

Patient Initials: _____ Date of 1st Treatment: _____ Registration #: _____

_____ **Week 6 Chest CT with report (Must be submitted for rapid review for patients with lung metastases.)**

On-treatment Review: To be submitted within 3 days of start of radiotherapy.

_____ All diagnostic imaging used to plan the target volume (If not already submitted for AREN03B2.). This includes CT, MRI and, where applicable, nuclear medicine studies, PRIOR to attempted surgical resection of the primary tumor. Dicom format is required. Radiology, operative & pathology reports are required.

_____ Digitally reconstructed radiographs (DRR) or simulator films for each treatment field and orthogonal (anterior/posterior and lateral) images for isocenter localization for each group of concurrently treated beams. When using IMRT, orthogonal isocenter images are sufficient.

_____ Submission of the treatment plan in digital format is required. Please refer to www.QARC.org under "Digital Data" for guidelines regarding digital submission. All submissions, including those that are digital, require hard copy submission of the other items included in this list.

_____ Verification images

_____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.

_____ Isodose distributions (in absolute dose preferred) for the composite treatment plan in the axial, sagittal and coronal planes at the center of the treatment or planning target volume. The planning target volume, isocenter and the normalization method (if normalized isodoses are sent) must be clearly indicated.

_____ Documentation of an independent check of the calculated dose when IMRT is used.

_____ RT-1/IMRT Dosimetry Summary Form.

_____ If the recommended doses to the organs at risk are exceeded, an explanation should be included for review by the QARC and the radiation oncology reviewers.

_____ Beams-eye-view (BEV) of portals showing collimator, beam aperture, target volume and critical structures are required when not using IMRT.

_____ Room-eye-view (REV), if available from the planning system, illustrating all treatment beams and their angles.

_____ Dose volume histograms (DVH) for the composite treatment plan for all target volumes and required organs at risk. This shall include GTV1, CTV1, and PTV1, when volumetric targeting is used for the primary component of treatment and GTV2, CTV2, and PTV2 when supplemental irradiation is administered. A DVH shall be submitted for the organs at risk specified in Section 16.8. When using IMRT, a DVH shall be submitted for a category of tissue called —unspecified tissue. This is defined as tissue contained within the skin, but which is not otherwise identified by containment within any other structure.

_____ Motion Management Reporting Form (if applicable, see Section 16.4.1).

Final Review: To be submitted within one week of the completion of radiotherapy.

_____ Any modifications

_____ RT-2 Radiotherapy Total Dose Record Form.

_____ Radiotherapy record (treatment chart) including prescription and daily and cumulative doses to all required areas and organs at risk.

If any of the required data is not available, please indicate the reason. Please write your name and email address if you need a receipt of this submission.

Please submit data to: Quality Assurance Review Center
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