### Credentialing for RTOG LDR Prostate Protocol

***Knowledge Assessment Form***

Institution  RTOG Institution # RTF#**:**

Physicist  Radiation Oncologist

**Protocol #:** 0815 0924 1115

**Protocol Specifications:**

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

* **.**
* **.**
* **.**
* **.**
* **.**

1. The CTV will consist of the \_\_\_\_\_\_\_\_\_\_\_\_ only.

2. The PTV may be the same as the \_\_\_\_\_\_\_\_\_\_ or a 2-3 mm margin may be included  anteriorly  posteriorly  laterally and up to 5mm  anteriorly  craniocaudally laterally.

3. 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.

4. The implant may be performed no later than \_\_\_\_ weeks upon the completion of external beam.

5. At least  5%  10%  12% of the sources will be assayed in such a manner that direct traceability to either the National Institute of Standards and Technology (NIST) or an Accredited Dosimetry Calibration Lab (ADCL) is maintained.

6. The prescription dose for permanent seed interstitial boost is \_\_\_\_\_\_\_ Gy for 125I and \_\_\_\_\_\_\_Gy for 103Pd.

7. Doses will be prescribed as minimal peripheral dose to the PTV.  True  False

8. The postimplant CT-defined \_\_\_\_\_\_\_\_\_\_ will be defined as the \_\_\_\_\_\_\_\_\_\_\_.

9. D90 for the ETV is greater than \_\_\_\_\_\_\_ of the prescription dose, but less than \_\_\_\_\_\_\_\_\_\_ of the prescription dose.

By our signatures we attest to the fact that we have performed 10 or more LDR prostate implants.

Radiation Physicist Date Radiation Oncologist Date

Name Printed Name Printed