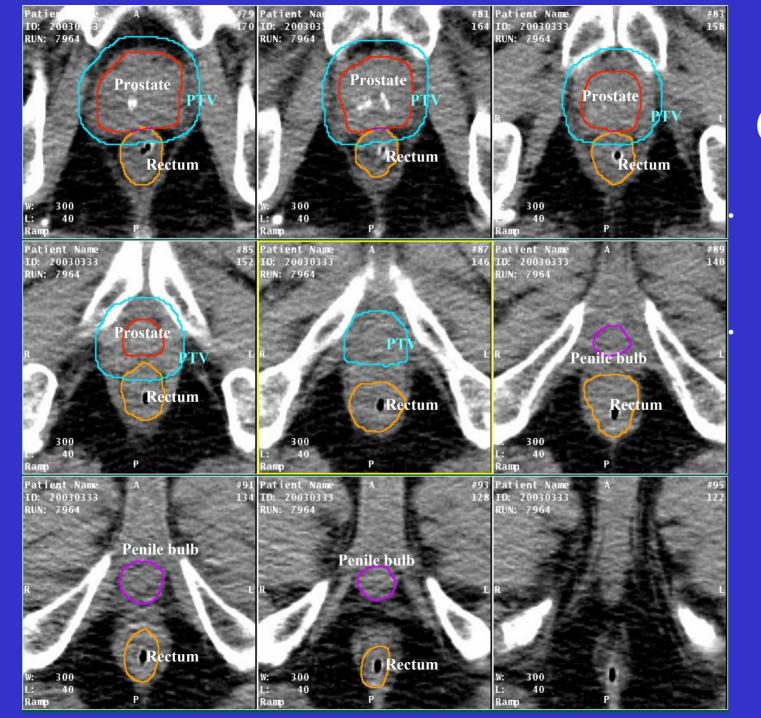
Patient Name ID: 2003<mark>0333</mark> Patient Name Patient Name ID: 20030333 20030333 UN: 7964 7964 7964 Bladder Bladder Bladder Rectum Rectum Rectum 300 300 300 40 Ramp Ramp Patient Name Patient Name Patient Name 20030333 Bladder Bladder Bladder 1.0 cm Sem Ves Sem Ves Sem Ve Rectum Rectum Rectum 300 300 300 L: Ramp 40 40 40 Patient Name ^A Bladder Bladder Bladder 0333 80333 RUN: Prostate **Prostate** Prostate Rectum Rectum Rectum 300

Case 1

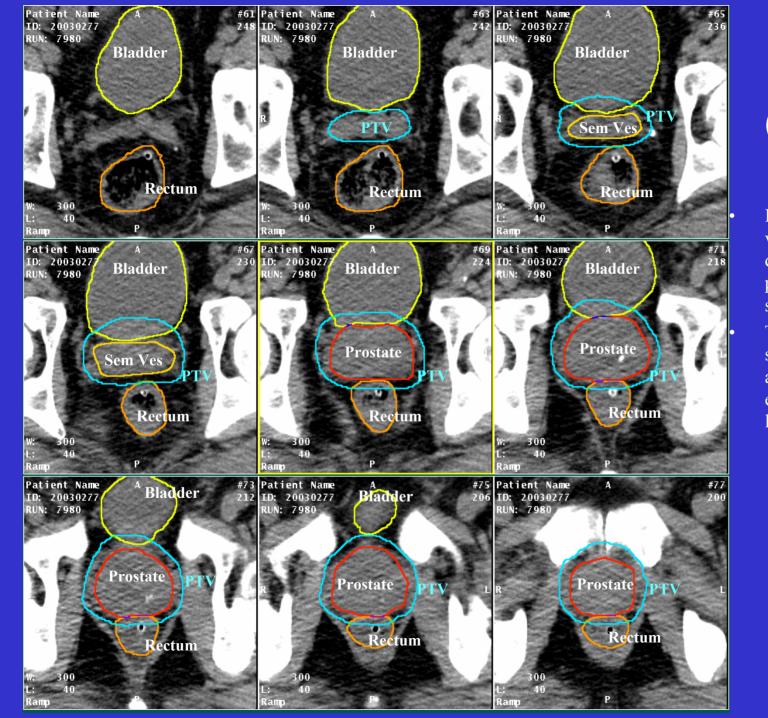
- The proximal seminal vesicles (first 1.0 cm) should be included as part of the clinical target volume.
- The PTV encompasses the CTV (prostate and proximal seminal vesicles) with a 5 to 10 mm margin.
- The rectum extends superiorly to the level of the sacroiliac joints.
- Note: In these examples, not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



Case 1

The penile bulb is the part of the bulbous spongiosum that starts inferior to the urogenital diaphragm.

