Friday, December 29, 2023

ACVR-RO Residency Program One-Time Re-Approval Application

In April 2020, ACVR Executive Council approved updated radiation oncology residency training requirements outlined in RO Residency Program Essential Training Standards and Requirements. Residency programs approved before April 2020 that are not able to immediately implement these new requirements are eligible to apply for a one-time re-approval of the current program to include one more cycle of residents (i.e. one more year of resident enrollment with the program being on probation while that/those resident(s) complete their program). After that, submission of a new program application is required.

ONE-TIME RE-APPROVAL INSTRUCTIONS:

The application must be received by January 31st of the third year following initial program approval / last re-approval. The RO RSEC will evaluate the application and a vote will be taken. The results of the vote and the majority recommendation of the committee will be forwarded to the President of the Recognized Veterinary Specialty for consideration by Executive Council at one of the two annual meetings.

For the required ACVR and ACVIM (Oncology) Diplomates, please provide a brief, 2-page curriculum vitae up-to-date within one year.

When filling out the application, the first full page of information is entered and you hit next, the form will automatically save the information entered to the emailed link for the submitter to stop and start the application with the emailed link. Once a page is started it must be completed and next hit for that page to save.

ACVR-RO Residency Program One-Time Re-Approval Application

1. Date of Application	Friday, February 2, 2024
Date of Initial Program Approval	Thursday, May 1, 1997
Date of Last Re-Approval	Sunday, January 31, 2021
Your Name	Tiffany Martin
Your Email Address	tiffany.martin@colostate.edu
Your Address	300 W. Drake Fort Collins, CO, 80523

2. Program Director:

Must be a Diplomate of ACVR Recognized Veterinary Specialty of Radiation Oncology.

Program Director(s): (Must be a Diplomate of ACVR Recognized Veterinary Specialty of Radiation Oncology)

First Name	Last Name	Title/Credentials	Email	Phone #	Number of weeks per year faculty member is available to resident on a daily basis	Fax #
Tiffany	Martin	DVM, MS, DACVR (RO)	tiffany.martin@colostate.edu	9702971245	28	

For institutions with only one RO Diplomate, please describe how you will be participating in resident training and overseeing his/her patient care while off clinics?

Right now we are covering the gap in clinical coverage with locums for 8-9 weeks per year until an additional radiation oncologist can be hired.

Additional ACVR-RO Diplomates supporting the program (not Program Directors)

Do you have additional ACVR-RO Diplomates in support of the program?

Yes

Additional Radiation Oncologists in support of the program (Diplomate of ACVR recognized Veterinary Specialty of Radiation Oncology):

First Name	Last Name	Title/Credentials	Number of weeks per year each individual boarded ACVR-RO Diplomate is available to resident on a daily basis	Faculty Member on site (yes or no)?
Keara	Boss	DVM, PhD, DACVR (RO)	13	yes

Upload CVs of the Program Director and any supporting Radiation Oncologists:

Biosketch-Martin.docx

Boss Biosketch 2 page Dec ….docx

Residents

3. Do you have a radiation oncology resident in training at this time?

Yes

Residents

First Name	Last Name	Dates of Training
Patricia	Gualtieri	July 2021-July 2024
Cory	Wakamatsu	July 2022-July 2025
Anastasia	Spanos	July 2022-July 2025
Dayoung	Oh	July 2023-July 2026

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The following conditions define an Alternative Program:

- If the program is not at least a minimum two-year continuous radiation oncology training program which fulfills all the trainee requirements of the training program guidelines, it will be defined as an Alternative Program.
- If exemption from any other requirement for a Standard program is requested in the application, the program must be submitted as an Alternative Program.

