

ACNS0232 DATA/FILMS CHECKLIST

QARC Contact: Sandy Kessel

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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 an ON-treatment review of the initial volumes and PRE-treatment review of the boost volumes (see section 17.10.1).

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 (see section 17.9.3)

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 17.8)
- _____ Color copies of isodose distributions (see section 17.9.3)
- _____ 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 to all required areas and dose specification points)

DIAGNOSTIC IMAGING & REPORTS:

- _____ Pre-op brain MRI and report (must be done with and without contrast – see section 16.0)
 - _____ Post-op brain MR and report (must be done with and without contrast – see section 16.0)
 - _____ Pre or Post-op spine MRI and report (must be done with and without contrast – see section 16.0)
 - _____ Post Induction brain MRI and report - Regimen B patients only (with and without contrast – see section 16.0)
 - _____ Imaging studies used in boost planning if demonstrating larger volume than baseline studies
 - _____ Progression or Relapse brain and spine MRI's and reports (see section 16.0)
 - _____ Copy of op report(s)
 - _____ CSF reports at diagnosis and after completion of induction chemotherapy
- *****Please note that reports can be submitted to COG via the Document Imaging system

- MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)
QARC
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640 George Washington Highway
Lincoln, RI 02865-4207