

Name – Patient ID <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> <td colspan="8"></td> <td style="text-align: center; font-size: small;">No.</td> </tr> </table>													Day	Month	Year									No.	Hospital
Day	Month	Year									No.														

The upper part (Radiotherapy planning) of the sheet is filled in before RT.
 The lower part (Radiotherapy delivered) is filled in after completion of RT. If there is a deviation from the approved plan, the boxes for deviation are filled in with respect to the remaining fractions.

Radiotherapy planning

Indication for RT to levels according to ESTRO guideline	<input type="checkbox"/> CTVn_L1 <input type="checkbox"/> CTVn_L2 <input type="checkbox"/> CTVn_L3 <input type="checkbox"/> CTVn_L4 <input type="checkbox"/> CTVn_IMN <input type="checkbox"/> CTVn_interpect <input type="checkbox"/> CTVp_breast <input type="checkbox"/> CTVp_chest wall		
Laterality	<input type="checkbox"/> Right <input type="checkbox"/> Left	CTVp-breast or chest wall	Planned Revised plan
Breast implant 0=No 1=Yes		V95% CTV _{p_breast} -CTV _{p_boost} (%)	
Mastectomy: 0=No Bolus on scar 1=Yes		Mean dose CTV _{p_breast} -CTV _{p_boost} (Gy)	
	Planned Revised plan	D5% CTV _{p_breast} -CTV _{p_boost} (Gy)	
SIB dose (Gy)		V95% CTV _{p_boost} (%)	
Non-SIB dose (Gy)		Mean dose CTV _{p_boost} (Gy)	
		D2% CTV _{p_boost} (Gy)	
Fractions		External receiving >105% but ≤107% of boost dose (ml)	
Gating 0=No 1=Yes		External receiving >107% but ≤110% of boost dose (ml)	
CTV _{p_boost} (ml)		External receiving >110% of boost dose (ml)	

Heart, V20/V17	(Normofrac.: Max 10% may receive ≥20 Gy) (Hypofrac.: Max 10% may receive ≥17 Gy)		
Heart, V40/V35	(Normofrac.: Max 5% of heart may receive ≥40 Gy) (Hypofrac.: Max 5% of heart may receive ≥35 Gy)		
LADCA max dose (Gy)			
Ipsilateral lung, V20/V17	(Normofrac: Max 35% of ipsilat lung may receive ≥20 Gy) (Hypofrac: Max 35% of ipsilat lung may receive ≥17 Gy)		
CTV _{p_breast} / CTV _{p_chest wall} (ml)			

	Form filled in by: Name: _____ (CAPITAL LETTERS) Sign.: _____ Date _____ ddmmyy
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Patient ID		<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> <td colspan="2" style="text-align: center; font-size: small;">No.</td> </tr> </table>			-			-					Day	Month	Year	No.															
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Day	Month	Year	No.																												
Radiotherapy delivered																															
Date of first RT		Form filled in by:																													
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Dose levels when therapy includes a simultaneous integrated boost, SIB

SIB / non-SIB in fr	V95% dose level (Gy)	V95% dose level (Gy)	Reference dose (mean dose) (Gy)	D5% dose level (Gy)	D2% dose level (Gy)	Global max (Gy)
63 Gy / 51,52 Gy in 28 fr						
CTV _{p breast} -CTV _{p boost}	48,94		51,52	63,00		
CTV _{p boost}		59,90	63,00		66,20	68,00
57 Gy / 50 Gy in 25 fr						
CTV _{p breast} -CTV _{p boost}	47,50		50,00	57,00		
CTV _{p boost}		54,20	57,00		59,90	61,60
52,2 Gy / 42,3 Gy in 18 fr						
CTV _{p breast} -CTV _{p boost}	40,19		42,30	52,20		
CTV _{p boost}		49,60	52,20		54,80	56,40
45,75 Gy / 40 Gy in 15 fr						
CTV _{p breast} -CTV _{p boost}	38,00		40,00	45,75		
CTV _{p boost}		43,50	45,75		48,00	49,40