

**PUBLICATION OF THE UPDATED CC**

Radiotherapy and Oncology 100 (2012) 1-4  
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**Radiotherapy and Oncology**  
Journal homepage: www.elsevier.com/locate/ro

Editorial  
Competencies in radiation oncology: A new approach for education and training of professionals for Radiotherapy and Oncology in Europe  
Richard Pitter<sup>a,b,c</sup>, Jasper Guai Eriksen<sup>a</sup>, Andy W. Beavis<sup>d,e</sup>, Mary Coffey<sup>f</sup>, Christine Verlaive<sup>g</sup>, Jan Willem Lee<sup>h</sup>, Vincenzo Valentini<sup>i</sup>

Radiotherapy and Oncology 100 (2012) 108-108  
Contents lists available at ScienceDirect  
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Journal homepage: www.elsevier.com/locate/ro

ESTRO Core Curricula  
The updated ESTRO core curricula 2011 for clinicians, medical physicists and RTTs in radiotherapy/radiation oncology  
Prigler C, Eriksson A, Anderson W, Beavis A, Coffey M, Guai E, Jan Willem L, Lee J, Sordani M, Magrini S, Kim H, Hestrad T, Tobias Boelling M, Marja H, Hjalms-Eriksson A, Guy Kanter J, Boguslaw Maciejewski M, Marja Mercka S, Augusto Oliveira J, Pierre Thirion T, Pavel Vitek T, Dag Rune Olsen T, Teresa Fialkova S, Wolfhard Engelhardt T, Pascal Francois T, Cristian Garbaci B, Ben Helweg M, Mirjana Jankovic T, Thor Majar T, Spharano Nikitenyambon T, Alex Sjaatun T, Michael Waligonski T, Marja Wawliwska-Radwanika T, Laura Medley T, Annette Boegner T, Aude Vandeweyer T, Guy Vandeweyer T, Christine Verlaive T, Richard Pitter T

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**'Adaptive RT': How it all started**

Phys. Med. Biol. 42 (1997) 123-132. Printed in the UK. PII: S0031-9155(97)07204-0

**Adaptive radiation therapy**  
Di Yiml, Frank Vicini, John Wong and Abramo Martinez  
Department of Radiation Oncology, William Beaumont Hospital, Royal Oak, MI 48073, USA  
Received 11 August 1995, in final form 29 August 1995

Abstract: Adaptive radiation therapy is a closed-loop treatment plan that is modified using systematic dosimetry to improve radiation treatment by real-time incorporating data to re-optimize the treatment. In this process, field margins and treatment dose are patient to achieve a safe dose escalation.

Phys. Med. Biol. 43 (1998) 1605-1628. Printed in the UK. PII: S0031-9155(98)02741-1

**An adaptive control algorithm for optimization of intensity modulated radiotherapy considering uncertainties in beam profiles, patient set-up and internal organ motion**  
Johan Lof, Bengt K Lind and Anders Brahme  
Department of Medical Radiation Physics, The Karolinska Institute and University of Stockholm, PO Box 260, S-171 76 Stockholm, Sweden  
Received 9 December 1996

...and follow-up papers

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Publication of the updated CC:  
**ACCEPTABLE**  
Reason: quote of the Title and Authors of the article only and source mentioned

Adaptive RT:  
**ACCEPTABLE**  
Reason: quote of text is limited; authors and source are mentioned

**Local Therapy and Survival in Breast Cancer**

**Reductions in LRR** with systemic therapy are reported in studies with and those without RT, but the magnitude of the reduction appears to be **greater with the combination** of systemic therapy and RT than with systemic therapy alone.

**The survival benefits** of achieving local control documented in the EBCTCG meta-analysis are of similar magnitude or greater than those accepted by patients for systemic therapy, yet they **received considerably less attention**.

Punglia R.S. et al., *NEJM* 2007;356:2399-2405.

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**Local Therapy and Survival in Breast Cancer**

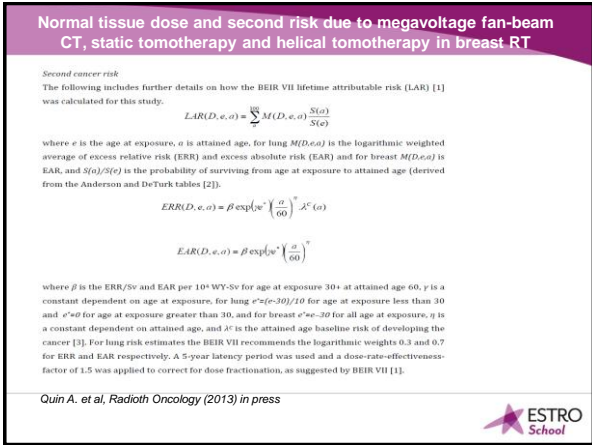
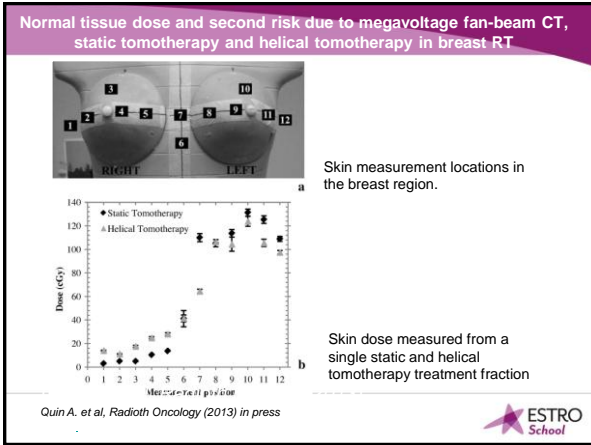
Benefit of Local Therapy on Survival

