathways salivary glands, middle ear, external orbit, breast, broncho-pulmonary segments, mediastinum, oesophagus, liver, spleen, stomach, small and large bowels, pelvic and genitor-urinary organs (bladder, uterus, ovary, testis rectum, anal canal etc.), spinal segments
- B. Lymphatic system and lymphatic drainage pathway of various organs
- C. Relationship of vital structures
- D. Surface Anatomy pertaining to various organs
- E. Cross Sectional Anatomy pertaining to US/CT/MR/PET images
- F. General principles of physiology of respiratory, cardio-vascular, nervous, biliary, reproductive and endocrine systems and fluid-electrolyte-metabolic balance

#### 2. Various Investigative and Imaging Procedures including radio-isotope based procedures in Diagnosis, Staging, Treatment Planning and follow up of cancer patients

#### 3. Pathology of Benign and Malignant Diseases

- A. Carcinogenesis - epidemiological studies, molecular studies, genetic basis, oncogenes, tumour growth kinetics
- B. Pre-cancerous conditions
- C. Methods of dissemination of cancer and its biological behaviour
- D. Degree of differentiation of cancer
- E. Principles and methods of definite diagnosis
  - i) Surgical biopsy - various procedures of biopsy
  - ii) Exfoliative cytology
  - iii) Fine Needle Aspiration Cytology (FNAC) and biopsy
  - iv) Tumour markers
- F. General histologic and cytologic features of malignancy including features of special staining, surface markers, intracellular markers
- G. Classification of benign and malignant tumours and their interpretation
- H. Molecular pathology, molecular basis of diagnosis and prognosis of cancers
- I. Radiation pathology

#### 4. Staging of various cancers:

- A. Evolution of different staging systems for various cancers over the years.
- B. Clinical Staging, WHO Staging, TNM Staging, AJCC Staging and FIGO staging etc of various cancers, as applicable, with their inter-comparisons.

#### 5. International Coding and classification of various neoplastic disorders

- A. ICD-9, ICD-O and ICD-10 system of classification and coding of various tumours.

## **Paper II (Part I)**

### **I. Radiation Physics**

The following courses of study and the subjects are recommended for training in MD Radiation Oncology and Oncology. It is essential that these topics be covered in detail for better understanding of the basics of radiation treatment, as per subject heads given below:

#### **1. Atomic and Nuclear Structure**

- A. Atomic structure
  - i) Energy levels, binding energy
  - ii) Transitions, characteristic radiations
- B. Nuclear structure
  - i) Mass, atomic and neutron numbers
  - ii) Nuclear binding energy
  - iii) Fission, fusion
  - iv) Nuclear reactors

#### **2. Radioactive Decay**

- A. Modes of decay
  - i) N/P ratio, even-odd relationship
  - ii) Beta decay
  - iii) Positron decay and electron capture
  - iv) Alpha decay
  - v) Isomeric transitions, gamma emission, internal conversion
- B. Mathematics of Radioactive Decay
  - i) Units, half life, graphing
  - ii) Transient and secular equilibrium
  - iii) Radionuclide generators
- C. Natural Radioactivity
  - i) Naturally occurring isotopes
  - ii) Decay series
- D. Artificial Radioactivity
  - i) Production by neutron bombardment
  - ii) Fission products
  - iii) Production by charged particle bombardment
  - iv) Radioactivity equilibrium

#### **3. Production of X-rays**

- A. X-ray tubes
  - i) Requirements for X-ray production
  - ii) Historical development
  - iii) Focal spot size
  - iv) Reflection and transmission targets
  - v) X-ray production efficiency
- B. X ray circuits
  - i) Primary circuits
  - ii) Secondary circuit
  - iii) Filament circuit
  - iv) Modes of rectification

#### **4. High Energy Treatment Machines**

- A. Cobalt units
- B. Van de graaff generators
- C. Linear accelerators
- D. Betatrons
- E. Resonance transformers
- F. Cyclotrons for neutron therapy
- G. Microtron, Synchrocyclotron and Particle Accelerators

## 5. Interactions of X - and Gamma-rays

- A. Attenuation of a beam of x- or gamma-rays
  - i) Attenuation and absorption coefficients
  - ii) Attenuation in the body
- B. Modes of interaction
  - i) Photoelectric absorption
  - ii) Compton scattering
  - iii) Pair production
  - iv) Photo-disintegration

## 6. Interactions of Particulate Radiations

- A. Types of interactions
  - i) Elastic, inelastic
  - ii) Excitation, ionization
- B. Properties of particulate radiations
  - i) Specific ionization
  - ii) LET
- C. Interactions of heavy charged particles and pions
  - i) Bragg's peak
  - ii) Applications in radiation therapy
- D. Interactions of electrons
  - i) Interactions with electrons
  - ii) Interactions with nuclei
  - iii) Applications to radiation therapy
- E. Neutron interactions
  - i) Slow neutron interactions
  - ii) Fast neutron interactions
  - iii) Applications with radiation therapy
- F. Radioactive sources used in diagnosis and therapy - Production and properties

