



# MROQC Physics Training

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# About MROQC Physics

Welcome to MROQC! Our goal is to ensure the physics data that is being uploaded is of high quality. This document will introduce each of the projects MROQC has and elaborate on what is required for each. We will also provide information about the reports relevant to physics data and quality measures. As you become familiar with using the databases, this document can also serve as a reference. Additional resources, including brief videos covering the same content, can be found here <https://www.mroqc.org/physics-resources>.

## **Important Links:**

MROQC Website: [www.mroqc.org](http://www.mroqc.org)

Database access and instructions: <https://www.mroqc.org/access-instructions>

Incentive program resources: <https://www.mroqc.org/bcbsm-incentive-programs>

Facility Performance Report: <https://www.mroqc.org/facility-performance-dashboard>

Physics Data Dashboard: <https://www.mroqc.org/physics-dashboard>

MROQC Physics & Dosimetry Resources: A copy of this document and other physics & dosimetry related resources may be found at the following link:

<https://www.mroqc.org/physics-resources>

## **Contact:**

If you have questions after training, please don't hesitate to email [support@mroqc.org](mailto:support@mroqc.org)!  
This is strongly encouraged over contacting individual team members.

# Projects

All projects require physics survey submission along with DICOM data upload if applicable.

## 1. MROQC Database

**Breast:** The Breast Radiotherapy Technical Details form (BRTD) is required for all patients. Full DICOM data upload is required for EBRT only. In the case of incomplete treatment, only enter physics data if the patient has received 50% or more of their fractions.

**Lung:** The Lung Radiotherapy Technical Details form (LRTD) and full DICOM data upload is required for each patient. In the case of incomplete treatment, only enter physics data if the patient has received 50% or more of their fractions.

## 2. Bone Mets Database

The Bone Mets Radiotherapy Technical Details form (MRTD) is required for each treated plan; therefore, it is possible for a patient to have multiple MRTDs. In addition, a patient can be retreated, so it is necessary to enter the RT start date on each form in the Bone Mets database to assist in data management. Full DICOM data upload is only required for a patient's first complex course (**SBRT and/or IMRT**). Only the DICOM files for SBRT and IMRT are required when uploading data for the first complex course. In the case of incomplete treatment, enter physics data if the patient has received *any* treatment.

## 3. Prostate Database

The Prostate Radiotherapy Technical Details form (PRTD) and full DICOM data upload is required for each patient. The patient needs to be matched (MUSIC partner facility) or have a P7 form uploaded. In the case of incomplete treatment, only enter physics data if the patient has received 50% or more of their fractions.

Project Name	Physics Survey		Full DICOM Data
Breast	BRTD		EBRT patients only
Lung	LRTD		All patients
Bone Mets	MRTD for each plan		First complex course
Prostate	Matching Facility: PRTD entered if patient has matched or has P7 form completed	P7 Facility: PRTD entered for all eligible patients	All who meet PRTD criteria

# Uploading Survey Data

## Physics Form:

- Log into the database that corresponds with the patient's cancer type. Click on the name of your institution to see a list of enrolled patients. Navigate to the patient record using the MRQOC ID search on the site page or by editing the web address.

Subjects		
MROQC ID Search		
<input type="text"/> Status: <input type="text" value="- Any -"/> Cancer Type: <input type="text" value="- Any -"/> <input type="button" value="Apply"/>		

Tip: A quick way to access a patient record is to enter the MROQC ID in the webpage address.

[access.mroqc.org/node/28454](https://access.mroqc.org/node/28454)

- Once you open the desired patient record, click on the “Enter Physics Data” tab. Click “Create Survey Entry” to begin the patient-specific physics survey.

4-Physics Data			
Breast Radiotherapy Technical Details Form			
Completed	<a href="#">Take Survey</a>	Eval Date	<a href="#">View Survey</a>
<a href="#">Create survey entry</a>			

- Complete the physics survey. Note that branching logic is used in the online form, so additional questions may appear based on responses entered.

Example of BRTD form survey.  
All MROQC surveys have a similar format.