Increasing Effectiveness of Systemic Therapy

Punglia R.S. et al., *NEJM* 2007;356:2399-2405.

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Local Therapy and Survival in Breast Cancer:  
**ACCEPTABLE**  
Reason: quote of text is limited and only one table included; authors and source are mentioned



Normal tissue dose and second risk in breast RT:  
**ACCEPTABLE**  
 Reason: quote of text & formulas is limited as well as other material (1 image, 1 table); authors and source are mentioned

PROSTATE CANCER

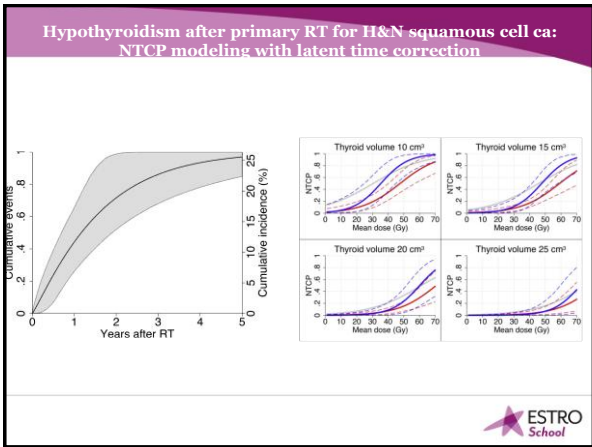
Table 4. Impact of treatment on pain (n = 30)

Level of relief	n*	(%)
Minimal relief	8	(27)
Partial relief	8	(27)
Complete relief	6	(20)
No improvement	6	(20)
Worsening of pain	2	(6)

Table 3. Ambulatory status following treatment (n = 32)

Pre-treatment status	Post-treatment status	
	Ambulant	Non-ambulant
Ambulant n* = 16	13 (81%)	3 (19%)
Non-ambulant n* = 16	2 (12.5%)	14 (87.5%)

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Prostate Ca: **NOT ACCEPTABLE**  
 Reason: No mention of source and author of quoted tables; the fact that the tables have been 'edited' do not justify the use without mentioning author and source

Hypothyroidism after primary RT:  
**NOT ACCEPTABLE**  
 Reason: No mention of the source and authors of the quoted graphs

## QoL for prostate cancer patients

**Quality of life among prostate cancer patients: A prospective longitudinal population-based study**

Walter Skaane<sup>1,2,3,4</sup>, Martin G. Cook<sup>5</sup>, Wim P. Rijksen<sup>6,7</sup>, Johannes A. Lagendijk<sup>1,2</sup>, Willem C. van den Broek<sup>8</sup>

**ABSTRACT**

**Background:** To investigate the quality of life (QoL) among prostate cancer patients treated with androgen deprivation therapy (ADT) and external beam radiotherapy (EBRT) or with ADT alone.

**Methods:** The study population consisted of 227 prostate cancer patients treated with ADT and EBRT or ADT alone. QoL was assessed using the European Organization for Research and Treatment of Cancer (EORTC) QoL questionnaire. The study population was compared to the general population of the Netherlands.

**Results:** The study population had a significantly lower QoL than the general population. The most significant differences were found in the domains of physical functioning, role functioning, and cognitive functioning. The differences were most pronounced in the first 6 months after treatment.

**Conclusion:** Prostate cancer patients treated with ADT and EBRT or ADT alone have a significantly lower QoL than the general population. The differences are most pronounced in the first 6 months after treatment.

**Keywords:** prostate cancer, quality of life, androgen deprivation therapy, external beam radiotherapy.

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QoL FOR PROSTATE CA PTS (3 slides): NOT ACCEPTABLE  
Reason: full article is included which is much more than a brief quotation; therefore it is not acceptable, even if author and source are mentioned

SABR: NOT ACCEPTABLE  
Reason: source of the pictures not mentioned

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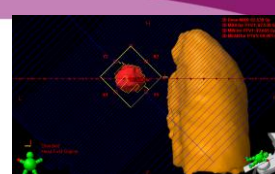
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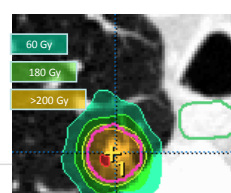
## SABR: Definition and typical delivery

**Step dose-gradients**

**High-precision image-guided RT characterized by:**

- Reproducible tumor position
- Very high biological doses
- Delivery in 3-8 sessions
- Step dose-gradients



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