

ACNS0333 DATA SUBMISSION CHECKLIST

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Patient Initials : _____ Registration # : _____ Date of 1st RT: _____

INITIAL ON-TREATMENT DATA*:

- _____ Copies of all diagnostic CT/MRIs used in defining the target volume
- _____ Digital RT plan in RTOG or DICOM RT format
- _____ Copies of orthogonal AP and lat images for isocenter localization
- _____ Copies of RT simulation films/DRRs for each field
- _____ RT-1/IMRT Form or Proton Reporting Form (whichever is applicable)
- _____ Color copies of isodose distributions
- _____ BEVs for all fields
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Dose volume histograms as specified in section 18.9.2
- _____ RT prescription for entire treatment
- _____ Documentation of an independent check of the calculated dose (for IMRT)

FINAL DATA:

- _____ RT-2 Form
- _____ RT Treatment Chart that includes prescription, dates of treatment, and daily and cumulative doses
- _____ Any modifications to previously submitted on-treatment data

***For M0 patients, on-treatment review is required. For M+ patients, RT data is due at completion of RT.**

RADIOLOGY REVIEW:

- _____ Pre-Op & Post-Op Cranial MRIs with reports
- _____ Either Pre-Op or Post-Op Spinal MRI with report
- _____ Operative report(s)
- _____ Pre-Induction Cranial & Spinal MRIs with reports (if different than Pre and Post-Op scans)
- _____ Post Induction Cranial & Spinal MRIs with reports
- _____ Post-Op 2nd Surgery Cranial MRI with report (if 2nd surgery performed)
- _____ Post Consolidation/Pre-RT Cranial & Spinal MRIs with reports (Stratum 1 patients)
- _____ Pre-Consolidation/Post RT Cranial & Spinal MRIs with reports (Stratum 2 patients)
- _____ 4 Weeks Post End of Therapy Cranial & Spinal MRIs with reports
- _____ Progression/Relapse Cranial & Spinal MRIs with reports (if applicable)
- _____ Best Response Cranial and Spinal MRIs with reports (if relapsed during therapy)

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If you need verification of receipt of this data, please write your name & email address:
