Pravara Institute of Medical Sciences (Deemed University)

Loni Bk - 413 736, Tal. Rahata, Dist. Ahamadanagar (M.S.)

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Syllabus M.D. (Radiotherapy)

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Pravara Institute of Medical Sciences (Deemed University)



DEPARTMENT OF RADIOTHERAPY RURAL MEDICAL COLLEGE

Loni Bk., Tal: Rahata, Dist: Ahmednagar-413736

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RURAL MEDICAL COLLEGE **DEPARTMENT OF RADIOTHERAPY & ONCOLOGY**THREE-YEAR MD & TWO YEAR D.M.R.T. TRAINING PROGRAMME

GOALS & OBJECTIVES

Radiotherapy is a clinical and scientific discipline of Medicine devoted to the management of patients with cancer and other disease by ionizing radiation, alone or combined with other modalities like Surgery and Chemotherapy.

General:

At the end of the training program, it is hope that the trainees will be competent, safe, compassionate and ethical in their practice of oncology and would not only contribute to the future development in oncology but will serve the needy peoples.

Specific :-

- 1. The trainee should acquire a sound working knowledge of practice of radiotherapy using ionizing radiation.
- 2. The trainee should have knowledge of use of chemotherapeutic agents, hormones, radio sensitizers & radio protectors, biological response modifiers in the management of cancer.
- The trainee should be competent in providing palliative care in advanced and terminally ill cases.
- 4. The trainee should develop a responsible oncologist who can take proper decision after proper reasoning / logical thinking.
- 5. The trainee should have good knowledge of Cancer Prevention, early detection, reliabilitation and emotional problems involved in the preventive oncology.
- 6. The trainee should develop into a responsible oncologist with quality of leadership, management and administrative skills.

Three year training comprise of the following:-

- 1. Induction programme for all new trainees.
- 2. Theory and practical sessions.
- 3. MD dissertation.
- 4. Departmental academic activities including seminars, journal clubs, ward rounds, planning meetings etc.
- 5. Joint clinics
- 6. Clinical data analysis- As instructed by the teacher
- 7. Paper presentation at conferences.
- 8. Interaction with other related department.

For practicals the students will maintain individual diary /logbook, which will be received and endorsed by the teacher, under, whom the candidate is registered. The individual teacher will be responsible for checking the progress of the candidate.

Traines should discuss with their teacher regarding topic for presentation at clinical meetings, clinical data analysis and paper for presentation at conferences. The presentation should be on transparencies / slide with neat labeled diagram whenever necessary. The subject should be prepared well in advance and discussed with the individual teacher, of a week before presentation. The literature search from journals and books or Internet is mandatory for second and third year students.

INDUCTION / ORIENTATION PROGRAMME FOR NEW TRAINEES

Two sessions (am or pm) Each In the First Six to Eight Weeks

Objectives:-

The induction programme is intended to give the new trainees a general idea about Pravara Rural Hospital [PMT], the nature of work done in various departments and the location of various departments. The emphasis will be on the departments of Radiation Oncology, Medical Physics, and frequently used diagnostic and rehabilitative services. The Senior Resident will introduce and guide the new students to various facilities listed below.

- 1. Teletherapy Machines (To know about the machines available in the hospital; Energy accessories types of treatment possible, operation of machines)
- Brachytherapy Machines, Theater (Types of procedure done; care and special instruction taken during loading and removal of radioactive sources, Learn about radiation protection measures.
- 3. Computer treatment planning, Physics (Simple plans, isodose charts)
- 4. Mould room & simulator (making POP, acrylic and orfit moulds, Alloy blocks, Tissue compensators, Bolus and surface moulds etc.)
- 5. Radiotherapy in patients: (Visit to wards, patients management with IV fluits, care of patients admitted to wards, management of radiation reactions general aspects)
- 6. I.V. team and Day care: Various investigations, IV access & chemotherapy administration.
- Other rehabilitative service such as palliative care, Occupational and physiotherapy, Medical social workers, and voluntary organization.
- 8. Interaction with other related department.

