

COG ACNS1422/APEC14B1
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 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 material 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@garc.org with the **protocol # and registration # in the subject line**. Please refer to the [IROC Rhode Island website](#) for instructions on sending digital data. Imaging may also be submitted via Dicomunicator.

This protocol requires a pre-treatment review of the CSI and the boost volumes (see section 17.3.1).

INTERVENTIONAL REVIEW RADIOTHERAPY DATA

- _____ Digital RT treatment plans submitted in Dicom RT 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
- _____ If the recommended doses to the organs at risk are exceeded, an explanation should be included for review by the IROC and the radiation oncology reviewers.

FINAL RADIOTHERAPY DATA

- _____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
- _____ Copy of the daily radiotherapy record (including the prescription, monitor unit calculations, beam parameters, calculation algorithm and volume of interest dose statistics for all plans
- _____ Documentation listed above showing modifications from the original submission

DIAGNOSTIC IMAGING & REPORTS (APEC14B1)

*@ Required for Rapid Central Eligibility Review
All reports should be uploaded to RAVE.*

- _____ @ 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 (submit both if obtained)
- _____ @ Copies of all operative and surgical pathology reports

RETROSPECTIVE CENTAL REVIEW (ACNS1422) Section 16.4

A retrospective central review of imaging will be performed for all patients at relapse/progressive disease. Submit the following studies at the time of progressive disease/relapse.

- _____ Brain MRI With and Without Gadolinium
- _____ Spine MRI with Gadolinium
- _____ Radiology Reports

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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