|  |
| --- |
| **Article Rating: worst  1  2  3  4  5 best** |
| 1. **Reviewer Name:** |
| 1. **Reference (Author, Title):**   **2.1 PubMed ID/Link** |
| 1. **Endpoint: # of Endpoints:** |
| **4. Study Classification: Click for menu** |
| **5. Organ/tissue/anatomical region: Click for menu Click for menu** |
| **6. Is radiation dose response analyzed Yes No**  **according to developmental status?**  **Comments:** |
| **7. Delineation of OAR described in paper: Yes No**  **Comment:** |
| **8. Primary Cancer Specify:** |
| **9. Eligibility/Exclusion Criteria**  **9.1 Length of Follow up: Yes No NR Specify:**  **9.2 Age at time of childhood cancer diagnosis: Yes No NR Specify:**  **9.3 Age at time of evaluation/follow-up: Yes No NR Specify:**  **9.4 Calendar period of childhood cancer treatment: Yes No NR Specify:**  **9.5 Other: Yes No NR Specify:**  **9.6 Comments for items #1-#9:** |
| **10. Patient Numbers**  **10.1 Total number of eligible patients:**  **10.2 Number of patients analyzed in study:**  **10.3 Number of events for the relevant endpoint:**  **Number or rate (%) of individual endpoint:**  **1.**  **2.**  **3.** |
| **11. Scoring of Side-effects**  **11.1 Grading system: Click for menu NR**  **11.2 Type of endpoint analyzed: Click for menu NR**  **11.3 If ordinal endpoint is dichotomized, Click for menu NR**  **threshold grade for calling an event:**  **11.4 Method of outcome evaluation**  **11.4.1 Clinical Assessment**  **11.4.1a Physical examination Yes No NR**  **11.4.1b Imaging Yes No NR**  **11.4.1c Functional Imaging Yes No NR11.4.1d Laboratory test Yes No NR11.4.1e Other Analytic test Yes No NR11.4.2 If 11.4.1. = yes: Corrected for baseline value? Yes No NR11.4.3 Self-report only Yes No NR11.4.4 Self-report with medical validation Yes No NR11.4.5 Registry-linkage based Yes No NR11.5 Endpoint classification (check all that apply)**  **Incidence**  **Prevalence**  **Mortality**  **Other -Please specify:**  **11.6 Method used to adjust for latency: Click for menu**  **11.7 Comments for section #11:** |
| **12. Radiation Therapy: Prescribed dose fractionation**  **12.1 Total Prescribed Dose (Gy): Range:**  **Median:**  **Min:**  **Max:**  **12.1.1 Dose per fraction (Gy) Min:**  **Max:**  **12.1.2 Planned overall time (days) Min:**  **Max:**  **12.2 Dose Prescribed to: Click for menu**  **12.3 Dose distribution derived from: Click for menu** |
| **13. Radiation therapy: Technical aspects**  **13.1 Radiation technique: (check all that apply)**  **NR Various Parallel opposing photon fields 3D-CRT**  **or similar simple arrangements Energy:  KV MV IMRT Brachytherapy Stereotactic or SBRT Particle Therapy Electrons Comment:**  **13.2 Heterogeneity correction in dose calc: Click for menu NR**  **13.3 Comments for sections #12 and #13** |
| **14. Chemotherapy (check all that apply):**  **Not used Unknown Alkylating agents Vinca Alkoids**  **Anthracyclines Epipodophyllotoxins Bleomycin Other**  **Corticosteroids**  **14.1 Bone Marrow Transplant Yes No NR**  **If Yes, conditioning with TBI Yes No NR**  **14.2 Drug and/or BMT effect analyzed in paper Yes No NR** |
| **15. Data analytic approach (up to 3):**  **Comparison of outcome in two or more groups Use of previously published model/parameters  “Statistical modeling” (Cox, Logistic regression, cumulative incidence) Other method  NR**  **Specify:**  **15.1 Were dose Volume descriptors analyzed? Yes No NR**  **Specify:**  **15.2 Dose-volume descriptors found to be significant? Yes No NA15.3 Parametric dose-volume modeling? Yes No NR**  **15.3.1 Specify Model: Yes No Comment:**  **15.3.2 Specify Model validation: Yes No**  **15.4 Comments:** |
| **16. Patient Age and Follow-up**  **16.1 Length of Follow-up (mean, median, and range):**  **16.2 Age at diagnosis (mean, median and range):**  **16.3 Age attained at end of follow-up (mean, median, and range):**  **16.4 Comment:** |
| **17. Variables considered in analysis Significance:**  **17.1 Age at Diagnosis Yes No Yes No**  **17.2 Attained Age Yes No Yes No**  **17.3 Gender Yes No Yes No**  **17.4 Race Yes No Yes No**  **17.5 Genetic Abnormality Yes No Yes No**  **17.6 Other Yes No Yes No Specify:**  **17.7 Co-morbidity Yes No Specify:**  **17.8 Lab tests Yes No Specify:**  **17.9 Other patient related factors considered in the analysis:**  **17.10 Calendar years of childhood cancer treatment:** |
| **18. Bio-banking or biomarkers assessed: Yes No** |
| **19. Major source of variation in dose-volume histogram:**  **Not clear from paper**  **Inter-individual variation in anatomy and target definition**  **Change in treatment policy over time Varied prescription according to patient/disease factors Randomized allocation to different treatments Minimal variation of dose-volume parameters** |
| **20 Author’s conclusion:**  **20.1 Significant volume effect Yes No**  **20.2 Significant dose response Yes No**  **20.3 Recommended dose-volume constraint:** |