- Once the form is submitted, the database will display the date and time of completion of the form.

## Breast Radiotherapy Technical Details Form

Completed	Take Survey	Eval Date	View Survey
2022-06-07 11:06	<a href="#">Retake Survey</a>		<a href="#">View results</a>

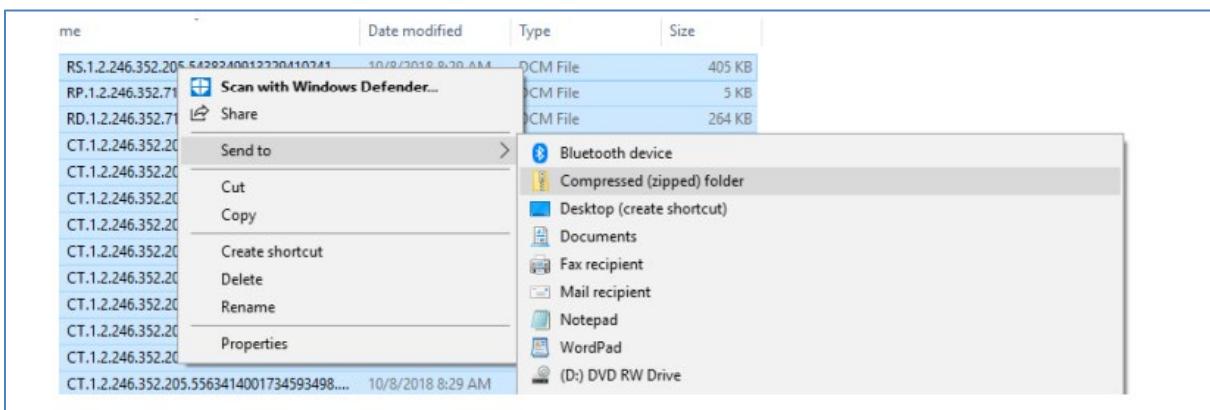
# Uploading DICOM Data

## DICOM Data:

- Preparation:
  - Ensure that all required structures have TG-263 compliant names. See the [Physics Tip Sheet](#) (also included in appendix of this document for convenience) to see the required structures for each project. The rules for TG-263 compliant target names are on the second page of the tip sheet.

**Note:** Many abstractors print off the tip sheet as a handy reference.

- Export DICOM files from your TPS:
  - Imaging series (CT, MR, US)
  - RTplan
  - RTDose: one per plan. Please do not submit one per beam. It is not necessary to create a Dose Sum for submission to MROQC.
  - RTstruct
  - Please do not submit RTRecord or RTImage format files. These cannot be anonymized by the MROQC tool and will be rejected at the time of upload.
- Compress DICOM files into a zip folder for upload. Do not use any sub-folders.  
**If a patient was resimulated, include the files for all treatments in a single zip folder.** The upload tool will sort and summarize the files by series.



## DICOM Data (continued):

- Click on the “DICOM Upload” tab in the database for the desired patient.

The screenshot shows a software interface with a top navigation bar containing tabs: View Reports, Audit Log Revisions, **DICOM Upload** (which is highlighted with a red box), Edit, Enter Data, Enter Physics Data, Group, and Site. Below the tabs is a section titled "Choose a file" with a table header for "Filename", "Size", and "Status". A large text area below says "Drag files here." with a placeholder. At the bottom left is a blue "Add files" button with a plus sign, and at the bottom right is a progress bar showing "0 b" and "0%".

- Drag the compressed folder into the box where it says “Drag files here” or click “Add files” in the lower left corner of the tool. Click “Start” to submit the files. A progress bar will appear.

The screenshot shows a software interface with a top navigation bar containing tabs: View Reports, Audit Log Revisions, **DICOM Upload**, Edit, Enter Data, Enter Physics Data, Group, and Site. Below the tabs is a section titled "Dicom Status" with the message "We are processing your case now, you may move on to the next one. The average case takes about 10 minutes to process." At the bottom is a progress bar with a grey bar and the text "0%" to its right. Below the progress bar is the message "Sending files to server".

