



# Log Book of MD.

of

# Clinical Oncology and Nuclear Medicine

THE WIVERSITY FACULTY OF





### Personal Data

reizonae Bata
Name:
Department :
Mobile Number
E-mail Address:
Master Degree:
Date of registration://
MD/PhD Degree:  Date of registration:/
Signature:
Head of the Department Vice Dean for research and postgraduate study





### Aim of the Logbook.

To provide evidence that the candidate attained the desired level of competence required to gain the award. In this book, the candidate will document all academic and clinical skills he/she attained during their training.

#### Important regulations (for MS candidates):

- **-To be legible for the first part MS exam** you have to attend at least 70% of the lectures of each course in the semester as evidenced by the logbook
- -To be legible for the (MCQ online) exam at the end of each of second part semesters you have to attend at least 70% of the lectures of each course/module in the semester as evidenced by the logbook.
- To be legible for the final MS exam:
- 1- A time interval of 36 months must pass since the day of registration to the job for residents and demonstrators and 30 months since the day of degree registration for non residents.
- 2- You have to spend a year of daily clinical/practical training in the department or two years with three times/week practical/clinical training.
- 3-You have to register 4 semesters on Ibn lhaythm registration page.
- 4- You have to attend 70% of the lectures of each course in the second part of MS degree.
- 5- You have to fulfill and perform 70% of the practical skills documented in the logbook.

#### Important regulations (for MD/PhD candidates):

**-To be legible for the first part MD exam** you have to attend at least 70% of the lectures of each course in the semester as evidenced by the logbook





- -To be legible for the (MCQ online) exam at the end of each of second part semesters you have to attend at least 70% of the lectures of each course/module in the semester as evidenced by the logbook.
- To be legible for the final MD/PhD exam:
- 1- A time interval of 36 months must pass since the day of degree registration.
- 2- You have to take your practical/clinical training three times/week for two years .
- 3-You have to register 5 semesters on Ibn lhaythm registration page.
- 4- You have to attend 70% of the lectures of each course in the second part of MD/PhD degree.
- 5- You have to fulfill and perform 70% of the practical skills documented in the logbook.







### Bylaws of the MD







### Contents

Section I: Scientific lectures .

Section II: Clinical cases.

Section III: Procedures/operations

Section IV: Seminars

Section V. Clinical rotation

Section VI. Scientific activities (conferences/workshops)

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# Section I: Scientific Lectures

# First Part

Compulsory Course title:	Pathology of Tumors
Course code:	CONM 605
Credit hours:	5 hours
Total teaching hours	75 hours lectures





Subjects	Lectures	Date	Signature of
			Lecturer
*General pathology:			
-Neoplasia	4		
-Tumor growth	4	4	
-Carcinogenesis	4	. (	
-Tumor markers	4	-	41
-Hormones & cancers	4		
*Special pathology:	- N		1/8/
14/			, , , , , ,
-pathology of head and neck	4	49,	3 3
tumors.		- 3	
- pathology of brain	4	27	7 1 2 1
malignancies.		2000	y 151
-pathology of lung and	4	3 (5)	121
pleural cancers		1.	1101
- pathology of gastro-intestina	4		11/11/1
malignancies			10/
-pathology of female	/E-4	CEACILLY	
genital system tumors	-ASIT	/FACULI	
- pathology of male genital	4		
system tumors			





Subjects	Lectures	Date	Signature of
			Lecturer
* pathology of urothelial	3		
system tumors			
* pathology of breast cancer	4	1	
*pathology Soft tissue	4		
sarcomas			4.1
*pathology of Bone sarcomas	4		
*pathology of Skin cancer	4	tiliba.	1 21
and melanomas.		1111////	
*pa thology of Cancer of the	4	40,	13/-
endocrine system (thyroid,		=1	10.
parathyroid, adrenals,	13		7 1 4
pancreas, carcinoid).		2000	<i>y</i> 151
* pathology of Solid tumors	4		191
of childhood.		1	1/10/
*Leukemias, lymphomas and	4		/ 1/11/
plasma cell neoplasms.			OK )
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# Second part

