

QARC Evaluation

Dosimetry Interventional Reviews

<u>2001</u>	<u>2002</u>	<u>2003</u>	2004	2005
468	474	1054	1501	1210

Total Dosimetry Reviews

<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
1662	2259	2073	2849	4613

EFC4690-Head and Neck Trial

121 deviations at final review (of 426 patients)
42 target volume definition deviations
28 dose or dose uniformity deviations
50 both volume and dose deviations

64% of deviations due to dose

	ACOSOG	-6	
	CALGB	12	
<u>Active</u>	COG	62	То
Protocols	ECOG	19	IU
	PBTC	4	
	SWOG	12	
	Industry	4	

Total : 119

<u>Physics Reviews of Protocols in</u> <u>Development</u>

	<u>2003</u>	<u>2004</u>	<u>2005</u>
ACOSOG	2	3	1
CALGB	2	2	1
COG	14	15	20
ECOG	3	4	2
SWOG	8	6	5
Industry	동물용도공	2	3
Total	29	32	32

Screen Captures

• Imaging Import Wizard –

Transfers RT image data received as jpegs, bitmaps, etc. into <u>PowerPoint</u> files. PowerPoint file linked to patient record in MAX database.





🔍 MAX Database - [Patient Data]							
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Category	Target Volume	Data Type		Description		Date Recv'd Se	nties
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Progress in Digital RT Data Acquisition and Review

Eclipse Workstation ITC's Remote Review Tool at QARC ATC Tools on QARC workstation CERR (modified by QARC)

DICOM RT or RTOG format



Remote Review Tool





CERR

QARC and **ATC**

Collaboration with ATC during current grant cycle

Credentialing

- 3D
- IMRT
- Prostate Brachytherapy

Digital Data Transfer

- ACOSOG Z0070: Digital data submission encouraged using ITC
- Testing of Web-based uploading of RT data and imaging

Collaboration with ATC during current grant cycle

• Digital Data Submission using ITC tools at QARC

 Initially 8 COG institutions invited to submit patient data on 3 COG protocols while QARC staff were being trained to import data

- Currently all institutions encouraged to submit RT data on 3 COG, 1 CALGB, and 1 ACOSOG protocols
- 27 patient RT data sets received from 15 institutions



Remote Review Tool screen

Digital Data Transfer

• **Digital Data Submission using** Workstation and 2 monitors were installed at QARC

 Agreement was reached to install ITC's Remote Review Tool (RRT) at QARC.

Linux server was purchased in June, 2004.

System functions as web-based tool with local access only.

Remote Review Tool software installed remotely by ITC personnel

(Walter Bosch and John Matthews).

>FTP site established at QARC; data archiving established at QARC.

>Modifications to import procedures for QARC utility.

≻Link in QARC's database to the Remote Review Tool for viewing directly from patient record in QARC's database.

Digital Data Submission and Review using CERR at QARC

CERR screen

- CERR: A Computational Environment for Radiotherapy Research
- Open source code (Matlab)
 - •J. Deasy/ E. Spezi modified by K. Ulin
- Not designed to be protocol specific, templates not required
- Sagittal and coronal planes available for dose review





QARC Benchmarks

	reviewed		total
	<u>2004</u>	<u>2005</u>	reviewed
3D	87	76	465
Prostate brachytherapy	2	0	43
TBI	4	8	110
COG "package"	44	44	1200
CAX Blocked, Wedged Flds, Irreg, CSI	(11 X 4)	(11 X 4)	(300 x 4)
IMRT	27	70	133
Mixed Modality	0	0	88
Stereotactic (questionnaires)	7	0	65
Image Fusion	-	6	26
Proton	ine L a I	1	1
CT-based Head&Neck		48	53
total:	171	253	2184

IMRT Benchmark

Verify by measurements in a phantom that the delivered dose agrees with the calculated dose





distance (cm)

Currently: 124 approved; 9 on hold

79% approved on first submission

NCI Guidelines for IMRT in all clinical trials groups (developed in 2002; revised in 2005) Every Institution must complete either:

QARC IMRT benchmark

or IMRT phantom from RPC (required primarily by RTOG)

Reciprocity with RPC for IMRT credentialing



Dear Group Chair/Administrator:

It has been a little over 3 years since the NCI convented a group of experts to address the issue of using Intensity Modulated Radiation Therapy (IMRT) in clinical stick. At that time it was decided that there was need for certain guidelines to ensure the safety and comparability of the radiation treatments (see IMRT Guidelines 2002 at http://www3.cancer.gov/rrp/). The purpose of this letter is to announce revisions to those guidelines that recognize the advances in the technological capabilities as well as in the clinical utility of this treatment option.