## 7. Measurement of Radiation Exposure

- A. Photon and energy flux density and fluence
- B. The roentgen
- C. Electronic equilibrium
- D. Ionization chambers
  - i) Free-air chambers
  - ii) Thimble chambers
  - iii) Condenser chambers
  - iv) Electrometers
  - v) Extrapolation chambers
- E. Exposure calibration of an X - or gamma - ray beam
  - i) Selection of calibration variables
  - ii) Selection of chamber

- iii) Positioning of chamber
    - iv) Corrections to readings
  - F. Quality assurance checks on radiation therapy units
- 8. Radiation Quality**
  - A. Measures of quality
    - i) HVL and effective energy
  - B. Factors influencing quality
    - i) Variations in quality across a beam
    - ii) Filtration and acceleration potential
- 9. Measurement of Absorbed Dose**
  - A. Units of radiation dose, dose equivalent, RBE-dose
  - B. Calculation of dose from exposure
  - C. Measurement of absorbed dose with an ionization chamber
    - i) Bragg-Gray cavity theory
  - D. Direct measurement of absorbed dose
    - i) Film
    - ii) TLD
    - iii) Calorimetry
    - iv) Chemical dosimetry
- 10. Calibration of High Energy Photon and Electron Beams**
  - A. Photons
    - i) Stopping power ratios and energy absorption coefficients
    - ii) Acq
    - iii) C
  - B. Electrons
    - i)  $C_E$
- 11. Dose Distribution, External Beam Therapy**
  - A. Dosimetric variables
    - i) Backscatter factor
    - ii) Percent depth dose
    - iii) Tissue - air ratio
    - iv) Scatter - air ratio
    - v) Tissue - maximum and tissue-phantom ratios
    - vi) Isodose distributions
    - vii) Treatment time calculations
    - viii) Fixed SSD and isocentric treatment techniques
    - ix) Beam Modulation
  - B. Single and multiple field dose distributions
    - i) Corrections for wedges
    - ii) Design for compensating filters
    - iii) Corrections for surface obliquities
    - iv) Corrections for heterogeneities
    - v) Dose perturbations at interfaces
    - vi) Adjoining fields
    - vii) Integral dose
  - C. Dose distribution for rotational therapy
  - D. Calculation of dose in large, irregular fields

**12. Dose Distribution, Sealed Source Therapy**

- A. Handling of sealed radioactive sources
- B. Dose distributions for sealed implant sources
- C. Design of sealed source implants
- D. Radium and its substitutes
- E. Special techniques for  $^{192}\text{Ir}$  and  $^{125}\text{Ir}$
- F. Other sealed sources in therapy

**13. Computerized Treatment Planning**

- A. External X-and gamma-ray beams
  - i) Rectangular fields
  - ii) Irregular fields
  - iii) Inverse Planning
- B. Electron beams
- C. Implanted sources
  - i) Intracavitary sources
  - ii) Interstitial implants
  - iii) Surface mould

**14. Radiation Protection from External Sources**

- A. Concepts and units
  - i) Quality factors
  - ii) Dose equivalent
  - iii) Protection regulations
- B. Treatment room design
  - i) Primary radiation
  - ii) Scatter
  - iii) Leakage
  - iv) Special problems with high energy photon and electron beam
  - v) Special problems with neutron, proton and  $\pi$ -meson
- C. Sealed source storage
- D. Protection surveys
- E. Personnel monitoring

**15. Radiation Protection from Internal Sources**

- A. Body burdens and critical organs
  - i) Effective half lives for uptake and elimination.
- B. Internal dose computations
  - i) Locally absorbed radiation
  - ii) Penetrating radiation
- C. Handling radionuclide therapy patients
- D. Licensing procedure for using radionuclides

**16. Planning of a Radiation Oncology Department**

- A. Building designs
- B. Choice of various equipments and sources
- C. Acceptance and Calibration Tests
- D. Various maintenance steps and procedures

**17. New Radiation Modalities:**

- A. Protons

- i) Production
- ii) Processes of absorption
- iii) Depth dose patterns
- iv) Advantage compared with x-rays
- v) Facilities available
- B. Neutrons
  - i) Production
  - ii) Processes of absorption
  - iii) Depth dose patterns
  - iv) Advantages compared with x-rays
  - v) Facilities available
- C. Pions
  - i) Production
  - ii) Processes of absorption
  - iii) Depth dose patterns
  - iv) Advantages compared with x-rays
  - v) Facilities available
- D. High energy heavy ions
  - i) Production
  - ii) Processes of absorption
  - iii) Depth Dose Patterns
  - iv) Advantages compared with x-rays
  - v) Facilities available

## **II. Radiobiology (Radiobiology and Laboratory Radiation Oncology)**

### **1. Mammalian Cell Radiosensitivity**

- A. Apoptosis, Interphase and reproductive death
- B. Cell survival curves in vitro
- C. Characterization of cell survival curves
- D. Critical sites and target theory
  - i) DNA
  - ii) Membranes
- E. Dose response curves in vivo
  - i) Skin clone
  - ii) Surviving crypts
  - iii) Bone marrow colonies growing in spleen, monolayer culture
- F. Quantitative normal tissue reaction based on systems
  - i) Pig skin
  - ii) Rodent skin
  - iii) Lung
  - iv) Esophagus
  - v) Kidney
  - vi) CNS and spinal cord

### **2. Factors that Modify Radiation Response**

- A. The Oxygen effect
  - i) Effect of oxygen concentration
  - ii) Time of action of oxygen
  - iii) Mechanism of the oxygen effect
  - iv) Implications for Radiation Oncology

