MICHIGAN RADIATION ONCOLOGY QUALITY CONSORTIUM

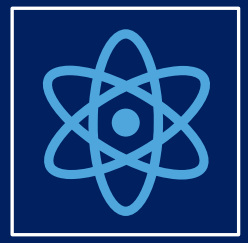
CLINICAL CHAMPION PARTICIPATING PHYSICIAN FACILITY ADMINISTRATOR BREAKOUT

February 12, 2026

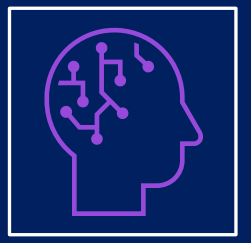
BREAKOUT SUMMARY

The meeting focused on updates and discussions related to the Michigan Radiation Oncology Quality Consortium (MROQC) and its working groups. Melissa provided updates on leadership changes and survey results, highlighting the need for timely MRIs and the potential for expanding SRS treatment criteria. Dr. Donna Edwards and Dr. Eyad Abu-Isa discussed brain metastasis treatment practices, emphasizing the importance of MRI timing and the use of memantine for neurocognitive preservation. Dr. Lori Pierce and Dr. Frank Vicini presented on post-mastectomy radiation therapy and proposed a pilot for long-term breast cancer patient follow-up, which received mixed interest from participants. The group also discussed the challenges of capturing patient-reported outcomes and the need for further collaboration with medical oncology and radiology groups to improve brain metastasis screening practices.

