

# Alliance Foundation Trial AFT-16

## Checklist for Submission of Radiation Oncology Quality Assurance Materials

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. 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 QARC website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Data not sent via sFTP may be sent via email to [DataSubmission@garc.org](mailto:DataSubmission@garc.org) with the **protocol # and registration # in the subject line**.

**The following materials must be submitted within 3 days of the start of radiotherapy for review:**

DATE  
SUBMITTED

\_\_\_\_\_ Copy of pre-study diagnostic CT and/or PET imaging AND radiology report(s), exam notes and endoscopy reports used to define the target volumes

\_\_\_\_\_ Digital RT Treatment Plan (DicomRT format) that includes the treatment planning CT, structure, dose and plan files **Note that only the image series that was used for planning needs to be submitted. Please do not submit the entire 4DCT**

\_\_\_\_\_ Color Dose Volume Histograms (DVH) for the composite treatment plan and required critical structures including "unspecified tissue". (included in Digital RT plan)

\_\_\_\_\_ Digitally reconstructed radiographs (DRRs) of each treatment field (submission not required for IMRT)

\_\_\_\_\_ 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

\_\_\_\_\_ Motion Management Form

\_\_\_\_\_ RT-1 Dosimetry Form

**Final Review materials must be submitted within 1 week of the completion of radiation:**

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

\_\_\_\_\_ RT-2 Total Dose Record

\_\_\_\_\_ Any additional documentation showing modifications from the original treatment plan

Please contact study CRA by email [AFT16@garc.org](mailto:AFT16@garc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

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