

Technology and Equipment Committee

**Linear Accelerator
Discussion Group
Related Material**



Medical Facilities Planning

Linear Accelerator Discussion Group Summary

April 9, 2008

10:00 a.m. – 12:00 noon

The Jane S. McKimmon Center

MEMBERS PRESENT: Dr. Christopher Ullrich; Chair, Dr. William McMillan, Dr. Dennis A. Clements and Dr. Richard Bruch
PARTICIPANTS: Craig Comish, Barb Freedy, Dr. Duncan Yaggy, Dr. Bob Fraser, Paul Williams, R. Scott Krewson, Dr. Alan Burns, Karen Johnson, Jennifer Houlihan, Michael Tanner, Dr. Gordon G. Kolittis, Dr. R.W. McLaurin, Dr. Kevin Khoudary, Dr. John Reilly, Dr. Roger Anderson, John Lungens, Daniel Carter, Melissa Shearer, Anita Williamson, Elroy Friesen, Jim Whitting, Frank Kirschbaum, Kristy Hubbard, Jill Rosenblum, Juliane Wagner, Brenda Hall, Cameron Ebron, Bryon Rose, Brad Daniel, Nancy Lane, Kevin Spear, Amy Graham and David LeGarth
DHSR STAFF PRESENT: Bob Fitzgerald, Lee Hoffman, Tom Elkins and Kelli Fisk

Agenda	Discussion
Welcome	Dr. Ullrich and Mr. Elkins welcomed everyone to the discussion group and encouraged all the participants to move forward to the chairs available around the table and in the front rows. They indicated that the meeting was a meeting to gather ideas and comments related to the Linear Accelerator section of the State Medical Facilities Plan (SMFP)
Introductions	Dr. Ullrich asked all the participants to introduce themselves and indicate what entity that they represented.
Linear Accelerator Section Methodology	Dr. Ullrich asked Mr. Elkins to give a brief summary of the present methodology as found in the 2008 SMFP.
Summary of Comments and Presentations by the Participants	<p>The issues that the Work Group raised for review included the following:</p> <ol style="list-style-type: none"> 1) Is the data requested on the Hospital License Renewal Applications and the Registration and Inventory forms the data that should be used to determine the need for additional linear accelerators? 2) Are there procedures listed that should not be listed? Examples mentioned included: hemibody irradiation, neutron and proton radiation therapy, limb salvage irradiation (perhaps included as a complex treatment and not listed separately), and field check radiographs (perhaps the time they require should be included by increasing the weight for procedures to 1.25 or some other number). 3) Are there procedures that should be added? Examples mentioned included: IGRT; adult patients under anesthesia; separate listings for head and body SRS procedures, with body procedures given higher weight; fractionated procedures

Discussion

4) Are the weightings correct? Whatever the final list of procedures, how does one weight those procedures to reflect fairly the time they require? (To weight systematically, one usually starts with the time required for the most commonly performed procedure and weight that 1, and then weight the others according to whether they take more or less time

5) Do we need to make other changes to the methodology to reflect the fact that LINACs are increasingly going to be equipped to perform more complex, more time-consuming procedures?

There was great discussion on these issues, and there were handouts distributed to the participants that are attached to this summary. In addition, it is anticipated that there will be additional information submitted, and that information will be provided to the members of the Technology and Equipment Committee.

Agenda