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**VETERINARY RADIATION THERAPY ONCOLOGY GROUP
(VRTOG)
STANDARD OPERATING PROCEDURES**

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1.0 OBJECTIVES

1.1 To identify a group of clinical radiation oncology investigative centers dedicated to the principle of cooperative clinical trials and other studies to improve the survival of animals with cancer.

1.2 To establish standardized treatment parameters so that uniformity exists in treatment plans, dosimetry and reproducibility of outcome in participating centers.

1.3 To define the minimum level of radiation and ancillary equipment needed for participation in VRTOG clinical trials.

1.4 To provide for the collection of long-term follow-up information on the results of radiation therapy and any associated complications.

1.5 To decrease morbidity from cancer and its treatments by conserving structures and preserving functions by using careful integration of surgery, chemotherapy and radiation therapy.

1.6 To evaluate new methods of cancer treatment to improve local-regional control and survival.

1.7 To seek enhancement of radiation therapy efficacy through altered fractionation and/or chemical and biologic modification.

1.8 To collaborate with other clinical cooperative groups in investigations of uncommon malignant diseases to achieve the most rapid treatment advances.

1.9 To correlate laboratory findings with treatment outcomes: (a) to better understand the fundamental nature of malignant processes, (b) to predict responsiveness of tumors to radiation therapy, hormone therapy and cytotoxic chemotherapy, (c) to predict and prevent adverse effects of treatment.

2.0 MEMBERSHIP

2.1 The participating institutions shall have the ability and interest to participate in cooperative group activities. The membership list shall be updated yearly by the Chair.

2.2 A principal investigator will be identified at each institution.

2.3 A professional team consisting of a board-certified veterinary radiation oncologist and adequate technical support is required.

2.4 Participating institutions must have access to appropriate board-certified co-investigators (medical oncologists, surgeons, pathologists, internists, neurologists, radiologists) when required by approved protocols in which they will be participating.

2.5 Institutions shall make a meaningful contribution to the group in terms of protocol design and development, case numbers, participation in standing and ad hoc committees and in writing of scientific reviews and publications.

2.6 The institution shall have treatment equipment including a teletherapy unit, the capability to provide appropriate dose distribution information and systems for patient data recording and retrieval.

2.7 The institution must maintain routine dosimetry, calibration and treatment planning procedures.

2.8 Record systems must include an initial evaluation; anatomical drawing of lesion and staging; goal of therapy; prescription; daily treatment dose sheets; description of technical factors including patient diameter, treatment distance, field size, beam energy, arrangement, depth dose, etc.; isodose distribution and irregular field point calculations when required; drawings or photographs of treatment portals; copy of pathology reports; treatment summary; follow-up data.

2.9 Termination of membership can be invoked by an executive committee majority if a participating institution has not contributed any cases in the previous three years and/or failed to attend a VRTOG meeting within the last three years. Membership can also be terminated by the failure to pay yearly dues.

2.10 A yearly institute fee of \$100 shall be collected. Monies generated will be used for appropriate trial funding (see article 4.6).

3.0 ORGANIZATION

3.1 The executive committee will identify a recording secretary to be responsible for archiving information from meetings and forwarding them to the President of the Recognized Veterinary Specialty of Radiation Oncology. The principal investigator of each protocol will be responsible for archiving their information for a minimum of 7 years.

3.2 Voting rights

3.2.1 Voting rights are assigned as one each to each institution. The institution's vote is cast by the principal investigator or their designated representative. If neither the principal investigator nor the designated representative attends a meeting, the member institution can vote by way of proxy.

3.2.2 Voting can occur at group meeting , by postal vote or on-line.

3.2.3. A majority of approved institutions at a meeting, via postal vote or on-line shall constitute a quorum. All matters to be voted upon must be approved by a majority vote of all eligible votes cast.

3.2.4 A change in the standard operating procedures, or addition of an amendment, requires a two-thirds majority vote at a meeting, via postal vote or on-line.

3.3 VRTOG executive committee: Members and Duties

3.3.1 The executive committee shall consist of the President of the Specialty-Radiation Oncology, Chair, Deputy Chair, and two members-at-large.

3.3.2 The Deputy Chair will proceed to Chair upon completion of a two-year term making their full term of service four years. A new Deputy Chair will be elected bi-annually. The members-at-large will serve four year terms and be elected bi-annually to provide continuity. Therefore every two years a new Deputy Chair and member-at-large will be elected.

3.3.3 The Executive Committee will appoint a nominating committee to deal with vacancies as they occur.

3.3.4 The Executive Committee will meet at each ACVR annual meeting and each VCS annual meeting.

3.3.5 The Executive Committee will be responsible for executing group policy, resolving problems involving policy matters, and for protocol approval.

4.0 PROTOCOLS

- 4.1 Ideas for a new study may be submitted by any group member. Ideally they should be proposed to the executive committee for review, then distribution to the membership, prior to a general meeting. They can then be approved by a majority vote. If proposed at a meeting, the new protocol will be voted on for approval pending Executive Committee review. A standardized submission outline will be provided.
- 4.2 Protocols can be prospective or retrospective in design. A preliminary projection of patient numbers and statistical support should be included in the initial protocol submission. It is strongly recommended that a biostatistician review the protocol prior to treating patients and perform the subsequent analysis. Author analyzed studies are discouraged.
- 4.3 Each new protocol will be assigned a Study Chair, generally the member that proposed the protocol. The study chair will be responsible for protocol design and adherence as well as data accrual, analysis, and presentation for publication.
- 4.4 First consideration of publication for VRTOG studies should be directed toward the Veterinary Radiology and Ultrasound journal unless contents dictate that the membership would be better served by publication elsewhere.
- 4.5 Reminders shall be sent to the membership on a regular basis (at least every six months) apprising members of active protocols. This will be the responsibility of the deputy chair.
- 4.6 Requests for funding in a protocol must be clearly defined within the protocol design. As listed in article 4.1, the request for funding will then be passed by the executive committee, followed by majority vote of the general membership.

5.0 MEETINGS

- 5.1 Plenary meetings of all participating members shall be held at each ACVR and VCS annual meeting.
- 5.2 Notification of such meetings will be made by the VRTOG Executive Committee. Meetings should be scheduled at a time that allows resident attendance and listed in the meeting program. Meetings should be scheduled on the 'official program' of each meeting and scheduled by the Program Chairperson of the ACVR-RO or by the Chair of the VRTOG.
- 5.3 Attendance at a minimum of one meeting annually is expected by all participating institutions.

5.4 Quorum for the meetings requires that greater than 50% of the participating institutions be present.