

ACNS0122 DATA/FILMS CHECKLIST

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Patient Identifier: _____

Registration #: _____

This protocol requires an on-treatment review of the craniospinal volumes & pre-treatment review of the boost volumes (see section 14.9.1).

RADIOTHERAPY DATA:

Conventional Treatment

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT
- _____ Prescription sheet for the entire treatment
- _____ RT-1 Form
- _____ RT simulation films or DRR's for each volume
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume
- _____ Photographs of patient with treatment fields marked
- _____ Monitor Unit calculations
- _____ Worksheets used for calculating the dose to reference points.
- _____ Color copies of isodose distributions to demonstrate that the dose variation is within specification.
- _____ The target volume, and the prescription point must be clearly shown.
- _____ Photos of Electron fields (when applicable)

Conformal Treatment (3D, Proton, IMRT)

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT
- _____ Prescription sheet for the entire treatment
- _____ RT-1 Form
- _____ IMRT Dosimetry Summary Form (for IMRT boost only)
- _____ RT simulation films or DRR's for each volume
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume
- _____ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- _____ Color copies of DVH data including a DVH for unspecified tissue when
- _____ Color copies of isodose distributions
- _____ Color copies of BEV's (Beams Eye View) and REV's (Rooms Eye View)
- _____ Photographs of patient with treatment fields marked
- _____ Monitor Unit calculations
- _____ Documentation of an independent check of the calculated dose if IMRT is used.

FINAL RADIOTHERAPY DATA:

- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses to all required areas and dose specification points
- _____ Copies of additional simulation films/DRR's/portal films or portal images for any volume modifications
- _____ Revised RT-1 Form or IMRT Dosimetry Summary Form
- _____ Additional and/or revised calculations or data required to assess the RT volume(s)

DIAGNOSTIC IMAGING & REPORTS:

- _____ Pre and Post-op cranial MR for each surgical procedure
- _____ Pre or Post-op spinal MRI and report
- _____ Post-induction (pre-RT) cranial/spinal neuroimaging when no second surgery was performed
- _____ Post second surgery MRI - cranial/spinal (when done)
- _____ Post Consolidation MRI - cranial/spinal (when done)
- _____ Post RT MRI – cranial/spinal
- _____ PD/Relapse MRI – cranial/spinal
- _____ Copy of operative and pathology reports

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

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