ANNEXURE -I

PROFORMA

- Hospital no: Address:
- Brachytherapy no :
- Age: Phone no:
- Chief complaints:
- Past history : Diabetes mellitus/Systemic hypertension/tuberculosis/epilepsy
- Date of First Diagnosis(biopsy):
- Complete Pathological Diagnosis:
- Investigations for Staging:
    - ❖ MRI / CT Scan:
    - ❖ Chest X ray : Normal/Abnormal
    - ❖ Basic blood investigations: Normal/Abnormal
    - ❖ HIV Status : Positive/Negative
    - ❖ HBs Ag Status : Positive/Negative
- FIGO Stage:
- Radiotherapy details (External beam radiation)(Technique):
    - ❖ Total dose:
    - ❖ No of fractions:
    - ❖ Any nodal boost:
    - ❖ From .....to.....
    - ❖ Any Gap between treatment :
- Chemotherapy details:
    - ❖ Is chemotherapy given: YES or NO
    - ❖ IF YES
        - ❖ Agent used:
        - ❖ Number of cycles:
- Interval between CT-RT and Brachytherapy : days
- Brachytherapy details:

BR.NO: _____/_____ **ICBT/ISBT:**

Intra-Uterine Tandem: Flange:

Ovoid : Needle/s (if any):

Simulation : CT / X-RAY / NONE

HDR Dose Prescription : _____ **Gy / # in** _____**#**					**EBRT Dose**_____**Gy in** _____**#**	
Description	**Fraction Number**				**Tumor BED** (in Gy_{10})	
	1	**2**	**3**	**4**	**OAR BED** (in Gy_3)	
Date					**Tumor EQD2** (in Gy_{10})	
Time of treatment					**OAR EQD2** (in Gy_3)	
Dose /# (in Gy)					**Total values of BED & EQD2 Inclusive of EBRT + HDR**	
HRCTV D100 (%)					**BED to Tumor**	
HRCTV D90 (%)					**EQD2 to Tumor**(in Gy_{10})	
Dose of **Bladder** D2cc (Gy)					**EQD2 to Bladder** (in Gy_3)	
EQD2 of **Bladder** D2cc (Gy_3)						
Dose of **Rectum** D2cc (Gy)					**EQD2 to Rectum** (in Gy_3)	
EQD2 of **Rectum** D2cc (Gy_3)						
Dose of **Sigmoid** D2cc (Gy)					**EQD2 to Sigmoid**(in Gy_3)	
EQD2 of **Sigmoid** D2cc (Gy_3)						

Total duration of brachytherapy:

Total duration of treatment:

Follow up at 3 months:

- Clinical Response: Complete response / Partial response / progressive disease
- Acute Complications

Bladder complications: RTOG Grade:

Rectal complications: RTOG Grade: