

**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 (QARC) 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 materials must be labeled with the protocol and assigned registration number.**

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or CD. For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.org) with the **protocol # and registration # in the subject line**. Please refer to the [IROC Rhode Island website](http://IROC Rhode Island website) for instructions on sending digital data.

Data not sent via sFTP may be sent via email to [datasubmission@garc.org](mailto:datasubmission@garc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**Radiotherapy Data (submitted within first 3 days of treatment)**

**DATE SUBMITTED**

**External Beam Treatment Planning System Data**

- \_\_\_\_\_ Digital RT treatment plan (including CT, structure, dose and plan files). Structures to include all target volumes, required Organs at Risk and if IMRT, Unspecified Tissue
- \_\_\_\_\_ DRR's for each treatment field (submission of DRRs is not required for IMRT)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics

**Supportive Data**

- \_\_\_\_\_ Required diagnostic imaging and reports (see list below for required studies)
- \_\_\_\_\_ Explanation if recommended doses to organs at risk are exceeded
- \_\_\_\_\_ Documentation if modifications are made for patients <24 months
- \_\_\_\_\_ Documentation/treatment chart of any emergency RT administered prior to the protocol prescribed course of RT.

**Forms**

- \_\_\_\_\_ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)
- \_\_\_\_\_ [Motion Management Reporting Form](#) (if applicable)

**Data to be Submitted within 1 Week Following Completion of Radiotherapy**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses

**Data for Brachytherapy:**

- \_\_\_\_\_ Treatment Planning CT used for post implant dosimetry
- \_\_\_\_\_ Computer printouts of the isodose distribution or digital plan (if available) and associated CT-based calculations
- \_\_\_\_\_ DVHs for GTV, CTV and PTV (included in digital RT plan, if submitted)
- \_\_\_\_\_ Brachytherapy Physics Reporting Form
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses

**Data for Intra-Operative RT:**

- \_\_\_\_\_ Radiotherapy record including the prescription and delivered dose
- \_\_\_\_\_ Physician's note describing procedure, dose calculation and description of the applicator as well as relevant dosimetric characteristics

**Diagnostic Imaging and Reports:**

- \_\_\_\_\_ Baseline CT/MR and corresponding radiology report
- \_\_\_\_\_ Baseline PET CT and corresponding radiology report
- \_\_\_\_\_ End of Induction Chemo CT/MR and corresponding radiology report
- \_\_\_\_\_ End of Induction PET CT and corresponding radiology report
- \_\_\_\_\_ Copies of all operative and pathology reports

Please contact study CRA by [email](mailto:) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.