Dear participants, in order to address properly all your teaching needs, please answer the following questions and return to [info@brachyacademy.com](mailto:info@brachyacademy.com) before April 1st, 2023.

Your answers are really appreciated.

1. Your specialty:

Radiation oncologist

Medical physicist

Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many years have you been involved in RT in gynecology? \_\_\_\_\_\_
2. How many years have you been involved in gynecologic brachytherapy? \_\_\_\_\_\_\_
3. How many implants/treatment plans have you personally performed? \_\_\_\_\_\_\_\_
4. Have you performed implants/treatment plans with intracavitary/interstitial approach?

Yes If yes, how many? \_\_\_\_\_\_\_

No

1. How many intrauterine definitive cervical cancer patients are treated per year in your center? \_\_\_\_\_
2. Do you follow GEC-ESTRO protocols or other approaches?

Yes

No

1. Which brachytherapy applicators do you have available?

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1. Do you use transrectal ultrasound during applicator/needles insertion?

Yes

No If no, do you want to learn it during the workshop? \_\_\_\_\_\_\_\_

1. What are you personal learning objectives for the workshop/questions for the faculty?

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1. Your name and contact email address

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