

ECOG-ACRIN E3311

Checklist for Submission of Radiation Oncology Quality Assurance Materials

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 on CD. 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).

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

The following materials must be submitted within 3 days of the start of radiotherapy for review:

DATE
SUBMITTED

_____ Copy of pre-study diagnostic imaging AND radiology report (s), exam notes and endoscopy reports used to define the GTVs

_____ Digital RT Treatment Plan (DicomRT or RTOG format)

_____ Prescription sheet for entire treatment

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

_____ DVH for "unspecified tissue (this is included in the digital RT Plan)

_____ If replanning is done on a new CT dataset and your planning system has the capability of exporting a DICOM spatial registration file, submit the spatial registration file along with the two CT scan sets. Otherwise screen captures of the fused datasets with the target volumes and critical normal structures delineated shall be submitted.

_____ Copy of Appendix III (AJCC Head/Neck Staging Criteria)

_____ RT-1 Dosimetry Form www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf

Final Review materials must be submitted within 1 week of the completion of radiation:

_____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses

_____ RT-2 Total Dose Record www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

Please contact study CRA by email (ECOG@qarc.org) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

Version date: 11/19/2014