

Section 1: Radiation Oncology Facility Information

To simplify completion at your centre, this facility questionnaire has been separated into RT and ROMP sections which will be completed separately.

The questionnaire covers the treatment delivery and IGRT components of TROG trials and is used to facilitate credentialing and registration of your radiotherapy centre. Please fill out all that applies to your institution.

The treatment delivery facility questionnaire for IMRT and VMAT is online at https://www.surveymonkey.com/s/TROG_FQ_IMRT_VMAT_TOMO.

Please complete a separate form for each satellite centre. For groups of centres with the same equipment and policies, contact TROG QA, qa@trog.com.au.

The questionnaire requires some quality assurance information. Please provide measured information NOT the manufacturer's specification. All information will be handled confidentially and only used in the context of TROG trials.

If you have any questions or concerns please do not hesitate to contact: qa@trog.com.au

1. Please enter details for your facility

Facility Name:	<input type="text"/>
Site (if applicable):	<input type="text"/>
Questionnaire completed by:	<input type="text"/>
Position:	<input type="text"/>
Contact phone number:	<input type="text"/>
Contact email:	<input type="text"/>
Date completed:	<input type="text"/>
Contact radiation therapist:	<input type="text"/>
Email for contact radiation therapist:	<input type="text"/>

2. How many patients were treated at your facility in the last year with IMRT?

Bladder:	<input type="text"/>
Other Pelvis; including prostate, gynaecological:	<input type="text"/>

3. How many patients were treated at your facility in the last year with VMAT?

Bladder:	<input type="text"/>
Other Pelvis; including prostate, gynaecological:	<input type="text"/>

Section 2: Staff Training

4. Staff Training

How many staff members have participated in the TROG 10.01 BOLART Adaptive Bladder RT e-learning program?

Please note that participation in this type of training is required for RAIDER

Please specify if any other training is provided to staff

Do you have any additional comments which could be helpful in the context of the present trial

Section 3: Image Guidance Practice

5. How often do you perform the following treatment verification imaging on radical bladder patients?

MV EPI:

kV Planar Image:

CBCT:

Other:

Additional Information

6. What image matching process do you follow?

- Soft tissue (online)
- Soft tissue (offline)
- Bony anatomy (online)
- Bony anatomy (offline)
- Additional information (please specify):

7. Which method of set-up error correction do you use on radical bladder patients? Please summarise your imaging protocol and action threshold

8. Does your centre use a bowel preparation protocol? Please summarise

9. Please describe your method of motion detection and management in treatment planning

10. Which staff groups will be present for treatment/online IGRT of RAIDER patients?

- Any staff credentialed for Raider/Bolart
- Senior staff credentialed for Raider/Bolart
- Additional information (please specify):

Section 4: Additional Relevant Information

11. Please provide any further information which may be relevant to your participation in TROG trials

TROG values your participation in their research and is grateful for your support in completing this questionnaire. All data will be handled confidentially and only for the purpose of TROG clinical trials.

Please notify qa@trog.com.au when you have completed the survey and attach any relevant reports as requested in the questionnaire.