M.D.(RADIOTHERAPY) SYLLABUS

Paper I: Basic Medical Sciences as applied to Radiotherapy

1. Applied Anatomy and Physiology

- a) Anatomy of oral cavity, larynx ,pharynx ,paranasal sinuses, CSF pathways, salivary glands, middle ear, breast, broncho-pulmonary segments, mediastinum,oesophagus, liver, spleen, small and large bowls, pelvic and genito- urinary organs (bladder, uterus, ovary, testis, rectum anal canal etc)
- b) Lymphatic system and drainage
- c) Relationship of vital structures
- d) General principles of physiology of respiratory ,cardio-vascular ,nervous and biliary systems

2. Pathology of Benign and Malignant diseases

a) Principles and methods of definite diagnosis surgical biopsy

- b) Explaintive Cytology ,Fine needles aspiration Cytology and biopsy
- c) General histological & cytologic features of malignancy.
- d) Classification of benign and malignant tumours and their interpretation
- e) Methods of dissemination of cancer and its biological behaviour
- f) Degree of differentiation of cancer
- g) Radiation Pathology
- 3. Various investigation and Imaging procedures in Diagnosis, Staging, Management and Follow up of different types of Cancer.

Paper II: Clinical Radiotherapy including Chemotherapy

1. Clinical Practice of Radiotherapy and Oncology

- a) Principles of Radiotherapy
- b) Techniques of Radiotherapy
- c) Clinical Practice
- d) Treatment Planning and Presentation

2. Diagnosis and management of following cancers

- a) Central nervous systém, Occular and Adnexal tumour , Ear tumours, head and neck tumors, Salivary giand, Thyroid
- b) Endocrine systém, Breast cancer, Bronchus ,G.l. cancers ,Urogenital systém, Skin cancer, Bone tumours, Soft tissue tumours, Leukamia ,Lymphoma ,Cancer in childhood, Multiple Myeloma ,Aids-related cancer.
- c) Total body & Hemi body irradiation.

3. Cancer Chemotherapy, Hormones and Immunotherapy

- a) Chemotherapy: Structure, mechanism of action, pharmacokinetic, indication, doses, schedules, side effects and interaction
- b) Hormone therapy
- c) Immunotherapy
- d) Gene Therapy

4. Related Specialities

- a) Principles and Practice of general surgery, gynaecology & paediatric surgery as related to cancer, Surgical treatment decisions, Surgical diagnosis and staging of cancer, Clinical staging, Staging procedures, Methods of clinical staging and TNM classification
- b) Terrainal care of cancer patients, Principles and practice of control of pain.
- c) Cancer registry and epidemology
- d) Prevention and early detection in cancer

- e) Cancer education and oncology organization
- f) Stastical methods.

Paper MI: Physics as applied to Radiotherapy, Nuclear Medicine & Radiobiology

(A) Physics

- 1. Atomic and Nuclear Structure
- 2. Radioactive Decay including artificial & natural radioactivity
- 3. Production and properties of X-rays
- 4. Clinical Radiation Generators
- 5. Interactions of ionizing radiation with matter
- 6. Brachytherapy
- 7. Measurement of ionizing radiation: Dosimetric aspects
- 8. Radiation Quantities & Quality assurance
- 9. Calibration of High Energy Photon and electron Beams
- 10. Dose Distribution of External Beam Therapy
- 11. TES & Manual treatment planning
- 12. Radiation Protection & Hazards
- 13. Planning of New Radiotherapy Department and maintenance

(B) Nuclea Medicine

- 1. Feduractive Isotopes in Clinical Medicine and Clinical diagnosis
- 2. Stated and unsealed source
- 3. Types of diagnostic test
- 4. Organ scanning
- 5. Gamma Camera & Whole body counter
- 6. Caliberation and standerization of Radioactive Isotopes
- 7. Internal therapeutic uses of Radioactive Isotopes and their dosemetry

(C) Radiobiology

- 1. Mammalian Cell Radiosensitivity: Interphase and reproductive death, Cell Survival curves in vice, Characterization of cell survival curves, Critical sites and target theory, Dose response curves in vivo, Quantitative normal tissue reaction based on systems.
- 2. Factors that modify Radiation Response: The oxygen effect, The age response function, Potentially lethal damage, Sublethal damage, Dose Rate, Radiosensitizers, Radioprotectors.
- 3. Linear Energy Transfer (LET) and Relative Biological Effectiveness(RBE)
- 4. Care and fissue Kinetics: The cell cycle, Autoradiography, Constituent parts of the cell cycle, Percent labelled mitoses technique, Growth fraction, Cell loss factor, Growth Kinetics of Samen turnours.

