

## ACNS0221 DATA/FILMS CHECKLIST

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Patient Identifier: \_\_\_\_\_

Registration #: \_\_\_\_\_

**Radiation therapy for patients on COG protocols can only be delivered at approved COG RT facilities (see Administrative Policy 3.9, September 2007). Contact QARC for questions or further information.**

**This protocol requires a pre-treatment review (see section 10.7.2).**

**This protocol requires the completion of multiple benchmarks (see section 10.7.1)**

### RADIOTHERAPY DATA:

**Image based treatment planning using MR imaging is required for this protocol.**

#### **Conformal Treatment (3D, Proton, IMRT, Stereotactic RT)**

- \*\*\*\*\* Required Diagnostic Imaging and Reports (see list below for required studies)
- \_\_\_\_\_ Copy of the treatment planning CT (with target volumes and critical structures drawn)
- \_\_\_\_\_ A screen capture of the fused CT and MR images in orthogonal planes through the center of the target volume
- \_\_\_\_\_ Prescription sheet for the entire course of treatment
- \_\_\_\_\_ RT-1 Form
- \_\_\_\_\_ IMRT Dosimetry Summary Form (for IMRT 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 DHV data including a DVH for unspecified tissue when IMRT is used (see section 10.7.2 (i))
- \_\_\_\_\_ Color copies of isodose distributions (see section 10.7.2 (h))
- \_\_\_\_\_ Color copies of a REV (Rooms Eye View) display of all fields and their angles
- \_\_\_\_\_ Photographs of patient with treatment fields marked
- \_\_\_\_\_ Monitor Unit calculations
- \_\_\_\_\_ Documentation of an independent check of the calculated dose if IMRT is used.

**\*\* This data can be submitted as soon as available after the first day of treatment.**

### FINAL RADIOTHERAPY DATA:

- \_\_\_\_\_ 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)
- \_\_\_\_\_ RT-2 Form
- \_\_\_\_\_ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses to all required areas and dose specification points)

### DIAGNOSTIC IMAGING & REPORTS:

**\*\*\*\*All MRI scans must include T1 images (with and without contrast), T2 and FLAIR images (see section 11.0)**

- \_\_\_\_\_ Pre-study brain and spine MRI scans and reports
- \_\_\_\_\_ Brain MRI done at the midpoint of radiation therapy (20-30 Gy) and report
- \_\_\_\_\_ First Follow-up Brain MRI done after radiation therapy and report
- \_\_\_\_\_ Reports only for all follow-up MRI's (after first follow-up). If progression is suspected, imaging studies must be submitted.

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

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