- v) Methods to overcome problems of hypoxic cells
- B. The age response function
  - i) The cell cycle
  - ii) Age response for cells cultured in vitro
  - iii) Age response for tissues in vivo
  - iv) Age response for neutrons
  - v) The oxygen effect through the cell cycle
  - vi) Implications for Radiation Oncology
- C. Potentially Lethal damage
  - i) Repair in vitro
  - ii) Repair in vivo
  - iii) PLD and high LET radiations
  - iv) Implications in Radiation Oncology
- D. Sublethal damage
  - i) Split-dose experiments with cell in vitro
  - ii) Sublethal damage repair in normal tissues
  - iii) Sublethal damage repair in tumours
  - iv) Sublethal damage and hypoxia
  - v) Sublethal damage and high LET radiations
  - vi) Dq as a measure of repair
- E. Dose-rate
  - i) Dose-rate effects in cells in vitro
  - ii) Dose-rate effect in normal tissues
  - iii) Dose-rate effect in tumours
  - iv) Interstitial therapy
  - v) Beam therapy at low dose rate
- F. Radiosensitizers
  - i) The halogenated pyrimidines
  - ii) Hypoxic cell radiosensitizers
    - a. Structure and mode of action
    - b. Enhancement ratio
    - c. Metronidazole/misonidazole
    - d. Pharmacokinetics in the human
    - e. Clinical limitations
  - iii) Antibiotics
- G. Radioprotectors
  - i) Free radical scavengers

### 3. Linear Energy Transfer

- A. Definition
- B. Track and energy average
- C. LET for different types of radiation
- D. OER as a function of LET

### 4. Relative Biological Effectiveness (RBE)

- A. Definition
- B. RBE for different cells and tissues
- C. RBE as a function of dose
- D. RBE and fractionation
- E. RBE as a function of LET
- F. Q factor



5. **Cell and Tissue Kinetics**
  - A. The cell cycle
  - B. Autoradiography
  - C. Constituent parts of the cell cycle
  - D. Percent labeled mitoses technique
  - E. Growth fraction
  - F. Cell loss factor
  - G. Growth kinetics of human tumours
  
6. **Tissue Radiosensitivity**
  - A. Classification based on radiation pathology
  - B. Types of cell populations
    - i) Self renewal
    - ii) Conditional renewal
    - iii) Stem cell
    - iv) Differentiated
  
7. **Time-Dose and Fractionations**
  - A. The 4 R's of radiobiology
  - B. The basis of fractionation
  - C. The Strandquist's plot
  - D. Nominal standard dose
  - E. Linear Quadrate equation
  
8. **Hyperthermia**
  - A. Methods of heating
    - i) RF microwaves
    - ii) Ultrasound
    - iii) Water baths
  - B. Systematic hyperthermia
  - C. Localized heating
  - D. Cellular response to heat
  - E. Repair of thermal damage
  - F. Thermotolerance
  - G. Hyperthermia combined with ionizing radiations
  - H. Time sequence of heat and irradiation
  - I. Hypoxic cells and heat
  - J. Effect of pH on the response to hyperthermia
  - K. Response of transplanted tumours to heat
  - L. Response of spontaneous tumours to heat
  - M. Response of normal tissues to heat
  - N. Heat and the therapeutic gain factor
  - O. Hyperthermia and chemotherapy
  
9. **Total Body Irradiation – Acute Effects**
  - A. Prodromal radiation syndrome
  - B. Central nervous system / cerebrovascular syndrome
  - C. Gastrointestinal syndrome
  - D. Haematopoietic syndrome
  - E. Mean lethal dose: (LD50)
  - F. Treatment of radiation accident

## 10. Late Effects

- A. Probabilistic/Deterministic (Stochastic/Non-Stochastic) effects
- B. Non-specific life shortening
  - i) Definition
  - ii) In animals
  - iii) In man
- C. Carcinogenesis
  - i) The latent period
  - ii) Dose response curve in animals
  - iii) Leukemia
  - iv) Breast cancer
  - v) Thyroid cancer
  - vi) Bone cancer
  - vii) Skin cancer
  - viii) Lung cancer
  - ix) Other tumours
  - x) Malignancies in prenatally exposed children

## 11. Mechanisms of Radiation Carcinogenesis

- A. Genetics of irradiation
  - i) Point mutations
  - ii) Relationship to dose
  - iii) Chromosome aberrations
  - iv) Relationship to dose
  - v) Doubling dose
  - vi) Genetically significant dose (GSD)
  - vii) Genetic effect in humans
  - viii) Background radiation in relation to the GSD

## 12. Radiation Effects in the Developing Embryo and Fetus

- A. Intrauterine death
- B. Congenital abnormalities including neonatal death
- C. Growth retardation
- D. Dependence of the above effects on dose, dose-rate and stage in gestation
- E. Carcinogenesis following in utero exposure
- F. Human experience of pregnant women exposed to therapeutic doses
- G. Occupational exposure of potentially pregnant women
- H. Elective booking or “10 day rule”
- I. The “Practical threshold” for therapeutic abortion

