## AbstractID: 5184 Title: Statistical Consistency Reviews (SCR) as a Chart Checking Tool

Purpose: Chart checking is key in radiation oncology QA. AAPM TG 40, Comprehensive QA...Oncology, TG53, QA for...Planning, and ACR Technical Standard... Therapy address chart checking. They recommend verifying monitor unit (MU) calculations by a second person or method before delivering 3 fractions or $10 \%$ total dose. Time-consuming verifications are difficulty for multiple beam, heterogeneity corrected 3D and IMRT isodoses. We investigate statistical consistency reviews (SCR) of common treatments as one of several chart-checking tools.

Method and Materials: We collect data (gantry and collimator angles, SSD, field sizes, weights, fractions, dose/fraction, depths, outputs, MUs) for sites. We investigate parameter statistical consistency for the same treatment to similar patients. We report prostate four field treatments ( 66.6 Gy or $74 \mathrm{~Gy} / 37 \mathrm{Fx}$ ) and IMRT five-field ( $0,75,140,220,285$ degrees) treatments ( $76 \mathrm{~Gy} / 38 \mathrm{Fx}$ ).

Results: Four field prostate treatments are surprisingly consistent. SSDs varied about $3 \%$ and MUs about $6 \%$. Average AP SSD was $87.9+/-1.9 \mathrm{~cm}(2 \%)$ requiring $47.4+/-2.5$ (5\%) MU for 45 cGy . Average lateral SSD was $80.7+/-2 \mathrm{~cm}$ ( $2.5 \%$ ) yielding $63.3+/-2.5 \mathrm{MU}(4 \%)$ for 45 cGy. IMRT treatments MU variations were about $20 \%$.

Conclusion: How to use these data? Rather than check our historically accurate algorithm calculations against another algorithm, we review four-field prostate MU calculations against statistical norms. A recent patient's AP 57 MU were greater than three standard deviations above the norm, $47+/-2.5 \mathrm{MU}$. His AP 79 cm SSD was well below the norm, 87.9 $+/-1.9 \mathrm{~cm}$. A planning error? No, he was just obese, but it illustrates the value of knowing average parameters. IMRT plans appear more consistent than expected; SCR may have value for IMRT plan reviews. Statistical data will be presented for other sites (breast, head/neck, etc.) commonly treated with consistent methods.

