

Checklist for Submission of Radiation Therapy Data & Central Surgical Review Materials

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

Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. 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 (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). Emailed data should go to 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 (submit w/in 1st 3 days of tx for primary site and at end of tx for metastatic sites)

DATE SUBMITTED

- _____ Digital RT plan in DicomRT format (CT, structure, dose and plan files; Structures to include all target volumes & required Organs at Risk)
- _____ *If above can't be provided for Brachytherapy, send:
 - _____ Treatment Planning CT used for post implant dosimetry
 - _____ Computer printouts of the isodose distributions and associated CT-based calculations
 - _____ DVHs for GTV, CTV and PTV
- _____ DRRs for each 3D treatment field (if applicable)
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Diagnostic imaging and reports (See list below.)
- _____ Explanation if recommended doses to organs at risk are exceeded (if applicable)
- _____ Documentation if modifications are made for patients < 24 months old (if applicable)
- _____ [Brachytherapy Physics Reporting Form](#) or [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)
- _____ [Motion Management Reporting Form](#) (if applicable)

Data to be Submitted within 1 Week Following Completion of Radiotherapy

- _____ [RT-2 Form](#)
- _____ Daily radiotherapy record including the prescription, daily and cumulative doses
- _____ For Intra-Operative RT, Physician's note describing procedure, dose calculation and description of the applicator as well as relevant dosimetric characteristics (if applicable)

Dx Imaging/Reports (If pt. doesn't receive RT, all baseline radiology materials are still required for Cx Sx Review.):

- _____ PreStudy CT/MR/PET/Bone scan images with corresponding radiology reports
- _____ Week 9 CT/MR/PET/Bone scan images with corresponding radiology reports
- _____ Copies of all operative, pathology and cytology reports
- _____ Post DPE CT/MR images with corresponding radiology reports (if applicable)
- _____ End of VAC/VI Therapy CT/MR images with corresponding radiology reports for metastatic sites (if applicable)
- _____ Treatment planning MR images (within 4 weeks of start of RT) with corresponding radiology reports for SBRT (if applicable)

Please contact us by email (DataSubmission@qarc.org) or phone: **(401) 753-7600** for clarification.