TODAY'S AGENDA



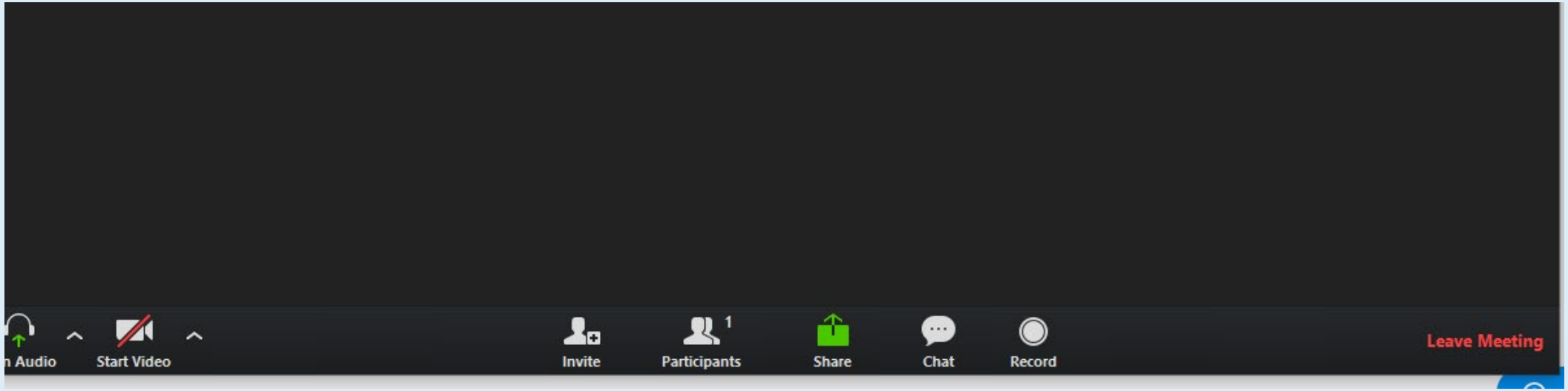
Updates from the Coordinating Center



MROQC: Future Directions Update

Q & A

ZOOM MEETING HOUSEKEEPING

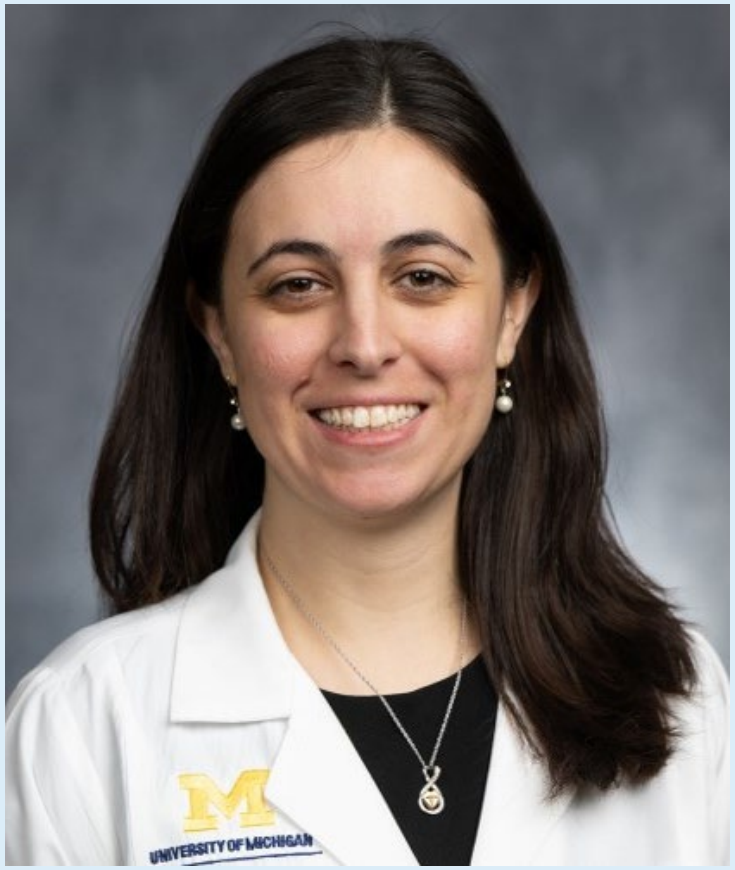


Please rename yourself to your full name (i.e. *Rad Onc*)

- Click on Participants icon
- Hover over your name (or phone number, if you are just calling in)
- Click More → Rename
- Please mute yourself (don't worry-you'll be able to unmute to chat)

UPDATES FROM THE COORDINATING CENTER

Melissa Mietzel, MS



NEW MROQC WORKING GROUP LEADERSHIP

Welcome to our new Working Group Clinical Co-Leads!

Dr. Garth Tormoen, MD PhD
West Michigan Cancer Center
MROQC Lung

Dr. Donna Edwards, MD PhD
Michigan Medicine
MROQC Mets

MROQC WORKING GROUPS: POST-MEETING MATERIALS POLL

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

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

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

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

BCBSM BIENNIAL CQI SURVEY

A quick ask from MROQC leadership

You 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

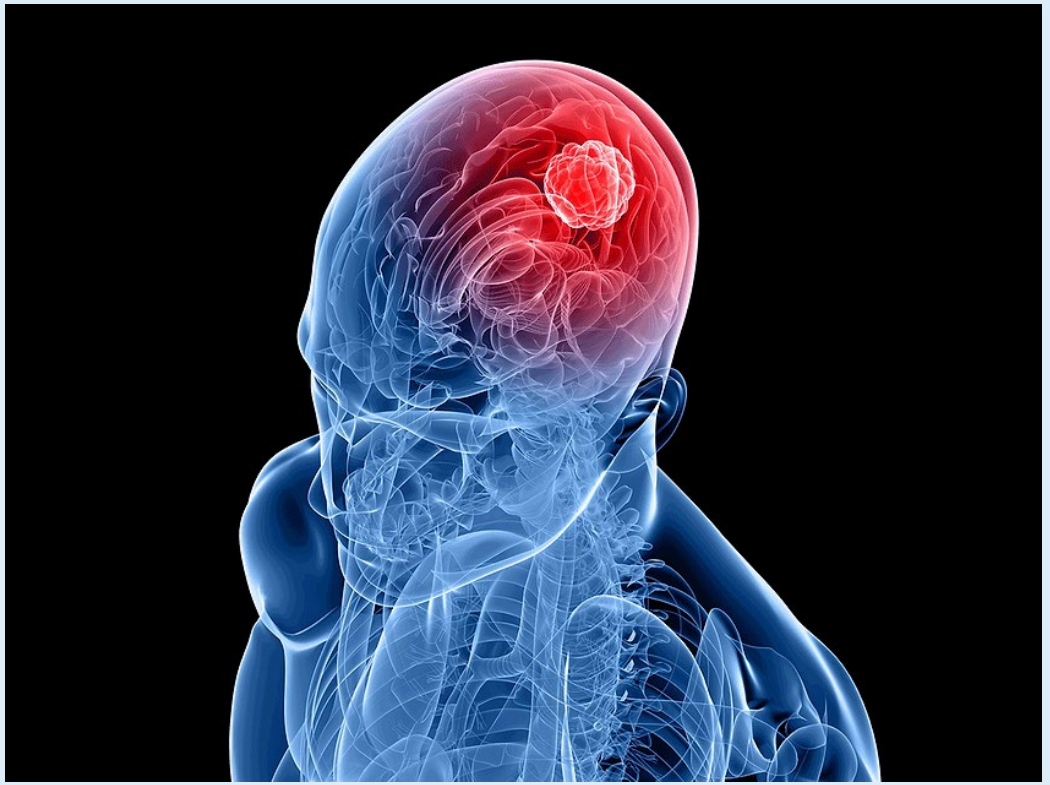
- BCBSM uses this survey to evaluate MROQC's value and support
- **Response rates matter-**low participation limits how results are interpreted
- Your feedback helps shape future resources and support for **MROQC facilities**