- 5. Timese Radiosensitvity: Classification based on radiation pathology, Types of cell purposations.
- 6. The e-dose and Fractionations: The 4 R's of radiobiology, The basis of Fractionations, The Strandquist's plot, Nominal standard dose, Linear Quadratic equation.
- 7. New Radiation Modalities: Protons, Neutrons, Pions, High energy heavy ions.
- 8. Hyperthermia: Methods for heating, Systematic hyperthermia, Localised heating, Cellular response to heat, Repair of thermal damage, Thermotolerance, Hyperthermia combined with involving radiation, Time sequence of heat and irradiation, Hypoxic cells and heat, Effect of plat on the response of Hypothermia, Response of transplanted tumours to heat, Response of sponseneous tumours to heat, Response of normal tissues to heat, heat and therapeutic gain factor, Hyperthermia and Chemotherapy.
- Total body Irradiation and its acute effects: Prodromal radiation syndrome, Central nervous systém /cerebrovascular systém, Gastrointestinal syndrome, Hematopoetic syndrome, Mean Lethal dose, Treatment of radiation accidents
- 10. Total body Irradiation and itsLate Effects: Non-specific life shortening, Carcinogenesis.
- 11. Mechanism of Radiation Carcinogenesis and Genetics of irradiations.
- 12. Radiation protection in the Developing Embryo and Fetus.
- 13. Radiophysiology of human Tissues: Effects of irradiation of the skin, bone & cartilage, kiency, lung, nervous tissues, ovary, testis, eye, lymphoid tissues, bone marrow, oral, pharyagolaryngeal & esophgeal mucous membrane, salivary glands, human embryo and Radianion offects observable in clinical radiotherapy.

Paper IV: Recent Advances in Radiotherapy

- 1. Recent advances in field of Radiotherapy & delivery methods including machines, modifiers and immobilisation devices.
- 2. Recent advances in chemotherapeutic drugs including recent trials.
- 3. Recent advances in field of Radiobiology.
- 4. Recent advances in diagnostic aspects of oncology.
- 5. Carrent trends in Radionuclieds.
- 6. Correst recommendation in management in clinical oncology.
- 7. New Radiation Modalities: Protons, Neutrons, Pions, High energy heavy ions.
- 8. Hyperthermia: Methods for heating, Systematic hyperthermia, Localised heating, Cellular response to heat, Repair of thermal damage, Thermotolerance, Hyperthermia combined with ionizing radiation, Time sequence of heat and irradiation, Hypoxic cells and heat, Effect of phase the response of Hypothermia, Response of transplanted tumours to heat, Response of Systematics to heat, Response of normal tissues to heat, heat and therapeutic gain factor, Hyperthermia and Chemotherapy.
- 9. Chargest trials as being published in standard Oncology/Radiotherapy journals.
- 10. MART, IGRT, SRS, SBRT, Tomotherapy

- 11. Heavy ion therapy (Proton & Neutron)
- 12. HIFU, HIPEC, HBOT etc.
- 13. Newer Approaches to Cancer Treatment:

Gene Therapy, Cancer Vaccines, Immunotoxin Therapy, Antisense Inhibition of Gene Expression, Antiangiogenic Therapy, Radiation and Chemotherapy Protectors, Intensity Modulation of the Radiation Beam, Fractionated (Relocatable) Stereotactic Radiotherapy, Molecular Targets for Drug Development.

Quality Assurance, Recent Advances in Radiation Therapy, Altered Fractionation, Biologic Mode and Plan Evaluation, Conformal Therapy, Proton Therapy, Neutron Brachytherapy, Neutron Gaptine Therapy, Neutron Beam Therapy, Heavy Ion and Pion Therapy, Physics of High Lanear Energy Transfer (LET) Particles and Protons, Intra-operative Radiation Therapy, Hyparhermia, Three-Dimensional Physics and Treatment Planning, Stereotactic Irradiation

YEARLY COURSE DETAILS

<>>> FIRST YEAR >>>>>

CLINICA ONCOLOGY [Theory] - first year

- 1. Improduction to Oncology.
- 2. Presiples of clinical and pathological staging of cancers
- 3. Basics of Radiation Therapy
- 4. Basics of cancer chemotherapy
- 5. Busies of cancers surgery
- 6. Decision making process in oncology
- 7. Combined modality of RT + Surgery
- 8. Compined modality of RT + Chemotherapy
- 9. This of Radiation treatment planing: Clinical aspects.

