

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

Check here for Pre-treatment Review (Required for Bilateral Wilms patients who require renal-sparing RT techniques): _____

On-treatment Review for Primary Site and Lungs: *To be submitted within 3 days of start of radiotherapy.*

_____ All **diagnostic imaging** used to plan the target volume along with **radiology, operative & pathology reports** (If not already submitted for AREN03B2.), including CT, MRI and, where applicable, nuclear medicine studies, PRIOR to attempted surgical resection of the primary tumor.

_____ **RT-1/IMRT Dosimetry Summary Form.**

_____ **Motion Management Form**, when applicable.

_____ **DRRs** for each treatment field and orthogonal images for isocenter localization for each group of concurrently treated beams. When using IMRT, orthogonal isocenter images are sufficient.

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

_____ **Treatment plan in digital format** (RTOG or DICOM RT).

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

_____ **Motion Management Form** (when indicated).

_____ If the recommended doses to the organs at risk are exceeded, an **explanation** should be included.

_____ **Portal verification images** for each field.

Final Review:

_____ Any **modifications** since the interventional review.

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

_____ **RT-2 Form.**

Central Review:

_____ **Abdominal CT/MR with report** done at **Week 6.**

_____ **Abdominal CT/MR with report** done at **Week 12.**

_____ **Abdominal CT/MR with report** done at **End of Therapy.**

_____ **Abdominal CT/MR and Abdominal US with reports** done at **Relapse/Progression** (if applicable).

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.

IF MAILING DATA, SEND TO: QARC

640 George Washington Highway, Suite 201
Lincoln, RI 02865

IF SENDING DATA VIA sFTP: Send a notification email to sFTP@qarc.org with the protocol # and registration # in the subject line. Please refer to QARC website for instructions on sending digital data (www.QARC.org).

IF EMAILING DATA: Send to datasubmission@qarc.org with the protocol # and registration # in the subject line.

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