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MICHIGAN RADIATION ONCOLOGY QUALITY CONSORTIUM

PHYSICS & DOSIMETRY BREAKOUT SESSION

February 2 & 3, 2026

HOUSEKEEPING

Meeting slides will be provided after the call.

Please mute yourself unless you are speaking.

Make sure your name appears in the Zoom participant list. Change phone numbers to your first and last name.

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AGENDA

- Incentive program and schedule updates for 2026
- Data and working group highlights
- Brain mets discussion
- Feedback and BCBSM survey reminder
- Open discussion

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INCENTIVE PROGRAM AND SCHEDULE UPDATES FOR 2026

KEY INCENTIVE PROGRAM DATES

- The 2026 performance year will again be defined by RT start date
- 2026 patients have RT start dates from 1/1/26-9/30/26
- Physics reports will still use RT end date for timeliness, missing data

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REMINDER: PHYSICS DATA QUALITY METRICS

A. Physics & dosimetry information is submitted within 6 weeks of end of treatment for ≥85% of breast, lung, bone mets, and prostate patients from the 2026 performance year.

B. Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for ≥95% of 2026 patients.

C. Physics data audit score of ≥97% and the facility demonstrates sufficient preparation and follow-up.

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PHYSICS DATA QUALITY METRICS

Metrics A & B (timeliness and data quality) are unchanged for 2026

Metric C (audits) will include audit exemptions in 2026

If your facility's physics data audit score was >99% in 2025, it will be exempt from audit in 2026

- Your facility will automatically receive credit for Metric C

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NEW QUALITY MEASURES IN 2026

Increase the baseline and post-radiation treatment (RT) completion rate of standard of care arm measurements for lymphedema assessment in node positive breast cancer patients treated to regional fields.

A. >= 50% of breast patients treated to regional fields with a baseline measurement (B7 or B9) in 2025 must have a follow-up measurement (B10 or B14) completed and reported in cm within Q1-Q3 of 2026.

B. >= 50% of breast patients treated to regional fields with a RT start date within Q1-Q3 of 2026 must have a baseline measurement (B7 or B9) reported in cm and complete nodal irradiation data (dose to irradiated nodal groups is reported and nodal contours are named according to TG263 guidelines).

- A and B were met
- Either A or B was met
- Neither A nor B was met

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NEW QUALITY MEASURES IN 2026

For treatment of lung cancer with hypofractionation (6-20 fractions), MROQC Consensus Quality Guidelines are achieved for at least 75% of patients collaborative-wide.

Guidelines are available on the MROQC web site under Resources-->Pay for Performance (P4P)

Phase I recommendation: Usage of 8, 10, or 15 fractions when using hypofractionation as an SBRT alternative for Stage I and II patients

Planning Priority	OAR	Dosimetric Parameter	8 Fx Goal [cGy or %]	10 Fx Goal [cGy or %]	15 Fx Goal [cGy or %]	Reference EQD2Gy ($\alpha/\beta = 3$)
1	Spinal Cord*	D0.1cc[cGy]	3230	3500	4010	4550
1	Brachial Plexus*	D0.1cc[cGy]	4000	4350	5030	6395
1	Esophagus*	D0.1cc[cGy]	4130	4500	5210	6750
1	Trachea/Bronchus	D0.1cc[cGy]	4760	5200	6060	8530
1	Heart	D0.1cc[cGy]	4760	5200	6060	8530
3	Lungs - GTV	Mean[cGy] & V33%[%]	ALARA	ALARA	ALARA	NA

Phase 1 Recommendation

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SCHEDULE CHANGES

- 2026
  - May Collaborative-Wide Meeting: 5/15/26
  - Audit season (facilities without exemption): May-September
  - October Collaborative-Wide Meeting: 10/16/26
  - Check-in meetings (all facilities): November-December

- In 2027, MROQC is moving to a biannual collaborative-wide meeting schedule

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DATA HIGHLIGHTS

DATA HIGHLIGHTS

We recognize that participants are engaged at a variety of levels

- Working directly in the databases
- Attending working group calls
- Leading quality improvement efforts with their local teams

Today we are sharing highlights from the data regarding quality measures (current and maintenance) and time trends

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2025 PHYSICS & DOSIMETRY PERFORMANCE

Data submission:

