

**COG ACNS0332**  
**Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies**

Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see COG Policy and Procedures – Other Membership area). Contact IROC RI (QARC) for questions or further information.

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.**

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or CD. For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) with the **protocol # and registration # in the subject line**. Please refer to the [IROC Rhode Island website](#) for instructions on sending digital data.

Data not sent via sFTP may be sent via email to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**This protocol requires an on-treatment review of the craniospinal volume and pre-treatment review of the boost volumes (see section 18.8).**

**RADIOTHERAPY DATA for CRANIOSPINAL AND BOOST VOLUMES:**

**External Beam Treatment Planning System Data**

- \_\_\_\_\_ Digital RT treatment (including CT, structure, dose and plan files)
- \_\_\_\_\_ DRR's for each treatment field, with and without overlays of the target volumes and organs at risk (submission of DRRs is not required for IMRT)
- \_\_\_\_\_ Portal images or films for each field (if possible).
- \_\_\_\_\_ DVH for "unspecified tissue", if IMRT is used (should be included in the digital RT plan)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics

**Supportive Data**

- \_\_\_\_\_ Required diagnostic imaging and reports (see list below for required studies)
- \_\_\_\_\_ Explanation if recommended doses to organs at risk are exceeded
- \_\_\_\_\_ Prescription sheet for the entire treatment
- \_\_\_\_\_ For protons, a description of the rationale for the PTV margins.

**Forms**

- \_\_\_\_\_ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)
- \_\_\_\_\_ Motion Management Reporting Form (if applicable)

**Data to be Submitted within 1 Week Following Completion of all Radiotherapy**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses to all required areas and organs at risk

**DIAGNOSTIC IMAGING AND REPORTS:**

**\*\*Required for interventional RT review**

- \_\_\_\_\_ \*\*Pre-op brain MRI and corresponding radiology report
- \_\_\_\_\_ \*\*Post-op brain MRI and corresponding radiology report
- \_\_\_\_\_ \*\*Pre or Post-op spine MRI and corresponding radiology report
- \_\_\_\_\_ Copies of MRI's done after the completion of radiation therapy (Week 10) and corresponding radiology reports
- \_\_\_\_\_ Copies of the MRI's done after the completion of Maintenance therapy and corresponding radiology reports
- \_\_\_\_\_ Brain and spine MRI's done at the time of progression/relapse and Best Response (if relapse/progression is reported) and corresponding radiology reports
- \_\_\_\_\_ Copies of all operative and pathology reports

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

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

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