🕒 **~10 minutes**

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

STATE OF MROQC: FUTURE DIRECTIONS UPDATE

MROQC Mets Quality Improvement Working Group: Brain Mets Survey Results



Drs. Eyad Abu-Isa, Donna Edwards, and Lana Critchfield

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Survey Overview & Purpose

MROQC-wide survey of radiation oncologists on brain metastases care

Goal: identify alignment, barriers, and high-value focus areas for MROQC

Focus on real-world practice, not hypothetical scenarios

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Who Responded

- Broad representation across MROQC facilities (88% response rate)
- Wide range of years in practice
- Most treat ≥10 brain metastasis patients/year
- Near-universal access to SRS/SRT and HA-WBRT

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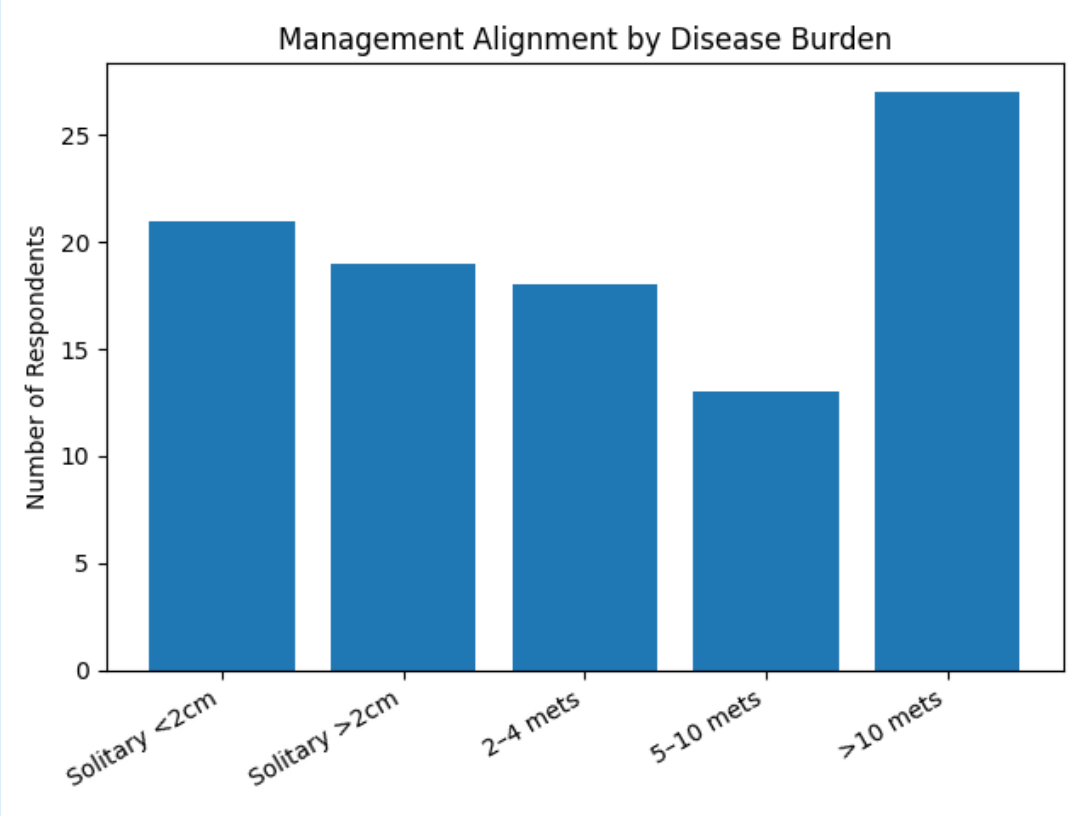
Areas of Strong Alignment

- Solitary <2 cm: SRS predominant
- 2–4 metastases: SRS/SRT predominant
- >10 metastases: WBRT (often hippocampal-avoidant + memantine)
- High adoption of HA-WBRT and memantine



