

**COG ACNS1422/ACNS2031/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 TRIAD (*Preferred*) or sFTP. For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto: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.

**This protocol requires a pre-treatment review of the CSI, Boost Volumes and VB Sparing**  
**(See ACNS1422 Section 17.3.1 and ACNS2031 Section 17.14.1)**

**INTERVENTIONAL REVIEW RADIOTHERAPY DATA**

DATE  
SUBMITTED

- \_\_\_\_\_ Digital RT treatment plans submitted in Dicom RT format
- \_\_\_\_\_ RT\_1 Dosimetry Summary Form  
[www.garc.org/forms/IROC\\_RT-1%20DosimetrySummaryForm.pdf](http://www.garc.org/forms/IROC_RT-1%20DosimetrySummaryForm.pdf) or Proton Reporting Form  
[Microsoft Word - IROC\\_ProtonReportingForm\\_09Mar2023.docx \(garc.org\)](#)
- \_\_\_\_\_ 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**

- \_\_\_\_\_ IROC\_RT2RadiotherapyTotalDoseRecord [https://www.garc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](https://www.garc.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
- \_\_\_\_\_ @ Copies of all operative and surgical pathology reports

**RETROSPECTIVE CENTRAL REVIEWS (ACNS1422/ACNS2031) Section 16.4**

A retrospective central review of imaging will be performed for all patients at relapse/progressive disease, Grade 3 or above CNS Injury or Necrosis. Submit the following studies for the imaging review.

- \_\_\_\_\_ 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.  
**IROC Rhode Island (QARC)**, Building B, Suite 201, 640 George Washington Highway, Lincoln, RI 02865-4207, FAX: (401) 753-7601