



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:
  - <sub>1</sub> Forward planning
  - <sub>2</sub> Inverse planning
  - <sub>3</sub> Hybrid technique (forward and inverse planning)
2. What delivery technique(s) were used in this plan?
  - <sub>1</sub> 2D                      <sub>3</sub> IMRT
  - <sub>2</sub> 3D                        <sub>4</sub> Hybrid (3D and IMRT)
3. Was this plan considered SBRT?
  - <sub>1</sub> Yes
  - <sub>2</sub> No
4. Were standardized dose constraints used for organs at risk (OARs)? [If Q3 = "Yes"]
  - <sub>1</sub> Yes
  - <sub>2</sub> No
5. If any constraints were violated, was the rationale for their violation documented? [If Q4 = "Yes"]
  - <sub>1</sub> Yes
  - <sub>2</sub> No
  - <sub>3</sub> Not applicable – no constraint violations
6. How was this plan billed?
  - <sub>1</sub> 2D                      <sub>3</sub> IMRT
  - <sub>2</sub> 3D                        <sub>4</sub> SBRT

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

7. Was a simultaneous integrated boost included in this plan?
  - <sub>1</sub> Yes
  - <sub>2</sub> No



## Targets

8. 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:

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

c. Was a GTV structure contoured?

- <sub>1</sub> Yes  
<sub>2</sub> No

d. Was a CTV structure contoured?

- <sub>1</sub> Yes  
<sub>2</sub> No

e. What is the approximate margin between the GTV structure and CTV structure in cm? \_\_\_\_\_ cm [if Q8c = "Yes" and Q8d = "Yes"] [between 0 and 5]

f. Was a PTV structure contoured?

- <sub>1</sub> Yes  
<sub>2</sub> 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 Q8f = "Yes" and Q8c or Q8d = "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?

- <sub>1</sub> Yes  
<sub>2</sub> No

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

- <sub>1</sub> Yes, to the entire target  
<sub>2</sub> Yes, some overlap with target  
<sub>3</sub> No



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**Image Guidance**

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

- <sub>1</sub> kV/MV portal
- <sub>2</sub> CT (CBCT or TomoTherapy CT)
- <sub>3</sub> Other. Please specify: \_\_\_\_\_

10. For each imaging type, specify how often the patient was imaged during treatment. **[Provide drop-down menu for each response selected in Q9]**

- <sub>1</sub> Daily
- <sub>2</sub> Weekly
- <sub>3</sub> Less than daily but more than weekly
- <sub>4</sub> Other. Please specify: \_\_\_\_\_