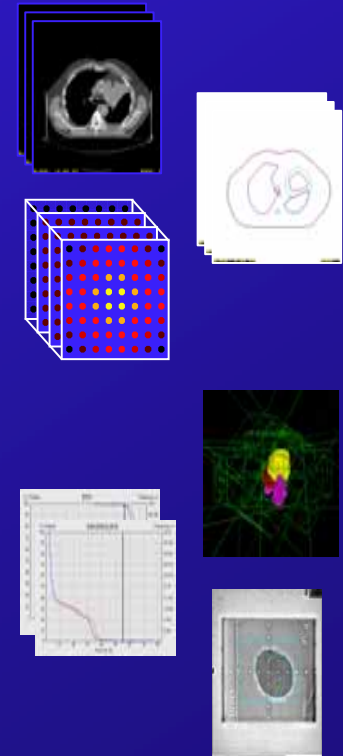
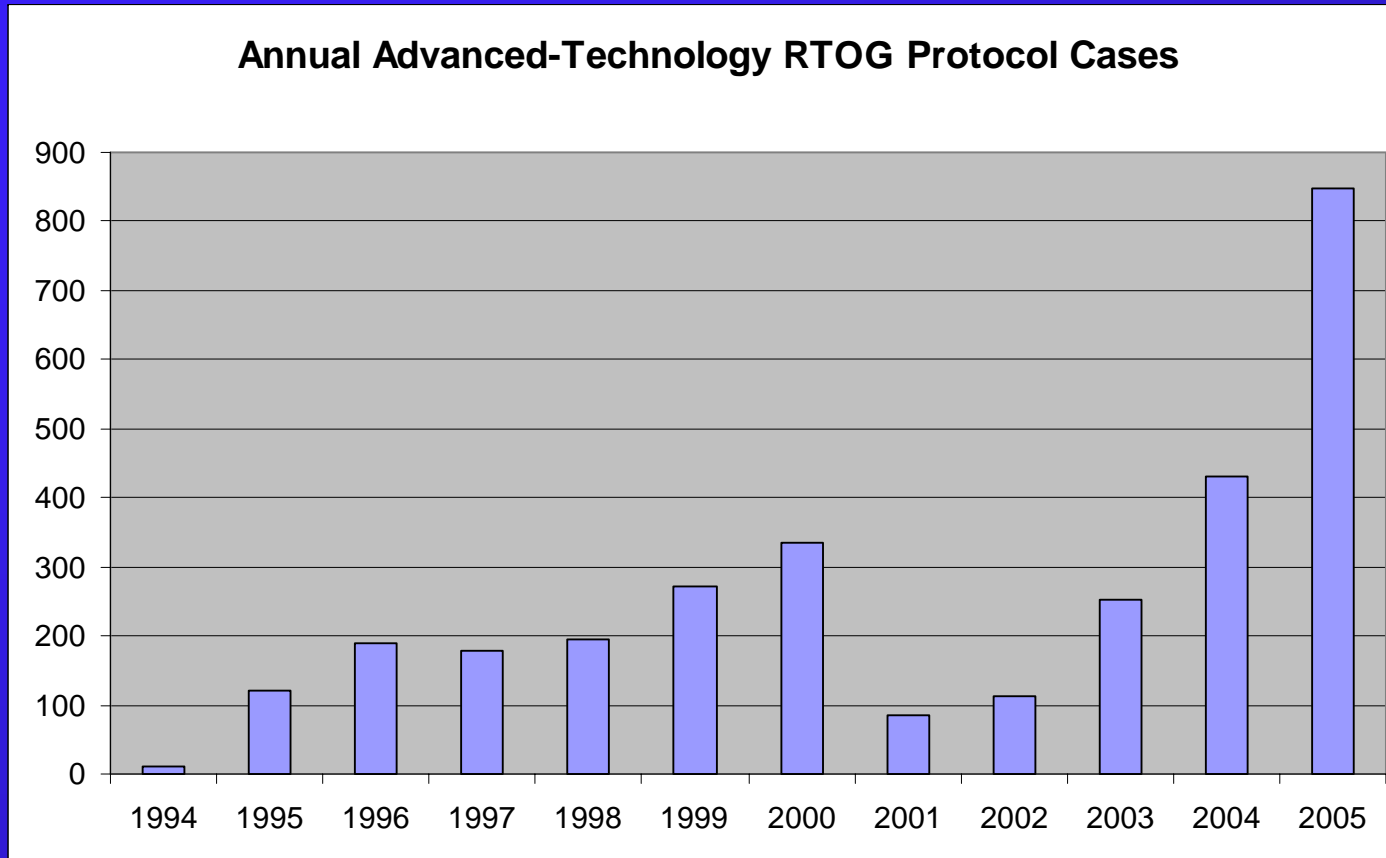


