

ANBL09P1 DATA SUBMISSION CHECKLIST

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COG Registration #: _____

Patient Initials: _____

Sec. 16.7 Retrospective MIBG Scan Review

- _____ Pre-Study MIBG scan and PET scan with reports (within 4 weeks prior to study entry and no later than the end of Induction Cycle 1)
- _____ MIBG scan and PET scan with reports prior to surgical resection (post Induction Cycle 4)
- _____ Post MIBG therapy scan and report, op and path reports for the primary resection

Sec. 17.10 FINAL RT Review Materials

For Primary site (17.10.1-17.10.3):

_____ Copies of all diagnostic imaging used to plan the target volume, including the Pre-Op and Post Induction CT/MRI scans of the primary tumor and whole body MIBG scans. Copies of the corresponding reports and Op and Path reports should also be submitted. The MIBG scans and reports and the op and path reports may have already been submitted for the retrospective central imaging review.

- _____ REQUIRED: Digital RT treatment plans submitted in DicomRT or RTOG format
- _____ RT-1 Dosimetry Summary Form or Proton Reporting Form
- _____ Motion management reporting form, if applicable
- _____ DRRs for each field (with and without overlays of the target volumes and organs at risk). If IMRT is used, a set of orthogonal (anterior/posterior and lateral) DRRs is sufficient.
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics for all plans
- _____ Proton therapy: smearing radius of the compensator, set-up margin (SM) and PTV margin for each treatment beam and a description of the rationale for the PTV margins.
- _____ Documentation of independent check of calculated dose (if IMRT is used)
- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and cumulative doses to all required areas and critical organs)
- _____ If the recommended doses to the OARs are exceeded, an explanation should be included.

For Metastatic sites (17.10.4):

- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and cumulative doses to all required areas and critical organs)

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@qarc.org with the protocol # and registration # in the subject line. Please refer to QARC 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.

- If sent via courier mail to:
 - IROC Rhode Island (QARC)
 - 640 George Washington Highway
 - Building B, Suite 201
 - Lincoln, RI 02865-4207
 - Ph: 401-753-7600
 - Fax: 401-753-7601

If you need verification of receipt of this data, please write your name & e-mail address below:
