

Request For Use of Aggregate Data Form

Date of Submission (mm/dd/yy):	10/2/2109
Name of Organization:	Albert Einstein College of Medicine / Montefiore Medical Center
Project Title:	Sequential treatment with stereotactic radiosurgery for brain metastases and stereotactic body radiotherapy
Principal Investigator:	Nitin Ohri
Co-Investigators:	Shalom Kalnicki Cal Huntzinger
Corresponding Contact Name:	Nitin Ohri
Contact Title:	Associate Professor
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Project Description

Project Start Date (mm/dd/yy):	10/2/2019
Project End Date (mm/dd/yy):	12/31/2019
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 patterns of care regarding sequential use of stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT)?
What is the background or rationale for the research question? (if needed, please attach as a separate page to application)	SRS and SBRT are both increasing employed in the management of patients with metastatic malignancy. We hypothesize that a growing proportion of cancer patients receive both treatments during their disease course.
Patient Inclusion/Exclusion Criteria:	Treatment with SRS and/or SBRT, captured by the RSS database.

Data Requested

Description of patient population to be analyzed:	Patients who received SRS and/or SBRT whose data is included in the RSS database.
Time frame to be studied:	All
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	Diagnosis, treatment dates, clinical outcomes

instructions on data output (e.g., table specifications, sample tables).	
Deadline for receipt of data (mm/dd/yy):	10/7/2019

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)	To be determined
National meetings at which abstract presentation is anticipated (if any)	RSS 2020 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	
Print Name	Nitin Ohri
Title	Associate Professor
Date	10/2/2019

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

For Internal Use Only:

Date application received:	10/02/2019
<i>RSSearch Registry Request #</i>	2019-1002