**IROC Rhode Island QA Center (QARC)**

**Prostate Brachytherapy Physics Reporting Form**

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<tr>
<th>Coop Group</th>
<th>Protocol #</th>
<th>Registration #</th>
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**Patient Initials**

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<th>Date of Birth</th>
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**Radiotherapy Dept.**

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<th>Radiation Oncologist</th>
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**Physicist/ Dosimetrist**

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<th>Form Completed By</th>
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## Pre-Planning

**Date of Planning Ultrasound:**

**I-125 Isotope:**

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<th>Vendor</th>
<th>Model</th>
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- **Seed strength:** _______ U/ seed or _______ mCi/ seed

**Pd-103:**

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<tr>
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<th>Model</th>
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- **Seed strength:** _______ U/ seed or _______ mCi/ seed

**Technique:**

- Pre-loaded needles [ ]
- Rapid Strand [ ]
- Mick Applicator [ ]

**Prescription dose:** _______ Gy

**Physicist/Dosimetrist performing plan:**

**Number of seeds planned:** _______  
**Number of needles planned:** _______

**Date of Implant:**

**Radiation Oncologist performing implant:**

**Physicist/Dosimetrist performing implant:**

**Urologist attending implant:**

**Clinical Target Volume (CTV):** _______ cc  
**Planning Target Volume (PTV):** _______ cc

**Number of seeds implanted:** _______

**Number of needles used for implantation:** _______

**Any unusual circumstance:**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Post Implant Planning

Date of post implant CT: __________________________

Radiation Oncologist delineating prostate and normal tissues: ________________________________

Physicist/Dosimetrist performing plan: ________________________________

CT scan
Number of Slices: ___________  Slice Thickness: ___________ mm

Field of View: ___________ cm diameter (if known) OR

entire patient width ☐  prostate region only ☐

Performed with catheter to identify urethra? Yes ☐ No ☐

Number of seeds identified: ___________

Planning System Used

Vendor: __________________________  Model: ________________________________

Dose calculation:
I-125 Isotope ☐  Pd-103 ☐

Activity: ________ U/ seed or _________ mCi/ seed

Dose calculation matrix size: ___________ mm x ___________ mm

Plan Submission: Electronic transfer of all post-implant planning data is preferred

1) Copies of the pre-implant TRUS images with the prostate volume drawn.

2) Post-implant CT scan (all slices) with no isodoses or structures delineated. For hardcopy submissions the scale must be large enough so that the maximum width of the prostate measures at least 4 cm.

3) Dose matrix (if transferred electronically). Hardcopy of isodose contours superimposed on the CT slices is acceptable until electronic transfer of all planning data is possible. If this mode is used, isodose contours shall include at least 80%, 90%, 100%, 150%, 200% where 100% = prescription dose. Prostate, rectum, and urethra shall also be delineated. The hardcopy must be large enough so that the maximum width of the prostate measures at least 4 cm.

4) Dose volume histograms (must be in tabular form, may also be graphs) for ETV, rectum, and urethra.

5) Please report the following volumes and doses (based on post-implant CT data):

Volume of prostate (ETV): ___________ cc

V100: ________ %  V150: ________ %  V200: ________ %  D90: ___________ Gy

Maximum Urethral Dose: ___________ Gy  Average Urethral Dose: ___________ Gy

Maximum Rectal Dose: ___________ Gy  Average Rectal Dose: ___________ Gy

SUBMIT TO: IROC Rhode Island QA Center (QARC)
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