

ANBL0532 DATA/FILMS CHECKLIST

QARC Contact: Dee Logan

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COG Registration #: _____

***Sec. 16.7 Real-Time Response Review Materials for CR or GTR
(Submit ASAP after Induction):***

- _____ Pre-Study CT/MR of primary site with report
- _____ Pre-Op CT/MR of primary site with report
- _____ Operative report & Surgical Pathology report
- _____ Post Induction CT/MR of primary site with report
- _____ Copies of Pre-Study & Post-Induction MIBG scan reports

Sec. 17.9 FINAL RT Review Materials (Due within 1 week of completing RT):

For Primary site:

- _____ If not submitted for real-time review, copies all diagnostic imaging used to plan the target volume, including the PRE-OP CT, MRI, MIBG and etc. of the primary tumor. Copies of the corresponding reports and Op and Path reports should also be submitted.
- _____ Copies of Pre-Study MIBG and Post-Induction MIBG scans
- _____ RT-1/IMRT Dosimetry Summary Form
- _____ DRRs/ RT simulation films for each field
- _____ Orthogonal (anterior/posterior and lateral) images for isocenter localization
- _____ 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.
- _____ Color composite isodose distributions
- _____ Color Room's Eye View (3D Conformal/IMRT)
- _____ Color Beam's Eye Views (3D Conformal/IMRT)
- _____ Documentation of independent check of calculated dose (IMRT)
- _____ Color Composite DVHs for all GTVs, CTVs, PTVs and critical structures (3D Conformal/IMRT)
- _____ Color Composite DVH for "unspecified tissue" (IMRT)
- _____ RT treatment plan submitted in digital format (refer to www.QARC.org under "Digital Data")
- _____ Description of the method used to account for respiratory motion should be documented
- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and cumulative doses to all required areas and critical organs)

For Metastatic sites:

- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and cumulative doses to all required areas and critical organs)

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

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