

ARST08P1 DATA/FILMS CHECKLIST

Version Date: 12/18/2013

QARC Contact: COG Protocol Contact

Email: COG@QARC.org

Patient Identifier: _____

Registration #: _____

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9, April 2004). Contact QARC for questions or further information.

This protocol does not require on-treatment review. Within 1 week of completing radiotherapy submit:

RADIOTHERAPY DATA for PRIMARY SITE:

- _____ Baseline diagnostic imaging. See below for details.
- _____ Copies of all operative and surgical path reports
- _____ Digital RT treatment plan (required for Primary Site)
- _____ Prescription sheet for the entire treatment
- _____ RT-1/ IMRT Dosimetry Summary Form or Proton Reporting form
- _____ Motion Management Reporting Form (if applicable)
- _____ Description of the rationale for the PTV margins (if treating with Protons)
- _____ DRR's for each field treated (for IMRT orthogonals are sufficient)
- _____ RT verification (portal) images or hard copies of real time portal imaging for each field (if possible)
- _____ One set of orthogonal anterior/posterior and lateral DRRs and portal images for isocenter localization
- _____ Color DVH for all targets and critical structures
- _____ Color DVH for "unspecified tissue", if IMRT is used
- _____ Color composite isodose distributions in axial, sagittal and coronal planes
- _____ Color BEV's (Beams Eye View) for all fields required when not using IMRT
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Documentation of an independent check of the calculated dose if IMRT is used
- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses to all required areas)
- _____ Documentation if modifications are made for patients <24 months
- _____ Explanation if recommended doses to organs at risk are exceeded

RADIOTHERAPY DATA for METASTATIC SITES:

- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses to all required areas)

Additional DATA for BRACHYTHERAPY:

- _____ Treatment Planning CT used for post implant dosimetry
- _____ Computer printouts of the isodose distribution and associated CT-based calculations
- _____ DVHs for GTV, CTV and PTV
- _____ Brachytherapy Physics Reporting Form
- _____ Copy of the written directive

DIAGNOSTIC IMAGING :

- _____ Baseline MRI/CT scans AND radiology reports performed PRIOR to attempted surgical resection of primary or PRIOR to start of chemotherapy
- _____ Operative and Pathology Reports
- _____ FDG-PET scan AND radiology report: _____Pre-Study _____Week 6 _____Week 19

- Send all data to: (If you need verification of receipt of this data, please write your name & e-mail address)

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