Multi-institutional plan quality checking tools built on Oncospace: A shared radiation oncology database system Michael R. Bowers¹, Scott P. Robertson¹, Joseph A. Moore¹, John W. Wong¹, Mark H. Phillips², Kristi RG Hendrickson², Kimberly T. Evans², Todd R. McNutt¹

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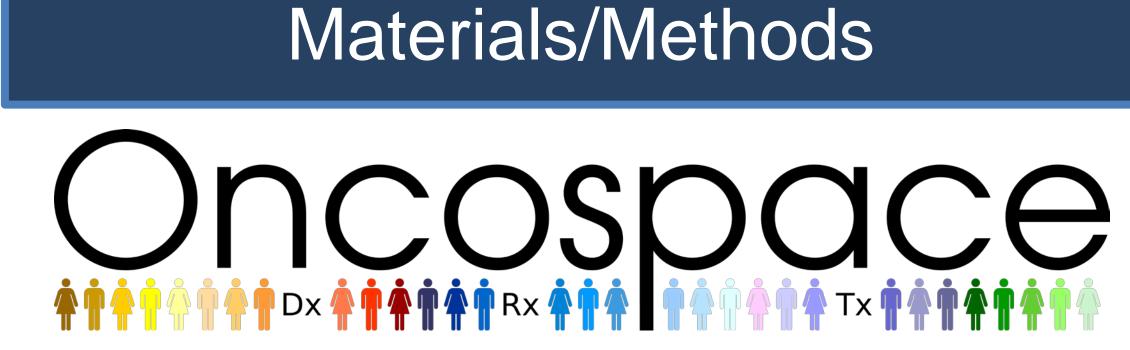
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Purpose/Objectives	Materials/Methods (cont'd)			Results (Cont'd)
RT patients are assumed to be less at risk for treatment related toxicity when Organs	Johns Hopkins SOM	University of Washington	 jointly between UW and JHSOM. To evaluate a single plan – 	Multi-institutional plan comparison (Figure 5)
At Risk (OARs) are subjected to lower doses of radiation. We aim to use a multi-	Prostate – 1000 Pts	Prostate – 50 Pts		Plan Dose Comparison Mean Dose by Institution - OAR: bladder, PTV: ptv_prostate_bed

institutional data store of past treatment experience to develop tools to:

- Check the quality, while controlling for individual patient anatomy, of a single treatment plan against previous plans
- Compare past treatment history between centers to discern institutional patterns and proclivities in OAR sparing Treatment history is represented as data combined from members of the Oncospace Consortium.



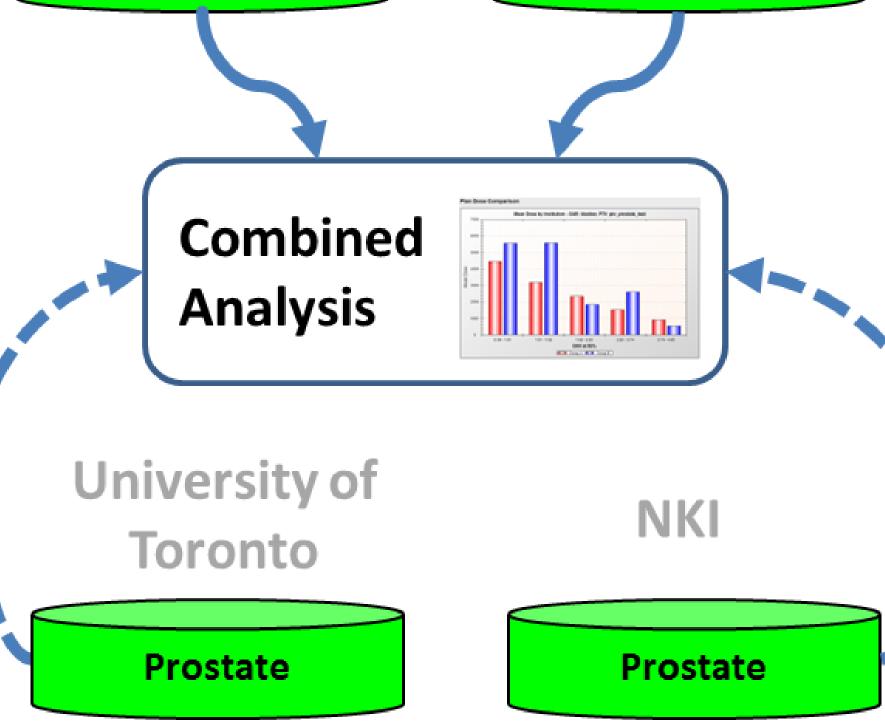


Figure 2: Initial configuration of Consortium Participation in Prostate Plan Quality Study. UT and NKI are collecting data into Oncospace and will participate in future plan quality studies.