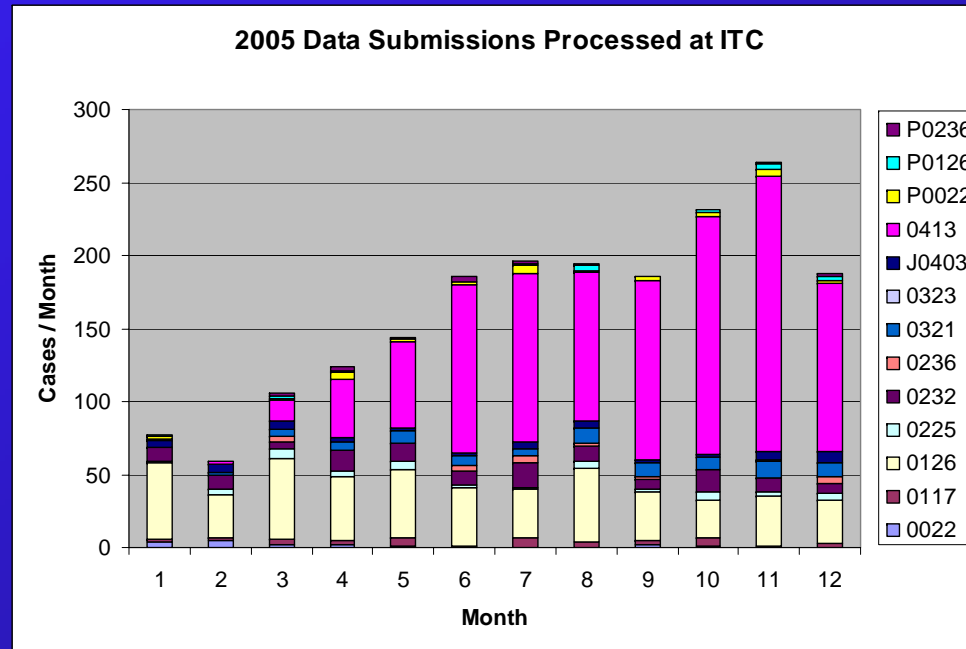
Doubled Registrations in 2005: impact of 0413



Impact of 0413

- **300 PBI registrations in 2005: Protocol opened 3/28/2005**
- **As of 1/11/2006 600 credentialing cases submitted (not reflected in previous slide)**
- **In contrast 0126 has < 200 credentialing cases submitted over its lifetime.**

Number of digital data cases handled per month in 2005: Includes credentialing cases



0413 Credentialed institutions

- 232 individual institutions Credentialed for at least one of the PBI arms. (192 3D, 120 Mammosite, 23 Multi-Cath)
 - ◆ 85 credentialed on more than one arm
 - ◆ 19 credentialed on all three arms
- **142 institutions had never participated in an ATC supported protocol previously**
- 101 institutions have yet to put a patient on study: Have not yet undergone rapid review.

0413 Review Paradigm

- **Rapid Review – 3 business days to review first case for each PBI technique that an institution is credentialed for.**
- **Timely Review – first 5 cases reviewed to ensure institution is maintaining protocol compliance.**
- **Open and Random Review for remaining cases**

0413 Rapid Review/Timely Review

- 55 out of 114 Rapid Review cases have had to be resubmitted
- 19 out of 123 Timely Review cases have had to be resubmitted
- In all 77 cases have been resubmitted at least once
 - ◆ 12 resubmitted twice
 - ◆ 4 more than three times.

Contact ITC with Questions

- Use <http://atc.wustl.edu> for information about what, when, and how to submit data to the ITC.
- Contact information:

Roxana Haynes

(314) 747-5415

Bill Straube

(314) 362-9762



email questions to itc@castor.wustl.edu

HELP!!



Proposals for ITC service changes – Immediate Action

- **Improve communications from ITC- E-mail**
communications from ITC regarding credentialing that involves other members of the ATC will be copied to the appropriate individuals at those ATC members to keep them informed regarding the status of credentialing of the institutions involved.
- **Improve communications to ITC - Email**
communications from institutions are often terse and incomplete. The ITC will formulate an email template which will include information regarding the data submitted and the location of the data.

Proposals for ITC service changes – Immediate Action

- **Reorganization of ITC case handling** - Credentialing cases will be handled in a multilevel filing system with each level representing progress towards completion. This will allow ITC personnel to identify immediately the status of an institution in the credentialing.
- **Credentialing Priorities** - One week after all data have been received, a credentialing case will be identified as “late” and moved to a “late” filing location for highest priority handling.
- **Protocol Priorities** - All protocols will be treated equally, i.e., none will be given higher priority than another with regard to ITC human resources.

Proposals for ITC service changes – Immediate Action

- **NSABP B-39/RTOG 0413 protocol rapid reviews will be processed on a Monday-Friday timeframe. Special consideration will be given to invasive modalities (multicath and mammosite). Institutions must understand that 3 working days are allowed for the review process and the clock for the rapid review does not start until all necessary data are received by the ITC. An individual institution will have a single attempt to submit data that will be treated with highest priority. Subsequent submissions on a given day will be handled at a reduced priority. In addition, timely reviews will not be given priority over other case studies.**

Proposals for ITC service changes – Immediate Action

- **Streamline ITC duties** - Some of the current duties of the ITC will be streamlined. For example, all of the data that are being reviewed by the RPC is also reviewed to some extent by the ITC, e.g., printouts of isodoses are compared to the digital postings. We are proposing that this not be done for certain treatment planning vendors and in cases where the RPC is checking the isodose lines against other sources, e.g., phantom cases. This may cause some problems to show up downstream of the ITC. However, the savings in effort will allow the ITC to focus attention on its core mission: the processing of submitted data and the review of dry runs.

Proposals for ITC service changes – Long Term Solutions

- **More ITC personnel** – The ITC is in dire need of more service provider personnel, i.e., Dosimetry QA Specialist, QA Physicist. Recruitment efforts are now underway.
- **Better data tracking tools** – A credentialing event database is under development. The UI for this database has been completed. Population of the database should be completed by the end of January 2006.

Proposals for ITC service changes – Long Term Solutions

- A list of Frequently Asked Questions will be posted on the ATC website for review by participants in ATC supported protocols.
- Priorities and timelines will be put in place for all credentialing steps and for case review.