4. Application is made for (check one):	Standard Program
5. Primary Site:	Colorado State University
Hospital/University:	James L Voss Veterinary Teaching Hospital at Colorado State University
Department:	Clinical Sciences
Address:	300 W. Drake Rd Fort Collins, CO, 80523

Cooperating Institution Information

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Training Period

7. What is the total length of the training program?	36
If greater than 2 years, will this period include 24 months of continuous training in radiation oncology?	Yes
Number of months dedicated solely to radiation oncology training (excluding time on Medical Oncology service, Radiology/Imaging, etc.)	24

8. Advanced Degree:

Masters	Optional
PhD	Optional

Upload calendar of resident's activities (24 or 36 month) including required rotations and vacation: RSEC calendar 2024.docx

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9. Faculty

Essential Program Faculty:

*If dual-boarded, individual faculty member may serve in only one capacity

*Please list all qualified faculty in support of program

a. Diagnostic Radiologist(s):

Must be Diplomate(s) of the ACVR or ECVDI

Diagnostic Radiologist(s): (Must be Diplomate(s) of the ACVR or ECVDI):

First Name	Last Name	Title/Credentials	Number of weeks per year each individual boarded radiology Diplomate is available to resident on a daily basis	Faculty Member on site (yes or no)?
Elissa	Randall	DVM, MS, DACVR	20	yes
Alex	Olendorf	DVM, MS, DACVR	35	yes
Linda	Sjalander-Dillenbeck	BVSc, MANZCVs, DACVR	20	yes
Ariel	Brody	DVM, MS, DACVR	23	yes
Myra	Barrett	DVM, MS, DACVR	23	yes
Lauren	von Stade	DVM, MS, DACVR	23	yes
Jannelle	Sharpley	DVM, MS, DACVR	35	yes
Kurt	Selberg	DVM, MS, DACVR	23	yes
Christopher	Olmo	DVM, DACVR	23	no

How many weeks per year is at least one boarded radiology Diplomate on site and available to a resident on a daily basis?

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If off-site, please explain relationship:

Dr. Olmo is the only radiologist that is not on site at this time. He is available remotely during his clinic weeks.

Upload CVs (up-to-date within 1 year and maximum of 2 pages each) of diagnostic radiologists listed:

AO NIH Biosketch 1_18.docx

Barrett brief Biosketch 2019.docx

Brody Biosketch.pdf

Dillenbeck Biosketch.docx

Olmo Biosketch.docx

Randall_NIH_Bio Nov 2023.doc

Selberg Biosketch.docx

Sharpley Biosketch.docx

vS Biosketch.docx

b. Medical Oncologist(s):

Must be Diplomate(s) of the ACVIM, Specialty of Oncology

Medical Oncologist(s): (Must be Diplomate(s) of the ACVIM, Specialty of Oncology:

First Name	Last Name	Title/Credentials	Number of weeks per year each individual ACVIM-Oncology Diplomate is available to resident on a daily basis	Faculty Member on site (yes or no)?
Susan	Lana	DVM, MS, DACVIM - Oncology	10	yes
Kate	Vickery	VMD, MS, DACVIM - Oncology	29	yes
Jenna	Burton	DVM, MS, DACVIM - Oncology	20	yes
Doug	Thamm	VMD, DACVIM - Oncology	12	yes
Kristen	Weishaar	DVM, MS, DACVIM - Oncology	48	yes

How many weeks per year is at least one boarded ACVIM-Oncology Diplomate on site and available to a resident on a daily basis?

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Upload CVs (up-to-date within 1 year and maximum of 2 pages each) of medical oncologists listed:

Burton 2 page Biosketch 12... .docx

KV Biosketch.docx

SLana bioskethc 2023 2 page.doc

Thamm MAF Biosketch AU... .docx

bio-Weishaar 2023.docx

c. Surgeon(s):

Must be Diplomate(s) of the ACVS

Surgeon(s): (Must be Diplomate(s) of the ACVS:

First Name	Last Name	Title/Credentials	Faculty Member on site (yes or no)?
Deanna	Worley	DVM, DACVS-SA, ACVS Founding Fellow Surg Onc	yes
Giovanni	Tremolada	DVM, MS, PhD, DACVS-SA, ACVS Fellow, Surg Onc	yes

How many weeks per year is at least one boarded ACVS Diplomate on site and available to a resident on a daily basis?

