

MROQC Lung Data Elements Guide

<p>Since the end of treatment, has the patient been admitted for a lung event?</p> <p>If YES, date of admission 2</p> <p>Select the lung event related to admission 2</p>	<ul style="list-style-type: none"> • YES/NO <p>_____ (date)</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease-exacerbation • Pneumonia • Pneumonitis • None of the above
<p>Disease status: <i>(check one)</i></p>	<ul style="list-style-type: none"> • No evidence of disease • No evidence of progression of disease • Local/Regional progression • Distant progression • Both (Local & Distant progression)
<p>Has the patient received any thoracic RT after their initial treatment?</p>	<ul style="list-style-type: none"> • YES/NO

<p>Has the patient tested positive for COVID-19?</p> <p>If YES, date of positive diagnosis:</p> <p>If YES, was the patient:</p>	<ul style="list-style-type: none"> • YES/NO • _____ (date) • Date not available • Symptomatic • Asymptomatic • Not documented
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SE2 CDA: Early Termination of MROQC Patient Participation Form

Data Elements	Options
<p>Date of Early Termination:</p>	<p>_____ If the patient died this would be the date of death otherwise it is the last eval. date the patient had</p>
<p>Reason patient is no longer being followed /participating in MROQC:</p>	<ul style="list-style-type: none"> • Moved • To continue treatment elsewhere • Deceased • Hospice • Metastatic disease • Patient chose to stop treatment • Patient not returning to RT department for follow up • Medical issues (i.e. CVA, MI) prevent further participation • Lung only- annual documentation not available

LUNG Radiotherapy Technical Details Form	
Data Elements	Options
<p>Simulation</p> <p>Which lung has the primary tumor?</p>	<ul style="list-style-type: none"> • Right • Left
<p>Was intravenous contrast used for the patient's treatment planning simulation?</p>	<ul style="list-style-type: none"> • Yes • No
<p>Select the primary method used to assess the motion of the tumor and organs-at-risk during simulation.</p>	<ul style="list-style-type: none"> • DCT • Fluoroscopy • Slow CT • Motion not assessed • Scans at multiple breath hold states • Other. Please specify: _____
<p>Targets</p> <p>Which modalities were used for target delineation? Only choose datasets which were registered and fused to the treatment planning scan. Check all that apply.</p>	<ul style="list-style-type: none"> • CT • Diagnostic CT • PET • MRI
<p>How was motion accounted for during the treatment of this patient?</p>	<ul style="list-style-type: none"> • ITV approach: no motion control technique was applied, but the target volumes were designed to account for breathing motion (using 4DCT, scans at multiple breath hold states, slow CT, etc.) • Voluntary breath hold without a device • Breath hold with a device (ABC, SDX, etc.) • Gating of radiotherapy (RPM, AlignRT, etc.) • Abdominal compression • Motion was not taken into account while designing volumes or by a motion management technique • Other. Please specify: _____

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<p>What was the reason for not considering motion in accordance with the MROQC target delineation guidelines?</p>	<ul style="list-style-type: none"> • DCT is not available at treating institution • Use of slow CT was not feasible, due to time constraints or experience with technique • Other. Please specify: _____
<p>Was patient specific reproducibility testing performed to ensure the breath hold position was reliable? [If " Voluntary breath hold without a device" or "Breath hold with a device (ABC, SDX, etc.)" or "Abdominal compression"]</p>	<ul style="list-style-type: none"> • Yes • No
<p>Was motion considered in the delineation of target volumes? [If "Other. Please specify:"]</p>	<ul style="list-style-type: none"> • Yes • No
<p>Was a motion encompassing GTV (IGTV) structure contoured?</p>	<ul style="list-style-type: none"> • Yes • No
<p>Select the name of the GTV structure:</p>	<ul style="list-style-type: none"> • Drop-down menu: GTV, GTVp, IGTV, Other. Please specify: _____
<p>Was a CTV or ICTV structure contoured?</p>	<ul style="list-style-type: none"> • Yes • No
<p>Enter the volume of the IGTV (GTV) in cc:</p>	<p>_____ cc</p>
<p>Enter the reason(s):</p>	<ul style="list-style-type: none"> • Institutional practice • Physician preference • Ambiguity in imaging/could not define • Other. Please specify: _____
<p>Was a motion encompassing CTV or ICTV structure defined/contoured?</p>	<ul style="list-style-type: none"> • Yes • No

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Select the name of the CTV structure:	<ul style="list-style-type: none"> • Drop-down menu: CTV, CTVp, CTV_High, ICTV, Other. Please specify: _____
Enter the volume of the ICTV (CTV) in cc	_____ cc
What is the approximate margin between the IGTV (GTV)structure and ICTV (CTV) structure in cm?	_____ cm
Enter the reason(s):	<ul style="list-style-type: none"> • Institutional practice • Physician preference • Ambiguity in imaging/could not define • Other. Please specify: _____
Was a PTV structure defined?	<ul style="list-style-type: none"> • Yes • No
Select the name of the PTV structure:	<ul style="list-style-type: none"> ➤ Drop-down menu: PTV, PTVp, PTV_High, Other. Please specify: _____
Enter the volume of the PTV in cc	_____ cc
What is the approximate margin between the CTV structure (or GTV structure if CTV structure was not defined) and PTV structure in cm?	_____ cm
Enter the reason(s):	<ul style="list-style-type: none"> ➤ Institutional practice ➤ Physician preference ➤ Ambiguity in imaging/could not define ➤ Other. Please specify: _____

<p>Treatment Planning</p> <p>Do any of these structures overlap with a 2 cm expansion of the PTV? Check all that apply.</p>	<ul style="list-style-type: none"> • Spinal cord • Brachial plexus • Heart • Other structure of interest. Please specify: _____ • Esophagus • No, the PTV is greater than 2 cm from all other structures
<p>Select the number of plans treated</p>	<ul style="list-style-type: none"> • drop-down menu: 1-10
<p>For each plan, specify:</p> <ul style="list-style-type: none"> ➤ a. Planning type ➤ b) Dose delivered with this plan (Gy) ➤ c) Number of fractions delivered with this plan ➤ d. Was the patient treated BID? ➤ e. Treatment region 	<ul style="list-style-type: none"> • Forward planning • Inverse planning • between 1 and 90 • between 1 and 40 • Yes • No • Primary target • Primary target & nodes • Nodes

<p>➤ Reason for plan</p> <p>➤ f) If not initial, what was the reason?</p> <p>➤ g. Was this plan considered SBRT?</p> <p>➤ h) Did this plan include a concomitant boost?</p> <p>➤ j) If no, enter planned dose:</p> <p>➤ k) If no, enter planned number of fractions:</p>	<ul style="list-style-type: none"> • Initial • Planned Boost • Planned Adaptation • Unplanned Modification <ul style="list-style-type: none"> • Minimize dose to critical structures (e.g. off-cord or off brachial plexus boost) • Patient anatomy change (e.g. lung inflation, pleural effusion change) • Change in motion management strategy • Other. Please specify: _____ <ul style="list-style-type: none"> • Yes • No <ul style="list-style-type: none"> • Yes • No <p>_____ Gy (between 1 and 90)</p> <p>_____ Gy (between 1 and 40)</p>
<p>Treatment Delivery and Image Guidance</p> <p>What type of imaging was used to verify this patient's setup?</p>	<ul style="list-style-type: none"> • kV/MV portal • CT (CBCT or TomoTherapy CT) • Films • Video-based system • Other. Please specify: _____



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For each imaging type, specify how often the patient was imaged during treatment.

- Daily
- Less than daily but more than weekly
- Weekly
- Other. Please specify: _____