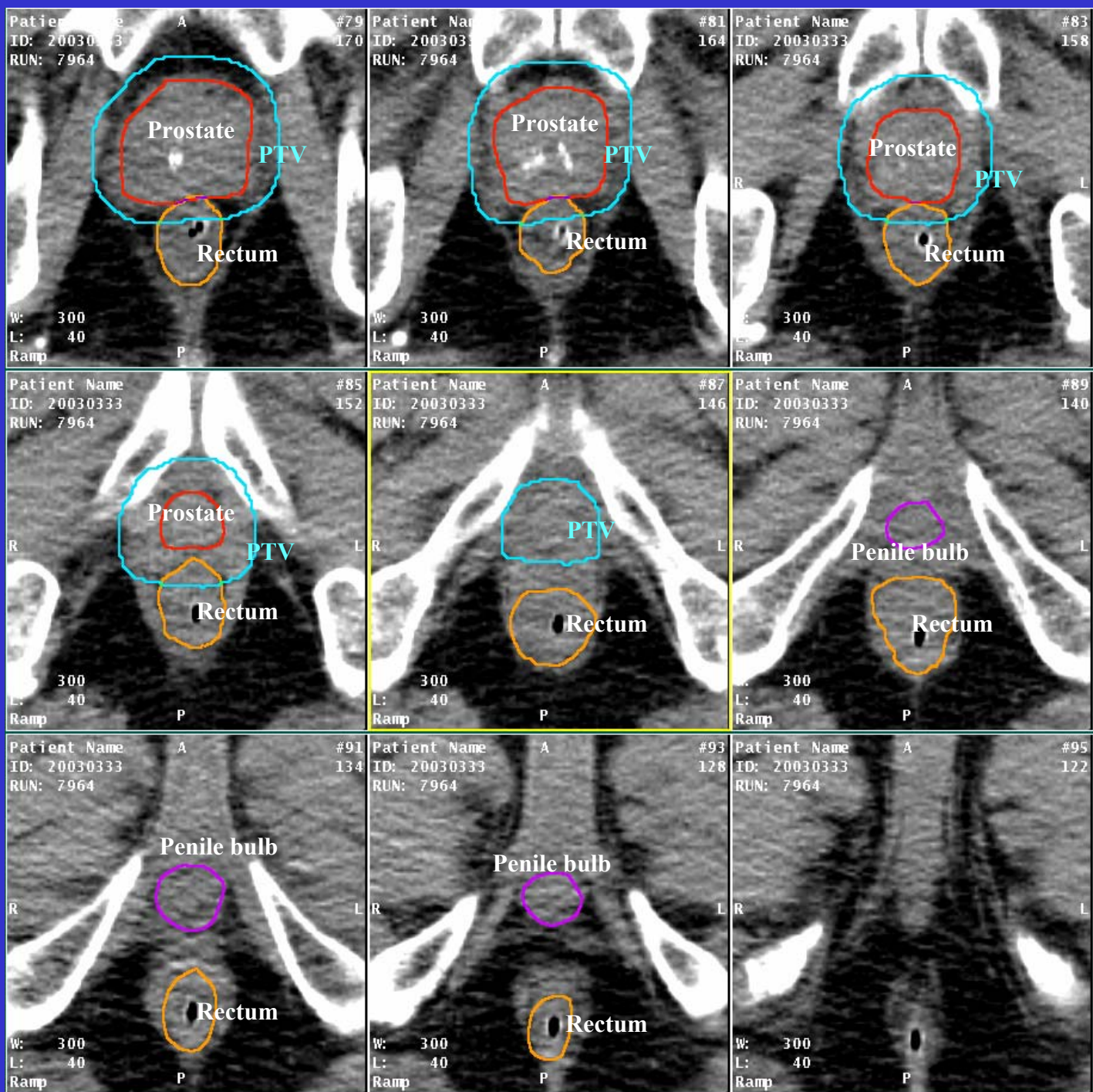


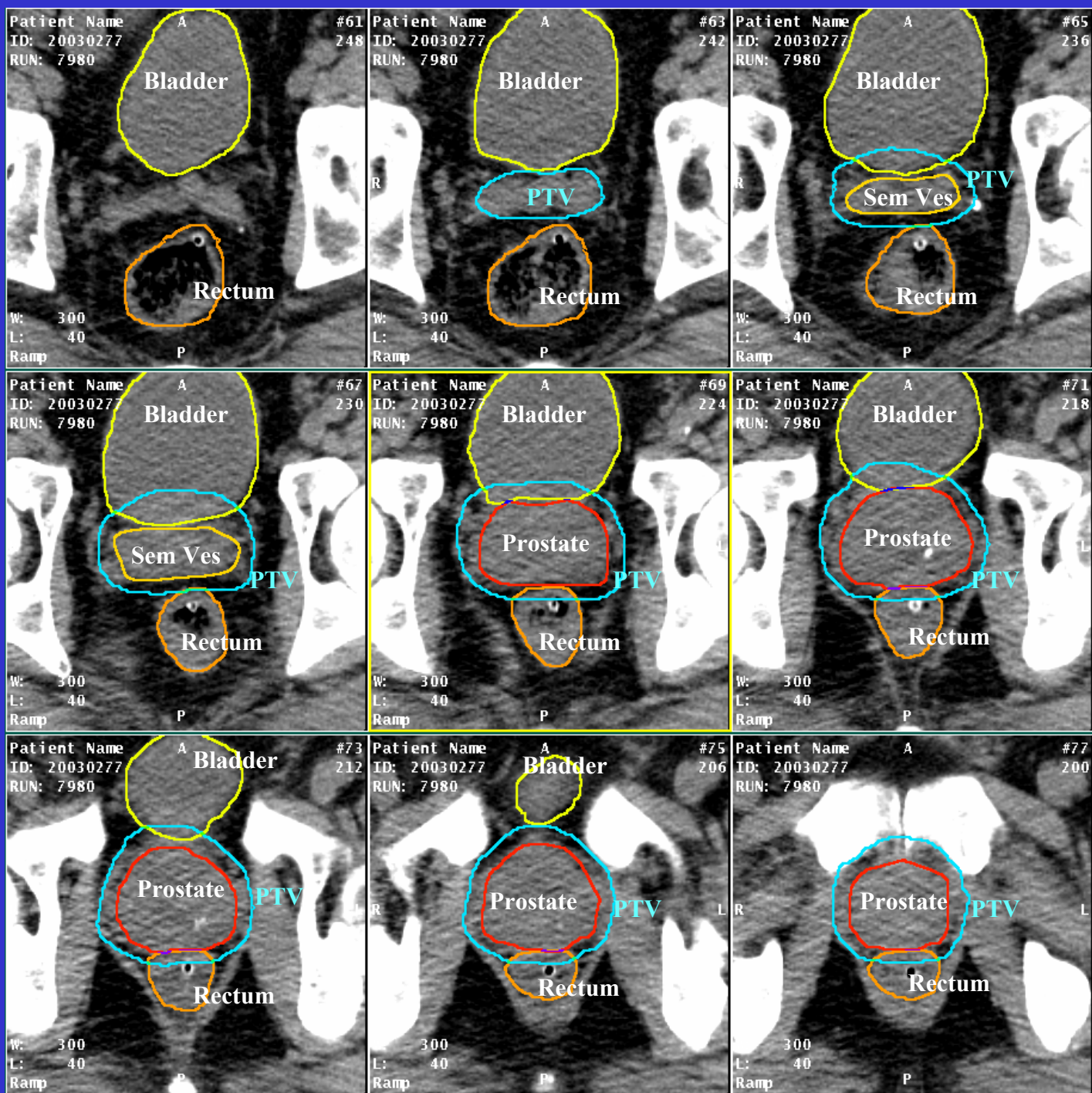
# Case 1

- The proximal seminal vesicles (first 1.0 cm) should be included as part of the clinical target volume.
- The PTV encompasses the CTV (prostate and proximal seminal vesicles) with a 5 to 10 mm margin.
- The rectum extends superiorly to the level of the sacroiliac joints.
- Note: In these examples, not all slices are shown



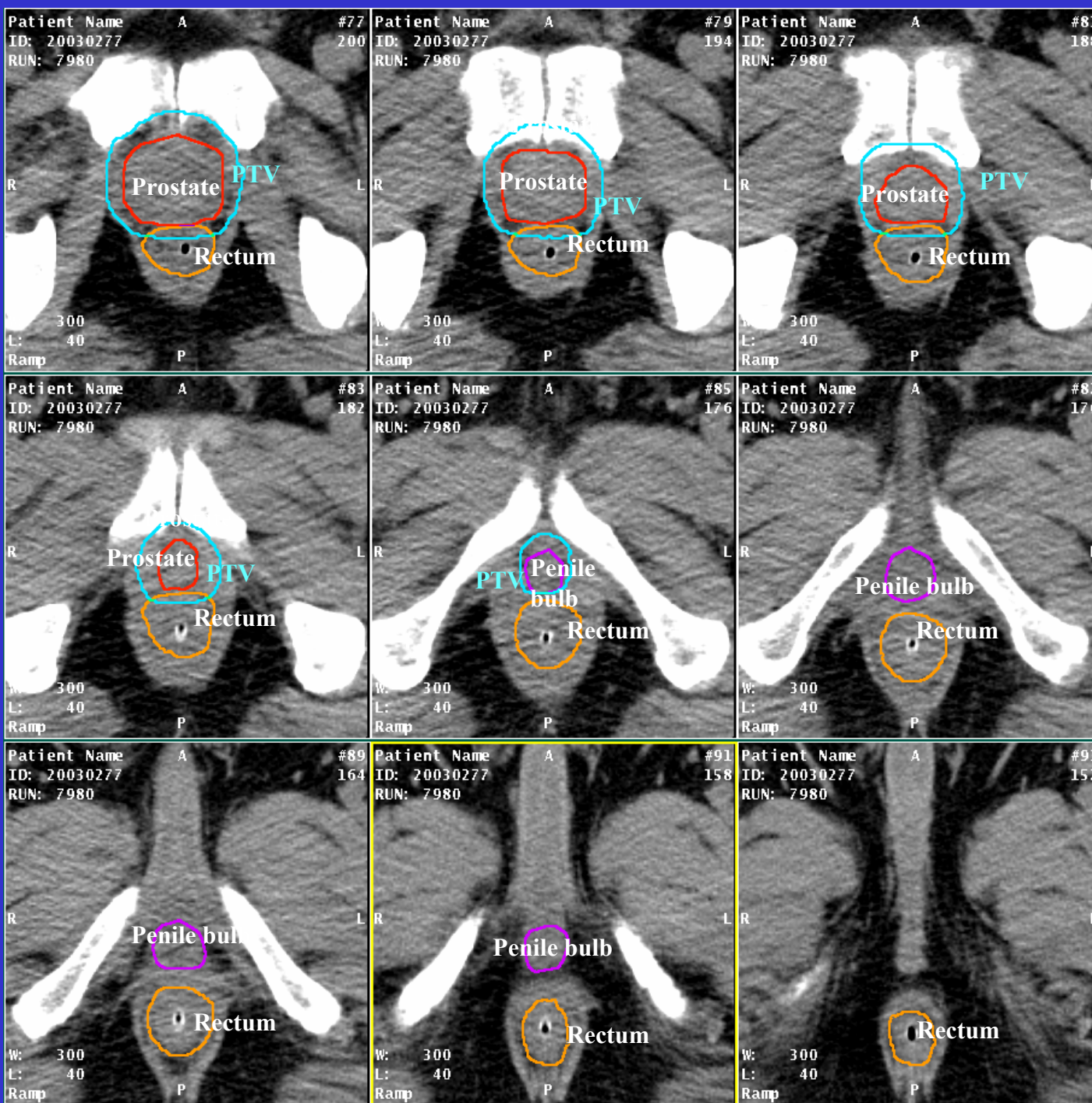
# Case 1

- The penile bulb is the part of the bulbous spongiosum that starts inferior to the urogenital diaphragm.
- Rectum ends no more inferior than the ischial tuberosities.



