IMPORTANT: This syllabus form should be submitted to OAA (gsbs_academic_affairs@uth.tmc.edu) a week before the start of each semesster.

NOTE to STUDENTS: If you need any accommodations related to attending/enrolling in this course, please contact one of the Graduate School's 504 Coordinators, Cheryl Spitzenberger or Natalie Sirisaengtaksin. We ask that you notify GSBS in advance (preferably at least 3 days before the start of the semester) so we can make appropriate arrangements.

Term and Year Course Number and Course Title: Credit Hours: Meeting Location: Building/Room#: WebEx/Zoom Link:	Program Required Course: Yes No Approval Code: Yes No (If yes, the Course Director or the Course Designee will provide the approval code.) Audit Permitted: Yes No Classes Begin: Classes End: Final Exam Week:
Class Meeting Schedule	
Day	Time
Course Director Name and Degree:	Instructor/s (Use additional page as needed)
Title:	1. Name and Degree
Department:	Institution:
Institution: UTH MDACC	Email Address :
Email Address:	2.
Contact Number:	Name and Degree
Course Co-Director/s: (if any)	Institution:
Name and Degree:	Email Address :
Title:	3. Name and Dagree
Department:	Name and Degree Institution:
Institution: UTH MDACC	Email Address
Email Address:	4.
Contact Number: NOTE: Office hours are available by request. Please email me to arrange a time to meet.	Name and Degree Institution: Email Address

Teaching Assistant: (if any)	Cont. Instructor/s
Name and Email Address	5. Name and Degree
Name and Email Address	Institution: Email Address
Course description:	
Textbook/Supplemental Reading Materials (if any)	
•	
•	
•	
•	
Course Objective/s: Upon successful completion of this course, students v	vill
Specific Learning Objectives:	
1.	
2.	
3.	
4.	
5.	

Student responsibilities and expectations	:	

Grading System: Letter Grade (A-F)	Pass/Fail		
Student Assessment and Grading Criteria: (May include the following:)			
Homework (%)	Description		
Quiz (%)	Description		
Presentation (%)	Description		
Tresement ()	Sesen polon		
Midterm Exams (%)	Description		
Final Exam (%)	Description		
Workshop or Breakout-Session (%)	Description		
Participation and/or Attendance (%)	Description		

CLASS SCHEDULE

Day/Date	Duration (Hr)	Lecture Topic	Lecturer/s
-			

NOTE: Provide other class information as needed.

Instructors, cont.

6. Name and Degree: Surendra Prajapati, PhD

Institution: MDACC

Email Address: SPrajapati1@mdanderson.org
7. Name and Degree: Samantha Simiele, PhD

Institution: MDACC

Email Address: SJSimiele@mdanderson.org

Class Descriptions

- 1. **Introduction:** Class schedule and logistics; Expectations for attendance and participation; General overview of our radiation oncology clinic's processes, equipment and personnel; Safe and professional behavior in clinical areas; Divide into groups
- **2. Central Nervous System Cancers*:** Brain lesion simulation, planning and treatments (framed/frameless GammaKnife)
- 3. **Central Nervous System / Pediatric Cancers*:** Spine stereotactic simulation, whole-brain/glioblastoma treatments, pediatric mediastinum/brain/whole-abdomen/whole-lung simulations/treatments
- **4. Head and Neck Cancers*:** Skull-base/nasopharynx/oropharynx/larynx conventional/stereotactic simulations/treatments
- **5. Breast Cancer*:** Left/right breast/chest-wall simulation/treatments, boost treatments
- **6.** Thoracic Cancers*: Left/right upper/lower lobe lung lesion stereotactic simulations/treatments
- 7. Gastrointestinal Tract Cancers*: Liver/pancreas/kidney simulations/treatments
- **8. Lymphomas / Melanomas / Sarcomas*:** Total body irradiation, total skin irradiation, electron boosts, craniospinal irradiation, total scalp simulations/treatments, extremities simulation/treatments
- **9. Genitourinary Tract Cancers*:** Prostate/bladder conventional/stereotactic simulations/treatments, online adaptive treatments (MR-linac), low-dose-rate brachytherapy source decay
- **10. Gynecologic Malignancies*:** Vulva/endometraial/ovarian/cervical with/without nodes simulations/treatments, high-dose-rate brachytherapy treatment, tandem-and-ovoid assembly
- **11. Treatment Planning:** 1-hour with each of the 4 dosimetry teams at MD Anderson main location to go over tangents, 3D (wedge-pair/four-field-box), IMRT, VMAT treatment planning
- **12. Conclusion:** Go over all Discussion Points; Course survey
- 13. Final Oral Examination: Students will be individually tested via the oral examination format

^{*}Student experiences will be dependent on clinic schedule