

AEWS1031 DATA/FILMS CHECKLIST

Version Date: 12/9/2010

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Patient Identifier: _____ Registration #: _____ RT Start Date: _____

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: Must be submitted within 3 days of start of RT

Conformal Treatment (3D or IMRT required)

- _____ Required diagnostic imaging and reports (see list below)
- _____ Digital RT treatment plan (RTOG or DICOM format)
- _____ RT-1/ IMRT Dosimetry form
- _____ Prescription sheet for entire treatment course
- _____ DRRs/Simulation films for each field treated
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume
- _____ One set of Orthogonal A/P and Lateral films/images for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- _____ Color isodose distributions for composite treatment plan in axial, sagittal and coronal planes (planning target volume, isocenter, and normalization method must be clearly indicated).
- _____ Color composite DVHs for all target volumes and required organs at risk (see protocol section 17.9).
- _____ Color DVH for unspecified tissue (when using IMRT)
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Color BEV (Beams Eye View) of portals showing collimator, beam aperture, target volume and critical structures (required when not using IMRT)
- _____ Motion management form (if applicable, see section 17.8.6)
- _____ Independent check of the calculated dose for IMRT (when applicable)

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
- _____ Completed Daily Treatment Chart
- _____ Additional calculations or data required to assess the RT volume(s)
- _____ RT-1/IMRT Form for subsequent field modifications
- _____ Calculations or data for subsequent field modifications
- _____ DRRs/Simulation films and verification (portal) films/images for subsequent field modifications

DIAGNOSTIC IMAGING & REPORTS:

- _____ Baseline CT/MR and report
- _____ Baseline Chest CT
- _____ Baseline FDG-PET (optional. If not done, please advise)
- _____ Treatment planning CT with targets drawn
- _____ CT/MR prior to local control
- _____ FDG-PET prior to local control (optional. If not done, please advise)

- MAIL ALL DATA & FILMS TO:
QARC
Suite 201
640 George Washington Highway
Lincoln, RI 02865-4027

If you need verification of receipt of this data, please write your name & e-mail address