

**IROC Rhode Island QA Center (QARC)  
RT-1 Dosimetry Summary Form  
EA2182 Only**

\*Protocol #: \_\_\_\_\_ \*Registration #: \_\_\_\_\_

\*Radiotherapy Dept: \_\_\_\_\_

Physicist/ Dosimetrist: \_\_\_\_\_

Radiation Oncologist Name: \_\_\_\_\_ Radiation Oncologist Email: \_\_\_\_\_

**CLINICAL DATA**

Clinical Stage: \_\_\_\_\_ TNM Stage: T \_\_\_\_ N \_\_\_\_ M \_\_\_\_ Histology: \_\_\_\_\_

Has patient had a biopsy? (Y/N) \_\_\_\_ Date: \_\_\_\_\_ Has patient had a surgical excision? (Y/N) \_\_\_\_ Date: \_\_\_\_\_

**\*Describe the original primary tumor size prior to any resection/excision in mm (please note that this should be determined by the radiation oncologist at the time of treatment planning, when all clinical and radiographic data is available) \_\_\_\_ mm**

**TREATMENT INFORMATION**

**DATE OF FIRST TREATMENT** \_\_\_\_\_

Randomization: \_\_\_\_ Arm A (standard-dose CRT) \_\_\_\_ Arm B (De-intensified CRT)

Resources utilized by the treating radiation oncologist to assist in target delineation (please check all that apply):  
 \_\_\_\_ Delineation of Target Volumes on IROC RI website \_\_\_\_ eContour \_\_\_\_ Published Atlases/Consensus Planning Guidelines

Treatment Technique: \_\_\_\_ TomoTherapy \_\_\_\_ IMRT (SMLC or DMLC) \_\_\_\_ Rotational IMRT (VMAT)

Planned Daily Imaging with: \_\_\_\_ kv \_\_\_\_ cone beam CT \_\_\_\_ Other \_\_\_\_\_

Heterogeneity Calculations: \_\_\_\_ Yes \_\_\_\_ No Bolus Thickness if used: \_\_\_\_\_ cm

Vaginal Dilator used: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A Male patient

Patient Position: \_\_\_\_ Prone \_\_\_\_ Supine with Frog Leg \_\_\_\_ Supine with straight leg

Margins used for CTVp to PTVp: \_\_\_\_\_ mm Margin used for CTVn to PTVn: \_\_\_\_\_ mm

**▶ NOTE:** You Must include Treatment Planning System Summary Reports (which includes monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics pages) with data submission.

| Protocol Treatment Site | Daily Dose (cGy) | Total Number of Fractions | Total Dose (cGy) | Prescription Isodose Surface (e.g. 95%) | Number of Beams | Beam energy (e.g. 6X, 6e) |
|-------------------------|------------------|---------------------------|------------------|---|-----------------|---------------------------|
| PTVp (Primary)          |                  |                           |                  |   |                 |                           |
| PTVn (Nodal)            |                  |                           |                  |   |                 |                           |

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**

**Attach to Email to [DataSubmission@QARC.org](mailto:DataSubmission@QARC.org)**

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