During the upload process, files are anonymized and summarized. Once the files are finished uploading, a summary report will appear for your review. The report includes a file summary, beam summary, and DVH data. Please review each section of the report to ensure the files were interpreted correctly by the DICOM upload tool. DICOM data uploads typically take less than 10 minutes, depending on the size of the upload and available computing resources for the upload tool. If the upload is taking longer than 30 minutes, please contact [support@mroqc.org](mailto:support@mroqc.org) for assistance.

Patient: '24848' ID:24848

Report generated: 2022-08-29 12:19:17

**CT scan summary**

Study ID	Series #	CT Datetime	Slices	Num plans	Num doses	Errors
none	1	20180709 102134.723000	43	1	1	

Study id: none; Study Description: none  
 CT series: '1' Study Date/time: 20180709 102214.987000 (43 images)  
 --- Plan Details ---  
 Plan 'Placeholder':

**Plan 'Placeholder' Beam Summary**

Beam #	Name	Type	Rad Type	Energy	Gantry	Fxn Gp 1
1	Field 1	STATIC	PHOTON	6	0	1 fxn Rx: Unknown

**Note:** The DICOM upload tool summary may show a warning that structures are missing. There will be text “Best guess:” followed by a project (breast, lung, prostate, or mets). If the DICOM upload tool is not correctly guessing which project this case belongs to, you can safely ignore this error message. The upload tool is not connected to physics survey responses and does not reflect how the data for that case is processed for data checker errors and incentive program compliance.

### Reuploading DICOM Data:

- If you reupload DICOM data to the database, the previously submitted DICOM data will be deleted and overwritten by the new upload. For example, if a patient had two plans and you only uploaded the DICOM files for the first plan by mistake, you will still need to include the DICOM files for both plans when you reupload.
- To resubmit DICOM files for a patient click on “Upload a different file”

Upload a different file

- If the upload is frozen and this button is not visible, you can add “/redo” to the URL to reset the upload. This method works for uploads in all three databases. For example, for a breast patient with MROQC ID 99999, the URL to reset the upload would be: <https://access.mroqc.org/node/99999/dicom/redo>