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Where Practice Diverges

Solitary >2 cm lesions

Patients with 5–10 brain metastases

Variation reflects evolving evidence and technology constraints

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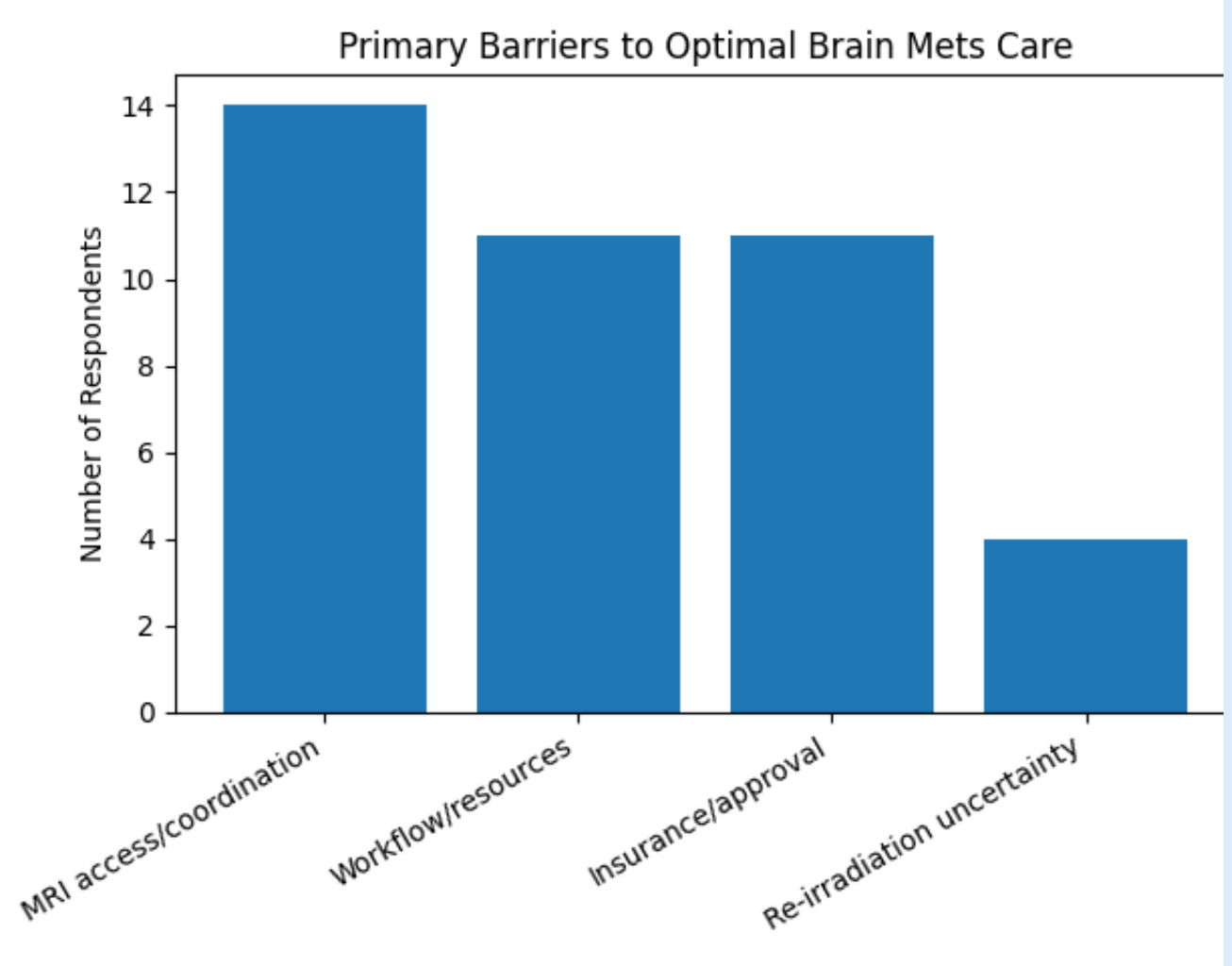
Barriers Are Mostly Structural

MRI access and coordination

Workflow, time, and resource constraints

Insurance/approval delays

Uncertainty around re-irradiation and normal brain constraints



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Guidelines Are Used and Trusted

- Most follow NCCN, ASTRO, and SNO guidelines
- Very few report difficulty implementing them
- Gaps remain in applying guidelines to complex cases

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Priority Focus Areas from the Survey

