

Randomized Phase II Trial of PET Scan-Directed Combined Modality Therapy in Esophageal Cancer

Version date: 03/01/2013

Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient: _____ Protocol: **C80803** 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

E Mail: _____

Date Radiation Began: _____

Rapid Review materials must be submitted prior to the start of radiotherapy for pre-treatment review:

DATE
SUBMITTED

	Copy of baseline diagnostic CT and/or PET/CT scan (include reports)
	Copy of digital RT Treatment Plan (DicomRT or RTOG format)
	RT-1/IMRT Dosimetry Form
	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 (not required with digital plan submission)
	Dose volume histograms (not required with digital plan submission)
	DRRs of each treatment field(3D) or orthogonal isocenter images (IMRT)
	Beam's Eye View
	Motion management description required
	Documentation of Independent check of calculated dose if IMRT used
	Explanation if recommended doses to organs at risk are exceeded

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

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