

ARST0332 DATA/FILMS CHECKLIST

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Patient Identifier: _____ Registration #: _____ RT Start Date: _____

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.

Within 3 days of starting RT, submit detailed treatment data for on treatment review of primary site.

RADIOTHERAPY DATA for PRIMARY SITE:

- _____ Copy of the required diagnostic imaging and reports (see list below for required studies)
- _____ Digital RT treatment plan (required for Primary Site)
- _____ Prescription sheet for the entire treatment
- _____ RT-1/ IMRT Dosimetry Summary Form or Proton Reporting form
- _____ Motion Management Reporting Form (if applicable)
- _____ Description of the rationale for the PTV margins (if treating with Protons)
- _____ DRR's for each field treated (for IMRT orthogonals are sufficient)
- _____ RT verification (portal) images or hard copies of real time portal imaging for each field (if possible)
- _____ One set of orthogonal anterior/posterior and lateral DRRs and portal images for isocenter localization
- _____ Color DVH for all targets and critical structures
- _____ Color DVH for "unspecified tissue", if IMRT is used
- _____ Color composite isodose distributions in axial, sagittal and coronal planes
- _____ Color BEV's (Beams Eye View) for all fields required when not using IMRT
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Documentation of an independent check of the calculated dose if IMRT is used
- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses to all required areas)
- _____ Documentation if modifications are made for patients <24 months
- _____ Explanation if recommended doses to organs at risk are exceeded

RADIOTHERAPY DATA for METASTATIC SITES:

- _____ RT-2 Form
- _____ Copy of the daily radiotherapy record (including the prescription, monitor units and daily and cumulative doses to all required areas)

Additional DATA for BRACHYTHERAPY:

- _____ Treatment Planning CT used for post implant dosimetry
- _____ Computer printouts of the isodose distribution and associated CT-based calculations
- _____ DVHs for GTV, CTV and PTV
- _____ Brachytherapy Physics Reporting Form
- _____ Copy of the written directive

DATA for INTRA-OPERATIVE RT :

- _____ Copy of the radiotherapy record (treatment chart) including the prescription and daily and cumulative doses to all required area and organs at risk
- _____ Physician's note describing procedure, dose calculation and description of the applicator as well as relevant dosimetric characteristics

DIAGNOSTIC IMAGING AND REPORTS :

- _____ Copy of CT/MR done Pre-Op and radiology report
- _____ Copy of CT/MR done at Week 13 and radiology report (when applicable)
- _____ Copy of PET done at Pre-Study and Week 13 and radiology report (optional, please indicate if not done)
- _____ Copy of all operative and pathology reports

- Send all data to: (If you need verification of receipt of this data, please write your name & e-mail address)

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