1. Standardizing criteria for SRS/SRT (e.g., use/timing of MRI, immobilization, dose metrics, treatment imaging, etc.)
2. Neurocognitive preservation (e.g., hippocampal-sparing WBRT, greater use of memantine)

High variability, high impact, high interest

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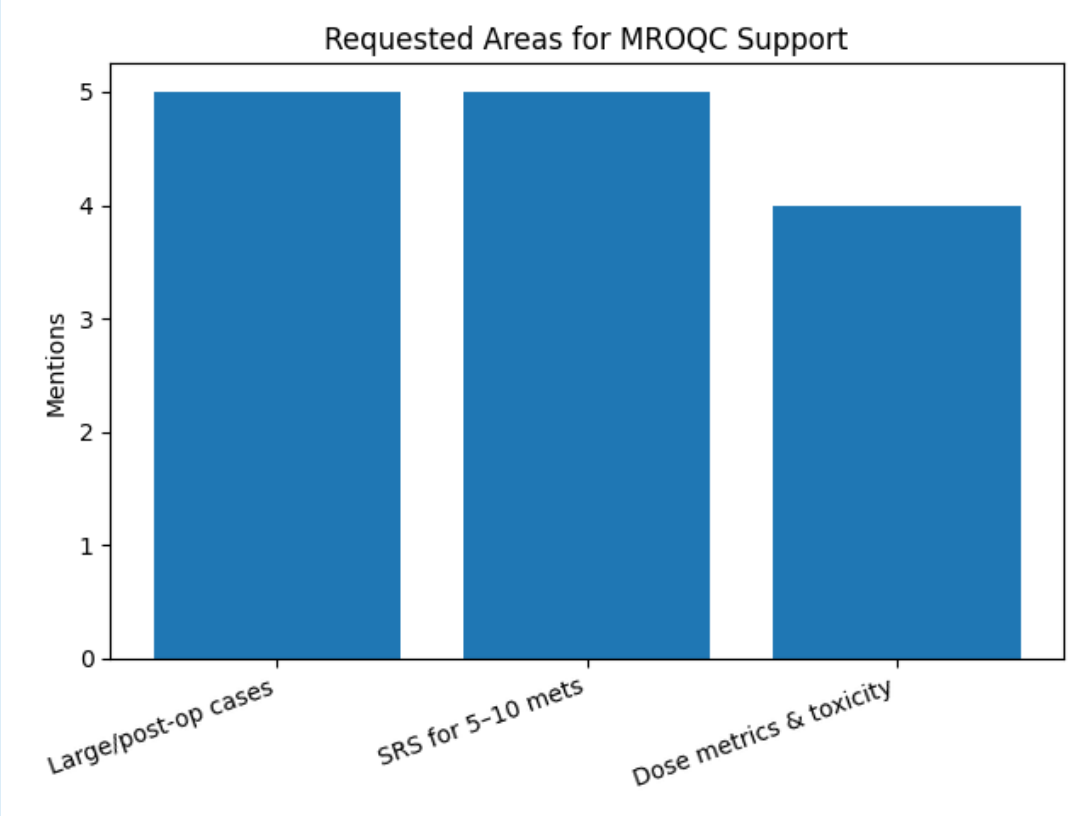
What Respondents Asked MROQC For

- Help with management of large and/or post-operative cases
- Techniques for SRS treatment of 5–10 metastases
- Refinement of dose metrics for meaningful toxicity



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Discussion: Large & Post-Op Cases

WHAT DRIVES DECISION-MAKING MOST?

WHERE DO MRI TIMING OR INPATIENT LOGISTICS INTERFERE?

WHAT TOOLS WOULD HELP MOST?

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Discussion: SRS for 5–10 Metastases

What tips the balance between SRS, SRT, and WBRT?

How much does machine capability matter?

Would shared planning examples help?

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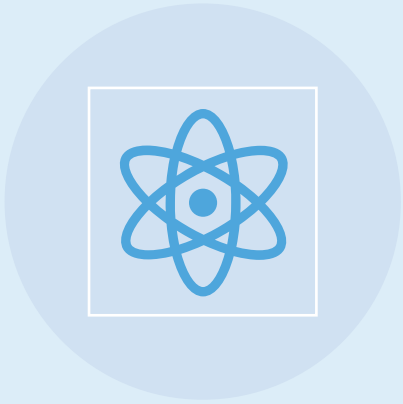
Discussion: Dose Metrics & Toxicity



WHICH DOSE METRICS TRULY GUIDE YOUR PRACTICE?

WHERE DO CONSTRAINTS FEEL UNCLEAR OR CONFLICTING?

