

ACNS0927 DATA CHECKLIST

Version Date: 9/3/10

QARC Contact: Sandy Kessel

Email: SKessel@qarc.org

Patient Identifier: _____

Registration #: _____

This protocol does not require an interventional review. All required data should be submitted within one week of the completion of radiotherapy (see section 15.10).

RADIOTHERAPY DATA:

3D Conformal RT or IMRT

- *****
- _____ Required Diagnostic Imaging and Reports (see list below for required study)
 - _____ Treatment plan in digital format (REQUIRED)
 - _____ Prescription sheet for the entire treatment
 - _____ RT-1/IMRT Dosimetry Summary Form
 - _____ Digitally Reconstructed Radiographs (DRRs) for each treatment field
 - _____ A set of orthogonal anterior/posterior and lateral DRRs for isocenter localization (if IMRT is used, this is sufficient)
 - _____ Color copies of DHV data including a DVH for unspecified tissue when IMRT is used (see section 15.9a)
 - _____ Color copies of isodose distributions in the axial, sagittal and coronal planes at the center of treatment or planning target volume
 - _____ Color copies of BEVs (Beams Eye View) showing collimator, beam aperture, target volume and critical structures are required when not using IMRT
 - _____ 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.
 - _____ If a PTV margin of 3 mm is used, documentation that image guided radiation therapy (IGRT) methods are used on a daily basis or alternatively that a head fixation system was used with weekly or more frequent imaging (see section 15.5.2)
 - _____ RT-2 Form
 - _____ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses to all required areas and organs at risk)

DIAGNOSTIC IMAGING & REPORTS:

- _____ Pre-study MRI (done prior to any surgical resection) and report

- All data should be submitted to:
 - QARC
 - 640 George Washington Highway, Suite 201
 - Lincoln, RI 02865

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