

## RTOG Gynecological Brachytherapy Protocol Compliance Form

Institution Name: \_\_\_\_\_ RTOG #: \_\_\_\_\_ Study #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Name Phone # Email address

Oncologist: \_\_\_\_\_

Physicist: \_\_\_\_\_

Dosimetrist: \_\_\_\_\_

Data Manager: \_\_\_\_\_

External Beam:

Start date of external beam: \_\_\_ / \_\_\_ / \_\_\_ End date of external beam: \_\_\_ / \_\_\_ / \_\_\_

Whole pelvis dose: \_\_\_\_\_ (Gy)

Boost dose: \_\_\_\_\_ (Gy)

Non-pelvic lymph node boost dose: \_\_\_\_\_ (Gy)

Brachytherapy:

Treatment Type:  LDR  HDR Number of insertions: \_\_\_\_\_

Nuclide:  Cs<sup>137</sup>  Ir<sup>192</sup>  Other \_\_\_\_\_

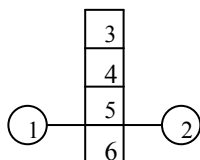
Magnification Factor

Insertion #	Date	A <sub>R</sub> (Gy)	A <sub>L</sub> (Gy)	B <sub>R</sub> (Gy)	B <sub>L</sub> (Gy)	Rectum (Gy)	Bladder (Gy)	Magnification Factor	
								AP Film	Lat. Film
_____	___/___/___	_____	_____	_____	_____	_____	_____	_____	_____
_____	___/___/___	_____	_____	_____	_____	_____	_____	_____	_____
_____	___/___/___	_____	_____	_____	_____	_____	_____	_____	_____
_____	___/___/___	_____	_____	_____	_____	_____	_____	_____	_____
_____	___/___/___	_____	_____	_____	_____	_____	_____	_____	_____

Total Dose: \_\_\_\_\_

Source loading for LDR implants:

Source	Activity (mgRaeq)	Total Hours (hrs.)	Active Length (mm)	Physical Length (mm)	Spacer Length (mm)
Ovoids					
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
Tandem					
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____



Submit the following information:

- AP and lateral orthogonal films for all insertions.
- Treatment plans for all insertions.(i.e. isodose distributions, all calculations)
- Activity, dwell times, dwell positions. (HDR only)