# Case 2

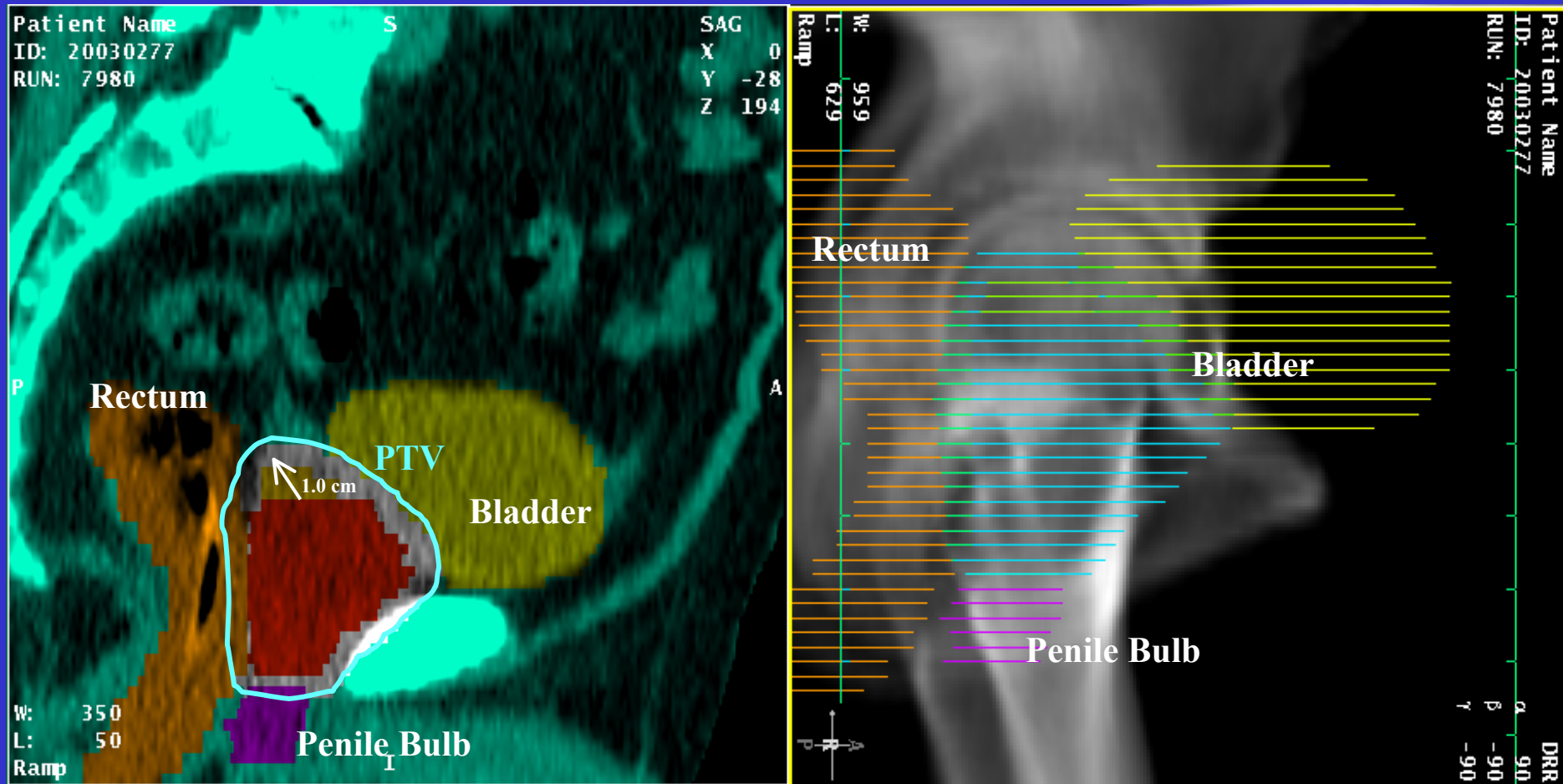
- In this case the seminal vesicles cannot be distinguished from prostate on the most superior slice.
- The seminal vesicles should be contoured above the gland, not to exceed 1.0 cm total length



## Case 2

- In some cases the distance from the penile bulb and the PTV will be short, or even overlapping.
- Penile bulb, defined for this protocol, ends as the penile urethra moves anterior.
- Note: In these examples, not all slices are shown

# Sagittal and lateral DRR demonstrating anatomical relationships



- **Avoid over distension of bladder or rectum at simulation.**
  - This may contribute to systematic errors during therapy
  - Relative DVHs may be deceptively good.