SWOG S2505

Checklist for Submission of Radiation Therapy Data and Diagnostic Imaging Studies

Radiation therapy for patients on SWOG protocols can only be delivered at approved SWOG RT facilities. (See SWOG Policy and Procedures-Other Membership area). Contact IROC RI for questions or further information.

Patient Initials: _____ Registration #: _____ RT Start Date: _____

Sender's Name:_____ Email**:** _____

Radiation Oncologist:_____ Email:_____

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

Valid methods of submission include TRIAD (Preferred), and QARC Submit. For data sent via QARC Submit (http://qarcsubmit.qarc.org/) , a notification email should be sent to sFTP@qarc.org *(not an individual's email account)* with the protocol # and registration # in the subject line. Please refer to IROC Rhode Island website for instructions on sending digital data (https://www.qarc.org/). **Please do not submit the same items via multiple submission methods.**

A pre-treatment review is required for all participants. The following radiotherapy data must be submitted within 14 days of randomization and at least 3 business days prior to the initiation of radiotherapy treatment for pre-treatment review. Please refer to section 12.2

INTERVENTIONAL REVIEW RADIOTHERAPY DATA

**To be submitted 3 business days prior to the initiation of radiotherapy treatment for pre-treatment review.*

DATE SUBMITTED

_____ Digital RT treatment plans including CT (or CBCT or MRI), structures, dose, and plan files.

_____ RT-1 Dosimetry Summary Form (RT-1 Form)

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

_____ Copies (in DICOM format) and reports of all imaging studies used to define the target volume.

FINAL RADIOTHERAPY DATA

*To *be submitted within 1 week of the completion of radiotherapy treatment*

_____ The treatment chart including prescription, daily, and cumulative doses to all required areas and organs at risk.

_____ RT-1 Dosimetry Summary Form (RT-1 Form) and CT (or CBCT or MRI), structures, dose, and plan files for any adaptive plans that are treated. Please send a composite or sum plan for all adapted plans if available.

_____ RT-2 Radiotherapy Total Dose Record (RT-2 Form)

For cases that receive radiation boosts, all radiation therapy boost plans must be submitted for retrospective review. Please refer to section 12.4.

RETROSPECTIVE BOOST RADIOTHERAPY DATA

**To be submitted within 30 days of completion of boost*

_____ RT treatment plans including CT, structures, dose, and plan files.

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

_____ RT-1 Dosimetry Summary Form (RT-1 Form) (initial plan and any adaptive plans that are treated) for the boost plan. _____ Copies (in DICOM format) and reports of all imaging studies used to define the boost target volume.

_____ The treatment chart including prescription, daily, and cumulative doses to all required areas and organs at risk.

_____ RT-2 Radiotherapy Total Dose Record (RT-2 Form)

Please contact us by email: DataSubmission@qarc.org**.** Thank you for your participation in this study.