

AOST0331 DATA/FILMS CHECKLIST

QARC Contact: Karina Rossi-Toole

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Patient Identifier: _____

Registration #: _____

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.

RADIOTHERAPY DATA:

Conventional Treatment

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT (showing GTV and PTV)
- _____ Prescription sheet for the entire treatment
- _____ RT-1/IMRT form
- _____ RT simulation films or DRR's for each volume
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume
- _____ Color copies of isodose distributions to demonstrate that the dose variation is within protocol guidelines
- _____ Color copies of dose volume histograms for the total treatment of the clinical target volume (CTV), gross tumor volume (GTV), planning target volume (PTV) and any critical structures that receive > 10% of the prescription dose
- _____ Color copies of a BEV (Beam's Eye View) and REV (Room's eye view) display of all fields and their their angles, if available
- _____ Photographs of patient with treatment fields marked
- _____ Monitor unit calculations

Conformal Treatment (3D, Proton, IMRT)

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ RT-1/IMRT form
- _____ 3D Data (DHV, BEV, REV, color isodose plans, other)
- _____ RT simulation/ DRR films
- _____ RT verification (portal) films or orthogonal films
- _____ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- _____ Monitor unit calculations
- _____ Photographs of patient with treatment fields marked
- _____ Reference point dose(s) and attendant calculations (when applicable)
- _____ Copy of treatment prescription for entire treatment
- _____ Documentation of an independent check of the calculated dose if IMRT is used

DIAGNOSTIC IMAGING & REPORTS:

- _____ Copy of CT/MR done Pre-op (pre-study) and report
- _____ Copy of response imaging (CT/MR) and report when applicable
- _____ Copies of all operation and pathology reports

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

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640 George Washington Highway
Lincoln, RI 02865-4207