CHANGE TABLE FOR SEPTEMBER 2023 ACRO ACCREDITATION MANUAL UPDATE

	2022 Manual	2023 Manual
Section II, C. Accreditation Process		
#5. Report Preparation **P. 3** **NOTE:** Reports are reviewed by the physics committee on a case by case basis, as needed.	**5. Report Preparation:** After the site visit has been completed, physics and administrative reports are submitted to the ACRO Office. The physics report is then reviewed by the Physics Committee, chaired by the Medical Physics Director, and a recommendation for full, provisional, or denied accreditation is submitted to the ACRO Accreditation Medical Director. The administrative report is reviewed by the Administrative Director and a recommendation for full, provisional, or denied accreditation is submitted to the ACRO Accreditation Medical Director.	**5. Report Preparation:** After the site visit has been completed, physics and administrative reports are submitted to the ACRO office. The physics report is then reviewed by the Medical Physics Director, and a recommendation for full, provisional, or denied accreditation is submitted to the ACRO Accreditation Medical Director. The administrative report is reviewed by the Administrative Director and a recommendation for full, provisional, or denied accreditation is submitted to the ACRO Accreditation Medical Director.
Section II, D. Practice Review Process		
#1, Practice Demographics **P.4** NOTE: 1.6 removed, following sections renumbered.	1.1. Contact person, address, telephone number, and email address. 1.2. Radiation Oncology Physicians, telephone numbers, and email addresses 1.3. Type of practice and affiliations. 1.4. Number of consultations. 1.5. Number of new patients treated. 1.6. Number of patients re-treated. 1.7. Number of patients treated with curative intent, palliative intent, and for local tumor control. 1.8. Number of simulations. 1.9. Number of external beam treatments. 1.10. Number of brachytherapy procedures. 1.11. Anatomic sites and stages (AJCC, UICC, etc.) of diseases treated. 1.12. Types of special treatment procedures.1.10. Number of brachytherapy procedures.	1.1. Contact person, address, telephone number, and email address. 1.2. Radiation Oncology Physicians, telephone numbers, and email addresses 1.3. Type of practice and affiliations. 1.4. Number of consultations. 1.5. Number of new patients treated. 1.6. Number of patients treated with curative intent, palliative intent, and for local tumor control. 1.7. Number of simulations. 1.8. Number of external beam treatments. 1.9. Number of brachytherapy procedures. 1.10. Anatomic sites and stages (AJCC, UICC, etc.) of diseases treated. 1.11. Types of special treatment procedures.
#2.9, Simulation Procedure and Documentation: **P. 6**	2.9. Simulation procedure and documentation: At the time of simulation, the patient will be identified by two independent methods and the identification methods shall be documented in the patient chart. The simulation technologist or radiation therapist will document details of the set-up simulation including such	2.9. Simulation procedure and documentation: At the time of simulation, the patient will be identified by two independent methods and the identification methods shall be documented in the patient chart. The simulation technologist or radiation therapist will document details of the set-up simulation including such

	information as treatment position, devices created and/or used, use of any contrast media and placement of tattoos. All field setups shall be documented with detailed photographs (to include photos taken of bolus in place as applicable) and/or diagrams that are properly labeled /dated. The practice must have a written physician simulation note signed and dated by the physician documenting participation and approval of simulation procedure and image review/approval that is separate from his/her authentication of the therapist's simulation form.	information as treatment position, devices created and/or used, use of any contrast media and placement of tattoos. All field setups shall be documented with detailed photographs (to include photos taken of bolus in place as applicable) and/or diagrams that are properly labeled /dated. The practice should have a written physician simulation note signed and dated by the physician documenting participation and approval of simulation procedure and image review/approval that is separate from his/her authentication of the therapist's simulation form.
#8.1.4, Radiation Safety Program -> Radiation Exposure **P. 10**	8.1.4. Radiation exposure monitoring program: The practice shall have a radiation exposure monitoring program, as required by the Nuclear Regulatory Commission (NRC) and/or the appropriate state regulatory agencies. The personnel radiation exposure has to be reviewed by the appropriate supervisor, who signs the exposure records. The radiation exposure report must be available for review by all personnel.	8.1.4. Radiation exposure monitoring program: The practice shall have a radiation exposure monitoring program, as required by the Nuclear Regulatory Commission (NRC) and/or the appropriate state regulatory agencies. The personnel radiation exposure must be reviewed by the appropriate supervisor, or radiation safety officer, who signs the exposure records. The radiation exposure report must be available for review by all personnel.
