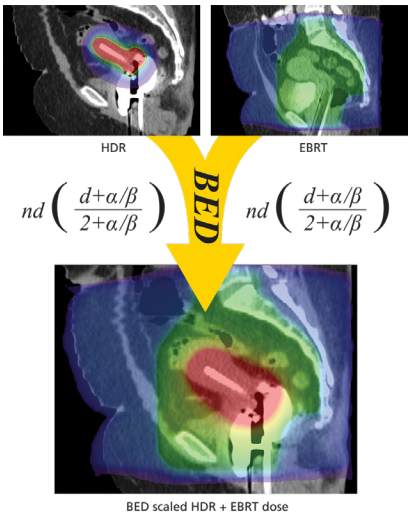
Why Is Evaluating Prior Treatments So Difficult?

AS PATIENT SURVIVAL RATES increase, many departments are struggling to address the volume and complexity of data required for effective prior therapy assessment.

Clinicians must gather the most important data, organize it for effective use, and navigate technical limitations of image access, registration, and display. Crucial decisions must be made from all available information to inform the new treatment plan.

COMMON CHALLENGES



BED scaled HDR + EBRT dose

Systems Don't Communicate Well, and Tools Are Limited

- Importing outside DICOM can be difficult and time-consuming.
- Treatment planning systems often can't handle outside plans.
- Few or no radiobiology tools are available.
- Multiple diagnostic images can't be viewed at the same time.

Variables Make It Difficult to Create Composite Plans

- Patient positioning, weight, and anatomy often vary widely between prior and current scans.
- Differing fractionation schedules (SBRT vs. IMRT) make it difficult to assess the best current treatment plan.
- Differing TPS sources for treatments (Eclipse™ vs. Monaco® vs. CyberKnife®) are challenging to compare and evaluate.

BED Is Complicated in TPS

- Dose scaling to evaluate the radiobiological effects of previous doses is a separate, ad-hoc process in most planning systems.
- Tools outside of the planning software are often used to convert doses to EQD2.

Simplify Treatment Evaluation with MIM Maestro®
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