

**COG ACNS1123**  
**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 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 on 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 IROC Rhode Island 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@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.

**INITIAL ON-TREATMENT DATA:**  
**(Boost data is required for pre-treatment review.)**

**DATE**  
**SUBMITTED**

- \_\_\_\_\_ Copies of all diagnostic MRIs used in defining the target volume (**\*See Radiology materials**)
- \_\_\_\_\_ All Operative reports
- \_\_\_\_\_ Digital RT plan in RTOG or DICOM RT format
- \_\_\_\_\_ DRRs
- \_\_\_\_\_ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#) (whichever is applicable)
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ An explanation if the recommended doses to the organs at risk are exceeded
- \_\_\_\_\_ Documentation of an independent check of the calculated dose (for IMRT)
- \_\_\_\_\_ Smearing radius of the compensator, set-up margin (SM) and PTV margin for each treatment beam (for Protons)

**FINAL DATA:**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ RT Treatment Chart that includes prescription, dates of treatment, and daily and cumulative doses
- \_\_\_\_\_ Any modifications to previously submitted on-treatment data

**RADIOLOGY REVIEW:**

- \_\_\_\_\_ \*Pre-Op & Post-Op Brain MRIs with reports or Baseline Brain MR with report if no surgery
- \_\_\_\_\_ \*Post Induction Brain MRI with report
- \_\_\_\_\_ \*Post 2<sup>nd</sup> Surgery Brain MRI with report (if applicable)
- \_\_\_\_\_ End of Therapy Brain MRI with report
- \_\_\_\_\_ Progression/Relapse Brain & Spine MRIs with reports (if applicable)

**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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