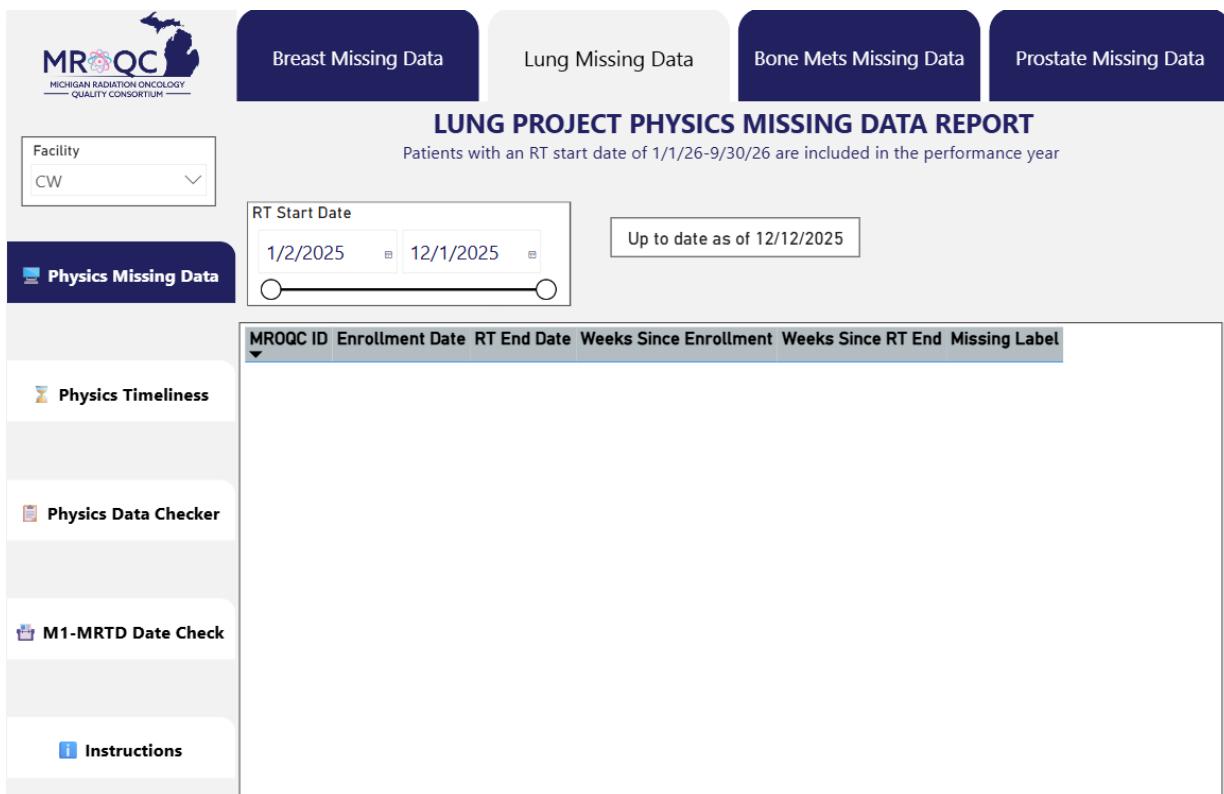
# Power BI Reports

All reports related to incentive program performance, clinical data quality, and physics data quality are on the MROQC website as embedded Power BI reports. There are two reports that are essential to regularly check as a physics abstractor – the facility performance dashboard and the physics data dashboard. Please download and read the [User Guide](#) which explains how to set up your free Power BI access, how to navigate and interpret the facility performance dashboard, and how to export Power BI reports to PDFs. Afterwards please go through the following section, which is a brief tutorial on using the Physics Data Dashboard report. As always, please send an email to [support@mroqc.org](mailto:support@mroqc.org) if you are having any issues using these reports but we encourage you to use this document as a reference.

## Physics Data Dashboard

There are five report tabs (on the left side with icons):

- **Physics missing data:** Shows cases that do not have physics data uploaded yet. There are 4 tabs on the top of the report (for breast, lung, bone mets, and prostate patients) to navigate between projects.



The screenshot shows the 'LUNG PROJECT PHYSICS MISSING DATA REPORT' interface. At the top, there are five tabs: 'Breast Missing Data', 'Lung Missing Data' (which is selected), 'Bone Mets Missing Data', and 'Prostate Missing Data'. On the left, a sidebar lists five sections with icons: 'Physics Missing Data' (selected), 'Physics Timeliness', 'Physics Data Checker', 'M1-MRTD Date Check', and 'Instructions'. The main content area displays a table with the following columns: MROQC ID, Enrollment Date, RT End Date, Weeks Since Enrollment, Weeks Since RT End, and Missing Label. The table is currently empty. At the bottom of the main area, there is a note: 'Patients with an RT start date of 1/1/26-9/30/26 are included in the performance year'. Below this, there are date selection fields for 'RT Start Date' (set to 1/2/2025) and 'Up to date as of' (set to 12/12/2025).

- **Physics timeliness:** Shows performance for physics timeliness for your facility overall. The P4P incentive target for physics timeliness is >85% of patients in the performance year have data submitted within 6 weeks of RT end. Make sure to regularly check the RT end date column in the physics missing data report to ensure data is submitted within 6 weeks of RT end date.

Note: We encourage you to do survey data and DICOM data submission in the same abstraction session to ensure both are submitted in a timely manner.



