

# LETTER OF ACCEPTANCE

1-week Oncological Module in Obstetrics and Gynaecology practice

Name of the student:.....

Period of practice:.....

Name of the hospital/clinic: .....

Address of the hospital/clinic: .....

Medical school/university the hospital is affiliated with:

.....

Contact person : .....

Phone number: .....

E-mail address: .....

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for a period of one week. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp

**5x6 hours: Practical aspects of radiation therapies**

***Physical bases of radiation therapies***

Preparation of radiation therapy, steps of radiation planning, types of radiation devices

***Brachytherapy***

Practical techniques of brachytherapy, focusing on the radio- and radio-chemotherapy of gynaecological tumors

***Teletherapy***

Stereotactic radiations (cranial and extracranial)

Radiation therapy in oncological emergencies: spinal cord compression, vena cava superior syndrome, basic principles and practical aspects of radiation treatment of bone metastases, pain relief, bleeding