# (Clinical Oncology, Nuclear Medicine, and Elective Courses)

Compulsory Course title:	Clinical Oncology
Course code:	CONM 617 CO
Credit hours	14 lectures 15 clinical
Total teaching hours:	210 hours lectures 450 hours practical

210 hours lectures

No.	Orladity wait		M.Soll Co.	
Trimester's	Subjects 20°	Lectures	Date	Signature of
				Lecturer
	*Principles of cancer management and dec	4		
	making for treatment policy: surgery,			
	radiotherapy, hormonal therapy and			
	chemotherapy.			
	* Multidisciplinary approach of	3		
	treatment.			
	* Recent advances in management of	6.		
	cancer head and neck:		1	
	- nasal cavity,	2	6 1	
	-paranasal sinuses,	2	1	
	-nasopharnyx,	3		2
	-oral cavity,	3	1 8	
	- oropharnyx,	2	1 1 1	
/	- larynx,	2		
First	-hypopharnyx	2	1,3	
	-salivary glands.	2		V
	* Recent advances in management of	= 1		Tro.
	cancer lung:		/	4
	-small cell lung cancer	2	1 /	51
	-Non-small cell lung cancer	3	-/-	c . /
	-Carcinoids tumors	3	/ .	2/
	-Large cell neuroendocrine carcinoma.	2	1/5	
	* Recent advances in management of		180	
	cancer mediastinum:		. 111	
	-Thymic tumors	2	16 .	/
	-Germ Cell Tumors	2	0.	
	-Mesenchymal tumors	2		
	-Neurogenic tumors	2 2		
	-Primary Cardiac malignancies	2		
	*Recent advances in	2		
	management of cancer pleura.			
	* Recent advances in management of	6		
	Leukemias, lymphomas and plasma cell			
	neoplasms.			
	- 11 -		•	





	* Recent advances in management of	
	genitourinary system cancers:	
	-kidney,	2
	- ureter,	
	- bladder,	3
	-prostate,	3
	-urethra,	1
	- penis,	2
	-testis	3
	* Recent advances in management of	16.1
	GIT cancers:	
	- esophagus,	2
	-stomach,	2
	-pancreas,	2
	- hepatobiliary,	2
	-small intestine,	2
	-colon,	2
	-rectal	2
	-anal region.	2
Second	* Recent advances in management of	000
	Gynecologic tumors:	- 5 / 5 /
	- vulva,	2
	-vagina,	2
	-cervix,	3
	- endometrium,	2
	-fallopian tubes,	2
	-gestational trophoblastic disease	3
	-ovary	4
	* Recent advances in management	
	of breast cancer:	
	-Early breast cancer	2
	-Locally advanced breast cancer	$\frac{1}{2}$
	-Metastatic breast	





	* Recent advances in management of	4
	Soft tissue sarcomas *Principles of applications of biologic	2
	Therapy	
	* Supportive care of cancer patient.	4
	* Recent advances in management of	
	Bone sarcomas:	
	-Osteosarcoma	2
	-Giant cells tumors	
	-Ewing sarcoma	
	-Chondrosarcoma	2
	* Recent advances in management of Skin:	
	-Non melanomatous skin cancer	2
/	-Melanomas.	
/		2
	* Recent advances in management of	
Third	Cancer of the endocrine system:	-1
111110	- thyroid,	2
	-parathyroid,	16///
	-adrenals,	10/
\	- pancreas,	2 /
	- carcinoid.	2
	*Recent advances in management of	127
	Neoplasms of the central nervous	
	system:	
	-Low grade gliomas	2
	-Low grade gliomas -High grade gliomas -Maningiamas	2
	-Meningiomas	2
	-Ependymomas	2
	-Medulloblastoma	2
	-Pituitary tumors	2
	-Spinal cord tumors	2
	-Orbital, ocular& optic nerve tumors.	2





