Introduction

This survey intends to scope current practice of on-line adaptive radiotherapy (ART) delivered using Magnetic Resonance Image (MRI) guidance (on-line MRI guided ART). This will help identify training needs for future and develop training programmes.

For the purposes of this survey ART is defined as where tumour and/or organs at risk are contoured and re-planning is performed on-line. For Unity users consider this as Adapt to Shape.

All data will be anonymised.

The questions will consist of four Sections.

Section 1: Current practice and future requirements

Section 2: Professional Responsibilities

Section 3: Benefits and Barriers

Section 4a: Decision making and criteria - Physicist/Radiographer/RTT perspective

Section 4b: Decision making and criteria - Medical Doctor perspective Please contact Helen.McNair@rmh.nhs.uk if you need more surveys

* 1. What is the name of your institution?
* 2. In which country are you situated?
* 3. Which profession best represents yours? Therapeutic Radiographer/RTT
Medical doctor
Dosimetrist

Section 1: Current practice and future direction Unless specified, all questions relate to on-line adaptive radiotherapy delivered using MRI guidance. ART is defined as where tumour and/or organs at risk are contoured and re-planning is performed on-line. 4. Which system are you currently using in your institution? Elekta Unity ViewRay MRIdian Cobalt ViewRay MRIdian Linac * 5. When did your department start treating patients with on line MRI guided ART Not started 2016 2019 2015 2018 2014 2017 6. In what circumstances is a table shift or dose shift (ATP) used As the treatment option Prior to on-line MRI guided ART Subsequent to on-line MRI guided ART Never Other (please specify)

	Table or dose shift (ATP) only	ART (re contouring and re planning)
Prostate	\bigcirc	
Bladder		\bigcirc
Rectum		\bigcirc
Cervix		\bigcirc
Oligometastases		\bigcirc
Pancreas		\bigcirc
Liver		\bigcirc
Breast		\bigcirc
Oesophagus		\bigcirc
Lung		\bigcirc
Head and neck	\bigcirc	
Brain	\bigcirc	
Palliative - Bony metastases		
Please select the tumo	if on line ART OR a table or dose sl	
Please select the tumo epartment and indicate ck all that apply		
Please select the tumo epartment and indicate ck all that apply Prostate	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast Oesophagus	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast Oesophagus Lung	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast Oesophagus Lung Head and neck	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate fick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast Oesophagus Lung Head and neck Brain Palliative - Bony	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .
. Please select the tumo epartment and indicate ick all that apply Prostate Bladder Rectum Cervix Oligometastases Pancreas Liver Breast Oesophagus Lung Head and neck Brain	if on line ART OR a table or dose sl	hift (ATP) is initial treatment intent .

J. III WIIICII	cırcum	Stance	s and it	or writer	h tumour sites	is reco	nioun	ng oi	tnetumour	voiui				
	Prostate	Bladder	Rectum	Cervix	Oligometatstases	Pancrea	s Liver	Breast	: Oesophagus	Lung	Head and neck		Palliative eg bony metastases	F
Every fraction, Tick all that apply														
Particular fractions when required, Tick all that apply														
Scheduled fractions, Tick all that apply														
Other (please	e specify)							ī						
					ch tumour sites						Head and	l	Palliative eg) F
Every fraction, Tick all that apply														
Particular fractions when required, Tick all that apply														
Scheduled fractions, Tick all that apply														
Other (please	e specify)							Ī						

Dosimetrists Radiographers/RTT's Medical doctor	Physicists Dosimetrists Radiographers/RTT's Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	11. How many professionals are curren	ntly required to treat with On-line MR guided ART?
Dosimetrists Radiographers/RTT's Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	Dosimetrists Radiographers/RTT's Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes		Number of professional (FTE)
Radiographers/RTT's Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	Radiographers/RTT's Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	Physicists	
Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	Medical doctor Other (please specify) 2. Has this changed since starting treating with on line MRI guided ART? Yes	Dosimetrists	
2. Has this changed since starting treating with on line MRI guided ART? Yes	2. Has this changed since starting treating with on line MRI guided ART? Yes	Radiographers/RTT's	
Has this changed since starting treating with on line MRI guided ART? Yes	Has this changed since starting treating with on line MRI guided ART? Yes	Medical doctor	
Yes	Yes	Other (please specify)	
Yes	Yes		
Yes	Yes	2. Here this changed since starting two	sting with an line MPI guided APTO
			uing with on line MRI guided ART?
		No	

