

RSSearch[®] Registry Protocol

RSSearch Request Form for Use of Aggregate Data:

Eligibility Criteria for Participating Centers

- Enter > 50 patients into RSSearch annually
(The RSS 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 RSSearch at your institution
- Curriculum vitae of the principal investigator.

General Information

Submit the request for aggregate data to nbrown@therss.org. You will receive confirmation and a response regarding the status of your request within 30 business days. Requested custom aggregate data report will require a minimum of 2 weeks to generate. Accepted applications are posted on the RSS website at www.therss.org.

Administrative Information

Date of Submission (mm/dd/yy):	11/30/2016
Name of Organization:	Montefiore Medical Center/Albert Einstein College of Medicine
Project Title:	Stereotactic Body Radiotherapy (SBRT) or Stereotactic Radiosurgery (SRS) For Vestibular Schwannoma: Outcomes and Toxicity
Principal Investigator:	Rafi Kabarriti, MD; Madhur Garg, MD
Co-Investigators:	Shiv Desai, MD
Corresponding Contact Name:	Rafi Kabarriti
Contact Title:	MD
Contact Telephone Number:	718-405-8550
Contact E-mail Address:	rkabarri@montefiore.org
Contact Address: City, State, Zip:	1625 Poplar St Suite 101 Bronx, NY 10461

Project Description

Project Start Date (mm/dd/yy):	11-30-2016
Project End Date (mm/dd/yy):	1-30-2016
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?	What are the outcomes and toxicities for patients treated with SBRT or radiosurgery for vestibular schwannoma?
What is the background or rationale for the research question? (if needed, please attach as a separate page to application)	Vestibular schwannoma
Patient Inclusion/Exclusion Criteria:	Patients treated with SBRT for low and high grade meningioma

Data Requested

Description of patient population to be analyzed:	All patients in the RSSearch database with vestibular schwannoma treated with SBRT or SRS
Time frame to be studied:	From database inception until present
List exact data variables requested (i.e. pathology, treatment planning information, outcome, reimbursement, etc.): <i>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).</i>	Patient age, sex, co-morbidities, audiometry testing, cranial nerve deficits Tumor characteristics such as grade, heterogeneity, extent of surgery Imaging characteristics of tumors on CT, PET, or MRI Treatment planning information (dose, fractionation, PTV size, technique) Additional treatment (pre or post-SBRT surgery) Acute and chronic toxicities Outcome information (local control, audiometry, cranial nerve function) Geographic location of treatment centers (state, urban/rural) Classification of treatment centers (academic/community)
Deadline for receipt of data (mm/dd/yy):	12/31/2016 if possible

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)	
Peer-reviewed publications to which submission is anticipated (if any)	Publication will be submitted to IJORBP or Radiotherapy & Oncology
National meetings at which abstract presentation is anticipated (if any)	Radiosurgery Society SRS/SBRT Annual Meeting or ASTRO Annual Meeting

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	Rafi Kabarniti
Print Name	Rafi Kabarniti
Title	MD
Date	12/6/16

Please submit Request for Use of aggregate data to nbrown@therss.org

For Internal Use Only:

Date application received:	
<i>RSSearch Registry Request #</i>	2016-1130-01