Section 1: Radiation Oncology Facility Information

1. Please enter the details for your facility below

Facility Name	
Site (if applicable)	
Questionnaire completed by	
Contact phone number	
Contact email	
Date completed	

Section 2: Inversely Planned Treatment Techniques

Please select those treatment techniques which will be used for patients at your facility

2. IMRT Static Gantry: step and shoot

- ◯ Yes
- ◯ No

3. IMRT Static Gantry: dynamic leaves

- ◯ Yes
- ◯ No

4. VMAT: One or more arcs

- ◯ Yes
- ◯ No

5. VMAT Technique

- ☐ Single
- ☐ Multiple
- ☐ Hybrid
- ☐ Rapid
- ☐ Smart
- ☐ Other

Other (please specify)

6. Helical Tomotherapy

- ◯ Yes
- ◯ No

7. State dose rate used for clinical treatments in MU/min

Section 3: Radiation Oncology Planning and Treatment Information

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

Head and Neck	
Brain	
Chest	
Breast	
Abdomen including Gastric	
Pelvis including Prostate, Bladder and Gynaecological	
Extremities	
Other (please specify type and number of patients)	

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

Head and Neck	
Brain	
Chest	
Breast	
Abdomen including Gastric	
Pelvis including Prostate, Bladder and Gynaecological	
Extremities	
Other (please specify type and number of patients)	

10. How many patients were treated at your facility with Helical Tomotherapy in the last year?

Head and Neck	
Brain	
Chest	
Breast	
Abdomen including Gastric	
Pelvis including Prostate, Bladder and Gynaecological	
Extremities	
Other (please specify type and number of patients)	

11. Treatment Planning System

Manufacturer and model	
Software version	
Dose calculation algorithm	
Typical dose grid spacing in cm	
Plan data export in DICOM-RT format possible	

12. Do you have an additional treatment planning system?

- ◯ Yes
- ◯ No

13. Treatment Planning System

Manufacturer and model	
Software version	
Dose calculation algorithm	
Typical dose grid spacing in cm	
Plan data export in DICOM-RT format possible	

14. Oncology Information Management System

Manufacturer and model	
Software version	

15. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

16. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

17. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

18. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

19. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

20. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

21. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

22. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

23. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

24. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

25. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

26. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

27. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

28. Do you have an additional treatment unit?

- ◯ Yes
- ◯ No

29. Treatment Unit

Manufacturer and model	
Software version	
Treatment couch model	
Serial Number	
Local Linac Name	
Imaging tools used	
EPID model eg Varian aS500, aS1000	
Support arm type eg Varian R-arm or E-arm	
EPID software version eg Varian IAS2, IAS3	
Beam energy (MU) used for IMRT/VMAT treatments	
Dose rate (MU/min) used for IMRT/VMAT treatments	
EPID surface position in cm from target	
EPID installation date	
EPID integrated mode license	
Is DIBH used for breast treatments?	
Specify equipment used for DIBH	
Describe imaging and verification process for DIBH	

Section 4: IMRT QA Procedures

30. Describe verification of absolute dose including tolerance limits per field or total. Specify any software used for independent MU checks, with tolerances.

31. Describe verification of dose distribution, including equiptment used and analysis method. For gamma analysis specify tolerance criteria eg 3%/3mm, pass rate eg 95% and threshold eg 10%.

32. Describe IGRT protocol with tolerance limits for anatomical sites including head and neck, prostate

33. Please provide a copy of local physics patient specific in-house QA protocol and form by email to qa@trog.com.au and confirm email has been sent below

- ◯ Yes, form emailed
- ◯ No, form not emailed

Section 5: External Dosimetry Audit for Facility Credentialing

TROG requires evidence of a level 1 dosimetry audit eg Australian Clinical Dosimetry Service or international equivalent.

TROG also requires evidence that your facility has participated in at least one external dosimetry audit of IMRT, VMAT and/or TomoTherapy, and will accept international audits provided the results are within TROG tolerances.

Please provide details of all external audits by recognised bodies within the last 5 years.

34. Level 1 Audit Details

Auditing body and country	
Postal OR site visit	
Report emailed to qa@trog.com.au (Yes/No)	

35. IMRT/VMAT/TomoTherapy Audit Details

Auditing body and country	
Postal OR site visit	
Anatomical site	
Report emailed to qa@trog.com.au (Yes/No)	

36. Have you completed an additional audit in the last 5 years?

- ◯ Yes
- ◯ No

37. Audit Details

Auditing body and country	
Postal OR site visit	
Anatomical site	
Report emailed to qa@trog.com.au (Yes/No)	

38. Have you completed an additional audit in the last 5 years?

- ◯ Yes
- ◯ No

39. Audit Details

Auditing body and country	
Postal OR site visit	
Anatomical site	
Report emailed to qa@trog.com.au (Yes/No)	

Section 6: Additional Relevant Information

40. 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.