DRAFT PROPOSAL TO ADDRESS ITC SERVICE ISSUES
(Not for circulation outside ATC at this time)

The ITC has reached the saturation point with regard to the handling of digital treatment planning data for credentialing and case review. The NSABP B-39/RTOG 0413 protocol has substantially increased the workload at the ITC over the past year. As a result, continued increases in ITC workload will greatly increase the risk of failure to safely maintain data flow integrity. In response to this crisis, we are prepared to institute new procedures to ensure data safety and timeliness of data handling in the short term. In addition, we propose long term steps that will improve data handling, as well as communications between the ITC and other members of the ATC.

Short Term Solutions: To be implemented immediately.

1. 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.
2. 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.
3. A list of Frequently Asked Questions will be posted on the ATC website for review by participants in ATC supported protocols.
4. 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.
5. 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.
6. Credentialing cases will be reviewed on a weekly basis per protocol to ensure that the cases are progressing accordingly and to make sure none of the cases are being left behind.
7. All protocols will be treated equally, i.e., none will be given higher priority than another with regard to ITC human resources.
8. 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.
9. Some of the current duties of the ITC will be streamlined. For example, all of the credentialing data that are being reviewed by the ITC printouts of isodoses are compared to the digital postings. We are proposing that this not be done for certain treatment planning vendors that have demonstrated robust data exchange

capabilities and that a sampling algorithm be put in place for checking submissions in this manner. 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.

Institution of these steps should ensure data safety. Timeliness may still suffer to some extent during periods of high case and/or credentialing volume. Credentialing cases will be handled in the order that they are received and any cases which have not been handled within one week will be given highest priority.

Long Term Solutions: To be implemented as indicated.

1. The ITC is in dire need of more service provider personnel, i.e., Dosimetry QA Specialist. Recruitment efforts are now underway.
2. 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.
3. Priorities and timelines will be put in place for all credentialing steps and for case review.