

## ECOG-ACRIN EA2165

### Checklist for Submission of Radiation Therapy 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 required. Digital data must include CT scans, structures, plan, and dose files. Any items on the list below that are not part of the digital submission may be included with the transmission of the digital RT data. This study uses TRIAD for RT data submission but sFTP will also be accepted as an alternative method of data submission on this study.

For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.org) with the **protocol #** and **registration #** in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

**The following materials must be submitted within 2 weeks of the completion of radiation:**

DATE  
SUBMITTED

\_\_\_\_\_ Digital RT Treatment Plan (DicomRT format) that includes the CT, structures, dose and plan files.

\_\_\_\_\_ Dose volume histograms (DVH) for the composite treatment plan for all target volumes (DVHs are included in the digital plan).

\_\_\_\_\_ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics.

\_\_\_\_\_ Prescription sheet for entire treatment.

\_\_\_\_\_ RT-1 Dosimetry Summary Form [www.garc.org/forms/IROC\\_RT-1DosimetrySummaryForm.pdf](http://www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf)  
Completed RT Daily Treatment Chart, including prescription, and the daily and cumulative doses to all required areas.

\_\_\_\_\_ RT-2 Radiotherapy Total Dose Record Form [www.garc.org/forms/IROC\\_RT2RadiotherapyTotalDoseRecord.pdf](http://www.garc.org/forms/IROC_RT2RadiotherapyTotalDoseRecord.pdf)  
Baseline Diagnostic Imaging such as CT and/or MRI or PET CT including copies of clinical information, digital exam, endoscopic findings and biopsy.

**Please contact study CRA by email [DataSubmission@garc.org](mailto:DataSubmission@garc.org) or phone: (401) 753-7600 for clarification as necessary. Thank you for your ongoing co-operation.**

Version: 2.0 (24 JUL 2019)