

**IHE-RO Technical Committee
Conference Call
February 23, 2017
11 am – 12:30 pm EST**

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

**IHERO Task Force Co-Chairs
Dick Fraass, Ph.D., FAAPM, FASTRO, FACR
John Buatti, MD**

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.*

In Attendance:

Chris Pauer, Sun Nuclear
Walter Bosch, WashU/ATC
Carla Hull, AAPM
Bruce Rakes, Mevion
Jim Percy, Elekta
Harold Beunk, ICT
Christof Schadt, Brainlab
Sven Siekmann, Brainlab
Stefan Boman, Raysearch Labs
Rickard Holmberg, Raysearch Labs
Koua Yang, Philips
Eli Stevens, Mobius
Uli Busch, Varian
Sanjay Bari, Elekta
Bob Pekaek, Accuray

Minutes:

- I. Call to Order at 11:05 am EST. A quorum was declared.
 - a. Review Agenda
 - b. Minutes Approval from January Meeting – minutes from January meeting were approved without objection

- II. Update on Connectathon
 - a. It is expected that approximately 25 individuals will be attending the Connectathon in Veenedaal, NL.
 - b. ACTION 170201 Jim Percy to request hotel room block and provide a Connectathon logistics document by mid-March. Logistics to be distributed by email and via the ihe-ro.org wiki.

- III. Update on Steering Committee Meeting
 - a. The RO domain has been officially transferred to AAPM. The Steering Committee is gathering input from committee chairs and vendors.
 - b. Invoices to vendors are in preparation.

- IV. Questions for Mauro
 - a. Chris presented slides from IHE Workflow Authors Workshop (11 Oct 2016) This was an Initiative within IHE to document workflow profiles (Mauro Zanardini, IHE-ITI chair).
 - b. Outstanding questions:
 - i. FHIR vs. XDW: How are they related? How different?
 - ii. How could you integrate DICOM material into XDS documents for XDW profile development?
 - iii. Could XDW be used for patient demographic sharing to the RO Domain?
 - 1. Appointment scheduling?
 - 2. Information request?
- V. Discuss any ideas or guidance on Trial Implementation
 - a. DICOM Supp 147 has been approved for trial implementation.
 - b. DICOM WG-06 and WG-07 held a teleconference to discuss the procedure and timeline for trial implementation of Supp 147
 - c. Trial implementations should be kept separate from production software. Private tags will be used during trial implementation. Group number(s) assignment is expected soon.
 - d. A trial implementation procedure document is being prepared. Distribution of this document is expected next week.
 - e. WG-07 will schedule a teleconference to discuss procedures and milestones.
- VI. Review of Updates to QA Workflow Supplement
 - a. Chris reviewed a draft (v. 0.5, 2/22/17) of the QAW Profile.
 - b. QAW includes use cases for QA Plan Analysis (QAPA) and QA Delivery Analysis (QADA).
 - c. Some uncertainty exists regarding the scope of the QAW profile: Is the intent of this profile to (a) formalize existing processes or (b) enable new capabilities? Is there sufficient motivation to invest in development of a profile that provides marginal improvements in robustness of existing QA processes?
 - d. Pain points / use cases discussed:
 - i. Capture of QA evaluation results. There is currently no good way to formalize and report results of plan checks performed. The ability to express and expose results of the QA process has value.
 - ii. QA for adaptive re-planning/re-optimization. Decision support for re-planning could be integrated with delivery workflow.
 - e. A Clinical Impact Statement would help to focus this discussion.
 - f. Chris will gather additional input from QA vendors to refine the scope of this profile.
- VII. Upcoming meetings or other final items – none at this time.
- VIII. Meeting was adjourned at 12:30 pm EST.