A Phase II Trial of Preoperative Irinotecan, Cisplatin and Radiation in Esophageal Cancer

Checklist For Submission Of Radiation Oncology Quality Assurance Materials

Patient:	Protocol: C80302 Sequence #
Send material c/o:	Treating Radiation Oncologist:
Quality Assurance Review Center	Name:
Attention: CALGB Materials	Address:
Building A, Suite 201	
640 George Washington Highway Lincoln, RI 02865-4207	Phone &
Lincoln, Nr 02003-4207	FAX:
Date Radiation Began:	
Review materials must be subm	nitted <u>within 3 days</u> of starting radiotherapy:
DATE	
<u>SUBMITTED</u>	
Copy of pre-chemo dia	gnostic CT scan (Digital files in Dicom format submitted on CD preferred)
Copy of pre-chemo dia	
Treatment Planning CT	
RT-1 Form (available o	
	n treatment position (field marked and visible)
	s or images of <u>EACH</u> field s of <u>EACH</u> field (including any reduced field plans)
Monitor Unit Calculatio	
	se Distributions for total plan in axial, sagittal, and coronal planes
	terior/posterior and lateral films (may be included with submitted ports)
Composite DVHs (total	
Prescription sheet for e	entire treatment
Final Review materials must be	submitted within 1 week of the completion of radiation:
Complete RT Daily Tre	atment Chart
RT-2 Total Dose Reco	
	f field modifications were made
	tal) films for any modified fields
Simulation films for any	
Calculations/isodoses/l	DVHs for field modifications

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 Sequence number.

Please contact CALGB CRA by calling Tel: (401) 753-7600 or emailing calgb@qarc.org for clarification as necessary. Thank you for your ongoing co-operation.

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

^{*}Black and white copies of color data are not acceptable.