

**IROC Rhode Island QA Center
RT-1 Dosimetry Summary Form
EA2182 Only**

| | |
|----------------------------------|-----------------------------------|
| *Protocol #: _____ | *Registration #: _____ |
| *Radiotherapy Dept: _____ | |
| Physicist/ Dosimetrist: _____ | |
| Radiation Oncologist Name: _____ | Radiation Oncologist Email: _____ |

CLINICAL DATA

Clinical Stage: _____ TNM Stage: T ____ N ____ M ____ Histology: _____

Has patient had a biopsy? (Y/N) ____ Date: _____ Has patient had a surgical excision? (Y/N) ____ Date: _____

***Describe the original primary tumor size prior to any resection/excision in mm (please note that this should be determined by the radiation oncologist at the time of treatment planning, when all clinical and radiographic data is available) ____ mm**

TREATMENT INFORMATION

| | |
|--|---|
| DATE OF FIRST TREATMENT _____ | |
| Randomization: _____ Arm A (standard-dose CRT) | _____ Arm B (De-intensified CRT) |
| Resources utilized by the treating radiation oncologist to assist in target delineation (please check all that apply): | |
| ____ Delineation of Target Volumes on IROC RI website ____ eContour ____ Published Atlases/Consensus Planning Guidelines | |
| Treatment Technique: _____ TomoTherapy | _____ IMRT (SMLC or DMLC) _____ Rotational IMRT (VMAT) |
| Planned Daily Imaging with: _____ kv | _____ cone beam CT _____ Other _____ |
| Heterogeneity Calculations: _____ Yes _____ No | Bolus Thickness if used: _____ cm |
| Vaginal Dilator used: _____ Yes _____ No | _____ N/A Male patient |
| Patient Position: _____ Prone | _____ Supine with Frog Leg _____ Supine with straight leg |
| Margins used for CTVp to PTVp: _____ mm | Margin used for CTVn to PTVn: _____ mm |

➤ NOTE: You Must include Treatment Planning System Summary Reports (which includes monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics pages) with data submission.

| Protocol Treatment Site | Daily Dose (cGy) | Total Number of Fractions | Total Dose (cGy) | Prescription Isodose Surface (e.g. 95%) | Number of Beams | Beam energy (e.g.6X, 6e) |
|-------------------------|------------------|---------------------------|------------------|---|-----------------|--------------------------|
| PTVp (Primary) | | | | | | |
| PTVn (Nodal) | | | | | | |

This form was completed by:

*Print Name: _____

*Date: _____

*Email: _____

*Phone: _____

Please save and submit along with the digital RT plan to QARC via sFTP Or

Attach to Email to DataSubmission@QARC.org

Please do not **submit** duplicate copies