

COG ARAR2221

Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities. (See COG Policy and Procedures-Other Membership area). Contact IROC RI for questions or further information.

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist together with the RT materials and diagnostic imaging you submit. All material must be labeled with the protocol and assigned registration number.

Valid methods of submission include TRIAD (Preferred), and QARC sFTP. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org (not an individual's email account) with the protocol # and registration # in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data [IROC Rhode Island website](#). **Please do not submit the same items via multiple submission methods.**

Primary Site (+/- met sites) RT data (required if noted as **) should be submitted within 3 days of the start of RT for the interventional RT review. Metastatic site RT given after Primary site RT should be submitted after the completion of that phase of RT.

Please check which phase of RT this data is being submitted for:

_____ Primary site RT

_____ Metastatic site RT

SUBMITTED Date

_____ ****Digital RT treatment plans submitted in Dicom RT format**

_____ ****RT-1 Dosimetry Summary Form or Proton Reporting Form**
www.qarc.org/forms/IROC_RT-1%20DosimetrySummaryForm.pdf
[Microsoft Word - IROC_ProtonReportingForm.docx \(qarc.org\)](#)

_____ ****Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics for all plans**

_____ ****All diagnostic imaging and reports used to plan the target volume**

FINAL RADIOTHERAPY DATA

_____ IROC_RT2RadiotherapyTotalDoseRecord https://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

_____ Copy of the daily radiotherapy record (including the prescription, monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics for all plans)

_____ Documentation listed above showing modifications from the original submission

DIAGNOSTIC IMAGING & REPORTS

_____ **** All Pre-Study MRI of head and neck, Chest CT and PET/CT studies AND reports**

_____ **** All Post-Induction MRI of head and neck, Chest CT and PET/CT studies with and without contrast AND reports**

_____ All Post-Consolidation MRI of head and neck, Chest CT and PET/CT studies with and without contrast AND reports

_____ All Post-Cycle 3 Maintenance MRI of head and neck, Chest CT and PET/CT studies with and without contrast AND reports

_____ All End of Therapy MRI of head and neck, Chest CT and PET/CT studies with and without contrast AND reports

_____ All Progression MRI of head and neck, Chest CT and PET/CT studies (as indicated) with and without contrast AND reports

_____ Copies of all operative reports (Required for those patients who undergo resection.)

Please contact study CRA by email or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.
IROC Rhode Island (QARC), Building B, Suite 201, 640 George Washington Highway, Lincoln, RI 02865-4207, FAX: (401) 753-7601