	* Recent advances in management of			
	Solid tumors of childhood:			
	-Neuroblastoma	2		
	-Wilm's	2		
	-Retinoblastoma	2		
	-Pediatric bone sarcomas	3		
	-Osteosarcoma	2		
	-Ewing's sarcoma	2	1	
	-Rhabdomyosarcoma	2		
	-Liver tumors	2	1 9	2
	-Germ cell tumors	2		
- /.	*Paraneoplastic syndromes and oncologic emergencies.	4	15	E
	*Cancer of unknown primary site.	2		1
	*Cancer in Aids and other immunodeficiency status	2		3
\	*Principles of chemotherapy:	-		5/
Fourth	chemotherapy objectives, side effects and complications of chemotherapy	3	18	
	*Administrative issues of cancer		111	/
	treatment:	1.0	X '/	
	-Evolution of roles for oncology nurses	2		
	- Practical issues affecting patient care	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		
	* Psychological aspects of patients with	2		
	cancer.			
	*Rehabilitation of cancer patients.	2		
	*Design and conduct of clinical trials	2		
	*Newer methods of cancer treatment :			
	-Role of stem cell in cancer management	2		





-Molecular and genetic approaches	2
-Hyperthermia	2
-Chemical modification of radiation and	1
chemotherapy	2
- Photodynamic therapy	1
-Particle beam radiation therapy	2
- Bone marrow transplantation	2
-Recent innovation	1

### 450 hours clinical skills

Clinical skill	Teaching	Date	Signature
2 7 7	hours		Of trainer
Practical issues in cytotoxic chemotherapy usage.	20	/ 1	3
Prescription and administration of biological treatment in cancer.	10	13	5/
Participate and deal with Emergency oncology and Palliative care.	20	OF ME	
Principles of radiotherapy planning:	TT 115		
1-Define gross tumor volume (GTV), clinical tumor	20		
Volume (CTV), internal target volume (ITV) plannin			
target volume (PTV) and organs at risk, outline them			
and defines planning organs at risk volume (PRV).			
Define DVH planning constraints.			
2-Accuracy of patient set-up and recommends	10		
adjustments.			
3-An appropriate treatment schedule according to	15		





111 703		
stage of disease, performance status of patients and		
concomitant systemic therapy.		
4-Modify a course of radiotherapy treatment dependi	15	
Acute toxicity and unplanned gaps in treatment.		
Radiation therapy technique of cancer head and neck		
- nasal cavity,	4	
-paranasal sinuses,	6	
-nasopharnyx,	8	
-oral cavity,	8	
- oropharnyx,	8	
- larynx,	8	61
-hypopharnyx	6	
-salivary glands	6	
Radiation therapy technique of cancer lung and		1 8 1
mediastinum:	17.	1111
-small cell lung cancer.	5	
-Non-small cell lung cancer	6	1-1-1
-Thymic tumors	3	
-Germ Cell Tumors	3	
-Mesenchymal tumors	3	
-Neurogenic tumors	3	
Radiation therapy technique of genitourinary	100	101
system cancers:	- /	
-kidney	5	/ / .0 /
- ureter	2	
- bladder	5	~ H.\
-prostate	6	01
-urethra	2	
- penis	5	
-prostate -urethra - penis -testis	5	
Radiation therapy technique of GIT cancers:		
- esophagus	6	
-stomach	6	
-pancreas	6	
- hepatobiliary	6	
T /		





-rectal	5
-anal region.	5
Radiation therapy technique of Gynecologic	
tumors:	
- vulva,	6
-vagina,	4
-cervix,	8
- endometrium,	8
Radiation therapy technique of breast cancer:	24 1
-Early breast cancer	6
-Locally advanced breast cancer	6
Radiation therapy technique of Soft tissue sarcomas	8
Radiation therapy technique of Bone sarcomas:	
-Osteosarcoma	4
-Ewing sarcoma	8
-Chondrosarcoma	6
Radiation therapy technique of	
Non melanomatous skin cancer	8
Melanomas.	8
Radiation therapy technique of thyroid.	8
* Radiation therapy technique of Neoplasms of the	-/5/
central nervous system:	1.91
-Low grade gliomas	5
-High grade gliomas	5
-Meningiomas	5
-Ependymomas	5 10
-Meningiomas -Ependymomas -Medulloblastoma -Pituitary tumors	10
-Pituitary tumors	5
-Spinal cord tumors	6
-Orbital, ocular& optic nerve tumors.	6
Radiation therapy technique of Solid tumors of	
childhood:	