CLINICAL ONCOLOGY [PRACTICALS]- First year (Patient Evaluation, care & procedures)

- 1. communication with cancer patients and their relatives
- 2. Chaical examination method like gynecological, laryngeal, breast, neurological, and lymph node examination.
- 3. O's many beformed consent for routine treatment.
- 4. Management of treatment complications like mucositis, dermatitis, proctitis, diarrhea, namea, vomiting, xerostomia, lymphoedema, candidacies etc.
- 5. Management/ care of patients with fluid electrolyte imbalance, malnutrition, neutropaenic sepsis, raised imracranial pressure, seizures, paraplegia, bed sores, tracheotomy, NG tube or gast onoug, bleeding PV or SVC compression.
- 6. Cerrocal biopsy PAP smear FNAC Pleural and peritoneal paracentesis, bone marrow and handlas puncture.
- 7. In small and maintenance of IV lines (butterfly and Venflon types) for blood collection and El ang Suids or cytotoxic agents.
- 8. Friday positioning and immobilization using ORFIT, ACRALYC, and POP Masks
- 9. grante Shralation techniques of e. g. Cervix 2 or 4 field, Bone Metastases, lung AP/PA Esophagus 3 field and head and neck Bilateral Fields.
- 10. Cand intra uterine applications.
- 11. Chang simple chemotherapy drugs likes 5-FU, Bleomycin cyclophosphamide, low dose non harmanie (CMF) procarbazene, CCNU, Cisplatin, Adriamycin etc.
- 12. has rarting simple Radiographs like chest x-rays, barium swallows, osseous metastases, is it . Can vic.

13. En Camilian and follow the established principles of bio-safety e.g. MRSA, Hepatitis B and Challettee.

PHYSIC [Theory] -first year

- 1. Electromagnetic radiation and the atomic structure
- 2. Radioactivity
- 3. Radioactive sources use in radiotherapy
- 4. Production of X Rays: The basic X Ray tube
- 5. Internation of X Rays With matter
- 6. Teacherapy machines: Telecobalt & linac
- 7. The Poentgen and its measurement
- 8. Machine calibration and acceptance test quality assurance
- 9. Principles of radiation protection
- 10. Be an modifying devices
- 11. FOR U guidelines: Teletherapy & Brachytherapy
- 12. Beauty of treatment planning and Dosmetric physical aspects.

PHYSIC acreals - First year

- 1. Page and functions of various Teletherapy and brachytherapy machines
- 2. Paciation protection
- 3. Calculation of output from 60Co machine
- 4. Treatment time calculation for simple fields (open regular)
- 5. Con lay control and machine calibration
- 6. Isosese curves and manual treatment plans using isodose curves

RADIO & COGY [Theory] - First year

- 1. Cell survival curve
- 2. cell assue and tumor kinetics
- 3. Product affecting radiosensitivity
- 4. I FOORR and RBE
- 5. Pariso sensitizers
- 6. Reprojectors
- 7. Hyperthermia
- 8. Acute and late effects of whole body irradiation
- 9. Reciation Carcinogenesis

CANCIDE THE OGY [Theory] - First year

- 1. Call at structure and function
- 2. Cale membrane and Cytoplasm
- 3. Nacious
- 4. Simil patrivey
- 5. Comprole control and cancer
- 6. Hyperplasia, dysplasia and neoplasia
- 7. Our organies Introduction
- 8. Was daugh Carcinogenesis and metastatic cascade
- 9. Genome Project

<>>> SECOND YEAR >>>>>

CLINIC COLOGY [Theory] - Second year

1. Programme age at & PNS cancers

- 2. Onl Cavity & Oropharyngeal cancers
- 3. Comers of Hypoparynx and larynx
- 4. The purs of salivary glands, ear, orbit, and Thyroid
- 5. Management of CNS Tumours
- 6. Lang cancer and Mediastinal tumors
- 7. Proceptes of CT and MR imaging
- 8. Cosophageal and gastric
- 9. Poscreas, Bile duct and liver cancers
- 10. Cancers of Colon, Rectum & Anal canal
- 11. Our slogical emergencies
- 12. Management of Breast cancer
- 13. (december
- 14. Casas of the uterus, Ovary, Urethra etc.
- 15. Kidney, prostate, bladder, and penile cancers
- 16. Testicular tumours
- 17. Assatt loukaemias
- 18. Chromo leukaemias and myeloma
- 19. New Change in's lympoma
- 20. Machines disease and mycosis fungoides
- 21. Early amours
- 22. For tassie sarcoma and skin cancers

