

Name – Patient ID <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 5px;"> Day Month Year No. </div>	Hospital
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The upper part (Radiotherapy planning) of the sheet is filled in before RT.
 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	<input type="checkbox"/> CTVn_L1 <input type="checkbox"/> CTVn_L2 <input type="checkbox"/> CTVn_L3 <input type="checkbox"/> CTVn_L4 <input type="checkbox"/> CTVn_IMN <input type="checkbox"/> CTVn_interpect <input type="checkbox"/> CTVp_breast <input type="checkbox"/> CTVp_chest wall	
Laterality	<input type="checkbox"/> Right <input type="checkbox"/> Left	CTVp-breast or chest wall Planned Revised plan
Breast implant 0=No 1=Yes		D98% for CTVp (Gy) Planned Revised plan
Mastectomy: 0=No Bolus on scar 1=Yes		V95% for CTVp (%) Planned Revised plan
	Planned Revised plan	D2% for CTVp (Gy) Planned Revised plan
Dose (Gy)		External receiving >105% but ≤107% (ml) (Only 40 Gy/15 fr) Planned Revised plan
Fractions		External receiving >107% but ≤110% (ml) Planned Revised plan
Gating 0=No 1=Yes		External receiving >110% (ml) Planned Revised plan

Heart, V20/V17	(Normofrac.: max 10% may receive ≥20 Gy) (Hypofrac.: max 10% may receive ≥17 Gy)		
Heart, V40/V35	(Normofrac.: Max 5% of heart may receive ≥40 Gy) (Hypofrac.: Max 5% of heart may receive ≥35 Gy)		
Mean heart dose (Gy)			
LADCA max dose (Gy)			
Ipsilateral lung, V20/V17	(Normofrac: Max 35% of ipsilat lung may receive ≥20 Gy) (Hypofrac: Max 35% of ipsilat lung may receive ≥17 Gy)		
CTVp_breast / CTVp_chest wall (ml)			

	<p>Form filled in by:</p> <p>Name: _____</p> <p style="text-align: center;">(CAPITAL LETTERS)</p> <p>Sign.: _____</p>
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Date

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ddmmyy

April 2020

RT PHOTON PLANNING AND THERAPY – NO
BOOST, page 2

Patient ID

		-			-						
Day		Month		Year		No.					

Radiotherapy delivered

Date of first RT

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 ddmmyy

Form filled in by:

Name: _____
(CAPITAL LETTERS)

Date of last RT

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 ddmmyy

Sign.: _____

Date

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 ddmmyy

March 2015