-Neuroblastoma	4	
-Wilm's tumor	5	
-Retinoblastoma	3	
-Pediatric bone sarcomas	10	
-Osteosarcoma	4	
-Ewing's sarcoma	8	
-Rhabdomyosarcoma	8	
Radiation therapy technique of Cancer of unknown primary site.	10	KI
Radiation therapy technique of		12
Leukemias,	4	
Lymphomas	4	, , , , , ,
and plasma cell neoplasms.	4	1.4

Compulsory Course title:	Nuclear Medicine
Course code:	CONM 617 NM
Credit hours:	8 hours
Total teaching hours:	120 hours lectures





semester	Subjects	Lectures	Date	Signature
		in hours		of lecturer
	*General basis of nuclear medicine:			
	-protocols for study performance and	1		
	analysis			
	-test evaluation, sensitivity,	2		
	specificity, predictive value	1		
	-selection and preparation of patients.	1	~ ~	
	*Laboratory techniques used in	2		
	nuclear medicine including		1.	
	preparation of standards.	17.		
/	*application to nuclear medicine data	2	, /	
	acquisition	40		3/-
1st	*processing and display.	2		12
100	*Dose preparation and quality	2		1
	assurance of the dose calibrators.	22	1	
	*pediatric and special protocols for	2	1	151
	pediatrics.			5/
	*Radiopharmacology.	- /	- /	>/
0	-properties of commonly used	2	///	$\mathcal{P}$
	diagnostic And therapeutic		/ 11	4 /
	radionuclide.		VE 10	
	-production of radionuclide.	2	0.	
	-drug effect and complication.	2		
	*Health physics-waste disposal and	2		
	decontamination.			
	*correlation with other diagnostic	2		
	tests.			
	In vitro diagnostic methods.			
	- Isotopic and non-isotopic	2		





	immunoassays methods used in			
	current laboratory practice.			
	- The role of laboratory testing in	2		
	diagnosis and treatment in up-dated			
	medicine (neonatal testing, tumors			
	markers)			
	* Concepts of quality control in	2		
	nuclear medicine.	(		
	*protection of staff-family.	2		
	* Radiation exposure of unsealed	2	8	
	source			
	*cyclotron and radionuclide	2		2
	generators	17,		
	*principles of localization of	2	, /	
	radiopharmaceuticals.	~ 0p	. 1	3/-
1 2	* imaging and counting devices	2		
I .	*significance of normal and abnormal	2		1
	finding.	183	1	
	*radiopharmaceuticals and	2	1	
1	mechanism of action			0/
and	* Therapeutic uses of isotopes:		. /	5/
Z	-thyroid cancers,	2	///	$\mathcal{P}$
	- thyrotoxicosis,	$\frac{1}{2}$	/ 4	4/
	-bone metastasis,	2	VE 10	
		2	0,	
	radioimmunotherany	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$		
	-radioimmunotherapy	00-		
	* Diagnostic scintigraphic studies			
	of:			
	- thyroid	3		





