

AREN0532 DATA CHECKLIST

QARC Contact:

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COG Registration #: _____

Date of first RT: _____

Initial on-treatment data (Due within 3 days of starting RT):

- _____ Prescription sheet for entire treatment
- _____ RT-1/IMRT Dosimetry Summary Form
- _____ Motion Management Reporting Form (if applicable)
- _____ RT simulation films/DRRs for each field
- _____ Portals for each field
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Color isodose distributions
- _____ Room's Eye View
- _____ Beam's Eye Views (3D Conformal)
- _____ Documentation of independent check of calculated dose (IMRT)
- _____ DVHs for CTV, GTV, PTV and PRVs
- _____ DVH for "unspecified tissue" (IMRT)
- _____ If the recommended doses to the organs at risk are exceeded, an **explanation** should be included.
- _____ Digital treatment plan
- _____ All required diagnostic imaging and reports**** (see list below)

Final Data (Due within 1 week of completing RT):

- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and daily and cumulative doses to all required areas and organs at risk)
- _____ Data displaying changes made subsequent to submission of on-treatment data

Diagnostic Imaging & Reports

- _____ CT/MR of Abdomen & Pelvis with report(s)
- _____ CT of Chest with report
- _____ Operative & Pathology reports

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

- _____ PreStudy (******Must be submitted for on-treatment review if not already submitted for AREN03B2**)
- _____ Relapse/Progression (For Stratum 1 patients only)

• 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:
