

**IHE-RO Technical Committee  
Conference Call  
December 20, 2018  
10:30 am – 12:00 pm EST**

**Technical Committee Chairs:  
Scott Hadley, PhD, University of Michigan  
Chris Pauer, Sun Nuclear**

**Mission Statement:** *The American Society for Radiology Oncology (ASTRO) has formed a multi-society Task Force to undertake an initiative to promote the Integration of the Healthcare Enterprise (IHE) – Radiation Oncology (RO), fostering seamless connectivity and integration of radiotherapy equipment and the patient health information systems. The Task Force will include members from ASTRO, RSNA, American Association of Physicists in Medicine (AAPM), the American College of Radiology (ACR) and the Medical Imaging and Technology Alliance (MITA). In addition, members of the International community have also been invited to participate in IHE-RO. The IHE-RO Task Force, in close collaboration with radiotherapy product manufacturers, will develop appropriate integration profiles for radiation therapy and setup a demonstration of seamless communication among the full array of radiotherapy products.*

**Attendees:**

Chris Pauer, Sun Nuclear  
Jill Moton, AAPM  
Walter Bosch, WashU/ATC  
Sven Siekmann, Brainlab  
Sebastian Adamczyk, IntraOp  
Jim Percy, Elekta  
Thomas Schwere, Varian  
Koua Yang, Philips  
Stefan Pall Boman, Raysearch  
Scott Hadley, UMich  
Bob Pekarek, Accuray  
Rickard Holmberg, Raysearch  
Sanjay Bari, Elekta

**Minutes:**

- I. Call to Order 10:33am ET
  - a. Identification of participants – a quorum was declared.
  - b. Review Agenda
  
- II. Minutes Review
  - a. TC Teleconference minutes November 15, 2018 were approved without objections
  
- III. Other committee updates.
  - a. PC and SC
    - i. 2018 New Use Case Survey Results have been prepared for review. The TC reviewed a list of five Use Cases. Scores are shown in parentheses. Lower numbers indicate higher priority.
      1. Prescription Exchange (1.85) – work is underway on RXRO Profile.
      2. Patient setup shifts for CT reference to treatment isocenter (2.15) – This is a valid Use Case with possible implications for TPPC, TDPC Profiles.
      3. Cancer registry dose summary reporting (2.85) – more detail is needed to describe this Use Case.
      4. Share DICOM RT images/structures/plans/Dose with radiology (3.85) – the *scope* of this Use Case needs clarification

5. Scanning tank data beam PDD and profile information (4.31) – further discussion needed. It is not clear that a standard for (machine commissioning) data exists.

- b. IHE Domain Committee

- IV. Updates for RXRO, RTOG-II, MMRO-III

- a. Sven Siekmann reviewed updates to the BRTO-II, MMRO-III, TPPC, RXRO Profiles
  - i. BRTO-II: Adaptation in sections 7.1.2, &.1.4; Dose Displayer without Planner
  - ii. MMRO-III: Definition of “Primary” image data (shares Frame of Reference with SRO)
  - iii. TPPC: Definition of Target Prescription Dose (300A, 0026)
  - iv. RXRO: Sup 147 tags have been updated to DICOM standard; open issues require discussion at next F2F meeting

- V. Notes on next Face-to-Face

- a. Chris is unable to travel to next TC meeting, but will be hosting the meeting remotely.
- b. Scott will be attending Monday – Wednesday only.
- c. The location and timing of the 2019 Connectathon are to be discussed. Options for a European venue are being considered.
- d. **ACTION 181201:** Jill to publish contact information and location details for the January 2019 meeting on the ihe-ro.org wiki.

- VI. HIS Integration

- a. Broadening the scope of the intent message to include information needed for “sim notes”, “prior authorization”, etc., was discussed.
- b. The HIS integration profile is a *content* profile (workflow to be addressed later).
- c. Is there an alternative to the term “prescription” for HIS integration? No strong option was expressed. (The term, *Prescription* has legal implications.)
- d. **ACTION 181202:** Jill to solicit contacts for HIS vendors in the IHE-RO PC.

- VII. Basic QA Workflow

- a. Chris reviewed version 0.10 of the BQAW Profile.
- b. The encapsulation of treatment delivery log files as DICOM Raw Data information objects was discussed. These files are generally stored in proprietary formats. A scheme similar to MIME types could be used to transport them from a treatment data source to the QA provider Actor.

- VIII. Meeting was adjourned at 12:00pm ET.