**PHYSICS TIMELINESS FOR ALL PROJECTS**

**Measure 2A:** 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. Patients with an RT start date of 1/1/26-9/30/26 are included in the performance year

Facility CW	Up to date as of 12/12/2025						
<a href="#">Physics Missing Data</a> <a href="#">Physics Timeliness</a> <a href="#">Physics Data Checker</a> <a href="#">M1-MRTD Date Check</a> <a href="#">Instructions</a>	<b>Number of Patients Meeting the Physics Timeliness Measure Across All Projects</b> (Blank) <b>Percent of Cases With Data Submitted Within 6 Weeks of End of Treatment</b> Goal: 85% Timely <b>PHYSICS TIMELINESS FALLOUTS</b> <table border="1"> <thead> <tr> <th>MROQC ID</th> <th>Project</th> <th>Timeliness Fallout Reason</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	MROQC ID	Project	Timeliness Fallout Reason			
MROQC ID	Project	Timeliness Fallout Reason					

- **Physics data checker:** Shows data quality errors for submitted cases. There are five tabs on the top of the report, the first being the overall error-free rate and the other four to navigate between projects. The P4P incentive target is ≥95 percent of cases without a data check error for cases in the performance year, though we encourage you to clear all data check errors so the data can be properly used for quality improvement analysis. There is a problem key on the right side of the report that shows which problem is associated with which number.

**Note:** If you think a case has been improperly flagged with an error, please reach out to us immediately at [support@mroqc.org](mailto:support@mroqc.org).

**BONE METS PHYSICS DATA CHECKER REPORT**

**Measure 2B:** Physics & dosimetry information is error-free according to database-specific Physics-Data Checker reports for ≥95% of 2026 patients. Patients with an RT start date of 1/1/26-9/30/26 are included in the performance year.

Up to date as of 12/09/2025

For full list of required TG-263 structures, see the [Physics tip sheet](#)

Physics Data Problems			Problem	Problem Description
MROQC ID	Data Problems	Treatment Year	Problem	Problem Description
			1	Survey: Fraction size outside range 1-22 Gy.
			2	Survey: Target name contains 'PTV'. Plan details section states no PTV was contoured. Please confirm PTV not contoured
			3	Survey: Inconsistent number of fractions reported within same plan. Please edit number of fractions or split the targets into separate plans
			4	Survey: 2D delivery technique reported. Multiple target contours reported (GTV, CTV, and PTV). Please confirm 2D technique
			5	Survey: Other treatment region could be categorized as Sternum or Sacral spine. Please edit survey to classify treatment site
			6	Survey: SBRT treatment indicated with fraction size smaller than 5 Gy. Please confirm fraction size and SBRT technique
			7	Survey: Non-SBRT treatment indicated with fraction size larger than 8 Gy. Please edit survey to indicate SBRT
			8	Survey: 3D plan billed as IMRT. Please confirm delivery and billing types
			9	Survey: IMRT or SBRT plan with no target contours. Please confirm treatment technique and contours drawn
			10	Survey: Weekly imaging reported for single fraction plan. Please update imaging frequency
			11	DICOM: Target name indicated in the survey not found in DICOM mets. Please edit survey to reflect name of PTV contour
			12	DICOM: Mismatch in number of fractions reported in DICOM and survey(s). Please confirm that DICOM data are uploaded for all SBRT and/or IMRT plans
			13	Missing response to 'Select the planning type used for this plan'
			14	Missing response to 'What delivery technique(s) were used in this plan?'
			15	Missing response to 'Was this plan considered SBRT?'

- M1-MRTD Date Check:** For the bone mets project, data for multiple courses of treatment may be submitted. This page checks if the start dates reported on the physics surveys (MRTD) correspond with the start date reported on the M1 baseline clinical form for that course of treatment. Since the error may be on the physics form or the clinical form, make sure to communicate with the CDA when correcting these errors.

**BONE METS TREATMENT START DATE CHECK**

Patients on this report have an RT start date on the MRTD that does not match the RT start date listed on the M1 form. Please verify the treatment dates.

Up to date as of 12/12/2025

M1-MRTD FORM		
MROQC ID	RT Start M1	RT Start MRTD

- **Instructions:** This tab shows a diagram of the report (shown below) to help you take advantage of the functionality of the Power BI interface. The steps for exporting the report as a PDF are also included below the diagram.



