

**IROC RI QA Center
Proton Dosimetry Summary Form
AREN1921 and AREN2231**

*Protocol #: _____ *Registration #: _____

*Radiotherapy Dept: _____ RTF#: _____

Physicist/ Dosimetrist: _____

*Radiation Oncologist Name: _____

*Radiation Oncologist Email: _____

CLINICAL DATA

Describe the original tumor location and size. When applicable, describe the tumor rupture, spillage, and seeding:

Clinical Stage: _____ TNM Stage T N M

Nephrectomy: Upfront Delayed Local Relapse after Nephrectomy: Yes No

Biology: AB SB Histology: LR IR HR

Favorable Histology: Yes No Diffuse Unresectable Peritoneal Implants: Yes No

Lung Metastases: Yes No Pulmonary Emboli: Yes No

Brain Metastases: Yes No Bone Metastases: Yes No

LN Metastases: Resected Unresected Patient Age: < 16 years > 16 years

Treatment Site: Flank WAI Whole Lung Liver Bone LN Soft Tissue

Extrarenal Primary: Local Stage III with Microscopic Disease Local Stage III with Gross Residual Disease

INTENDED TOTAL EFFECTIVE DOSE (for all phases): _____ cGy D_{RBE}

RBE Used: _____

DOSE PRESCRIPTION (phase 1): Target Volume Name(s) _____

Date of First Treatment _____

Effective Dose per Fraction:		Effective Dose per Fraction (SIB) if used:	
Effective Total Dose for Phase 1:		Effective Total Dose for Phase 1 (SIB) if used:	
Number of Fractions Phase 1:			
Type of Proton Beam:	☐ Passive Scattering	☐ Uniform Scanning	☐ PBS
Planning Parameters:	[%] Range Uncertainty		[mm] Setup Uncertainty
	[Yes/No] PTV used?		[mm] PTV margins if used
	Uniform Dose (SFO/SFUD)		Modulation (MFO/IMPT/Patch/Match)
	Passive Scattering / Uniform Scanning: [mm] Smearing Radius, [mm] Range Uncertainty		

Robustness Evaluation Performed: ☐ Yes ☐ No If Yes, please complete:	_____ [Yes/No] PTV used?			
	_____ [Yes/No] Error Based Evaluation?		_____ If so, # of scenarios used?	
	Evaluation Based on:	☐ Worst Case	☐ PTV	☐ Other
	PTV or CTV Under Worst Case (enter protocol criteria):	D _____ (e.g. D95%)		V _____ (e.g. V100%)
Dose Calculation:	_____ Monte Carlo		_____ Other	
*Vertebral Body Sparing Technique:	☐ Yes		☐ No	

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 1) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

Repeat for multi-phase treatments.

DOSE PRESCRIPTION (phase 2): Target Volume Name(s) _____

Date of First Treatment _____

Effective Dose per Fraction:		Effective Dose per Fraction (SIB) if used:	
Effective Total Dose for Phase 2:		Effective Total Dose for Phase 2 (SIB) if used:	
Number of Fractions Phase 2:			
Type of Proton Beam:	☐ Passive Scattering	☐ Uniform Scanning	☐ PBS
Planning Parameters:	_____ [%] Range Uncertainty		_____ [mm] Setup Uncertainty
	_____ [Yes/No] PTV used?		_____ [mm] PTV margins if used
	_____ Uniform Dose (SFO/SFUD)		_____ Modulation (MFO/IMPT/Patch/Match)
	Passive Scattering / Uniform Scanning: _____ [mm] Smearing Radius, _____ [mm] Range Uncertainty		
Robustness Evaluation Performed: ☐ Yes ☐ No If Yes, please complete:	_____ [Yes/No] PTV used?		
	_____ [Yes/No] Error Based Evaluation?		_____ If so, # of scenarios used?
	Evaluation Based on:	☐ Worst Case	☐ PTV ☐ Other
	PTV or CTV Under Worst Case (enter protocol criteria):	D _____ (e.g. D95%) V _____ (e.g. V100%)	
Dose Calculation:	_____ Monte Carlo		_____ Other
*Vertebral Body Sparing Technique:	☐ Yes		☐ No

***Please answer for studies utilizing vertebral body sparing techniques.**

Treatment Fields (phase 2) Include Beam Data Printouts from the Planning System and Monitor Unit Calculations

This form is completed by:

*Full name:

*Email:

Date:

Please save and submit along with the digital RT plan to IROC using TRIAD or QARC Submit.