

ACNS0222 DATA/FILMS CHECKLIST

QARC Contact: Sandy Kessel

Email: SKessel@qarc.org

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 an on-treatment review (see section 4.2.8.1).

RADIOTHERAPY DATA:

Conventional Treatment

Required Diagnostic Imaging and Reports (see list below for required studies)

Copy of the treatment planning CT (with targets and structures drawn) – if available

Prescription sheet for the entire course of 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

Color copies of isodose distributions (when applicable)

Conformal Treatment (3D, Proton, IMRT)

Required Diagnostic Imaging and Reports (see list below for required studies)

Copy of the treatment planning CT (with targets and structures drawn)

Prescription sheet for the entire course of treatment

RT-1 Form or 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, if achievable

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 4.2.6)

Color copies of isodose distributions (see section 4.2.7.4)

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:

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)

Copies of Therapy Delivery Maps documenting MGad administration (see section 4.1.1)

DIAGNOSTIC IMAGING & REPORTS:

Cranial MRI and report (must be done with and without contrast) done prior to starting therapy

Cranial MRI and report (must be done with and without contrast) done 6 weeks after completion of RT

Cranial MRI and report (must be done with and without contrast) at time of progression/relapse

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

QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207