### Credentialing for RTOG HDR Prostate Protocol

***Knowledge Assessment Form***

Institution  RTOG Institution # RTF#**:**

Physicist  Radiation Oncologist

**Protocol #:**  1115

**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 TRUP.

2. The implant may be performed as early as \_\_\_\_ week(s) prior to the start of external beam or as lat as \_\_ week(s) following its completion.

3. The RT should start within 56 days (±7 days) 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, unless previously placed for guidance of EBRT.  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. Patients will be treated with either a single implant – single HDR fraction, single implant – 2 HDR fractions delivered over 24 hours with a minimum of 6 hours in between or 2 implants – 2 HDR fractions. For patients receiving 2 fractions over 2 implants, the insertion should be 7 days prior to initiation of EBRT following its completion if not done during EBRT. NO EBRT treatment will be delivered on the day of HDR treatment.

True False

9. The treatment planning CT scan must be performed with the patient in the supine position with the Foley catheter in place.  True False[[1]](#footnote-1)[[2]](#footnote-2)

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 brachytherapy target volume and normal critical structures, including the prostate, seminal vesicles, urethra, bladder and rectum, must be outlined on all CT slices.  True False

12. The CTV is defined as .

13. The PTV is defined as .

14. A prescription dose of \_\_\_Gy will be delivered to the \_\_\_ , for a single implant – single fraction.

15. A prescription dose of \_\_\_Gy will be delivered to the \_\_\_ , in 2 equal fraction of \_\_Gy for a single implant – two fractions.

16. A prescription dose of \_\_\_Gy will be delivered to the \_\_\_ , in 2 equal fraction of \_\_Gy using one implant for each fraction for the two implants – two fractions.

17. 95% coverage of the PTV is considered  per protocol  variation acceptable  deviation unacceptable

18. ≥ 90% but < 95% coverage of the PTV is considered  per protocol  variation acceptable  deviation unacceptable

19. < 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

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)