

AEWS07P1 DATA/FILMS CHECKLIST

QARC Contact: Karina Rossi-Toole

Email: KToole@garc.org

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.

RADIOTHERAPY DATA:

Conventional Treatment

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT (showing GTV and PTV)
- _____ Prescription sheet for the entire treatment
- _____ RT-1 Form
- _____ RT simulation films or DRR's for each volume
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume
- _____ Color copies of isodose distributions to demonstrate that the dose variation is within specification
- _____ Color copies of dose volume histograms for the total treatment of the clinical target volume (CTV), gross tumor volume (GTV), planning target volume (PTV) and any critical structures that receive > 10% of the prescription dose
- _____ Color copies of a BEV (Beam's Eye View) and REV (Room's eye view) display of all fields and their angles, if available
- _____ Photographs of patient with treatment fields marked
- _____ Monitor Unit calculations

Conformal Treatment (3D, IMRT)

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT (showing GTV and PTV)
- _____ RT-1 Form
- _____ 3D Data (DHV, BEV, REV, color isodose plans, other)
- _____ RT simulation/ DRR films
- _____ RT verification (portal) films or orthogonal films
- _____ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- _____ Photographs of patient with treatment fields marked
- _____ Reference point dose(s) and attendant calculations (when applicable)
- _____ IMRT Dosimetry form (for IMRT only)
- _____ Copy of treatment prescription for entire treatment
- _____ Documentation of an independent check of the calculated dose if IMRT is used
- _____ Color DVH plotted as % volume vx. Dose in cGy for the composite GTV, CTV, PTV, and normal tissue structures
- _____ Color DVH for a category of tissue called "unspecified tissue," which is defines as tissue contained within the skin contour, but which is not otherwise identified by containment within any other structure.

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 radiotherapy record including daily and cumulative doses to all required areas
- _____ Completed RT-2/IMRT form if any changes have been made subsequent to initial review
- _____ RT simulation films for boost(s) or subsequent field modifications
- _____ RT verification (portal) films for boost(s) or subsequent field modifications
- _____ Color copies isodoses/calculations if any changes have been made subsequent to initial review
- _____ Color DVH;s for target volume/normal tissue if any changes have been made subsequent to Initial review

DIAGNOSTIC IMAGING & REPORTS:

- _____ Copy of CT/MR done Pre-op and report
- _____ Copies of all operation and pathology reports

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

QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4207