



Instructions in red are with respect to development of the form in the online database:

- Form to be entered one time per subject.
- Numerical values formatted xx.x unless otherwise specified.
- Specified numeric ranges are inclusive.
- This form can be separated into sections. The user should be able to click on a link to go directly to any of these sections to begin data entry.
  - Simulation
  - Targets
  - Treatment Planning
  - Treatment Delivery and Image Guidance
- It is possible that different users at an institution will fill out this form. For example, a physicist and dosimetrist may fill out different parts of the form.

### Simulation

1. Which breast was treated?  
<sub>1</sub> Right                      <sub>2</sub> Left
2. In what position was the patient simulated?  
<sub>1</sub> Supine                      <sub>3</sub> Decubitus  
<sub>2</sub> Prone                      <sub>4</sub> Other. Please specify: \_\_\_\_\_
3. Was patient re-simulated (new imaging and treatment plan)?  
<sub>1</sub> Yes                      <sub>2</sub> No
4. If yes, in what position was the patient re-simulated? [if Q3 = "Yes"]  
<sub>1</sub> Supine                      <sub>3</sub> Decubitus  
<sub>2</sub> Prone                      <sub>4</sub> Other. Please specify: \_\_\_\_\_

### Targets

5. Was the patient's breast treated with whole breast irradiation (WBI) or partial breast irradiation (PBI)?  
<sub>1</sub> Whole breast  
<sub>2</sub> Partial breast
6. Were any of the following nodal regions intentionally treated? Check all that apply.  
<sub>1</sub> Supraclavicular                      <sub>4</sub> Axillary (level I & II)  
<sub>2</sub> Infraclavicular (level III axillary)                      <sub>5</sub> Other. Please specify: \_\_\_\_\_  
<sub>3</sub> Internal Mammary                      <sub>6</sub> None
7. Was dose prescribed in the same way for all nodal regions intentionally treated? [if more than 1 answer selected for Q6]  
<sub>1</sub> Yes  
<sub>2</sub> No



**BREAST Radiotherapy Technical Details Form**  
(To be completed by Dosimetrist or Physicist)

8. How was dose to the nodes prescribed? [If Q7="Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
9. How was dose to the *Supraclavicular* nodes prescribed? [If Q6="Supraclavicular" and Q7 != "Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
10. How was dose to the *Infraclavicular (level III axillary)* nodes prescribed? [If Q6="Infraclavicular" and Q7 != "Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
11. How was dose to the *Internal Mammary* nodes prescribed? [If Q6="Internal Mammary" and Q7 != "Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
12. How was dose to the *Axillary (level I & II)* nodes prescribed? [If Q6="Axillary (level I & II)" and Q7 != "Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
13. How was dose to the *Other* nodes prescribed? [If Q6="Other" and Q7 != "Yes"]
- <sub>1</sub> \_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_ Gy to \_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_ Gy to \_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
14. Were contours for the lumpectomy cavity drawn for treatment planning?
- <sub>1</sub> Yes
  - <sub>2</sub> No
15. If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning?  
[if Q14 = "Yes"]
- <sub>1</sub> Expansion added to cavity. Please specify: \_\_\_\_\_cm
  - <sub>2</sub> Included in auto-shaping margin for planning (such as for electron cutouts)
  - <sub>3</sub> Not explicitly considered

**Treatment Planning**

16. Select the number of plans treated \_\_\_\_\_ [drop-down menu: 1-10]

17. For each plan, specify:

[The user should be able to complete this process for as many plans as were indicated in Q16]

a) Planning type

- <sub>1</sub> Forward planning  
<sub>2</sub> Inverse planning

b) Dose **delivered** with this plan (Gy) \_\_\_\_\_ [between 1 and 70]

c) Number of fractions **delivered** with this plan \_\_\_\_\_ [between 1 and 40]

d) Treatment region

- <sub>1</sub> Breast  
<sub>2</sub> Lumpectomy bed  
<sub>3</sub> Breast & nodes  
<sub>4</sub> Lumpectomy bed & nodes  
<sub>5</sub> Nodes

e) Reason for plan

- <sub>1</sub> Initial  
<sub>2</sub> Planned boost  
<sub>3</sub> Planned adaptation  
<sub>4</sub> Unplanned modification

f) If not initial, what was the reason? [if Q17e = "Planned adaptation" or "Unplanned modification"]

- <sub>1</sub> Minimize dose to critical structures  
<sub>2</sub> Patient anatomy change  
<sub>3</sub> Change in motion management strategy  
<sub>4</sub> Other. Please specify: \_\_\_\_\_

g) Did this plan include a concomitant boost? [if Q17e = "Initial"]

- <sub>1</sub> Yes                      <sub>2</sub> No

h) Did the patient receive all of the planned dose?

- <sub>1</sub> Yes  
<sub>2</sub> No

i) If no, enter total **planned** dose: \_\_\_\_\_ Gy [if Q17h = "No"]

j) If no, enter **planned** number of fractions: \_\_\_\_\_ [if Q17h = "No"]

### Treatment Delivery and Image Guidance

18. Select the primary motion management technique used for this patient for **treatment delivery**.

- |                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> <sub>1</sub> ITV to account for motion, free breathing   | <input type="checkbox"/> <sub>5</sub> Abdominal compression        |
| <input type="checkbox"/> <sub>2</sub> Voluntary breath hold without device        | <input type="checkbox"/> <sub>6</sub> No special instruction       |
| <input type="checkbox"/> <sub>3</sub> Breath hold with device (ABC, SDX, etc.)    | <input type="checkbox"/> <sub>7</sub> Other. Please specify: _____ |
| <input type="checkbox"/> <sub>4</sub> Gating of radiotherapy (RPM, AlignRT, etc.) |                                                                    |



## BREAST Radiotherapy Technical Details Form

(To be completed by Dosimetrist or Physicist)

19. What type of imaging was used to verify this patient's setup?

- |                                                                   |                                                                    |
|-------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> <sub>1</sub> kV/MV portal                | <input type="checkbox"/> <sub>4</sub> Video-based system           |
| <input type="checkbox"/> <sub>2</sub> CT (CBCT or TomoTherapy CT) | <input type="checkbox"/> <sub>5</sub> Onboard MR imaging           |
| <input type="checkbox"/> <sub>3</sub> Films                       | <input type="checkbox"/> <sub>6</sub> Other. Please specify: _____ |

20. For each imaging type, specify how often the patient was imaged during treatment. **[Provide drop-down menu for each response selected in Q19]**

- |                                              |                                                                            |
|----------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> <sub>1</sub> Daily  | <input type="checkbox"/> <sub>3</sub> Less than daily but more than weekly |
| <input type="checkbox"/> <sub>2</sub> Weekly | <input type="checkbox"/> <sub>4</sub> Other. Please specify: _____         |