



26 August 2021

RANZCR Particle Therapy Position Paper

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia. Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency of medical radiation science, always mindful that the welfare of the patient should be at the centre of everything we do. ASMIRT would like to extend its support to The Royal Australian and New Zealand College of Radiologists (RANZCR) Particle Therapy position paper.

This paper details the position of Particle Therapy thoroughly.

ASMIRT would like to provide the following comments:

Line 828

ASMIRT supports the need for training/credentialing and the ASMIRT particle therapy working group (PTWG) are currently working on this aspect.

Line 832

ASMIRT seeks to clarify what is required in the 7-calendar day turnaround process.

ASMIRT acknowledges that the aim for seven working days turn-around time is a commendable target to aspire to, however this is not always feasible when dealing with transferred files and differences in target and OAR delineations. This is achievable only in the case where all the required documentation, scans, etc are present and correct. As this is not for clinical use, the normal QA process following completed plans is not required.

ASMIRT is supportive of a seven working day turnaround time around if it is for a decision of the review panel only, in cases where the production of a proton plan has already been completed prior to the referral process and submitted as part of the referral package.

ASMIRT also recognises that time is of the essence for patients and often a factor in determining whether to proceed to protons or not, therefore strongly supports an efficient provision of service.

ASMIRT supports the proposed implementation of a comparative planning guideline to help assist in the efficient and timely production of comparative plans for MTOP decisions and upcoming referrals to the Australian Bragg Centre for proton therapy.

Whilst the comparative planning guidelines will attempt to standardise and streamline processes, it should be noted that all documentation and files need to be complete and

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accurate to achieve a 7-day turnaround (ie. correct nomenclature of target volumes and accurate contouring of OAR. If not correct, this needs to be sent back to the referring team.)

Line 859

AIR should be replaced with ASMIRT

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