

COG Contouring Atlases for ANBL17P1

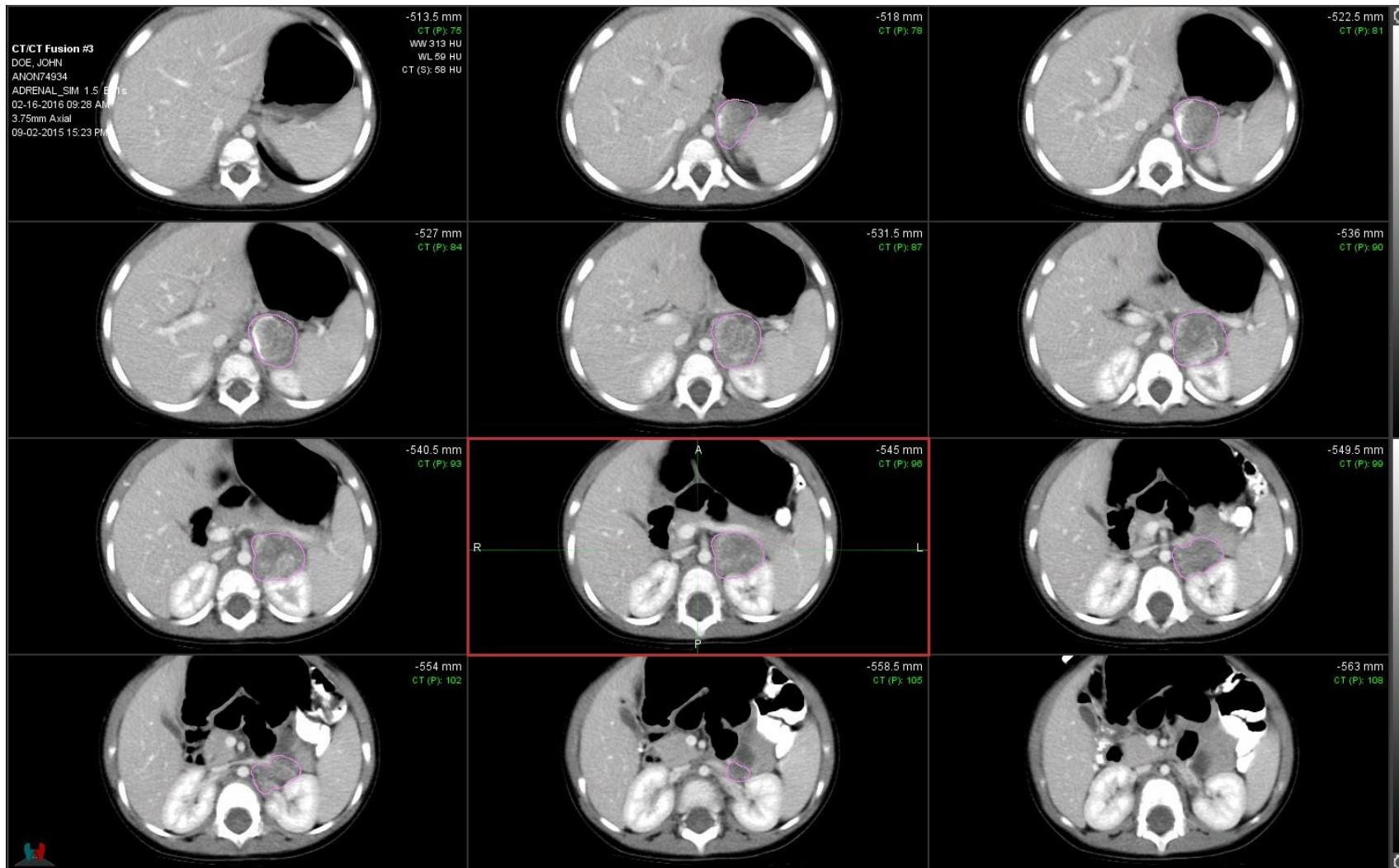


Figure 1. Define GTV1_PreSurgery on the pre-surgery, post-induction chemotherapy diagnostic scan registered with the simulation scan (pink contour).



Figure 1. Define GTV1 by copying the GTV_PreSurgery volume and then subtracting the vertebral body, liver and adjacent kidney from the GTV1 volume (pink volume). The subtracted contour boundary is highlighted on the sagittal image by the yellow arrow.

