

AHOD0431 DATA CHECKLIST

QARC Contacts:

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PRE-TREATMENT IS REVIEW REQUIRED FOR ALL INSTITUTIONS

RT start date: _____

COG #: _____

INITIAL PRE-TREATMENT DATA:

- _____ Prescription sheet for entire treatment
- _____ RT-1 Form
- _____ RT simulation films/DRRs for each field
- _____ RT verification (portal) films or real time portal imaging for each field (if available pre-treatment or immediately following first treatment)
- _____ 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 reference points and critical organ doses
- _____ All required diagnostic imaging**** (see list below)

FINAL DATA:

- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including cumulative doses to all required areas, critical organs, reference points)
- _____ Additional calculations or data required to assess the RT volume(s)
- _____ RT-1 Form for subsequent field modifications
- _____ RT simulation films/DRRs for subsequent field modifications
- _____ RT verification (portal) films for subsequent field modifications

DIAGNOSTIC IMAGING:

******must be submitted for pre-treatment review if not previously submitted for a response review**

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

- _____ PA & Lateral CXR (Pre-study; Post 3 cycles AV-PC*; Recurrence; Post 2 cycles IV; Post 2 cycles DECA)
- _____ PET Scan (preferred) / Gallium Scintigraphy (Pre-study; Post 1 cycle AV-PC* if positive previously; Post 3 cycles AV-PC* if positive previously; Recurrence; Post 2 cycles IV if positive previously; Post 2 cycles DECA if positive previously)
- _____ CT of Neck (Pre-study; Post 3 cycles AV-PC* if involved at diagnosis; Recurrence; Post 2 cycles IV if involved at diagnosis or recurrence; Post 2 cycles DECA if involved at diagnosis or recurrence)
- _____ CT of Chest (Pre-study; Post 3 cycles AV-PC* if involved at diagnosis; Recurrence; Post 2 cycles IV if involved at diagnosis or recurrence; Post 2 cycles DECA if involved at diagnosis or recurrence)
- _____ CT of Abdomen (Pre-study; Post 3 cycles AV-PC* if involved at diagnosis; Recurrence; Post 2 cycles IV if involved at diagnosis or recurrence; Post 2 cycles DECA if involved at diagnosis or recurrence)
- _____ CT of Pelvis (Pre-study; Post 3 cycles AV-PC* if involved at diagnosis; Recurrence; Post 2 cycles IV if involved at diagnosis or recurrence; Post 2 cycles DECA if involved at diagnosis or recurrence)
- _____ AHOD0431 Staging and Response Worksheet (Pre-study; Post 3 cycles AV-PC*; Recurrence; Post 2 cycles IV; Post 2 cycles DECA)

- MAIL ALL DATA TO:
QARC, 640 George Washington Highway, Suite 201, Lincoln, RI 02865-4207

If you need verification of receipt of this data, please write your name & email address:
