

## ACNS0331 DATA/FILMS CHECKLIST

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Patient Identifier: \_\_\_\_\_

Registration #: \_\_\_\_\_

**Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9, September 2007). Contact QARC for questions or further information.**

**This protocol requires an ON-treatment review of the craniospinal volumes and PRE-treatment review of the boost volumes (see section 18.9).**

### RADIOTHERAPY DATA:

#### **Conventional Treatment**

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\_\_\_\_\_ Required Diagnostic Imaging and Reports (see list below for required studies)  
\_\_\_\_\_ Copy of the treatment planning CT (with targets and structures drawn) - if available  
\_\_\_\_\_ Prescription sheet for the entire course of treatment  
\_\_\_\_\_ RT-1 Form  
\_\_\_\_\_ RT simulation films or DRR's for each volume  
\_\_\_\_\_ RT verification (portal) films or hard copies of real time portal imaging for each volume  
\_\_\_\_\_ Photographs of patient with treatment fields marked  
\_\_\_\_\_ Monitor Unit calculations  
\_\_\_\_\_ Gap calculations (when applicable)  
\_\_\_\_\_ Reference point dose(s) and attendant calculations (see section 18.8.5)  
\_\_\_\_\_ Color copies of isodose distributions (when applicable)  
\_\_\_\_\_ Photos of Electron fields (when applicable)

#### **Conformal Treatment (3D, Proton, IMRT)**

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\_\_\_\_\_ Required Diagnostic Imaging and Reports (see list below for required studies)  
\_\_\_\_\_ Copy of the treatment planning CT (with targets and structures drawn)  
\_\_\_\_\_ Prescription sheet for the entire course of treatment  
\_\_\_\_\_ RT-1 Form or IMRT Dosimetry Summary Form (for IMRT only)  
\_\_\_\_\_ RT simulation films or DRR's for each volume  
\_\_\_\_\_ RT verification (portal) films or hard copies of real time portal imaging for each volume, if achievable  
\_\_\_\_\_ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)  
\_\_\_\_\_ Color copies of DHV data including a DVH for unspecified tissue when IMRT is used (see section 18.8.4)  
\_\_\_\_\_ Color copies of isodose distributions (see section 18.8.3)  
\_\_\_\_\_ Color copies of BEV's (Beams Eye View) and REV's (Rooms Eye View)  
\_\_\_\_\_ Photographs of patient with treatment fields marked  
\_\_\_\_\_ Monitor Unit calculations  
\_\_\_\_\_ Documentation of an independent check of the calculated dose if IMRT is used.

### FINAL RADIOTHERAPY DATA:

\_\_\_\_\_ Copies of additional simulation films/DRR's/portal films or portal images for any volume modifications  
\_\_\_\_\_ Revised RT-1 Form or IMRT Dosimetry Summary Form  
\_\_\_\_\_ Additional and/or revised calculations or data required to assess the RT volume(s)  
\_\_\_\_\_ RT-2 Form  
\_\_\_\_\_ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses to all required areas and dose specification points)

### DIAGNOSTIC IMAGING & REPORTS:

\_\_\_\_\_ Pre-op cranial MRI and report (must be done with and without contrast – see section 17.1 for details)  
\_\_\_\_\_ Post-op cranial MR and report (must be done with and without contrast – see section 17.1 for details)  
\_\_\_\_\_ Pre or Post-op spinal MRI and report (must be done with and without contrast – see section 17.2 for details)  
\_\_\_\_\_ Copy of op report(s)

\*\*\*\*\*Please note that reports can be submitted to COG via the Document Imaging system

- MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)

QARC  
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