



PROSTATE Radiotherapy Technical Details Form

To be completed by Dosimetrist or Physicist

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

- Form to be entered one time per subject post-treatment.
- 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.
 - Brachytherapy/EBRT Details
 - Plan Details
 - 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.

Brachytherapy/EBRT Details

1. Select the treatment type:
 - ₁ External Beam Radiation Therapy (EBRT) alone
 - ₂ Brachytherapy alone (as monotherapy)
 - ₃ Combination therapy of EBRT and brachytherapy
2. Indicate brachytherapy dose rate type: [If Q1="Brachytherapy alone" or "Combination therapy"]
 - ₁ HDR
 - ₂ LDR
3. Indicate source type: [If Q1="Brachytherapy alone" or "Combination therapy"]
 - ₁ Iridium-192
 - ₂ Palladium-103
 - ₃ Iodine-125
 - ₄ Cesium-131
 - ₅ Other. Please specify: _____
4. Total prescribed brachytherapy dose: _____ Gy [If Q1="Brachytherapy alone" or "Combination therapy"] [between 1 and 90]
5. Indicate any placement procedures prior to simulation related to radiation therapy delivery. Check all that apply. [If Q1="EBRT" or "Combination therapy"]
 - ₁ Fiducials
 - ₂ Rectal spacer
 - ₃ Radiofrequency beacons
 - ₄ Rectal balloon
 - ₅ None
 - ₆ Other. Please specify: _____
6. Which modalities were used for contouring for EBRT treatment? Include the primary simulation data set and any that were registered to it. Check all that apply. [If Q1="EBRT" or "Combination therapy"]
 - ₁ CT simulation
 - ₂ PET
 - ₃ MRI
 - ₄ Ultrasound
 - ₅ Other. Please specify: _____



PROSTATE Radiotherapy Technical Details Form

To be completed by Dosimetrist or Physicist

7. Which modalities were used for contouring for brachytherapy treatment? Include the primary simulation data set and any that were registered to it. Check all that apply. [If Q1="Brachytherapy alone" or "Combination therapy"]

- ₁ CT simulation
- ₂ PET
- ₃ MRI
- ₄ Ultrasound
- ₅ Other. Please specify: _____

Plan Details

8. How many EBRT plans were treated? [If Q1="External Beam Radiation Therapy" or "Combination therapy"] [drop-down menu 0-5]

For each plan, specify:

- a. What volumes were prescribed dose for this plan? Check all that apply.
 - ₁ Primary target (prostate or prostate bed, with or without all or part of the seminal vesicles)
 - ₂ Lymph node chain
 - ₃ Seminal vesicles (if contoured separately and prescribed to a different dose, all or partial)
 - ₄ Subvolume of prostate or prostate bed (focal boost)
 - ₅ Boost of individual lymph node(s) (spatially distinct if more than one)
- b. Was a PRIMARY TARGET CTV structure defined? [If Q8a="Primary target"]
 - ₁ Yes
 - ₂ No
- c. What type of margin was used for the PRIMARY TARGET PTV? [If Q8b="Yes"]
 - ₁ Uniform in all directions
 - ₂ Uniform in all directions except posterior
 - ₃ Non-uniform
- d. Specify the uniform margin between the PRIMARY TARGET CTV structure and PTV structure in cm: [If Q8c="Uniform in all directions" or "Uniform in all directions except posterior"] _____ cm
- e. Specify the Posterior margin between the PRIMARY TARGET CTV structure and PTV structure in cm: [If Q8c="Uniform in all directions except posterior"] _____ cm
- f. Specify the non-uniform margin between the PRIMARY TARGET structure and PTV structure in cm: [If Q8c="Non-uniform"]
 - Superior _____ Anterior _____ Right _____
 - Inferior _____ Posterior _____ Left _____
- g. Enter the name of the PRIMARY TARGET PTV prescribed to by this plan: _____ [If Q8a="Primary target"] [free text field]

Note: The name of this structure should match any DICOM structure set uploaded for this patient.



