DRY RUN DATA SUBMISSION FORM

Section 1: Contact Information

Investigator:
Surname: ___________________________  First Name: ___________________________
Title: _______________________________  Email: ______________________________
Tel: _______________________________  Fax: _______________________________

Radiation Therapist:
Surname: ___________________________  First Name: ___________________________
Title: _______________________________  Email: ______________________________
Tel: _______________________________  Fax: _______________________________

Trial Coordinator:
Surname: ___________________________  First Name: ___________________________
Title: _______________________________  Email: ______________________________
Tel: _______________________________  Fax: _______________________________

Please tick below as applicable:
☐ Initial Submission of Benchmarking Exercise  ☐ Revised Submission as of __/__/__

Section 2: Treatment Planning System Details

1. What type of treatment planning system do you use?
   ☐ Eclipse  ☐ Plato  ☐ Theraplan  ☐ Xio  ☐ Oncentra
   ☐ Pinnacle  ☐ Other: specify ________________________________

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

3. What algorithm do you use? ________________________________

4. Is heterogeneity accounted for in your plan? ☐ Yes  ☐ No
Section 2: Treatment Planning System Details, continued

5. Was an IMRT treatment technique used to plan this patient?  ☐ Yes  ☐ No

6. If yes, please refer to supplementary QA documentation for further instructions.

Section 3: Contouring and Planning Data

7. Are DRRs included in electronic submission?  ☐ Yes  ☐ No

8. Specify where the dose is prescribed:
   ☐ Centre of volume  ☐ Isocentre  ☐ Other: specify_____________________

9. What are the co-ordinates of the following dose prescription points relative to the DICOM origin of the dataset (not the user origin)?

<table>
<thead>
<tr>
<th>Prescription Point</th>
<th>Coordinates (cm)</th>
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<tbody>
<tr>
<td>X (right +ve/ left):</td>
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<tr>
<td>Y (sup +ve/inf):</td>
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<tr>
<td>Z (ant +ve/post)</td>
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10. Prescribed dose Phase I:  ☐ ☐ Gy  No. of fractions ☐ ☐

11. Was Phase II planned?  ☐ Yes  ☐ No

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

13. CT couch position/ z value containing anastomosis: ____________________

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

15. Left Femur data: Percentage receiving 35Gy ☐ %  45Gy ☐ %  60Gy ☐ %
16. **Beam arrangements** for each gantry angle: Phase I

<table>
<thead>
<tr>
<th>Gantry Angle (deg)</th>
<th>Field size (cm)</th>
<th>Radiation energy (MV)</th>
<th>Weight</th>
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17. **Beam arrangements** for each gantry angle: Phase II (if applicable)

<table>
<thead>
<tr>
<th>Gantry Angle (deg)</th>
<th>Field size (cm)</th>
<th>Radiation energy (MV)</th>
<th>Weight</th>
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**Section 4: Miscellaneous Information**

18. Did you have any problems completing the dummy run exercise? □ Yes: *Explain below* □ No

19. Did you plan this dummy run case in the same way you intend to plan your trial patients?

□ Yes □ No. *If no, briefly describe the differences:*

20. Did you reduce the posterior margin (< 1 cm)?

□ Yes □ No. *If so provide justification and describe where this margin was reduced:*

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*Please upload completed Dry Run Data Submission Form to CQMS*

*Version 2: 28 January 2010*
Section 4: Benchmarking Submission Checklist:

All data and forms to be submitted through CQMS

☐ RAVES – FACILITY QUESTIONNAIRE

☐ RAVES – DRY RUN DATA SUBMISSION FORM

☐ Treatment plan RTOG or DICOM RT format with contours defined according to protocol and any non-applicable contours deleted

☐ DRRs

☐ Screen dump(s) of DVH of the following structures (as jpeg electronic image or hard copy):
  ☐ CTV
  ☐ PTV
  ☐ Seminal vesicles (if delineated as a separate structure)
  ☐ Rectum

☐ 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%.

☐ If using IMRT, submit physics IMRT dosimetry quality assurance documents completed for the dry run case.

If any of the above data are not included, please explain:

__________________________________________________________

__________________________________________________________

__________________________________________________________

IMPORTANT: NOTIFY TROG OFFICE ONCE DATA SUBMISSION IS COMPLETE

Email: Melissa.Crain@mater.health.nsw.gov.au

Section 5: Submission Notes

Form completed by: ___________________________________________ Date: ______/____/____