

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: Treatment Technique

Treatment delivery techniques (check all that are used) Please note that IMRT, VMAT and TomoTherapy techniques require completion of a separate facility questionnaire, found at https://www.surveymonkey.com/s/TROG_FQ_IMRT_VMAT_TOMO.

2. 3D conformal

- Coplanar
 Non-Coplanar

3. IMRT: Static Gantry

- Step and shoot
 Dynamic leaves

4. VMAT: Dynamic Gantry Arc

- Single Rapid
 Multiple Smart
 Hybrid
 Other (please specify)

5. Helical Tomotherapy

- Yes No
 Comment

6. Cyberknife

- Yes No
 Comment

7. Immobilisation technique (please select all that apply)

Body frame

Wingboard

Breastboard

Vac bag

Knee support

Ankle stocks

Other (please specify)

Section 3: Radiation Oncology Planning and Treatment Information

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

Lung

Liver

Spine

Prostate

Node

Cranial

Adrenal

Pancreas

Bone

Other (please specify tumour site and number of patients)

9. Treatment Planning Equipment: CT scanner

Manufacturer and model

Software version

4D option

10. Treatment Planning Equipment: PET scanner

Manufacturer and model

Software version

CT Component

Image registration algorithm used; eg. rigid, deformable, other: Please specify

11. Management of respiratory motion (please check all that are used)

Deep Inspiration Breath hold

End Expiratory Breath Hold

Abdominal compression

4D-CT

KIM/SeedTracker

Auto Beam Hold

Other (please specify)

12. If a breathhold technique is employed, describe the dataset used for dose calculation

13. Management of respiratory motion (continued)

How many patients have received 4D-CT at your centre in the last year?

Number of breathing phases used

Surrogate markers

14. Motion management system at simulation (tick all that apply)

- RPM
- ABC
- SGRT - Catalyst-HD
- SGRT - AlignRT
- Other (please specify)

15. List patient feedback equipment details (e.g. goggles, screen, audio etc.)

16. Describe patient preparation/coaching for simulation, separate answer into various motion management techniques if necessary (include information such as extra appointment prior to simulation, time scheduled for coaching)

Section 4: SABR Treatment Planning

17. Definition of target volume

	Yes	No
ITV defined on CT using MIP	<input type="radio"/>	<input type="radio"/>
ITV defined on CT using union of GTVs from selection of phases	<input type="radio"/>	<input type="radio"/>
ITV defined on PET	<input type="radio"/>	<input type="radio"/>
ITV generated from 3 phase CT	<input type="radio"/>	<input type="radio"/>
ITV from multiple breath hold scans	<input type="radio"/>	<input type="radio"/>
PTV from single breath hold	<input type="radio"/>	<input type="radio"/>
Respiratory tracking / respiratory gating	<input type="radio"/>	<input type="radio"/>

Other (please specify)

18. Treatment Planning System used for SABR

Manufacturer and model

Software version

Dose calculation algorithm

Typical dose grid spacing in cm

Plan data export in DICOM-RT format possible

19. Do you have an additional treatment planning system?

Yes

No

20. Treatment Planning System used for SABR

Manufacturer and model

Software version

Dose calculation algorithm

Typical dose grid spacing in cm

Plan data export in DICOM-RT format possible

Section 5: Treatment Unit and Image Guidance for SABR techniques

21. Treatment Unit for SABR techniques

Manufacturer and model

Year of installation

Serial number

Local Linac Name

For the above treatment unit please indicate nominal beam energies. Where applicable please indicate whether flattening filter free energies.

22. Image guidance for SABR techniques

- CBCT
- 4D CBCT
- kV
- MV
- Intrafractional CBCT
- Intrafractional marker tracking
- Other (please specify)

23. Image guidance for SABR techniques (continued)

Manufacturer and model

Software version

IGRT reproducibility of patient positioning, including tolerances and action levels. Please email local procedures to qa@trog.com.au

24. Motion management system at treatment (tick all that apply)

- RPM
- ABC
- SGRT - Catalyst-HD
- SGRT - AlignRT
- Other (please specify)

25. List patient feedback equipment details (e.g. goggles, screen, audio etc)

26. Describe patient preparation/coaching for treatment, separate answer into various motion management techniques if necessary (including day 0/dummy run)

27. Do you have an additional treatment unit for SABR?

- Yes
- No

Section 5: Treatment Unit and Image Guidance for SABR techniques

28. Treatment Unit for SABR techniques

Manufacturer and model

Year of installation

Serial number

Local Linac Name

For the above treatment unit please indicate nominal beam energies. Where applicable please indicate whether flattening filter free energies.

