COG ACNS2021
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 TRIAD or sFTP. For data sent via sFTP, a notification email should be sent to 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).

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)
_____ Diagnostic imaging and reports used to plan the target volume.
_____ Digital RT plan in DICOM RT format
_____ 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
_____ For Protons, description of the rationale for the PTV margins.

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:

Study Entry Rapid Central Review

_____ **Pre-Op & Post-Op** Brain MRIs with reports

_____ **Pre-Op** Spine MRI with reports. If pre-op spine imaging is not possible or is suboptimal, post-op spine imaging and reports is acceptable.

End Of Induction (post 6 cycles) Rapid Central Review

_____ Brain and Spine MRI with report

Progression/Relapse

_____ Brain & Spine MRIs with reports (if applicable)

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

Version date: 23 MAY 2022