

**COG ACNS0831**  
**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 Initial volume and pre-treatment review of the boost volumes (see section 18.10).**

**RADIOTHERAPY DATA:**

- \_\_\_\_\_ Required Diagnostic Imaging and Reports (see list below for required studies)
- \_\_\_\_\_ Digital RT treatment plans submitted in DicomRT format
- \_\_\_\_\_ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics for all plans
- \_\_\_\_\_ For protons, a description of rationale for PTV margins
- \_\_\_\_\_ If a PTV of 3mm is used, written documentation of (IGRT) method used

**FINAL RADIOTHERAPY DATA:**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses to all required areas)
- \_\_\_\_\_ Documentation listed above showing any modifications from original submission

**DIAGNOSTIC IMAGING & REPORTS:**

**\*required for on treatment RT review**

**@required for rapid central review for STR patients. See Sec 17.1. Submit with 3 Days.**

- \_\_\_\_\_ \* @ All Pre-op Cranial MRIs with and without contrast AND reports
- \_\_\_\_\_ \* @ All Post-op Cranial MRIs with and without contrast AND reports
- \_\_\_\_\_ @ Pre OR Post-op Spinal MRI with contrast AND report
- \_\_\_\_\_ \* @ Copies of all operative and surgical pathology reports
- \_\_\_\_\_ @ Cranial and Spinal MRIs with and without contrast AND reports done at the end of Induction
- \_\_\_\_\_ @ Cranial MRI with and without contrast AND report done after Second Surgery
- \_\_\_\_\_ Cranial MRI with and without contrast AND report done Post radiation therapy (4 weeks post RT)
- \_\_\_\_\_ Cranial and Spinal MRIs with and without contrast AND reports at the end of Maintenance Therapy
- \_\_\_\_\_ Cranial and Spinal MRIs with and without contrast AND reports during follow-up (for patients that rec'd RT)
- \_\_\_\_\_ Cranial and Spinal MRIs with and without contrast AND reports at Relapse (Progression)

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

Version date: 07/27/2017