

# ARST08P1 DATA/FILMS CHECKLIST

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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.**

**This protocol does not require on-treatment review. Within 1 week of completing radiotherapy submit:**

## ***RADIOTHERAPY DATA for PRIMARY SITE:***

- \_\_\_\_\_ Baseline diagnostic imaging. See below for details.
- \_\_\_\_\_ Copies of all operative and surgical path reports
- \_\_\_\_\_ 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

## ***DIAGNOSTIC IMAGING :***

- \_\_\_\_\_ Baseline MRI/CT scans AND radiology reports performed PRIOR to attempted surgical resection of primary or PRIOR to start of chemotherapy
- \_\_\_\_\_ Operative and Pathology Reports
- \_\_\_\_\_ FDG-PET scan AND radiology report: \_\_\_\_\_Pre-Study \_\_\_\_\_Week 6 \_\_\_\_\_Week 19

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

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