

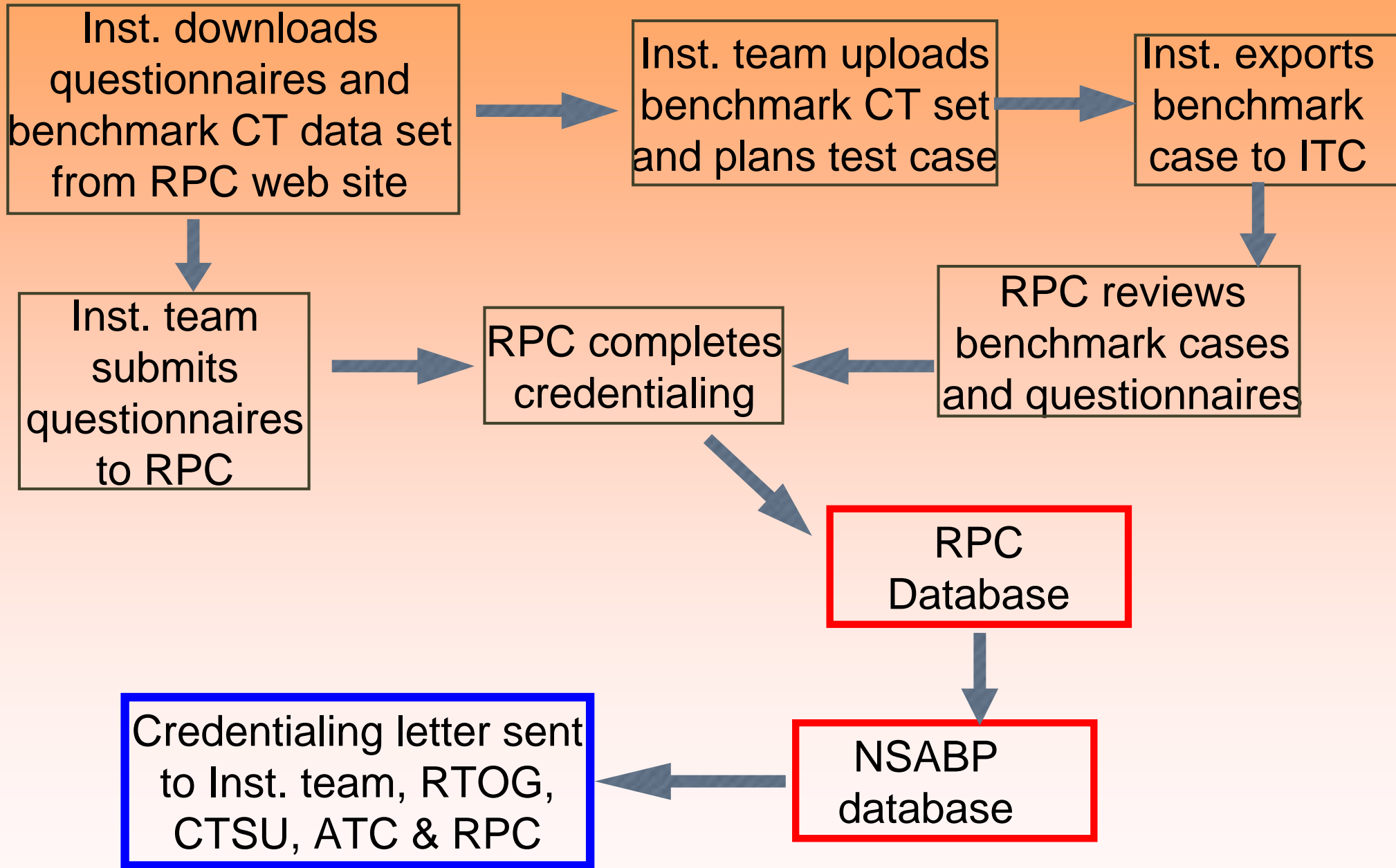
# RPC Report to RTOG Breast Committee



*January 22, 2005*  
*Phoenix, AZ*

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# B-39 Credentialing Process (RPC draft)



# NSABP/RTOG PBI PROTOCOL FACILITY QUESTIONNAIRE

Please fill out all that applies to your institution. This will help expedite the credentialing process. If there are any questions please contact the RPC at (713) 745-8989 or [rpc@mdanderson.org](mailto:rpc@mdanderson.org)

## I. Radiation Oncology Facility:

Facility Name:

Address:




Check the appropriate box and provide the Facility's member number:  RTOG #:   NSABP#:

Fill in the Facility's identification: NCI#:  RTF#<sup>1</sup>:

Is this Facility also known by other name(s)? If so, please provide:

## II. PERSONNEL CONTACT INFORMATION

### A. Radiation Oncologist Responsible for PBI Patients

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	E-mail:	<input type="text"/>
	<input type="text"/>		<input type="text"/>

### B. Surgeon Responsible for PBI Patients

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## MammoSite & Multi-catheter Brachytherapy:

Vendor and version: \_\_\_\_\_

How are the CT images entered for planning?  CD  tape  optical disc

digitized from hardcopy  electronically via network

Other (explain): \_\_\_\_\_

How are CTV, PTV and normal tissue contours entered?

