Belgian Cancer Registry

Innovative RT – SBRT

The variables with REQ in superscript are required.

The variables with a ❍ are single-select variables; only one answer can be selected.

The variables with a ❑ are multi-select variables; multiple answers can be selected.

Version 3.0 (02-01-2018)

Administrative patient data

Hospital [REQ]: .....
Health insurance institution [REQ]: .....
NISS/INSZ number [REQ]: .....
Last name [REQ]: ..... First name [REQ]: .....
Postal code [REQ]: ..... City [REQ]: .....
Country [REQ]: ..... Health insurance number: .....
Date of birth [REQ]: …. / …. / …. (dd/mm/yyyy) Sex [REQ]: .....

❍ **I confirm that this registration meets the inclusion criteria of the project '2011-26 HTA_Innovative radiotherapy' and is in accordance with the convention for financing of the project 'Innovative techniques in radiotherapy' [REQ].**
An overview of the techniques and cancer indications can be found in the KCE Report 198C (Table 1).
The inclusion criteria and guidelines for each of the applications of SBRT can be found in the NRIG SBRT document on the website of the National Cancer Action Team of the NHS (*http://ncat.nhs.uk/radiotherapy/treatments*) and in attachment 1 of the convention for financing of the project 'Innovative techniques in radiotherapy'.

1. Diagnostics

Lesion to treat [REQ]: ❍ Primary tumor (Complete 1A)
❍ Metastasis (Complete 1B)
❍ Relapse of the primary tumor (Complete 1B)

A. Primary tumor

Incidence date primary tumor [REQ]: ……. / ……. / ……. (dd/mm/yyyy)

Basis for diagnosis primary tumor [REQ]:

- ❑ 1 - Autopsy
- ❑ 2 - Histology of primary tumor
- ❑ 3 - Histology metastasis
- ❑ 4 - Cytology/hematology
- ❑ 5 - Technical (f.ex. CT scan, endoscopy, …)
- ❑ 6 - Clinical
- ❑ 7 - Tumor marker (f.ex. PSA, HCG, AFP, Ig, …)
- ❑ Unknown

WHO score at diagnosis primary tumor [REQ]:

- ❍ 0 - Asymptomatic, normal activity
- ❍ 1 - Symptomatic, but ambulant
- ❍ 2 - Symptomatic, bedbound < 50% day
- ❍ 3 - Symptomatic, bedbound > 50% day
- ❍ 4 - Completely dependent, 100% bedbound
- ❍ Unknown

Primary tumor localization [REQ]: ……..

Laterality primary tumor [REQ]:

- ❍ Left
- ❍ Right
- ❍ Unpair organ
- ❍ Unknown

Histological diagnosis primary tumor [REQ]: ……..

Differentiation grade primary tumor [REQ]:

- ❍ 1 - Well differentiated
- ❍ 2 - Moderately differentiated
- ❍ 3 - Poorly differentiated
- ❍ 4 - Undifferentiated
- ❍ Unknown

Clinical stage primary tumor (cTNM): cT: …….. cN: ……. cM: ……..

Pathological stage primary tumor (pTNM): pT: …….. pN: ……. pM: ……..

B. Metastasis / Relapse

Indication *(only required when it concerns a metastasis)* :

- ❍ Metastatic relapse
- ❍ Metastatic consolidation

Date of metastatic finding/relapse (the one treated within the currently administered dosimetric plan) [REQ]:

- ❍ Unknown
- ❍ Known; Specify [REQ]: ..... / ..... / ..... (dd/mm/yyyy)

WHO score at diagnosis metastasis/relapse [REQ]:

- ❍ 0 - Asymptomatic, normal activity
- ❍ 1 - Symptomatic, but ambulant
- ❍ 2 - Symptomatic, bedbound < 50% day
- ❍ 3 - Symptomatic, bedbound > 50% day
- ❍ 4 - Completely dependent, 100% bedbound
- ❍ Unknown

Disease free interval [REQ]?

- ❍ Yes
- ❍ No
- ❍ Unknown

Earlier metastatic event/relapse [REQ]?

- ❍ Unknown
- ❍ No
- ❍ Yes; Specify [REQ]: ..... / ..... / ..... (dd/mm/yyyy)

2. Treatment specifications

Number of lesions in total to treat with SBRT and/or SRS (cerebral lesions included) [REQ]:
..... (at maximum 3 lesions)

Number of lesions treated within the currently administered dosimetric plan [REQ]: .....