**MRQC**  
MICHIGAN RADIATION ONCOLOGY  
QUALITY CONSORTIUM

## GENERAL TIPS AND INSTRUCTIONS

Facility  
CW

 Physics Missing Data

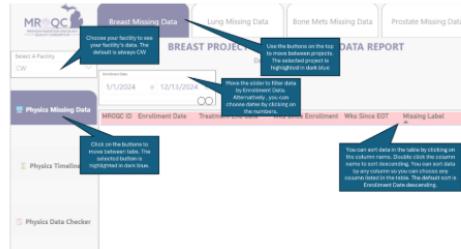
 Physics Timeliness

 Physics Data Checker

 M1-MRTD Date Check

 Instructions

### General Tips For Using the Report



Choose your Facility to see your facility's data. The selected is Keweenaw CIV

Use the buttons on the top right to filter the data. The selected project is M1-MRTD and the selected date range is 1/1/2024 - 12/31/2024

Hover the button to view the tooltip. You can choose either by Enrollment Date, Treatment Date, or Enrollment Date. Choose either by clicking on the button or by clicking on the dropdown menu.

You can sort data in the table by clicking on the column name. Double click the column name to sort in descending order. In any column, you can choose any sorting order by clicking on the arrow icon in the column header.

### Export Data to Excel



Hover on the visual you would like to export. Click on the ... and choose Export data.

Exporting a Table from the Report to Excel

- Hover over the Table Visual**
  - Locate the three dots (...) in the top-right corner of the table visual.
- Select "Export Data"**
  - Click on the "Export Data" option.
  - In the dialog box that appears, choose Data with Current Layout.
- Export to Excel**
  - Click the Export button.
  - An Excel file will be generated and saved to your local computer.

## How to Complete Training

To obtain credit for completing training, please submit a ticket or email [support@mroqc.org](mailto:support@mroqc.org) with the subject “Physics Training Completed”.

Once you have submitted data for two cases, we will schedule a brief check-in with you to review the submitted cases and answer any questions you have.

Please don’t hesitate to reach out to us at [support@mroqc.org](mailto:support@mroqc.org).

Thank you!

