Radiation Oncology Systems and Communication

- Equipment Requirements - Review
- Credentialing – study specific vs. cross over
  - http://www.irocqa.org/
  - http://rpc.mdanderson.org/rpc/
  - http://irocri.qarc.org/
  - http://irocstl.wustl.edu/

- Include dosimetry and physics as part of feasibility process – communication KEY
- RT submission process – TRIAD
  - TRIAD information sheet http://www.rtog.org/LinkClick.aspx?fileticket=R39x3gYuNJU%3d&tabid=399
  - Triad download and Manual http://www.rtog.org/LinkClick.aspx?fileticket=cvphTdp0aw0%3d&tabid=399

- Forms: DDSI, T5, T1
  - DDSI form located at (must have ACR password) https://cr-rtqa-web.acr.org/DDSI/User/Login?ReturnUrl=%2fddsi
  - To obtain a password http://www.rtog.org/AboutUs/RTOGPasswordApplication.aspx

- Education Module _ RTOG Legacy website http://www.rtog.org/ResearchAssociates/EducationTraining/RAEducationMaterials.aspx

Be sure to check **equipment criteria** before opening a study. Physical factors such as energy levels, motion management techniques and excluded machine types. Include your dosimetry and physics staff in the feasibility process. Many times these studies take much longer to plan and with rapid review may require several submissions.

Section 5.0 RTOG Protocol: Pre - Registration Requirements
(Section 8 new NRG Template?)

- Triad account
- Phantom – request through IROC Houston - sometimes body part specific sometimes protocol specific – be specific on the type of phantom need.
- Facility Questionnaire – parts I – general, Part 2 IGRT specific, Part 3 Information for Heterogeneity Corrections and Motion Management
- Dry Run – IGRT plans need to be submitted per protocol specifications

- Rapid review – see protocol for specifics – many newer SBRT studies require approval of all cases prior to the start of treatment – plan accordingly, 1203 first case only
- Knowledge questionnaire – 1203, NSABP B39 – each physician
- HDR credentialing – physician vs. center
- Brachytherapy
- Radiosurgery
- Recredentialing required if new machine?? Best to call.

Digital Data Submission - TRIAD

- Now requires all Dosimetry and physics staff submitting data to have a Triad password = CTEP IAM account. They need to register with CTEP and be on your CTSU roster. Unless institutional policy do not need to take NIH training as they are not involved with patient care.
- DDSI form required to notify the IROC people data coming for dry runs and patients.
- Issues with installation – Institutional Firewalls
- RTOG legacy may be through STFP server - 0834

Section 6 – Radiation Therapy

(Section 5 NRG new template?)

- Note timelines to start patient
- Be aware if chemotherapy start required simultaneously – communication key
- Rapid review requirements – first case only, several or all
- Dose specifications
- Critical structure dosing and NAMING
- Immobilization/location techniques – vacuum bag, alpha cradle, stereotactic frame, pillows, head immobilization device – mask, neck rest
- Simulation prone vs. supine, bladder full empty, contract in bladder or rectum – CT/MRI fusion, PET/CT
- Note requirements for dosing. In some cases you cannot achieve it so study may list minor acceptable deviations or minor unacceptable or major deviations.
- QA specific checks on machine (normal) and patient

Specifics on Credentialing can be found on the RPC – IROC Houston Website
IROC Philly = RTQA RTOG

Education Modules on the RTOG Legacy site – specific modules on RPC, RTQA, ITC
http://www.rtog.org/ResearchAssociates/EducationTraining/RAEducationMaterials.aspx

Triad information

http://www.rtog.org/CoreLab/TRIAD.aspx
Fact Sheet
Download instructions and manual

Make it easy on your dosimetry staff
Copy of the protocol RT section on patient chart
If EMR have a notebook handy for them with criteria and keep up to date.