5427 physics forms across all projects

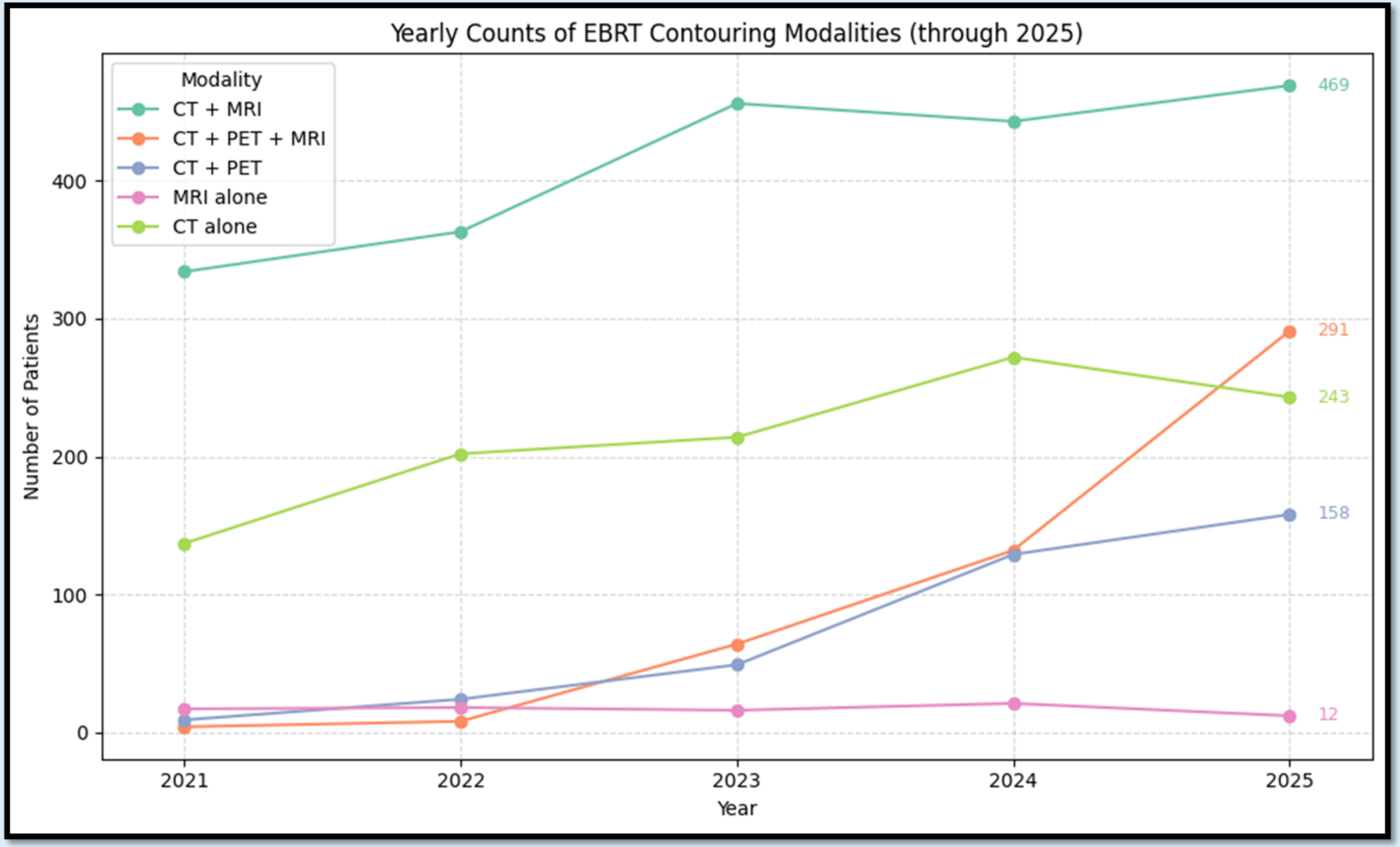
4625 DICOM data sets

62 abstractors entered physics data

Variety of roles: physicist, dosimetrist, therapist, CDA, physics resident, dosimetry assistant

24 of 26 facilities met overall data quality goals

PROSTATE PROJECT - MRI



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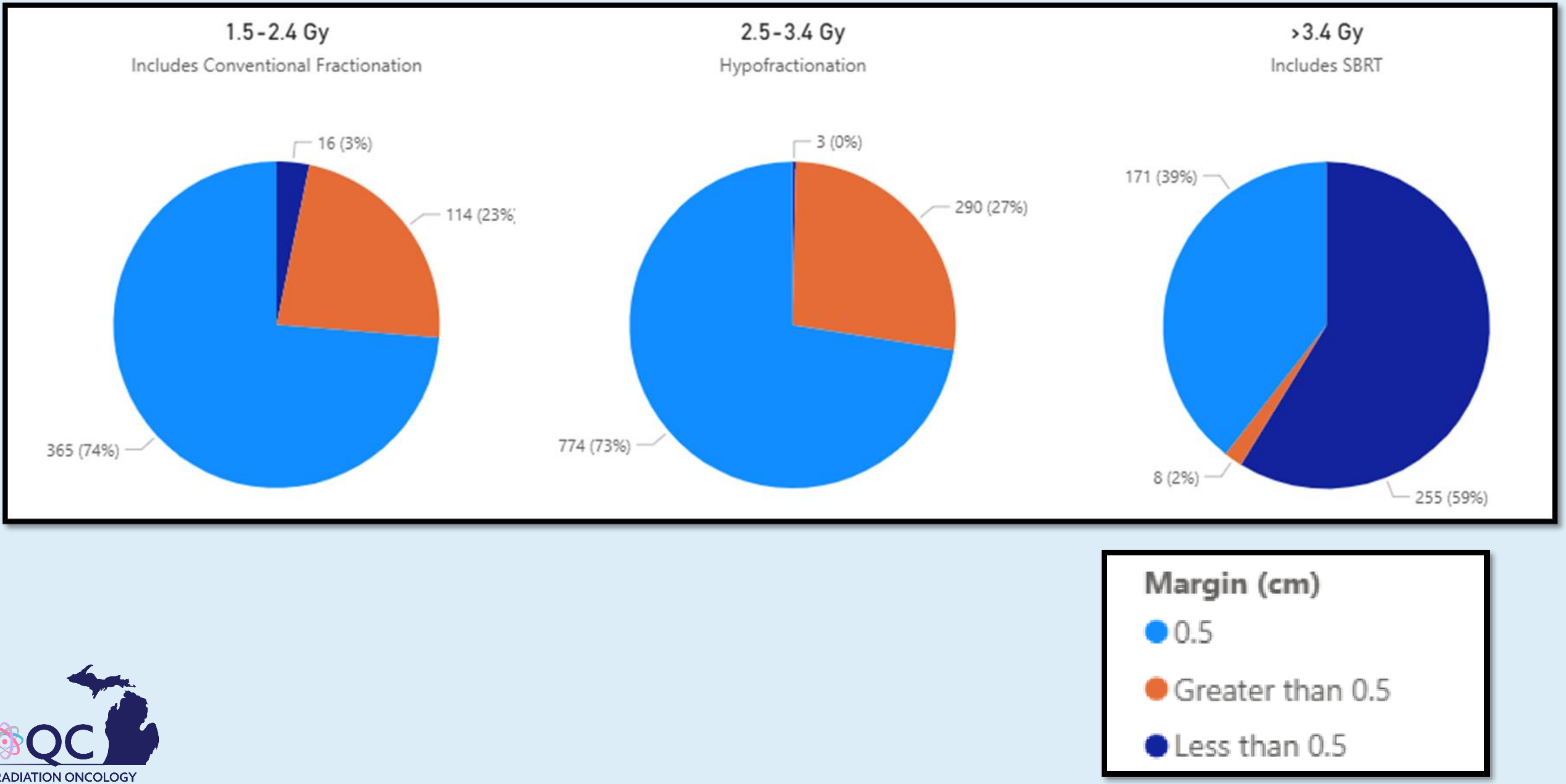
PROSTATE PROJECT – PTV MARGIN



