

Coop Group _____	*Protocol # _____	*Registration #. _____
PT initials _____	Date of birth _____	Sex M ___ F ___
Radiotherapy Dept. _____	Radiation Oncologist _____	
Physicist/ Dosimetrist _____	Phone _____	

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 along with the digital RT plan to QARC via sFTP

Or

Please do not **resubmit** this form by fax or mail.