

ANHL1931
Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Patient Initials: _____ Registration #: _____ RT Start Date: _____
Sender's Name: _____ Phone #: _____
Email: _____
Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist together with data 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. Any items on the list below that are not part of the digital plan submission may be included with this transmission. (See Section 16.13.1)

This study prefers the use of TRIAD for RT data submission. In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for on-treatment review, data submitted via SFTP will also be accepted. 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).

The following materials must be submitted prior to the start of radiation for interventional review. (Pre-approval is required to initiate treatment):

DATE
SUBMITTED

- _____ Copy of digital RT Treatment Plan (DicomRT format)
- _____ Dose Volume Histograms (DVH), when using IMRT a DVH shall be submitted for a category of tissue called "unspecified tissue"
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ DRRs of each treatment field (Not required for IMRT)
- _____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf
- _____ Proton Reporting Form
- _____ Motion Management Reporting Form (if applicable) www.qarc.org/forms/IROC_MotionManagementForm.pdf
- _____ Explanation if recommended doses to organs at risk are exceeded
- _____ Documentation of any emergency RT prior to the protocol prescribed course of RT.

Final Review materials must be submitted within 7 Days of the completion of radiation:

- _____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Documentation listed above showing modifications from the original submission (if not previously submitted).

Imaging Submission Requirements for Early Review for Suspected Progression and Retrospective Review

TRIAD is the preferred method of imaging submission for this study. Scans submitted via TRIAD will be sent to IROC OH and IROC RI. Scans sent to IROC RI via sFTP will be forwarded to IROC OH. Scans should be submitted as they are acquired. Radiology reports should be uploaded in RAVE. See section 15.5 for Central Imaging Review submission details.

PET/CT scans and CT scans with contrast and the ANHL1931 Staging and Response Worksheet should be submitted at the following time points:

- | | |
|--|---------------------------|
| _____ Baseline | _____ End of Therapy |
| _____ After 2 cycles of chemotherapy | _____ Relapse/Progression |
| _____ After 4 cycles of chemotherapy (if obtained) | _____ Other |

Please contact study CRA by email (DataSubmission@qarc.org) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

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