

**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.