

**IROC RI QA Center
RT-1 Dosimetry Summary Form
AREN1921 and AREN2231**

Note: Please use Proton Reporting form for proton treatments.

*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

DATE OF FIRST TREATMENT _____

Treatment Technique

Check off all that apply: ☐ 3D Conformal ☐ TomoTherapy ☐ IMRT (SMLC or DMLC)
☐ Rotational IMRT ☐ Motion Management ☐ IGRT ☐ SBRT ☒ Other _____

Protocol Treatment Site	Target Volume Name	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)
Phase #1							
Phase #2							
Phase #3							
Intended Total							

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.