A Randomized Phase III Trial Comparing 16 to 18 Weeks of Neoadjuvant Exemestane, Letrozole, or Anastrozole in Postmenopausal Women with Clinical Stage II & III Estrogen Receptor Positive Breast Cancer

Checklist for Submission of Quality Assurance Materials
Version Date: 12/16/2013

Patient Initials:___________ Protocol: Z1031 ACOSOG Patient#____________________________________

Send materials to: Quality Assurance Review Center
Attention: ACOSOG Materials
640 George Washington Highway, Building A, Suite 201
Lincoln, RI 02865

We can only accept the mammograms in one of the following two formats: digitally in DiCom format or the original films*. No copies of the mammograms will be accepted.

Due for submission within 30 days following neoadjuvant drug therapy:

Pretreatment (Baseline):
___________ Mammographic Images & report

Completion of Neoadjuvant Drug Therapy:
___________ Mammographic Images & report

Disease Progression (during 16-18 weeks of neoadjuvant therapy) if applicable:
___________ Mammographic Images & report

* Submission of diagnostic imaging data in digital format is preferred for the mammograms. Digital files must be in DICOM format. These files should be burned to a CD and mailed to QARC. Multiple studies for the same patient may be submitted on one CD; however, please submit only one patient per CD.

* If you cannot send digital imaging then you must submit the original mammograms to QARC. Please contact QARC for the procedure on how to send original mammograms to QARC. These films will be returned to your site after they have been scanned.

The same two mammogram views should be submitted at baseline and at the completion/discontinuation of neoadjuvant therapy. The preferred mammography views are the MLO and CC views for both time-points. You only need to send a total of 4 mammogram views (two at baseline and the same two views at completion/discontinuation of neoadjuvant therapy). The imaging submitted must be free of all marks. Ideally the magnification factor should be identical at the two time points, if not please let us know the magnification factor for both time points. It is also important for us to know the scale if it cannot be known from the looking at the imaging.

Return Films to:
Name: ____________________________
Address: __________________________
__________________________________
Phone Number: _____________________
Email address: ______________________

For clarification please contact the ACOSOG Protocol Contact at ACOSOG@QARC.org or 401-753-7600.