

ACNS0331 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 craniospinal volumes and PRE-treatment review of the boost volumes (see section 18.9).

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
____ Gap calculations (when applicable)
____ Reference point dose(s) and attendant calculations (see section 18.8.5)
____ Color copies of isodose distributions (when applicable)
____ 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 (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 18.8.4)
____ Color copies of isodose distributions (see section 18.8.3)
____ 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 cranial MRI and report (must be done with and without contrast – see section 17.1 for details)
____ Post-op cranial MR and report (must be done with and without contrast – see section 17.1 for details)
____ Pre or Post-op spinal MRI and report (must be done with and without contrast – see section 17.2 for details)
____ Copy of op report(s)

*****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
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