

ARET0321 DATA/FILMS CHECKLIST

QARC Contact: Sandy Kessel

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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, September 2007). Contact QARC for questions or further information.

On-treatment review required for Craniospinal irradiation or Orbital irradiation (see section 4.3.11)

RADIOTHERAPY DATA:

Conventional Treatment

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT (with targets and structures drawn) - if available
- _____ Prescription sheet for the entire course of treatment
- _____ RT-1 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
- _____ Photograph of the patient in the treatment position
- _____ Copies of worksheets and/or printouts used for calculations of monitor settings to give the prescribed dose, and doses to all normal structures
- _____ Color copies of isodose distributions (see section 4.3.10)

Conformal Treatment (3D, Proton, IMRT)

- ***** Required Diagnostic Imaging and Reports (see list below for required studies)
- _____ Copy of the treatment planning CT (with targets and structures drawn)
- _____ Prescription sheet for the entire course of treatment
- _____ RT-1 Form, IMRT Dosimetry Summary Form (IMRT only), Proton Reporting Form (Proton therapy only)
- _____ RT simulation films or DRR's for each volume
- _____ RT verification (portal) films or hard copies of real time portal imaging for each volume, if achievable
- _____ One set of orthogonal anterior/posterior and lateral films for isocenter localization (if portals submitted contain an orthogonal set, this is sufficient)
- _____ Color copies of DHV data including a DVH for unspecified tissue when IMRT is used (see section 4.3.10)
- _____ Color copies of isodose distributions (see section 4.3.10)
- _____ Color copies of BEV's (Beams Eye View) and REV's (Rooms Eye View)
- _____ Photographs of patient in the treatment position
- _____ Copies of worksheets and/or printouts used for calculations of monitor settings to give the prescribed dose, and doses to all normal structures.
- _____ Documentation of an independent check of the calculated dose if IMRT is used.
- _____ Description of motion management technique (Thoracic IMRT)

FINAL RADIOTHERAPY DATA:

- _____ Copies of additional simulation films/DRR's/portal films or portal images for any volume modifications
- _____ Revised RT-1 Form, IMRT Dosimetry Summary Form, Proton Reporting Form
- _____ Additional and/or revised calculations or data required to assess the RT volume(s)
- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, daily and cumulative doses to all required areas and dose specification points)

DIAGNOSTIC IMAGING & REPORTS:

- _____ Pre-study MR/CT scan(s) and report(s)
- _____ Pre-RT MR/CT scan(s) and reports (s) – post induction scans for Stage 2 and 3 patients; post consolidation for Stage 4a and 4b patients.
- _____ Pre-study spine MR and report – Stage 4b patients only

*******Please note that reports can be submitted to COG via the Document Imaging system**

- **MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)**
 QARC
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 640 George Washington Highway
 Lincoln, RI 02865