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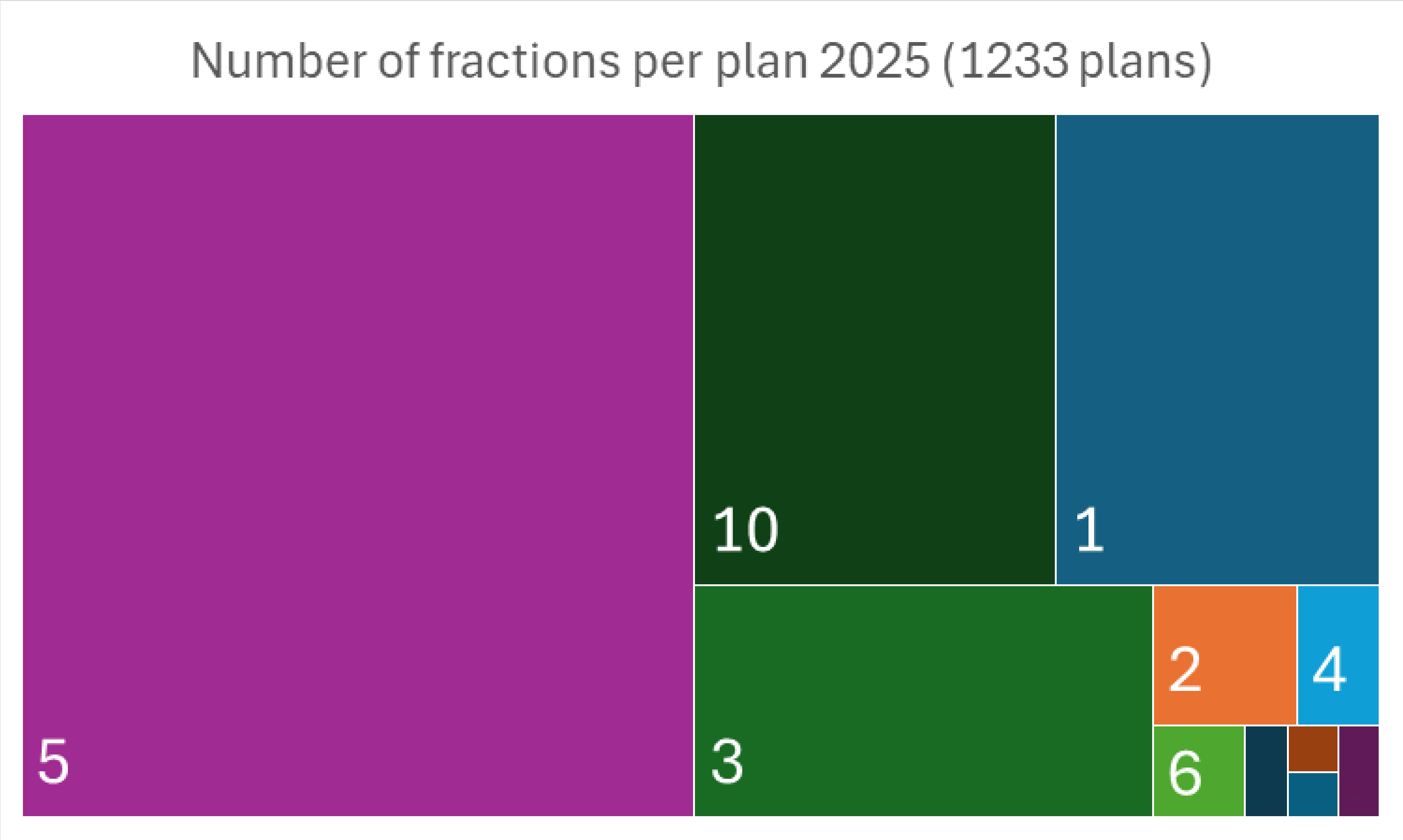
METS PROJECT - FRACTIONS



80% of plans had 5 or fewer fractions

Of those >5 fx, most are 10 fx

2% of plans had other fx:
6, 7, 8, 9, 15, 20, 23, 25

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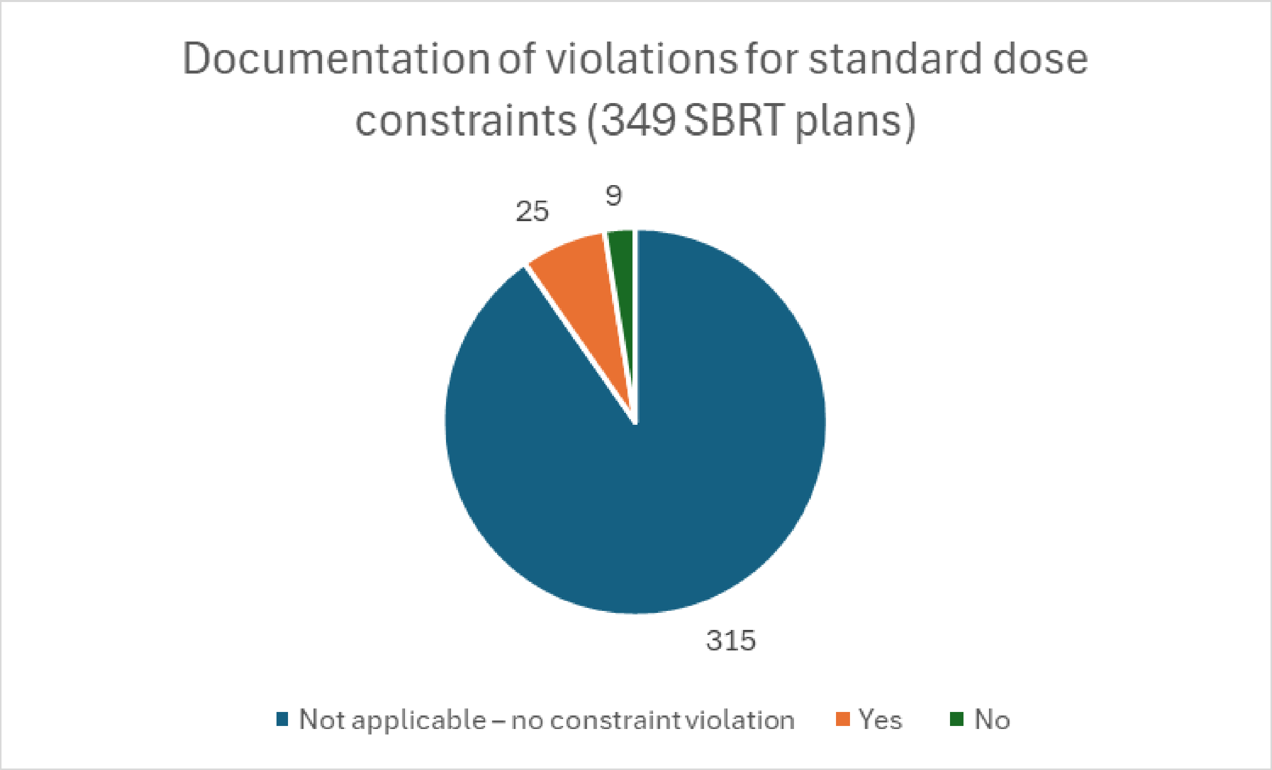
METS PROJECT – STANDARDIZED DOSE CONSTRAINTS

