# COG AREN2231

## *Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies*

**Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities. (See COG Policy and Procedures-Other Membership area). Contact IROC RI for questions or further information.**

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 material must be labeled with the protocol and assigned registration number**.

**Valid methods of submission include TRIAD (Preferred), and QARC sFTP.** For data sent via sFTP, a notification email should be sent to 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 IROC Rhode Island website . **Please do not submit the same items via multiple submission methods.**

### INTERVENTIONAL REVIEW RADIOTHERAPY DATA

**Pre-treatment Review and Approval is required* *for Whole Lung IMRT, Liver IMRT, Liver Proton, Flank Proton, or Whole Abdominal Proton only. This data must be submitted at least 5 days prior to the start of RT. (see Section 17.0)*

DATE SUBMITTED

_____ *Digital RT treatment plans submitted in DICOM RT format including planning CT and MRI, structures, plan, and dose files. MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data

_____ *RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1%20DosimetrySummaryForm.pdf **or** *Proton Reporting Form Microsoft Word - IROC_ProtonReportingForm.docx (qarc.org)

_____ *Motion Management Reporting Form (if motion management techniques are used)

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

_____ All diagnostic imaging and reports used to plan the target volume (if different from imaging already submitted for APEC14B1-REN).

### FINAL RADIOTHERAPY DATA

***RT plans that do not require pre-treatment review and approval must be submitted at the completion of RT****. Data should include the data noted for interventional review in addition to below. (see Section 17.0)*

_____ IROC_RT2RadiotherapyTotalDoseRecord https://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

_____ Copy of the daily radiotherapy record (including the prescription, monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics for all plans

_____ Documentation listed above showing modifications from the original submission

### DIAGNOSTIC IMAGING & REPORTS

****Required for Rapid Central Imaging Review**
**(see Section 16.0)**

_____ All diagnostic imaging and reports (baseline imaging submitted for APEC14B1-REN does not need to be resubmitted).

_____ **CT chest imaging and reports (prior to Cycle 3)

_____ EPM imaging studies _____ Prior to Cycle 3 and _____ Prior to Cycle 5

_____ Relapse imaging and reports

_____ Copies of all operative and pathology reports (Required for those patients who undergo resection.)

Please contact study CRA by email or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.
**IROC Rhode Island (QARC)**, Building B, Suite 201, 640 George Washington Highway, Lincoln, RI 02865-4207, FAX: (401) 753-7601

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