

COG ARAR2331

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: _____ 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.

Valid methods of submission include TRIAD (Preferred), and QARC sFTP. For data sent via sFTP, a notification email should be sent to sFTP@garc.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 [IROC Rhode Island website](#). **Please do not submit the same items via multiple submission methods.**

RT Data submission for Patients with Type II or III PPB only

see section 17.0 and 17.3.1

No interventional RT Review is required for this study

RT data noted below should be submitted after each phase of RT

Please select timepoint for RT data submission:

_____ Emergent RT at the start of window therapy

_____ CNS RT at the start of window therapy

_____ Thoracic and Coincident Met RT at start of Consolidation

_____ Extrathoracic Met RT at the end of Consolidation

DATE
SUBMITTED

_____ Digital RT treatment plans submitted in Dicom RT format including planning CT and MRI, structures, plan, and dose files. MRI studies that have been fused with the planning CT are required to be submitted along with the digital RT data

_____ RT-1 Dosimetry Summary Form www.garc.org/forms/IROC_RT-1%20DosimetrySummaryForm.pdf or Proton Reporting Form [Microsoft Word - IROC_ProtonReportingForm.docx \(garc.org\)](#)

_____ Motion Management Reporting Form (if motion management techniques are used)

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

_____ IROC_RT2RadiotherapyTotalDoseRecord 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

Please submit the following **Diagnostic Imaging & Reports** see section 16.6

**retrospective radiology review*

*If FDG PET is obtained to assess metastatic
disease, the imaging and report should also be submitted for review*

Please send scans as obtained

Please check the type of scans for each time point

Type I PPB (chemotherapy), Type I PPB (surgery only) or Type I_r PPB (CT or MRI)

_____ Baseline __ CT __ MRI __ FDG PET

_____ Post-operative chest CT __ CT __ MRI __ FDG PET

_____ At Relapse __ CT __ MRI __ FDG PET

_____ other scans as needed for review __ CT __ MRI __ FDG PET

Type II and III PPB (CT or MRI)

_____ Baseline __ CT __ MRI __ FDG PET

_____ Post-op/Pre-treatment if upfront resection __ CT __ MRI __ FDG PET

_____ Prior to Cycle 3 (Week 6) __ CT __ MRI __ FDG PET

_____ Prior to definitive surgery (if not after cycle 3) __ CT __ MRI __ FDG PET

_____ After Definitive Surgery (if delayed resection) __ CT __ MRI __ FDG PET

_____ Prior to Cycle 7 (Week 18) __ CT __ MRI __ FDG PET

_____ Prior to Cycle 10 (Week 24) __ CT __ MRI __ FDG PET

_____ After Cycle 12 (Week 36)/End of Therapy __ CT __ MRI __ FDG PET

_____ At Relapse __ CT __ MRI __ FDG PET

_____ other scans as needed for review __ CT __ MRI __ FDG PET

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

Version date: May2025