

A Phase II Study of Induction Chemotherapy Followed by Thoracic Radiotherapy and Erlotinib in Poor-Risk Stage III Non-Small Cell Lung Cancer

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Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient: _____ Protocol: **C30605** Registration # _____

**Send material c/o
Quality Assurance Review Center**

**Name of Radiation Oncologist
Name:** _____

Attention: CALGB Materials

Address: _____

Building A, Suite 201

640 George Washington Highway

Lincoln, RI 02865-4207

**Phone &
FAX:** _____

E-Mail: _____

Date Radiation Began: _____

Rapid Review materials must be submitted within the first week of the start of radiotherapy:

DATE
SUBMITTED

- _____ Copy of baseline diagnostic CT Scan
- _____ Copy of baseline PET Scan
- _____ Copy of Treatment Planning CT scan
- _____ RT-1 Dosimetry Form
- _____ Photograph of patient in treatment position (field marked and visible)
- _____ Prescription sheet
- _____ Treatment planning system summary report that includes the MU calcs, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Color Isodose Distributions in axial, sagittal and coronal planes
- _____ Dose volume histograms of PTV, GTV, Lungs, Heart and Spinal Cord
- _____ Portal films (or hard copy of real time portal images) of each treatment field
- _____ DRRs (digitally reconstructed radiographs) of each treatment field
- _____ Orthogonal Anterior/Posterior and Lateral Films if not part of portals
- _____ Beam's Eye View
- _____ Room's Eye View or overview diagram

Final Review materials must be submitted within 1 week of the completion of radiation:

- _____ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses
- _____ RT-2 Total Dose Record
- _____ All revised data if modifications made subsequent to initial data submission

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

Please contact CALGB CRA by calling Tel:(401) 753-7600 or FAX: (401) 753-7601 for clarification as necessary. Thank you for your ongoing co-operation.

If you need verification of our receipt of this data, please write your name and e-mail address below.