

**COG ACNS1721**  
**Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies**

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. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, CD, Dicomcommunicator, or email.** For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) (not an individual's email account) 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)). Emailed data should go to [DataSubmission@qarc.org](mailto:DataSubmission@qarc.org) (not an individual's email account) with the protocol # and registration # in the subject line.

**Please do not submit the same items via multiple submission methods.**

**RADIOTHERAPY DATA: The following data marked with an \* must be submitted within 3 days of the start of radiation therapy for an interventional review.**

**DATE**

**SUBMITTED External Beam Treatment Planning System Data**

\_\_\_\_\_ \*Digital RT treatment plan (including CT, structure, dose and plan files). Structures to include all target volumes, required Organs at Risk and if IMRT, Unspecified Tissue.

\_\_\_\_\_ \*Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics

\_\_\_\_\_ \*MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data. The corresponding spatial registration files should also be submitted, if available.

**Supportive Data**

\_\_\_\_\_ \*Required diagnostic imaging and reports including op and path reports (if already submitted for central review do not send again)

\_\_\_\_\_ Explanation if recommended doses to organs at risk are exceeded

\_\_\_\_\_ For protons, a description of the rationale for the PTV margins.

\_\_\_\_\_ If a PTV margin of 3 mm is used, written documentation that image-guided radiation therapy (IGRT) methods are used on a daily basis or alternatively that a head fixation system or verification system was used with weekly or more frequent imaging.

**Forms**

\_\_\_\_\_ \*RT-1 Dosimetry Summary Form or Proton Reporting Form [www.qarc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)

**Data to be Submitted within 1 Week Following Completion of Treatment**

\_\_\_\_\_ RT-2 Form [http://www.qarc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)

\_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses

\_\_\_\_\_ Documentation listed above showing any modifications from original submission. Data not included with the digital submission.

**DIAGNOSTIC IMAGING AND REPORTS:**

Pre-Study \_\_\_\_\_ Pre-op brain MR \_\_\_\_\_ Post-op brain MR

**Brain MR Maintenance (Done prior to each odd numbered cycle):**

Cycles: \_\_\_\_\_ 1 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_ 7 \_\_\_\_\_ 9

Brain MR End of Therapy \_\_\_\_\_

Progression/Relapse \_\_\_\_\_ Brain MR \_\_\_\_\_ Spine MR

Brain MR Follow-Up Year 1 \_\_\_\_\_ 3 month \_\_\_\_\_ 6 month \_\_\_\_\_ 9 month \_\_\_\_\_ 12 month

Brain MR Follow-Up Year 2 \_\_\_\_\_ 16 month \_\_\_\_\_ 20 month \_\_\_\_\_ 24 month

Brain MR Follow-up Year 3 \_\_\_\_\_ 30 month \_\_\_\_\_ 36 month

Brain MR Follow-up Year: \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6

\_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10

For questions about data submission or the RT and/or imaging review process, please contact us by email ([DataSubmission@qarc.org](mailto:DataSubmission@qarc.org)) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.