

COG AHOD1331
Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Patient Initials: _____ Registration #: _____ RT Start Date: _____
Sender's Name: _____ Phone #: _____
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 on CD. For data sent via sFTP, a notification email should be sent to sFTP@garc.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@garc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

RADIOTHERAPY DATA: PRE-TREATMENT REVIEW REQUIRED (data should be submitted at least one week prior to the start of RT for review and approval). ANY RADIATION THERAPY NOT CONSISTENT WITH THE CENTRAL REVIEW OF RESPONSE CATEGORIZATION WILL BE CONSIDERED A MAJOR PROTOCOL VIOLATION.

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 (if already submitted for central review do not send again)
- _____ Explanation if recommended doses to organs at risk are exceeded
- _____ 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 <http://www.garc.org/>
- _____ Motion Management Reporting Form (if applicable) http://www.garc.org/forms/IROC_MotionManagementForm.pdf

Data to be Submitted within 1 Week Following Completion of Treatment

- _____ RT-2 Form http://www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Daily radiotherapy record including the prescription, daily and cumulative doses

DIAGNOSTIC IMAGING AND REPORTS:

- _____ Baseline CT/MR with contrast and corresponding radiology report (*required if CT from FDG PET imaging was done without contrast)
- _____ Baseline FDG PET imaging and corresponding radiology report
- _____ Baseline chest radiograph (CXR) and corresponding radiology report (required for LMA assessment)

- _____ Post Cycle 2 Chemo CT/MR with contrast and corresponding radiology report (*required if CT from FDG PET imaging was done without contrast)
- _____ Post Cycle 2 PET CT and corresponding radiology report
- _____ Post Cycle 2 PET Staging and Response Worksheet

- _____ Post Cycle 5 Chemo CT/MR with contrast and corresponding radiology report
- _____ Post Cycle 5 PET CT and corresponding radiology report (** required if post cycle 2 PET CT was positive)
- _____ Post Cycle 5 PET Staging and Response Worksheet (** required if post cycle 2 PET CT was positive)

- _____ First Relapse (all studies done to confirm relapse/disease progression and corresponding radiology reports)
- _____ First Relapse Staging and Response Worksheet

- _____ Any additional studies used to determine stage and response and radiology reports (i.e. ultrasound, bone scan)
- _____ Copies of all operative and pathology reports, if needed for clarification for RT and/or imaging review

For questions about data submission or the RT and/or imaging review process, please contact us by email (AHOD1331@garc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.