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<p>If yes, in what position was the patient's boost simulated? [if Q7 = Yes]</p>	<ul style="list-style-type: none"> <li>• Supine</li> <li>• Decubitus</li> <li>• Prone</li> </ul>
<p><b>Targets</b></p>	
<p>What is the patient's mid-breast separation?</p>	<p>_____ cm [between 10 and 50]</p>
<p>[Q10] Were any of the following nodal regions intentionally treated? Check all that apply.</p>	<ul style="list-style-type: none"> <li>• Supraclavicular</li> <li>• Axillary (level I &amp; II)</li> <li>• Infraclavicular (level III axillary)</li> <li>• Other. Please specify: _____</li> <li>• Internal Mammary</li> <li>• None</li> </ul>
<p>[Q11] Were contours for the lumpectomy cavity drawn for treatment planning?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning?</p>	<p>[if Q11 = Yes]</p> <ul style="list-style-type: none"> <li>• Expansion added to cavity. Please specify: _____ cm</li> <li>• Included in auto-shaping margin for planning (such as for electron cutouts)</li> <li>• Not explicitly considered</li> </ul>
<p><b>Treatment Planning</b></p>	
<p>[Q13] Select the number of plans treated</p>	<p>_____ [drop-down menu: 1-10]</p>
<p>For each plan, specify:</p> <p>a. Planning Type</p> <p>b. Dose delivered with this plan (Gy)</p>	<p>[The user should be able to complete this process for as many plans as were indicated in Q13]</p> <ul style="list-style-type: none"> <li>• Forward Planning</li> <li>• Inverse Planning</li> </ul> <p>_____ [between 1 and 70]</p>



	<ul style="list-style-type: none"> <li>• ___ Gy [between 20 and 70] to ___% Volume [between 70 and 100]</li> </ul>
<p>How is the dose to the lumpectomy bed prescribed? Note: If no boost was given, please enter 0 Gy for the second option.</p>	<ul style="list-style-type: none"> <li>• Midplane depth</li> <li>• ___ Gy to a reference point [between 0 and 30]</li> <li>• ___ Gy [between 5 and 30] to ___% Isodose Line [between 70 and 110]</li> <li>• ___ Gy [between 5 and 30] to ___% Volume [between 70 and 100]</li> </ul>
<b>Treatment Delivery and Image Guidance</b>	
<p>Select the primary motion management technique used for this patient for treatment delivery</p>	<ul style="list-style-type: none"> <li>• ITV to account for motion, free breathing</li> <li>• Abdominal compression</li> <li>• Voluntary breath hold without device</li> <li>• No special instruction</li> <li>• Breath hold with device (ABC, SDX, etc.)</li> <li>• Other. Please specify: _____</li> <li>• Gating of radiotherapy (RPM, AlignRT, etc.)</li> </ul>
<p>What type of imaging was used to verify this patient's setup?</p>	<ul style="list-style-type: none"> <li>• kV/MV portal</li> <li>• CT (CBCT or TomoTherapy CT)</li> <li>• Films</li> <li>• Video-based system</li> <li>• Other. Please specify: _____</li> </ul>
<p>For each imaging type, specify how often the patient was imaged during treatment.</p>	<ul style="list-style-type: none"> <li>• Daily</li> <li>• Less than daily but more than weekly</li> <li>• Weekly</li> <li>• Other. Please specify: _____</li> </ul>