

ACNS0121 DATA/ FILMS CHECKLIST

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Patient Identifier: _____

Registration #: _____

INITIAL ON-TREATMENT DATA:

Conformal Treatment (3D, Proton, IMRT)

- _____ Copies of Pre & Post Operative MRI or CT utilized in defining GTV w/ radiology & operative reports
- _____ Copies of planning CT or MRI w/ target volumes & critical structures delineated
- _____ First day Portal films (or hard copy of real time portal images)
- _____ RT verification (portal) films or orthogonal films
- _____ RT simulation/DRR films for each treatment portal
- _____ RT-1 Form or IMRT Dosimetry Summary Form (whichever is applicable)
- _____ 3D Data (DHV, BEV, REV, color isodose plans, other)
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Photographs of patient with treatment fields marked
- _____ Reference point dose(s) and attendant calculations (when applicable)
- _____ RT prescription

FINAL DATA:

(Within one week of the completion of RT, the following data shall be submitted.)

- _____ RT-2 Form
- _____ Daily Treatment Chart
- _____ Additional calculations or data required to assess the RT volume(s)
- _____ Copies of revised RT-1 Form for subsequent field modifications
- _____ Calculations or data for subsequent field modifications
- _____ RT simulation films for subsequent field modifications
- _____ RT verification (portal) films for subsequent field modifications

CENTRAL REVIEW:

(Please note that depending on the arm of study, certain studies may not be applicable)

- _____ Pre-Operative & Post-Operative Cranial MRI (if not already submitted w/ RT data)
- _____ Either Pre-Op or Post-Op Spinal MRI (if not already submitted w/ RT data)
- _____ Post Second Surgery Cranial MRI (If done)
- _____ Post Chemo Cranial MRI (if done)
- _____ Post RT Cranial MRI
- _____ Relapse Cranial & Spinal MRI (if applicable)

- **MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)**

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