8.1.6.1 **Radiation Safety Program -> Initial Acceptance Testing and Commissioning Documents** **P 10**	8.1.6.1. Initial acceptance testing and commissioning documents. In cases where the equipment is old and has been accepted by other previous personnel, the acceptance document may not be available. In that case, the last annual (linac and TPS) may be used in place of the acceptance testing and commissioning documents.	8.1.6.1. Initial acceptance testing and commissioning documents. In cases where the equipment is old and has been accepted by other previous personnel, the acceptance document may not be available. In that case, the last completed annual (linac and TPS) may be used in place of the acceptance testing and commissioning documents.
8.8.13 **Intensity modulated radiation therapy (IMRT > Patient-Specific Check of Treatment Plan** **P 12**	8.8.13. Patient-specific check of treatment plan including both absolute point dose measurement and relative fluence measurement before the first treatment Patient specific QA results to be evaluated using 3 mm DTA and 3% absolute dose for at least 95% of the points. The threshold can be changed up to 10%. A more stringent Patient Specific QA is recommended, for instance 1 mm DTA and 3% absolute dose for at least 95% of the points. If it does not pass it could be relaxed to 2mm DTA and 3% absolute dose for at least 95% of the points.	8.8.13. Patient-specific check of treatment plan including both absolute point dose measurement and relative fluence measurement before the first treatment Patient specific QA results to be evaluated using 3 mm DTA and 3% absolute dose for at least 95% of the points (AAPM TG218). The threshold can be changed up to 10%. A more stringent Patient Specific QA is recommended, for instance 1 mm DTA and 3% absolute dose for at least 95% of the points. If it does not pass it could be relaxed to 2mm DTA and 3% absolute dose for at least 95% of the points.
8.8.15 **Intensity modulated radiation therapy (IMRT** **P.12**	8.8.15. Patient specific QA results to be evaluated using 3mm DTA and 3% absolute dose for at least 95% of the points. (AAPM TG218). The threshold can be changed up to 10%.	Deleted.
9.2.2: General practice review -> CQI Plan Review Process	9.2.2. Dose Discrepancy Analysis. The practice has to have a process for review of	9.2.2. Annual peer review of Physicist according to AAPM TG

P. 13 NOTE: 9.2.2 removed, following sections renumbered.	all cases in which it is found a variation of delivered dose from prescribed dose greater than 10% of the intended total dose. This review has to include any case in which mathematical dose corrections of 10% or more are made as a result of any dose verification or recalculation procedure. 9.2.3. Radiation Therapist Peer Review. The practice should have a process for a radiation therapist peer-to-peer review in addition to the therapist's documented pretreatment and documented weekly chart check. Criteria review items must be documented.	103. 9.2.3. Dose Discrepancy Analysis. The practice has to have a process for review of all cases in which it is found a variation of delivered dose from prescribed dose greater than 10% of the intended total dose. This review has to include any case in which mathematical dose corrections of 10% or more are made as a result of any dose verification or recalculation procedure. 9.2.4 Radiation Therapist Peer Review. The practice should have a process for a radiation therapist peer-to-peer review in addition to the therapist's documented pretreatment and documented weekly chart check. Criteria review items must be documented.
9.6: Outcome Studies Review **p. 14**	9.6. Outcome studies review: The practice has to review pertinent outcome studies, including tumor control, survival and significant treatment-related sequelae, from the Cancer Committee, Tumor Registry or any other section, department or committee of an associated hospital or healthcare entity, if applicable.	9.6 Outcome studies review: The practice should review pertinent outcome studies, including tumor control, survival and significant treatment-related sequelae, from the Cancer Committee, Tumor Registry or any other section, department or committee of an associated hospital or healthcare entity, if applicable
Section II, H. Medical Case Review		
4. Disease Site Cancer Review Criteria **P. 16**	**4.** Disease Site Cancer Review Criteria**:** Medical case reviews are carried out online by the team of disease site reviewers reporting to the Disease Site Team Leaders. Cases are made available on rotation to disease specific physicians based on their own expertise and clinical interest. Each chart is graded online using a standard form, with scores for various aspects of the chart on a 0-5 scale. Each chart is scored on a 100-point basis, with a score of 75 considered the minimum. To pass this section, the average chart score must be 80 or above and no more than two charts can have a score below 75 or no more than one chart for an additional practice. If either of these standards is not met, a recommendation for provisional accreditation will be given for this section. If both of these standards are not met, then a recommendation of denied accreditation will be given.	4. Disease Site Cancer Review Criteria: Medical case reviews are carried out online by the team of disease site reviewers reporting to the Disease Site Team Leaders. Cases are made available on rotation to disease specific physicians based on their own expertise and clinical interest. Each chart is graded online using a standard form, with scores for various aspects of the chart on a 0-5 scale. Each chart is scored on a 100-point basis, with a score of 75 considered the minimum. To pass this section, the average chart score must be 80 or above and no more than two charts can have a score below 75 or no more than one chart for an additional practice. If either of these standards is not met, a recommendation for provisional accreditation will be given for this section. If both of these standards are not met, then a recommendation of denied accreditation may be given.