For treatment of bone metastasis using stereotactic body radiotherapy (SBRT):

A. Standardized dose constraints for organs at risk (OARs) are used

B. Any violations of the standardized dose constraints are documented.



97% of SBRT plans met the standardized constraints measure (now in maintenance)

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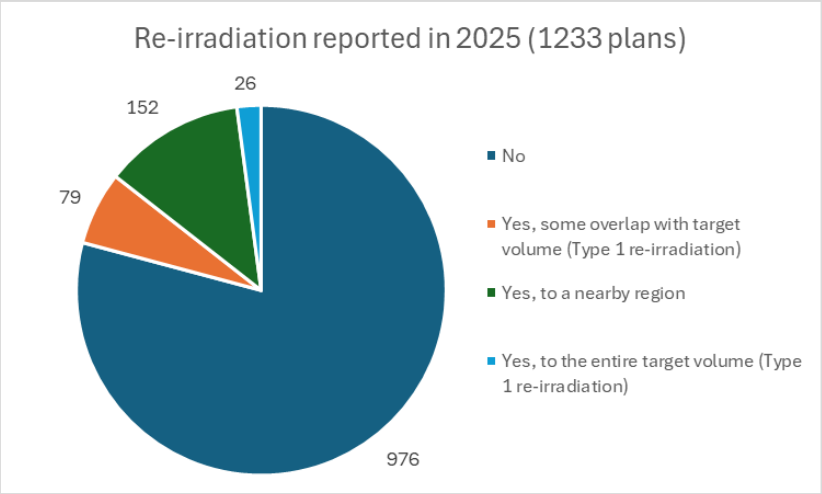
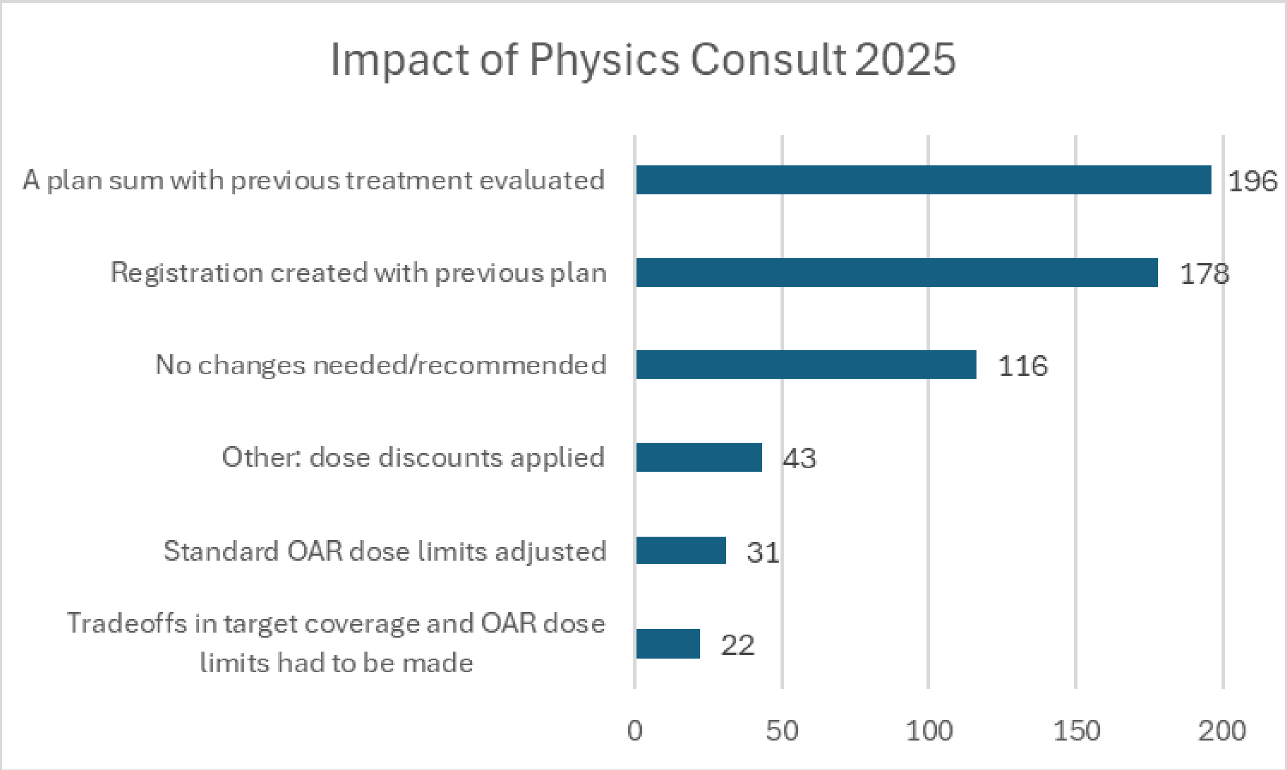
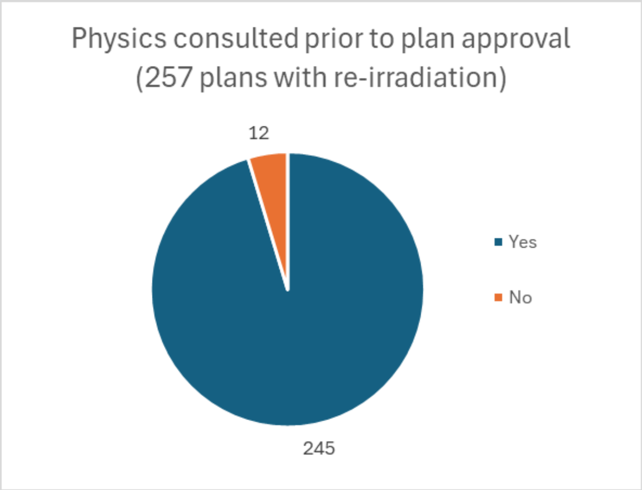
METS PROJECT – REIRRADIATION AND PHYSICS CONSULTS





