

# ECOG-ACRIN EA8183

## Checklist for Submission of Radiation Therapy Quality Assurance Materials

Registration #: \_\_\_\_\_ RT Start Date (DDMMYYYY): \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**Please enclose a copy of this Checklist together with the RT materials 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. Digital data must include CT scans, structures, plan, and dose files. Any items on the list below that are not part of the digital submission may be included with the transmission of the digital RT data. This study uses TRIAD for RT data submission. sFTP will be accepted, if necessary, as an alternative method of data submission for this study.

For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.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](http://www.QARC.org)).

**Please indicate Radiation Therapy Regimen: \_\_\_\_\_ Adjuvant \_\_\_\_\_ S Salvage**

**The following materials must be submitted within 1 week of the completion of radiation:**

### **DATE** **SUBMITTED**

\_\_\_\_\_ Copies of the diagnostic imaging studies used to define target volumes. Copies of the corresponding radiology reports, exam notes, clinical information, and pathology reports.

\_\_\_\_\_ Digital RT Treatment Plan (DicomRT format) that includes the CT, structures, dose, and plan files.

\_\_\_\_\_ Treatment planning system summary report that includes the MU calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.

\_\_\_\_\_ Prescription sheet for entire treatment

\_\_\_\_\_ RT-1 Dosimetry Form [www.garc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)

\_\_\_\_\_ RT Daily Treatment Chart, including prescription, daily and cumulative doses

\_\_\_\_\_ RT-2 Radiotherapy Total Dose Record Form  
[www.garc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)

**Please contact study CRA by email ([Dat submission@garc.org](mailto:Dat submission@garc.org)) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.**

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