ACCELERATED PARTIAL BREAST IRRADIATION (APBI) USING BRACHYTHERAPY CHART REVIEW **Treatment > On Treatment review, physics chart check, and daily dose log** **P.27**	On treatment visit documented every 5 fractions. Daily dose log documented. Physics chart review documented.	On treatment visit documented every 5 fractions. Daily dose log documented. Physics chart review documented.
BREAST CANCER CHART REVIEW	**Breast conserving therapy:**	**Breast conserving therapy:**

Treatment Planning > Treatment Prescription **P.28**	Breast/LNs: For breast only: 40-42.5Gy in 15-16 fractions (26Gy in 5 fractions daily also acceptable). For breast with nodal coverage: 45-50Gy in 1.8-2.0Gy/fx; 40-42.5Gy in 15-16 fractions. APBI (3D-CRT): 38.5Gy in 10 twice daily fractions or 30Gy in 5 QOD. Tumor bed boost: 10-16Gy (Total dose 50-66 Gy). **Post-mastectomy:** CW/LNs: 45-50Gy in 1.8-2.0Gy/fx; 40-42.5 in 15-16 fractions. Tumor bed boost:10-16Gy (Total dose 50-66 Gy).	Breast/LNs: For breast only: 40-42.5Gy in 15-16 fractions (26Gy in 5 fractions daily or 28.5Gy in 5 fractions weekly also acceptable). For breast with nodal coverage: 45-50Gy in 1.8-2.0Gy/fx; 40-42.5Gy in 15-16 fractions. APBI (3D-CRT): 38.5Gy in 10 twice daily fractions or 30Gy in 5 QOD. Tumor bed boost: 8-16Gy (Total dose 50-66 Gy). **Post-mastectomy** CW/LNs: 45-50Gy in 1.8-2.0Gy/fx; 40-42.5 in 15-16 fractions. Tumor bed boost: 8-16Gy (Total dose 50-66 Gy).
HEAD AND NECK CANCER CHART REVIEW **Treatment > Appropriate Treatment Verification** **P. 47**	**Definitive ChemoRT or RT** Port films at least weekly. Daily imaging if margins less than3 mm used. **Post-Operative ChemoRT or RT** Port films at least weekly. Daily imaging if margins less than3 mm used.	**Definitive ChemoRT or RT** Port films at least weekly. Daily imaging if margins less than 3 mm used. Port films or other forms of image-guidance, eg. MV CBCT or kV CBCT **Post-Operative ChemoRT or RT** Port films at least weekly. Daily imaging if margins less than 3 mm used. Port films or other forms of image-guidance, eg. MV CBCT or kV CBCT
HEAD AND NECK CANCER CHART REVIEW **Summary > Treatment Summary** **p.47**	**Definitive ChemoRT or RT** Completed **Post-Operative ChemoRT or RT** Completed	**Definitive ChemoRT or RT** Completed, with cc: to referring MD **Post- Operative ChemoRT or RT** Completed, with cc: to referring MD
INTRALUMINAL CHEST BRACHYTHERAPY CHART REVIEW **Simulation > Appropriate Consent Form Listing Side Effects** **P. 48**	**ENDOBRONCHIAL** Consent form signed and dated by patient and physician Consent specific to region of treatment with side effects listed: • endoscopy risks • brachytherapy applicator risks • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis	**ENDOBRONCHIAL** Consent form signed and dated by patient and physician Consent specific to region of treatment with side effects listed: • endoscopy risks •brachytherapy applicator risks •fatigue •esophagitis •increased pulmonary symptoms including cough •radiation pneumonitis •fatal hemoptysis
INTRALUMINAL CHEST BRACHYTHERAPY CHART REVIEW **Treatment Planning > Appropriate Dose Constraints** **P. 49**	**ENDOBRONCHIAL** Spinal cord total dose considered and recorded. **ENDOESOPHAGEAL** Bronchoscopy guidance or evaluation	**ENDOBRONCHIAL** Total dose considered and recorded for at risk organs **ENDOESOPHAGEAL** Total dose considered and recorded for at risk organs
LUNG CANCER CHART REVIEW **H&P > Appropriate Staging** **P. 50**	**Non-Small Cell Lung Cancer (NSCLC)** CXR, CT, PFTs, MRI when appropriate, PET Scan when appropriate **Small Cell Lung Cancer (SCLC)** CXR, CT, PFTs, MRI when appropriate, PET Scan when appropriate	**Non-Small Cell Lung Cancer (NSCLC)** CXR/CT PFTs or assessment of pulm reserve MRI when appropriate PET Scan when appropriate

		TNM Stage documented and appropriate **Small Cell Lung Cancer (SCLC)** CXR/CT PFTs or assessment of pulm reserve MRI when appropriate PET Scan when appropriate TNM Stage documented and appropriate
