AREN0533 FAQs

Radiology Review

The radiology report is not available yet but we have submitted the imaging. Why can't the review be done?

- The reviewers use the radiology report to check agreement between the local institutional review and central review. The report can also be used to confirm that we have received a complete study (all series of the CT) and if other prior studies were done for the patient that may be useful (comparison studies mentioned).

We submitted a Chest CT, but we are being asked for a repeat to be submitted. Why?

- Sometimes, a scan may not be evaluable due to movement of the patient during the scan or due to atelectasis. Sometimes, if the Chest CT is done after surgery, there is a cloudy appearance in the lungs that may interfere with determining if there are metastases or not.

Our institution disagrees with the central radiology review. What happens now?

- Two radiologists perform reviews for this protocol. If the 1st reviewer disagrees with the results in the institution’s radiology report, the 2nd reviewer will look at the case. If the two central reviewers are in agreement, one of the reviewers will contact the institution to discuss the case. If you receive the Final Risk Assessment, and your institution disagrees with the radiology portion of the review, please contact QARC right away via phone to expedite re-review or explanation.

When will my case be reviewed?

- Radiology materials for this protocol are always processed and assigned for review as soon as possible after receipt at QARC. Reviews are done within 2 business days of receipt, usually sooner. The reviewers are not located on site at QARC. They do the reviews remotely, as soon as possible after they are notified that the case is ready for them. You do not need to ask for expedited review, as all radiology reviews on this protocol are treated with the highest priority.
Can QARC tell me the Final Risk Assignment for the patient?

The only part of the final risk assessment that QARC handles is the radiology review. Other information is also taken into account for the Final Risk Assignment, which is done by the AREN03B2 Study Chair after all relevant information is available.

Radiation Therapy Review

Why am I being asked to submit operative and pathology reports when these were already sent to COG at baseline?

- These reports are essential to determine the protocol required target volumes and doses. For patients who have multiple surgeries, all of the operative and pathology reports are needed for the radiation therapy review. It has been our experience for patients with multiple surgeries that these reports, other than the initial operative and pathology reports, are usually not submitted to COG. Whenever possible, we do retrieve reports from the COG eRDE.

Do I need to resubmit baseline scans for AREN0533 if they were already sent for AREN03B2?

- COG data is permanently stored at QARC, so you do not need to resubmit the same studies again. Additional repeat baseline scans done that are relevant to the RT review should be submitted with their corresponding reports.

I followed the protocol timeline for submitting RT data by the third day of treatment. Why will the case not receive interventional review?

- The radiation treatment schedule for the renal protocols is short. The on-treatment review is done as long as the patient has not completed more than half of their treatment. The rationale behind the QARC policy of not reviewing cases that are past the midpoint of radiation therapy is that it is too late in treatment to make meaningful revisions to the planned radiation therapy. Institutions are not given deviations on this protocol if the case does not receive interventional review. We strongly encourage submitting the data as soon as available (not waiting until the third day deadline), so on-treatment feedback can be provided on as many cases as possible. The case will be presented for final review and a summary of the overall evaluation is provided.
There were separate planning CTs done for each phase of treatment for my patient. What needs to be sent for composite data?

- The study chair requires that the initial abdominal fields be added to the lung fields in as close approximation as possible (if re-CT’d) to produce a composite isodose distribution and DVHs for liver, heart, and lungs.

My patient is not yet enrolled on AREN0533, but I have submitted the RT data. Why can’t the review be done?

- Without the COG enrollment notification, we do not have confirmation that the patient is eligible for the protocol. For example, if central pathology review shows a histology other than what was expected, the patient may end up on a different treatment study (with different RT dose guidelines), or not on a protocol at all. Data received prior to the enrollment notification will be held either until we have the enrollment notification and can proceed with the review or we hear from the institution that the patient will not be enrolling on protocol. Data that is not required for review will be deleted or destroyed.