3rd	01	-brain,	3		
-parathyroid spleen 3 spleen 3 -pancreas 3 -gastric 3 -biliary 3 -salivary glands 3 -endocrinology 3  -lung 2 -bone 2 -liver 2 -colorectal 3 -genitourinary 3 -reticuloendothelial systems 2  *Detection and measurement of nuclear radiationnuclear medicine detectors 2 -gamma camera, SPECT 2 -whole body counter 2 -monitoring devices 2 -PET 2	<b>5ra</b>	-myocardium	3		
spleen - pancreas - gastric - biliary - salivary glands - endocrinology  - lung - bone - liver - colorectal - genitourinary - reticuloendothelial systems  *Detection and measurement of nuclear radiation nuclear medicine detectors - gamma camera, SPECT - whole body counter - monitoring devices - PET - scintillation counters		-kidney	3		
- pancreas - gastric - biliary - salivary glands - endocrinology  - lung - bone - liver - colorectal - genitourinary - reticuloendothelial systems  *Detection and measurement of nuclear radiation nuclear medicine detectors - gamma camera, SPECT - whole body counter - monitoring devices - PET - scintillation counters		-parathyroid	3		
-gastric -biliary -salivary glands -endocrinology  -lung -bone - liver -colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		spleen	3		
-biliary -salivary glands -endocrinology  -lung -bone - liver -colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters			3		
-salivary glands -endocrinology  -lung -bone - liver - colorectal - genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters			3		
-endocrinology 3  -lung -bone 2 -liver 2 -colorectal 3 -genitourinary 3 -reticuloendothelial systems 2  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		1	3		
-lung -bone - liver -colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters			3		
-bone - liver -colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		-endocrinology	3	6	
- liver -colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		-lung	2		
-colorectal -genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		-bone	2		52.2
-genitourinary -reticuloendothelial systems  *Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters  3 2 2 2 2 2 2 2 2 2 3 3 2	/		2	11	
*Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters			3	\	
*Detection and measurement of nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters	2		3		3/-
nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		-reticuloendothelial systems	2	9	M
nuclear radiationnuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		2 1 1 1 1 1	50		Ш
-nuclear medicine detectors -gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		*Detection and measurement of		1	1 < 1
-gamma camera, SPECT -whole body counter -monitoring devices -PET -scintillation counters		nuclear radiation.	2	/	5.
-whole body counter  -monitoring devices  -PET  -scintillation counters		-nuclear medicine detectors	2		2/
-whole body counter  -monitoring devices  -PET  -scintillation counters	1+h	-gamma camera, SPECT	2	///	0.\
-monitoring devices -PET -scintillation counters	4111		2		4/
-PET -scintillation counters			2	C 1/11	
-PET -scintillation counters			2	0,	
-scintillation counters $\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		-PET	CILL		
2		-scintillation counters	2		
1 111			2		
-dose calibrators 2			2		
-collimation		-collimation			





Elective Course	Intensive chem	notherapy & Bone Marrow transplant	
title.	7		
Course code.		CONM617ICBMT	2:
Credit hours	1.5		hour
Total teaching		22.5 hours	12
hours.		7	Lu
NSON	PAUNIVER	SITYFACULTYOF	10/03/





Subjects	Lectures	Total	Date	Signature of
		Teaching		lecturer
		Hours		
*Intensive chemotherapy	1			
Rationale	2	2		
Progenitor cells	1	1		
Indications	3	3	1811	
Toxicity	2	2	1	2
	llin.	1111/7%		
*Bone marrow transplant	1 /	111111111111	\.	- 1
Introduction	2	2		1
Types of transplantation	2	2	1	LU LU
Modification of stem- cell	1.5	1.5	<u></u>	2
graft	27		3 /	5/
Collection of the graft	1	1	1/3	5/
Indication for transplantation	2	2	10	//
Phases of transplantation	2	2	C III	
Acute graft-versus-host	1	1	10,	
disease	ERSITY	FACUL		
Chronic graft-versus-host	1	1		
disease				
Management of relapse	2	2		





Elective Course title:	Pediatric oncology
Course code:	CONM617PO
Credit hours	1.5 hours
Total teaching hours.	22.5 hours

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Subjects	Lectures	Total	Date	Signature of		
		Teaching		Lecturer		
		Hours				
	. 1	4				
*Pediatric oncology	ا مو	- (				
Leukemia	3	3	~/			
Neuroblastoma	2.5	2.5				
Wilm's tumor	3	3	9	2		
Retinoblastoma	3	3	111			
Rhabdomyosarcoma	3	3	1 2			
Hebatoblastoma	3	3	1	1		
Histiocytosis	2	2	7	ш		
Ewing's /PENT	3	3	3	$\geq$		
Ewing s/PEN1 3 3						





Elective Course	1	Brachytherapy	
title:	7	R.	
Course code:		CONM617BTh	
Credit hours	1.5	attility of the	nour
Total teaching		22.5 hours	
hours.		12 W 13 13 13 14	

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Subjects	Lectures	Total Teaching	Date	Signature of l Lecturer
		Hours		
*Brachytherapy.  • Introduction	9-2	2		
Delivery systems	3	3	AV	
Isotopes for	3	3	1/2/2	
brachytherapy		1111111/1/2	, / /	
Clinical use	3	3	4	-
Dosimetry	3	3		V
• The Manchester system	3	3	3	H
for interstitial implants	1 The	100	ý /	51
• The Paris system for	2.5	2.5	/ /.	9/
iridium wire implants			1/5	
and after loading			11/1/	
techinques			101	
Dose reporting	ERSITY	FACUL		