CLINICAL ONCOLOGY [Practicals] - Second year

- 1. kere wiedge about treatment options and decision making for various cancers.
- 2. Discussing Randomized Trails with patients and obtaining their consent.
- 3. It appears of patients with Renal failure G.I. obstruction, SVCO, TOF, Cord economica, severe vaginal bleeding neutropaenic sepsis, hypercalcaemia, necrosis, fractures etc.
- 4. Management of patients in severe pain and of bying patients, palliative care.
- 5. Manager care: use of morphine
- 6. Divergent blocks (Mantle, Inverted Y, Rectum, Brain etc.) Electron cuts outs.
- 7. Shaulation Techniques e.g. Conservative Breast, Mantle, Inverted Y, Dog Leg, Pancreas, No. 30, respect, PNS, Vocal Cord, Brain, Planning CT Scans.
- 8. 14 m Body irradiation
- 9. Consider treatment planning: Parallel opposed, antero, lateral, 3 or 4-field beam and unqual weightage. Intracavitary and simple interstitial breast, template buccal mucosa.
- 10. Organizing and maintaining central lines (Hickmans), Parentral Nutrition, Cytotoxic drugs such as Doxorabicin, Vincristine, Mitoxantrone, Cisplatinum.
- 11. Assisting Interstitial Implants/ ILRT/ EBRT Procedures. Performing simple procedures like Intracardary, CVS etc.
- 12. Francisco information from medline, Internet etc.

PHYSI | Second year

- 1. Evolution of brachytherapy dosage systems
- 2. Made a brachytherapy dosage calculation
- 3. Election ceam therapy
- 4. No safe of selecting LDR and HDR machine
- 5. Creament planning systems
- 6. A sea aled sources for therapy
- 7. In the of CT and MR imaging

PHYSI Second year

1. Personal localization of brachytherapy sources from orthogonal X-Rays and estimation of the The sea Dose Rate and Reference Dose Rate as per PARIS rules.

2. Canadan field shapes and modified beams, computer treatment planning teletherapy

(Al PA; For 4 fields anterior/ lateral; weightage)

3. Computer treatment planning brachytherapy (CVS, Intracavitary (Selectron) breast, to replace duccal mucosa.)

4. Sharke Conformal plans; Conformal blocks, CT planning

5. have one of RSO

6. PHOTE LOR Surface mould treatment execution.

RADIO B. JLOGY [Theory] - Second year

- 1. Acute and late responding tissue and dose response relationship
- 2. The Dose Fractionation and the evolution of bioeffect models
- 3. Trans Quaeratic Model
- 4. I read the assays of radiation response
- 5. Readed on effect on embryo & Foetus

RADIO BROADGY [practicals] - Second year

- 1. Ca sulation of Biological Effective Doses for tumour control, acute and late effects using the 100 model.
- 2. Use of Racio sensitizers or radio protectors (eg. Amifostine).

CANCI S SOURCES [Theory] - Second year

- 1. Comparedisposition to cancer
- 2. Proto Oncogenes and tumour suppressor genes
- 3. It asks protocoles of molecular biology techniques e.g. PCR, FCM, Electrophoresis, cloning
- 4. There coloure techniques and clonogenic assays.

<>>> THIRD YEAR >>>>>

CLINIC SNOOLOGY [Theory] - Third year

- 1. Management of paediatric solid tumours
- 2. Edistological features of round cell tumours and paediatric solid tumours
- 3. Bluery & Pathology of Lymphoma
- 4. Personage of Bone Tumours and STS
- 5. he satisfy brachytherapy in Head and Neck cancers
- 6. Chanding cal Brachytherapy
- 7. Propen solving in areas and difficult cases
- 8. The Tran' about cancer: When to tell, How much to tell & whom?
- 9. Le Challey of life an important outcome measure of curative palliative treatment? Factors Quality of life.
- 10. Quancy dilife assessment tools for clinical trails and routine practice
- 11. Symptom control in advanced cancer
- 12. Compatible dying patients and Hospice care
- 13. Manual offices: A clinician's perspective
- 14. Land an Biomedical research
- 15. Notice paper control programme
- 16. Seven and for common cancers: Pragmatic approaches for our country
- 17. Programmed on of cancer patients
- 18. Character apy in head and neck cancers
- 19. 19. acrai ve RT in gastric, oesophageal and renal cancers

- 20. Survey reasus Radical Radiotherapy in prostate and bladder cancers
- 21. on the sol cancer
- 22. Let the no Radiotherapy Departments in India. Equipment and facilities needed?
- 23. Consider the as managers of Health care system.

CLINIC A ONCOLOGY [Practicals] - Third year.

