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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 research to improve the survival of animals with cancer.

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

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

1.4 To facilitate 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 tissue structure and function through careful integration of surgery, chemotherapy, radiation therapy, and other cancer treatment modalities.

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

1.7 To enhance the efficacy of radiation therapy through modified fractionation and/or adjunctive chemical and/or biologic therapies.

1.8 To collaborate with other clinical cooperative groups in investigations of uncommon malignant diseases to advance knowledge of efficacious treatment protocols.

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, cytotoxic chemotherapy and biological therapies, (c) to predict and minimize adverse effects of treatment.

2.0 MEMBERSHIP

2.1 The participating institutions shall have the capability and interest to participate in cooperative group activities. The membership list shall be updated yearly by the Chair posted on the VRTOG webpage of the ACVR website.

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 or photo 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 A yearly institute fee of \$100 shall be collected . Monies generated will be used for appropriate trial funding (see article 4.6) and VRTOG administrative costs.

3.0 ORGANIZATION

3.1 The executive committee will be responsible for recording information from plenary meetings and forwarding minutes to the President of the Recognized Veterinary Specialty of Radiation Oncology. Plenary meeting minutes will be posted on the VRTOG webpage. 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 a 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. Quorum for the meetings requires that greater than 50% of the participating institutions be present.

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 two- year terms and be elected annually (one position per year) to provide continuity.

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 be represented at each plenary meeting. The Chair or Deputy Chair will chair the meeting and at least one member at large will be in attendance. Each member of the executive committee is expected to attend at least one plenary meeting annually.

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 proposed by any group member. Study proposals should be submitted to the executive committee for review. The executive committee will distribute submissions to the membership for its input. Studies can then be approved by a majority vote. 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 Ongoing VRTOG studies will be listed on the VRTOG webpage. Updating the webpage will be the responsibility of the executive committee.
- 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. Meetings should appear in the 'official program' of each meeting. It is the responsibility of the Chair of the VRTOG to coordinate the scheduling of a plenary meeting with the Program Chairperson of the ACVR-RO and VCS.