

# ULTRASOUND-GUIDED TRANSPERINEAL BRACHYTHERAPY FOR EARLY STAGE PROSTATE CANCER

Jointly sponsored by

SEATTLE PROSTATE  
INSTITUTE

AND

The Institute for  
Medical Studies



## Education Committee

Stephen Eulau, M.D.  
Daniel M. Landis, M.D., Ph.D.  
Robert Takamiya, M.D.

Dawn M. Scott  
Education Coordinator

## **Course Description:**

This is a one and a half day course for Radiation Oncologists, Urologists, Medical Physicists, Dosimetrists and OR Nurses interested in permanent and temporary seed implantation, from patient selection and setting up an implant program to post implant dosimetry and patient follow-up. The course is designed to be the finest of its kind in the country. The faculty of Radiation Oncologists, Urologists, and Physicists is dedicated to teaching your team high quality implantation. In addition to the didactic sessions, the course will include a practical, hands-on session of permanent implant techniques on a phantom prostate, followed by OR and closed circuit TV observation of several live implant procedures. Physicists and dosimetrists will have a special breakout session on dosimetry and planning. The registration fee also includes a detailed manual which will provide additional information for each member of your team (nursing, ultrasound tech, office staff, administration, etc.) and a CD of the PowerPoint slide presentations.

## **Course Objectives:**

Upon completion of this course, participants will be able to describe or compare the results of transperineal permanent and temporary implantation, patient selection, dosimetry philosophy and basic physics, dosimetry planning, permanent and temporary implant technique, complications, reimbursement and practical aspects of setting up an implant program.

## **Course Location/Accommodations:**

The Monday session of the Course will be held at the Sorrento Hotel 900 Madison Street, Seattle, WA 98104 (walking distance to Tuesday session). Please contact the Sorrento Hotel 800-426-1265, 206-622-6400, or [reservations@hotelsorrento.com](mailto:reservations@hotelsorrento.com) and ask for the Seattle Prostate Institute rate. Reservations must be made at least two weeks prior to the Course to ensure the discounted rate.

## FACULTY

**John C. Blasko, M.D. – Radiation Oncology**

**Stephen Eulau, M.D. – Radiation Oncology**  
Seattle Prostate Institute

**James P. Gasparich, M.D. – Urology**  
Seattle Urological Association

**Timothy Mate, M.D. – Radiation Oncology**  
Seattle Prostate Institute

**Mark Phillips, Ph.D. – Physics**  
University of Washington

**Michael Sitter – Dosimetry**

**Robert Takamiya, M.D. – Radiation Oncology**  
Seattle Prostate Institute

**Erik L. Torgerson, M.D. – Urology**  
Swedish Urology Group

**Stanley Golanty, M.D. – CME Advisor**  
The Institute for Medical Studies

\* (Not all faculty present at every course)

## Thirteenth Annual Advanced Prostate Brachytherapy Conference

May 14-15, 2010

Renaissance Hotel  
Seattle, Washington

Visit our website [www.seattleprostate.com](http://www.seattleprostate.com)  
for more information

## AGENDA

### Day One 7:30 am – 5:30 pm

Overview of Seed Implantation  
Patient Selection  
Target Volume  
Dosimetry Philosophy and Treatment Planning  
Physics of Permanent Seed Brachytherapy  
Research Results of Permanent Seed Implantation  
Technique of Permanent Seed Implantation  
Quality Assurance  
Introduction to HDR Prostate Brachytherapy  
Ultrasound Volume Study  
Management of Complications  
Practical Session -Implant of a Phantom Prostate  
Fundamentals of a Seed Implant Program:  
Equipment, Staffing, Reimbursement  
Dosimetry Planning Breakout session for Physicists  
and Dosimetrists

### Day Two 7:00 am – 12:00 Noon

OR Observation—Two to Three Permanent Seed Implants  
– Operating Room and Closed Circuit TV

#### Course Dates 2010:

March 15-16      June 28-29      August 9-10  
September 13-14      November 15-16

**Accreditation:** This CME activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) thru the Joint Sponsorship of the Institute for Medical Studies (IMS) and Seattle Prostate Institute. IMS is accredited by the ACCME to provide continuing medical education for physicians.

**Credits:** IMS designates this educational activity for a maximum of **11 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CME Information Confidentiality:** In connection with your participation in this CME program, you may receive patient information that is considered confidential. Confidential patient information includes any and all information that could be used to identify the individual patient. By participating in this CME program, you agree to maintain the confidentiality of all patient information and not release that information to any third party.

## REGISTRATION

### *LDR for Early Stage Prostate Cancer*

**Registration: Contact our office prior to registering to determine availability.**  
Registration is reserved on the day tuition is received.

#### **Complete this form and send to:**

SEATTLE PROSTATE INSTITUTE  
EDUCATION DEPARTMENT  
1101 MADISON, SUITE 1101 SEATTLE, WA 98104  
Phone: 206-215-2490 Fax: 206-215-2487  
e-mail: [education@seattleprostate.com](mailto:education@seattleprostate.com)

#### **Program Fee:**

Physicians – \$1,195.00  
Physicists, Dosimetrists and Nurses – \$795.00  
Includes all sessions, materials, continental breakfast and lunch.

#### **Payment:**

**MAIL CHECK** made payable to Seattle Prostate Institute.  
(U.S. currency only)

#### **Cancellations:**

Cancellations must be made in writing at least three weeks prior to the course to qualify for a refund. All refunds for cancellations will be assessed a \$100.00 administrative fee. This fee will be waived if you are able to reschedule for a different course date in the same calendar year. No shows will not be eligible for a refund.

\_\_\_\_\_  
Name (last, first, middle initial, degree)

\_\_\_\_\_  
Title / Specialty

\_\_\_\_\_  
Institution / Affiliation

\_\_\_\_\_  
Department / Street Address

\_\_\_\_\_  
City, State, Zip Code, Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Course Dates Requested      1st      2nd      3rd