

IHE-RO TSWF Call

Tuesday, November 26, 2024, 10:00am Eastern Time

Attendees:

Istvan Matyas
Bruce Rakes
David Wikler
Harold Beunk
Sanjay Bari
Bob Pekarek
Suny Jang
Thomas Schwere
Jill Moton

Minutes:

- I. Call to Order at 10:00am ET.
- II. Prepare TDW-II for TF
 - a. CP for TDW-II to incorporate the recently introduced clinical fraction number in the DICOM standard.
 - i. DICOM: CP-2342 “Add Clinical Fraction Number to 1st Generation RT Objects” added clinical fraction number to the DICOM standard.
 - ii. DICOM: In addition, CP-RT264 “Add Clinical Fraction Number to RT Treatment Summary Record Module” addresses the remaining IOD that have been missed in CP-2343.
 - iii. IHE-RO TDW-II: Add this to the Scheduled Processing Parameters Sequence in the UPS to have it available for the session selection already.
 1. Why not use the existing current fraction number and populate it with the “clinical fraction number”? Currently this fraction number is required to be displayed at the TDD anyhow. It is up to the TMS how to populate the existing fraction number.
 2. In future we should retire the private IHE-RO codes and switch to the official DICOM codes. TMS may need a configuration option for this. *(Post-meeting note: TDW-II already includes TID 15303 “Radiotherapy Treatment Scheduled Processing Parameters”. No change required in TDW-II. The introduction of the new codes requires a configuration in the TMS and, once available, the TDDs can follow.)*
 3. **Action Item:** Thomas to draft a CP adding a note that the TMS may set Fraction Number in the Scheduled Processing Parameters Sequence to the Clinical Fraction Number at its own discretion. *(Post-meeting note: The new Clinical Fraction Number was added in the BDI in the DICOM standard as well. TDW-II currently requires the current fraction number to be consistent between UPS and BDI. The current fraction number in the BDI is clearly specified as per plan, see C.8.8.21.4 “The Current Fraction Number (3008,0022) tracks the clinical progress of treatment delivery for a Referenced Beam within the referenced RT Plan.”. So, it is not a good idea to use the existing Current Fraction Number in the UPS for the Clinical Fraction Number. Introducing a dedicated new parameter seems to be the better approach. To be re-discussed!)*
 - b. Time Zone Support
 - i. Thomas showed draft requirements how to introduce “Time Zone Support” as an option to TDW-II.
 - ii. Harold mentioned that display of time information is specified in an IEC standard. No one in the meeting could remember what standard that is.
 1. This is in IEC 60601-2-1 “Medical electrical equipment”:

201.102 Date and time format

When the date is displayed or printed, correct interpretation shall not depend upon the OPERATOR's interpretation of format, and a DISPLAY of the year shall be in four digits.

When the time of day is requested, displayed or printed, it shall be represented on a 24 hour clock basis, or the letters "a.m." and "p.m." shall be appropriately included.

Measurements of time shall include units (hours, minutes, seconds or hr, min, sec).

When an amount of time is entered or printed, each denomination of time shall have its units displayed. To prevent confusion with numbers, single-letter abbreviations of time denomination shall not be used (for example h,m,s).

NOTE By convention, noon is 12:00 p.m. and midnight is 12:00 a.m.

Compliance is checked as follows:

SITE TEST grade A – Inspection of the date and time on displays and printouts.

- iii. Thomas to continue with drafting the CP accordingly.
- c. Handling of optional input information items
 - i. Interoperability issue if input information contains items which are unknown to the TDD (e.g., patient photo as an SC image, options: ignore vs. reject). Options discussed:
 1. TMS should not add other items than the ones defined in the profile.
 2. TDD should silently ignore unknown items. → to be added as a note in the security/consistency section
 3. The instruction what to do is not in the input information. Content of BDI and RT Plan are driving how the procedure should be performed. To determine if the actor can perform the procedure safely, all items in the input information shall be referenced in the BDI and RT Plan. **Action Item**: Thomas to add a corresponding note in 3.59.4.1.
 4. Beforementioned requirement is not fulfilled for the treatment records which are added in the input information sequence for the continuation case (Retain Original Treatment Records Option) but are referenced neither by the BDI nor by the RT Plan. Treatment record references should be added to the BDI (adds additional safety as the whole package can be verified based on IODs only). **Action Item**: David to bring this up at the next DICOM WG-07 meeting and update the IHE-RO TSWF group about the outcome.
 - d. All changes discussed for TDW-II profile should be added to a single CP.
 - e. TSWF monthly calls in 2025 will be moved to the third Tuesday of every month at 4pm ET.
 - f. Handling of 0MU partials:
 - i. Deferred to next meeting.

III. Next Meeting

- a. Next TSWF Committee – December 17, 2024, 10:00am ET

IV. Meeting adjourned at 11:20am ET.

Open **action items** from previous meetings:

- Thomas to draft a CP to introduce “Time Zone Support” as an option to TDW-II.
- Sanjay to write a document about the stub plan topic. This could potentially result in a correction proposal for TDW-II.