

NCRI RADIOTHERAPY & LYMPHOMA GROUP

QA for Radiotherapy: SITE-SPECIFIC QUESTIONNAIRE

This questionnaire has been compiled for the following purposes:

- i) To form the basis of the quality assurance of each centre entering patients into the trial.
- ii) To provide guidance to the quality assurance group formulating the quality control protocol for the trial.
- iii) The results of this survey may form the basis of a published paper. In this event all information provided will be anonymous, but due credit will be given to contributors.

The questions are structured flexibly to allow for different approaches to quality assurance of the planning process to those used by the authors. If written protocols exist already that answer the questions in places feel free to write “see protocol” against the relevant questions and also attach the protocol.

*Please return completed questionnaire to Patty Díez,
electronically to: patricia.diez@nhs.net
or send hard copy to :
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1. TARGET VOLUME DEFINITION

For various stages of the disease state how the target volume is defined; in particular consider:

- Use of CT or Simulator or both
- Axillary margin definition
- Other imaging techniques used
- Medial border definition (if used)

In this section it would be useful if you can take 5 recent patients and explain how the margins have been chosen for these particular patients.

If possible please could you choose patients in the different categories of disease region and complete the table on the following page.

<i>Region</i>	<i>Dose Prescription</i>	<i>Planning CT, SIM or Virtual SIM?</i>	<i>Margin description</i>
<i>Cervical / supra clavicular</i>			
<i>Mediastinum / hilar</i>			
<i>Axilla</i>			
<i>Paraaortics</i>			
<i>Spleen</i>			
<i>Groin</i>			

2. PATIENT POSITIONING & TECHNIQUES

2.1. Are all fields treated with the patient supine?

Yes No

2.2. Which of the techniques are used?

- 1) Fixed
 2) Isocentric
 3) Extended FSD

2.3. Any breathing control?

Yes (give brief details)

No

2.4. What immobilisation devices are used and for what site?

- | | |
|-------------------------------------------------|--|
| 1) Head supports | |
| 2) Knee roll | |
| 3) Ankle stocks | |
| 4) Other
(Commercial/custom
built system) | |

2.5. Constraints when using CT

- | | |
|------------------|--|
| 1) Aperture Size | |
| 2) Other | |

2.6. What checks carried out on positioning information from CT on transfer to the linac?

- | | |
|----------------------------------------|--|
| 1) None | |
| 2) Other (please
describe) | |
| 3) Laser system
(internal/external) | |

3. PLANNING

3.1. Choice of fields used

	Please list number/ energy / orientation
1) Neck / SCF	
2) Axilla	
3) Mediastinum / Hilar	
4) Paraaortics	
5) Spleen	
6) Groin	

3.2. Reference tattoos

3.2.1. Are tattoos identified on:

1) CT	
2) Radiographs	

3.2.2. How are the tattoos related to beam axes?

1) Shift instructions	
2) Tattoo on axis	

3.3. Compensation and state whether across length/width, or both; and what are your criteria for compensation?

1) Wedge	
2) Simple	
3) Complex	
4) If relevant how are compensators constructed?	(describe briefly)

3.4. Separation

3.4.1. How are patient separations measured?

1) From CT	Method
2) At Simulator	Method
3) Other	Method

3.4.2. Are measurements checked?

1) On set

Method

2) Other

Method

3.5. Critical Structures

3.5.1. Outlined on radiograph or CT?

3.5.2. How is more complex shielding constructed?

1) Shaped blocks using DRR/block-cutter

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2) Shaped blocks using film/block-cutter

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3) MLC (from film or DRR?)

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4) Standard blocks

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4. CALCULATION

4.1. Is a distribution of dose determined?

Yes No

4.2. Method for determining percentage depth dose.

1) Staff group

PHYS		RAD		OTHER	

2) Clarkson
(Manual)

3) Separated scatter
(Manual)

4) IRREG
(computer)

5) Other

(describe)

4.3 Describe/draw points at which %DD is determined for each site.

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4.4 If lead is added to the cord during treatment

- 1) Staff group
- 2) How are calculations of cord dose done?
- 3) Where is the record made of the cord dose calculation?
- 4) How is the lead position checked?

PHYS		RAD		OTHER	

5. VERIFICATION

Check radiograph frequency

1 / fraction		1 / week		1 / course	
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6. NEW DEVELOPMENTS

Are you in the process of developing new techniques to plan and/or deliver treatment for lymphoma? If so please give a brief outline of what is being done.

