BREAST Radiotherapy Technical Details Form

(To be completed by Dosimetrist or Physicist)

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

- Form to be entered one time per subject.
- Numerical values formatted xx.x unless otherwise specified.
- Specified numeric ranges are inclusive.
- This form can be separated into sections. The user should be able to click on a link to go directly to any of these sections to begin data entry.
  - Simulation
  - Targets
  - Treatment Planning
  - Treatment Delivery and 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.

Simulation

1. Which breast was treated?
   ❑1 Right ❑2 Left

2. In what position was the patient simulated?
   ❑1 Supine ❑3 Decubitus
   ❑2 Prone ❑4 Other. Please specify: _____

3. Select the primary device or technique used to minimize or account for the impact of respiration on the patient's **simulation**.
   ❑1 No special instruction ❑4 Gating of radiotherapy (RPM, AlignRT, etc.)
   ❑2 Voluntary breath hold without device ❑5 Abdominal compression
   ❑3 Breath hold with device (ABC, SDX, etc.) ❑6 Other. Please specify:_____

4. Was patient re-simulated (new imaging and treatment plan)?
   ❑1 Yes ❑2 No

5. If yes, in what position was the patient re-simulated? [if Q4 = "Yes"]
   ❑1 Supine ❑3 Decubitus
   ❑2 Prone ❑4 Other. Please specify: _____

Targets

6. Was the patient's breast treated with whole breast irradiation (WBI) or partial breast irradiation (PBI)?
   ❑1 Whole breast
   ❑2 Partial breast

7. Were any of the following nodal regions intentionally treated? Check all that apply.
   ❑1 Supraclavicular ❑4 Axillary (level I & II)
   ❑2 Infraclavicular (level III axillary) ❑5 Other. Please specify:____
   ❑3 Internal Mammary ❑6 None

8. How was dose to the *Supraclavicular* nodes prescribed? [If Q7="Supraclavicular"]
   ❑1 _____ Gy to a reference point
   ❑2 _____ Gy to ___% Isodose Line
   ❑3 _____ Gy to ___% Volume
   ❑4 Other. Please specify: _____

9. How was dose to the *Infraclavicular (level III axillary)* nodes prescribed? [If Q7="Infraclavicular"]
   ❑1 _____ Gy to a reference point
   ❑2 _____ Gy to ___% Isodose Line
   ❑3 _____ Gy to ___% Volume
   ❑4 Other. Please specify: _____

10. How was dose to the *Internal Mammary* nodes prescribed? [If Q7="Internal Mammary"]
    ❑1 _____ Gy to a reference point
    ❑2 _____ Gy to ___% Isodose Line
    ❑3 _____ Gy to ___% Volume
    ❑4 Other. Please specify: _____

11. How was dose to the *Axillary (level I & II)* nodes prescribed? [If Q7="Axillary (level I & II)"]
    ❑1 _____ Gy to a reference point
    ❑2 _____ Gy to ___% Isodose Line
    ❑3 _____ Gy to ___% Volume
    ❑4 Other. Please specify: _____

12. Were contours for the lumpectomy cavity drawn for treatment planning?
    ❑1 Yes ❑2 No

13. If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning? [if Q12 = "Yes"]
    ❑1 Expansion added to cavity. Please specify: _____cm
    ❑2 Included in auto-shaping margin for planning (such as for electron cutouts)
    ❑3 Not explicitly considered

Treatment Planning

14. Select the number of plans treated _____ [drop-down menu: 1-10]

15. For each plan, specify:
    [The user should be able to complete this process for as many plans as were indicated in Q14]

    a) Planning type
       ❑1 Forward planning
       ❑2 Inverse planning

    b) Dose **delivered** with this plan (Gy) _____ [between 1 and 70]

    c) Number of fractions **delivered** with this plan _____ [between 1 and 40]

d) Treatment region
- ❑1 Breast
- ❑2 Lumpectomy bed
- ❑3 Breast & nodes
- ❑4 Lumpectomy bed & nodes
- ❑5 Nodes

e) Reason for plan
- ❑1 Initial
- ❑2 Planned boost
- ❑3 Planned adaptation
- ❑4 Unplanned modification

f) If not initial, what was the reason? [if Q15e = "Planned adaptation" or "Unplanned modification"]
- ❑1 Minimize dose to critical structures
- ❑2 Patient anatomy change
- ❑3 Change in motion management strategy
- ❑4 Other. Please specify:_____

g) Did this plan include a concomitant boost? [if Q15e = "Initial"]
- ❑1 Yes
- ❑2 No

h) Did the patient receive all of the planned dose?
- ❑1 Yes
- ❑2 No

i) If no, enter total **planned** dose: _____ Gy [If Q15h = "No"]

j) If no, enter **planned** number of fractions: _____ [If Q15h = "No"]

Treatment Delivery and Image Guidance

16. Select the primary motion management technique used for this patient for **<u>treatment delivery</u>**.
- ❑1 ITV to account for motion, free breathing
- ❑2 Voluntary breath hold without device
- ❑3 Breath hold with device (ABC, SDX, etc.)
- ❑4 Gating of radiotherapy (RPM, AlignRT, etc.)
- ❑5 Abdominal compression
- ❑6 No special instruction
- ❑7 Other. Please specify:_____

17. What type of imaging was used to verify this patient's setup?
- ❑1 kV/MV portal
- ❑2 CT (CBCT or TomoTherapy CT)
- ❑3 Films
- ❑4 Video-based system
- ❑5 Onboard MR imaging
- ❑6 Other. Please specify:_____

18. For each imaging type, specify how often the patient was imaged during treatment. [Provide drop-down menu for each response selected in Q17]
- ❑1 Daily
- ❑2 Weekly
- ❑3 Less than daily but more than weekly
- ❑4 Other. Please specify: _____