PROSTATE Radiotherapy Technical Details Form

To be completed by Dosimetrist or Physicist

- h. Dose delivered to the PRIMARY TARGET by this plan: [If Q8a="Primary target"] [between 1 and 90] _____ Gy
- i. If a nodal chain structure was treated, what was the timing used? [If Q8a="Lymph node chain"]
₁ Simultaneous with primary target
₂ Sequential plans
- j. Was a NODAL CHAIN CTV structure defined? [If Q8a="Lymph node chain"]
₁ Yes
₂ No
- k. What type of margin was used for the NODAL CHAIN PTV? [If Q8j="Yes"]
₁ Uniform in all directions
₂ Uniform in all directions except posterior
₃ Non-uniform
- l. Specify the uniform margin between the NODAL CHAIN CTV structure and PTV structure in cm: [If Q8k="Uniform in all directions" or "Uniform in all directions except posterior"] _____ cm
- m. Specify the Posterior margin between the NODAL CHAIN CTV structure and PTV structure in cm: [If Q8k="Uniform in all directions except posterior"] _____ cm
- n. Specify the non-uniform margin between the NODAL CHAIN CTV structure and PTV structure in cm: [If Q8k="Non-uniform"]
Superior _____ Anterior _____ Right _____
Inferior _____ Posterior _____ Left _____
- o. Enter the name of the NODAL CHAIN PTV structure prescribed to by this plan: _____ [If Q8a="Lymph node chain"] [free text field]
- p. Dose delivered to the NODAL CHAIN by this plan: [If Q8a="Lymph node chain"] [between 1 and 90] _____ Gy
- q. Enter the name of the SEMINAL VESICLES structure prescribed to by this plan: _____ [If Q8a="Seminal vesicles"] [free text field]
- r. Dose delivered to the SEMINAL VESICLES by this plan: [If Q8a="Seminal vesicles"] [between 1 and 90] _____ Gy
- s. Enter the name of the PROSTATE OR PROSTATE BED FOCAL BOOST PTV (or GTV/CTV without margin) prescribed to by this plan: _____ [If Q8a="Subvolume of prostate or prostate bed"] [free text field]
- t. Dose delivered for the PROSTATE OR PROSTATE BED FOCAL BOOST by this plan: [If Q8a="Subvolume of prostate or prostate bed"] [between 1 and 90] _____ Gy
- u. Enter the name of the INDIVIDUAL LN BOOST structure prescribed to by this plan: _____ [If Q8a="Boost of individual lymph node(s)"] [free text field]



PROSTATE Radiotherapy Technical Details Form

To be completed by Dosimetrist or Physicist

- v. Dose delivered for the INDIVIDUAL LN BOOST by this plan: [If Q8a="Boost of individual lymph node(s)"] [between 1 and 90] _____ Gy
- w. Are there any additional PTVs with different dose levels (such as an additional lymph node)?
₁ Yes
₂ No
- x. Enter the name of the additional PTV structure prescribed to by this plan: _____ [If Q8w="Yes"] [free text field]
- y. Dose delivered to the additional PTV by this plan: [If Q8w="Yes"] [between 1 and 90] _____ Gy
- z. Number of fractions **delivered** by this plan: _____
- aa. Did the patient receive all of the planned fractions?
₁ Yes
₂ No
- bb. If no, enter **planned** number of fractions: _____ [If Q8aa="No"]
- cc. Planning type used to create this plan:
₁ Forward planning
₂ Inverse planning
- dd. Delivery type of this plan:
₁ 3D
₂ IMRT
₃ Rotational technique (VMAT or TomoTherapy)
₄ Protons

Treatment Delivery and Image Guidance

9. What type of imaging was used to verify this patient's setup? Check all that apply.
- | | |
|---|--|
| <input type="checkbox"/> ₁ kV/MV portal | <input type="checkbox"/> ₄ Ultrasound |
| <input type="checkbox"/> ₂ CT (CBCT or TomoTherapy CT) | <input type="checkbox"/> ₅ Other. Please specify: _____ |
| <input type="checkbox"/> ₃ MR guidance directly before treatment | <input type="checkbox"/> ₆ None (HDR-only treatment) |
10. For each imaging type, specify how often the patient was imaged during treatment. [Provide drop-down menu for each response selected in Q9 other than "None"]
- | | |
|--|--|
| <input type="checkbox"/> ₁ Daily | <input type="checkbox"/> ₃ Less than daily but more than weekly |
| <input type="checkbox"/> ₂ Weekly | <input type="checkbox"/> ₄ Other. Please specify: _____ |
11. Was real-time guidance used during treatment?
₁ Yes
₂ No



PROSTATE Radiotherapy Technical Details Form

To be completed by Dosimetrist or Physicist

12. What type of real-time guidance was used? Check all that apply. [If Q11="Yes"]

- ₁ Real-time kV tracking (such as based on fiducials or kV triggered imaging)
- ₂ MR guidance during treatment
- ₃ Calypso radiofrequency system
- ₄ Other. Please specify: _____