

Please complete this form then scan and email to radicals@ctu.mrc.ac.uk or send to:
RADICALS Data Manager, MRC Clinical Trials Unit, 222 Euston Road, London, NW1 2DA, UK

Centre details

Radiotherapy centre name

Patient 1

Hospital number

Have you submitted the documents below for this patient?

- Axial, sagittal and coronal reconstructed view 0 = No
1 = Yes
- As above plus 50, 70, 90, 95, 100 and 105% isodose levels 0 = No
1 = Yes
- DVH showing bladder, rectum, femoral heads, PTV 0 = No
1 = Yes
- Other, specify 0 = No
1 = Yes

CT scan slice width mm

Dose prescription Gy Fractions

Seminal vesicle risk group according to Roach formula 1 = Low (<15%)
2 = High (≥15%)
Roach Formula: PSA + 10(Gleason score - 6)

Maximum dose encompassing 1% volume of PTV Gy

Minimum dose to 99% of PTV volume Gy

Please tick which schedule:

<input type="checkbox"/>	2Gy fractionation	OR	<input type="checkbox"/>	52.5Gy/20f schedule
Structure	Dose Vol Constraint		Structure	Dose Vol Constraint
Bladder	50 Gy <input type="text"/> % <80%		Bladder	40 Gy <input type="text"/> % <80%
	60 Gy <input type="text"/> % <50%			48 Gy <input type="text"/> % <50%
Rectum	30 Gy <input type="text"/> % <80%		Rectum	24 Gy <input type="text"/> % <80%
	40 Gy <input type="text"/> % <70%			32 Gy <input type="text"/> % <70%
	50 Gy <input type="text"/> % <60%			40 Gy <input type="text"/> % <60%
	60 Gy <input type="text"/> % <50%			48 Gy <input type="text"/> % <50%
	66 Gy <input type="text"/> % <30%			52.5 Gy <input type="text"/> % <30%

Did dose calculation include heterogeneity corrections? 0 = No
1 = Yes

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Patient 2

Hospital number

Have you submitted the documents below for this patient?

- Axial, sagittal and coronal reconstructed view 0 = No
1 = Yes
- As above plus 50, 70, 90, 95, 100 and 105% isodose levels 0 = No
1 = Yes
- DVH showing bladder, rectum, femoral heads, PTV 0 = No
1 = Yes
- Other, specify 0 = No
1 = Yes

CT scan slice width mm

Dose prescription Gy Fractions

Seminal vesicle risk group according to Roach formula 1 = Low (<15%)
2 = High (≥15%)
Roach Formula: PSA + 10(Gleason score - 6)

Maximum dose encompassing 1% volume of PTV Gy

Minimum dose to 99% of PTV volume Gy

Please tick which schedule:

<input type="checkbox"/>	2Gy fractionation	OR	<input type="checkbox"/>	52.5Gy/20f schedule			
Structure	Dose	Vol	Constraint	Structure	Dose	Vol	Constraint
Bladder	50 Gy	<input type="text"/> %	<80%	Bladder	40 Gy	<input type="text"/> %	<80%
	60 Gy	<input type="text"/> %	<50%		48 Gy	<input type="text"/> %	<50%
Rectum	30 Gy	<input type="text"/> %	<80%	Rectum	24 Gy	<input type="text"/> %	<80%
	40 Gy	<input type="text"/> %	<70%		32 Gy	<input type="text"/> %	<70%
	50 Gy	<input type="text"/> %	<60%		40 Gy	<input type="text"/> %	<60%
	60 Gy	<input type="text"/> %	<50%		48 Gy	<input type="text"/> %	<50%
	66 Gy	<input type="text"/> %	<30%		52.5 Gy	<input type="text"/> %	<30%

Did dose calculation include heterogeneity corrections? 0 = No
1 = Yes

Signed _____ Date _____

Reviewers should complete this form and scan and email to RADICALS@ctu.mrc.ac.uk or send to: RADICALS Data Manager, MRC Clinical Trials Unit, 222 Euston Road, London, NW1 2DA, UK

OFFICE USE ONLY

Radiotherapy centre name

First Review

	Oncology Review		Physics Review
Did plans for patient 1 meet protocol guidelines	<input type="checkbox"/>	0 = No 1 = Yes	<input type="checkbox"/>
Did plans for patient 2 meet protocol guidelines	<input type="checkbox"/>	9 = Seek second opinion	<input type="checkbox"/>

		<-----Initials ----->	
		<-----Date----->	

Comments / feedback _____

Second Review

	Oncology Review		Physics Review
Did plans for patient 1 meet protocol guidelines	<input type="checkbox"/>	0 = No 1 = Yes	<input type="checkbox"/>
Did plans for patient 2 meet protocol guidelines	<input type="checkbox"/>	9 = Seek second opinion	<input type="checkbox"/>

		<-----Initials ----->	
		<-----Date----->	

Comments / feedback _____

