Spreadsheet for IGRT Data Collection

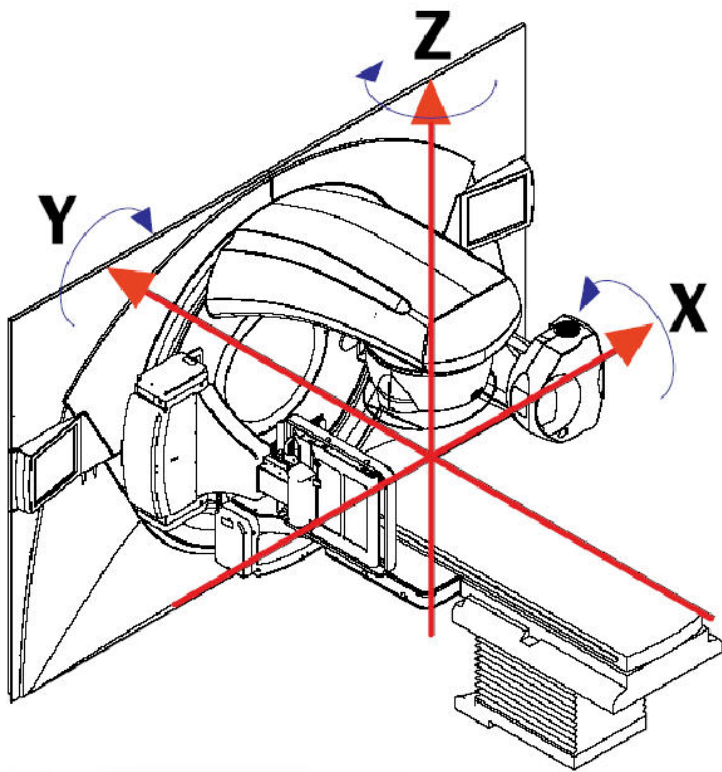Protocol Number: _____   RTOG Inst#: _____
Case Number: _____ (when applicable)   IGRT data from: _____ (specify accelerator)

Date	Tr #	IGRT technique[2]	Isocenter shift X (mm)[1]	Isocenter shift Y (mm)[1]	Isocenter shift Z (mm)[1]	Couch rotation around X (∘)[1]	Couch rotation around Y (∘)[1]	Couch rotation around Z (∘)[1]	IGRT time pt[3]	Was a repositioning made pre-rx?

[1] Record shift and rotation numbers according to the following definition of the dimensions:
(Please make sure to use correct positive or negative sign. Note that the shifts are defined as the difference between planned isocenter and imaging center, i.e. shift = planned isocenter – imaging center. For example, if the imaging center is 1.0 cm in the positive X direction from the isocenter, this should be reported as an X shift of -1.0cm or -10mm)

Definition of XYZ dimension (arrowheads indicate positive directions for shifts & rotations)

Notes:

[2] An institution should have a primary means of IGRT.

      KVCB = KV Cone Beam CT scan
      MVCB = MV Cone Beam CT scan
      KVCT = KV Fan Beam CT scan (e.g., in-room diagnostic CT)
      MVCT = MV Fan Beam CT scan (e.g., Tomotherapy)
      MVorth = MV orthogonal images
      KVorth = KV orthogonal images
      However, an institution may use a backup system for IGRT if necessary – for example if an institution's KVCB is not working one day, they may use MVorth. Portal imaging with radiographic film (MVForth) can be used for backup only.

      Provide some additional information for your imaging technique that will help to estimate imaging dose:
      kV, mAs, MU# used: _____
      CT scanning angles: _____
      Rotational Isocenter: _____
      Other: _____

[3] When the Images were obtained relative to treatment.

      A = Prior to treatment -- Immediately after immobilizing patient using marks on mask – no prior imaging;
      B = Re-imaging -- Prior to treatment but after a previous positioning and/or imaging procedure.
      C = Post-treatment imaging.

*   Please provide any information of the registration process that can help to assess the registration results (e.g., if the registration is a fully automatic result from the software; if any specific structure is used for alignment; if any specific ROI is used during registration; if any manual adjustment is involved; etc. Please provide another sheet if the space in this form is not enough.)

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