# PORTEC-3 RADIOTherapy REGISTRATION FORM

These data are required for each participating centre. This form has to be completed by the radiation oncologist (local investigator) for this study. Please send or fax to: IKW Trial office, C7-143, LUMC, P.O. Box 9600, 2300 RC Leiden, Fax +31(0)71-5266712

Any change in this information must be authorized with a revision of this form

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature: ........................................................................................................</th>
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## Hospital and City:

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## Local investigator and email address:

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## Location: If your center has more than one location, please complete separate forms for each location!

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## External beam radiation therapy:

### Standard methods for simulation, treatment planning and patient positioning:

- [ ] prone position, belly board
- [ ] prone position, no belly board or other device
- [ ] supine position, knee support
- [ ] supine position, other support: .................................................................

- [ ] CT scan planning- virtual simulation and calculation at 3 levels
- [ ] CT scan planning- 3-D conformal treatment planning
- [ ] CT scan planning – IMRT (please note: only after approval – see protocol, page 14)

- [ ] 3-field technique (anterior and two oblique lateral fields)
- [ ] 4-field technique (‘box’) with or without small supplementary field(s) for dose homogeneity
- [ ] more than 4 field directions

- [ ] 6-8 MV
- [ ] 8-10 MV
- [ ] 10-15 MV
- [ ] 15-25 MV

- [ ] EPID – verification and correction procedure - specify: ................................................
- [ ] EPID - first and second week only
- [ ] megavolt films - first and second week only
- [ ] other, specify: ........................................................................................................


PORTEC-3

RADIOThERAPY REGISTRATION FORM

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Standard methods for brachytherapy boost:

☐ LDR
☐ PDR (used in PDR scheme)
☐ PDR (used as HDR)
☐ HDR
☐ Ovoids
☐ Vaginal cylinder
☐ other, specify: .................................................................

Method for determination of dose in bladder and rectum:

☐ Orthogonal radiographs
☐ CT- or MRI scan planning

Dose and fractionation scheme used for brachytherapy boost:

Total dose: .................................................................
Dose per fraction / pulse: ...................................................
No of fractions / pulses: .....................................................
Interval of fractions / pulses: ..............................................
Dose specification: ........................................................
Active length (for cylinder): ..............................................
Dose rate (for LDR): ......................................................