

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
2. What delivery technique(s) were used in this plan?
  - <sub>1</sub> 2D <sub>3</sub> IMRT
  - <sub>2</sub> 3D
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

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

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

- 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. Describe the margin between the GTV structure and CTV structure: [if Q11c = "Yes" and Q11d = "Yes"]

- <sub>1</sub> Approximately uniform. Specify approximate margin in cm: \_\_\_\_\_ [between 0 and 5]
- <sub>2</sub> Non-uniform (such as edited by physician or not based on an expansion of GTV)

- f. Was a PTV structure contoured?  
<sub>1</sub> Yes  
<sub>2</sub> 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"]  
<sub>1</sub> Approximately uniform. Specify approximate margin in cm: \_\_\_\_\_ [between 0 and 5]  
<sub>2</sub> 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?  
<sub>1</sub> Yes  
<sub>2</sub> No

### Image Guidance

12. 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: \_\_\_\_\_
13. For each imaging type, specify how often the patient was imaged during treatment. [Provide drop-down menu for each response selected in Q12]  
<sub>1</sub> Daily                      <sub>3</sub> Less than daily but more than weekly  
<sub>2</sub> Weekly                        <sub>4</sub> Other. Please specify: \_\_\_\_\_