

Policy Title:	Minimum Time Requirements for Radiation Therapy Pre-Treatment Preparation Processes		
Applies To:	Radiation Oncologists, Dosimetrists, Medical Physicists, Radiation Therapists		
Approved:	Effective:	Next Review:	
May 29, 2023	July 25, 2023	May 29, 2027	
Sponsor:	Senior Director, Cancer Care Program Senior Medical Director, Cancer Care Program		
Approval Authority:	VP Operations, Central Zone		
Number:	CAN-RT-025	Manual:	Cancer Care

PURPOSE

This policy provides clearly defined time frames for radiation therapy (RT) pre-treatment planning process.

POLICY

1. The attending Radiation Oncologist is responsible for assigning the patient prioritization category based on disease, medical condition, and physician assessment.
2. Minimum time requirements must be considered when scheduling patient treatment.

Note: Scheduling a start date that does not accommodate stated minimum process times will result in delay of patient treatment.

3. If the start of patient treatment does not accommodate the stated minimum pre-treatment preparation process times in [Appendix B](#), and these steps cannot be safely expedited, the patient’s treatment must be rescheduled.

Exception: If, at the discretion of the Radiation Oncologist, the patient must start treatment before the minimum time requirements to avoid adverse treatment outcomes, workload will be vetted by the RT Manager and Medical Physics Leadership (or delegates) to accommodate.

PRINCIPLES AND VALUES

1. Clearly defined minimum times for the RT pre-treatment planning process are essential to avoid inappropriate time pressures, safety, and quality issues.
2. Radiation therapy is a complex, multi-step process involving many different staff groups in treatment planning and delivery.
3. Any step of the RT treatment planning process cannot be expected in less than the specified duration without potentially compromising safety or quality.

REFERENCES

American Society for Radiation Oncology. (2019). *Safety is no accident. A framework for quality radiation oncology care*. Retrieved from

https://www.astro.org/ASTRO/media/ASTRO/Patient%20Care%20and%20Research/PDFs/Safety_is_No_Accident.pdf

International Atomic Energy Agency. (2007). *Comprehensive audits of radiotherapy practices: A tool for quality improvement*. Retrieved from

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The Royal College of Radiologists, Society and College of Radiographers, Institute of Physics and Engineering in Medicine, National Patient Safety Agency, British Institute of Radiology. (2008). *Towards safer radiotherapy*. London: The Royal College of Radiologists. Retrieved from

<https://www.rcr.ac.uk/publication/towards-safer-radiotherapy>

RELATED DOCUMENTS

[Department of Radiation Oncology Triage Guidelines](#)

Appendices

Appendix A: Definitions

Appendix B: Minimum Time Requirements for RT Pre-Treatment Planning Processes

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Appendix A: Definitions

Minimum Time Process	The minimum time duration to complete a particular treatment planning step, measured in working days. Timelines begin once the required imaging and other medical tests/consultation are completed and the first step(s) of the planning process can commence.

Appendix B: Minimum Time Requirements for RT Pre-Treatment Planning Processes

Legend: Acronyms used in the table below:	
Acronym	Meaning
• TP1	Treat Priority 1
• TP2	Treat Priority 2
• TP3	Treat Priority 3
• TP4	Treat Priority 4
• TP5	Treat Priority 5
• TPO	Treat Priority other
• RO	Radiation Oncologist
• CRT	Conformal Radiation Therapy
• SBRT	Stereotactic Body Radiation Therapy
• SRS/SRT	Stereotactic Radiosurgery/ Stereotactic Radiation Therapy
• VMAT	Volumetric Modulated Arc Therapy
• TMI	Total Marrow Irradiation
• QA	Quality Assurance
• MP	Medical Physicist
• RTT	Radiation Therapist
• SABR	Stereotactic Ablative Body Radiotherapy

Task	Who is responsible	(TP1) within 24 hours	(TP2) 7 days or less	(TP3) 14 days or less	(TP4) 21 days or less	(TP5) 60 days or less	(TPO) More than 60 days or TBD
Normal tissue contouring	Treatment planner	During Emergency treatment all tasks are completed as soon as possible.	1 day in parallel	2 days in parallel	3 days in parallel	3 days in parallel	3 days in parallel
Physician contouring	RO		0.5 day	1 day	1 day	1 day	1 day
Peer review (contour)	RO			0.5 day	1 day	1 day	1 day
Final contour approval	RO						

Task	Who is responsible	(TP1) within 24 hours	(TP2) 7 days or less	(TP3) 14 days or less	(TP4) 21 days or less	(TP5) 60 days or less	(TPO) More than 60 days or TBD
Treatment planning	Treatment planner	During Emergency treatment all tasks are completed as soon as possible.	1 day	3 days	3 days	3 days	3 days
Dosimetry Peer Review (Sydney only)	Second treatment planner (different person)		0.5 day	0.5 day	0.5 day	0.5 day	0.5 day
Physician plan review	RO		0.5 day	1 day	1 day	1 day	1 day
Post planning dosimetry QA	Treatment planner		1 day	1 day	1 day	1 day	1 day
Dosimetry QA	Second treatment planner (different person)						
Dose verification	MP/RTT						
Physics plan QA/ treatment approval	MP		0.5 days	0.5 days	0.5 days	0.5 days	0.5 days
Therapist chart QA	RTT			0.5 day	0.5 day	0.5 day	0.5 day

Note:

- The complexity of some cases (Example: head and neck and rapid arc time constraints) prohibits the possibility of requesting as “7 day urgent”.
- A treatment protocol requiring a full peer review of the plan may need an extra day added to the minimum time requirement. Example: SABR spine plans must be peer reviewed prior to day 1 of treatment.
- Special procedures such as TMI cases may require extra time due to the complexity of contouring, planning, and QA.

POLICIES BEING REPLACED

CDHA POL-AD.10.002 Guidelines for Prioritization of Patients for RT Services

CDHA POL-AD.10.013 Minimum Time Requirements in the Treatment Planning Process

CDHA POL-AD.10.014 Minimum Time Requirements in the RT QA Process

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2023-07-25	VP Operations, CZ	N/A