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d. Pathologist(s):

Must be Diplomate(s) of the ACVP

Pathologist(s): (Must be Diplomate(s) of the ACVP:

First Name	Last Name	Title/Credentials	Drop down	Faculty Member on site (yes or no)?
Paul	Avery	VMD, PhD, DACVP	Clinical Pathology	yes
Andrea	Bohn	DVM, PhD, DACVP	Clinical Pathology	yes
Gregg	Dean	DVM, PhD, DACVP	Clinical Pathology	yes
Colleen	Duncan	DVM, PhD, DACVP, DACVPM	Anatomic Pathology	yes
Samantha	Evans	DVM, PhD, DACVP	Clinical Pathology	yes
Chad	Frank	DVM, MS, DACVP	Anatomic Pathology	yes

First Name	Last Name	Title/Credentials	Drop down	Faculty Member on site (yes or no)?
Adam	Harris	DVM, DACVP	Clinical Pathology	yes
Mac	Harris	DVM, DACVP	Anatomic Pathology	yes
Kelly	Hughes	DVM, PhD, DACVP	Anatomic Pathology	yes
Amy	MacNeill	DVM, PhD, DACVP	Clinical Pathology	yes
Gary	Mason	DVM, PhD, DACVP	Anatomic Pathology	yes
Russell	Moore	DVM, MSc, DACVP	Clinical Pathology	yes
Christine	Olver	DVM, PhD, DACVP	Clinical Pathology	yes
Brendan	Podell	DVM, PhD, DACVP	Anatomic Pathology	yes
Dan	Regan	DVM, PhD, DACVP	Anatomic Pathology	yes
Emily	Rout	DVM, PhD, DACVP	Clinical Pathology	yes
Kelly	Santangelo	DVM, PhD, DACVP	Clinical Pathology	yes
Paula	Schaffer	DVM, MS, DACVP	Anatomic Pathology	yes
Lisa	Schlein	DVM, PhD, MS, MBA, DACVP	Clinical Pathology	yes
Allison	Vilander	DVM, PhD, DACVP	Anatomic Pathology	yes

How many weeks per year is at least one boarded ACVP Diplomate on site and available to a resident on a daily basis?

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10. All Other Board Certified Specialists:

Please list all additional board certified specialists in direct support of the program. If offsite, please explain relationship:

Name	Certifying College/Board	Subspecialty (if applicable)	If offsite, please explain relationship
Stephanie McGrath	ACVIM	Neurology	
Lisa Bartner	ACVIM	Neurology	
Camilla Cooper	ECVIM	Neurology	
Peter Hellyer	ACVAA		
Kursheed Mama	ACVAA		
Rachel Hector	ACVAA		
Greg Griffenhagen	ACVAA		
Pedro Boscan	ACVAA		
Marlis Rezende	ACVAA		
Sarah Shropshire	ACVIM	Internal Medicine	
Craig Webb	ACVIM	Internal Medicine	
Steve Dow	ACVIM	Internal Medicine	
Michael Lappin	ACVIM	Internal Medicine	
Brian Scansen	ACVIM	Cardiology	
Brianna Potter	ACVIM	Cardiology	
Kristy Dowers	ACVIM	Internal Medicine	

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Course Overview

11. Please describe the role of the radiation oncology resident and the radiation oncology service in the daily clinical management of patients and clients:

The Clinical Oncology Service at Colorado State University is unique in that medical, surgical, and radiation oncology are all integrated into a single clinical service. This provides multidisciplinary patient care, and a wonderful learning opportunity for radiation and medical oncology residents and surgical fellows. The radiation oncology service maintains a high caseload of around 400 patients per year. For any given week, radiation oncology residents rotate responsibilities; however, usually 2-3 are on patient management, intake, and radiation planning and 1 serves as the role of radiation therapist, works on research, or is on an out rotation. The residents on patient management, intake, and planning are responsible for seeing a new case, 7-9 ongoing patients or rechecks, setting up CT simulations, and creating radiation plans. Radiation plans can consist of clinical or manual set-ups and calculations, and creating 3D-CRT, IMRT, or stereotactic treatment plans. For any given day we have 3-6 CTs that require radiation set ups. Residents rotating through our main Flint Animal Cancer Center oncology service see new patients that may or may not be presenting for radiation and require the residents to utilize the other specialists within the Animal Cancer Center. Residents are in this role for 5-6 weeks each of the three years of their residency. Residents are on primary radiation oncology service for a total of 24 months in their 3 year residency. When residents are on treatment they are responsible for machine warm up, patient positioning, verification, treatment, quality assurance for the machine and plans, and assisting with patient restraint for anesthesia. Residents are on treatment for a total of 9 weeks throughout their residency. Four weeks in the rest and second year are reserved for residents to be on medical oncology with the goal of taking cases that will not need radiation therapy. Residents have out rotations to other services a total of 12 weeks throughout their 3-years to fulfill requirements in radiology, neurology, anesthesia, and clinical pathology. Additionally, a medical physicist is available for planning, equipment, and quality assurance support 48 weeks a year.