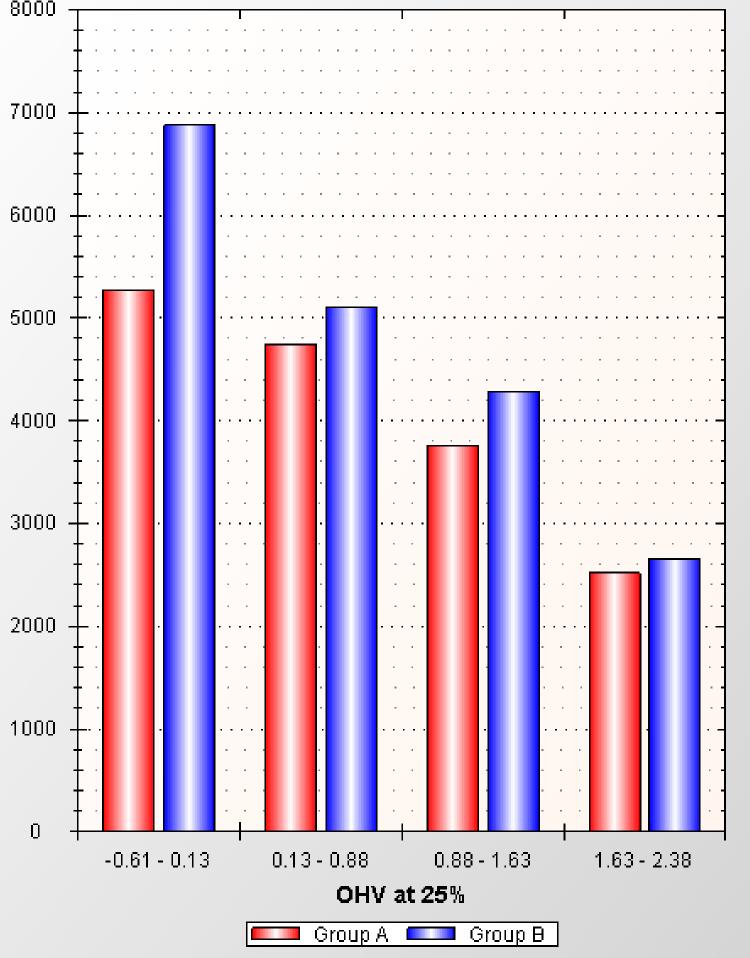
Results – Single Plan Quality Check

narder to plan (lower UVHS) candidate, the than and compare the planned dose level to previously achieved doses. The candidate plan should be among the lowest DVHs.

To evaluate an institution's plans – group patients with like anatomy (similar OVH) and calculate mean dose for those patients. Compare that mean dose to similar patients at other institutions.

Is a Lower Dose Achievable?

(Figure 4)



To compare dose levels by Figure 5: institution, group planned treatments by OVH – a distance measure from the OAR (Bladder) to the target structure (PTV)

The plan quality tools operate on data in the Oncospace Consortium, consisting of instances of the Oncospace system local to each participating center. Each instance has the same data schema, which provides seamless querying across institutions and ease of sharing and combining data.

- Oncospace has a database designed for the storage and retrieval of data artifacts of the entire RT experience, including:
- Dose Volume Histograms (DVHs)
- Overlap Volume Histograms (OVHs): A distance relationship between RT targets and critical structure (Figure 1)

Volume

Lowest Achieved Dose to Left Parotid (Figure 3)

