

## Request for Aggregate Data Form

### ReCKord Request Form for Use of Aggregate Data:

#### Eligibility Criteria for Participating Centers

- Enter > 50 patients into ReCKord annually  
(The Radiosurgery Society will not be held to this criterion)

#### Submission Requirements

Please attach each of the following with your Data Request Form:

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

#### General Information

Submitted Data Request Forms (DRF) are posted on the Radiosurgery Society homepage under the Clinician Resource dropdown. You will receive a letter from the ReCKord Registry Review Committee regarding the status of your request within 30 days. Accepted DRFs will be forwarded to AdverteK<sup>sm</sup> by the RSS to generate the requested custom data report. Custom reports will require a minimum of 2 weeks to generate. Submit DRF to Nalani Brown at nbrown@therss.org. Applications are posted on the Radiosurgery Society website at www.radiosurgerysociety.org.

#### Administrative Information

Date of Submission (mm/dd/yy):	05/11/15
Name of Organization:	St. Mary's Medical Center
Project Title:	Outcomes of Cyberknife SRS for Trigeminal Neuralgia: a Retrospective analysis
Principal Investigator:	Sanjeer Sharma
Co-Investigators:	Raj Singh
Corresponding Contact Name:	Sanjeer Sharma
Contact Title:	M.D
Contact Telephone Number:	304-360-3427
Contact E-mail Address:	sharmalah@comcast.net
Contact Address: City, State, Zip:	4 Windsor Drive Huntington, WV 25705

#### Project Description

Project Start Date (mm/dd/yy):	01/01/2008
Project End Date (mm/dd/yy):	12/31/2014
Type of Research Project:	<input type="checkbox"/> Prospective Study <input checked="" type="checkbox"/> Retrospective Analysis <input type="checkbox"/> Technical Study <input type="checkbox"/> Other

If "Other," please explain nature of project:	
What is the research question being asked?	How effective is Cyberknife SRS for Trigeminal Neuralgia Will compare with gamma knife published results
What is the background or rationale for the research question? (if needed, please attach as a separate page to application)	Cyberknife is utilized for tx on TN. This review will provide statistical evaluation of effectiveness.
Patient Inclusion/Exclusion Criteria:	Inclusion - Dx of Trig N. Excl - Atypical facial pain

**Data Requested**

Description of patient population to be analyzed:	pt. Dx of Trigeminal Neuralgia
Time frame to be studied:	
List exact data variables requested (i.e. pathology, treatment planning information, outcome, reimbursement, etc.): If the request is not self-evident, write a summary of the request and/or instructions on data output (e.g., table specifications, sample tables).	① tx planning info ② outcome ③ toxicity 4. Patient Demographics 5. Pain Scale (before/after) 6. Doses will be reported
Deadline for receipt of data (mm/dd/yy):	08/31/2015

**Data Use**

Are these data for internal research purposes only? (yes/no)	yes
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)	
Peer-reviewed publications to which submission is anticipated (if any)	? JRO
National meetings at which abstract presentation is anticipated (if any)	

**Additional Submission Requirements**

Please attach each of the following:

- Copy of IRB approval letter for use of ReCKord 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	Sanjev Sharma
Print Name	SANJEV SHARMA
Title	M.D.
Date	5/12/15

Please submit Request Form to:

Email: [nbrown@therss.org](mailto:nbrown@therss.org) or  
 Fax: 866.565.1998

**For Internal Use Only:**

Date application received:	
<i>ReCKord Registry Request #</i>	2015-0511