12. How will the resident receive training in Medical Oncology? What is the time allotted to this training? Please provide description of formal and informal training experiences as well as description of the resident's role while rotating on a medical oncology service:

For 8 weeks each year, the radiation oncology residents are assigned to the general “Clinical Oncology Service”. This service generally sees 26-30 new cases each week, and about 75 recheck patients. There are no specifically identified slots for radiation, surgical or medical oncology appointments, so some days there may be 10 medical oncology appointments, and some days there may be 10 potential surgery or radiation cases. The clinicians and house staff (residents and fellows) see patients in all 3 disciplines. The radiation oncology residents have primary care responsibility for medical oncology, surgical oncology, and radiation oncology cases, including all paperwork and follow-up correspondence. Additionally, 4 weeks in the first year and 4 weeks in the second year are allocated for the resident to see cases that are presenting for medical oncology. Should the residents be interested, they are encouraged to rotate through chemotherapy administration and pharmacy to become familiar with giving and drawing up chemotherapeutic drugs.

13. How will the resident be trained in diagnostic imaging? What time is allotted for this training? Please provide description of formal and informal training experiences:

The relationship between radiation oncology and radiology is very strong. The radiation oncology residents take many classes with the diagnostic imaging residents and classes are taught by the radiologists, radiation oncologists, radiation physicists, and radiation biologists allowing for tremendous interdepartmental interaction. The radiology group is quite robust with 7 small animal radiologists, 3 large animal radiologists, and 6-8 residents. One of the faculty members is always present for real-time case discussion in radiology, cross sectional imaging, and ultrasound. Additionally, at least one resident is always available in these disciplines. This availability allows for constructive case discussion between all of the involved oncologists, radiologists, and associated residents. This real-time forum represents a strong informal training experience. The radiation oncology residents and oncologists have tremendous access to the radiologist for specific information regarding the identification of tumors and normal tissue structures. In addition to this constant contact, the residents spend 4 weeks throughout their program on the radiology service. Two graduate level elective courses are available in advanced radiographic interpretation and advanced imaging interpretation and residents are encouraged to take those classes when available.

14. Will the resident be provided with training in anesthesia? If yes, please include a description of the training:

Colorado State University has a large anesthesia service with 6 faculty members. Residents are required to spend two weeks with the anesthesia service to become familiar with anesthesia. Because our radiation oncology service predates the development of the anesthesia service, we are the only service in the hospital to provide anesthesia to a high volume of patients. We do this with the support of the anesthesia service. The Radiation Oncology Service has 3 highly trained anesthesia technicians, 2 of whom 85% of their responsibilities are to run our patient's anesthesia. The anesthesia service generally provides anesthesia for the initial CT scan. If there are problems, or any questions about other cases, we consult with the anesthesiologists. The radiation oncology anesthetists provide high level anesthesia including the use of neuroparalytic agents for patients who have tumors that may move during treatment due to respiratory motion. At the end of the residents time on anesthesia, they are comfortable breaking apart and putting anesthesia machines back together. They are comfortable with volume and pressure respirators. They learn to operate a neurostimulator to evaluate neuroparalytic agents.

15. How is resident trained in radiation biology? Please provide description of formal and informal training experiences:

A graduate course in radiation biology (ERHS 550) is provided and required to take regardless of whether the resident elects to complete the master's program. This is a challenging 5 credit course that covers radiation damage repair, radiation oncology, and radiation carcinogenesis. Additionally, one of our faculty radiation oncologists has a PhD in radiation biology and one has a master's in radiation biology, so during journal articles and on clinical cases, radiation biology is commonly discussed. We encourage and expect the residents to read and review the textbooks by Eric Hall and by Joiner and van der Kogel.

