TROG 08.03 (RAVES) A Phase III Multi-Centre Randomised Trial Comparing Adjuvant Radiotherapy (RT) with Early Salvage RT in Patients with Positive Margin or Extraprostatic Disease Following Radical Prostatectomy	**Patient Initials** ☐☐☐ **Reg Number** ☐☐☐☐☐☐☐	**QA REVIEW Checklist [QA2]** **RADIOTHERAPY PLANNING DATA For Timely Review** **Page 1/4**

- As per protocol, the following information is required for timely review of all patients in Arm 1 (ART) and all patients in Arm 2 (SRT) who receive radiotherapy. **Submission of planning data is required at least one week prior to the RT start date.**
- Copies of all information/documents should not reveal any personal identifying information, and should be labelled with the patient initials and registration number.
- All treatment planning data must be submitted in DICOM-RT or RTOG format. DRRs may be submitted in .jpg format. All treatment planning data and forms to be upload through CQMS via the TROG website: www.TROG.com.au

☐ Initial submission for timely review

☐ Re-submission per reviewer request or if changes were made to the plan after initial submission

RADIOTHERAPY PLANNING (due at least 1 week prior to radiotherapy start date)

Enclosed ***(tick boxes)***	**Documentation** ***(photocopy or duplicate copy)***
☐ Yes ☐ No	**RT Treatment Plans (RTOG or DICOM format).** *The plan should be submitted with contours defined according to protocol and* ***any non-applicable contours deleted.***
	Was a two phase plan used? ☐ Yes* ☐ No *If yes, treatment plans for both phases are required to be submitted.
☐ Yes* ☐ No	**Was the patient treated using an IMRT technique?** *Refer to *RAVES Quality Assurance and Credentialing Requirements for Sites Using IMRT Techniques*
☐ Yes ☐ No ☐ N/A	IMRT Physics QA dosimetry report submitted (only if using inverse planned IMRT)
☐ Yes ☐ No	DRRs
☐ Yes ☐ No	Screen dump(s) of DVH of the following structures (as jpeg electronic images): ☐ CTV ☐ PTV ☐ Rectum
☐ Yes ☐ No	Screen dump of the axial central-axis and mid-sagittal with isodoses (as jpeg electronic image or hard copy). Max: 100%, 95%, 90%, 70%, 50%, 20%.
☐ Yes ☐ No	Rectum contoured- External surface of the rectum shall be named "**Rectum**" at the treatment planning computer and should be contoured as a solid organ superiorly from the recto-sigmoid junction (where the rectum turns horizontally into the sigmoid, usually at the inferior border of the sacro-iliac joint) to 15mm inferior to the inferior CTV border.
☐ Yes ☐ No	Left femur Contoured- Shall be named "**LF**" at the treatment planning computer and will be contoured from the acetabulum to the inferior edge of the treatment field.
☐ Yes ☐ No	Bladder Contoured- The whole external wall of the bladder should be named "**Bladder**" at the treatment planning computer and should be contoured to the slice superior to the anastomosis.
☐ Yes ☐ No	Anastamosis Contoured
☐ Yes ☐ No	Anal Canal contoured- *(optional).* Shall be named "**AC**"
☐ Yes ☐ No	Pathology report: *Required at initial submission for timely review. Not required for any re-submissions*

Section 1:

1. What type of Treatment Planning System did you use?

   ☐ Eclipse ☐ Plato ☐ Theraplan ☐ Xio

   ☐ Oncentra ☐ Pinnacle ☐ Other: _____

2. What is the Version number of your planning system? _____

3. What algorithm did you use? _____

4. Was heterogeneity accounted for in your plan? ☐ Yes ☐ No

5. If contrast was used in the bladder, was the heterogeneity correction for the bladder adjusted to account for lack of contrast during treatment (eg a "bulk correction") applied? ☐ Yes ☐ No

Section 2: Planning Data

6. Were MRI data available to assist with planning? ☐ Yes ☐ No

7. If yes, was the MRI image data set fused with CT for planning? ☐ Yes ☐ No

8. CT scan orientation: ☐ Head in ☐ Head out ☐ Prone ☐ Supine

9. Specify where the dose is prescribed:

   ☐ Centre of volume ☐ Isocentre ☐ Other: specify _____

10. What are the co-ordinates of the following dose prescription points?

Prescription Point	Coordinates (cm)
X (right +ve/ left):	
Y (sup +ve/inf):	
Z (ant +ve/post)	

11. **Prescribed dose Phase I:** ☐☐ Gy No. of fractions ☐☐

12. **Was a two phase technique used?** ☐ Yes ☐ No

13. **Phase II (if applicable):** ☐☐ Gy No. of fractions ☐☐

14. **Rectum data:** Percentage receiving 40Gy ☐ % 60Gy ☐ %

15. **Left Femur data:** Percentage receiving 35Gy ☐ % 45Gy ☐ % 60Gy ☐ %

Section 2: Planning Data, *continued*

16. **Beam arrangements** for each gantry angle: **Phase I**

Gantry Angle (deg)	Field size (cm)	Radiation energy	Weight	Blocks/MLC Margin

Phase II (if applicable):

Gantry Angle (deg)	Field size (cm)	Radiation energy	Weight	Blocks/MLC Margin

Section 3: Linear Accelerator Details

17. **Manufacturer:** ☐ Elekta ☐ Siemens ☐ Varian

☐ Other, please describe:_____

18. **Model name** (e.g. Primus):_____

19. **Departmental Identifier** (e.g. Unit 1):_____

Section 4: Clinical Data

20. 3DCRT, did you reduce the posterior CTV to PTV margin to less than 1 cm?
Please note: Margin reduction for IMRT NOT permitted

☐ Yes ☐ No If yes, provide justification and describe where this margin was reduced:

_____

_____

Section 4: Clinical Data, *continued*

21. Are there any known deviations from the protocol? ☐ Yes ☐ No.

If yes, provide details that may justify deviations from the protocol recommendations:_____

_____

_____

_____

22. If a two phase technique was used, *i*nclude any details that may provide justification for using a 2 phase treatment.

_____

_____

_____

23. List any attached clinical data:

_____

_____

_____

24. If there are delays or any information is not available, please record the reasons:

_____

_____

_____

To facilitate timely review, please provide <u>comprehensive</u> notes.

Section 5: Submission Notes

Radiation Oncologist:_____

Email:_____ Daytime Tel:_____ Mobilel:_____

<u>Contact details are requested to avoid delay in the timely review process.</u>

Form completed by:

Name: _____ **Date:**_____

Email: _____

Telephone: _____

IMPORTANT: NOTIFY TROG OFFICE ONCE DATA SUBMISSION IS COMPLETE

Email: qa@trog.com.au

If you have any queries regarding the information required for review, please contact Melissa Crain via email or phone +61 2 401 43905.