

I. General

QARC Questionnaire for Stereotactic Radiosurgery (SRS) with a Gamma Knife

Return the completed form to: QARC

Suite 201

640 George Washington Highway

Lincoln, RI 02865-4207

This questionnaire, with the requested information, must be submitted to QARC before patients can be placed on a stereotactic protocol. The data will be used by QARC in the review and verification of protocol treatments.

Check the applicable boxes and write in the requested information. Wherever it says "Describe", you may submit a published paper, an internal report, the vendor's descriptive literature, or provide a short description. Use additional pages, if necessary.

Please complete a sample RS-1 patient dosimetry summary form for a non-protocol patient treated in your institution.

If you have questions, please call the QARC Protocol Dosimetrist at 401-753-7600 or fax 401-753-7601 or email Physics@QARC.org.

Institution						
Physicist who can answer question irradiation:	ns about dosi	metry, quality assurance, and dose calculations for stereotactic				
Name		Telephone				
Address		Fax				
Email						
Will you treat pediatric patients?	Yes 🗖	No □				
If yes, will you routinely anesthetiz	e pediatric pa Yes □	tients during the radiosurgery procedure? No □				
If yes, please include a letter docu procedure.	menting the n	nethod of anesthesia that will be employed during the				
How long has your institution been	performing S	GRS?				
Number of SRS cases treated at v	our institution	in the nast six months:				

A. Date of G		installation: urce replacen	nent: _				
B. <u>Head-frar</u>	me/ Fixation o	<u>device</u>					
Used for:	СТ 🗖	MR □	Treatme	nt 🗖			
□ Commerc	ial system m	anufacturer n	nodel:				
	iai system, m	ariaractarer, n					
☐ System no	ot commercia	lly available. [Describe:				
C. <u>Treatmer</u>	nt planning sy	<u>stem</u>					
Version Num	ber of Gamm	naPlan:					
Have you performed any in-house modifications? Yes □						No □	
Please desci	ribe:						
D. What is the	ne limit, if any	, of the numb	er of isocente	rs?			
Please desci	ribe the guide	lines used to	select the nur	mber of	isocenters	S	
Can the syst	em provide is	sodoses in thre	ee orthogonal	planes	?	Yes □	No 🗖
Can the system generate dose-volume histograms for target volume?					Yes 🗖	No □	
for volumes of interest (normal tissue)?				Yes □	No □		
Can the system perform image fusion?					Yes □	No 🗖	
Is image fusion routinely used for your SRS treatments?					Yes 🗖	No 🗖	
What image	set is routine	ly used for def	finition of targ Fused (i			ormal tissues?	
What image set is routinely used for dose calculation? CT □					MR □		

II. Equipment

III. Dose Calculations
A. Please describe the calibration procedure used for this unit when new sources are installed.
B. What routine calibration checks do you perform?
C. How frequently?
IV. Quality Assurance
A. <u>Techniques to verify patient position</u>
Describe:
B. Techniques to verify source "ON/ OFF" accuracy Describe:
C. <u>Techniques to verify the dose distribution</u>
Frequency: Annually Periodically Describe:
 D. When the Co-60 source is changed, what QA procedures do you follow, in addition to the calibratio procedure described in IIIA? Describe:
E. How do you verify the dose?