

**T1**

**ACOSOG Z4099/RTOG 1021  
Phase III Study of Sublobar Resection  
versus Stereotactic Body Radiation  
Therapy in High Risk Patients with Stage I  
Non-Small Cell Lung Cancer (NSCLC)  
Radiotherapy Form**

ACOSOG Z4099/  
RTOG Study No. 1021

Case #

Institution Name  
Patient Initials

Institution No.

AMENDED DATA  YES

**INSTRUCTIONS:** Form is submitted upon completion or termination of RT for all patients assigned RT. Dates are mm-dd-yyyy unless specified otherwise. If assigned radiation and none given, complete Q#7, sign, date and submit form. This T1 Form along with a copy of the Daily Treatment Chart (T5) can be faxed to 215-940-8925 or mailed to RTOG HQ at: RTOG Headquarters, ATTN: Dosimetry 1818 Market St., Suite 1600 Philadelphia, PA 19103.

1    \_\_\_\_-\_\_\_\_-\_\_\_\_ RADIATION THERAPY START DATE<sup>(1)</sup>

2    \_\_\_\_-\_\_\_\_-\_\_\_\_ RADIATION THERAPY END DATE<sup>(2)</sup>

3    ELAPSED DAYS   <sup>(3)</sup>

4    RT TOTAL FRACTION COUNT   <sup>(4)</sup>

5    RT TOTAL DOSE       Gy<sup>(5)</sup>

**6 TREATMENT INTERRUPTIONS AND MODIFICATIONS**

6a       NUMBER OF DAYS RADIOTHERAPY  
INTERRUPTED DUE TO TOXICITY<sup>(6)</sup>  
(Do not include weekends or days on which  
patient would not be treated)

6b       NUMBER OF DAYS RADIOTHERAPY  
INTERRUPTED DUE OTHER REASONS<sup>(7)</sup>  
(Do not include weekends or days on which  
patient would not be treated)

7       REASON TREATMENT ENDED<sup>(8)</sup>

- 1 Treatment completed per protocol criteria
- 2 Disease progression, relapse during active treatment
- 3 Adverse event / side effects / complications
- 4 Death on study
- 5 Patient withdrawal / refusal after beginning protocol therapy
- 6 Patient withdrawal / refusal prior to beginning protocol therapy
- 7 Alternative therapy, specify \_\_\_\_\_<sup>(9)</sup>
- 8 Patient off (protocol) treatment for other complicating disease (followup and data submission will continue)
- 98 Other, specify \_\_\_\_\_<sup>(10)</sup>

8     TYPE OF RADIATION THERAPY ADMINISTERED<sup>(11)</sup>

- 1 3D Conformal
- 2 IMRT
- 3 IMRT and IGRT

**FOR INTERNAL USE ONLY:**

DOSE VERIFICATION BY \_\_\_\_\_<sup>(15)</sup>

DATE OF VERIFICATION \_\_\_\_\_<sup>(16)</sup>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ <sup>(12)</sup>

Person completing form<sup>(13)</sup>

Date form originally completed \_\_\_\_-\_\_\_\_-\_\_\_\_<sup>(14)</sup>