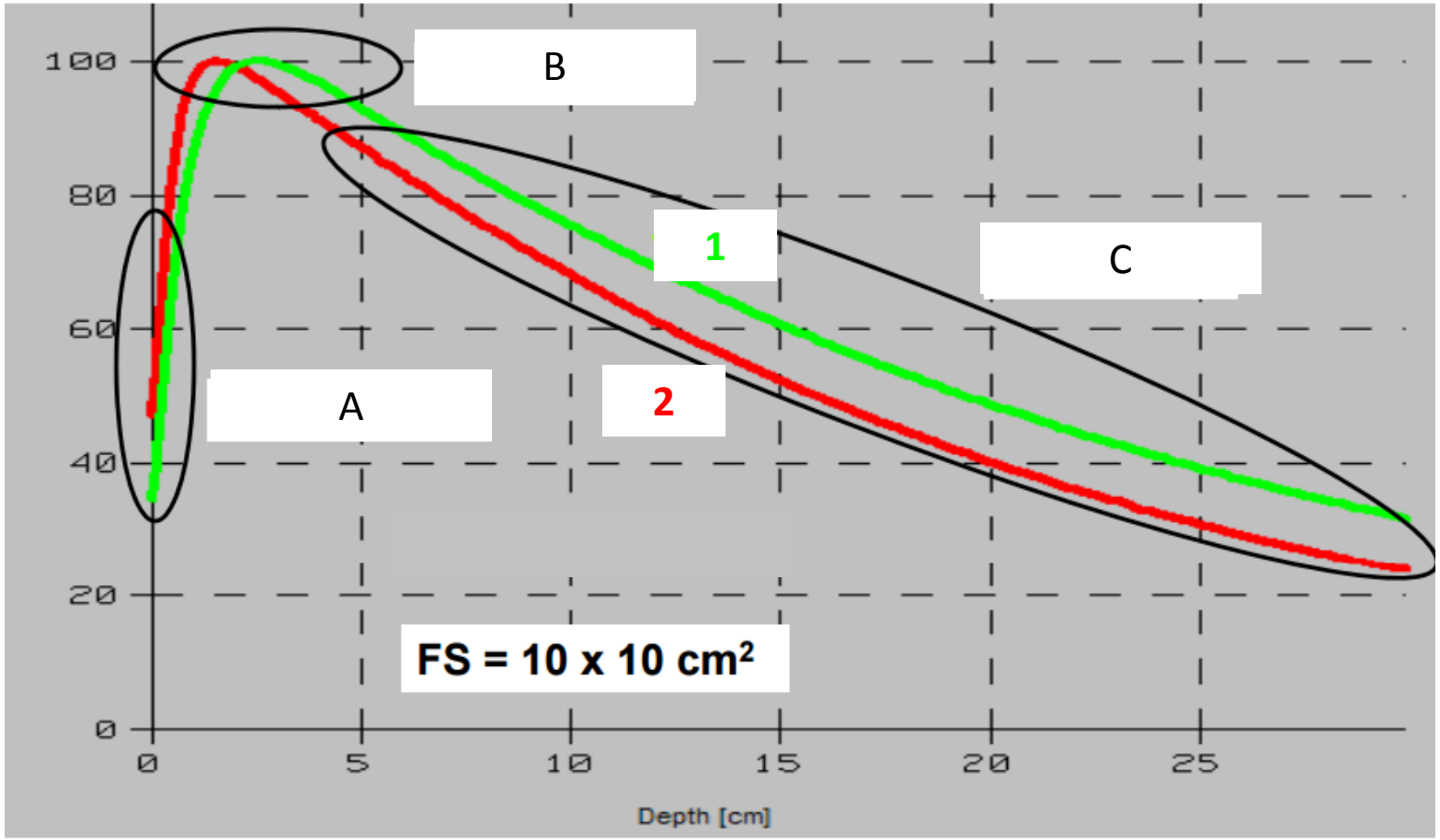
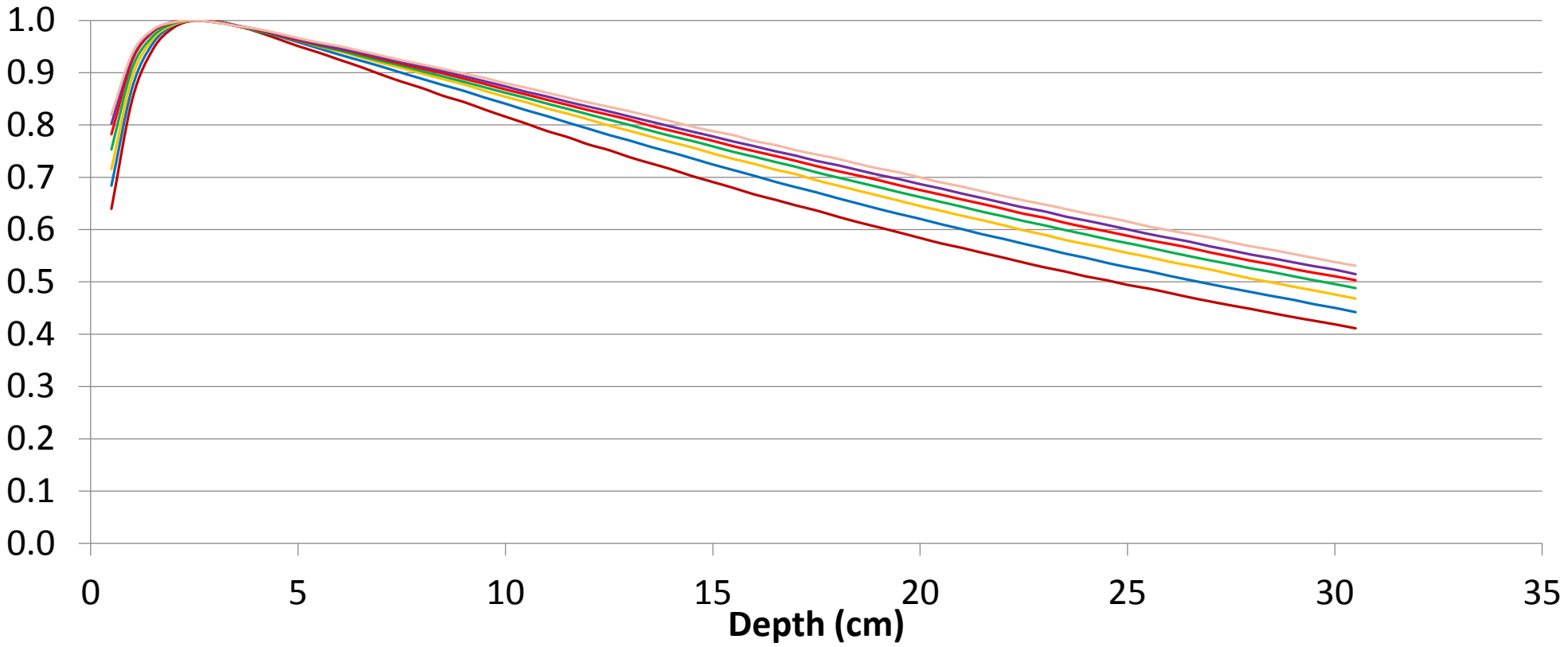
What does this figure show? Explain the regions of the curves (A,B,C). Explain the differences between the two curves (1,2).