## III. Radiation Pathology:

### 1. Radiophysiology of Human Tissues

- A. Effects of irradiation of the skin
  - i) Clinical manifestations
  - ii) Histological substratum of effects
  - iii) Repair
  - iv) Degree of sequelae
  - v) Injurious effects
- B. Effects of irradiation of bone and cartilage
  - i) Effects on growing bones and cartilage

- ii) Effects on adult bones and cartilage
- iii) Clinical manifestations
- iv) Histological substratum of effects
- v) Functional consequences and sequelae
- C. Effects of irradiation of the kidney
  - i) Clinical manifestations
  - ii) Histological substratum of effects
  - iii) Acute and chronic functional repercussions
  - iv) Permanent Sequelae
- D. Effects of irradiation of the lung
  - i) Acute clinical effects
  - ii) Ultimate effects
  - iii) Histologic substratum of effects
  - iv) Measures to reduce final effects
  - v) Sequelae
- E. Effects of irradiation of nervous tissues
  - i) Effects on the brain
  - ii) Effects on the spinal cord
  - iii) Effects on the peripheral nerves
  - iv) Clinical manifestations
  - v) Histological substratum
  - vi) Sequelae
- F. Effects of irradiation of the ovary
  - i) Clinical manifestations
  - ii) Histological substratum
  - iii) Reversibility of effects
  - iv) Therapeutic implications
- G. Effects of irradiation of the testis
  - i) Clinical consequences
  - ii) Histological substratum
  - iii) Reversibility
  - iv) Protective measures
- H. Effects of irradiation of the eye
  - i) Clinical consequences
  - ii) Histological substratum
  - iii) Protective measures
  - iv) Time-dose connotations
  - v) Sequelae-therapy
- I. Effects of irradiation of lymphoid tissues
  - i) Clinical manifestations
  - ii) Histological manifestations
  - iii) Reversibility
- J. Effects of irradiation of the bone marrow
  - i) Clinical and laboratory manifestations
  - ii) Chronology of effects
  - iii) Histologic substratum
  - iv) Recovery
  - v) Therapeutic applications
- K. Effects of irradiation of the oral, pharyngolaryngeal and esophageal mucous membrane

- i) Clinical manifestations
  - ii) Histological manifestations
  - iii) Repair
  - iv) Sequelae
- L. Effects of irradiation of the salivary glands
  - i) Acute manifestations
  - ii) Histological substratum
  - iii) Dental consequences
  - iv) Prophylaxis
- M. Radiation effects observable in clinical Radiation Oncology
  - i) Technological protection
  - ii) Role of total dose
  - iii) Role of fractionation
  - iv) Measures of prevention
  - v) Therapeutic measures
- N. Effects of irradiation of human embryo
  - i) Role of age
  - ii) Role of dose
  - iii) Teratogenic effects
  - iv) Measures of prevention
- O. SOMA Scales

#### **IV. Basics of Chemotherapy:**

1. Classification, mechanisms of action and pharmacokinetics of anti-cancer (cytotoxic) drugs including Biological Response Modifiers
2. Rationality of using cytotoxic drugs as single agents and as multi-drug protocol in various clinical settings
3. Dosages/Modes/routes of administration of cytotoxic drugs
4. Complications/adverse effects of various cytotoxic drugs

### **PART – II**

#### **Paper I : Principles of Radiation Oncology allied specialties**

##### **I. Clinical Practice of Radiation Oncology and Oncology**

1. Principles of Radiation Oncology
  - A. General – Radiosensitivity and Radiocurability
    - i) Tumor lethal dose, Tissue Tolerance and Therapeutic Ratio (TR)
    - ii) Factor influencing TR
    - iii) Target Volume
    - iv) Choice of Time, dose fractionation and technique
2. Teletherapy
  - A. Radiation factors
  - B. Megavoltage therapy
  - C. Orthovoltage therapy
  - D. Electron therapy
  - E. Heavy particle therapy (Neutron, photon, pi-meson)
3. Brachytherapy
  - A. Radium and its substitutes
  - B. Practice of - surface, intracavitary and interstitial
  - C. Clinical application

- D. Rules and techniques
  - i) Newer developments
  - ii) Afterloading
  - iii) Low and high dose rates
- 2. Techniques of Radiation Oncology
  - A. Small field beam directed therapy
  - B. Extended and irregular field therapy
  - C. Single, double and multiple field therapy
  - D. Beam modification therapy (wedge filter / compensator etc.)
  - E. Rotation and Arc therapy
  - F. IMRT, IGRT, Tomotherapy
  - G. Newer Techniques
  - H. Techniques in Brachytherapy
  - I. Intracavitary
  - J. Interstitial
  - K. Mould application
  - L. Modern development and after loading devices
- 3. Clinical Practice
  - A. Radical (curative)
  - B. Palliative
  - C. Pre-operative
  - D. Post-operative
  - E. Supplementary
  - F. Combination (both Pre- & Post operative – Sandwich technique)
  - G. Nutritional care and local hygiene during and after therapy
- 4. Treatment Planning and Presentation
  - A. Mouldroom practices
  - B. Simulation
  - C. Computerised treatment planning system
  - D. Clinical dosimetry
  - E. Prescription and execution
- 5. General histologic and cytologic features of malignancy
- 6. Classification of benign and malignant tumours and their interpretation