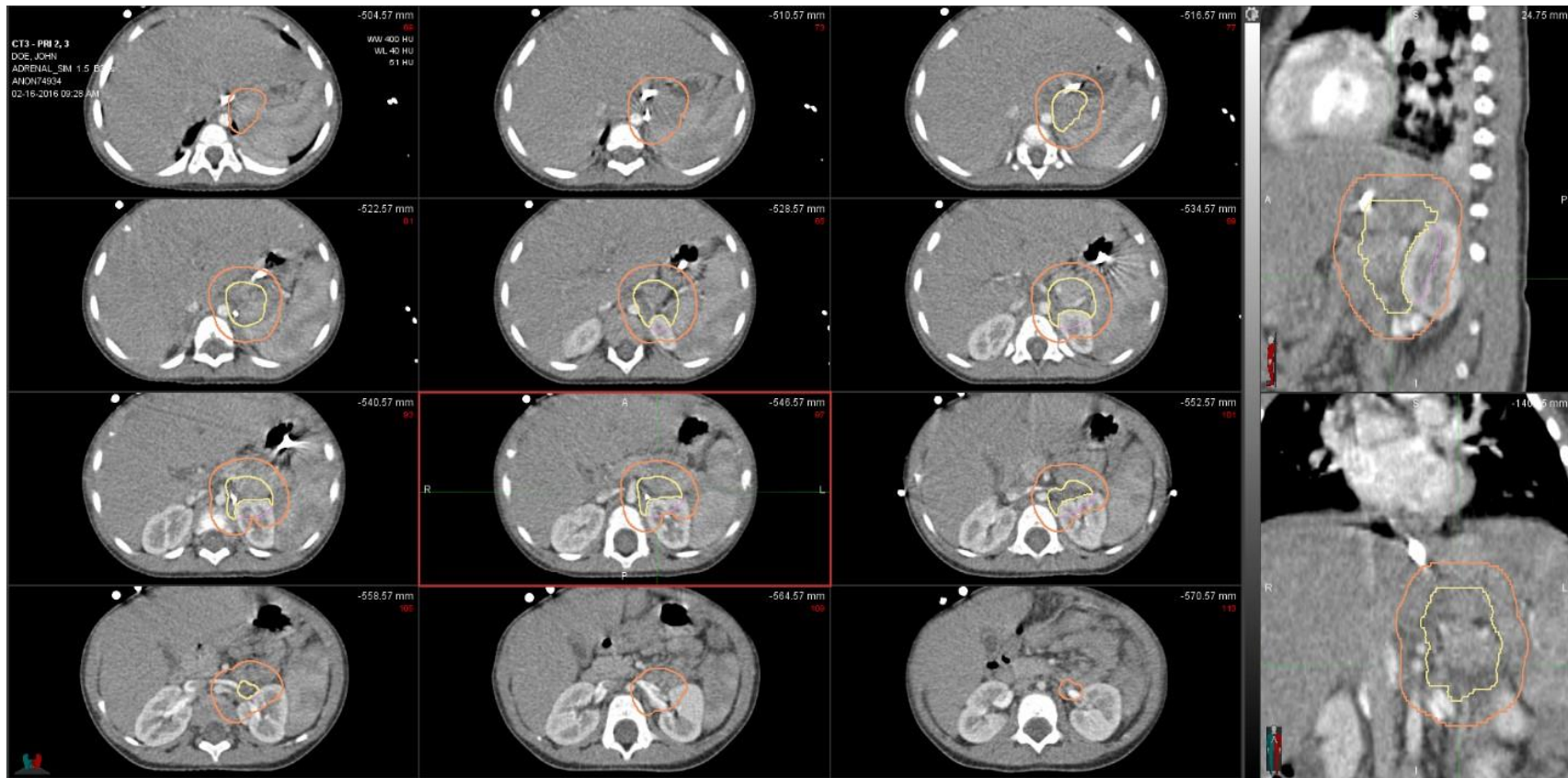


Figure 2. Define CTV1 by expanding GTV1 (yellow volume) by 1cm. Modify CTV1 (Peach volume) by subtracting the adjacent kidney, liver and vertebral body (unless involved by disease).

