|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | CREDENTIALING FOR RTOG HDR PROSTATE PROTOCOL PREVIOUS PATIENT |  |

Submit information for the most recent HDR prostate implant completed by the above radiation oncologist, including: (Note: Please be sure to submit a case treated as close to per protocol as possible.) The purpose of this section is to assess the relationship between 3 sets of data: 1. CT/MR/TRUS images 2. Contours of target and organs at risk. 3. Isodose distributions.

* + Post-implant CT, MR or TRUS scans submitted electronically to the TRIAD.
	+ A RTOG Prostate brachy protocol compliance from submitted on-line, which describes the volumes, the dose description, and the dose volume histograms of the treated volume, PTV, rectum, bladder, and urethra will be completed.
	+ Copies of the dosimetry calculations and treatment records for the HDR brachytherapy treatment.

General Notes:

* + Outline the entire rectum, not just the anterior wall.