

ECOG-ACRIN EA2174

Checklist for Submission of Radiation Therapy 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.

Submission of treatment plans in digital format as DICOM RT is required. Digital data must include CT scans, structures, plan, and dose files. Any items on the list below that are not part of the digital submission may be included with the transmission of the digital RT data. This study uses TRIAD for RT data submission but sFTP will also be accepted as an alternative method of data submission on this study.

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).

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

DATE
SUBMITTED

_____ Copies of the pretreatment diagnostic imaging studies and radiology reports are required.
Exam notes, clinical information, and copies of the operative and pathology reports if used to define target volumes

_____ Digital RT Treatment Plan (DicomRT format) that includes the CT, structures, dose and plan files.

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

_____ Prescription sheet for entire treatment

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

_____ Motion Management Form (if applicable) www.qarc.org/forms/IROC_MotionManagementForm.pdf

Final RT 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 Radiotherapy Total Dose Record Form www.qarc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf

_____ Treatment plan if any revisions were made subsequent to the initial submission

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

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