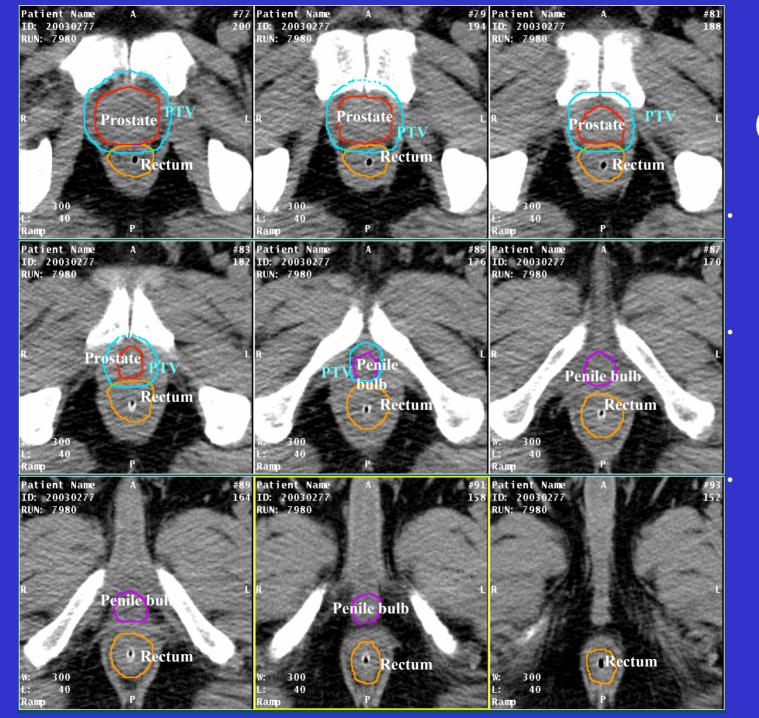
Rectum ends no more inferior than the ischial tuberosities.



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



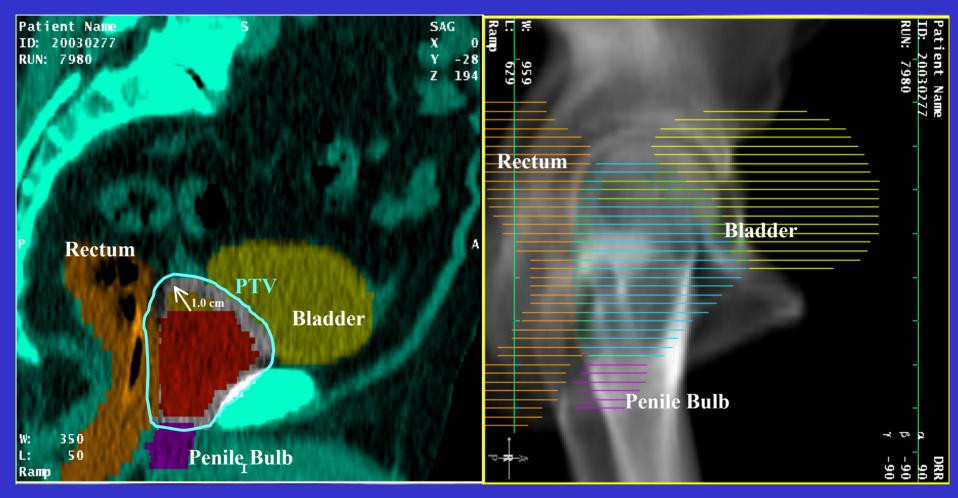
Case 2

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.