Although most agree that there are potential advantages in the physical dose distributions attainable with LNRT, and therefore potential improvements in patient outcomes, there still exists concern for actual LNRT treatment execution, including proper plan optimization. Thus there remains a need for credentialing and quality assume procedures that are unique to the LMRT process.

While these revised guidelines reiterate the previous requirements for a multi-element quality assurance program they now: a) emphasize the need for volumetric imaging [guideline 1] in the proper implementation of IMRT, b) require the use of thereogeneity – corrected dose distributions [guideline 4] and e) they now allow for the use of IMRT for intra-thoracic tumors with appropriate corrections for the lung heterogeneity and target motion [guideline 12]. Thus they represent an expansion in the possible use of IMRT in clinical trials.

We ask that you ensure that these guidelines are distributed throughout the CALGB Clinical Trials Group, and its affiliated members, and especially to your Radiation Oncology Committee so that we may expedite their implementation within CTEP review. If you have any questions or need follow-ap picess contact:

> Dr. James Deye Radiation Research Program DCTD, NCI 301-496-6276 devejiiimail.nih.gov

Enclosures: IMRT NCI Guideline

Jeffrey Abrams, MD Branch Chief, DCTD Clinical Investigations Branch National Cancer Institute

Norman Coleman, MD Associate Chief, DCTD Radiation Research Program National Cancer Institute

Currently RTOG protocols moving to acceptance of QARC benchmark, i.e. not requiring phantom measurements

CT/MR Fusion Benchmark

Currently 31 benchmarks received from 10 software systems.
Acceptability criteria established based on results of the first 17 submissions.

Registration Method	# of Benchmarks	Average Error (mm)
automatic	16	1.6
automatic and manual	3	2.3
manual	8	1.7
match points	4	1.6
Overall	31	1.7
1 S.D.		1.9

QARC Digital Image Management System

QARC Digital Image Management System - Overview

- QARC has evolved its IT infrastructure to create an environment that can successfully manage digital DICOM imaging through...
 - developing sophisticated image transfer software (Dicommunicator)
 - evolving a comprehensive patient database into a full multi-institutional PACS
 - adapting IT environment to accommodate the different interpretations of the DICOM standard presented by various PACS vendors

Dicommunicator

- Dicommunicator software is installed at remote institutions to help CRAs submit digital imaging to the Quality Assurance Review Center (QARC) in Providence, RI
 - Users can either email imaging directly to QARC, or burn to CD and submit
- Dicommunicator is also a core component for managing digital imaging at QARC
 - Used to import imaging into QARC PACS Archive and link to patient record
 - Used as a viewer for patient reviews

Dicommunicator - Remote

- Originally developed and donated to COG by Dr. Keith White of Primary Children's Medical Center in Salt Lake City, UT
- Collaboration with QARC since 1999
- Allows the CRA to 'Pull' or 'Push' DICOM imaging from PACS to local system
- Anonymizes / Encrypts images before they are sent via email or burned to a CD
- Helps the CRA keep track of which studies have been sent to QARC

Accomplishments

- 25 total "Fully Functional" institutions
- 7 Pending Installations
- Full Functionality with 8 major PACS manufacturers
 - Agfa, Fuji, GE, Integrad Web, Kodak, Philips, Siemens, Stentor
- Over 12,000 digital DICOM studies have been archived in the QARC PACS

Dicommunicator At QARC

- Dicommunicator development and support at QARC have become a critical component in managing digital imaging
- Software is used at QARC to import imaging into PACS archive and link to patient database

 Imaging can be imported from any media or transmission vehicle (eg CD, DVD, email)

 Physicians can review DICOM imaging directly from the patient record in the QARC database

Trends

- QARC has seen a dramatic and steady increase in digital versus analog data submission in recent years
- Consistent submission of DICOM studies via Dicommunicator, saving institutions time and money
- Shift of work from institution to QARC
 - Imaging is generated by many different PACS manufacturers, each enlisting their own interpretation of the DICOM standard
 - QARC often needs to "manipulate" images to view / import them into the QARC PACS

QARC DICOM Study Submissions



Dicommunicator .NET web viewer

• QARC CRA can post anonymized, digital DICOM imaging to a secure web server for access by reviewers off-site

- Physicians can authenticate into the imaging area of the QARC website using an assigned username and password
- Each user is given an access key to view imaging for those protocols s/he is reviewing
- Physicians use the Dicommunicator .NET web viewer to remotely review the imaging using the provided image navigation and manipulation tools

 Dicommunicator .NET web viewer has been developed by Keith S White, MD







Dicommunicator .NET Web Viewer