Appendix D: Access to Data and Aggregate Reporting

RSSearch Data Request Form for Use of Aggregate Data:

Eligibility Criteria for Participating Centers
(The RSS will not be held to below criteria)
- Enter > 50 patients into RSSearch annually
- Principal Investigator must be an RSS member

Submission Requirements
Please attach each of the following with your RSSearch Request For Use of Aggregate Data Form:
- Copy of IRB approval letter for use of RSSearch at your institution
- Curriculum vitae of the principal investigator.

General Information
Submitted requests forms are posted on the RSS homepage under the Clinician Resource dropdown. You will receive a letter from the RSSearch Registry Review Committee regarding the status of your request within 30 days. Accepted requests will be forwarded to Advertek® by the RSS to generate the requested custom data report. Custom reports will require a minimum of 2 weeks to generate. Submit request forms to Nalani Brown at nbrown@therss.org.

Attachment D.1 - RSSearch Request For Use of Aggregate Data Form

<table>
<thead>
<tr>
<th>Date of Submission (mm/dd/yy):</th>
<th>11/8/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization:</td>
<td>Nancy &amp; J.C. Lewis Cancer and Research Pavilion</td>
</tr>
<tr>
<td>Project Title:</td>
<td>A Review of Aggregate Data of KPS Values Pre &amp; Post Radiosurgery for Patients in the Registry Diagnosed With Primary Lung Cancer.</td>
</tr>
<tr>
<td>Principal Investigator:</td>
<td>John Pablo, MD</td>
</tr>
<tr>
<td>Co-Investigators:</td>
<td>Joey Spring, BSRTT</td>
</tr>
<tr>
<td>Corresponding Contact Name:</td>
<td>Joey Spring, BSRTT</td>
</tr>
<tr>
<td>Contact Title:</td>
<td>Clinical Manager, CyberKnife Radiosurgery</td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
<td>912-819-8634</td>
</tr>
<tr>
<td>Contact E-mail Address:</td>
<td><a href="mailto:springj@sjchs.org">springj@sjchs.org</a></td>
</tr>
<tr>
<td>Contact Address:</td>
<td>225 Candler Drive, Suite 100 Savannah, Ga. 31405</td>
</tr>
<tr>
<td>Project Description</td>
<td></td>
</tr>
<tr>
<td>Project Start Date (mm/dd/yy):</td>
<td>11/1/13</td>
</tr>
<tr>
<td>Project End Date (mm/dd/yy):</td>
<td>12/1/13</td>
</tr>
</tbody>
</table>
**Type of Research Project:**

- □ Prospective Study
- □ Retrospective Analysis
- □ Technical Study
- □ Other

**If “Other,” please explain nature of project:**

**What is the research question being asked?**

Does CyberKnife radiosurgery for primary lung cancer have an effect on KPS values post-treatment as compared with pre-treatment KPS.

**What is the background or rationale for the research question? (if needed, please attach as a separate page to application)**

To compare our KPS post treatment values with other Centers in the Registry.

**Patient Inclusion/Exclusion Criteria:**

All primary lung patients

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**Data Requested**

**Description of patient population to be analyzed:**

All patients recorded as having a primary lung diagnosis

**Time frame to be studied:**

Since inception

**List exact data variables requested (i.e. pathology, treatment planning information, outcome, reimbursement, etc.):**

Consultation KPS values and f/u KPS values

**Deadline for receipt of data (mm/dd/yy):**

ASAP

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**Data Use**

**Are these data for internal research purposes only? (yes/no)**

No

**If requesting party will seek to share data with persons not already listed on this request, list the organizations with which data would be shared and in what capacity? (e.g., FDA for a clinical trial, NIH for a grant proposal, consultant for project development)**

Our Commission on Cancer committee to evaluate KPS values of our CyberKnife lung patients post treatment.

**Peer-reviewed publications to which submission is anticipated (if any)**

No

**National meetings at which abstract presentation is anticipated (if any)**

Possibly RSS annual meeting

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**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
<table>
<thead>
<tr>
<th>Signature</th>
<th>[Signature]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>John Pablo, MD</td>
</tr>
<tr>
<td>Title</td>
<td>Radiation Oncologist</td>
</tr>
<tr>
<td>Date</td>
<td>11/8/2013</td>
</tr>
</tbody>
</table>

Please submit Request for Use of Collaborative Data to nbrown@therss.org

**For Internal Use Only:**

| Date application received: | 11/8/2013 |

*RSSearch Registry Request # 2013-1118*