

**COG ARST1321**  
**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 sFTP or CD. For data sent via sFTP, a notification email should be sent to [sFTP@qarc.org](mailto:sFTP@qarc.org) with the **protocol # and registration # in the subject line**. Please refer to the [IROC Rhode Island website](http://IROC.RhodeIsland.org) for instructions on sending digital data.

Data not sent via sFTP may be sent via email to [datasubmission@qarc.org](mailto:datasubmission@qarc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**RADIOTHERAPY DATA for PRIMARY SITE and POST-OP BOOST (if applicable):**

**External Beam Treatment Planning System Data**

- \_\_\_\_\_ Digital RT treatment (including CT, structure, dose and plan files)
- \_\_\_\_\_ DRR's for each treatment field, with and without overlays of the target volumes and organs at risk (submission of DRRs is not required for IMRT)
- \_\_\_\_\_ DVH for "unspecified tissue", if IMRT is used (should be included in the digital RT plan)
- \_\_\_\_\_ 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 of any emergency RT administered prior to the protocol prescribed course of RT. Documentation should be provided in the form of the radiotherapy record (treatment chart).
- \_\_\_\_\_ Documentation of postoperative boost delay or omission of postoperative boost for positive margins

**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 Each Treatment Phase**

- \_\_\_\_\_ [RT-2 Form](#)
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses to all required areas and organs at risk

**RADIOTHERAPY DATA for METASTATIC SITES:**

- \_\_\_\_\_ RT-2 Form
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses to all required areas and organs at risk

**Additional DATA for BRACHYTHERAPY:**

- \_\_\_\_\_ Treatment Planning CT used for post implant dosimetry
- \_\_\_\_\_ Computer printouts of the isodose distribution and associated CT-based calculations
- \_\_\_\_\_ DVHs for GTV, CTV and PTV
- \_\_\_\_\_ Brachytherapy Physics Reporting Form
- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses to all required area and organs at risk

**DATA for INTRA-OPERATIVE RT:**

- \_\_\_\_\_ Daily radiotherapy record including the prescription, daily and cumulative doses to all required area and organs at risk
- \_\_\_\_\_ 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 scan and corresponding radiology report (optional study, please indicate if not done)
- \_\_\_\_\_ Week 10 or Week 13 CT/MR and corresponding radiology report (done prior to surgery)
- \_\_\_\_\_ Week 10 or Week 13 PET/CT scan and corresponding radiology report (optional study, please indicate if not done)
- \_\_\_\_\_ Imaging studies done at the time of suspected tumor progression/recurrence and corresponding radiology reports
- \_\_\_\_\_ Imaging studies done at the time of diagnosis of a second malignant neoplasm and corresponding radiology reports
- \_\_\_\_\_ 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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