Georgia Department of Community Health

Division of Health Planning
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Atlanta, GA 30303
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Linear Accelerator Treatment Allocation Special Survey

Please respond as requested below for calendar years 2005 and 2006 as pertains to your linear accelerator unit(s). If your facility has more than one linear accelerator at a specific location, with each unit performing at different levels for various categories, please include a combined total for all units from that location. A special survey should be submitted for each location authorized to provide radiation therapy services and for all linear accelerators at each location.

Adobe Acrobat Reader 7.0 is required to complete the survey electronically. When completed your facility's survey can be emailed automatically to DCH using the email button below.
Please respond by May 9, 2007.

Facility Information

Facility Name:

Contact Name: **Phone Number:**

Linear Accelerator Utilization

Respond below according to the definitions and instructions on the next page.

Calendar Year 2005		
Type of Treatment or Visit Category	Average Length of Treatment Visit	Percentage of Unit(s) Dedicated to Treatment Use
Simple treatment visits		
Intermediate treatment visits		
Complex treatment visits		
Intensity Modulated Radiation Therapy (IMRT)		
Stereotactic Radiosurgery on machines also performing radiation therapy		

Calendar Year 2006		
Type of Treatment or Visit Category	Average Length of Treatment Visit	Percentage of Unit(s) Dedicated to Treatment Use
Simple treatment visits		
Intermediate treatment visits		
Complex treatment visits		
Intensity Modulated Radiation Therapy (IMRT)		
Stereotactic Radiosurgery on machines also performing radiation therapy		

Print Survey Email Survey

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Definitions and Instructions

Type of Treatment or Visit Category

Simple Treatment Visit - A treatment visit involving a single treatment site, single treatment filed, or parallel opposed fields with the use of no more than simple blocks.

Intermediate Treatment Visit - A treatment visit involving two separate treatment sites, three or more fields to a single treatment site, or the use of special blocking.

Complex Treatment Visit - A treatment visit involving three or more treatment sites, tangential fields with wedges, rotational or arc techniques or other special arrangements, or custom blocking.

Intensity Modulated Radiation Therapy (IMRT) - A treatment utilizing a radiotherapy treatment plan optimized using an inverse or forward planning technique to modulate the particle or energy fluence to create a highly conformal dose distribution. This beam modulated treatment delivery can be accomplished either by the use of the computer controlled multi-leaf collimator or high resolution milled or cast compensators.

Stereotactic Radiosurgery (SRS) - A visit involving the use of a stereotactic guiding device with radiotherapy for the destruction of a precisely defined intracranial and/or extracranial tumor or lesion. SRS visits reported here should be only for those SRS treatments provided using a linear accelerator and not for a modality which can provide SRS treatment only (Gamma Knife or Cyber Knife).

Linear Accelerator Allocation

Average Length of Treatment Visit - For the average length of treatment visit column, provide the average amount of time in minutes that was spent on each type of procedure for the linear accelerator unit(s) at your facility. Average time should include set-up time and any time in which the unit could not be used for other patients. For example, SRS treatments might average 90 minutes each.

Percentage of Unit(s) Dedicated to Treatment Use - For the percentage of the unit that is dedicated to the treatment type, provide a percentage representing the amount of the machine's time that was dedicated to each type of procedure. For example, 95% of the linear accelerator's time during the year was dedicated to providing simple radiation therapy.

Email Problems:

All fields are required before the survey will email and your PC's default email program must be able to send. If you are connected to the internet or your facility's network, able to send email, and have completed the survey and are still not able to email your survey to DCH you may print a copy and fax the completed survey to the following:

Attention: Matthew Jarrard
Fax: 404-656-0654