

**IROC Rhode Island QA Center  
 Prostate Brachytherapy Physics Reporting Form**

Coop Group _____	Protocol # _____	Registration # _____
Patient Initials _____	Date of Birth _____	
Radiotherapy Dept. _____	Radiation Oncologist _____	
Physicist/ Dosimetrist _____	Form Completed By _____	

**Pre-Planning**

Date of Planning Ultrasound: \_\_\_\_\_

I-125 Isotope:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_

Seed strength: \_\_\_\_\_ U/ seed or \_\_\_\_\_ mCi/ seed

Pd-103:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_

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:

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**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  
 Building B, Suite 201  
 640 George Washington Highway  
 Lincoln, RI 02865-4207  
 Email: [Dat submission@qarc.org](mailto:Dat submission@qarc.org)