

AHOD0121 DATA/FILMS CHECKLIST

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ON-TREATMENT REVIEW IS NOT REQUIRED FOR THIS PROTOCOL

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.

FINAL DATA:

To be submitted one week after completion of radiotherapy

- _____ RT-1 Form
- _____ RT simulation or DRR's
- _____ RT verification (portal) films or hard copy of real time portal images
- _____ Photograph(s) of patient with treatment fields marked
- _____ Monitor Unit calculations
- _____ Calculations of required reference points and critical organ doses or
- _____ Isodose plans or DVH's (when applicable and must be in color)
- _____ Photos of Electron fields (when applicable)
- _____ RT-2 Form
- _____ Copy of the daily RT treatment chart including prescription, daily and cumulative doses, critical organ and reference points to demonstrate dose uniformity
- _____ Required diagnostic imaging and reports (see list below for studies and time points)

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 done) **
- _____ Bone Scan **
- _____ CT Neck *
- _____ Chest
- _____ Abdomen
- _____ Pelvis

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

- _____ Prior to Study entry (before and after salvage therapy)
- _____ After completion of therapy (* study should be submitted if involved at diagnosis)
(** studies should be submitted if positive at study entry)
- _____ Relapse/Progression

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

QARC
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