Defined on planning system  defined on CT and input as above

Other (explain): \_\_\_\_\_

Number of calculation points for dose calculation: \_\_\_\_\_ (should be  $\geq 2000$  points for each volume)

Dose volume histograms calculated by computer?  Yes  No

Dose volume histograms available as graphs?  Yes  No

Dose volume histograms available as tables?  Yes  No

How do you superimpose dose distributions on CT images?  By computer  By hand

If by hand; describe technique: \_\_\_\_\_

Placement of catheter device done under which image guided technique: \_\_\_\_\_

By the  Surgeon  Radiation Oncologist

## V. HDR Brachytherapy Quality Assurance Procedures:

### A. Source strength verification:

Submit a description of the procedures followed to verify the calibration of the source(s).

Include:

- Description of dosimetry system.
- Confirmation that calibration meets national standards. (Attach copies of ADCL certificates)
- Measurement and calculation techniques, including conversion of the above standard into the

# ***CREDENTIALING FOR NSABP/RTOG PBI PROTOCOL KNOWLEDGE ASSESSMENT FORM***

This questionnaire is intended to evaluate your understanding of the protocol. If there are any questions please contact the RPC at (713) 745-8989 or [rpc@mdanderson.org](mailto:rpc@mdanderson.org)

Facility Name:

Check the appropriate box and provide the Facility's member number:  RTOG #: \_\_\_\_\_  NSABP#: \_\_\_\_\_

Fill in the Facility's identification: NCI#:  RTF#1:

Name of Radiation Oncologist completing this form:

Identify the PBI Technique(s) to be used:  MammoSite  Multi-catheter Brachy  3D Conformal EBRT  
(Complete this page and the appropriate section(s) on pages 2 – 4.)

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**Data to submit:** List the data to be submitted for each patient:

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- 
- 
- 
- 
-

## MammoSite Planning:

Facility \_\_\_\_\_ RTOG # \_\_\_\_\_ NSABP # \_\_\_\_\_ NCI # \_\_\_\_\_ RTF# \_\_\_\_\_

Name of Radiation Oncologist completing this form: \_\_\_\_\_

1. Acceptable deviation in the symmetry of the balloon is \_\_\_\_\_ mm and the minimum balloon surface to skin distance is \_\_\_\_\_ mm.
2. According to the protocol:
  - a. the CTV encompasses: \_\_\_\_\_
  - b. the PTV encompasses: \_\_\_\_\_
  - c. the PTV\_EVAL encompasses: \_\_\_\_\_
3. The dose is prescribed at \_\_\_\_\_ cm radial distance from the balloon surface for \_\_\_\_\_ Gy to the  CTV  PTV  PTV\_EVAL for \_\_\_\_\_ fractions  single fractions  BID  TID
4. Identify the 4 parameters to be used to determine whether the MammoSite RTS placement is appropriate for treatment: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. The actual volume of tissue receiving 150% (V150) and 200% (V200) of the prescribed dose will be limited to \_\_\_\_\_ cc and \_\_\_\_\_ cc, respectively.
6. Dose Limitations for Normal Tissues: Uninvolved Normal Breast: < \_\_\_\_\_ % of the whole breast reference volume should receive \_\_\_\_\_ % of the prescribed dose.
7. The balloon volume should be subtracted from the whole breast volume for this calculation?  
 True  False
8. An ultrasound or x-ray must be performed prior to each delivered fraction and evaluated for any change in  
balloon diameter  True  False





Update Image Edit Contours Contour Colors

Isodose Contours Plan: fx1

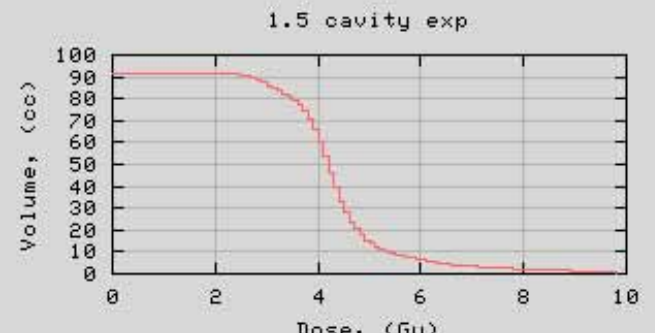
4 Gy  4.5 Gy  Gy  
 3 Gy  2 Gy  Gy

Structures (dashed when isodoses are displayed) All Off

All On

ON 1.5 cavity exp  ON ITC\_SKIN

Struct: 1.5 cavity exp Eval DVH



Plan ID	Vol ≥ Ref	Max	Min	Mean
Plan1	0.00 %	9.84 Gy	2.31 Gy	4.42 Gy

Total Volume: 91.35 cc  
Click on Plan ID for plan summary.



Image Click Mode Re-Center

Window/Level Preset: Default (soft tissue)

Window: 470 Level: 20 Update

# PBI Credentialing Status - Treatment Planning Systems

Vendor	System	Ver.	Exch. Format	3DCRT Export	PBI-3D Import	HDR Brachy Export	PBI-HDR Import
CMS	Focus/XiO	3.1	R	√	In progress	(√)	In progress
Elekta	RenderPlan		R	√	Contacted		
	PrecisePlan	2.01	D	√	In progress		
Nomos	Corvus		R				
Nucletron	Helax TMS		R	√	Contacted		
	TheraplanPlus		R	√	In progress		
	Plato RTS	2.62	D	√	YES		
	Plato BPS	14.2.6	D			√	YES
Philips	Pinnacle <sup>3</sup>		R	√	YES		
	AcqPlan	4.9	R	√			
Rosses	Strata Suite	4.0	R				
RTek	Piper	2.1.2	R				
Varian	Eclipse	7.1	D	√	YES		
	Variseed	7.1	D				
	Brachyvision		D			√	YES



