



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

- Form to be entered one time **per plan, per course** of bone mets treatment.
- Numerical values formatted xx.x unless otherwise specified.
- Specified numeric ranges are inclusive.
- This form should be separated into sections:
 - Plan Details
 - Targets
 - 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.

What is the course start date associated with this form? _____ [Calendar menu]

Plan Details

1. Select the planning type used for this plan:
 - ₁ Forward planning
 - ₂ Inverse planning
 - ₃ Hybrid technique (forward and inverse planning)
2. What delivery technique(s) were used in this plan?
 - ₁ 2D
 - ₂ 3D
 - ₃ IMRT
 - ₄ Hybrid (3D and IMRT)
3. Was this plan considered SBRT?
 - ₁ Yes
 - ₂ No
4. How was this plan billed?
 - ₁ 2D
 - ₂ 3D
 - ₃ IMRT
 - ₄ SBRT

Note: DICOM data upload is required for plans billed as IMRT or SBRT.

5. Was a simultaneous integrated boost included in this plan?
 - ₁ Yes
 - ₂ No

Targets

6. Select the number of targets treated by this plan: **[drop-down menu: 1-3]**

For each target, specify:

a. Enter the name of this target: _____ **[free text field] [If Q4 = "IMRT" or "SBRT"]**

Note: The name of this target should match any DICOM structure set uploaded for this patient.

b. Choose all treatment sites included in this target:

- | | |
|---|---|
| <input type="checkbox"/> ₁ Femur | <input type="checkbox"/> ₆ Shoulder/Scapula |
| <input type="checkbox"/> ₂ Hip | <input type="checkbox"/> ₇ Skull |
| <input type="checkbox"/> ₃ Humerus | <input type="checkbox"/> ₈ Spine – select all levels treated: Cervical, Thoracic, Lumbar, Sacral |
| <input type="checkbox"/> ₄ Pelvis | <input type="checkbox"/> ₉ Other. Please specify: _____ |
| <input type="checkbox"/> ₅ Rib/Sternum | |

c. Was a GTV structure contoured?

- ₁ Yes
₂ No

d. Was a CTV structure contoured?

- ₁ Yes
₂ No

e. What is the approximate margin between the GTV structure and CTV structure in cm? _____ cm **[if Q6c = "Yes" and Q6d = "Yes"] [between 0 and 5]**

f. Was a PTV structure contoured?

- ₁ Yes
₂ No

g. What is the approximate margin between the CTV structure (or GTV structure if CTV structure was not defined) and PTV structure in cm? _____ cm **[if Q6f = "Yes" and Q6c or Q6d = "Yes"] [between 0 and 5]**

h. Dose delivered to this target (Gy): _____ **[between 1 and 50]**

i. Number of fractions delivered to this target: _____ **[between 1 and 25]**

j. Did the target receive all of the planned dose?

- ₁ Yes
₂ No

k. Was there any previous radiotherapy to the same target?

- ₁ Yes, to the entire target
₂ Yes, some overlap with target
₃ No



Image Guidance

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

- ₁ kV/MV portal
- ₂ CT (CBCT or TomoTherapy CT)
- ₃ Other. Please specify: _____

8. For each imaging type, specify how often the patient was imaged during treatment. **[Provide drop-down menu for each response selected in Q7]**

- ₁ Daily
- ₂ Weekly
- ₃ Less than daily but more than weekly
- ₄ Other. Please specify: _____