

ACNS0822 DATA SUBMISSION CHECKLIST

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

Radiation Review Data (due 1 week after completion of RT):

_____ All diagnostic imaging, corresponding radiology reports, and operative report used to plan the target volume. This includes CT and MRI scans PRIOR to attempted surgical resection of the primary tumor.

_____ Digital RT plan in RTOG or DICOM RT format

_____ Copies of orthogonal AP and lateral isocenter images for each phase of treatment

_____ Copies of DRRs for each field (for 3D treatment)

_____ RT-1/IMRT Dosimetry Summary Form

_____ Color copies of composite isodose distributions in axial, sagittal and coronal planes

_____ BEVs for all fields (when not using IMRT)

_____ If the recommended doses to the organs at risk are exceeded, an explanation should be included for review by the QARC and the radiation oncology reviewers

_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics

_____ RT-2 Form

_____ Dose volume histograms for all GTVs, PTVs and CTVs, all organs at risk (see section 14.8 of protocol), and unspecified tissue (if IMRT treatment)

_____ Radiotherapy record (treatment chart) including prescription and daily and cumulative doses to all required areas and organs at risk

_____ Documentation of an independent check of the calculated dose (for IMRT)

Central Radiology Review Data (for all patients with reported CR or PR):

_____ Brain MR within 4 weeks prior to enrollment with report (*if brain measureable disease*)

_____ Brain MR to document earliest Best Response with report (*if brain measureable disease*)

_____ Spine MR within 4 weeks prior to enrollment with report (*if spine measureable disease*)

_____ Spine MR to document earliest Best Response with report (*if spine measureable disease*)

Optional Imaging Studies (for patients with residual tumor prior to start of treatment who give consent):

_____ MR perfusion and diffusion with report Prior to start of Protocol therapy

_____ MR perfusion and diffusion with report Prior to start of Maintenance therapy

_____ MR perfusion and diffusion with report Prior to Cycle 3 of Maintenance therapy

_____ MR perfusion and diffusion with report Subsequent to completion of Maintenance therapy

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