20% of plans involved re-irradiation

Physics consult occurred for 95% of those plans



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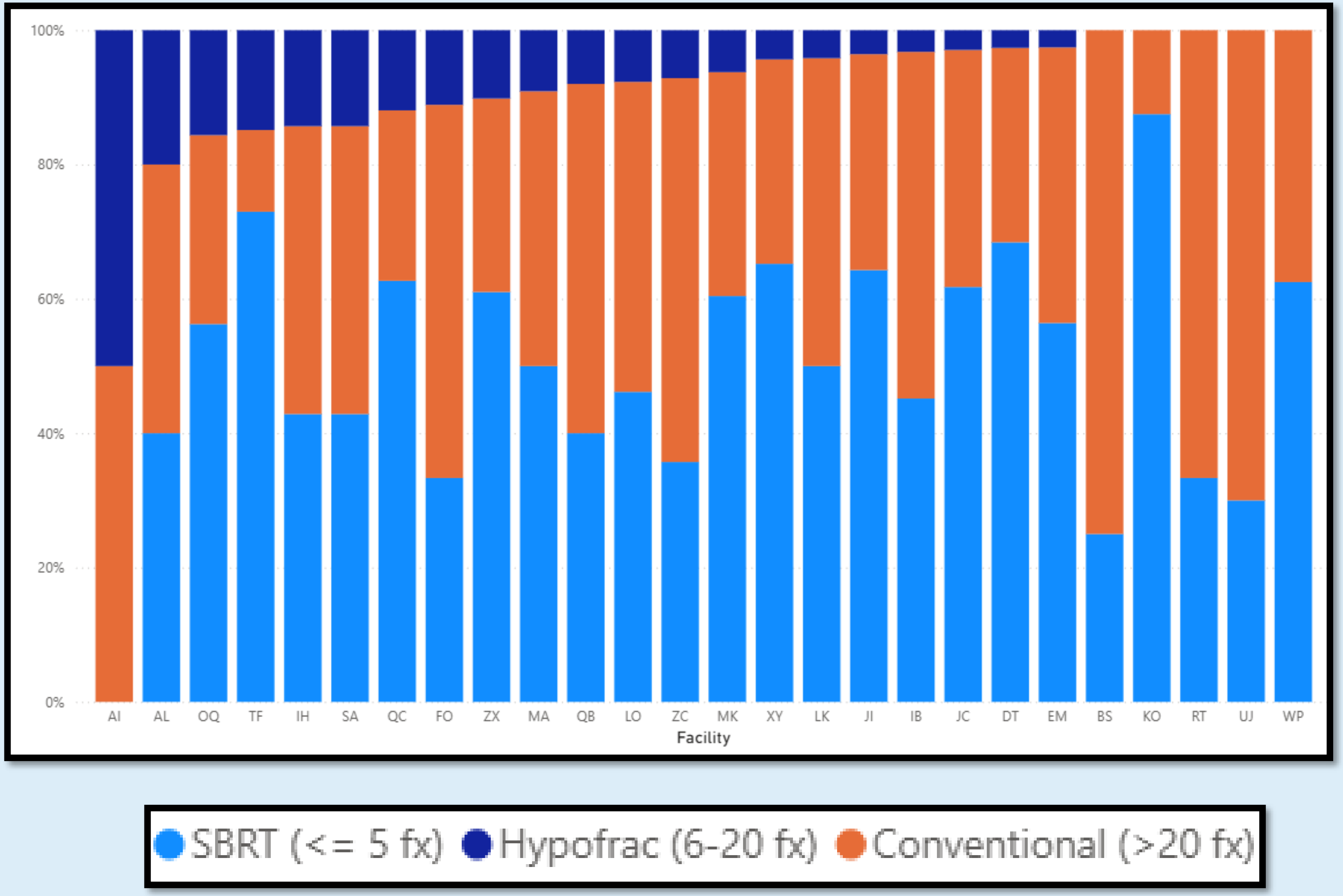
LUNG PROJECT – FRACTIONATION (2025)



~8% (56/680) hypofractionation consortium wide

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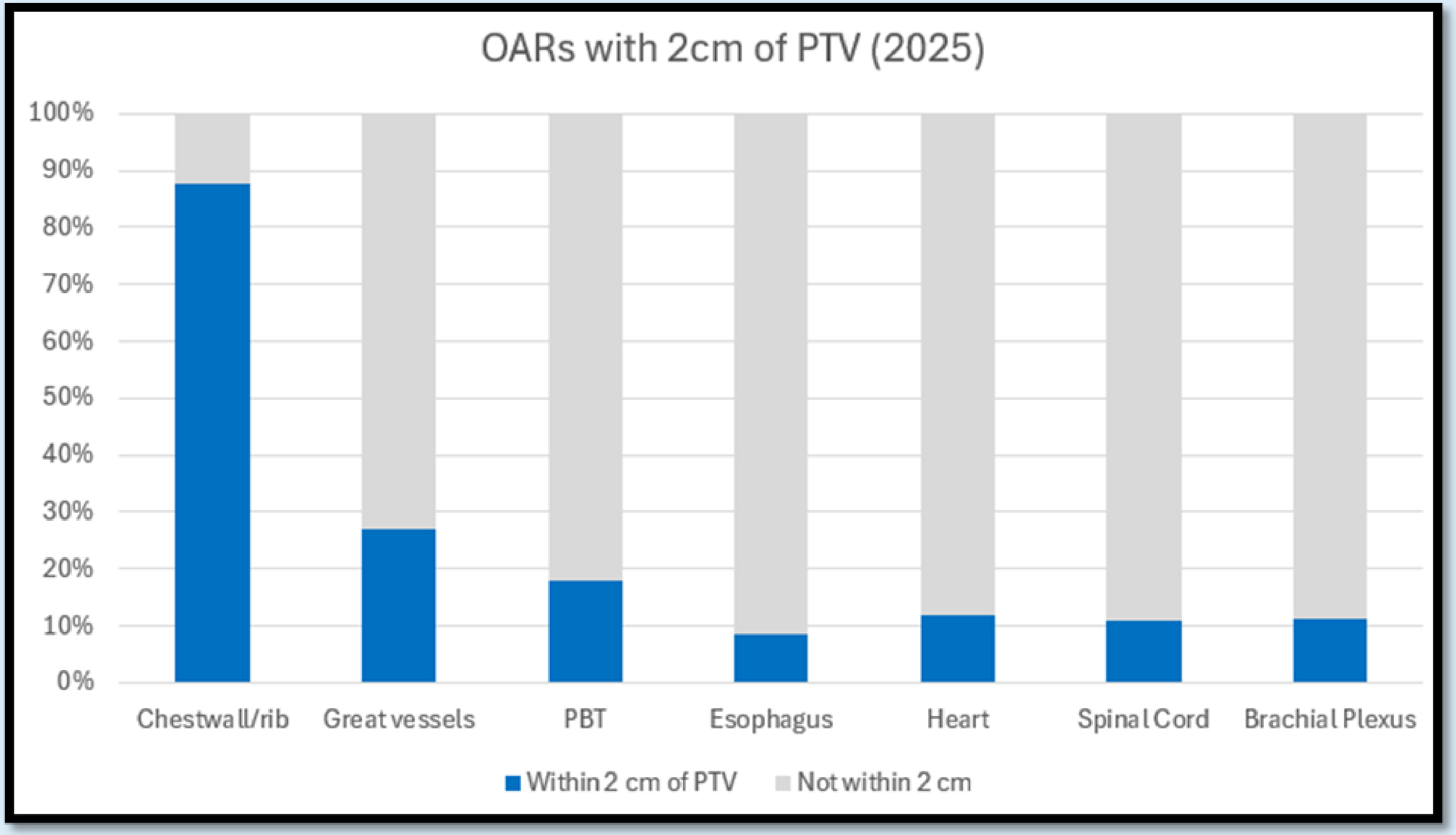
LUNG PROJECT – OARS WITHIN 2CM (2025)