# **Section II:**

## Clinical Cases

(the total required number of cases is one third of the mentioned number for postgraduate students working outside university hospital)

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Diagnosis of the case	Total No. of patients to follow up closely in the outpatient clinic independently	No. of new outpatient cases whom you share seniors in decision making	No. of cases whom you supervise their chemotherapy sessions	No. of admission cases you master their treatment implementation supervised by your seniors
1-Breast cancer	80	30	30	30
2-Brain tumors	50	15	15	15
3-Nasopharynx	15	15	15	15
4-Oropharynx	10	10	10	10
5-Hypopharyn <mark>geal</mark> carcinoma	10	10	10	10
6-Maxillary carcinoma	8	8	8	8
7-Oral cavity &Salivary gland	ERS 20	FAC\15	15	15
8-Larynx	20	15	15	15





9-Esophageal tumors	8	3	3	3
10-Gastric tumors	6	3	3	3
11-Large intestinal carcinomas	40	15	15	15
12-Hepatobiliary tumors	60	20	20	20
13-Pancreatic tumors	15	10	10	10
14-Lung tumors	30	15	15	15
15-Musculoskeletal tumors	40	15	15	15
16-Genitourinary	60	20	20	20
17-NHL	50	25	25	25
18-HD	30	15	15	15
19-Multiple myeloma	25	FACU8	8	8





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### Clinical case log (multiple pages)

Cases of diagnosis 1Breast				
carcinoma	• • • • • • • • • • • • • • • • • • • •		•••	
Level of	Date	Logation	Cionatura of	
	Date	Location	Signature of	
participation		-1	supervisor	
/	`	100	-	
			//	
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121	1 27	450	131	
181			101	
P			11/2	
13	NIV	70		
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Diagnosis No 2	-Brain tumors		
Diagnosis 110 2	Diam tumors		
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Dianosis No 3Na	asopharyngeal carcinom	<u>na</u>	
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Cases of diagnosis 4:	.Oropharyngeal carcino	omas	
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Diagnosis No 5Hy	popharyngeal carcinon	1 <u>as</u>	
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Diagnosis 6Maxilla	ry tumors		
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Diagnosis No 7Ora	l &Salivary tumors-		
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ses of diagnosis 8	Laryngeal		
cinomas	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • •
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Diagnosis N0 9	-Esophageal carci	<u>nomas</u>	
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Diagnosis No	10Gastric carci	nomas-	
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Diagnosis No 11	—Large intestina	l tumors	
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Diagnosis No 12Hepatobiliary tumors				
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Cases of diagnosis 13:Pancreatic carcinoma			
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## **Section III:**

Tumor Planning Procedures (the total required number of cases is one third of the mentioned number for postgraduate students working outside university hospital)

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## List of requirements (may include multiple pages)

Radiotherapy planning	Total No required	Observer	Assistant	Independent
1-Cancer breast	50	10	10	30
2-Brain tumors	30	10	10	10
3-Genitourinary tumors	30	7	8	15
4-Esophageal tumors	7	2	1	4
5-Gastric tumors	7	2	1	4
6-Large intestinal tumors	20	4	7	9
7-Pancreatic tumors	8	2	2	4
8-Nasopharyngeal tumors	15	2	3	10
9-Oropharyngeal tumors	9	2	2	5
10-Hypopharyngeal tumors	9	2	2	5
11-Laryngeal tumors	9	2	2	5
12-Oral cavity & Maxillary tumors	PSITVE	ACULT <sup>2</sup>	2	5
13-Musculoskeletal tumors	25	7	8	10
14Lymphomas	15	5	2	8





## Planning procedures

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Planned cases of diagnosis 9 Oropharyngeal tumors				
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Planned cases of dia	gnosis 10:Hypoph	aryngeal tumors	
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Planned cases of diagnosis 12:Oral cavity tumors&Salivarytumors					
Level of participation	Date	Location	Signature of supervisor		
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nned cases of diag	nosis 13 Musculosk	teletal tumors	
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Planned cases of diagnosis 14:Lymphomas				
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# **Section IV:**

