

COG AEWS1221
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.

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.

Data not sent via sFTP may be sent via email to datasubmission@garc.org with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

Radiotherapy Data (submitted within first 3 days of treatment)

**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

_____ DRR's for each treatment field (submission of DRRs is not required for IMRT)

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

Supportive Data

_____ Required diagnostic imaging and reports (see list below for required studies)

_____ Explanation if recommended doses to organs at risk are exceeded

_____ Documentation if modifications are made for patients <24 months

_____ Documentation/treatment chart of any emergency RT administered prior to the protocol prescribed course of RT.

_____ If SBRT is used for metastatic sites, setup images for the first fraction taken before and after treatment.

Forms

_____ [RT-1 Dosimetry Summary Form](#) or [Proton Reporting Form](#)

_____ [Motion Management Reporting Form](#) (if applicable)

Data to be Submitted within 1 Week Following Completion of Radiotherapy

_____ [RT-2 Form](#)

_____ Daily radiotherapy record including the prescription, daily and cumulative doses

Data for Brachytherapy:

_____ Treatment Planning CT used for post implant dosimetry

_____ Computer printouts of the isodose distribution or digital plan (if available) and associated CT-based calculations

_____ DVHs for GTV, CTV and PTV (included in digital RT plan, if submitted)

_____ Brachytherapy Physics Reporting Form

_____ Daily radiotherapy record including the prescription, daily and cumulative doses

Data for Intra-Operative RT:

_____ Radiotherapy record including the prescription and delivered dose

_____ Physician's note describing procedure, dose calculation and description of the applicator as well as relevant dosimetric characteristics

Diagnostic Imaging and Reports:

_____ Baseline CT/MR and corresponding radiology report

_____ Baseline PET CT and corresponding radiology report

_____ End of Induction Chemo CT/MR and corresponding radiology report

_____ End of Induction PET CT and corresponding radiology report

_____ Progression and corresponding radiology report

_____ 1st Relapse and corresponding radiology report

_____ Copies of all operative and pathology reports

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

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