



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?
₁ Right ₂ Left
2. In what position was the patient simulated?
₁ Supine ₃ Decubitus
₂ Prone ₄ Other. Please specify: _____
3. Select the primary device or technique used to minimize or account for the impact of respiration on the patient's **simulation**.
₁ No special instruction ₄ Gating of radiotherapy (RPM, AlignRT, etc.)
₂ Voluntary breath hold without device ₅ Abdominal compression
₃ Breath hold with device (ABC, SDX, etc.) ₆ Other. Please specify: _____
4. Was patient re-simulated (new imaging and treatment plan)?
₁ Yes ₂ No ₃ Patient did not receive a boost
5. If yes, in what position was the patient re-simulated? [if Q4 = "Yes"]
₁ Supine ₃ Decubitus
₂ Prone ₄ Other. Please specify: _____

Targets

6. Was the patient's breast treated with whole breast irradiation (WBI) or partial breast irradiation (PBI)?
₁ Whole breast
₂ Partial breast
7. Were any of the following nodal regions intentionally treated? Check all that apply.
₁ Supraclavicular ₄ Axillary (level I & II)
₂ Infraclavicular (level III axillary) ₅ Other. Please specify: _____
₃ Internal Mammary ₆ None



8. How was dose to the *Supraclavicular* nodes prescribed? [If Q7="Supraclavicular"]
- ₁ ____ Gy to a reference point
 - ₂ ____ Gy to ____% Isodose Line
 - ₃ ____ Gy to ____% Volume
 - ₄ Other. Please specify: ____
9. How was dose to the *Infraclavicular (level III axillary)* nodes prescribed? [If Q7="Infraclavicular"]
- ₁ ____ Gy to a reference point
 - ₂ ____ Gy to ____% Isodose Line
 - ₃ ____ Gy to ____% Volume
 - ₄ Other. Please specify: ____
10. How was dose to the *Internal Mammary* nodes prescribed? [If Q7="Internal Mammary"]
- ₁ ____ Gy to a reference point
 - ₂ ____ Gy to ____% Isodose Line
 - ₃ ____ Gy to ____% Volume
 - ₄ Other. Please specify: ____
11. How was dose to the *Axillary (level I & II)* nodes prescribed? [If Q7="Axillary (level I & II)"]
- ₁ ____ Gy to a reference point
 - ₂ ____ Gy to ____% Isodose Line
 - ₃ ____ Gy to ____% Volume
 - ₄ Other. Please specify: ____
12. Were contours for the lumpectomy cavity drawn for treatment planning?
- ₁ Yes
 - ₂ No
13. If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning?
[if Q12 = "Yes"]
- ₁ Expansion added to cavity. Please specify: ____cm
 - ₂ Included in auto-shaping margin for planning (such as for electron cutouts)
 - ₃ Not explicitly considered

Treatment Planning

14. Select the number of plans treated _____ [drop-down menu: 1-10]
15. For each plan, specify:
[The user should be able to complete this process for as many plans as were indicated in Q14]
- a) Planning type
 - ₁ Forward planning
 - ₂ 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
- ₁ Breast
 - ₂ Lumpectomy bed
 - ₃ Breast & nodes
 - ₄ Lumpectomy bed & nodes
 - ₅ Nodes
- e) Reason for plan
- ₁ Initial
 - ₂ Planned boost
 - ₃ Planned adaptation
 - ₄ Unplanned modification
- f) If not initial, what was the reason? [if Q15e = "Planned adaptation" or "Unplanned modification"]
- ₁ Minimize dose to critical structures
 - ₂ Patient anatomy change
 - ₃ Change in motion management strategy
 - ₄ Other. Please specify: _____
- g) Did this plan include a concomitant boost? [if Q15e = "Initial"]
- ₁ Yes
 - ₂ No
- h) Did the patient receive all of the planned dose?
- ₁ Yes
 - ₂ No
- i) If no, enter total **planned** dose: _____ Gy [if Q15h = "No"]
- j) If no, enter **planned** number of fractions: _____ [if Q15h = "No"]

Treatment Delivery and Image Guidance

16. Select the primary motion management technique used for this patient for **treatment delivery**.
- ₁ ITV to account for motion, free breathing
 - ₂ Voluntary breath hold without device
 - ₃ Breath hold with device (ABC, SDX, etc.)
 - ₄ Gating of radiotherapy (RPM, AlignRT, etc.)
 - ₅ Abdominal compression
 - ₆ No special instruction
 - ₇ Other. Please specify: _____
17. What type of imaging was used to verify this patient's setup?
- ₁ kV/MV portal
 - ₂ CT (CBCT or TomoTherapy CT)
 - ₃ Films
 - ₄ Video-based system
 - ₅ Onboard MR imaging
 - ₆ Other. Please specify: _____
18. For each imaging type, specify how often the patient was imaged during treatment. [Provide drop-down menu for each response selected in Q17]
- ₁ Daily
 - ₂ Weekly
 - ₃ Less than daily but more than weekly
 - ₄ Other. Please specify: _____