DBCG - SKAGEN TRIAL 1

RT PLANNING AND THERAPY

DANISH BREAST CANCER COOPERATIVE GROUP

NO BOOST

Name – Patient ID	<u> </u>		Hospital		
The upper part (Radiotherapy					
The lower part (Radiotherapy delivered) is filled in after completion of RT. If there is a deviation from the approved plan, the boxes for deviation are filled in with respect to the remaining fractions.					
Radiotherapy planning					
Indication for RT to levels according to ESTRO guideline	□CTVn_L1 □C □CTVn_IMN □CTVp_breast		CTVn_L2		
Laterality	☐ Rig		CTVp-breast or chest wall	Planned	Revised plan
Breast implant 0=No 1=Yes			D98% for CTVp (Gy)		
Mastectomy: 0=No Bolus on scar 1=Yes			V95% for CTVp (%)		
	Planned	Revised plan	D2% for CTVp (Gy)		
Dose (Gy)			External receiving >105% but		
Dose (Gy)			≤107% (ml) (Only 40 Gy/15 fr)		
Fractions			External receiving >107% but ≤110% (ml)		
Gating 0=No 1=Yes			External receiving >110% (ml)		
Heart, V20/V17	(Normofrac.: max 10% may receive ≥20 Gy) (Hypofrac.: max 10% may receive ≥17 Gy)				
Heart, V40/V35			t may receive ≥40 Gy) may receive ≥35 Gy)		
LADCA max dose (Gy)					
lpsilateral lung, V20/V17			lat lung may receive ≥20 Gy) at lung may receive ≥17 Gy)		
CTVp_ breast / CTVp_chest wall (ml)					
	I	orm filled	l in by:		
	1	Name:(CAPITAL LETTERS)			
		Sign.:			
	ı	Date	ddmmyy		

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Patient ID Day Day Month Year No.						
Radiotherapy delivered						
Date of first RT	Form filled in by: Name:					
ddmmyy	(CAPITAL LETTERS)					
Date of last RT	Sign.:					
ddmmyy	Date ddmmyy					