

Patient Trial No.      Patient Initials    Patient Date of Birth        
dd mm yyyy

Treating Centre: .....

Date of Planning Scan:         IV contrast solution used? Yes  No   
dd mm yy

**TARGET VOLUME DELINEATION**

Volume	Max	Patient	Target Margins	Protocol	Patient
Disease length (EUS+CT±PET)	10 cm		GTV to CTVB S-I	2.0 cm	
Outlined GTV length	10 cm		GTV to CTVB Lat/AP*	1.0 cm	
CTVB length S-I	14 cm		CTV definition inferiorly (delete as appropriate)	<b>OES / STOMACH / MIXED</b>	
PTV length S-I	16 cm		*CTVB post margin altered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Anterior fields length S-I	17 cm		Extent CTVB modification, from	to	
GTV volume (cc)	NA		CTVB to PTV S-I	1.0 cm	
CTVB volume (cc)	NA		CTVB to PTV Lat/AP	0.5 cm	
PTV volume (cc)	NA				

**PRESCRIPTION**

Prescribed dose		Gy in		Fractions	N.B. Protocol prescription 50Gy in 25#
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**DOSE REPORTING - Organs at Risk**

OAR	Level	Objective	Achieved	Comments
Combined lungs	Volume receiving 20Gy	<25%	%	
Heart	Volume receiving 40Gy	<30%	%	
Liver	Volume receiving 30Gy	<60%	%	
Rt kidney	Volume receiving 20Gy	<25%	%	
Lt kidney	Volume receiving 20Gy	<25%	%	
Spinal Cord PRV	Volume receiving 40Gy	0%	%	
	Dose to 1cc	<40Gy	Gy	

ICRU defined maximum dose	Objective: Max 107%/ 53.5Gy	Achieved:		% / Gy
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Completed by: Name .....

Signed .....     
d mm yy

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**DOSE REPORTING - PTV**

TPS:..... Version:.....

Algorithm Used

Complete this section where **Type A algorithm** has been used (e.g. Pencil Beam, Fast Fourier Transform)

PTV	Objective	Achieved	Comments
Volume of PTV receiving 95% dose	≥99%		%

Complete this section where **Type B Algorithm** has been used (e.g. Collapsed Cone, Multigrid Superposition, Anisotropic Analytical Algorithm, Monte Carlo)

% lung region overlap with PTV:  % of PTV volume

Objective for PTV coverage by 95% dose for Type B algorithms may be calculated using the formula from the revised protocol:

$$V95\% \geq 99 - (0.4 \times \%PTV \text{ overlap})$$

PTV	Objective	Achieved	Comments
Volume of PTV receiving 95% dose	≥..... <small>From formula</small>		%

**Is there any deviation from the protocol?** Yes  No   
 (If yes please discuss with trial team and comment on reason)

Comments:.....  
 .....  
 .....

Planned: Name .....  
 Signed .....     
d mm yy

Checked: Name .....  
 Signed .....     
d mm yy

Accepted by treating consultant: Name ..... Signed .....     
d mm yy

Completed by: Name ..... Signed .....     
d mm yy