***SBRT cases only (N=395)**

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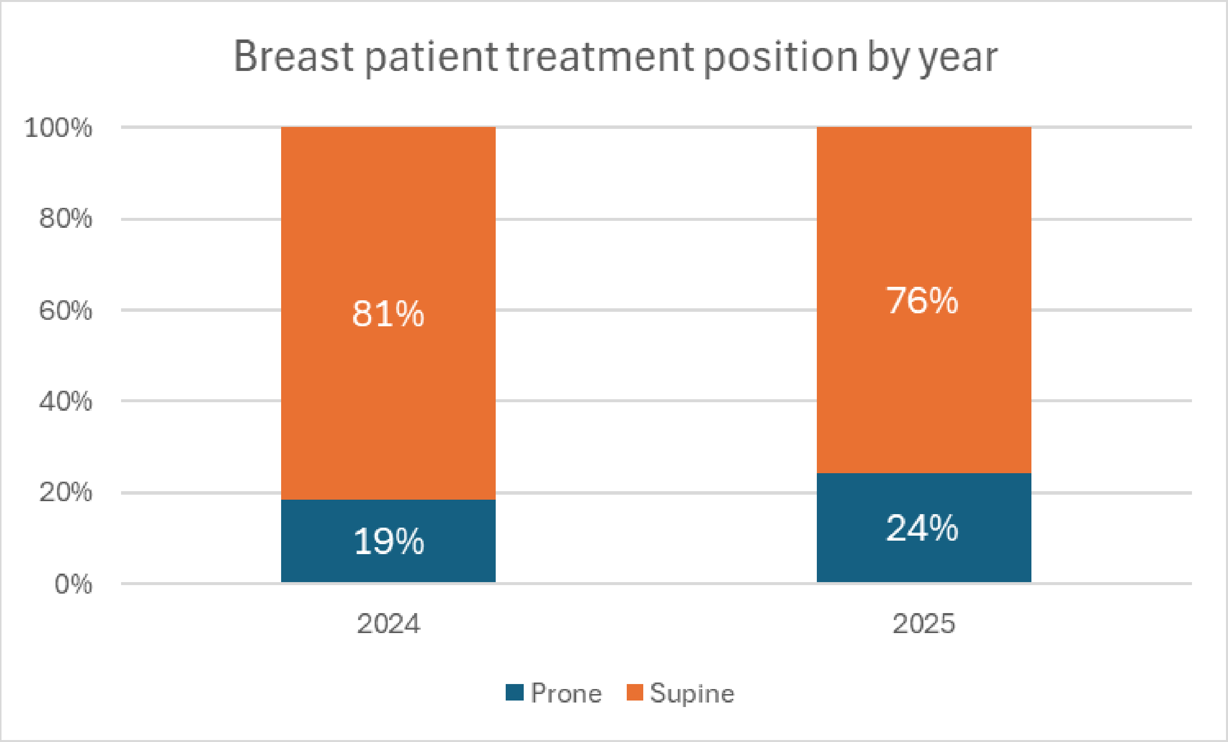
BREAST PROJECT - POSITIONING



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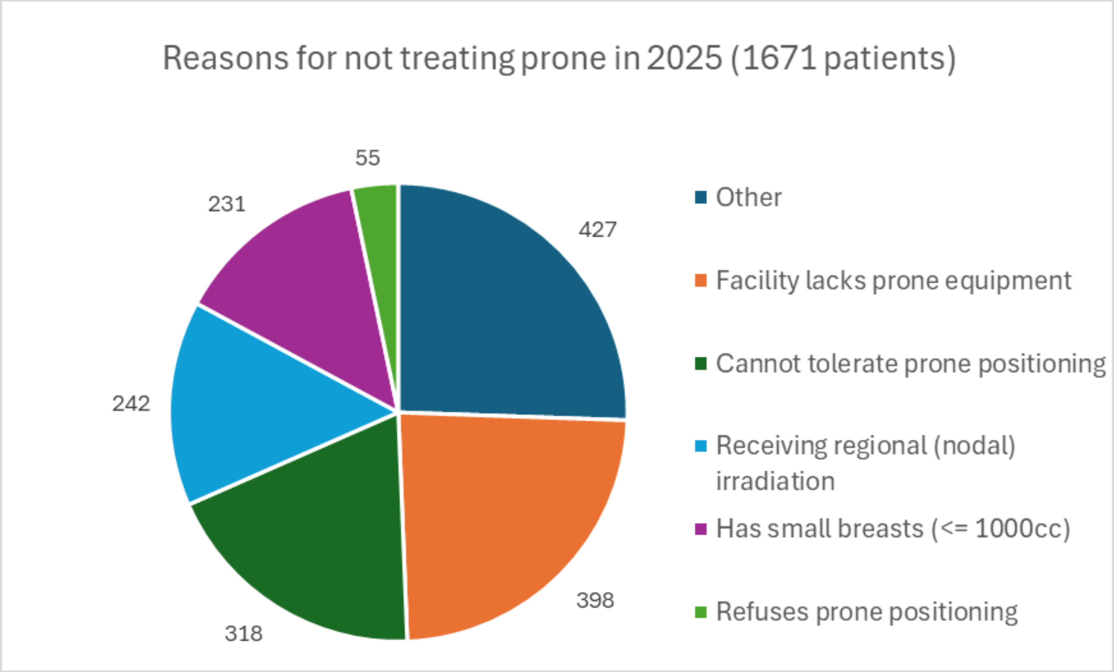
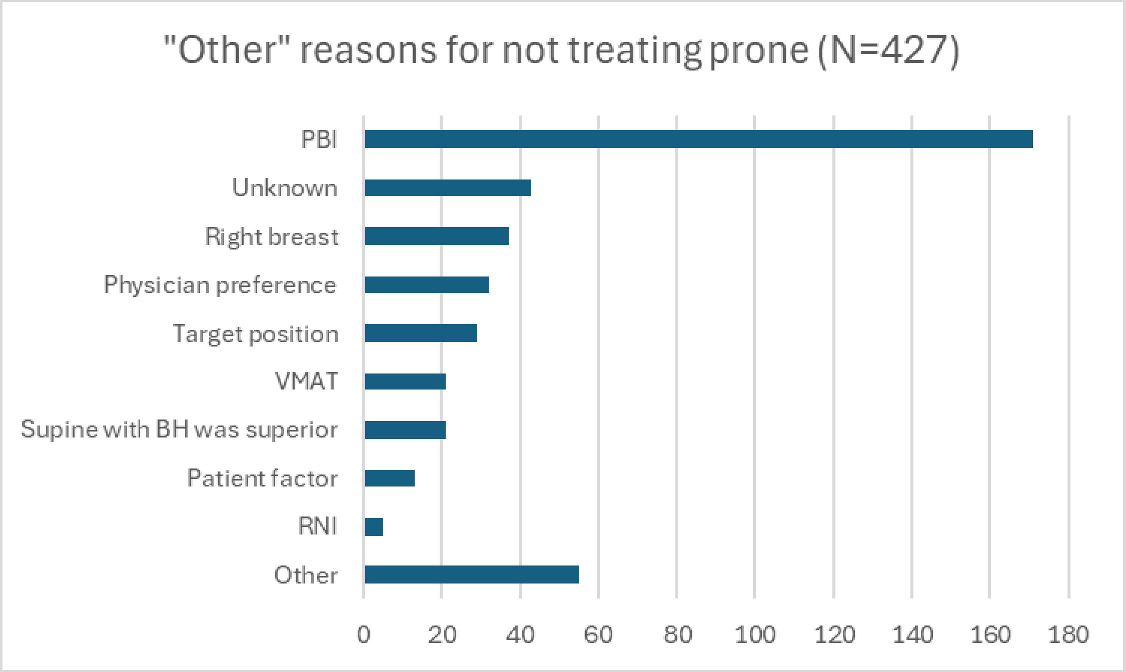
BREAST PROJECT - POSITIONING





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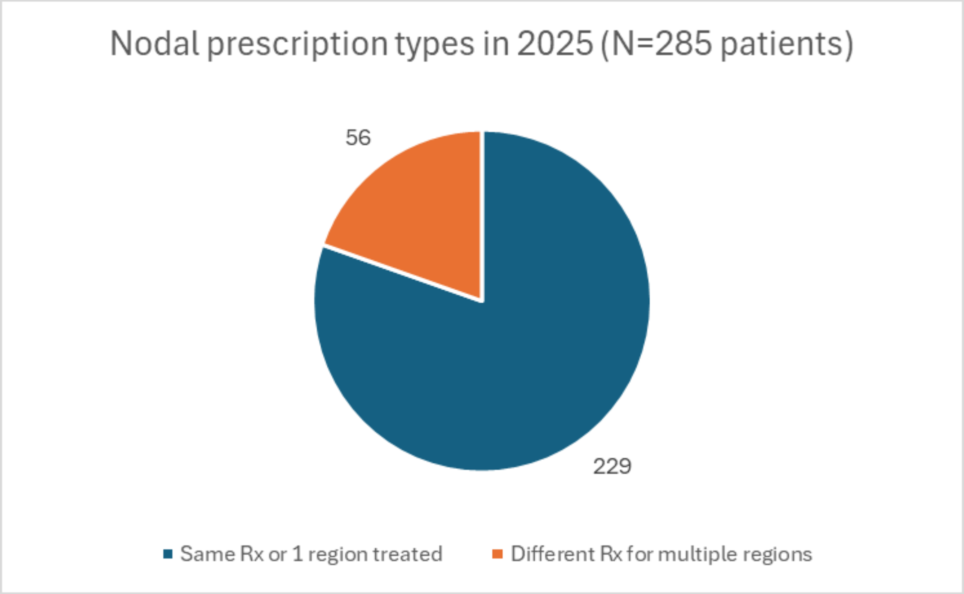
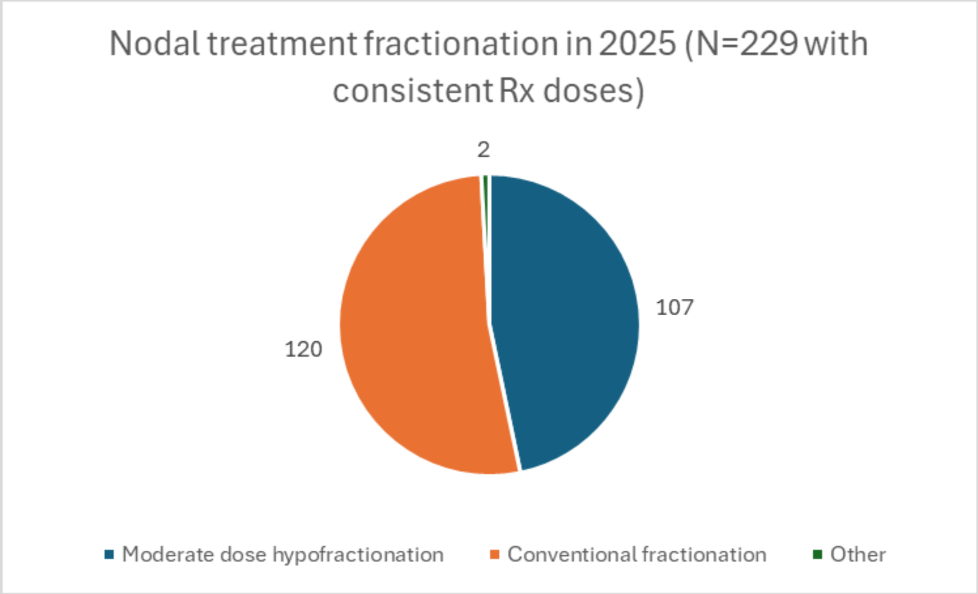
BREAST PROJECT - RNI





TG 263 nomenclature is consistently used for LNs (282/285 patients)

Of the 3 non-compliant cases in 2025:

- 2 were missing nodal contours
- 1 used non-compliant nomenclature

TG 263 Nomenclature
LN_Ax_L/R
LN_Ax_L1_L/R
LN_Ax_L2_L/R
LN_Ax_L3_L/R
LN_IMN_L/R or LN_IMNs
LN_Sclav_L/R

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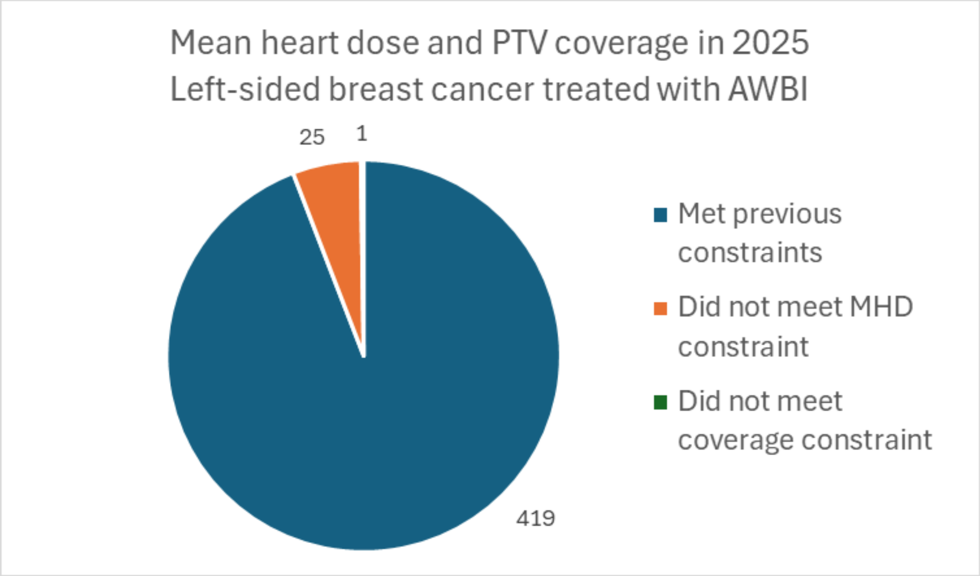
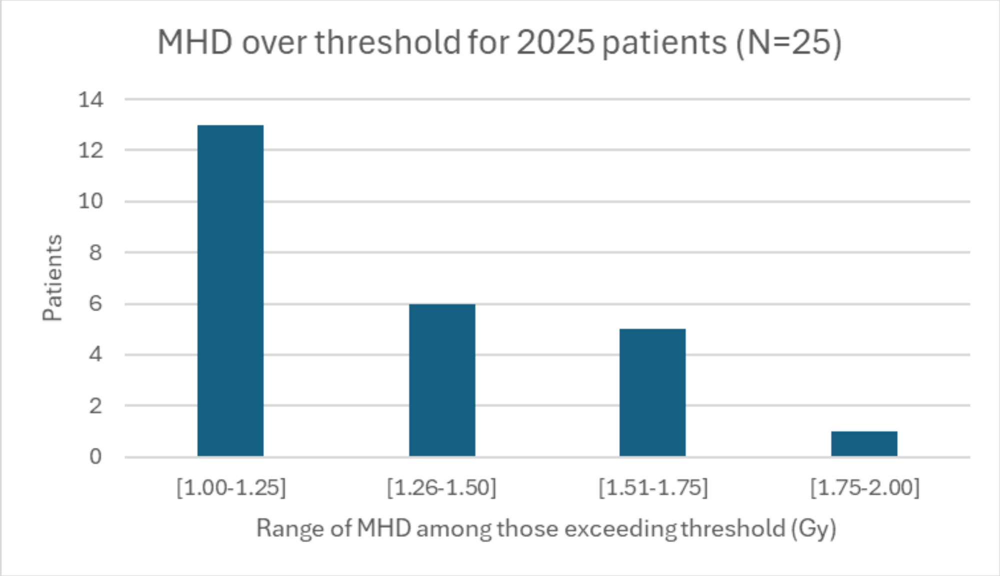
BREAST PROJECT - MHD

For node-negative breast cancer patients, ≥95% of the lumpectomy cavity PTV receives ≥95% of the whole breast prescription dose AND the heart mean dose is ≤ 1.0 Gy for left-sided cases receiving moderate dose hypofractionation. [2]





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WANT TO GET INVOLVED?

Next meetings of the MROQC working groups

Lung Working Group March 16th 12-1 PM

Mets Working Group March 23rd 3-3:30 PM

Prostate Working Group March 24th 12-1 PM

Breast Working Group March 26th 12-1 PM

Send a message to support@mroqc.org to be added to working group

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BRAIN METS QUESTIONS AND DISCUSSION

BRAIN METS

Physicians were surveyed in December about brain mets patterns of practice

Leadership wanted to follow up on certain details with this group

We have 5 poll questions regarding treatment techniques and planning:

Does your facility use SRS for brain mets treatment?

Are standardized guidelines used for SRS planning?

Does your facility use hippocampal avoidance for whole brain treatment?

Do physicians at your facility prescribe memantine to patients with brain mets?

Think about the time it takes for planning and QA for brain mets treatment at your facility. Is it a slow process? Could it be improved?

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BRAIN METS

What MROQC initiative, resource, or educational offering would help you address gaps in brain metastasis care at your facility?

Ideas from physician survey:
Management of large and/or post-operative cases
Techniques for SRS treatment of 5-10 mets
Refinement of dose metrics for meaningful toxicity

FEEDBACK AND BCBSM SURVEY REMINDER

FEEDBACK REQUEST

Please share your feedback about working group meetings (4 poll questions)

Poll Q1: Which best describes your connection to MROQC working group meetings?

Poll Q2: Do you currently receive slides and/or minutes from working group meetings?

Poll Q3: How do you personally use post-meeting materials (slides and/or minutes)?

Poll Q4: If MROQC were to adjust how post-meeting information is shared, which option would be most useful to you?

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BCBSM BIENNIAL CQI SURVEY

A quick ask from MROQC leadership

Physics Leads should have received a separate email with the survey link

- BCBSM requires CQIs to distribute this survey
- **All responses go directly to BCBSM**
- 🔒 **Responses are 100% anonymous to MROQC**
- MROQC receives **only a de-identified summary report**

Why your response matters

- BCBSM uses this survey to evaluate MROQC's value and support
- **Response rates matter-**low participation limits how results are interpreted
- Your feedback helps shape future resources and support for **MROQC facilities**

🕒 **~10 minutes**

📅 **Deadline: Monday, February 23, 2026**

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OPEN DISCUSSION

ANY QUESTIONS?

Thanks for joining us!