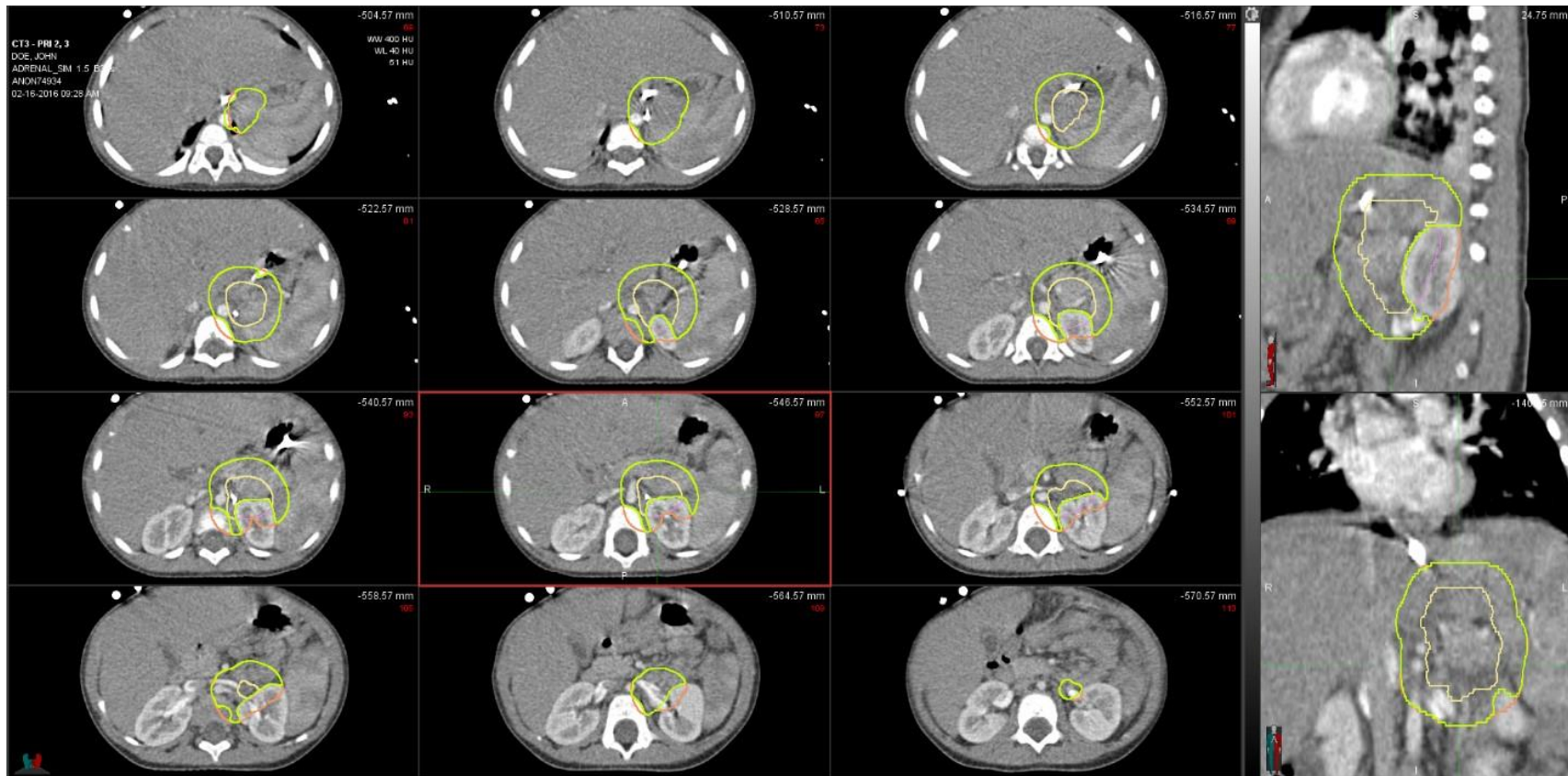


Figure 3. The CTV1 should be confirmed to expand at least 1cm circumferentially around GTV1, except for locations such as the adjacent kidney and vertebral body (GTV1 = yellow, unmodified CTV1 = peach, modified CTV1 = lime green).

