

AHOD0031 DATA CHECKLIST

QARC Contacts:

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INITIAL PRE-TREATMENT DATA:

- _____ Prescription sheet
- _____ RT-1 Form
- _____ RT simulation/DRR films
- _____ RT verification (portal) films or real time portal imaging
- _____ Photograph(s) of patient with treatment fields marked and clearly visible
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Calculations required for gaps and critical organ doses (when applicable)
- _____ Reference point dose(s) and attendant calculations
- _____ Isodose plans (when applicable and should be in color)
- _____ Photos of Electron fields (when applicable)
- _____ All required diagnostic imaging**** (see list below)

FINAL DATA:

- _____ RT-2 Form
- _____ Daily RT Treatment Chart
- _____ Additional calculations or data required to assess the RT volume(s)
- _____ RT-1 Form for subsequent field modifications
- _____ Calculations or data for subsequent field modifications
- _____ RT simulation films for subsequent field modifications
- _____ RT verification (portal) films for subsequent field modifications

DIAGNOSTIC IMAGING:

The following studies and radiology reports are required at the time points identified below:

- _____ CXR (PA & Lateral)
- _____ Gallium Scan (Planar & Spect – if done)
- _____ PET Scan (if applicable)
- _____ Bone Scan (if applicable)
- _____ CT Neck
- _____ Chest
- _____ Abdomen
- _____ Pelvis

Please identify the time point(s) for the study or studies included in this film submission:

- _____ Baseline (Pre-study)
- _____ After 2 cycles of chemotherapy
- _____ After 3 cycles of chemotherapy (if patient was entered on original version of AHOD0031)
- _____ After completion of chemotherapy
- _____ Relapse/Progression

MAIL ALL DATA 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):
