

***CREDENTIALING FOR RTOG HDR PROSTATE PROTOCOL
KNOWLEDGE ASSESSMENT FORM***

Institution _____ RTOG Institution # _____ RTF#: _____
 Physicist _____ Radiation Oncologist _____

Protocol Specifications:

Data to submit: The following dosimetric data are to be submitted for each patient:

- _____
- _____
- _____
- _____
- _____

1. Implants will only be offered to patients with a prostate volume documented to be less than 55cc 60cc 65cc by transrectal ultrasound examination, AUA symptom index less than equal to 15 16 17 and no prior history of TURP.
2. The implant may be performed as early as ____ week(s) prior to the start of external beam.
3. For patients receiving HDR brachytherapy boost who are randomized to Arm 2, RT should begin, as for other modalities 8 weeks following the first LHRH administration. True False
4. All implants will be performed under transrectal ultrasound guidance. True False
5. At least 14 15 16 treatment catheters should be used to ensure adequate target coverage with acceptable dose heterogeneity.
6. Fiducial markers identifying the prostatic base and apex should be placed at the time of the implant procedure. True False
7. The use of intraoperative cystoscopy is discouraged to ensure the absence of treatment catheters within the urethra or bladder. True False
8. All patients will be treated with a single implant 2 3 4 treatment fractions will be delivered prior to its removal. A minimum interval of 5 6 7 hours will be allotted between fractions and must be delivered within a single 24 hour period.
9. The treatment planning CT scan must be performed with the patient in the supine position with the Foley catheter in place. True False
10. CT scan must include all of the CTV with at least ____ mm superior and inferior margin, and the scan should not should include the tips of all the implanted catheters. The scan thickness must be ≤ ____ cm and the slices must be contiguous.
11. The CTV is defined as _____.

12. The PTV is defined as _____.

13. A prescription dose of ___ Gy will be delivered to the ___ in two equal fractions of ___ Gy.

14. 95% coverage of the PTV is considered per protocol variation acceptable deviation unacceptable

15. $\geq 90\%$ but $< 95\%$ coverage of the PTV is considered per protocol variation acceptable deviation unacceptable

16. $< 90\%$ coverage of the PTV is considered per protocol variation acceptable deviation unacceptable

By our signatures we attest to the fact that we have performed 5 or more HDR prostate implants.

Radiation Physicist Date

Radiation Oncologist Date

Name Printed

Name Printed