- 1. Caraclex Simulation and treatment techniques e.g. asymmetric beam. TSET, Craniospinal Irradiation, Paediatrics tumours, TBI.
- 2. The americ planning of mixed beam, matching fields electrons, head and neck implants
- 3. https://doi.org/11/187, and simple implants
- 4. partial surface moulds
- 5. America EDRT, Head/Neck Implants, Templates
- 6. Cytotoxic drugs e.g. Taxenes, BCNU, High Dose Methotrexate, Interferon, G-CSF,

PHYSICA Theory | - Third year

- 1. Fin ciples and practice of stereotactic RT
- 2. TEL ALSPECT
- 3. In a settle aspects of magna field therapy
- 4. Correct field arrangements and mixed beam, electrons arcs, matching fields asymmetric
- 5. Recent developments and future trend in RT planning and treatment delivery

PHYSICA Placery - Taird year

- 1. 3 Characterional conformal planning
- 2. Hardranic portal imaging
- 3. Nersakia,
- 4. Canada Assurance lests in stereotactic radiotherapy

RADIO SOLOGY [Theory] - Third year

- 1. Dane the effect in Brachytherapy
- 2. Howe to compensate for missed treatment days?

CANCI R GOOGGY (Theory) - Third year

- 1. Paradiation sensitivity
- 2. hand the pasis of cytotoxic drug action and drug resistance
- 3. An inchogocal aspects of cancers and cancer vaccines.
- 4. Arthumse and Gene therapy

MD-Dissertation

- 1. Free cancidate pursuing degree course is required to carry out work on a selected research probability of the guidance of a recognised post graduate teacher. The results of such a work that he admitted in the form of a dissertation.
- 2. The dissertation is aimed to train a post graduate student in research methods and techniques, it includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, comparison of results and drawing conclusions.
- 3. Registrar (Academic), RGUHS, in the prescribed has a symposis containing particulars of proposed dissertation work six months from the transfer commencement of the course on or before the dates notified by the University.
- 4. Secon synopsis will be reviewed and the dissertation topic will be registered by the

La coarsely. No change in the dissertation topic or guide shall be made without prior

- 5. The dissertation should be written under the following headings:
 - introduction
 - An s or Objectives of study
 - Review of Literature
 - Material and Methods
 - v. Results
 - V. Discussion
 - Vii Conclusion
 - Yi. Summary
 - in the ences (Vancouver style)
 - : Lables
 - h h exures
- 6. The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages encluding references, tables, questionnaires and other annexures. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound page rive topical binding should be avoided. The dissertation shall be certified by the guide, have of the department and head of the Institution.
- 7. See copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six manths before final examination on or before the dates notified by the University.
- 8. The disservation shall be valued by examiners appointed by the University. Approval of disservation work is an essential precondition for a candidate to appear in the University open indices.

M.D. Dissertation Evaluation

M. D. Convertation should preferably be a prospective study that allows the candidate to form a hypothesis design / conduct an appropriate study and analyze / discuss the results. The trainee should deside the topic within the first 6 months after discussing with the teacher, the progress made should be reviewed at the end of each six months period and signed by the trainee and the teacher on this page.

Title of

Date	Work done	Teachers comments Signature & date
First Review		
Second Review		
Third Review		
Fourth Review		

Duse	Work done	Teachers comments Signature & date
Fifth Review		
Sixth Review		
Dissertation Submitted to the	ne University on	1
University Axorn nation Dissertation to the Unive	after completing three years of training a crsity before the last date of submission.	and submission of M.D.
	r M.D. Radiotherapy Examination	

Total Marks: 800 (Theory-400 + Practical-400)

Total Marks

Duration

1. Theory * 400 4x3 = 12 Hours

2.Paper III-	Basic Medical Sciences as applied to Radiotherapy Clinical Radiotherapy including Chemotherapy Physics as applied to Radiotherapy, Nuclear Medicine & Radiobiology,	100	3 hours 3 hours 3 hours
4.Paper IV-	Recent Advances in Radiotherapy	100	3 hours

*Each theory paper has

Full Questions $3 \times 20 \text{ marks} = 60 \text{ Marks}$ Short Notes $4 \times 10 \text{ marks} = 40 \text{ Marks}$ Total = 100 Marks

11. Practical and Viva-voice for M.D. Radiotherapy

Total Marks-460 Duration- 6 hours.

Frand Total		40
8. Grand Viva	Radiotherapy 60 +Me	edical Physics $40 = 100$
TOT/MRI/Nuclear		20
dedical Physics Ed		20
. Chemotherapy drug		20
4 distruments:		20
3 Fadiology specime	n (Spot)	20
2. Short Case:		50x2 = 100
L. Long case:		100x1 = 100
1 Y ama		