

APPENDIX III

RADIATION THERAPY ONCOLOGY GROUP REQUIREMENTS FOR INSTITUTIONAL MEMBERSHIP

Full Members

1. PERSONNEL

- 1.1 Three full-time radiation oncologists. At least two of them must be certified in Radiation Oncology by the American Board of Radiology or equivalent, one of them having a minimum of three years of experience beyond completion of training.
- 1.2 There should be one staff radiotherapist for each 200-225 new patients treated per year.
- 1.3 Minimum one full-time Board-certified physicist. The staff should have the capability to perform periodic calibrations and quality control check output of all machines. There should be capability for doing multiport isodose summations and multiple point calculations on irregular field treatments.
- 1.4 Research staff in building desirable.

2. EQUIPMENT

- 2.1 There should be at least two megavoltage units (eg⁶⁰Co, 4 MEV x-ray linear accelerator or greater with isocentric treatment distance of 80 cm or greater) but at least one unit for every 300 new cancer patients treated per year. One of the machines should have the capability of obtaining field areas of 35 cm x 35 cm.
- 2.2 Equipment of diagnostic quality for localization and simulation purposes.
- 2.3 A treatment planning section able to plan and implement complex radiotherapy techniques is required. Computer capability for generation of isodose distribution is desirable.
- 2.4 Access to computer facility for treatment planning dosimetry.

3. CLINICAL MATERIAL

Fifty percent of the patients should be considered curable (not palliative XRT).

4. PHYSICS REQUIREMENTS

- 4.1 The institution must maintain routine dosimetry, calibration and treatment planning procedures recommended by the American Association of Physicists in Medicine (AAPM).

5. RECORDS

The record system of the institution must meet the following standards set by RTOG.

- 5.1 Initial evaluation (consultation note).
- 5.2 Anatomical drawing of lesion and staging.
- 5.3 Aim of treatment.
- 5.4 Daily treatment dose sheet.

- 5.5 Description of technical factors including patient diameter, RX distance, field size, beam energy, arrangement, depth dose, etc.
- 5.6 Isodose distribution and irregular field point calculations when required.
- 5.7 Drawings or photographs of treatment portals.
- 5.8 Copy of pathology report.
- 5.9 Progress note.
- 5.10 Treatment summary.
- 5.11 Follow-up notes.
- 5.12 When patient receives multidisciplinary management, appropriate details should be part of the record (Applies to institutions wishing to participate in RTOG multimodality studies).

6. THE FOLLOWING ARE DESIRABLE ALTHOUGH NOT ESSENTIAL:

- 6.1 Megavoltage equipment providing high energy photons and electrons (> 8 MEV)
- 6.2 Dedicated treatment simulator.
- 6.3 Training program is strongly recommended.

7. IRB AND ASSURANCE CERTIFICATION

The institution must have an Institutional Review Board (IRB) and an assurance approved by the National Institutes of Health (NIH) Office for Protection from Research Risks (OHRP).

02/01

REQUIREMENTS FOR INSTITUTIONAL MEMBERSHIP

Affiliate and CCOP Members

1. PERSONNEL

- 1.1 One full-time radiation oncologist, who must be certified in radiation oncology by the American Board of Radiology, the American Osteopathic Board of Radiology, or equivalent certification for participants from other continents, and who has a minimum of one year of experience beyond completion of training.
- 1.2 There should be one staff radiotherapist for each 200-225 new patients treated per year.
- 1.3 A part-time physicist is required. The staff should have the capability to perform periodic calibrations and quality control check of output of all machines. There should be capability for doing multiport isodose summations and multiple point calculations on irregular field treatments.
- 1.4 Institution must demonstrate the ability to handle the requirements of data management.
- 1.5 There must be representation of other oncologic disciplines in the institution, such as medical oncology, surgery and pathology, with commitment of full-time people to participate in RTOG.

2. EQUIPMENT

- 2.1 There should be one megavoltage unit (eg⁶⁰Co, 4 MEV x-ray linear accelerator or greater with isocentric treatment distance of 80 cm or greater). One of the machines should have the capability of obtaining field areas of 35 cm X 35 cm.
- 2.2 Equipment of diagnostic quality for localization and simulation purposes.
- 2.3 A treatment planning section able to plan and implement complex radiotherapy techniques is required. There should be capability for doing multiport isodose summations and multiple point calculations on irregular field treatments.
- 2.4 Access to computer facility for treatment planning dosimetry.

3. CLINICAL MATERIAL

- 3.1 A minimum of 250-300 new patients treated per year.

4. PHYSICS REQUIREMENTS

- 4.1 The institution must maintain routine dosimetry, calibration and treatment planning procedures recommended by the American Association of Physicists in Medicine (AAPM).

5. RECORDS

The record system of the institution must meet the following standards set by the Radiation Therapy Oncology Group:

- 5.1 Initial evaluation (consultation note).
- 5.2 Anatomical drawings of lesion and staging.
- 5.3 Aim of treatment.

- 5.4 Daily treatment dose sheet.
- 5.5 Description of technical factors including patient diameter, RX distance, field size, beam energy, arrangement, depth dose, etc.
- 5.6 Isodose distribution and irregular field point calculations when required.
- 5.7 Drawings or photographs of treatment portals.
- 5.8 Copy of pathology report.
- 5.9 Progress note.
- 5.10 Treatment summary.
- 5.11 Follow-up notes.
- 5.12 When patient received multidisciplinary management, appropriate details should be part of the record. (Applies to institutions wishing to participate in RTOG multimodality studies).

6. IRB AND ASSURANCE CERTIFICATION

The institution must have an Institutional Review Board (IRB) and an assurance approved by the National Institutes of Health (NIH) Office for Human Research Protections. (OHRP).

03/02