

COG AHOD2131
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 Triad or sFTP. 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).

RADIOTHERAPY DATA: PRE-TREATMENT REVIEW REQUIRED for Initial Phase and Boost, if needed
(Data should be submitted at least ONE WEEK prior to the start of RT for review and approval).

External Beam Treatment Planning System Data- Digital RT Data Submission – SER patients only

DATE SUBMITTED

_____ 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.

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

_____ Imaging studies that have been fused with the planning CT are required to be submitted along with the digital RT plan

_____ All diagnostic imaging and reports used to plan the target volume **NOTE: Reports and imaging submitted for the central review need not be resubmitted**

_____ For protons, a PDF screenshot with CTV DVH for all error scenarios (Section.17.6.2).

_____ If recommended doses to organs at risk are exceeded, an explanation should be included for review by IROC RI

_____ RT-1 Dosimetry Summary Form **or** Proton Reporting Form <http://www.qarc.org/>

_____ Motion Management Reporting Form (if applicable) http://www.qarc.org/forms/IROC_MotionManagementForm.pdf

POST TREATMENT RT REVIEW - within 1 WEEK Following Completion of RT

DATE SUBMITTED

_____ RT-2 Form http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

_____ Daily radiotherapy treatment record including the prescription, daily and cumulative doses

_____ Documentation listed above showing any modifications from original submission

DIAGNOSTIC IMAGING AND REPORTS

***Required for Real Time Imaging Review – Refer to section (16.5.3) for imaging submission timeline**

DATE SUBMITTED

_____ PET/CT or PET/MRI

Select Time Point *PET1/Pre-Study *PET2/p Cycle 2 *PET-EST *PET-ERT 1st Relapse

_____ Diagnostic CT required if PET/MRI is obtained and may be needed for other reviews

Select Time Point PET1/Pre-Study PET2/p Cycle 2 PET-EST PET-ERT 1st Relapse

_____ Baseline chest radiograph (CXR) and corresponding radiology report (for COG patients only (5 -17 yrs)

_____ AHOD2131 Hodgkin Lymphoma Staging and Response Worksheet (Submit at each Time Point)

_____ All corresponding radiology reports should be included when scans are submitted

_____ Any additional studies used to determine stage and response and radiology reports (i.e. ultrasound, bone scan)

For questions about data submission or the RT and/or imaging review process, please contact us by email (AHOD2131@qarc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing participation.

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