## **II. Related Specialties: surgical oncology and medical oncology**

- 1. Principles and practice of general surgery, gynecology and pediatric surgery as related to cancer
  - A. Surgical treatment decisions
  - B. Surgical diagnosis and staging of cancer
- 2. Cancer Chemotherapy and Hormones
  - Chemotherapy**
    - i) Principles and clinical practice
    - ii) Classification of drugs
    - iii) Clinical application of
      - a. Single drug therapy
      - b. Polychemotherapy and various combinations
      - c. Adjuvant therapy
      - d. Prophylactic therapy

- iv) Complication of the chemotherapy and its management
- v) Recent developments
- vi) Drug schedules

**Hormone Treatment in Cancer**

- i) General principles
  - ii) Role in cancers of the Breast, thyroid, prostate, kidney etc.
  - iii) Complications and their management
3. Clinical staging and TNM system
    - i) Staging procedures
    - ii) Methods of clinical staging and TNM classification
  4. Terminal care of cancer patients – principles and practice of control of pain
  5. Cancer registry and epidemiology
  6. Prevention and early detection in cancer
  7. Cancer education and oncology organization
  8. Statistical methods

**Papers II & III**

**1. Clinical Management in tumors of:**

**A. Head and Neck**

- i) Lip
- ii) Oral cavity
- iii) Oropharynx
- iv) Hypopharynx
- v) Nasopharynx
- vi) Supraglottis
- vii) Vocal cord
- viii) Sub-glottis
- ix) Middle ear
- x) Nose and nasal sinuses
- xi) Orbit and optic nerve
- xii) Lachrymal gland
- xiii) Salivary gland
- xiv) Glomus jugulare tumours
- xv) Carotid body tumours
- xvi) Other sites in the region

**B. Gastro-Intestinal Tract**

- i) Oesophagus
- ii) Stomach
- iii) Liver
- iv) Pancreas and biliary tract
- v) Small bowel
- vi) Colon and rectum
- vii) Anal canal and peri-anal region

**C. Chest**

- i) Pleura
- ii) Trachea
- iii) Lung
- iv) Mediastinum and thymus

**D. Genito-Urinary Tract**

- i) Kidney

- ii) Ureter
  - iii) Bladder
  - iv) Urethra
  - v) Prostate
  - vi) Penis
  - vii) Testis
- E. Female Genital Tract
- i) Uterine cervix
  - ii) Uterine body
  - iii) Vagina
  - iv) Vulva
  - v) Ovary
  - vi) Fallopian tube
- F. Central Nervous System
- i) Brain
  - ii) Spinal cord
  - iii) Craniopharyngioma
  - iv) Chordoma
  - v) Acoustic neuroma
  - vi) Meninges
- G. Soft Tissue Sarcomata and Bone Tumours
- i) Adult soft tissue sarcoma
  - ii) Childhood/adolescent sarcoma
  - iii) Chondrosarcoma
  - iv) Osteosarcoma
  - v) Ewing's tumour
- H. Paediatric Tumours
- i) Medulloblastoma
  - ii) Neuroblastoma
  - iii) Nephroblastoma
  - iv) Retinoblastoma
  - v) Embryonal sarcomas
- I. Lymphoproliferative and Myeloproliferative Disorders
- i) Hodgkin's lymphoma
  - ii) Non-Hodgkin's lymphomas
  - iii) Plasma cell malignancies
  - iv) Acute and chronic leukaemias
- J. Skin
- i) Basal cell carcinoma
  - ii) Squamous cell carcinoma
  - iii) Malignant melanoma
  - iv) Cutaneous lymphoma
  - v) Kaposi's sarcoma
- K. Endocrine
- i) Breast
  - ii) Thyroid
  - iii) Parathyroid
  - iv) Pituitary
  - v) Adrenal
- L. Other tumours and tumour- like conditions

M. Metastatic cancer in unknown primary

2. For each of the tumour types and sites listed above, the post graduate students shall learn the:

**A. Management**

- i) Initial staging investigations including imaging and tumour markers
- ii) Role of PET-CT in modern day management of cancers
- iii) Relevant prognostic factors
- iv) Assessment for treatment
- v) Role of surgery
- vi) A management plan, or, where applicable, a range of such plans
- vii) Ionising Radiation Regulations
- viii) Roles of surgery, Radiation Oncology and cytotoxic chemotherapy in multimodality approaches to cancer treatment

**B. Pathology**

- i) The range of tumours that can occur
- ii) Their aetiology, incidence and epidemiology
- iii) A brief morphology of the common tumours
- iv) The natural history of the disease including likely presentation, characteristic growth and metastatic pattern
- v) Staging classifications eg TNM, WHO, FIGO, AJCC, AFIP
- vi) Use of tumour markers in diagnosis and treatment of tumours
- vii) Use of specialized pathology techniques, eg immunocytochemistry
- viii) Interpretation of clinicopathological data in the tumour site specialised multidisciplinary approach to patient management