What is the graph below?
What is the difference between the curves?

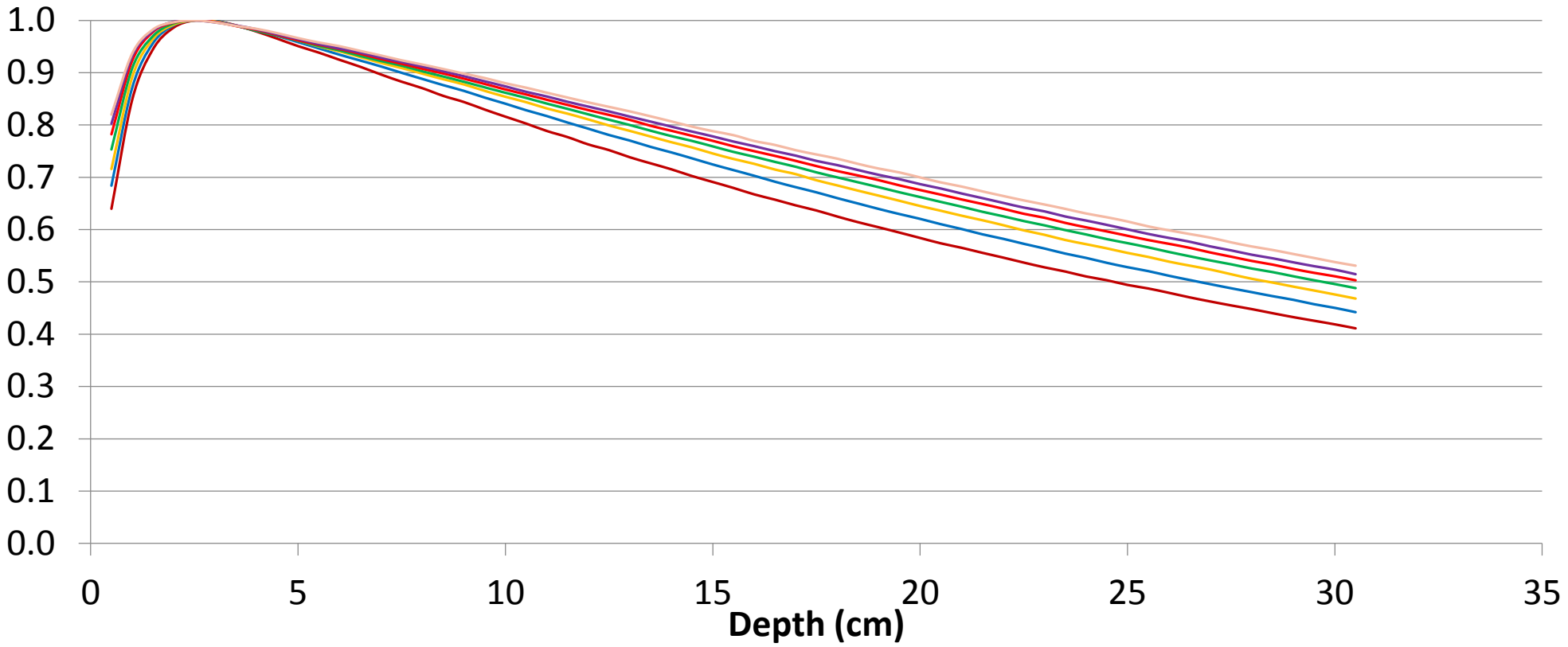


