

COG ARST2031
Checklist for Submission of Radiation Therapy Data & Central Surgical Review Materials

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name: _____ Phone #: _____

Email: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist with the materials you submit. All materials must be labeled with the protocol and registration #. This study requires electronic data submission for all materials. Valid methods of submission include TRIAD, QARC sFTP, or Dicomcommunicator. For data sent via sFTP, a notification email should be sent to 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). **Please do not submit the same items via multiple submission methods.**

Radiotherapy Data (submit w/in 1st 3 days of tx for primary site and at end of tx for metastatic sites)

**DATE
SUBMITTED**

_____ Digital RT plan in DicomRT format (CT, structure, dose and plan files; Structures to include all target volumes & required Organs at Risk) Required for primary site RT, metastatic site RT and brachytherapy RT.

_____ DRRs for each 3D treatment field (if applicable)

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

_____ Diagnostic imaging and reports (See below.)

_____ Explanation if recommended doses to organs at risk are exceeded (if applicable)

_____ [Brachytherapy Physics Reporting Form](#) or [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

_____ ARST2031 Metastatic Site Lesion Worksheet

Dx Imaging/Reports (If pt. doesn't receive RT, all baseline radiology reports are still required for Cx Sx Review.):

_____ Pre-Study CT/MR/PET/Bone scan images with corresponding radiology reports

_____ Week 12 CT/MR/PET/Bone scan images with corresponding radiology reports

_____ Copies of all operative, pathology and cytology reports

_____ Post DPE CT/MR images with corresponding radiology reports (if applicable)

_____ Week 39 CT/MR images with corresponding radiology reports for metastatic sites (if applicable)

_____ Treatment planning MR images (within 4 weeks of start of RT) with corresponding radiology reports for SBRT (if applicable)

Please contact us by email (DataSubmission@qarc.org) or phone: (401) 753-7600 for clarification.

Version date: 05/06/2022