**C. Radiation Oncology**

- i. The role of irradiation in radical and palliative management
- ii. Where radical Radiation Oncology is a treatment option:
  - Staging investigations
  - A definition of tumour volume and target volume boundaries
  - ICRU, AAPM, ICRP reports relevant to clinical oncology
  - An acceptable radiotherapeutic technique, or, where applicable, a range of such techniques
  - The correct treatment position
  - Details of the target volume localization process
  - Use of CT axial images, 3D planning, Inverse Planning, IMRT, IGRT, Irregular shaped fields
  - Verification techniques such as laser alignment, skin tattoos, orthogonal and portal films
  - The approximate dose distributions for the chosen technique
  - An appropriate dose/fractionation regime
  - Relevant dose modifying factors (changes in fractionation, age, associated conditions, target volume, intercurrent infections, previous therapies)
  - Details of the set-up instructions for technologists
  - Appropriate responses to changes of patient parameters or interruptions during treatment
  - The possible acute and late side effects of the irradiation
  - Radiation dose modifying factors, chemotherapy timing in all forms of chemoradiation schedules



**D. Drug Therapy: Basic knowledge and understanding of integrating with Radiation Oncology**

- i. The role of cytotoxic, hormonal and biological drugs therapies in radical and palliative management

**E. Outcomes**

- i. The expected outcomes of treatment
- ii) Biological Therapies
  - A basic knowledge of the clinical uses of currently used biological therapies including interferons, colony stimulating factors, interleukins, erythropoietin, other growth factors and preparations such as imatinib, gefitinib, nimotuzumab, trastuzumab, rituximab, erlotinib etc.

**F. Oncological Emergencies**

- i) The management of the following complications when they are related to cancer:
  - Ureteric obstruction
  - Spinal cord compression
  - Haemorrhage
  - Mediastinal superior vena caval obstruction

**3. Radiation Oncology for Benign Disease**

- A. The indications for Radiation Oncology in the treatment of benign conditions, including suitable techniques and dosage schedules, and likely benefits and risks

**4. Complications of Treatment**

- A. The acute and late complications of oncological treatment and their management including:

- i) Skin reactions
- ii) Nausea and vomiting
- iii) Diarrhoea
- iv) Oedema
- v) Bone marrow toxicity
- vi) Neutropenic sepsis
- vii) Drug reactions
- viii) Cytotoxic extravasation
- ix) Alopecia
- x) Cataract
- xi) Skin atrophy and ulceration
- xii) Colitis, proctitis, gut strictures and perforation
- xiii) Renal effects
- xiv) Cardiac effects
- xv) Pulmonary effects
- xvi) Fibrosis and lymphoedema
- xvii) Endocrine effects (thyroid, pituitary and salivary gland)
- xviii) Effects on fertility
- xix) Incidence of second and radiation induced cancers

**5. Symptom Control and Continuing Care**

- A. The available medical and surgical techniques for the control of pain, nausea, vomiting and malignant effusions

- B. Treatment of various cancer related conditions and paraneoplastic syndromes including

- i) Hypercalcaemia

- ii) Ectopic hormone production
- iii) Raised intra cranial pressure
- iv) Anaemia
- 6. Current Research and Literature
  - A. Current major research in progress in the form of multicentric trials
  - B. Recent major publications in oncology journals
  - C. Understanding evidence based medicine and how to read literature

## **Part IV: Recent Advances and Special Topics**

### **Special Topics**

1. Recent advances coming up in various fields as applicable to oncology
2. Causes of treatment failure and retreatment
3. TLI and TBI – Role, Philosophy and Techniques
4. Supportive care in Radiation treatment in combination with chemotherapy/surgery
5. Infections, nutritional and other problems in cancer patients
6. Preventive Oncology
7. Psychosocial aspects of cancer and Rehabilitation
8. Hospice Program
9. Immunotherapy and Role of Monoclonal antibodies in diagnosis, staging and management of cancer
10. Oncological Emergencies
11. Care and Nursing of patients on Radiation Oncology and Chemotherapy
12. Cancer Control Programmes
13. International Classification and Coding of Cancer (ICD-9, ICD-O, ICD-10)
14. Research Methodologies in Cancer

This being a highly dedicated PG specialty introducing several new concepts/subjects in the course, it is recommended to divide the entire course into two components consisting of First Year of BASIC CONCEPTS OF THE SPECIALTY and the next two years of INTENSIVE CLINICAL TRAINING IN THE SPECIALTY.

The subjects recommended to be covered during the first year are:

1. Basic Sciences including concepts of carcinogenesis & epidemiology of cancer
2. Applied anatomy and physiology
3. General pathology and pathology of tumours
4. Medical physics related to Radiation Oncology
5. Radiobiology
6. Radiation Pathology
7. Classification, mechanisms of action and Pharmacokinetics of anti-cancer (cytotoxic) drugs
8. Rationality of using cytotoxic drugs as single agents and as multi-drug protocol in various clinical settings
9. Imaging techniques
10. Staging of cancers of various sites.

The post graduate students should devote next two years in learning the science and art of practice of Oncology focusing upon Radiation Oncology along with knowledge of integration of other modalities in total management of cancer, as elaborated in the subsequent sections.

