Facility Questionnaire Harmonization

ATC Credentialing and QA committee.

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Goals:

- Single Document for NCI sponsored Clinical Trials.
 - Single Location
 - Online Form
 - Database Driven and entry
 - Automatically updates QA centers databases









Challenges:

- Many different Study Groups represented and each QA center uses their specific questionnaire for different purposes.
 - RTOG uses facility questionnaire's information for credentialing for specific protocols (per protocol).
 - QARC uses facility questionnaires to gather information per institution for a given study group (per study group)
 - RPC uses facility questionnaire to gather information per Radiation Therapy Facility (RTF #).
 - ITC uses facility questionnaire to gather information per "institution".

Solution:

- Slight change in Paradigm:
 - Questionnaire becomes a "Survey" used to populate a single data base per Radiation Facility
 - Contact information
 - Implementation of radiation oncology technologies
 - Credentialing Questions can be answered from this survey or with a separate form (mostly pre populated from the data base) which can also request ancillary information
 - Survey is then specific (keyed) to the actual facility rather than study group or protocol.

Solution:

- QA center Access:
 - All QA Centers should have access to the data via viewing the forms or via automatic download of the data to the QA centers individual database
 - Survey is then specific (keyed) to the actual facility rather than study group or protocol.

- Single Online Document to be housed and maintained by the RPC
 - RPC has contact with any facility participating in NCI sponsored Radiation Therapy Clinical Trials.
 - RPC currently requires all monitored facilities to fill out an online form
 - Document will be keyed to a Radiation Therapy Facility # (RTF #).

- Current Working Document is based on current RTOG Facility Questionnaire
 - Of the NCI sponsored QA centers, this Questionnaire was the most comprehensive in terms of information gathered
 - RTOG document changed to not be protocol specific
 - Protocol Specific information to be gathered via a different mechanism facilitated by this form.

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Office Hours: 6 & M. to 5 F.M. M-F Cardral Nove. Helidary	CREDENTIALING FOR ADVANCED TECHNOLOGY PROTOCOLS This questionness will their instrument of your institutions in critical residued to a participate on a participate. The PIC* will nettly you and the shady group of your obtains. RTOO or the IRPC will inform your institution when it can participate in the	List the RTOG protocol Enter protocol # below	Are you credentialing	Radiation	Research Associate	Physicist [List	Dosimetrist [List	Does treatment in or near the thorax	Does this protocol require treatment in	From the list of Delivery Resources	
The state of the s	requested protocol, if you have any questions, please contact the RPC at (713) 745-8969 or spc.ghrestender.com.org Outcomed Equipment and of		for 3DCRT,	[List Rad	[List RA(s)	physicist(s) in	Dosimetrist(s)	require	or near the thorax	(Table I), insert the	
Services Forms	Institution: Study Group Name: RTCG ▼		IMRT, or IGRT (footnote 1)	Ono(s) in Table 2b and enter ID	in Table 2b and enter ID #(s) here]	Table 2b and enter ID #(s) here]	in Table 2b and enter ID #(s) here]	heterogeneity corrections for this protocol? (footnote	so that respiration control is required? (footnote 2)	identification # of the unit(s) that will be used for this	
Publications Bracky Scotters	Study Group #: RTF# (typasegd): NCI #:	Protocol#		#(s) here]				2)	-	protocol.	
Research/16-55	Name of person consisting this form:	Protocol#									
The committee of the co	Email address: Phone #1										
	Are you a: Radiation Oncologist Physicist Decimetrist Clinic Coordinator	Protocol#									
	Protocol to be credentialed:	Protocol#									
	Specify technique SDCRT SMRT SBRT	Protocol #									
	Treatment planning system to be used for this protocol:	Protocol #									
	Algorithm to be used for patient plans:	Protocol#									
	Has your institution successfully madiated an RPC phantom? Yes No.	Protocol #									
	If yes, which phantom?	FOOTNOTES				1	-	-		-	
	☐ 3MIT head is neck ☐ 3MIT pélvis ☐ lung ☐ stereotadic Sver ☐ SITS head	1 - enter JD-CRT, IMICT, IGRT, enter more thus one in each blank if appropriate. 2 - enter Yes or No. If Yes, you must complete the Part III questionnaire. List Protocols (TABLE 2b)									
	If this institution irradiated the stereotactic ever phantom, what technique for respiratory motion										
	restriction/compensation was used?	Page 3 Facility Questionnaire – General Information Version 1: 11 November 2008									
	Has your institution completed an IMRT Benchmark? Yes No	747.7	The A committee of the state of								
	Has your institution submitted the IMMT Facility Questionnaire to the ITC?										
	Has your initiation congleted a SPS Questionnaire? Yes No.										
	Does your institution have an account with ITC1										
	If yes, has your institution successfully submitted data to ITC1										
	Has your institution been credentiated for a protocol with similar requirements? ☐ Yes ☐ No										
	If yes, please list which protocol(s):										
	(200)										
	Submit Clear										

 IT personnel from RPC, QARC, RTOG and ITC met this morning to discuss logistics of this implementation