0.8

0.6 ·

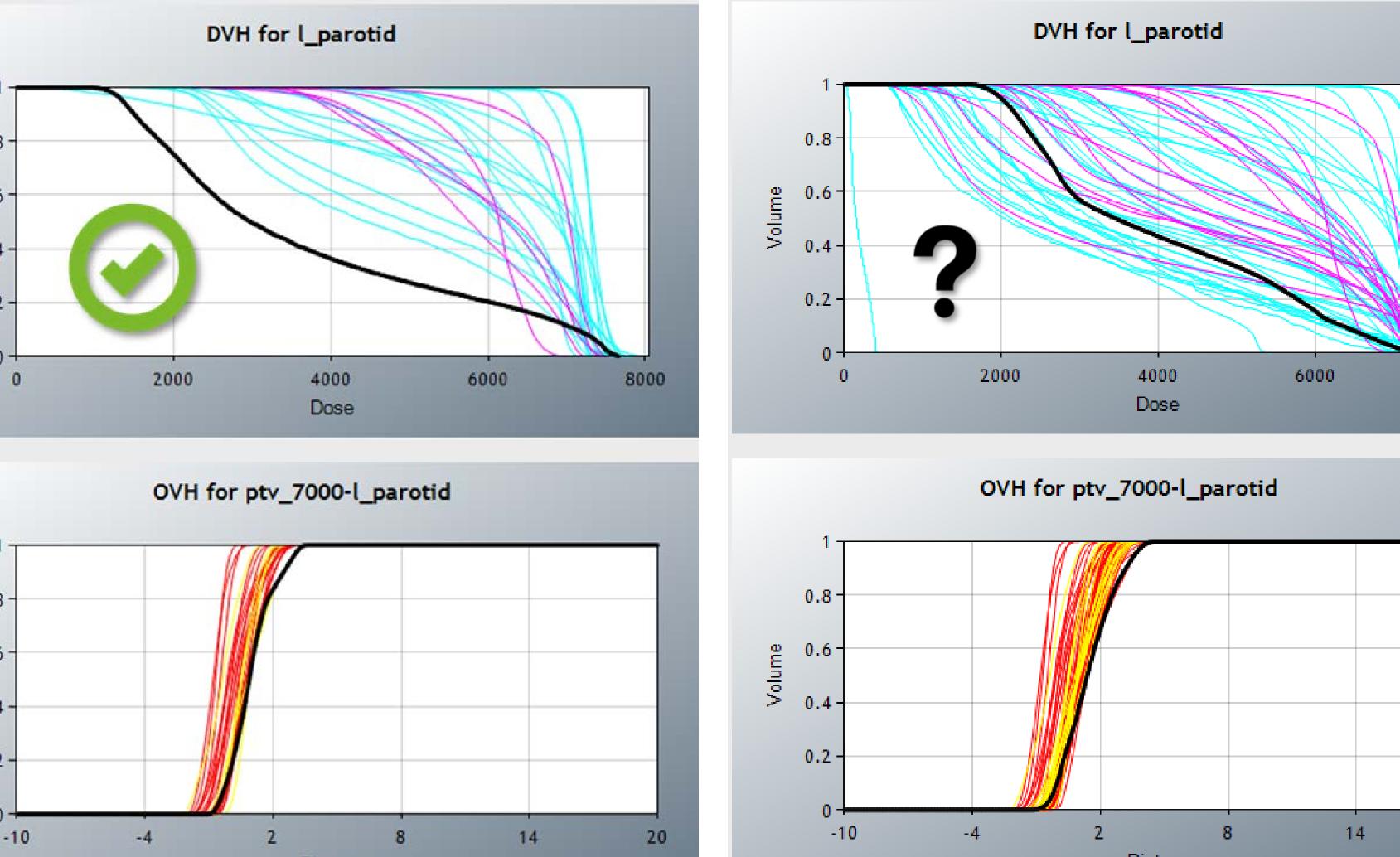
0.4

0.2

e 0.6

10 0.4

0.2



Prostate Bed). Compare the mean doses to the OAR for each group. Institution A exposes the OAR to less collateral dose for each group. The tool can search any OAR/PTV combination at any distance/dose percentage.

Conclusions

Oncospace provides a queryable, relational data-store for comparing anatomy to dose to study plan quality questions. The Oncospace Consortium is based on a common schema to combine data across institutions. The tools developed can be used to gain insight about the quality of a candidate treatment plan, or about inter-institutional plan characteristics.

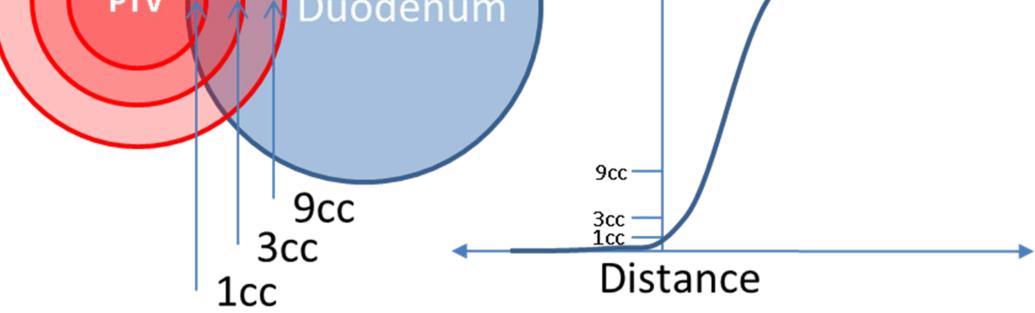


Figure 1: OVH – distance measure from OAR to target

Distance

Distance

Figure 3: Curves color coded by institution. Figure 4: Patient (seen at magenta institution) Bottom - the patient OVH (black) is plotted with plotted with harder-to-plan patient OVHs below, all patient's whose left parotid is harder to plan and DHVs above. Several harder-to-plan (lower OVH). Top – candidate dose level is lower patients received plans with significantly lower than all doses to harder to plan left parotids in our dose levels, especially at the cyan institution. combined treatment history. Might indicate a close look at dose objectives is



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warranted.