**Annexure- CM – Radiation Oncology**

**Spectrum of Diagnosis in the Specialty of Radiation Oncology:** Spectrum of diagnosis available in the department in last 3 years

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| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | |
| **2019** | **2018** |
| Carcinoma Breast |  |  |
| Carcinoma Ovary |  |  |
| Carcinoma Endometrium |  |  |
| Carcinoma Cervix |  |  |
| Carcninoma Pancreas |  |  |
| Carcinoma Colon |  |  |
| Carcinoma Rectum |  |  |
| Carcinoma Anal Canal |  |  |
| Carcinoma Lung |  |  |
| Hodgkins Lymphoma |  |  |
| Non Hodgkins Lymphoma |  |  |
| Acute Lymphoid Leukemia |  |  |
| Acute Myeloid Leukemia |  |  |
| Carcinoma Head and Neck |  |  |
| Cholangiocarcinoma |  |  |
| Carcinoma GE Junction |  |  |
| Carcinoma Stomach |  |  |
| Sarcoma |  |  |
| Carcinoma Esophagus |  |  |
| Carcinoma Gall Bladder |  |  |
| Other |  |  |

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| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | **Year wise no. of Clinical / Surgical Procedures** | |
| **2019** | **2018** |
| Medical Oncology |  |  |
| Surgical Oncology |  |  |
| **Modalities/ Facilities** | **Year** | |
| **2019** | **2018** |
| Two-dimensional Radiation Therapy (2D-RT) |  |  |
| Three-dimensional Conformal Radiation  Therapy (3D-CRT) |  |  |
| Stereotactic Radiosurgery (SRS) |  |  |
| Stereotactic Body Radiation Therapy  (SBRT) |  |  |
| Intensity Modulated Radiation Therapy  (IMRT) |  |  |
| VMAT (Volumetric Modulated Arc  Therapy) |  |  |
| Image Guided Radiation Therapy (IGRT) |  |  |
| Brachytherapy |  |  |

**Date:**

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| **Signatures of Head of the Department**  **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) |