

COG APEC14B1/ACNS2021/ACNS2321
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 #: _____ ACNS2021 _____ OR ACNS2321 _____

Sender's Name: _____ Phone #: _____

Email: _____ RT Start Date: _____

Radiation Oncologist: _____ Email: _____

Please enclose a copy of this Checklist together with the RT and Imaging materials you submit. All materials must be labeled with the protocol and assigned registration number.

Digital treatment plan and diagnostic imaging may be submitted via TRIAD or sFTP. 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 IROC Rhode Island website for instructions on sending digital data (www.QARC.org).

APEC14B1/ACNS2021/ACNS2321-RADIOLOGY REVIEW:

Study Entry Rapid Central Review- *Please submit Study Entry/Eligibility Imaging and Documents via Triad - APEC14B1*

_____ **Pre-Op & Post-Op Brain MRIs** and corresponding reports

_____ **Pre-Op Spine MRI** and corresponding reports. If pre-op spine imaging is not possible or is suboptimal, post-op spine imaging and reports are acceptable.

ACNS2021/ACNS2321-RADIOLOGY REVIEW:

End Of Induction Rapid Central Review - *These can be submitted via Triad - ACNS2021 or ACNS2321*

_____ Brain and Spine MRI and corresponding reports

INITIAL PRE-TREATMENT RT DATA *submitted via Triad - ACNS2021 or ACNS2321:*
(Boost data also requires pre-treatment review)

DATE
SUBMITTED

_____ Copies of all diagnostic MRIs used in defining the target volume (*See Radiology materials)
_____ Diagnostic imaging and reports used to plan the target volume (unless previously submitted for review)
_____ Digital RT treatment plan in DICOM RT format
_____ RT-1 Form - https://www.garc.org/forms/IROC_RT-1%20DosimetrySummaryForm.pdf OR
_____ Proton Form - https://www.garc.org/forms/Radiotherapy/IROC_ProtonReportingForm.pdf (if applicable)
_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
_____ An explanation if the recommended doses to the organs at risk are exceeded
_____ For Protons, description of the rationale for the PTV margins.

FINAL RT DATA:

_____ RT-2 Form https://www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf
_____ RT Treatment Chart that includes prescription, dates of treatment, and daily and cumulative doses.
_____ Any modifications to previously submitted on-treatment data.

ACNS2021/ACNS2321-Retrospective Review (see Section 16.4):

_____ **Progression/Relapse/ CTCAE Grade 3 or above CNS system injury/necrosis or suspected necrosis**
Brain & Spine MRIs and corresponding reports (if applicable for retrospective review)

Please contact study manager by [email](#) or phone: (401) 753-7600 for clarification as necessary. Thank you.

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