

SWOG S1001

Checklist for Submission of Radiation Oncology Quality Assurance Materials

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 you submit. All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to 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).

Data not sent via sFTP may be sent via email to datasubmission@garc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

Within 7 days of starting RT, submit detailed treatment data for on treatment review:

DATE
SUBMITTED

RADIOTHERAPY DATA:

- _____ Copy of the baseline diagnostic imaging and reports
- _____ Digital RT treatment plan in RTOG or Dicom RT format (required)
- _____ DVH's for all targets and critical structures (included in Digital RT plan)
- _____ Prescription sheet for the entire treatment
- _____ 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)
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ RT-1 Dosimetry Summary Form www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf
- _____ Motion Management Reporting Form (if applicable) http://www.garc.org/forms/IROC_MotionManagementForm.pdf

Final Review materials must be submitted within 7 days of completing radiotherapy:

- _____ RT-2 Form www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses)

DIAGNOSTIC IMAGING AND REPORTS:

- _____ Baseline PET/CT and Data Acquisition Form
- _____ Interim PET/CT and Data Acquisition Form
- _____ End of Therapy PET/CT and Data Acquisition Form

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

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