# Request For Use of Aggregate Data Form

| Date of Submission (mm/dd/yy):        | 12/15/2018  |
|---------------------------------------|---|
| Name of Organization:                 | St.Mary's Medical Center  |
|                                       | Department of Radiation Oncology  |
| Project Title:                        | A Retrospective Examination of Clinical Outcomes<br>Following SBRT for Recurrent and Oligometastatic<br>Gynecologic Cancers |
| Principal Investigator:               | Sanjeev Sharma, M.D.  |
| Co-Investigators:                     | Raj Singh, M.D.; Hayden Ansinelli, M.D.; John Austin Vargo, M.D.  |
| Corresponding Contact Name:           | Sanjeev Sharma  |
| Contact Title:                        | Radiation Oncologist,St. Marys Medical Center<br>Administrative Chair, Marshall University JCESOM                           |
| Contact Telephone Number:             | 304-360-3427  |
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| Contact Address:<br>City, State, Zip: | 4 Windsor drive Huntington, WV 25705  |
| Iroinat Description                   |   |

**Project Description** 

| 1/1/2019   |
|--|
| 6/1/2019   |
| □ Retrospective Analysis   |
|  |
| How effective is SBRT in treatment of recurrent and oligomestatic gynecologic malignancies? What are the associated treatment toxicities? What is associated local control, progression-free survival, and overall survival? |
| There are limited reports on the use of SBRT for recurrent   |
| and oligometastatic gynecologic cancers; this will add to  |
| the literature with regards to clinical outcomes.  |
| Include: All patients in registry treated for recurrent and oligometastatic gynecolologic cancers with SBRT  Exclude: Patients treated in the primary setting with SBRT.   |
|  |

| Description of patient population to be analyzed: | All patients with recurrent or oligometastatic gynecologic malignancies treated with SBRT. |
|---|--|
| Time frame to be studied:                         | 1/1/2019-6/1/2019  |
| List exact data variables requested (i.e.         | 1.Treatment planning (doses,fractions,etc) 2.  |
| pathology, treatment planning                     | Outcomes(overall survival,local control, KPS)  |
| information, outcome, reimbursement,              | 3.Toxicity   |
| etc.): If the request is not self-evident,        | 4. Patient demographics  |
| write a summary of the request and/or             | 5. Prior treatments  |
| instructions on data output (e.g., table          | 6. Lesion characteristics (i.e. GTV, histology,  |
| specifications, sample tables).                   | location)  |
|   | 7. Adjuvant or concurrent treatments (i.e.   |
|   | chemotherapy)  |
|   |  |
| Deadline for receipt of data (mm/dd/yy):          | 1/1/2019   |

#### **Data Use**

| No                                 |
|------------------------------------|
|                                    |
| N/A                                |
|                                    |
|                                    |
|                                    |
|                                    |
|                                    |
|                                    |
| Possibly Radiotherapy and Oncology |
|                                    |
| Possibly ACRO or RSS               |
|                                    |
|                                    |

### **Additional Submission Requirements**

Please attach each of the following:

- Copy of IRB approval letter for use of RSSearch® at your institution
- Curriculum vitae of the principal investigator

### **Requestor Certification**

In making this request, I certify that:

- All information provided on this form and attachments is accurate and complete;
- I have all requisite institutional authority to submit this Request for Use of Collaborative Data

| Signature  | Sargeer Sharma M.D.    |
|------------|------------------------|
|            | Sanjeev Sharma         |
| Print Name |                        |
|            | Principal Investigator |
| Title      |                        |
|            |                        |

| Date (12/15/18) |  |
|-----------------|--|

Please submit Request for Use of Collaborative Data to <u>jjenkins@therss.org</u>

## For Internal Use Only:

| Date application received:  | 12/15/2018 |
|-----------------------------|------------|
|                             |            |
| RSSearch Registry Request # | 2018-1215  |