IROC
IMAGING AND
RADIATION ONCOLOGY CORE
Global Leaders in Clinical Trial Quality Assurance

Motion Management Reporting Form

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PT initials: _____ *Protocol #: _____ *Registration #: _____

Date of birth: _____ Sex M ____ F ____ *Radiotherapy Dept: _____

Physicist/ Dosimetrist: _____ RTF#: _____

Radiation Oncologist Name: _____ Radiation Oncologist Email: _____

I. Assessment of Lesion Motion due to Respiration

A. How did you assess motion of the lesion with respiration for this patient?

____ fluoroscopy ____ 4D CT ____ inspiration/expiration fast-CT scan

____ other: Please describe: _____

B. What was used to assess the motion?

____ lesion itself

____ anatomic correlates: ___ diaphragm ___ chest wall

____ other: Please specify: _____

____ implanted fiducial markers: How many? ____ What size? _____ mm

____ other: Please specify:_____

C. Maximum tumor excursion in any direction prior to motion management: _____ cm

II. Method used for managing motion of the lesion with respiration?

____ free breathing with increased margins for PTV definition

____ forced shallow breathing using abdominal compression

____ gating of treatment with breathing cycle

____ breath hold (e.g. utilizing SGRT, ABC, RPM or other)

____ self-held breath-hold with respiratory monitoring (e.g., RPM)

____ gating during free breathing (e.g., using external monitors or implanted fiducials)

____ other: Please describe:_____

____ tracking motion by

____ moving the beam (e.g. Cyberknife)

____ moving the MLC's

____ moving the patient to follow the target

Commercial system, if applicable _____

III. Definition of Margins

Maximum tumor excursion in any direction following motion management: _____ cm

PTV Margins: Ant/Post _____ mm Rt/Lt _____ mm Sup/Inf _____ mm

This form was completed by:

*Print Name: _____

*Date: _____

*Email: _____

Please review the protocol for submission requirements