## **TEACHING AND LEARNING METHODS**

## Teaching Methodology

1. **Lectures:** Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated.
  - a) **Didactic Lectures:** Recommended for selected common topics for post graduate students of all specialties. Few topics are suggested as examples:
    - 1) Bio-statistics
    - 2) Use of library
    - 3) Research Methods
    - 4) Medical code of Conduct and Medical Ethics
    - 5) National Health and Disease Control Programmes
    - 6) Communication Skills These topics may preferably be taken up in the first few weeks of the first year.
  - b) **Integrated Lectures:** These are recommended to be taken by multidisciplinary teams for selected topics.
2. Theory lectures: seminars in radiation physics, radiobiology, radiation pathology, basic and clinical oncology, clinical radiation therapy, chemotherapy, radiation techniques, computer applications, research methodologies etc.
3. Lectures in other allied disciplines like Psychiatry, Experimental Medicine (with special stress on organization of various research activities & trials in oncology), Community Medicine including preventive oncology, primary and secondary prevention of cancer, early detection and screening programmes in cancer, Planning of cancer control activities, rehabilitation and pain relief, etc.
4. **Journal Club & Subject seminars:** Both are recommended to be held once a week. All PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every post graduate student must make a presentation from the allotted journal(s), selected articles at least four times a year and a total of 12 seminar presentations in three years. The presentations would be evaluated and would carry weightage for internal assessment. A time table with names of the student and the moderator should be announced at the beginning of every year.
5. **Student Symposium:** Recommended as an optional multi disciplinary programme. The evaluation may be similar to that described for subject seminar.
6. Case discussions, journal club
7. **Inter-departmental meetings:** strongly recommended particularly with the Department of Radiodiagnosis at least once a week. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.
8. **Teaching Skills:** The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
9. Undertake audit, use information technology tools and carry out research, both basic and clinical, with the aim of publishing his work and presenting his work at various scientific fora.
10. **Continuing Medical Education Programmes (CME):** At least two CME programmes should be attended by each student in 3 years.
11. **Conferences:** The student should attend courses, conferences and seminars relevant to the speciality.
12. A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

13. Department should encourage e-learning activities.

**Note:** During the training programme, each post graduate student shall be required to engage in a project under the supervision of a faculty member for a thesis or a dissertation.

**Rotation: Postings:**

1. Posting in various divisions of the department– mould room, treatment planning, simulation room, teletherapy and brachytherapy facilities etc.
2. Posting in Radiation Oncology OPD and ward by rotation.
3. -Short postings in departments/divisions of Surgical Oncology, Medical Oncology, Palliative Care, Surgery, Medicine, Gynaecology, ENT, Pathology, Cytology, Haematology, Imaging, cancer registry, as per the direction from Head of the Department.

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of skills laboratories in medical colleges is mandatory.

**ASSESSMENT**

**FORMATIVE ASSESSMENT, ie, during the training**

**Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.**

Quarterly assessment during the MD training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

**SUMMATIVE ASSESSMENT, ie., at the end of training**

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The examination shall be in three parts:

**1. Thesis**

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

**2. Theory Examination:**

There shall be four papers each of three hours duration. These are:

**Paper I:** Basic Principles in practice of Radiation Oncology (Physics, Biology, Pathology, Equipments & Techniques of Radiation Oncology)

**Paper II:** Clinical Radiation Oncology

**Paper III:** Allied Oncology Practices (Surgical oncology, medical oncology & Palliative Care)

**Paper IV:** Recent Developments in Oncology, Cancer Control Programmes, Research methodologies in oncology

### 3. **Clinical/Practical and oral/viva voce examination**

Practical Examination should consist of the following:

- Long and short cases - a minimum of one long case and two-three short cases should form the basis of clinical examinations
- Pathology specimens
- Imaging techniques as relevant to clinical oncology, combined Radiation Oncology, surgery, chemotherapy, Radiation Oncology techniques, brachytherapy applications, radiation protection, equipments, instruments and other armamentarium/accessories relevant to various Chemotherapy/Radiation Oncology procedures, chemo-ports, paracentesis catheters
- Computer application in Radiation Oncology
- Simulation
- Mould room technology
- Radiation Oncology Planning etc.

**Oral/viva voce examination** shall be comprehensive enough to test the post graduate student's overall knowledge of the subject.

**Note 1:** During the training programme, each post graduate student should be required to engage himself/herself in an investigative project under the supervision of a faculty member and submit his/her thesis or dissertation according to the rules of the University concerned. The subject for the research should be related to clinical practice of oncology (Radiation Oncology/combined treatments/Lab Research related with clinical practice).

### **Recommended Reading**

#### **Books (latest edition)**

- Basic books of anatomy, applied anatomy, physiology and basic pathology
- Text books of:
  - Radiation Oncology by Ralston Paterson
  - Radiation Oncology by GH Fletcher
  - Radiation Oncology by Moss
  - Radiation Oncology by Halnan
  - Oxford Text Book of Oncology
  - Comprehensive Text Book of Oncology by Moosa
  - Cancer Principles & Practice of Oncology by DeVita et al
  - Textbook of Oncology by Ackerman & del Regato
  - Principles & Practice of Radiation Oncology by Perez & Brady
  - Cancer Medicine by Holland and Frie
  - Transplantation in Hematology & Oncology by Buchner, Jurgens et al
  - Clinical Oncology by Philip Rubin
  - Cancer Treatment by Haskell
  - Medical Physics by Meredith