# Seminars





### **List of requirements:**

1-	Seminar atte	ndance:	1	5(1	no. of	times	required)
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2- Seminar performance: ..........(no. of times required)

### 1- Attendance (may include multiple pages)

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### 2- Performance (may include multiple pages)

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## **Section V:**

Clinical rotation





### **Clinical Rotation**

Rotation	Da	ate	Department/	Trainee`s	Trainer`s
	From	То	Hospital	signature	signature
Chemotherapy unit	1	٨٠			
Nuclear medicine unit					
Patient admission unit			111111111111111111111111111111111111111	1/20	\
Machine supervision					
Clinical oncology outpatient					
Internal medicine					
Surgery					
Radio diagnosis					





### **Clinical Rotation**

Rotation	Da	ate	Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy unit		2.4	13		
Nuclear medicine unit					
Patient admission unit			111111111111111111111111111111111111111	1/20	\
Machine supervision					
Clinical oncology					
Internal medicine					
Surgery					
Radio diagnosis					





Clinical	D	ate	Department/	Trainee`s	Trainer`s
Rotation	From	То	hospital	signature	signature
Chemotherapy unit	13	٨٥	-3		
Nuclear medicine unit					
Patient admission unit			111111111111111111111111111111111111111	1/20	
Machine supervision					
Clinical oncology					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy					
unit	it.	a.A.	-3		
Nuclear medicine unit					
Patient admission unit			Willia.	l'ei	
Machine supervision					
Clinical oncology					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Da	ate	Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy unit		. A			
Nuclear medicine unit					
Patient admission unit			WIII III	1. 2.	
Machine supervision					
Clinical oncology					
Internal medicine					
Surgery					
Radio diagnosis					





### **Clinical Rotation**

Rotation	Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy unit	Sà	300	- 3	61	
Nuclear medicine unit					
Patient admission unit		-	المالية	1:1	
Machine supervision					
Clinical oncology					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee's	Trainer's
	From	То	hospital	signature	signature
Chemotherapy					
unit	ri.	A	-3		
Nuclear medicine unit					
Patient admission unit			WIIIII	l'ei	
Machine supervision					
Clinical oncology  Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	tation Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy					
unit	N.	a.A.			
Nuclear medicine unit					
Patient admission unit			All litte	Pil	\
Machine supervision					
Clinical oncology  Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Rotation Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy					
unit	N.	a.A.			
Nuclear medicine unit					
Patient admission unit			All litte	Pil	\
Machine supervision					
Clinical oncology  Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee's	Trainer's
	From	То	hospital	signature	signature
Chemotherapy unit					
Nuclear medicine unit	H.	A.			
Patient admission unit			WIIIII.	Pi	
Machine supervision					
Clinical oncology Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	D	· ·		Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy unit	i	o A			
Nuclear medicine unit					
Patient admission unit			William.	1.5.	
Machine supervision					
Clinical oncology  Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy unit	i	• 4			
Nuclear medicine unit					
Patient admission unit			Million	1.6.	
Machine supervision					
Clinical oncology outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation		ate	Department/	Trainee's	Trainer's
	From	То	hospital	signature	signature
Chemotherapy unit		_			
Nuclear medicine unit	di,				
Patient admission unit			WIIIII	Pi	
Machine supervision					
Clinical oncology Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee`s	Trainer`s
	From	То	hospital	signature	signature
Chemotherapy					
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admission unit			0.001111///	///	\
Machine					
supervision					
Clinical oncology					
Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





Rotation	Date		Department/	Trainee's	Trainer's
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Nuclear medicine unit					
Patient admission unit			MIIII.	Pi	
Machine supervision					
Clinical oncology Outpatient clinic					
Internal medicine					
Surgery					
Radio diagnosis					





# **Section VI:**

Scientific activities

(Conferences/workshops)

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### **List of requirements**

Conferences					
Total number required	Attendance	Organization	Presentation		
4	3		1		
198	Worksho	ps			
Total number required	Attendance	Organization	Presentation		
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### Role:

- -Attendant
- -Organizer
- -Presenter

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