ALLIANCE A221505

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials:	Registration #:	RT Start Date:	
Sender's Name:		Phone #:	
Email:			
Radiation Oncologist:		Email:	

Please *enclose a copy of this Checklist* together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number.

Submission of treatment plans in digital format as DICOM RT is <u>required</u>. This digital data must include treatment planning CT, structures files, and plan and dose files. Any items on the list below that are not part of the digital plan submission may be included with this transmission.

This study prefers the use of <u>TRIAD</u> for RT data submission. In the event that a site has not completed all steps required for TRIAD data submission in time to meet the timeline for on-treatment review, data submitted via SFTP will also be accepted. For data sent via sFTP, a notification email should be sent to <u>sFTP@qarc.org</u> with the protocol # and registration # in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data (<u>www.QARC.org</u>).

Non DICOM RT data not sent via Triad or sFTP may be sent by email to <u>datasubmission@qarc.org</u> with the protocol # and registration # in the subject line. Please note that secure emails will Not be opened.

The following materials <u>must be submitted within 3 days of the start of radiotherapy</u> for interventional review:

	DATE	
SU	BMITTED	

Operative & pathology reports for mastectomy/SLN/ALND/Plastic Surgery procedures
Diagnostic imaging studies with reports (only if used for RT treatment planning)
Copy of digital RT Treatment Plan (DicomRT format)
Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm,
and volume of interest dose statistics
DRRs of each 3D treatment field
Prescription sheet for the entire treatment
RT-1 Dosimetry Summary Form <u>www.qarc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf</u>
Explanation if recommended doses to organs at risk are exceeded

Final Review materials must be submitted within 21 days of the completion of radiation:

 _______ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses

 _______ RT-2 Total Dose Record www.qarc.org/forms/IROC RT2RadiotherapyTotalDoseRecord.pdf

 _______ Documentation listed above showing modifications from the original submission (if not previously submitted).

Photographic Cosmetic Assessment (Please submit the following digital photos as soon as available):

Before RT (for patients w/ immediate reconstruction): bilateral anterior view (Check here if N/A: _____)
 24 months Post RT (all patients): bilateral anterior view & close up of treated area

Please contact study CRA by email (<u>DataSubmission@qarc.org</u>) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.

Version date: 4/2/2020