

AEWS0331 DATA/FILMS CHECKLIST

QARC Contact: Karina Rossi-Toole
Patient Identifier: _____

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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.

INITIAL ON-TREATMENT DATA:

Conventional Treatment

____ RT-1/IMRT Form
____ RT simulation/ DRR films
____ RT verification (portal) films
____ Photographs of patient with treatment fields marked
____ Monitor unit calculations
____ Color copies of isodose distributions to demonstrate that the dose variation is within specification
____ Color copies of dose volume histograms for GTVs, CTVs, PTVs, and total treatment of any normal structures that receive >10% of the prescription dose
____ Photos of electron fields (when applicable)
____ Copy of treatment prescription for entire treatment

Conformal Treatment (3D, Proton, IMRT)

____ RT-1/IMRT Dosimetry Summary Form
____ 3D Data (DHV, BEV, REV, color isodose plans, other)
____ RT simulation/ DRR films
____ First day portal films or hard copy of real time portal images
____ One set of orthogonal films (anterior/ posterior/ lateral- for each group of concurrently treated beams) used for isocenter localization
____ Monitor unit calculations
____ Photographs of patient with treatment fields marked
____ Documentation of an independent check of the calculated dose (if IMRT is used)
____ Copy of treatment prescription for entire treatment

FINAL DATA:

(If not submitted on treatment, all data/films listed in the Initial Data must be included with the Final Data)

____ RT-2 Form
____ Daily RT treatment chart including daily and cumulative doses
____ RT-1/IMRT Form for subsequent field modifications
____ RT simulation films for subsequent field modifications
____ RT verification (portal) films or hard copy of real time portal images for subsequent field modifications
____ Copy of treatment prescription for entire treatment

DIAGNOSTIC IMAGING & REPORTS:

____ Copy of pre-study/Pre-op CT/ MR along with radiology report
____ Copy of pre-RT CT/MR (if GTV2 differs from GTV1) along with radiology report
____ Copies of operative and pathology reports

MAIL ALL DATA & FILMS TO:

QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865