



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?  
<sub>1</sub> Right                      <sub>2</sub> Left
2. In what position was the patient simulated?  
<sub>1</sub> Supine                      <sub>3</sub> Decubitus  
<sub>2</sub> Prone                      <sub>4</sub> 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**.  
<sub>1</sub> No special instruction                      <sub>4</sub> Gating of radiotherapy (RPM, AlignRT, etc.)  
<sub>2</sub> Voluntary breath hold without device                      <sub>5</sub> Abdominal compression  
<sub>3</sub> Breath hold with device (ABC, SDX, etc.)                      <sub>6</sub> Other. Please specify: \_\_\_\_\_
4. Was patient re-simulated (new imaging and treatment plan)?  
<sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> Patient did not receive a boost
5. If yes, in what position was the patient re-simulated? [if Q4 = "Yes"]  
<sub>1</sub> Supine                      <sub>3</sub> Decubitus  
<sub>2</sub> Prone                      <sub>4</sub> Other. Please specify: \_\_\_\_\_

### Targets

6. Was the patient's breast treated with whole breast irradiation (WBI) or partial breast irradiation (PBI)?  
<sub>1</sub> Whole breast  
<sub>2</sub> Partial breast
7. Were any of the following nodal regions intentionally treated? Check all that apply.  
<sub>1</sub> Supraclavicular                      <sub>4</sub> Axillary (level I & II)  
<sub>2</sub> Infraclavicular (level III axillary)                      <sub>5</sub> Other. Please specify: \_\_\_\_\_  
<sub>3</sub> Internal Mammary                      <sub>6</sub> None



8. How was dose to the *Supraclavicular* nodes prescribed? [If Q7="Supraclavicular"]
- <sub>1</sub> \_\_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_\_ Gy to \_\_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_\_ Gy to \_\_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_
9. How was dose to the *Infraclavicular (level III axillary)* nodes prescribed? [If Q7="Infraclavicular"]
- <sub>1</sub> \_\_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_\_ Gy to \_\_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_\_ Gy to \_\_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_
10. How was dose to the *Internal Mammary* nodes prescribed? [If Q7="Internal Mammary"]
- <sub>1</sub> \_\_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_\_ Gy to \_\_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_\_ Gy to \_\_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_
11. How was dose to the *Axillary (level I & II)* nodes prescribed? [If Q7="Axillary (level I & II)"]
- <sub>1</sub> \_\_\_\_ Gy to a reference point
  - <sub>2</sub> \_\_\_\_ Gy to \_\_\_\_% Isodose Line
  - <sub>3</sub> \_\_\_\_ Gy to \_\_\_\_% Volume
  - <sub>4</sub> Other. Please specify: \_\_\_\_
12. Were contours for the lumpectomy cavity drawn for treatment planning?
- <sub>1</sub> Yes
  - <sub>2</sub> No
13. If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning?  
[if Q12 = "Yes"]
- <sub>1</sub> Expansion added to cavity. Please specify: \_\_\_\_cm
  - <sub>2</sub> Included in auto-shaping margin for planning (such as for electron cutouts)
  - <sub>3</sub> 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
    - <sub>1</sub> Forward planning
    - <sub>2</sub> 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
  - <sub>1</sub> Breast
  - <sub>2</sub> Lumpectomy bed
  - <sub>3</sub> Breast & nodes
  - <sub>4</sub> Lumpectomy bed & nodes
  - <sub>5</sub> Nodes
  
- e) Reason for plan
  - <sub>1</sub> Initial
  - <sub>2</sub> Planned boost
  - <sub>3</sub> Planned adaptation
  - <sub>4</sub> Unplanned modification
  
- f) If not initial, what was the reason? [if Q15e = "Planned adaptation" or "Unplanned modification"]
  - <sub>1</sub> Minimize dose to critical structures
  - <sub>2</sub> Patient anatomy change
  - <sub>3</sub> Change in motion management strategy
  - <sub>4</sub> Other. Please specify: \_\_\_\_\_
  
- g) Did this plan include a concomitant boost? [if Q15e = "Initial"]
  - <sub>1</sub> Yes                      <sub>2</sub> No
  
- h) Did the patient receive all of the planned dose?
  - <sub>1</sub> Yes
  - <sub>2</sub> 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 **treatment delivery**.
  - <sub>1</sub> ITV to account for motion, free breathing
  - <sub>2</sub> Voluntary breath hold without device
  - <sub>3</sub> Breath hold with device (ABC, SDX, etc.)
  - <sub>4</sub> Gating of radiotherapy (RPM, AlignRT, etc.)
  - <sub>5</sub> Abdominal compression
  - <sub>6</sub> No special instruction
  - <sub>7</sub> Other. Please specify: \_\_\_\_\_
  
- 17. 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> Films
  - <sub>4</sub> Video-based system
  - <sub>5</sub> Onboard MR imaging
  - <sub>6</sub> 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]
  - <sub>1</sub> Daily                      <sub>3</sub> Less than daily but more than weekly
  - <sub>2</sub> Weekly                      <sub>4</sub> Other. Please specify: \_\_\_\_\_