QARC
QUALITY ASSURANCE REVIEW CENTER

Quality Assurance Review 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:

_____

_____

_____

_____

_____

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: Quality Assurance Review Center
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