16. How is resident be trained in cancer biology? Please provide a description of formal and informal training experiences:

Two courses are available including cancer biology (ERHS 510) and cancer genetics (ERHS 611). Cancer biology is a 3 credit course that is required to take regardless of whether the resident elects to complete the master's program. Cancer genetics is an optional 2 credit course, but required for the master's program. Cancer biology is routinely discussed in oncology rounds where the oncologists are all well trained in the discipline. We also encourage residents to read and review cancer biology books by Tannock and Hill and Weinberg.

17. How is resident trained in radiation oncology physics? Please provide a description of formal and informal training experiences:

We have a full-time medical radiation physicist, Del Leary, in support of our program. He teaches 2 didactic courses, Radiation Therapy Physics and the Physics of Diagnostic Imaging. Radiation Therapy Physics is a required course for the residents. He is available to the resident 47 weeks a year for planning, QA, and clinical questions. He supervises the residents in the instruction of point calculations and troubleshoots issues with the treatment planning system, the record and verify system, the Trilogy, and the QA program.

He leads physics rounds every week and is easily available for discussion and instruction. Additionally, he is available if the residents are interested in a physics based research project.

18. Please include a description of the medical physics support available at your institution and any role medical physics support may provide in training of the resident:

Some areas repeated from above:
We have a full-time medical radiation physicist, Del Leary, in support of our program. He teaches 2 didactic courses, Radiation Therapy Physics and the Physics of Diagnostic Imaging. Radiation Therapy Physics is a required course for the residents. He is available to the resident 47 weeks a year for planning, QA, and clinical questions. He supervises the residents in the instruction of point calculations and troubleshoots issues with the treatment planning system, the record and verify system, the Trilogy, and the QA program. He leads physics rounds every week and is easily available for discussion and instruction.

19. Please list any formal courses and their instructors included in the residency training curriculum. Please attach syllabi and instructor credentials for each listed course. NOTE: Please ensure syllabi are up-to-date within the last year:

NOTE: Some courses are taught every other year, so syllabi may not be from the last year.

ERHS 550: Radiation biology, 5 credits. This course is coordinated by Claudia Wiese, an associate professor of radiation biology. Instructors include Drs. Lucas Argueso, Susan Bailey, Takamitsu Kato, Susan LaRue, Mary-Keara Boss, Ralf Sudowe, Jac Nickoloff, and Michael Weil. All are highly regarded in their fields. Topics covered are in the syllabus. This class is taught every other year in the spring and residents are encouraged to take it in the first year that it is offered during their residency.

ERHS 510: Cancer Biology, 3 credits. Course is coordinated by Drs. Dawn Duval and Jac Nickoloff. It is team taught and includes instructors from ERHS, Clinical Sciences, and Microbiology, Immunology, and Pathology. This course is offered every other year alternating with radiation biology in the spring. Residents are encouraged to take it in the first year that it is offered during their residency.

ERHS 714: Radiation Therapy Physics, 3 credits. Coordinated and taught by our medical physicist, Dr. Del Leary. It includes basic radiation interactions, radioactivity, and simple and advanced concepts in treatment planning. This class is taught every other year in the fall and residents are encouraged to take it in the first year that it is offered during their residency.

ERHS 721: Radiation Oncology, 2 credits. Coordinated and primarily taught by Susan LaRue, that includes basic physics, basic radiation biology, and radiation oncology. This class is taught every other year in the spring and residents are encouraged to take it in the first year that it is offered during their residency.

ERHS 770: Radiation/Cancer Biology and Comparative Oncology Student Seminar Series: Coordinated by Susan Bailey and Jac Nickoloff, 1 credit. This is a seminar series where the residents are expected to present their research. It is expected that they will take this course for 5 semesters.

There are additional courses required if residents elect to complete the master's program in radiological health sciences. The courses listed above are required for the residency regardless of enrollment in a graduate degree.