Maximum diameter of the lesion(s) treated within the currently administered dosimetric plan [REQ]:
..... mm

Safety monitoring [REQ]: ❍ Standard indication [REQ]

- ❍ Primary lung (peripheral) lesion (Complete sections: 6)
- ❍ Hepatic metastases (Complete sections: 6)
- ❍ Primary (para-) spinal lesion (Complete sections: 4, 6)
- ❍ (Para-) spinal metastases (Complete sections: 4, 6)
- ❍ Lung metastases (Complete sections: 6)

❍ Study indication [REQ]

- ❍ Primary lung lesion (central lesion and/or lesion >5 cm) (Complete sections: 3, 6)
- ❍ Primary prostate lesion (Complete sections: 3, 6)
- ❍ Primary renal lesion (Complete sections: 3, 6)
- ❍ Primary pancreatic lesion (Complete sections: 3, 6)
- ❍ Primary head & neck lesion (Complete sections: 3, 6)
- ❍ Primary hepatic lesion (Complete sections: 3, 6)
- ❍ Non-standard oligometastatic disease (Complete sections: 3, 5, 6)

3. Clinical trial data

Reference number of the ethics committee approval [REQ]: .....

Reference number of the public clinical trial registry [REQ]: .....

4. (Para-) spinal lesion(s): specifications

Level of the (para-) spinal lesion(s) [REQ]:
- ❑ Cervical
- ❑ Dorsal
- ❑ Lumbar

Localization of (para-) spinal lesion(s) [REQ]:
- ❑ Vertebral body
- ❑ Paraspinal mass

Proximity to spinal cord (in case of multiple lesions: lesion closest to the spinal cord) [REQ]: ..... mm

5. Non-standard oligometastatic disease: specifications

Site of metastatic lesion(s) treated within the currently administered dosimetric plan [REQ]:

- ❑ Other; Specify [REQ]: ……..
- ❑ Bone (non-spinal)
- ❑ Adrenal
- ❑ Lymph node

6. Technical aspects

A. Technical aspects of the tumor localization

Identification of tumor motion [REQ]:

- ❑ kV fluoroscopy
- ❑ 4D-CT
- ❑ Cine MRI
- ❑ Maximum inspiration/expiration breath hold CT
- ❑ None or not applicable
- ❑ Other

Specify [REQ] : …….

Tumor motion compensation strategy [REQ] :

- ❑ Abdominal compression
- ❑ Breath hold
- ❑ Gating
- ❑ Tracking
- ❑ None or not applicable
- ❑ Other

Specify [REQ] : …….

Imaging modalities for treatment planning [REQ]:

- ❑ CT-scan
- ❑ MRI
- ❑ Bone-scan
- ❑ PET-CT
- ❑ Other

Specify [REQ] : ……

Personalized immobilization [REQ]? ❍ Yes
❍ No

Image fusion for target delineation [REQ]? ❍ Yes
❍ No

Markers [REQ]: ❑ Implanted markers
❑ External skin sensors
❑ No markers

B. Applied technique and treatment specifications

Technique [REQ]: ❍ 3D-CRT
❍ IMRT
❍ Rotational IMRT
❍ Rotational 3D
❍ Other
Specify [REQ]: ……

Centre where the RT was performed [REQ]: ……

Centre that referred the patient to the RT [REQ]: ……

Number of fractions delivered [REQ]: ……

Total dose delivered for the currently administered dosimetric plan [REQ]: …… Gy

Start date of RT for the currently administered dosimetric plan [REQ]: …. /…… / …. (dd/mm/yyyy)

End date of RT for the currently administered dosimetric plan [REQ]: …. /…. / …. (dd/mm/yyyy)

C. Dose specific aspects

Dose calculation algorithm [REQ]: ❍ Pencil beam algorithm
❍ Convolution superposition algorithm: Anisotropic Analytic Algorithm – AAA
❍ Convolution superposition algorithm: Collapsed Cone Convolution – CCC
❍ Monte Carlo (f.ex. Voxel Monte Carlo – VMC+++)
❍ Other
Specify [REQ]: ……

Patient specific Quality Assurance (QA) prior to start [REQ]:

- ❑ 1D (point) verification
- ❑ 2D verification
- ❑ 3D verification
- ❑ 4D verification
- ❑ None

Type of IGRT [REQ]:

- ❑ CBCT
- ❑ EPID
- ❑ Exactrac
- ❑ No IGRT
- ❑ Other

Specify [REQ]: ……

7. Nomenclature

Nomenclature number(s) used [REQ]:

- ❑ 444172 or 444183
- ❑ 444356 or 444360
- ❑ 444393 or 444404
- ❑ 444415 or 444426
- ❑ 444430 or 444441
- ❑ 444452 or 444463
- ❑ 444496 or 444500

  ……. times charged
- ❑ 444570 or 444581
- ❑ 444614 or 444625