29. Image guidance for SABR techniques

- CBCT
- 4D CBCT
- kV
- MV
- Intrafractional CBCT
- Intrafractional marker tracking
- Other (please specify)

30. Image guidance for SABR techniques (continued)

Manufacturer and model

Software version

IGRT reproducibility of patient positioning, including tolerances and action levels. Please email local procedures to qa@trog.com.au

31. Motion management system at treatment

- RPM
- ABC
- SGRT- Catalyst-HD
- SGRT - AlignRT
- Other (please specify)

32. List patient feedback equipment details (e.g. goggles, screen, audio etc)

33. Do you have an additional treatment unit for SABR?

- Yes
- No

Section 5: Treatment Unit and Image Guidance for SABR techniques

34. Treatment Unit for SABR techniques

Manufacturer and model

Year of installation

Serial number

Local Linac Name

For the above treatment unit please indicate nominal beam energies. Where applicable please indicate whether flattening filter free energies.

35. Image guidance for SABR techniques

- CBCT
- 4D CBCT
- kV
- MV
- Intrafractional CBCT
- Intrafractional marker tracking
- Other (please specify)

36. Image guidance for SABR techniques (continued)

Manufacturer and model

Software version

IGRT reproducibility of patient positioning, including tolerances and action levels. Please email local procedures to qa@trog.com.au

37. Motion management system at treatment (tick all that apply)

- RPM
- ABC
- SGRT - Catalyst-HD
- SGRT - AlignRT
- Other (please specify)

38. List patient feedback equipment details (e.g. goggles, screen, audio etc)

39. Do you have an additional treatment unit for SABR?

- Yes
- No

Section 5: Treatment Unit and Image Guidance for SABR techniques

40. Treatment Unit for SABR techniques

Manufacturer and model

Year of installation

Serial number

Local Linac Name

For the above treatment unit please indicate nominal beam energies. Where applicable please indicate whether flattening filter free energies.

41. Image guidance for SABR techniques

- CBCT
- 4D CBCT
- kV
- MV
- Intrafractional CBCT
- Intrafractional marker tracking
- Other (please specify)

42. Image guidance for SABR techniques (continued)

Manufacturer and model

Software version

IGRT reproducibility of patient positioning, including tolerances and action levels. Please email local procedures to qa@trog.com.au

43. Motion management system at treatment (tick all that apply)

- RPM
- ABC
- SGRT - Catalyst-HD
- SGRT - AlignRT
- Other (please specify)

44. List patient feedback equipment details (e.g. goggles, screen, audio etc)

Section 6: Staff training

45. Describe any local staff training for target matching

46. If staff have external IGRT training, please specify

47. Please provide a copy of local information and QA protocols by email to qa@trog.com.au and confirm email has been sent below.

Information is required for

- Immobilisation technique, including photo
- IGRT QA including tolerances and action levels
- Treatment machine-specific QA for SABR
- Patient-specific QA

- Yes, form emailed
- No, form not emailed

Section 7: External Dosimetry Audit for Facility Credentialing

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

48. Level 1 Audit Details

Auditing body and country

Postal OR site visit

Report emailed to qa@trog.com.au (Yes/No)

49. SABR Audit Details

Auditing body and country

Postal OR site visit

Anatomical site

Report emailed to qa@trog.com.au (Yes/No)

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

Yes

No

Section 7: External Dosimetry Audit for Facility Credentialing

51. Audit Details

Auditing body and country

Postal OR site visit

Anatomical site

Report emailed to qa@trog.com.au (Yes/No)

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

Yes

No

Section 7: External Dosimetry Audit for Facility Credentialing

53. Audit Details

Auditing body and country

Postal OR site visit

Anatomical site

Report emailed to qa@trog.com.au (Yes/No)

Section 8: Additional Relevant Information

54. 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.