Upload syllabi here:

CSU_syllabus_ERHS 550 Spri… .pdf

ERHS 714 Syllabus Fall 2022.pdf

ERHS 721 Syllabus Spring 2….docx

ERHS 770 FALL 2023 update… .pdf

ERHS-VS 510 Class Syllabu… .docx

Upload instructor credentials here:

biosketchGen-Del Leary_2024.pdf

Instructor Credentials.docx

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Ancillary Training Opportunities and Research

20. Will the resident participate in clinical patient rounds on a daily basis while on clinical rotations?

Yes

Please describe clinical patient rounds:

General oncology service patient rounds occur in the morning and afternoon and generally last 30-60 minutes and include all clinicians and house officers that are on clinics. Morning rounds are primarily organizational and patient updates are short unless there is a transfer. Afternoon rounds are longer with more information available for each patient.

21. Is a supervising Radiation Oncology Diplomate available for the majority of rounds?

Yes

Please describe how rounds are attended and supervised:

A radiation oncologist is present and available for morning and afternoon rounds when on clinics. Residents are expected to update the clinical team on the patients that they plan to see or have seen and when the residents are not available (such as if they are pulled away for a patient under anesthesia), they are expected to update their faculty radiation oncologist prior to rounds so that the cases can be appropriately presented and managed.

22. Are formal conferences, such as clinicopathologic conferences, journal clubs, or seminars held on a weekly basis?

Yes

23. Please provide a description of the conferences, etc., that are provided and the typical schedule. Please specify which conferences are mandatory vs. optional:

Physics rounds are held weekly. *
Journal club for radiation oncology is held weekly. *
Journal club for general oncology is held 3 times a month.
Cancer pathology rounds are held once a month.
Protocol rounds for all of oncology are held annually and radiation protocol rounds are held annually for our team. *
Oncology grand rounds are held each semester (3 times/yr)
Radiation biology student seminar series weekly (during fall/spring semester). *

*Mandatory

24. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis?

Yes

If yes, please describe these conferences or educational settings:

Residents are required to present at the radiation biology seminar course each semester for 5 semesters. Residents are expected to do an oral presentation or present a poster at a national or international conference twice during their residency. Additionally, residents may be asked to present at the FACC Grand Research Rounds which occurs 3 times a year.

25. How many major veterinary medical or medical meetings is each resident able to or expected to attend during his/her training program?

Two

Please list the meetings attended:

ACVR
VCS
Radiation Research Society
ASTRO

26. Does the training program require a research project?

Yes

Please indicate the number of research projects required:

Residents are expected to have two research projects.

27. Are one or more publications required as part of the training program?

No

Comments:

Manuscripts are expected to be written and every effort should be made to publish the research they have done during their residency. As residency advisors, we have a strong track record for resident publications.

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28. Facilities and Equipment

Do you have a megavoltage teletherapy machine available?	Yes
Is the megavoltage teletherapy machine on-site?	Yes
Please specify the manufacturer and model:	Varian Trilogy
Do you have a multileaf collimator available?	Yes
Is the multileaf collimator on-site?	Yes
Please specify number of leaves and width of leaves:	120, 0.5 cm
Do you have on-board portal or CT imaging available?	Yes
Is the on-board portal or CT imaging on-site?	Yes
Please specify type:	Varian
Do you have a 3D - computer (non-IMRT) based treatment planning system available?	Yes
Is the 3D - computer (non-IMRT) based treatment planning system on-site?	Yes
Please specify manufacturer and model:	Varian Eclipse

Do you have intensity modulated radiation therapy available?	Yes
Is intensity modulated radiation therapy on-site?	Yes
Do you have stereotactic radiation therapy or radiosurgery available?	Yes
Is stereotactic radiation therapy or radiosurgery on-site?	Yes
Do you have strontium-90 plesiotherapy available?	Yes
Is strontium-90 plesiotherapy on-site?	Yes
Do you have LDR brachytherapy treatment and planning available?	No
Is LDR brachytherapy treatment and planning available on-site?	No
Do you have HDR brachytherapy treatment and planning available?	No
Is HDR brachytherapy treatment and planning available on-site?	No
Do you have diagnostic radiology/imaging services available?	Yes
Is diagnostic radiology/imaging services available on-site?	Yes
Do you have conventional radiography available?	Yes
Is conventional radiography available on-site?	Yes
Do you have fluoroscopy available?	Yes
Is fluoroscopy available on-site?	Yes
Is ultrasound available?	Yes
Is ultrasound available on-site?	Yes