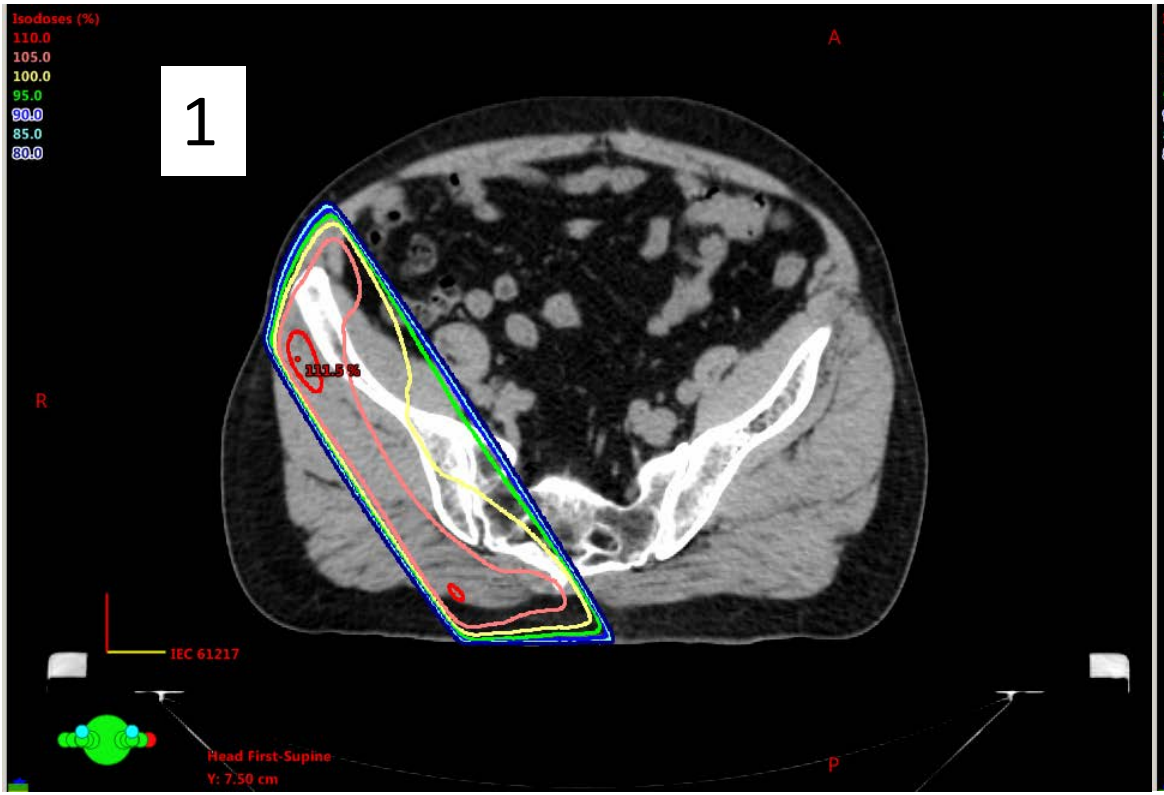
Follow up:

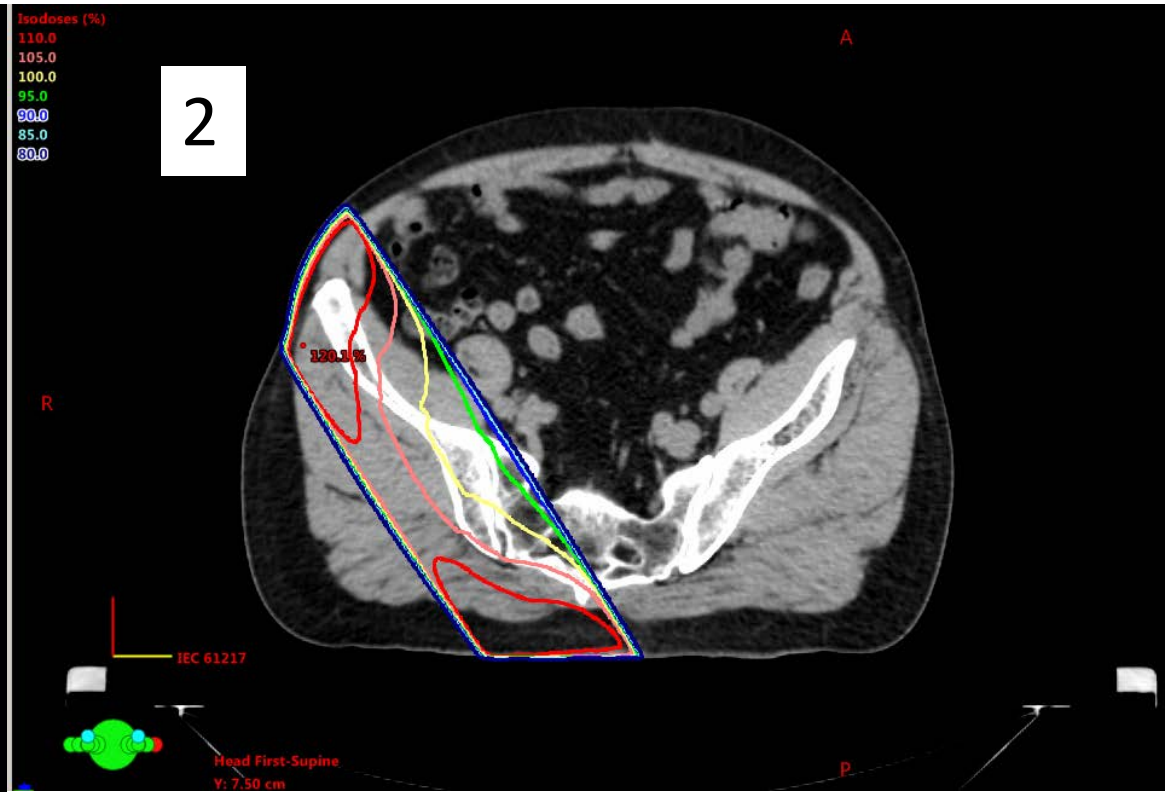
What is the beam energy?

