COG ACCL2031

Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

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 and diagnostic imaging you submit. All materials must be labeled with the protocol and assigned registration number. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, Dicommunicator, 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: Radiation therapy will proceed according to standard of care at the discretion of the treating radiation oncologist or the COG therapeutic protocol on which the patient is co-enrolled.

Patients co-enrolled on another COG therapeutic study should follow all of the imaging and RT guidelines for that study. Please note the protocol number for the therapeutic study.

Patients NOT co-enrolled on another therapeutic study should submit the following imaging studies and reports and radiation therapy data within one week of the completion of RT:

DATE SUBMITTED

External Beam Treatment Planning System Data

_____ Digital RT treatment plan (including CT, structure, dose and plan files). Structures to include all target volumes, required Organs at Risk and if IMRT, Unspecified Tissue.

_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics

_____ MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data. The corresponding spatial registration files should also be submitted, if available.

Supportive Data

_____ All diagnostic imaging and reports

_____ For protons, a description of the rationale for the PTV margins.

Forms

_____ RT-/IMRT Dosimetry Summary Form; **or** Proton Reporting Form (whichever is applicable.) www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf **or** www.qarc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf

_____ RT-2 Form http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

_____ A copy of the patient's radiotherapy record including the prescription, and the daily and cumulative doses to all required areas and reference points.

DIAGNOSTIC IMAGING AND REPORTS:

_____ The imaging studies should include pre and post-op brain and spine MRs or other pre-study scans used to plan the target volumes.

Follow up scans and reports (after the completion of radiation therapy) should be submitted at the following time points:

_____ 3 months _____ 6 months
_____ 12 months _____ 30 months _____ 60 months

Patient co-enrolled on another COG therapeutic study should follow the post radiation therapy/follow-up imaging scan schedule for that study.

For questions about data submission or the RT and/or imaging review process, please contact us 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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