

**COG AREN1921**

**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 the RT materials and diagnostic imaging you submit. All materials must be labeled with the protocol and assigned registration number. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, Dicomcommunicator, or email.** For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) (not an individual's email account) 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](http://www.QARC.org)). Emailed data should go to [DataSubmission@qarc.org](mailto:DataSubmission@qarc.org) (not an individual's email account) with the protocol # and registration # in the subject line. **Please do not submit the same items via multiple submission methods.**

***RADIOTHERAPY DATA: The following data marked with an \* must be submitted for pretreatment review and approval when Whole Lung IMRT, Liver IMRT, or Liver IMPT is Utilized.***

**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.
- \_\_\_\_\_ \*Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ \* MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data. The corresponding spatial registration files should also be submitted, if available.

**Supportive Data**

- \_\_\_\_\_ \*All diagnostic imaging and reports including op and path reports used to plan the target volume. Includes CT or MRI prior to attempted surgical resection of the primary tumor. (If not already submitted to ARENO3B2.)
- \_\_\_\_\_ \* Explanation if recommended doses to organs at risk are exceeded
- \_\_\_\_\_ \* For protons, a description of the rationale for the PTV margins.

**Forms**

- \_\_\_\_\_ \*RT-1 Dosimetry Summary Form or Proton Reporting Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)
- \_\_\_\_\_ \*Motion Management Reporting Form (If Motion Management Techniques are used.) [www.qarc.org/forms/IROC\\_MotionManagementForm.pdf](http://www.qarc.org/forms/IROC_MotionManagementForm.pdf)

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

- \_\_\_\_\_ RT-2 Form [http://www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses
- \_\_\_\_\_ Documentation listed above showing any modifications from original submission. Data not included with the digital submission.

**DIAGNOSTIC IMAGING AND REPORTS:**

- \_\_\_\_\_ Pre-Study
- \_\_\_\_\_ Pre-RT

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