How can you tell? What do you expect TMR_{10} or PDD_{10} to be?

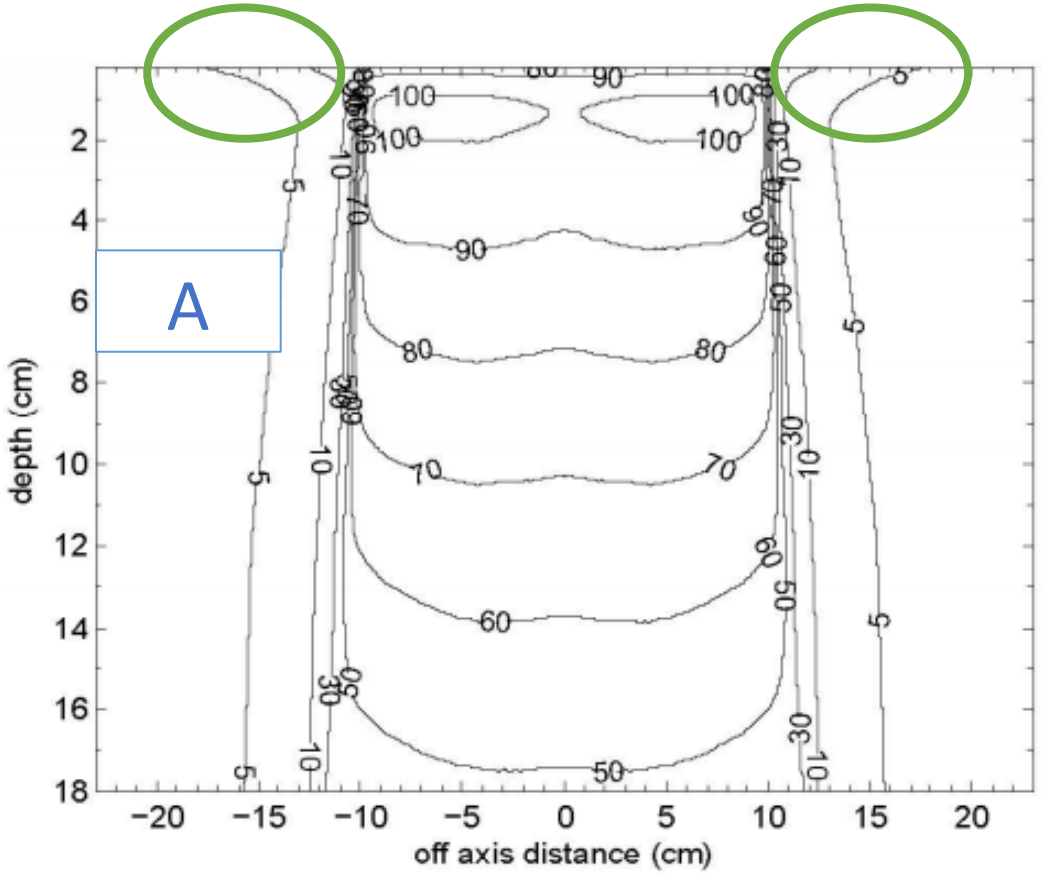
Which has the smallest field size? Largest?

