SWOG S2427

Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Radiation therapy for patients on SWOG protocols can only be delivered at approved SWOG RT facilities. (See SWOG 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@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 (https://www.qarc.org/). **Please do not submit the same items via multiple submission methods.**

Pre-treatment review is required for the first case registered for each modality (3D/IMRT) from each institution PRIOR TO DELIVERY of radiotherapy. After an institution has passed pre-treatment review of the first case for each modality, for each subsequent case, all radiotherapy data must be submitted within 1 week of the completion of radiotherapy treatment. Please see section 12.0.

INTERVENTIONAL REVIEW RADIOTHERAPY DATA

**To be submitted 3 business days prior to the initiation of radiotherapy treatment for pre-treatment review.*

DATE SUBMITTED

_____ Digital RT treatment plans submitted in DICOM RT format including planning CT, structures, plan, and dose files.

_____ RT-1 Dosimetry Summary Form (RT-1 Form) **or** Proton Reporting Form (Proton Form)

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

_____ Copies (in DICOM format) and reports of all imaging studies used to define the target volume

FINAL RADIOTHERAPY DATA

*To *be submitted within 1 week of the completion of radiotherapy treatment*

_____ RT-2 Radiotherapy Total Dose Record (RT-2 Form)

_____ The treatment chart including prescription, daily, and cumulative doses to all required areas and organs at risk.

Please contact us by email or phone: DataSubmission@qarc.org or **(401) 753-7600** for clarification as necessary. Thank you for your participation in this study.

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