

**Alliance Foundation Trial
Protocol: AFT-16**

*Registration #: _____ *Radiotherapy Dept: _____
Physicist/ Dosimetrist: _____
Radiation Oncologist Name: _____ Radiation Oncologist Email: _____

I. Assessment of Lesion Motion due to Respiration

- A. How did you assess motion of the lesion with respiration for this patient?
_____ fluoroscopy _____ 4D CT _____ inspiration/expiration fast-CT scan
_____ other: Please describe: _____
- B. What was used to assess the motion?
_____ lesion itself
_____ anatomic correlates: ___ diaphragm ___ chest wall
_____ other: Please specify: _____
_____ implanted fiducial markers: How many? _____ What size? _____ mm
_____ other: Please specify: _____
- C. Maximum tumor excursion in any direction prior to motion management: _____ cm

II. Method used for managing motion of the lesion with respiration?

- _____ free breathing with increased margins for PTV definition
_____ forced shallow breathing using abdominal compression
_____ gating of treatment with breathing cycle
_____ active breathing control (ABC)
_____ self-held breath-hold with respiratory monitoring (e.g., RPM)
_____ gating during free breathing using external monitors or implanted fiducials
_____ other: Please describe: _____
- _____ tracking motion by
_____ moving the beam (e.g. Cyberknife)
_____ moving the MLC's
_____ moving the patient to follow the target
- Commercial system, if applicable _____

III. Definition of Margins

Maximum tumor excursion in any direction following motion management: _____ cm
PTV Margins: Ant/Post _____ mm Rt/Lt _____ mm Sup/Inf _____ mm

This form was completed by:

*Print Name: _____
*Date: _____
*Email: _____
*Phone: _____

Please save and submit to QARC via sFTP

Or

Attach form and email to: DataSubmission@qarc.org

Please do not **submit** duplicate copies