SWOG S1826

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.

Submission of treatment plans in digital format as DICOM RT is **required**. This digital data must include treatment planning CT, structures files, and plan and dose files. Any items on the list below that are not part of the digital plan submission may be included with this transmission. (See Section 18.6)

This study prefers the use of TRIAD for RT data submission. In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for on-treatment review, data submitted via SFTP will also be accepted.
For data sent via sFTP, a notification email should be sent to sFTP@qarc.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).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to datasubmission@qarc.org with the protocol # and registration # in the subject line.

The following materials must be submitted prior to the start of radiation for interventional review. (Pre-approval is required to initiate treatment):

DATE SUBMITTED

_____ Copy of digital RT Treatment Plan (DicomRT format)
_____ Dose Volume Histograms (DVH), when using IMRT a DVH shall be submitted for a category of tissue called "unspecified tissue"
_____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
_____ DRRs of each treatment field (Not required for IMRT)
_____ Prescription sheet for the entire treatment
_____ RT-1 Dosimetry Summary Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf
_____ Proton Reporting Form http://www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf
_____ Motion Management Reporting Form (if applicable) www.qarc.org/forms/IROC_MotionManagementForm.pdf
_____ Explanation if recommended doses to organs at risk are exceeded
_____Documentation of any emergency RT prior to the protocol prescribed course of RT.

Final Review materials must be submitted within 7 Days of the completion of radiation:

_____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
_____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
_____ Documentation listed above showing modifications from the original submission (if not previously submitted).

Imaging Submission Requirements (REQUIRED*) * unless PET-CT is contraindicated for Patient

PET-CT images must be locally read and interpreted by the local site radiology service. PET-CT must then be submitted to the Imaging and Radiation Oncology Core (IROC) at Ohio (via TRIAD strongly preferred). TRIAD will manage routing these studies to IROC Ohio for Imaging Submission procedures for central data collection, and quality control (QC) check and retrospective review as well as to IROC Rhode Island for the pre-treatment RT QA review as well as central review.

Image Submission Time Points (digital image submission is required):

- Baseline (within 42 days prior to registration)
- Interim (after Cycle 2 and prior to Cycle 3, when scan is done for clinical purpose)
- End of Treatment (4-8 weeks after Cycle 6, Day 15)
- Radiology reports not submitted to IROC Ohio for the scans noted above will be requested as needed.

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

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