

ATC 3DCRT Facility Questionnaire

(for Protocols Requiring Digital Data Submission)

Please type this form.

The following items are required before you can enter cases on each 3DCRT protocol supported by the Advanced Technology QA Consortium (ATC):

1. Submit this completed Facility Questionnaire for the 3DCRT protocol.

Image-guided Therapy Center
 Attn: Roxana Haynes
 4511 Forest Park Ave., Suite 200
 St. Louis, MO 63108

E-mail: itc@castor.wustl.edu
 Phone: 314-747-5415
 FAX: 314-747-5423

2. Contact the ITC (itc@castor.wustl.edu) and request an FTP account for digital data submission.
3. Submit and successfully complete a protocol specific Dry-Run test.

RTOG Protocol #: _____		RTOG Institution #: _____	
Other Cooperative Group: _____		Protocol #: _____	
		Institution #: _____	
Institution Name: _____			
If Affiliate, Name of Member Institution: _____			
Address: _____			

Date Questionnaire Submitted: ____ / ____ / ____			
Radiation Oncologist(s): _____		email: _____	
Telephone: _____	Fax: _____		
Physicist: _____		e-mail: _____	
Telephone: _____	Fax: _____		
Dosimetrist: _____		e-mail: _____	
Telephone: _____	Fax: _____		
Research Associate: _____		e-mail: _____	
Telephone: _____	Fax: _____		

EXPERIENCE OF PERSONNEL

A. For the Radiation Oncologist named above, approximately how many total 3DCRT treatments have been planned and delivered?

Approximately how many 3DCRT treatments have been planned and delivered in the past 6 months?

In the past 12 months?

B. For the Physicist named above, approximately how many total 3DCRT treatment have been planned and delivered?

Approximately how many 3DCRT treatments have been planned and delivered in the past 6 months?

In the past 12 months?

EQUIPMENT TO BE USED FOR 3DCRT

A. Treatment Unit

Manufacturer And Machine Model	Nominal Energy (MV)	Nominal SSD/SAD (cm)	Field Shaping (check all that apply)
			<input type="checkbox"/> MLC
			<input type="checkbox"/> Custom Blocks
			<input type="checkbox"/> MLC
			<input type="checkbox"/> Custom Blocks
			<input type="checkbox"/> MLC
			<input type="checkbox"/> Custom Blocks
			<input type="checkbox"/> MLC
			<input type="checkbox"/> Custom Blocks
			<input type="checkbox"/> MLC
			<input type="checkbox"/> Custom Blocks

B. CT Simulator (CT Scanner)

Manufacturer

Model

C. 3D Treatment Planning System(s)

	<u>Manufacturer</u>	<u>Version</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

D How are your patients immobilized for 3DCRT?

1. For prostate 3DCRT protocols only (mark all that apply):

- Knee sponge only
 Thermoplastic cast
 Knee sponge and foot holder
 Foam-immobilization mold
 Other: _____

Note that the RTOG P-0126 protocol as written does require... “the patient to be positioned in the supine position in an individualized thermoplastic cast or molded foam cradle in the treatment position on a flat tabletop.” If the institution wishes to use a different type of immobilization system or “no immobilization”, they must perform an internal study documenting that the combined range of setup error and internal organ motion is within the 5-10 mm range, and submit the report for Study Chair review and approval.

2. For head and neck 3DCRT protocols only (mark all that apply):

- head-cup and thermoplastic mask
 Foam-immobilization mask
 bite block
 Other

3. For any other 3DCRT protocol that you are submitting this Facility Questionnaire, describe how your patients are immobilized for 3DCRT:

E. Describe the margins you typically use for 3DCRT.

1. For prostate 3DCRT protocols only (mark all that apply):

Target	Anterior (cm)	Posterior (cm)	Superior (cm)	Inferior (cm)	Left (cm)	Right (cm)
Seminal Vesicles						
Prostate						

2. For brain or head and neck 3DCRT protocols only: What PTV margins do you usually use for patients treated with 3DCRT? _____ mm around the CTV.

3. For breast 3DCRT protocols only: What PTV margins do you usually use for breast patients treated with 3DCRT? _____mm around the CTV.

TREATMENT VERIFICATION USED FOR 3DCRT

A. How do you verify field positioning relative to the patient's anatomy (check all that apply)?

- port film orthogonal port films BAT ultrasound
 Other: _____

B. How often is positioning verification done?

- first treatment only daily weekly
 Other: _____

C. Describe the method used to conduct a check of the dose and monitor unit calculations generated by the 3DRTP system.

D. Are your 3DCRT treatments monitored by a record and verify system?

Manufacturer & Model:

E. Treatment Machine Calibration and Reviews

1. How is the calibration of this machine traced to NIST?

2. When was your last RPC site visit (m/d/yy)?

3. When was your last set of RPC TLDs performed (m/d/yy)?