Do you have computed tomography available?	Yes
Do you have computed tomography available on-site?	Yes
Do you have magnetic resonance imaging available?	Yes
Do you have magnetic resonance imaging available on-site?	Yes
Do you have positron emission tomography available?	Yes
Do you have positron emission tomography available on-site?	Yes
Do you have an intensive care facility (24 hours) available?	Yes
Do you have an intensive care facility (24 hours) available on-site?	Yes
Do you have clinical pathology capabilities (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology and endocrinology) available?	Yes
Do you have clinical pathology capabilities (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology and endocrinology) available on-site?	Yes
Do you have a veterinary library with literature searching capabilities available? (Electronic or in-person)	Yes
Do you have a veterinary library with literature searching capabilities available on-site? (Electronic or in-person)	Yes
Do you have a medical library with literature searching capabilities available? (Electronic or in-person)	Yes

Do you have a medical library with literature searching capabilities available on-site? (Electronic or in-person)	Yes
Do you have computerized medical records with searching capabilities available?	Yes
Do you have computerized medical records with searching capabilities available on-site?	Yes

29. Please list numbers of patients treated in the last 12 months using the listed radiation treatment modalities.

Megavoltage Gamma/X-ray teletherapy:	394
LDR brachytherapy:	0
HDR brachytherapy:	0
Radioiodine:	0
Strontium plesiotherapy:	14

Other (please specify):

The radioiodine service is based in diagnostic imaging. Approximately 1 cat per week is treated. We encourage residents to observe, but this is not an active focus of our training program.

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Procedures

30. Describe procedures for recording of radiation treatment details of all patients. Is a record and verify system used? If so, please specify.

The resident who performs any plan using Eclipse or hand calculations is recorded in our Aria system. All details of the plans are available and searchable.

In addition, a log recording each case, including the resident who planned the case, faculty who approved the plan, tumor and treatment type is recorded. When available, follow-up information is recorded as well.

31. What procedures are in place to facilitate collection of follow up information of patients treated? What is a standard recheck schedule for patients? In the absence of routine patient rechecks at the facility, is there a system in place to obtain follow-up?

Many of our patients are not located in the region. Those that choose to come back to CSU are evaluated based on adverse event potential (q 2-3 weeks), metastatic potential, or local recurrence potential. Information obtained through our main oncology service is entered into our medical records system. This source is checked prior to any radiation specific calls/emails.

32. By what mechanisms and how often will trainees be evaluated? Please comment on radiation therapy specific evaluation as well as general clinical evaluation.

Trainees are evaluated twice yearly. Residents will meet with all radiation oncology faculty to discuss their performance evaluation in January and July. Input is sought not only from the radiation oncology/physics faculty, but from the faculty on clinics who supervise cases. The institutional evaluation template is attached along with the new template from the ACVR RSEC for Radiation Oncology. Comments from faculty are collated and are read to the resident anonymously. Additionally, residents will also have a more informal check-in with their primary residency mentor in October and April to ensure no new issues have come up that should be addressed in the interim.

Please upload form used in evaluations.

Part II. Instructor evaluations ….pdf

RSEC Resident evaluation t… .docx

33. If applicable, please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended. If at all possible, please provide an address, and any information you have on the status of each individual with respect to the board certification process.

2019: Carolynne Kruckman-Gatesy - passed boards
2019: Tiffany Martin - passed boards
2021: Thomas Lee - passed boards
2021: Zulema Villa - passed boards
2022: Alicja Reczynska - passed boards
2022: Erin Trageser - passed boards
2022: Theodore Chang - passed boards

34. Please list any additional information of interest in support of this residency application.

We have a unique residency program based on our multidisciplinary program. I believe our commitment to working with medical and surgical oncology, our graduate courses, which provide didactic training in most major areas, and our modern and well as conventional methods provides an outstanding training program focused on resident success.