

Completing the DDSI

Log in for NCTN (NCI Sponsored Trials) using your CTEP-IAM username and password.

Link for IROC Users: <https://cr-rtqa-web.acr.org/DDSI/Home/CTEPLOGIN>

Once in the form, it features the ability to recall contact and treatment planning system information by protocol number and NCI number. Populate these two fields and choose 'Lookup Last Form' and this information will be returned if there is a match. (note this is only for forms submitted in this version. Previous forms are not contained here.)

The screenshot shows two sections of the DDSI form. The first section, titled "Protocol Submission Information", contains the following fields and options:

- Protocol Sponsor : -- Select Sponsor -- (dropdown menu)
- Case Number : (text input field) (Use number assigned by the protocol sponsor. Use CR for all Credentialing submissions including Benchmark, IGRT.)
- Patient Initials : (text input field)
- Submission Type : (radio button options)
 - Initial
 - Final
 - Correction/Revision
 - Adaptive

The second section, titled "Contact information", contains:

- A blue button labeled "Lookup LastForm".
- Text: "Requires Protocol selection and Case Number then returns data form last submitted".
- Institution RTF : (text input field)
- Link: [Lookup RTF #](#)

If a case number is added when searching and there is a match of all elements, the protocol number and Case number, the entire previously submitted form will be returned and allow you to edit. 'Lookup Last Form' is not required and does not need to be used and is just in place to help eliminate the need to re-enter common data.

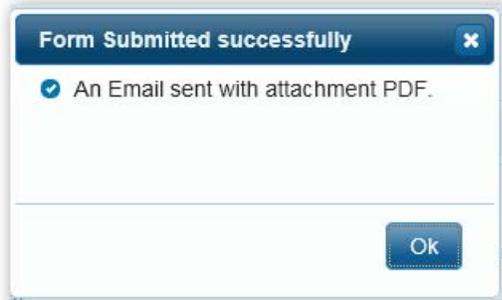
The Brachy section of the form is only enabled when a Brachy submission is enabled.

The screenshot shows the "Brachytherapy Only" section of the form. It includes the following fields and options:

- Prescription Dose for this Patient: (text input field) Gy. (text input field) In fractions. (text input field)
- If more than one fraction then time between fractions : (text input field)
- No. of Catheters : (text input field)
- Implant Techniques : (radio button options)
 - Mesh
 - Double Suture
 - ...
- Manufacturer : (text input field)
- TPS System : (text input field)
- Software Version : (text input field)
- Dose calc Algorithm : (text input field)

If a submission is not marked as a correction and is being submitted for a matching case number and protocol number, and was also not recalled, a message warning of this will be given to the submitter, allowing them the option to submit it as a correction, edit the form as they had filled it out, or retrieve a copy of the previously submitted form to edit it for submission.

Successful submission will generate the following message along with an emailed copy of the submission to all staff listed in the contact area of the form.



Finally some notes:

- Patient initials need to be only alphabetic characters, up to 3 characters long, no spaces, no dashes, no numbers
- At least one contact person is required in the form. That contact must have a name, phone number and email listed
- For any contact listed a name, phone number and email are required
- If the form is half complete and then you choose the lookup last form option and there is a match, just the recalled data will be returned to the form
- No matches to your lookup will return the following:



Thank you for your time.