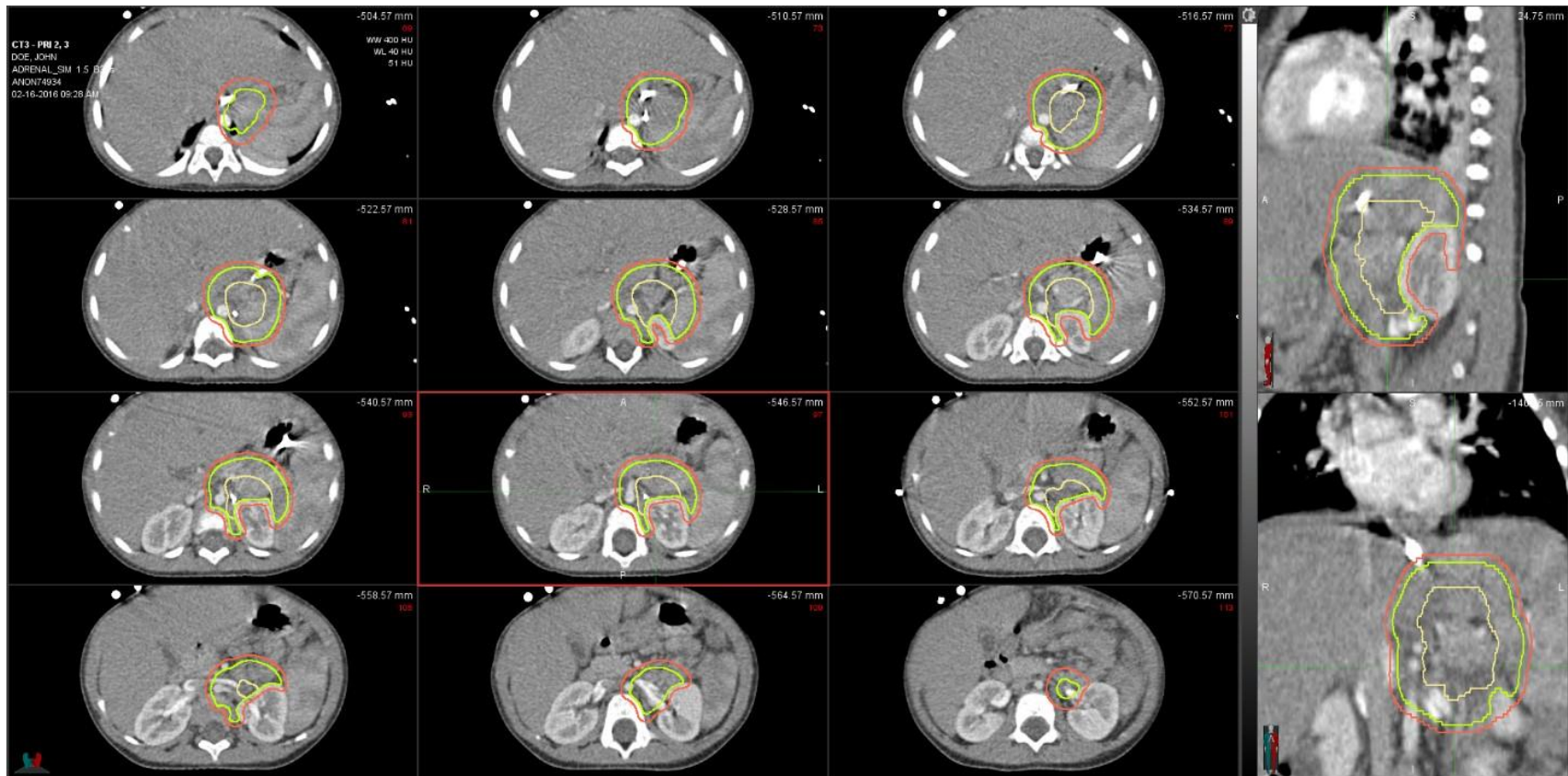


Figure 4. Define PTV1 by expanding CTV1 by 0.3-0.8cm. (PTV1 = orange contour).

