

NCRI LYMPHOMA GROUP: Stanford V vs ABVD in Advanced Hodgkin's Disease Trial

QA for Radiotherapy

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.

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>Prescription: Dose Time</i>	<i>Planning CT or Sim ?</i>	<i>Margin description</i>	<i>Differences from protocol</i>
<i>Cervical / supra clavicular</i>				
<i>Mediastinum / hilar</i>				
<i>Axilla</i>				
<i>Paraaortics</i>				
<i>Spleen</i>				
<i>Pelvis</i>				

2. Critical Structures

Use of CT: Yes ; No

Outlined on radiograph or CT?

2.1. How is more complex shielding constructed?

- 1) Shaped blocks using DRR/block-cutter
- 2) Shaped blocks using film/block-cutter
- 3) MLC (from film or DRR?)
- 4) Standard blocks

3. Patient position and techniques

3.1. Are all fields treated with the patient supine?

Yes No

3.2. Which of the techniques are used?

- 1) Skin centred
- 2) Isocentric
- 3) Extended FSD

3.3. Any breathing control?

Yes (give brief details)

No

3.4. What immobilisation devices are used?

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

3.5. Constraints when using CT

- 1) Aperture Size
- 2) Other

3.6. 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)	

4. Planning

4.1. Choice of fields used (and number)

	Please list region / common energy
1) Electron	
2) Photon	
3) Other	

4.2. Reference tattoos

4.2.1. Are tattoos identified on:

1) CT	
2) Radiographs	

4.2.2. How are the tattoos related to beam axes?

1) Shift instructions	
2) Tattoo on axis	

4.3. Compensation and state whether across length/width, or both; and what is your criterion (criteria) for compensation?

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

constructed?

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4.4. Separation

4.4.1. How are patient separations measured?

1) From CT

Method

2) At Simulator

Method

3) Other

Method

4.4.2. Are measurements checked?

1) On set

Method

2) Other

Method

5. Calculation

5.1. Is a distribution of dose determined?

Yes No

5.2. Method for determining percentage depth dose (please outline your method if not listed below).

1) Staff group

PHYS		RAD		OTHER	
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2) Clarkson
(Manual)

3) Separated
scatter
(Manual)

4) IRREG
(computer)

5) Other

(describe)

5.3
Describe/draw
points at which
%DD is
determined for
each class of
treatment type.

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5.4 Method for calculating monitor units.

- 1) Staff group
- 2) Ignore block/MLC (use jaw size)
- 3) Simple block/MLC correction
- 4) Block/MLC correction for MU and %DD

PHYS		RAD		OTHER	

5.5 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	

5.6 If gaps between fields occur

- 1) Staff group
- 2) What calculation or adjustments are made for any gaps between field borders ?
- 3) What tests have been performed to check these calculations?

PHYS		RAD		OTHER	

5.7 Audit

- 1) Local staff group involved
- 2) Have you had an external audit for irregular fields performed?

PHYS		RAD		OTHER	
Please give details					

6 Verification

6.1 Check radiographs

- 1) Frequency

1 / fraction		1 / week		1 / course	
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6.2 Shielding QA

- 1) Are blocks checked for geometry?
- 2) Are blocks checked for transmission?
- 3) How are blocks identified?

- 4) MLC shapes checked?

1 / course		> 1 / course	
1 / course		> 1 / course	
1 / course		> 1 / course	

6.3 In-vivo dosimetry

- 1) Is in-vivo dosimetry used?
- 2) If so at which regions?

No		Yes	TLD / Diode / Other
<i>Cervical / supraclavicular</i>			
<i>Mediastinum/hilar</i>			
<i>Axilla</i>			
<i>Paraaortics</i>			
<i>Spleen</i>			
<i>Pelvis</i>			

3) Are in vivo dosimetry results used to modify the treatment in any way?

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4) Are in-vivo results signed by a doctor?

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7 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.

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