October 13, 2021

To Whom It May Concern:

My patient, <Full Name>, has prostate cancer. Since the prostate is immediately adherent to the bladder and rectum and it is necessary to avoid excessive toxicity to these organs, intensity modulated radiation therapy (“IMRT”) is planned.

Methods: The patient had CT and MRI simulations in the treatment position. The images were then transferred to the radiation therapy planning station. On each level I identified the target volume which was a convex structure adherent to the bladder and rectum. I then reviewed with the physicist or dosimetrist the dose limiting tissue immediately adjacent to the prostate bed, including the bladder and rectum. It was clear that there were no maneuvers that would be available to reduce the GTV, CTV or PTV to allow for an adequate and appropriate distribution other than the use of intensity modulated radiation therapy. Dosimetry generated a treatment plan with IMRT fields. Adjustments were made to maximize dose homogeneity to the target and minimize dose to the immediately adjacent normal tissue. Dose volume histograms and isodose plans were then reviewed. Dose volume constraints to normal tissue had been met, and it was again clear that these would not have been met without the use of IMRT. A homogeneous dose distribution to the target volume was seen. The IMRT plan was approved, and therapy will commence shortly.

It was clear from review of <Full Name>’s anatomy and plan, that a 3D conformal plan would not sufficiently shape the dose of radiation to the convex structure of the prostate bed and its target, nor could we minimize the dose to immediately adjacent normal tissue, bladder and rectum, as we were able to do with the IMRT plan. Therefore, IMRT was chosen for Mr. <Last Name>’s prostate cancer treatment.

If you have any further questions, please do not hesitate to contact me.

Respectfully,