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All questions relate to on-line adaptive radiotherapy delivered using MRI guidance. ART is defined as where tumour and/or organs at risk are contoured and re-planning is performed on-line. 13. How many professionals were previously required to treat with on line MRI guided ART? Number of professional (FTE) **Physicists** Dosimetrists Radiographers/RTT's Medical doctor Other (please specify) 14. In your department, in total, how many professionals of each discipline have been trained to treat patients with on-line MRI guided ART? Number of professional (FTE) **Physicists** Dosimetrists Radiographers/RTT's Medical doctor Other (please specify) 15. Which profession is taking the lead responsibility for each stepon-line? Professional Patient set up Image acquisitions Image registrations Contouring tumour Contouring organs at risk Decision to replan/recontour Plan creation Plan checking Decision to treat with adpated plan

16. Has this changed since starting treatments?	
Yes	
No No	

ep?	Profess	sional	
Patient set up			
mage acquisitions			
mage registrations			
Contouring tumour			
Contouring organs at risk			
Decision to replan/recontour			
Plan creation			
Plan checking			
Decision to treat with adpated plan			
.8. Are you aiming to chang Yes No	e this for the future?		
	e this for the future?		

	Professional	
Patient set up		
Image acquisitions		
Image registrations		
Decision to replan/recontour		
Contouring tumour		
Contouring Organs at Risk		
Plan creation		
Plan checking		
Decision to treat with adpated plan		

iided ART	not at all	slightly		fairly	very		
	important	important	important	important	important	Don't know	NA
mprovement in patient outcome		0	0	0			0
ncrease in job satisfaction							
Closer team working							
ack of training	not at all important	Slightly important	important	fairly important	very important	don't know	NA
ack of training	important		important		-	don't know	NA O
ack of medical doctors or medical doctors time							
ack of physicists or ohysicists time	0	0	0	0	0		0
ack of adiographers/RTT or adiographers/RTT time							\bigcirc
ack of capacity on MR inac		\bigcirc	\bigcirc	\bigcirc	\bigcirc		
ack of precise ast/performant software			\bigcirc	\bigcirc			
ack of reimbursement							0
her (please specify)							

Section 4a: Decision making and criteria - PHYSICIST/RADIOGRAPHER/RTT Perspective

All questions relate to on-line adaptive radiotherapy delivered using MRI guidance.

ART is defined as where tumour and/or organs at risk are contoured and re-planning is performed on-line.

You will be asked to choose atumour site that you have the most experience planning and/or treating to answer the following questions

Prostate	Breast
Bladder	Oesophagus
Rectum	Lung
Cervix	Head and neck
Oligometastases	Palliative eg Bony metastases
Pancreas	Palliative other
Liver	
ther (please specify)	
Yes	
Yes No Other (please specify)	
) No	

	Overall gross an	atomy change	s of target a	and organs at	risk			
	Target not covere	ed by PTV						
	Target too close	to edge of PT	V					
	Target dose at th	nat fraction						
	Organs at risk c	lose to high do	se area					
	Organs at risk do	ose at that frac	tion					
	Dose delivered to	o target previo	us fractions	;				
	Dose delivered to	o organs at ris	k previous t	^f ractions				
	Co-morbidities o	f patient which	may increa	ase toxicity				
26 Which organ	s do vou consi	der the dee	a limitina	for your ob	osan tumo:	ır cito 2		
26. Which organs Tumour site Drgan at Risk One Drgans at Risk Two	s do you consi	der the dos	e limiting	for your cho	osen tumou	ır site ?		
Tumour site	s do you consi	der the dos	e limiting	for your cho	osen tumou	ır site ?		
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three 27. What is the n	ninimum reduc	tion in abso	lute volur	me of 'dose	e limiting org	gans at risk	receivinç	g the
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three 27. What is the n	ninimum reduc	tion in abso	lute volur	me of 'dose with on line	e limiting org	gans at risk ed ART	' receiving	g the
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three 27. What is the n	ninimum reduc	tion in abso would justify	olute volur y treating	me of 'dose with on line	e limiting orç e MRI guide	gans at risk ed ART		
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three P.7. What is the n Organ at maximum dose of	ninimum reduc	tion in abso would justify	olute volur y treating	me of 'dose with on line	e limiting orç e MRI guide	gans at risk ed ART		
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three Organ at risk the n naximum dose of Organ at risk one	ninimum reductionstraint that to	tion in abso would justify	olute volur y treating	me of 'dose with on line	e limiting orç e MRI guide	gans at risk ed ART		
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three 27. What is the maximum dose of Organ at risk one Organ at risk two	ninimum reductionstraint that to	tion in abso would justify	olute volur y treating	me of 'dose with on line	e limiting orç e MRI guide	gans at risk ed ART		
Tumour site Organ at Risk One Organs at Risk Two Organ at risk Three Organ at risk the maximum dose of Organ at risk one Organ at risk two Organ at risk three	ninimum reductionstraint that to	tion in abso would justify	olute volur y treating	me of 'dose with on line	e limiting orç e MRI guide	gans at risk ed ART		

