

ADV L1217 DATA CHECKLIST

Patient Initials: _____ Registration #: _____

Sender's Name: _____ Phone #: _____ Email: _____

Radiation Oncologist: _____ Email: _____

On treatment review is NOT required for this study. Please be advised that within one week of the completion of radiotherapy, the treatment data noted in section 15.10 should be submitted.

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

Submission of treatment plans in digital format as DICOM RT is **required**. This digital data must include treatment planning CT, structures files, and plan and dose files. Submission may be either by **SFTP** or **CD**. Diagnostic imaging and screenshots of other RT data may be submitted via sFTP or on CD as well. For data sent via sFTP, a notification email should be sent to sFTP@qarc.org with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

Data not sent via sFTP may be sent via email to datasubmission@qarc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

RADIOTHERAPY DATA:

- _____ Digital RT Treatment Plan (DICOMRT format) that includes the treatment planning CT, structure, dose and plan files
- _____ Digitally reconstructed radiographs (DRR) for each treatment field, when using IMRT, orthogonal setup images are sufficient
- _____ Treatment planning system summary report that include monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Explanation for exceeding the recommended doses to the organs at risk (if applicable)
- _____ Written documentation that image-guided radiation therapy (IGRT) methods are used if a PTV margin of 3mm is used (see section 15.5.2)
- _____ [RT-1 Dosimetry Summary Form](#)
- _____ [Motion Management Form](#), if applicable (see section 15.7.5)
- _____ [RT-2 Radiotherapy Total Dose Record Form](#)
- _____ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses)

DIAGNOSTIC IMAGING & REPORTS:

- _____ MRI (preferred), or CT, and corresponding radiology report (s) done PRIOR to attempted surgical resection of the primary tumor, and any other imaging studies and reports used to plan the target volume

Please email: datasubmission@qarc.org or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

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