WOULD CONSENSUS RANGES BE USEFUL?

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Proposed Next Steps

01

Focused subcommittees for each priority area

02

Start with education and consensus-building

03

Develop case-based resources and planning references

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Bone Metastases: Where MROQC Goes Next

As MROQC expands into Brain Metastases, Bone Mets remains an active QI priority

Near-term focus areas:

- **Re-irradiation**
  - Common in practice, limited standardization
  - Uncertainty around cumulative dose, toxicity, and patient selection
  - Area where MROQC has only begun to engage
- **Simulation-Free (SIM-Free) Radiation**
  - Growing interest for urgent and palliative scenarios
  - Potential to reduce treatment delays and patient burden
  - Variable workflows and readiness across facilities
- **Defining the next phase of Bone Mets QI**
  - Beyond initial dose/fractionation decisions
  - Emphasis on longitudinal care, retreatment, and evolving technology use
  - Opportunity for alignment where evidence is still emerging

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MROQC Mets Working Group Roadmap

Brain & Bone Metastases

🧠 Brain Metastases: Initial Focus

- Large and post-operative cases
- SRS techniques for 5–10 metastases
- Dose metrics tied to meaningful toxicity
- Emphasis on complex decision-making and system constraints(e.g., MRI access, re-irradiation considerations)

🦴 Bone Metastases: Next Phase of QI

- Re-irradiation
  - Patient selection, cumulative dose, toxicity
- Simulation-Free (SIM-Free) Radiation
  - Urgent and palliative workflows
- Moving beyond initial dose/fractionation toward longitudinal care

🔗 Shared Principles Across Brain & Bone Mets

- Education and consensus-building before measures
- Case-based learning and practical guidance
- Alignment where evidence and technology are evolving

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MROQC Mets Working Group: 2-Year Roadmap

2026: Focus & Foundation

Brain Metastases

- Expert-led discussions on:
  - Large/post-operative cases
  - SRS for 5–10 metastases
  - Dose metrics and toxicity
  - Case-based education and shared learning

Bone Metastases

- Define scope and key gaps in:
  - Reirradiation
  - SIM-free radiation
  - Inventory current practice patterns and barriers

2027 Alignment & Application

Brain Metastases

- Develop consensus guidance and reference materials
- Identify opportunities for standardization *where appropriate*

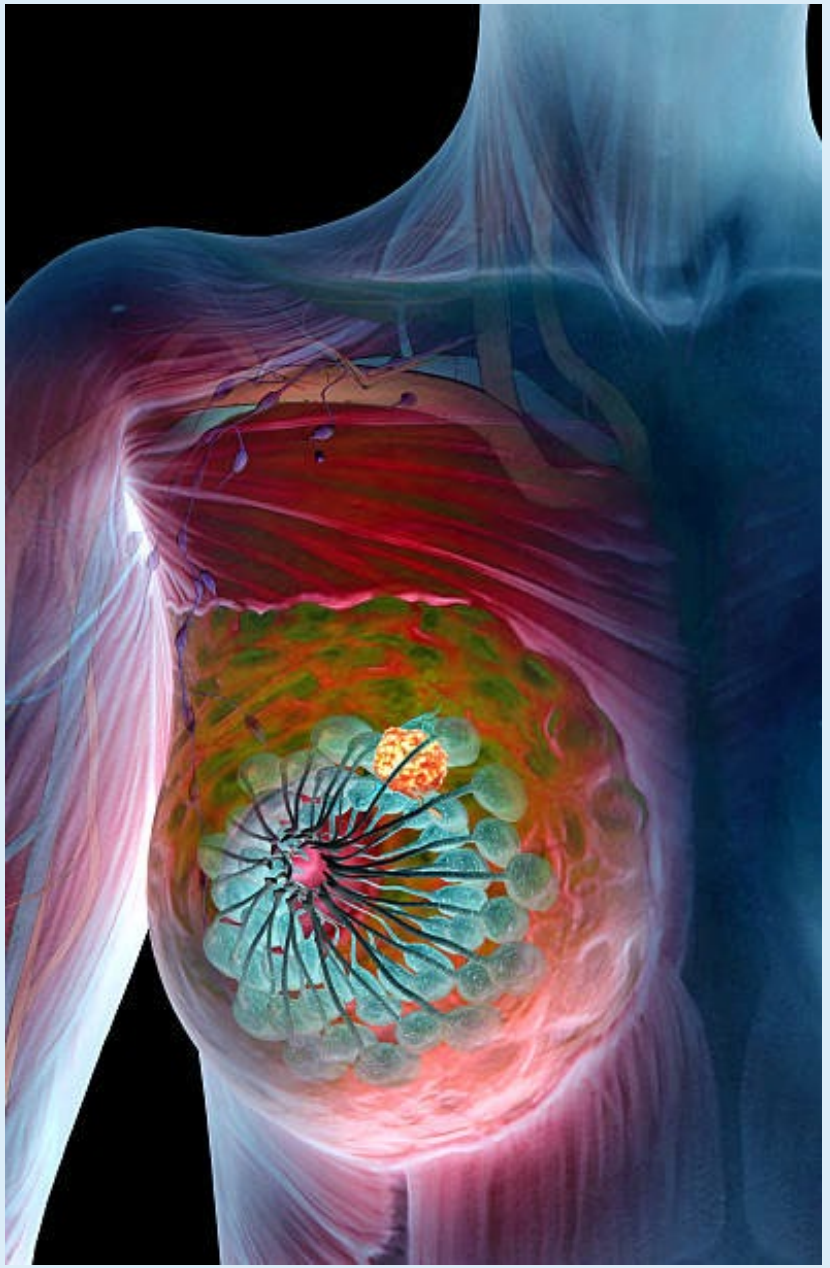
Bone Metastases

- Advance reirradiation frameworks:
  - Patient selection
  - Cumulative dose considerations
- Explore best practices for SIM-free workflows

Start with shared understanding-build toward alignment.

MROQC Quality Improvement Breast Working Group Future Directions

Drs. Lori Pierce and Frank Vicini



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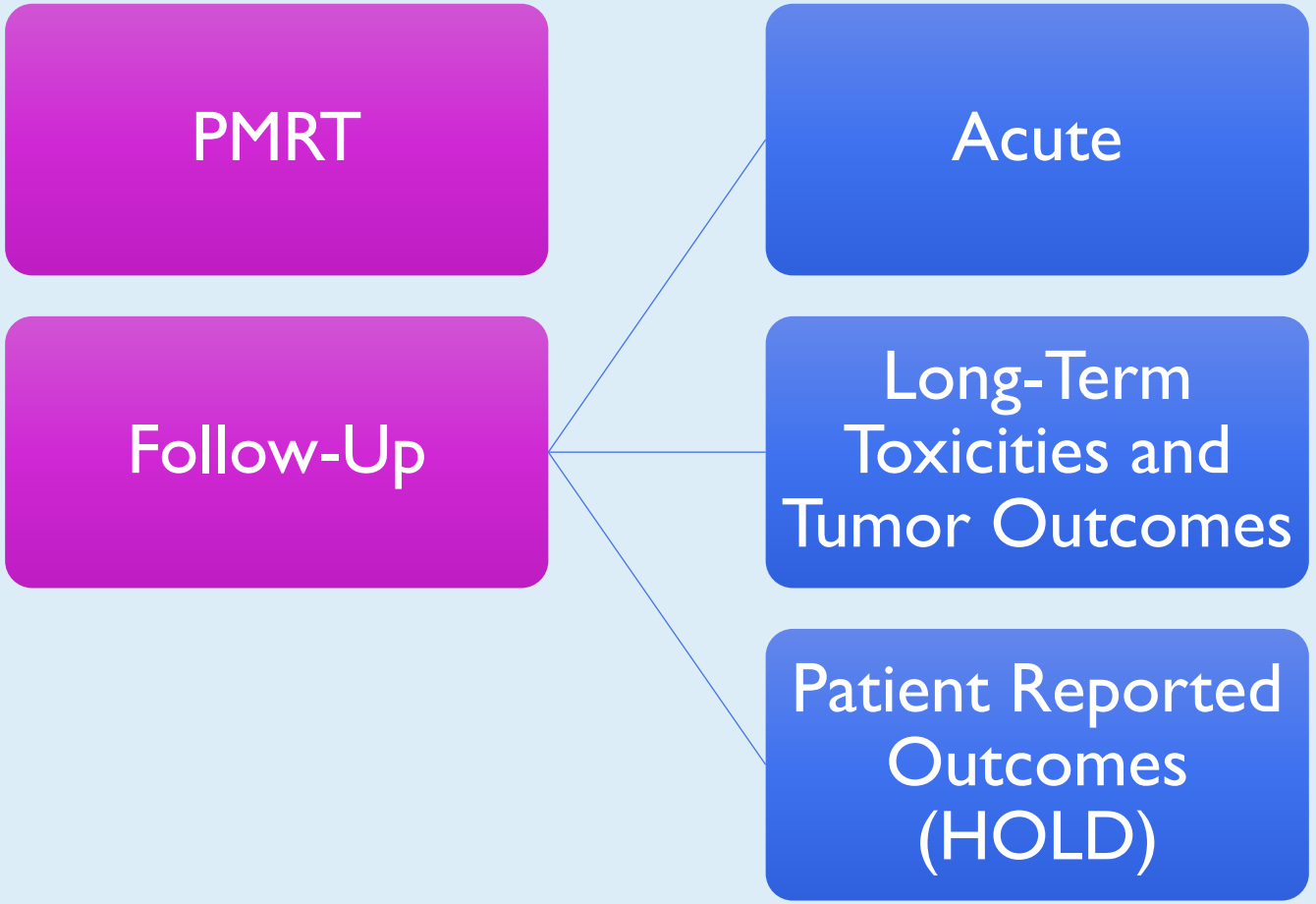
Items to Cover Today:



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Post-Mastectomy Radiation Therapy-UPDATE

ARTICLE IN PRESS

Practical Radiation Oncology (2025) 000, 1–23

pro
www.practicalradonc.org

Clinical Practice Guideline

Postmastectomy Radiation Therapy: An ASTRO/ASCO/SSO Clinical Practice Guideline

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A Post-Mastectomy Radiation Therapy (PMRT) Committee has now been formed: Mike Dominello, Mazen Mislmani, Shelley Tibbs, Terri Bott-Kothari, Mark Zaki, Lori, Frank, Kent, Robin, and members of the Coordinating Center Core Team

First Meeting was held January 30th

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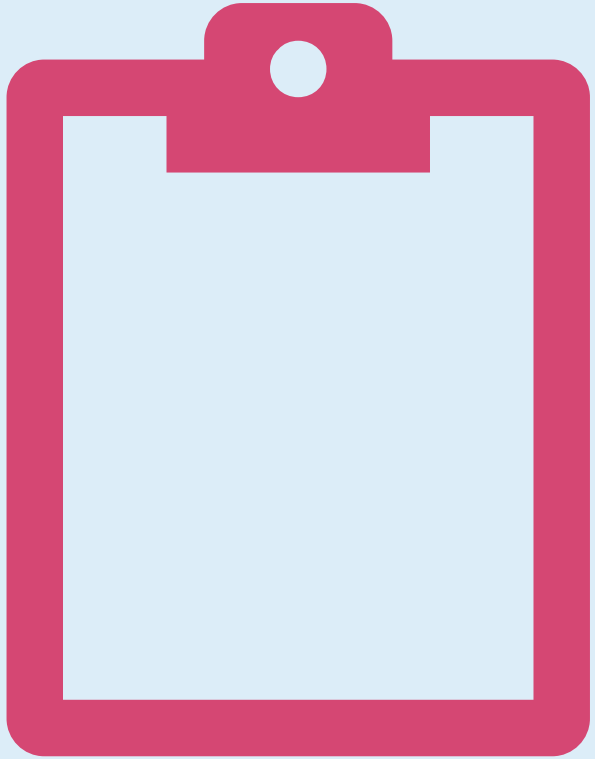
Post-Mastectomy Radiation Therapy: Next Steps

Their next step will be distributing a brief survey to assess PMRT practice patterns across MROQC breast physicians.



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Follow-Up and Outcomes: Discussion

During today's meeting, we would like to gauge additional interest in expanding our breast dataset to include follow-up and tumor outcome information. This would support long-term quality goals and allow us to understand outcomes more comprehensively across the patient journey.

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To Discuss: Breast Follow-Up and Outcomes

Acute Toxicities

- Is our current post-RT follow-up timeline appropriate with the newer shortened courses of treatment?

Long-Term Follow-Up

- Capturing disease status (toxicity and tumor outcomes) on patients already enrolled in MROQC at marked intervals (1, 3, 5 years) via chart abstraction

Patient Reported Outcomes (HOLD)

- From patients already enrolled in MROQC, gather patient reported outcomes (PROs) at advanced follow-up timepoints

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LTFU and Outcomes Poll

1. Do you support piloting expanded breast long-term follow-up and tumor outcome data collection within MROQC?
2. How feasible would participation in a pilot be at your facility?
3. Which follow-up timepoints should be considered for a pilot?
4. What is the single biggest concern for your facility regarding participation in a pilot?

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Q & A

Q & A

The floor is now open for discussion