LUNG CANCER CHART REVIEW **Simulation > Appropriate Consent Form Listing Side Effects** **p. 50**	**Non-Small Cell Lung Cancer (NSCLC)** **Chemotherapy if appropriate based on stage and co-morbidities** • skin changes • redness, • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis **Small Cell Lung Cancer (SCLC)** • skin changes • redness, • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis	**Non-Small Cell Lung Cancer (NSCLC** Consent form signed and dated by patient and physician Consent specific to region of treatment with side effects listed: • skin changes • redness • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis • damage to the heart **Small Cell Lung Cancer (SCLC)** Consent form signed and dated by patient and physician Consent specific to region of treatment with side effects listed: • skin changes • redness • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis • damage to the heart
LUNG CANCER CHART REVIEW **Simulation > Appropriate Treatment Plan Note** **P. 50**	**Non-Small Cell Lung Cancer (NSCLC)** Rationale for intended dose/fractionation, technique and concurrent use of chemotherapy **Small Cell Lung Cancer (SCLC)** Rationale for intended dose/fractionation, technique and concurrent use of chemotherapy.	**Non-Small Cell Lung Cancer (NSCLC** Treatment planning note present and defining: • Treatment intent (curative vs. palliative) • Target volumes • Method of treatment • 4D Assessment **Small Cell Lung Cancer (SCLC)** Treatment planning note present and defining: • Treatment intent (curative vs. palliative)

		• Target volumes • Method of treatment • 4D Assessment
LUNG CANCER CHART REVIEW **Treatment Planning > Appropriate Dose Constraints** **P.51**	**Non-Small Cell Lung Cancer (NSCLC)** If IMRT is utilized, planning directive with planning dose constrains is present. Lung DVH: V20 <35%, MLD <20 Gy Spinal Cord < 50 Gy	**Non-Small Cell Lung Cancer (NSCLC** If IMRT is utilized, planning directive with planning dose constrains is present. Lung DVH: V20 <35%, MLD <20 Gy Spinal Cord < 50 Gy mean heart dose < 20 Gy heart V50 <25% esophageal mean < 34 Gy or V60 < 17%
LUNG CANCER CHART REVIEW **Treatment Planning > Appropriate Treatment Technique** **P. 51**	**Non-Small Cell Lung Cancer (NSCLC)** Follow RTOG 0617 protocol. **Small Cell Lung Cancer (SCLC)** Follow RTOG 0538 protocol	**Non-Small Cell Lung Cancer (NSCLC** Follow RTOG 1308 protocol or NCCN constraints **Small Cell Lung Cancer (SCLC)** Follow RTOG 0538 protocol or NCCN constraints
LUNG CANCER CHART REVIEW **Treatment Planning > Appropriate Treatment Fields** **P51**	**Non-Small Cell Lung Cancer (NSCLC)** Follow RTOG 0617 protocol.	**Non-Small Cell Lung Cancer (NSCLC** Follow RTOG 1308 protocol
LUNG CANCER SBRT CHART REVIEW **Simulation > Appropriate Consent Form Listing Side Effects** **P. 52**	• skin changes • redness, • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis • rib fracture • -damage to normal tissues	Consent form signed and dated by patient and physician Consent specific to region of treatment with side effects listed: • skin changes • redness • dryness • hair loss in the area treated • fatigue • esophagitis • increased pulmonary symptoms including cough • radiation pneumonitis • chest wall pain (if needed)
LUNG CANCER SBRT CHART REVIEW **Simulation > Appropriate Treatment Plan Note** **P. 52**	Rationale for intended dose/fractionation, technique.	Treatment planning note present and defining: • Treatment intent (curative vs. palliative) • Target volumes • Motion Management
LUNG CANCER SBRT CHART REVIEW **Simulation > Appropriate Simulation Note/Process** **P. 52**	CT-based, supine with a mobilization cast/molded cradle, slice thickness of ≤3mm, images from at least thoracic inlet to bottom of lung. Set up documentation.	• CT simulation – including 4D assessment of motion • Set up and patient position documented • Appropriate immobilization used (supine with a mobilization cast/ molded cradle, slice thickness of ≤3mm, images from at least thoracic inlet to below the liver.)