

**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: _____ Nephrectomy: ☐ Upfront ☐ Delayed Biology: ☐ AB ☐ SB Favorable Histology: ☐ Yes ☐ No Lung Metastases: ☐ Yes ☐ No Brain Metastases: ☐ Yes ☐ No LN Metastases: ☐ Resected ☐ Unresected 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	TNM Stage _____ T _____ N _____ M _____ Local Relapse after Nephrectomy: ☐ Yes ☐ No Histology: ☐ LR ☐ IR ☐ HR Diffuse Unresectable Peritoneal Implants: ☐ Yes ☐ No Pulmonary Emboli: ☐ Yes ☐ No Bone Metastases: ☐ Yes ☐ No Patient Age: ☐ < 16 years ☐ > 16 years
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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.