

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
 2. What delivery technique(s) were used in this plan?
₁ 2D ₃ IMRT
₂ 3D
 3. Was this plan considered SBRT?
₁ Yes
₂ No
 4. Were standardized dose constraints used for organs at risk (OARs)? [If Q3 = "Yes"]
₁ Yes
₂ No
 5. If any constraints were violated, was the rationale for their violation documented? [If Q4 = "Yes"]
₁ Yes
₂ No
₃ Not applicable – no constraint violations
 6. How was this plan billed?
₁ 2D ₃ IMRT
₂ 3D ₄ SBRT
- Note: DICOM data upload is required for plans billed as IMRT or SBRT.*
7. Was a simultaneous integrated boost included in this plan?
₁ Yes
₂ No

8. Was there any previous radiotherapy for this patient?
- ₁ Yes, to the entire target volume(s) (Type 1 re-irradiation)
 - ₂ Yes, some overlap with target volume(s) (Type 1 re-irradiation)
 - ₃ Yes, to a nearby region without overlap of irradiated volume(s) but with concern for toxicity from cumulative doses (Type 2 re-irradiation)
 - ₄ No
9. Was physics consulted prior to final physician plan approval? [if Q8 not = "No"]
- ₁ Yes
 - ₂ No
10. What was the impact of the physics consultation? [if Q9="Yes"] [Check all that apply]
- ₁ Registration created with previous plan
 - ₂ Standard OAR dose limits adjusted
 - ₃ Tradeoffs in target coverage and OAR dose limits had to be made
 - ₄ A plan sum with previous treatment evaluated
 - ₅ No changes needed/recommended
 - ₆ Other. Please describe: _____

Targets

11. 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 Q6 = "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:
- ₁ Femur
 - ₂ Hip
 - ₃ Humerus
 - ₄ Pelvis
 - ₅ Rib/Sternum
 - ₆ Shoulder/Scapula
 - ₇ Skull
 - ₈ Spine – select all levels treated: Cervical, Thoracic, Lumbar, Sacral
 - ₉ Other. Please specify: _____
- c. Was a GTV structure contoured?
- ₁ Yes
 - ₂ No
- d. Was a CTV structure contoured?
- ₁ Yes
 - ₂ No
- e. Describe the margin between the GTV structure and CTV structure: [if Q11c = "Yes" and Q11d = "Yes"]
- ₁ Approximately uniform. Specify approximate margin in cm: _____ [between 0 and 5]
 - ₂ Non-uniform (such as edited by physician or not based on an expansion of GTV)

-
- f. Was a PTV structure contoured?
₁ Yes
₂ No
- g. Describe the margin between the CTV structure (or GTV structure if CTV structure was not defined) and PTV structure: [if Q11f = "Yes" and Q11c or Q11d = "Yes"]
₁ Approximately uniform. Specify approximate margin in cm: _____ [between 0 and 5]
₂ Non-uniform (such as edited by physician or not based on an expansion of CTV)
- 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

Image Guidance

12. 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: _____

13. For each imaging type, specify how often the patient was imaged during treatment. [Provide drop-down menu for each response selected in Q12]

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