

## ACNS0332 DATA/FILMS CHECKLIST

QARC Contact: Dee Logan

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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, April 2004). 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 18.8).**

### RADIOTHERAPY DATA:

- \_\_\_\_\_ Required Diagnostic Imaging and Reports (see list below for required studies)
- \_\_\_\_\_ Treatment planning CT scan with targets and critical structures delineated
- \_\_\_\_\_ Prescription sheet for the entire treatment
- \_\_\_\_\_ RT-1/ IMRT Dosimetry Summary Form
- \_\_\_\_\_ Proton Reporting Form., the use of protons requires prior approval by Dr. Jeff Michalski documentation of which should be included
- \_\_\_\_\_ DRR's or RT simulation films for each field treated
- \_\_\_\_\_ RT verification (portal) films or hard copies of real time portal imaging for each field (if possible)
- \_\_\_\_\_ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- \_\_\_\_\_ Color composite DVH data for all targets and critical structures
- \_\_\_\_\_ Color composite DVH data for "unspecified tissue", if IMRT is used
- \_\_\_\_\_ Color isodose distributions for each phase and as a composite (see section 18.7.4)
- \_\_\_\_\_ Color BEV's (Beams Eye View) for all fields and REV's (Rooms Eye View)
- \_\_\_\_\_ Photographs of patient with treatment fields marked
- \_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- \_\_\_\_\_ 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, monitor units and daily and cumulative doses to all required areas)
- \_\_\_\_\_ Additional DRR's/Simulation films and Portal films/Portal images for any volume modifications or fields not submitted with on treatment data
- \_\_\_\_\_ RT-1/ IMRT Dosimetry Summary Form or Proton Reporting Form for any revised fields
- \_\_\_\_\_ Additional and/or revised RT plan data (MU calc, DVHs, Isodoses, and etc.) not previously submitted

### DIAGNOSTIC IMAGING & REPORTS:

*\*required for on treatment RT review*

- \_\_\_\_\_ \*Pre-op cranial MRI with and without contrast AND report
- \_\_\_\_\_ \*Post-op cranial MRI with and without contrast AND report
- \_\_\_\_\_ \*Pre OR Post-op spinal MRI with contrast AND report
- \_\_\_\_\_ \*Copies of all operative and surgical path reports and M staging
- \_\_\_\_\_ Cranial and Spinal MRI with and without contrast AND report at end of Radiation Therapy (Week 10)
- \_\_\_\_\_ Cranial and Spinal MRI with and without contrast AND report at 4 wks following the end of Maintenance Therapy
- \_\_\_\_\_ Cranial and Spinal MRI with and without contrast AND report at Progression (relapse)

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

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