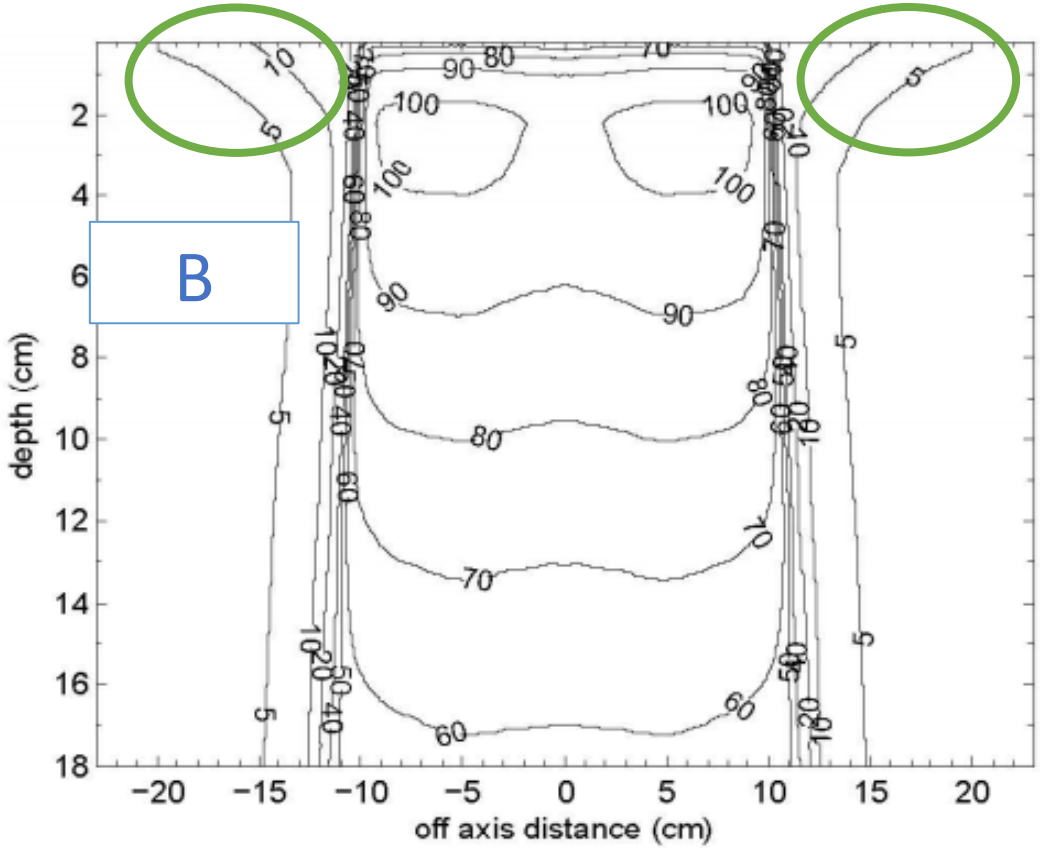




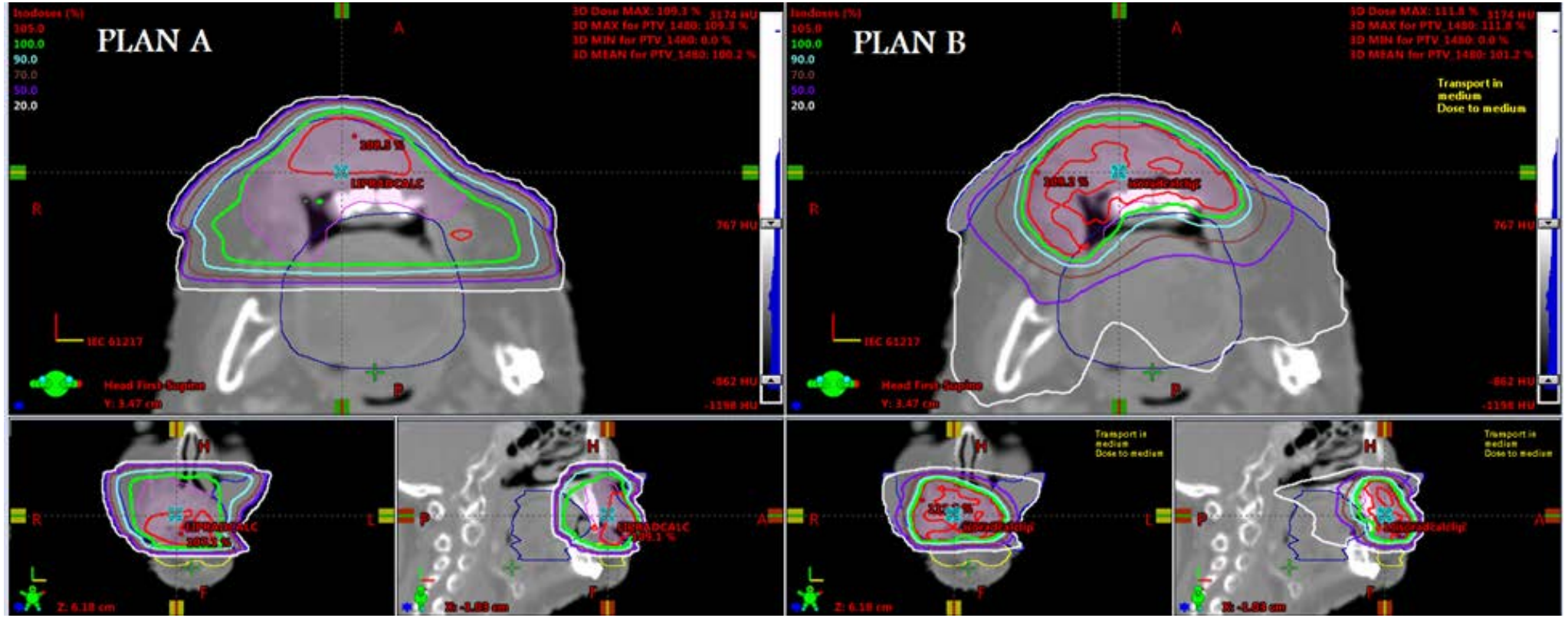


- What types of plans are shown? What is the beam arrangement?
- What is the difference between the two plans?
- What would you expect the dose to be for a plan like this? Which plan would you use?





- What type of isodose curves are shown above? Which has a higher energy? How can you tell?
- What is the field size? How is that defined?
- What causes the distribution in the green circles? How are they different between A and B?



- What type of tx modality was used for Plan A? Plan B?
- What do you think the beam arrangements are for each plan?
- What are the Pros and Cons for each plan?
- Given 75 y.o. patient has had prior tx to the area and the RX is 14.8Gy in 4 fxs, does that affect which plan would you choose to use clinically? Why?

- Plan A: 2D photon plan, lats with a non-divergent posterior edge. Could maybe add/increase wedge if you want more a homogenous dose. Quick and easy, harder to miss you target but not sparing the oral cavity very well.
-
- Plan B: VMAT full arcs or maybe 3D conformal posterior obliques and an AP… Better conformality to target and sparing of oral cavity, more hot spots/heterogeneous dose in target and posterior spread of low dose.
-
- For a quad shot I would expect a 2D plan most likely… an older patient likely has a shorter life expectancy and maybe less tolerance for laying on the table so part of me thinks just get the dose in and hopefully palliate some and improve quality of life, the other part of me thinks perhaps an older patient will not tolerate the potential oral cavity toxicities as well so perhaps the more conformal dose would be better, but the overall dose is pretty low so maybe toxicity wouldn't be too bad.

- We will be using the lateral plan for the following reasons:
-
- High probability of hitting the tumor even if the patient is moving due to pain
- Less TX time on the machine
- Clinical adjustments (due to tumor growth) can be made quickly