## Appendix: Physics Tip Sheet

### Download Physics Tip Sheet

Breast	Lung																								
<p><b>TG-263 Required Structures:</b></p> <table border="1"> <tr><td>All Patients:</td><td>Node Positive Patients (only regions irradiated):</td></tr> <tr><td>CTVs<sub>b</sub></td><td>LN_Ax_L1_L/R</td></tr> <tr><td>PTVs<sub>b</sub></td><td>LN_Ax_L2_L/R</td></tr> <tr><td>Heart</td><td>LN_Ax_L3_L/R</td></tr> <tr><td>Lung_L/R</td><td>LN_IMN_L/R or LN_IMNs</td></tr> <tr><td>PTV_Breast_L/R (whole breast)</td><td>LN_Sclav_L/R</td></tr> <tr><td>Breast_L/R (partial breast)</td><td></td></tr> </table> <p><b>Full DICOM Upload Requirements (EBRT only):</b></p> <ul style="list-style-type: none"> <li>• CT</li> <li>• Dose</li> <li>• Plan (scaled to delivered fx)</li> <li>• Structures</li> </ul> <p><b>Physics Form:</b> Filled out once per patient at the end of treatment</p> <ul style="list-style-type: none"> <li>• Breast Radiotherapy Technical Details Form (BRTD)</li> </ul> <p><b>2026 Quality Measures:</b></p> <ul style="list-style-type: none"> <li>• Increase utilization of prone positioning for breast patients (40% target collaborative wide)</li> <li>• Lymphedema assessment measure: TG263 nomenclature and Rx dose required for irradiated nodal groups</li> <li>• Fewer than 5% of 2026 patients have a quality report error as of 12/31/26</li> </ul>	All Patients:	Node Positive Patients (only regions irradiated):	CTVs <sub>b</sub>	LN_Ax_L1_L/R	PTVs <sub>b</sub>	LN_Ax_L2_L/R	Heart	LN_Ax_L3_L/R	Lung_L/R	LN_IMN_L/R or LN_IMNs	PTV_Breast_L/R (whole breast)	LN_Sclav_L/R	Breast_L/R (partial breast)		<p><b>TG-263 Required Structures:</b></p> <table border="1"> <tr><td>GTV/IGTV/ITV</td></tr> <tr><td>PTV</td></tr> <tr><td>Esophagus</td></tr> <tr><td>Heart</td></tr> <tr><td>Lungs-GTV/IGTV/ITV</td></tr> <tr><td>Bronchus_Prox</td></tr> <tr><td>SpinalCord or SpinalCanal</td></tr> </table> <p><b>Required if within 2 cm of PTV:</b></p> <table border="1"> <tr><td>Chestwall / Rib or Ribs</td></tr> <tr><td>GreatVes</td></tr> <tr><td></td></tr> </table> <p><b>Full DICOM Upload Requirements:</b></p> <ul style="list-style-type: none"> <li>• CT</li> <li>• Dose</li> <li>• Plan (scaled to delivered fx)</li> <li>• Structures</li> </ul> <p><b>Physics Form:</b> Filled out once per patient at the end of treatment</p> <ul style="list-style-type: none"> <li>• Lung Radiotherapy Technical Details Form (LRTD)</li> </ul> <p><b>2026 Quality Measures:</b></p> <ul style="list-style-type: none"> <li>• Follow <a href="#">fractionation and dosimetric guidelines</a> for hypofractionated (6-20 fx) patients (75% target collaborative wide)</li> <li>• Fewer than 5% of 2026 patients have a quality report error as of 12/31/26</li> </ul>	GTV/IGTV/ITV	PTV	Esophagus	Heart	Lungs-GTV/IGTV/ITV	Bronchus_Prox	SpinalCord or SpinalCanal	Chestwall / Rib or Ribs	GreatVes	
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<p><b>TG-263 Required Structures:</b></p> <table border="1"> <tr><td>PTV</td></tr> </table> <p><b>DICOM Collection:</b></p> <ul style="list-style-type: none"> <li>• Full DICOM only for FIRST complex course</li> </ul> <p><b>Physics Forms:</b> Filled out once per each plan in a course at the end of treatment</p> <ul style="list-style-type: none"> <li>• Bone Mets Radiotherapy Technical Details Form (MRTD)</li> <li>• Report plans in the same course if plans are adjacent or overlapping in time</li> <li>• Report a new course start date if there is a break other than a weekend</li> </ul> <p><b>2026 Quality Measures:</b></p> <ul style="list-style-type: none"> <li>• Use of shorter course radiotherapy (<math>\leq 5</math> fractions at your facility)</li> <li>• Re-irradiation: For cases with concern for toxicity due to cumulative dose, the physics consult must occur prior to physician approval. For Type 1 reirradiation cases with no concern for toxicity, the consult must occur prior to the start of treatment.</li> <li>• Fewer than 5% of 2026 patients have a quality report error as of 12/31/26</li> </ul>	PTV	<p><b>TG-263 Required Structures:</b></p> <table border="1"> <tr><td>CTVp/CTVs<sub>b</sub></td></tr> <tr><td>PTVp/PTVs<sub>b</sub></td></tr> <tr><td>Bladder</td></tr> <tr><td>Rectum</td></tr> </table> <p><b>Full DICOM Upload Requirements (EBRT &amp; Brachytherapy):</b></p> <ul style="list-style-type: none"> <li>• Image Set (CT, MR, US)</li> <li>• Dose</li> <li>• Plan (scaled to delivered fx)</li> <li>• Structures</li> </ul> <p><b>Physics Form:</b> Filled out once per patient at the end of treatment</p> <ul style="list-style-type: none"> <li>• Prostate Radiotherapy Technical Details Form (PRTD)</li> </ul> <p><b>2026 Quality Measures:</b></p> <ul style="list-style-type: none"> <li>• EBRT patients: Increase MRI utilization for intact prostate cancer (70% target)</li> <li>• Fewer than 5% of 2026 patients have a quality report error as of 12/31/26</li> </ul>	CTVp/CTVs <sub>b</sub>	PTVp/PTVs <sub>b</sub>	Bladder	Rectum																			
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