

CCTG Protocol Number: **MA.39**

RADIOTHERAPY REVIEW SUBMISSION FORM

To be completed by the treating centre and uploaded to TRIAD for pre-treatment and on-treatment review by central reviewers. The Investigator must sign this form. Data from this form must also be entered into RAVE EDC (Radiotherapy Report) by the treating centre.

CCTG Patient ID #: _____ RTF# _____ Institution: _____

Person submitting: _____ email: _____

TREATMENT ARM

- Arm I Group IA
- Arm II Group IIA
- Arm II Group IIB

TREATMENT SIDE

- Right
- Left

WBI WITH NO REGIONAL RT - TREATMENT INFORMATION

Energy (check all that apply): 4 MV 6 MV 10 MV 18 MV Other: ___MV

Basic field arrangement: Tangents Other, specify: _____

Technique: 3D CRT
 IMRT forward planned (including field within field and segments)
 IMRT reverse planned
 VMAT
 Other, specify: _____

Lung correction: Yes No

BOOST: LUMPECTOMY CAVITY OR MASTECTOMY SCAR - TREATMENT INFORMATION

Energy (check all that apply): MeV electrons 4 MV 6 MV 10 MV 18 MV Other: ___MV

Basic field arrangement: Direct Field Other, specify: _____

Technique: 3D CRT
 IMRT forward planned (including field within field and segments)
 IMRT reverse planned
 VMAT
 Other, specify: _____

WBI OR CHEST WALL INCLUDING INTERNAL MAMMARY NODES - TREATMENT INFORMATION

Energy (check all that apply): MeV electrons 4 MV 6 MV 10 MV 18 MV Other: ___MV

Basic field arrangement: Modified wide tangent
 Tangents and direct electron only field for IMN
 Tangents and direct mixed photon and electron field for IMN
 Other, specify: _____

Technique: 3D CRT
 IMRT forward planned (including field within field and segments)
 IMRT reverse planned
 VMAT
 Other, specify: _____

Lung correction: Yes No

SUPRACLAVICULAR AND AXILLARY NODES - TREATMENT INFORMATION

Which levels are covered: Supraclavicular Axillary 1 Axillary 2 Axillary 3

Energy (check all that apply): 4 MV 6 MV 10 MV 18 MV Other: ___MV

Basic field arrangement: anterior only
 anterior and posterior
 Other, specify: _____

Technique: 3D CRT
 IMRT forward planned (including field within field and segments)
 IMRT reverse planned
 VMAT
 Other, specify: _____

Lung correction: Yes No

Investigator Signature: _____