Section 4b: Decision making and criteria - MEDICAL DOCTORS perspective Medical doctors to complete. All questions relate to on-line adaptive radiotherapy delivered using MRI guidance. ART is defined as where tumour and/or organs at risk are contoured and re-planning is performed on-line. Please answer this section for your specialist tumour site 28. Which tumour site(s) is/are your specialist region? Tick all that apply Prostate **Breast** Bladder Oesophagus Rectum Lung Cervix Head and neck Palliative eg Bony metastases Oligometastases Pancreas Palliative other Liver Other (please specify) 29. In current clinical practice, on a conventional Linac, when do you see and approve the treatment plan? Always see and approve the treatment plan Only see the treatment plan when constraints haven't been met Other (please specify) 30. When would you want to review the MRI guided ART treatment plan? Every day Only when constraints aren't met When present treating When I request , after review of treated plans About once a week Other (please specify)

Other (please) 32. Would you yes No 33. Rate the se recontour.	constraints aren't met quest, after review of treated plans ase specify) Turget not covered by PTV Target dose at that fraction Target dose at that fraction
When I recompleted with the second of the se	ase specify) Turget dose at that fraction ase specify) ase specify) u prefer to treat with ART, regardless of anatomy changes importance of the criteria that you consider when making the decision to use on-line AR ing. Overall gross anatomy changes of target and organs at risk Target too close to edge of PTV Target dose at that fraction
Other (plead	importance of the criteria that you consider when making the decision to use on-line AR ing. ost important to 9 as least important. If not applicable leave as blank Overall gross anatomy changes of target and organs at risk Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
32. Would you yes No 33. Rate the recontour Rate 1 as mo	importance of the criteria that you consider when making the decision to use on-line AR ing. Dest important to 9 as least important. If not applicable leave as blank Overall gross anatomy changes of target and organs at risk Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
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Yes No No 33. Rate the recontour at a smooth at a s	importance of the criteria that you consider when making the decision to use on-line AR ing. Dest important to 9 as least important. If not applicable leave as blank Overall gross anatomy changes of target and organs at risk Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
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33. Rate the se recontour Rate 1 as mo	ost important to 9 as least important. If not applicable leave as blank Overall gross anatomy changes of target and organs at risk Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
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	Overall gross anatomy changes of target and organs at risk Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
	Target not covered by PTV Target too close to edge of PTV Target dose at that fraction
	Target too close to edge of PTV Target dose at that fraction
	Target dose at that fraction
	Organs at risk close to high dose area
	Organs at risk dose at that fraction
_	
	Dose delivered to target previous fractions
	Dose delivered to organs at risk previous fractions
	Co-morbidities of patient which may increase toxicity
34. What is t	ne minimum improvement in dose to the target you believe would justify treating with AR
<2%	11-20%
3-5%	21-30%
6-10%	>30%

Organ at Risk One								
Organs at Risk Two								
Organ at risk Three								
36. What is the mini	mum reducti	ion in volum	ne of 'dos	e limiting c	organs at ri	sk' rocoi	ving the ma	vimum
dose permitted that				_	_	SK TECEI	villy the file	AAIIIIUIII
	0.1cc	0.5cc	100	1.5c	:c-5cc 5.5	cc-10cc	10cc-15cc	>20cc
Organ at risk one) (
Organ at risk two			C) (
Organ at risk three			C) (\bigcirc		
37. If Applicable - W	hich organs	do you con	sider the	dose limiti	ng for ano	her spec	cialist tumou	ır site ?
Tumour site								
Organ at Risk One								
Organs at Risk Two								
- · g								
Organ at risk Three NA 38. What is the mini						sk' recei	ving the ma	aximum
Organ at risk Three NA				MRI guide				aximum N/A
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Organ at risk Three NA 38. What is the minit dose permitted that	would justify	treating wi	th on line	MRI guide	ed ART			
Organ at risk Three NA 38. What is the minit dose permitted that Organ at risk one	would justify	treating wi	th on line	MRI guide	ed ART			
Organ at risk Three NA 38. What is the minit dose permitted that Organ at risk one Organ at risk two	would justify	treating wi	th on line	MRI guide	ed ART			
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Organ at risk Three NA 38. What is the minit dose permitted that Organ at risk one Organ at risk two Organ at risk three	would justify	treating wi	th on line	MRI guide	ed ART			