- Medical Physics by Selman
- Medical Physics by FM Khan
- Radiation Pathology by Rubin & Cassaret
- Radiobiology by Eric J Hall
- Radiobiology by Steel
- Radiation Planning by Lewis & Tapley
- Pediatric Oncology by Suttow
- Gynecology Oncology by Disaia
- Urologic Oncology/GI Cancers/Breast Cancer/Brain Tumors
- Radiation Oncology by GK Rath & BK Mohanti

**Journals and periodicals**

Three international and two national journals (all indexed)

**Postgraduate Students Appraisal Form**  
**Pre / Para /Clinical Disciplines**

**Name of the Department/Unit :**

**Name of the PG Student :**

**Period of Training: FROM.....TO.....**

| Sr. No. | Particulars  | Not satisfactory | Satisfactory | More Than Satisfactory | Remarks |
|---------|--|------------------|--------------|------------------------|---------|
|         |  | 1 2 3            | 4 5 6        | 7 8 9                  |         |
| 1.      | Journal based/recent advances learning               |                  |              |                        |         |
| 2.      | Patient based/Laboratory or Skill based learning     |                  |              |                        |         |
| 3.      | Self directed learning and teaching                  |                  |              |                        |         |
| 4.      | Departmental and interdepartmental learning activity |                  |              |                        |         |
| 5.      | External and Outreach Activities/CMEs                |                  |              |                        |         |
| 6.      | Thesis/Research work                                 |                  |              |                        |         |
| 7.      | Log Book Maintenance                                 |                  |              |                        |         |

Publications

Yes/ No

Remarks\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF  
ASSESSEE

SIGNATURE OF  
CONSULTANT

SIGNATURE OF HOD

**MODEL PAPER**

**MD-9151**

**Radiothera-I**

**MD Examination Month, Year  
RADIATION ONCOLOGY**

Paper- I

**Basic Principles in Practice of Radiation Oncology (Physics, Biology, Pathology,  
Equipments & Techniques of Radiation Oncology)**

Time : Three Hours  
Maximum Marks : 100

Attempt all questions

All the parts of one question should be answered at one place in sequential order.  
Draw diagrams wherever necessary

- Q.1 Altered fractionation in Radiation Oncology. Describe the rationale for each. 20
- Q.2 Write on : 2x15=30
- a. Various devices used for radiation monitoring.
  - b. Rationale, structure and working of any one personnel monitoring
- Q.3 Write short notes on: 5x10=50
- a. Tumor markers
  - b. Photodynamic therapy
  - c. LET, RBE, OER
  - d. Boron neutron capture therapy
  - e. TSET (Total skin electron therapy)



**MODEL PAPER**

**MD-9152**

**Radiothera-II**

MD Examination Month, Year  
**RADIATION ONCOLOGY**

Paper- II  
**Clinical Radiation Oncology**

Time : Three Hours  
Maximum Marks : 100

Attempt all questions

All the parts of one question should be answered at one place in sequential order.

Draw diagrams wherever necessary

- Q.1 Describe in detail about the various types of brachytherapy techniques and their clinical application. 20
- Q.2 Write on : 2x15=30
- Overview and role of Radiation Oncology in soft tissue sarcoma.
  - Neoadjuvant chemoradiation in cancer treatment.
- Q.3 Write the short notes on 5x10=50
- Optimal management for recurrent head and cancer.
  - Combine modality treatment for Hodgkin's lymphoma.
  - Cervical lymph node metastasis with unknown primary.
  - Respiratory motion management in radiation therapy.
  - Oncologic emergencies in radiation oncology department.

**MODEL PAPER**

**MD-9153**

**Radiothera-III**

MD Examination Month, Year  
**RADIATION ONCOLOGY**

Paper- III

**Allied Oncology Practices (Surgical Oncology, Medical Oncology & Palliative Care)**

Time : Three Hours  
Maximum Marks : 100

Attempt all questions

All the parts of one question should be answered at one place in sequential order.

Draw diagrams wherever necessary

- Q.1 Describe Anatomy, lymphatic drainage and staging and treatment of anal cancer stage wise with Radiation Oncology portal? 20
- Q.2 Write on : 2x15=30  
a. PET-CT in Hodgkin lymphoma.  
b. Management of Stage !! Esophagus Cancer
- Q.3 Short notes 5x10=50  
a. Sentinel Lymph node  
b. IPI for Hodgkins lymphoma  
c. Types of Hysterectomy and Radiation Oncology portal in post op cases  
d. Staging of Breast Cancer  
e. FIGO in CA CERVIX.

## MODEL PAPER

MD-9154

Radiothera-IV

MD Examination Month, Year  
RADIATION ONCOLOGY

Paper- IV

### Recent Developments in Oncology, Cancer Control Programmes, Research Methodologies in Oncology

Time : Three Hours  
Maximum Marks : 100

Attempt all questions

All the parts of one question should be answered at one place in sequential order.  
Draw diagrams wherever necessary

- Q.1 Village Panchayat president request you to conduct women cancer awareness and screening program in his village. How do you plan the entire program 20
- Q.2 Write on : 2x15=30  
a. What is Cancer Immunotherapy. Enumerate the various cancers in which Immunotherapy is proven beneficial.  
b. Describe Various methods of IGRT.
- Q.3 Short Notes 5x10=50  
a. Proton Beam Therapy  
b. 4DCT with gating  
c. RadioImmunotherapy  
d. Adaptive Radiation Oncology  
e. APBI