

ARST0431 DATA/FILMS CHECKLIST

QARC Contact: Donna Wardle

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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, April 2004). Contact QARC for questions or further information.

ON-TREATMENT REVIEW

No on-treatment review is required for radiotherapy data in this protocol.

Submission of diagnostic imaging and therapy (set-up, simulator and portal) films is not required on this study.

FINAL DATA

Submit within one week of completion of radiotherapy:

- _____ Prescription sheet for the entire treatment
- _____ RT-1 Form/ IMRT Form
- _____ RT-2 Form
- _____ Color copies of isodose distributions to demonstrate that the dose variation is within protocol guidelines
- _____ Color copies of dose volume histograms for the total treatment of the clinical target volume (CTV), gross tumor volume (GTV), planning target volume (PTV) and any critical structures that receive > 10% of the prescription dose
- _____ Color copies of a BEV (Beam's Eye View) and REV (Room's eye view) display of all fields and their their angles, if available
- _____ Photographs of patient with treatment fields marked
- _____ Worksheets and printouts used for calculations of monitor unit settings to give the prescribed dose
- _____ Daily radiotherapy record including daily and cumulative doses to all areas and reference points calculated
- _____ If IMRT is used, documentation of an independent check of the calculated dose
- _____ If IMRT is used, color DVH for category of tissue called "unspecified tissue" (tissue contained within the skin but not otherwise identified by containment within any other structure
- _____ Description of the method used to account for respiratory motion, i.e., breath-hold techniques or respiratory gating, when treating tumors of thorax with IMRT

MAIL ALL DATA & FILMS TO: (If you need verification of receipt of this data, please write your name & address)

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