

**DRY RUN DATA SUBMISSION FORM**

**Section 1: Contact Information**

**Investigator:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Radiation Therapist:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Trial Coordinator:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please tick below as applicable:

Initial Submission of Benchmarking Exercise  Revised Submission as of / /

**Section 2: Treatment Planning System Details**

1. What type of treatment planning system do you use?

Eclipse  Plato  Theraplan  Xio  Oncentra

Pinnacle  Other: specify \_\_\_\_\_

2. What is the Version number of your planning system? \_\_\_\_\_

3. What algorithm do you use? \_\_\_\_\_

4. Is heterogeneity accounted for in your plan?  Yes  No



**DRY RUN DATA SUBMISSION FORM**

**Section 2: Treatment Planning System Details, *continued***

5. Was an IMRT treatment technique used to plan this patient?  Yes  No
6. If yes, please refer to supplementary QA documentation for further instructions.

**Section 3: Contouring and Planning Data**

7. Are DRRs included in electronic submission?  Yes  No
8. Specify where the dose is prescribed:  
 Centre of volume  Isocentre  Other: specify \_\_\_\_\_
9. What are the co-ordinates of the following dose prescription points relative to the DICOM origin of the dataset (not the user origin)?

Prescription Point	Coordinates (cm)
X (right +ve/ left):	
Y (sup +ve/inf):	
Z (ant +ve/post)	

10. Prescribed dose Phase I:  Gy No. of fractions
11. Was Phase II planned?  Yes  No
12. Phase II (if applicable):  Gy No. of fractions
13. CT couch position/ z value containing anastomosis: \_\_\_\_\_
14. Rectum data: Percentage receiving 40Gy % 60Gy %
15. Left Femur data: Percentage receiving 35Gy % 45Gy % 60Gy %



Institution

**DRY RUN DATA SUBMISSION FORM**

16. **Beam arrangements** for each gantry angle: Phase I

Gantry Angle (deg)	Field size (cm)	Radiation energy (MV)	Weight

17. **Beam arrangements** for each gantry angle: Phase II (if applicable)

Gantry Angle (deg)	Field size (cm)	Radiation energy (MV)	Weight

**Section 4: Miscellaneous Information**

18. Did you have any problems completing the dummy run exercise?  Yes: *Explain below*  No

\_\_\_\_\_

\_\_\_\_\_

19. Did you plan this dummy run case in the same way you intend to plan your trial patients?

Yes  No. *If no, briefly describe the differences:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Did you reduce the posterior margin (< 1 cm)?

Yes  No. *If so provide justification and describe where this margin was reduced:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**TROG 08.03**  
Radiotherapy  
Adjuvant Versus  
Early Salvage

Institution

QA Dry Run  
Data  
Submission

Page 4/4

**DRY RUN DATA SUBMISSION FORM**

**Section 4: Benchmarking Submission Checklist:**

**All data and forms to be submitted through CQMS**

- RAVES – FACILITY QUESTIONNAIRE
- RAVES – DRY RUN DATA SUBMISSION FORM
- Treatment plan RTOG or DICOM RT format with contours defined according to protocol and any non-applicable contours deleted
- DRRs
- Screen dump(s) of DVH of the following structures (as jpeg electronic image or hard copy):
  - CTV
  - PTV
  - Seminal vesicles (if delineated as a separate structure)
  - Rectum

- Screen dump of the axial central-axis and mid-sagittal with isodoses (as jpeg electronic image or hard copy)  
Max: 100%, 95%, 90%, 70%, 50%, 20%.
- If using IMRT, submit physics IMRT dosimetry quality assurance documents completed for the dry run case.

If any of the above data are not included, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: NOTIFY TROG OFFICE ONCE DATA SUBMISSION IS COMPLETE**

Email: [Melissa.Crain@mater.health.nsw.gov.au](mailto:Melissa.Crain@mater.health.nsw.gov.au)

**Section 5: Submission Notes**

Form completed by: \_\_\_\_\_ Date:   /   /