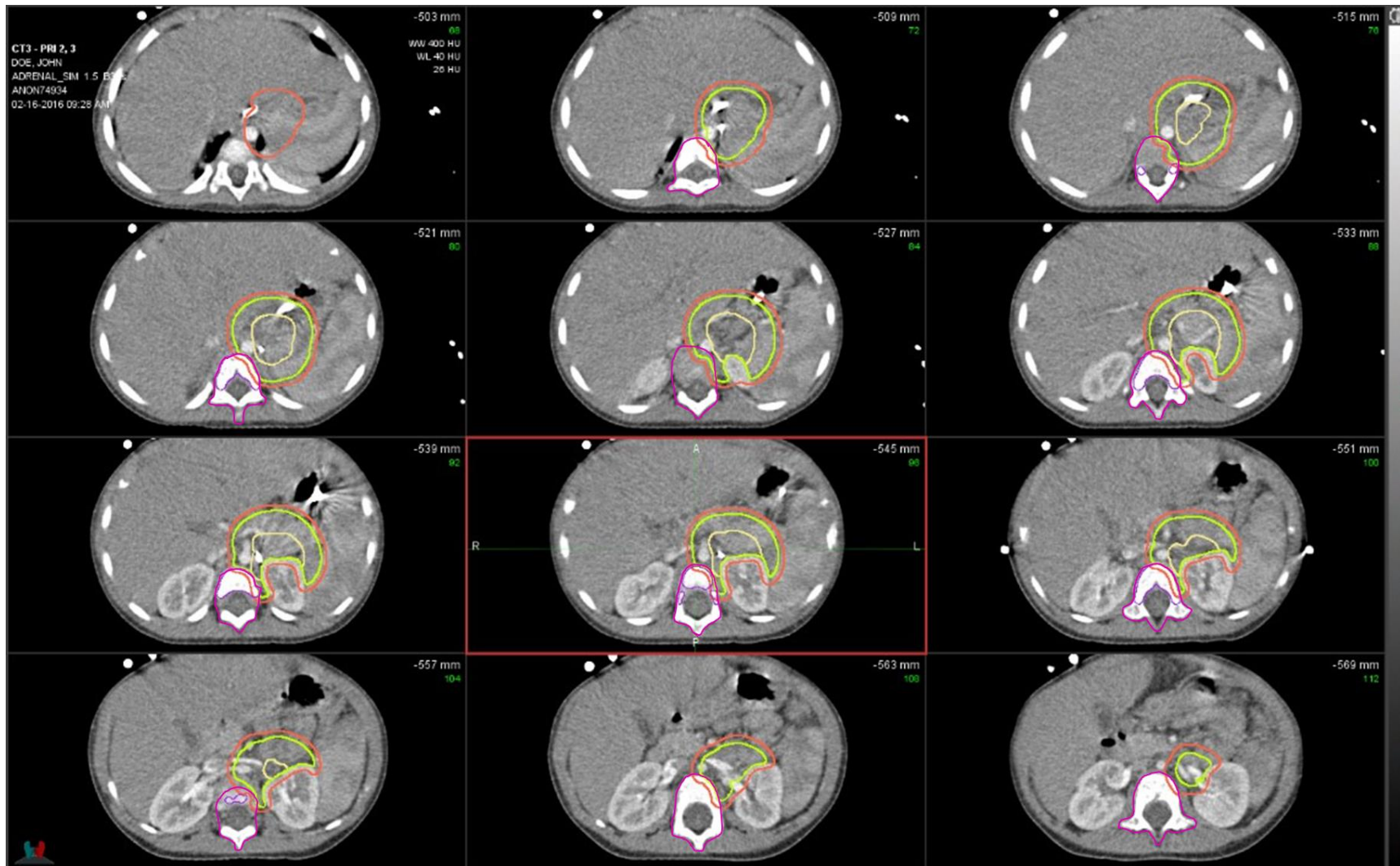


Figure 5. In cases where IMRT planning leads to a dose gradient across the vertebral body an additional planning pseudo-target should be used to ensure symmetrical inclusion of the vertebrae along the entire extent of the PTV (orange contour). The vertebral body is delineated in pink. PTV1 should be treated to 21.6 Gy as described in Table 17.1.1 while the vertebrae along the length of PTV1 should be treated to a minimum dose of 18 Gy as described in Table 17.8.1 and as shown in Figure 17.8.1. The vertebrae pseudotarget need not be treated beyond 18 Gy for cases where residual disease is present and PTV2 is defined.