

**IROC RI QA Center
Proton Dosimetry Summary Form
AREN1921 and AREN2231**

*Protocol #: _____ *Registration #: _____

*Radiotherapy Dept: _____ RTF#: _____

Physicist/ Dosimetrist: _____

*Radiation Oncologist Name: _____

*Radiation Oncologist Email: _____

CLINICAL DATA

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

Nephrectomy: _____ Upfront _____ Delayed Local Relapse after Nephrectomy: _____ Yes _____ No

Favorable Histology: _____ Yes _____ No Diffuse Unresectable Peritoneal Implants: _____ Yes _____ No

Lung Metastases: _____ Yes _____ No Pulmonary Emboli: _____ Yes _____ No

Brain Metastases: _____ Yes _____ No Bone Metastases: _____ Yes _____ No

LN Metastases: _____ Resected _____ Unresected Patient Age: _____ < 16 years _____ > 16 years

Treatment Site: _____ Flank _____ WAI _____ Whole Lung _____ Liver _____ Bone _____ LN _____ Soft Tissue

Extrarenal Primary: _____ Local Stage III with Microscopic Disease _____ Local Stage III with Gross Residual Disease

INTENDED TOTAL EFFECTIVE DOSE (for all phases): _____ cGy D_{RBE}

RBE Used: _____

DOSE PRESCRIPTION (phase 1): Target Volume Name(s) _____

Date of First Treatment _____

Effective Dose per Fraction:		Effective Dose per Fraction (SIB) if used:	
Effective Total Dose for Phase 1:		Effective Total Dose for Phase 1 (SIB) if used:	
Number of Fractions Phase 1:			
Type of Proton Beam:	_____ Passive Scattering	_____ Uniform Scanning	_____ PBS
Planning Parameters:	_____ [%] Range Uncertainty		_____ [mm] Setup Uncertainty
	_____ [Yes/No] PTV used?		_____ [mm] PTV margins if used
	_____ Uniform Dose (SFO/SFUD)		_____ Modulation (MFO/IMPT/Patch/Match)
	Passive Scattering / Uniform Scanning: _____ [mm] Smearing Radius, _____ [mm] Range Uncertainty		

Robustness Evaluation Performed: ____ Yes ____ No If Yes, please complete:	____ [Yes/No] PTV used?			
	____ [Yes/No] Error Based Evaluation?		____ If so, # of scenarios used?	
	Evaluation Based on:	____ Worst Case	____ PTV	____ Other
	PTV or CTV Under Worst Case (enter protocol criteria):	D ____ (e.g. D95%)		V ____ (e.g. V100%)
Dose Calculation:	____ Monte Carlo		____ Other	
*Vertebral Body Sparing Technique:	____ Yes		____ No	

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 1) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Repeat for multi-phase treatments.

DOSE PRESCRIPTION (phase 2): Target Volume Name(s) _____

Date of First Treatment _____

Effective Dose per Fraction:		Effective Dose per Fraction (SIB) if used:	
Effective Total Dose for Phase 2:		Effective Total Dose for Phase 2 (SIB) if used:	
Number of Fractions Phase 2:			
Type of Proton Beam:	____ Passive Scattering	____ Uniform Scanning	____ PBS
Planning Parameters:	____ [%] Range Uncertainty		____ [mm] Setup Uncertainty
	____ [Yes/No] PTV used?		____ [mm] PTV margins if used
	____ Uniform Dose (SFO/SFUD)		____ Modulation (MFO/IMPT/Patch/Match)
	Passive Scattering / Uniform Scanning: ____ [mm] Smearing Radius, ____ [mm] Range Uncertainty		
Robustness Evaluation Performed: ____ Yes ____ No If Yes, please complete:	____ [Yes/No] PTV used?		
	____ [Yes/No] Error Based Evaluation?		____ If so, # of scenarios used?
	Evaluation Based on:	____ Worst Case	____ PTV ____ Other
		D ____ (e.g. D95%)	V ____ (e.g. V100%)
Dose Calculation:			____ Other
*Vertebral Body Sparing Technique:			____ No

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 2) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

This form is completed by:

*Full name:

*Email:

Date:

Please save and submit along with the digital RT plan to IROC using TRIAD or QARC Submit.